

# BadgerCare Plus Member Handbook 2025



## Important telephone numbers



### **CCHP Customer Service | 1-800-482-8010**

Monday – Thursday: 7:30 a.m. to 5 p.m. Friday: 8 a.m. to 4:30 p.m.

#### **How can Customer Service help you?**

- Select or change your primary care provider
- Translation services
- Questions about coverage
- Traveling out of the area
- Mental health, alcohol and other drug abuse services
- Questions about your CCHP membership
- Questions about how to get care
- Help getting a paper copy of the CCHP provider directory
- If you get a bill for a service you did not agree to

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



### **CCHP Member Advocates | 1-877-900-2247**

**CCHPMemberAdvocates@chorushealthplans.org**

Monday – Friday: 8 a.m. to 5 p.m.

#### **Call a 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 CCHP

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



### **Enrollment specialist | 1-800-291-2002**

Monday – Friday: 7 a.m. to 6 p.m.

#### **Call the enrollment specialist for:**

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



### **CCHP Case management | (414) 266-3173**



### **Clinical services (messages received 24 hours) | 1-877-227-1142**

- **Press option #2 if you would like to leave a message about your request for services.** Messages left by phone, fax and email after hours will be returned on the next business day. Messages that are left after midnight Monday - Friday will be returned the same day.

**If you have an emergency, call 911 or go to the nearest emergency room or behavioral health or substance abuse hospital.**

**Dental assistance | 1-877-389-9870**

For members in Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties

**Herslof - Vision exams | (414) 462-2500 (if calling from 414 area code)  
1-800-822-7228 (if calling outside of 414 area code)****Transportation assistance | 1-866-907-1493****State of Wisconsin HMO Ombuds Program | 1-800-760-0001**

Monday – Friday: 8 a.m. to 4:30 p.m.

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

**Call the state ombuds program for:**

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

**Wisconsin Relay for hearing impaired | 7-1-1****Your personal important telephone numbers****Your primary care provider**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Your dentist**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Your pharmacy**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Your child's primary care provider**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Your child's dentist**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Your child's pharmacy**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Chorus Community Health Plans does not discriminate on the basis of disability in the provision of programs, services or activities. If you need this printed material interpreted or in a different format, or need assistance in using any of our services, please contact Customer Service at 1-800-482-8010.

Chorus Community Health Plans  
PO Box 56099  
Madison, WI 53705  
chorushealthplans.org

### Interpreter services

**If you do not speak English, language services will be provided for free. Call 1-800-482-8010**

**(TTY: 7-1-1). Si no habla inglés, se programarán servicios de idiomas en forma gratuita. Llame al**

**1-800-482-8010 (TTY: 7-1-1). Yog hais tias koj tsis txawj hais lus Askiv, peb yuav teem sij hawm**

**muab kev pab txhais lus pub dawb rau koj. Hu rau 1-800-482-8010 (TTY: 7-1-1).** အကယ်၍ သင်သည်အင်္ဂလိပ်ဘာသာစကား မပြောတတ်ပါက၊ ဘာသာစကားဝန်ဆောင်မှုများကို အခမဲ့ ဖြင့် ပံ့ပိုးပေးထားပါသည်။ 1-800-482-8010 (TTY: 7-1-1) တွင် ဖုန်းခေါ်ဆိုပါ။ Если Вы не говорите по-английски, Вам будут бесплатно предоставлены услуги перевода. Позвоните по тел.: 1-800-482-8010 (TTY: 7-1-1). Haddii aadan ku hadal Ingiriisiga, adeegyada luqadda ayaa u bixin doona bilaash. Wac 1-800-482-8010 (TTY: 7-1-1) 如果您不会说英语, 将免费为您提供语言服务。请致电1-800-482-8010 (听障专线: 7-1-1)

If you are hearing impaired, call the Wisconsin Relay at 7-1-1.

Chorus Community Health Plans (CCHP) provides interpreter services to members with Limited English Proficiency (LEP), or who are deaf and hard of hearing, have limited speech, or are visually impaired at no cost to the member during the course of care, and to ensure meaningful access to medical services through effective communication. Interpreter services are available for telephone contact with Customer Service, Health Management, Case Management and Utilization Management programs, and throughout the complaint and appeal processes. It is the policy of CCHP to use qualified medical interpreters. **We provide free services to help you communicate with us, such as letters in other languages, large print or you can ask for an interpreter. To ask for help, you can call Customer Service.**

### Your civil rights

CCHP provides BadgerCare Plus-covered services to all eligible members regardless of:

- Age
- Color
- Disability
- National origin
- Race
- Sex

All medically necessary covered services are available to all members.

All persons or organizations connected with CCHP who refer or recommend members for services shall do so in the same manner for all members.

## Contents

Welcome to Chorus Community Health Plans .....	1	Quality assurance.....	12
Interpreter services .....	1	Transportation services.....	12-13
Service area.....	1	Pharmacy services.....	13
Your ForwardHealth card .....	1-2	In lieu of service or setting.....	13
Services covered by ForwardHealth.....	2	If you move.....	13
Using the provider directory .....	2	Changes in your Medicaid coverage .....	13
Choosing a primary care provider .....	2	HMO exemptions.....	13-14
Changing your provider .....	3	<b>Getting help when you have questions or problems</b>	
Missed appointments .....	3	CCHP Member Advocate.....	14
Second medical opinions.....	3	Enrollment specialist .....	14
How to receive specialty, hospital and behavioral health care .....	3	State of Wisconsin HMO Ombuds Program.....	14
Emergency care .....	3	<b>Filing a grievance or appeal</b>	
Urgent care.....	4	Grievances .....	14-15
After hours care.....	4	Appeals.....	15-16
Specialty care.....	4	Fair hearings .....	16-17
Case management coordination.....	4	<b>Your rights</b>	
How to get medical care when you are away from home .....	4-5	Knowing about physician incentive plan.....	17
Medical services received outside of Wisconsin .....	5	Knowing provider credentials.....	17
Care during pregnancy and delivery.....	5	Completing an advance directive, living will or power of attorney for health care .....	17-18
Healthy Mom, Healthy Baby program .....	5	New treatments and services.....	18
Telehealth services.....	5-6	Transition of care.....	18
When you may be billed for services.....	6	Right to medical records .....	18
Covered and non-covered services.....	6	CCHP moral or religious objection.....	18
Services covered by CCHP .....	6	Your rights .....	18-20
Copayments .....	6-8	Your civil rights.....	20
Other insurance .....	9	Ending your membership in CCHP .....	20-21
Mental health and substance abuse services.....	9	Fraud and abuse.....	21
Family planning services.....	10	Connect with us!.....	21
Dental services.....	10	Affirmative statement .....	21
Dental emergencies .....	10-11	Notice of Privacy Practices.....	21
Chiropractic services .....	11	Privacy obligations.....	21-22
Vision services.....	11	Your protected health information .....	22-23
Autism treatment services .....	11	Complaints.....	23-24
Wellness Portal .....	11	Plan administration and privacy officer contact information .....	24
New member discussion of health care needs.....	11	You can help stop health care fraud .....	24
HealthCheck.....	11-12	Words to know .....	25

## Welcome to Chorus Community Health Plans

Welcome to Chorus Community Health Plans (CCHP). CCHP is a health plan that runs the BadgerCare Plus program. BadgerCare Plus is a health care program. It helps low-income children, pregnant people and adults in Wisconsin. As a member, you will receive all your health care from CCHP providers and hospitals.

For a list of these providers, go to our website at [chorushealthplans.org](http://chorushealthplans.org) and click on “Find a Doc.” You can also call Customer Service at 1-800-482-8010 for help with finding a provider or to request a copy of a provider directory. Providers that are now accepting new patients are marked in the provider directory.

This handbook can help you:

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

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

### Interpreter services

Interpreter services are provided free of charge to you.

**English** For help to translate or understand this, please call 1-800-482-8010.

**Spanish** Si necesita ayuda para traducir o entender este texto, por favor llame al telefono 1-800-482-8010.

**Russian** ЕСЛИ ВАМ НЕ ВСЁ ПОНЯТНО В ЭТОМ ДОКУМЕНТЕ, ПОЗВОНИТЕ ПО ТЕЛЕФОНУ 1-800-482-8010.

**Hmong** Y og xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-482-8010.

If you are hearing impaired, call the Wisconsin Relay at 7-1-1.

Chorus Community Health Plans (CCHP) provides interpreter services to members with limited English proficiency (LEP), or who are deaf and hard of hearing, have limited speech, or are visually impaired at no cost to the member during the course of care, and to ensure meaningful access to medical services through effective communication. Interpreter services are available for telephone contact with Customer Service.

### Service area

You are eligible for CCHP BadgerCare Plus coverage if you live in the following Wisconsin counties: Adams, Brown, Calumet, Columbia, Crawford, Dane, Dodge, Door, Eau Claire, Fond du Lac, Grant, Green Lake, Iowa, Jefferson, Juneau, Kenosha, Kewaunee, Lafayette, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Portage, Racine, Richland, Rock, Sauk, Shawano, Sheboygan, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara and Winnebago.

### Your ForwardHealth card

Below is an example of the ForwardHealth identification card. Be sure to sign the back of your card and do not let anyone else use it.

You will use your ForwardHealth ID card to get your BadgerCare Plus, Medicaid SSI, Care4Kids, Children Come First or Wraparound Milwaukee benefits.



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

If your card is lost, damaged or stolen, please call 1-800-362-3002 for a replacement.

### **Services covered by ForwardHealth**

You will get most of your health care through CCHP 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
- Community recovery services
- Comprehensive community services
- Crisis intervention services
- Dental services - unless you live in Milwaukee, Racine, Kenosha, Ozaukee or Washington counties
- 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

### **Using the provider directory**

As a member of CCHP, you should get your health care from providers and hospitals in the CCHP 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 providers, clinics and hospitals that you can use to get health care services as a member of CCHP. CCHP has the provider directory in different languages and formats. You can find the provider directory on our website at [chorushealthplans.org](http://chorushealthplans.org). For a paper copy of the provider directory, call our Customer Service Department at 1-800-482-8010.

CCHP providers are sensitive to the needs of many cultures. See the CCHP 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, it is important to call your primary care provider first. A primary care provider could be a doctor, nurse practitioner, physician assistant or other provider who gives, directs or helps you get health care services. It is important to choose a primary care provider to manage all of your health care. You can choose a primary care provider from the list of ones accepting new patients, as marked in the CCHP provider directory. CCHP providers are sensitive to the needs of many cultures. If you are an American Indian or Alaska Native, you can choose to see an Indian Health Care Provider outside of our network. To choose a primary care provider or to change primary care providers, call our Customer Service Department at 1-800-482-8010.

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

## Changing your provider

If you are unhappy with the provider you are seeing, you can pick a different provider at any time. Call Customer Service at 1-800-482-8010 to help you choose a new provider.

## Missed appointments

It is important that you and your family keep all of your health care appointments. If you are not able to keep an appointment, call your provider's office and let them know as soon as possible.

## Second medical opinions

If you disagree with your provider's treatment recommendations, you may be able to get a second medical opinion for free with an in-network provider. A second medical opinion on recommended surgeries may be appropriate in some cases. Contact Customer Service at 1-800-482-8010 for information.

## How to receive specialty, hospital and behavioral health care

Your primary care provider helps you coordinate all of your health care needs. If you need to see a specialist, a behavioral health provider or go to the hospital, your primary care provider can help you to find one of our many network specialists or hospitals. CCHP requires our members to use in-network providers if the service is a covered benefit. If we do not have a provider that can help you with a covered service, an out-of-network provider may be considered.

For help finding a primary care provider or specialist, call Customer Service at 1-800-482-8010 or go to our website at [chorushealthplans.org](http://chorushealthplans.org) and click on "Find a Doc." You will need special permission to see any provider who is not a CCHP provider. If you see a provider who is not with CCHP, you will be billed for those services.

## Emergency care

Emergency care is care that is needed right away. This may be caused by an injury or sudden illness. Some examples of reasons for emergency care are:

- Choking
- Serious broken bones
- Severe pain
- Severe or unusual bleeding
- Suspected heart attack
- Drug overdose
- Going into labor
- Trouble breathing
- Suspected stroke
- Unconsciousness
- Severe burns
- Seizures
- Suspected poisoning
- Prolonged or repeated seizures

If you need emergency care, get help as quickly as possible. Try to go to a CCHP 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-CCHP emergency room, hospital or provider, call CCHP at 1-800-482-8010 as soon as you can to tell us what happened. You do not need CCHP's or your primary care provider's approval before seeking emergency care.

**Remember: Hospital emergency rooms are for true emergencies only.**

You may have to pay a copayment if you go to an emergency room for care that is not an emergency. Unless your condition is very serious or you do not know if your illness or injury is an emergency, call your provider's office before you go to the emergency room. They can help you get the medical care you need. An authorization is not needed to seek emergency services.

## **Urgent care**

Urgent care is care you need sooner than a routine provider's visit. Urgent care 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 CCHP providers unless you first get approval to see a non-CCHP provider. Do not go to a hospital emergency room for urgent care unless you get approval from CCHP first.

## **After hours care**

Your primary care provider can always be called to answer your medical questions. You should call after hours care:

- Before you go to the emergency room (If the emergency is life threatening, call 911 immediately)
- For any general health questions or concerns

## **Specialty care**

A specialist is a provider 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 CCHP before seeing a specialist.

## **Case management coordination**

CCHP offers dedicated case management services to members with challenging health and social conditions that prevent them from reaching their optimal level of health and wellness. The program is free, voluntary and member centered. The goal is to maximize the member's health, wellness, safety, physical functioning, adaptation, health knowledge, coping with chronic illness, engagement and self-management abilities.

We support our members and/or their caregivers with management tools and educational opportunities through our case management programs. We offer a care team who provides members with education, self-management support and connection to resources. The program's goal is to enhance members' ability to manage their condition(s) and improve overall health outcomes and quality of life.

Your care manager can also help you transition from the hospital or other care settings to home. To learn more about these resources, please call (414) 266-3173.

## **How to get medical care when you are away from home**

Out-of-area means more than 50 miles away from our service area. For help with out-of-area services, call Customer Service at 1-800-482-8010 or an enrollment specialist at 1-800-291-2002.

Follow these rules if you need medical care but are too far away from home to go to your primary care provider or clinic:

- For severe emergencies or urgent care, go to the nearest hospital, urgent care clinic or provider.

- For routine care away from home, you must get approval from us to go to a different provider, clinic or hospital. This includes children who are spending time away from home with a parent or relative.
- Call Customer Service at 1-800-482-8010 from 7:30 a.m. to 5 p.m. Monday through Thursday or 8 a.m. to 4:30 p.m. Fridays.

### **Medical services received outside of 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 CCHP. You may have copayments for emergency services provided outside of Wisconsin.

CCHP 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, CCHP will cover the services only if the provider's or hospital's bank is in the United States. Other services may be covered with CCHP approval if the provider has a U.S. bank. Please call CCHP at 1-800-482-8010 if you get emergency services outside of the United States. If you get a bill for services, call our Customer Service at 1-800-482-8010 right away.

### **Care during pregnancy and delivery**

If you become pregnant, let CCHP and your income maintenance (IM) agency know right away. This is to make sure you get the care you need. Pregnant people have no copayments.

You must go to a CCHP hospital to have your baby. Talk to your provider to make sure you understand which hospital you should go to when it's time to have your baby.

Do not go out of the area to have your baby unless you have CCHP approval. Your CCHP provider knows your history and is the best provider to help you. Also talk to your provider 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 to be traveling.

### **Healthy Mom, Healthy Baby program**

CCHP wants you to have a healthy pregnancy and a healthy baby. We offer a program called Healthy Mom, Healthy Baby that is free for all members. The program helps pregnant people get the support and services needed to have a healthy baby. Services are provided by social workers or nurses who have a special background in providing services for pregnant moms and their families.

We will be happy to give you more information and schedule an appointment with one of our care coordinators. To learn more about Healthy Mom, Healthy Baby, please call us at (414) 337-BABY (2229) or email us at [Healthymomhealthybaby@chorushealthplans.org](mailto:Healthymomhealthybaby@chorushealthplans.org).

### **Telehealth services**

Telehealth is audio and video contact with a health care provider using your phone, computer or tablet. BadgerCare Plus covers telehealth services that your provider can deliver at the same quality as in-person services. This could be doctor's 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 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.

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

### **When you may be billed for services**

**Covered and non-covered services:** Under BadgerCare Plus, Medicaid SSI, Children Come First and Wraparound Milwaukee, 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 CCHP'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 non-covered services. Providers may bill you up to their usual and customary charges for non-covered services.

If you travel outside of Wisconsin and need emergency services, health care providers can treat you and send claims to CCHP. You may have copayments for emergency services you receive outside of Wisconsin. Claims should be sent to:

Chorus Community Health Plans  
PO Box 56099  
Madison, WI 53705

If you get a bill for a service you did not agree to, please call 1-800-482-8010.

**Non-covered services:** The services below are not covered under BadgerCare Plus and/or Medicaid SSI:

- Services that are not medically necessary
- Services that have not been approved by BadgerCare Plus 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

The State of Wisconsin is always reviewing new technology as it becomes available and will let CCHP know if the service will be covered.

### **Services covered by CCHP**

CCHP provides most medically necessary, covered services under BadgerCare Plus. See pages 7-8 for more information about services covered by CCHP.

Some services are covered by ForwardHealth. To learn more about these services, see page 2, 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 CCHP or ForwardHealth before you get a service or fill a prescription.

### **Copayments**

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

- 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 Purchased and Referred Care program.

- Children in foster care or adoption assistance. Youth who were in foster care on their 18th birthday don't have to pay any copays until age 26.
- Nursing home residents
- Pregnant people
- Members under 19 years old who are members of a federally recognized tribe
- Members under 19 years old with incomes at or below 100 percent of the federal poverty level
- Members who join by Express Enrollment
- Terminally ill members receiving hospice care

Some services require you to pay a part of the cost of a service. This payment is called a copayment. Here is a list of covered services and any copayments:

Benefit	Copayments <i>Member will be charged</i>	Benefit	Copayments <i>Member will be charged</i>
Adult mental health day treatment	\$0	Dialysis (professional)	\$0
Ambulance for emergency services	\$0	Dialysis (facility)	\$0
Ambulatory surgical center care	\$0	Disposable medical supplies	\$0
Anesthesiologist	\$0	Drugs (Prescription and over-the-counter)	<p>Coverage of generic and brand-name prescription drugs, and some over-the-counter drugs.</p> <p>\$0.50 for over-the-counter drugs</p> <p>\$1 for generic drugs</p> <p>\$3 for brand-name drugs</p> <p>Copays are limited to \$12 per member, per provider, per month. Over-the-counter drugs do not count toward the \$12 maximum.</p> <p>Limit of five opioid prescription refills per month.</p> <p><i>Covered by ForwardHealth. Use your ForwardHealth card to get this service. If you have questions about prescription drug coverage, call 1-800-362-3002.</i></p>
Behavioral (autism) treatment services	<p>\$0</p> <p><i>Full coverage (with prior authorization). Covered by ForwardHealth. Use your ForwardHealth card to get this service.</i></p> <p>See additional information on pg. 11-12</p>		
Case management (targeted)	\$0		
Child/adolescent day treatment	\$0		
Chiropractic services	<p>\$0.50 to \$3 per service</p> <p><i>Full coverage. Covered by ForwardHealth. Use your ForwardHealth card to get this service.</i></p>		
Dental services	<p>\$0.50 to \$3 per service</p> <p><i>Full coverage. Covered by ForwardHealth. Use your ForwardHealth card to get this service.</i></p> <p>See additional information on pg. 10</p>		

<b>Benefit</b>	<b>Copayments</b> <i>Member will be charged</i>	<b>Benefit</b>	<b>Copayments</b> <i>Member will be charged</i>
Durable medical equipment (purchase)	\$0	Outpatient mental health	\$0
End-stage renal disease	\$0	Outpatient mental health and substance abuse services in the home or community for adults	\$0
Family planning	\$0	Outpatient substance abuse	\$0
HealthCheck screenings for children	\$0 See additional information on pg. 11	Personal care	\$0
Hearing services (audiologist)	\$0	Podiatry	\$0
Hospice	\$0	Prenatal/maternity care	See additional information on pg. 5
Hospital (Emergency Room)	\$0	Physician services	\$0
Hospital (Inpatient)	\$0	Radiology	\$0
Hospital (Outpatient)	\$0	Reproductive and family planning services	See additional information on pg. 10
In-home mental health/substance abuse treatment services for children HealthCheck/"Other Services"	\$0	Routine vision	See additional information on pg. 11 <i>Some limitations apply. Call Customer Service for more information.</i>
Mental health and substance abuse treatment	See additional information on pg. 9	Substance abuse day treatment	\$0
Narcotic treatment (including methadone)	\$0	Therapies: Physical therapy, occupational therapy, speech and language therapy	\$0
Non-emergency medical transportation	\$0	Transportation: ambulance, specialized motor vehicle, common carrier	Full coverage of emergency and non-emergency transportation to and from a provider for a covered service.  <i>Non-emergency transportation is provided by the State of Wisconsin, not Chorus Community Health Plans. If you need assistance with transportation, call the State of Wisconsin transportation vendor at 1-866-907-1493.</i>  See additional information on pg. 13
Nurse midwife	\$0		
Nurses in independent practice	\$0		
Nursing home	\$0		
Oral surgery	\$0		

## Other insurance

If you have other insurance in addition to CCHP, you must tell your provider. Your health care provider must bill your other insurance before billing CCHP. If your CCHP 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 match your HMO enrollment with your other insurance so you can use both insurance plans.

## Mental health and substance abuse services

CCHP provides mental health and substance abuse (drug and alcohol) services to all members. If you have a provider in CCHP's network, you can go to that provider and you don't have to call us before making your appointments. If you need help finding a provider, call Customer Service at 1-800-482-8010.

If you need help right away, call the Crisis Hotline for your county.

- Adams: (888) 552-6642
- Brown: (920) 436-8888
- Calumet: (920) 849-1400 (business hours) or (920) 849-9317 or (920) 832-4646 (after hours)
- Columbia: (888) 552-6642
- Crawford: (888) 552-6642
- Dane: (608) 280-2600
- Dodge: (920) 386-4094 or 1-888-552-6642 (after hours)
- Door: (920) 746-2588
- Eau Claire: 1-888-552-6642
- Fond du Lac: (920) 929-3535
- Grant: 1-800-362-5717
- Green Lake: (920) 294-4070 or (920) 294-4000 (after hours)
- Iowa: (800) 362-5717
- Jefferson: (920) 674-3105 (7:30 am – 5:30 PM)
- Juneau: (608) 847-2400 or (800) 777-7386 (after hours)
- Kenosha: (262) 657-7188 or 1-800-236-7188 (24 hours a day)
- Lafayette: (888) 552-6642
- Manitowoc: (920) 683-4230 or 1-888-552-6642 (after hours)
- Marinette: (715) 732-7760 or 1-888-552-6642 (after hours)
- Marquette: (888) 552-6642
- Menominee: (715) 799-3861
- Milwaukee: (414) 257-7222 (24 hours a day)
- Oconto: (920) 834-7000
- Outagamie: (920) 832-4646
- Ozaukee: (262) 377-2673 (24 hours a day)
- Portage: (866) 317-9362
- Racine: (262) 638-6741 (9 a.m. to 5 p.m.)
- Richland: (888) 552-6642
- Rock: (608) 757-5025
- Sauk: (608) 355-4200 or (800) 533-5692 (after hours)
- Shawano: (715) 526-3240
- Sheboygan: (920) 459-3151
- Vernon: (608) 637-7007
- Walworth: (262) 741-3200 or 1-800-365-1587
- Washington: (262) 365-6565
- Waukesha: 211 or (262) 548-7666 (business hours)
- Waupaca: 1-800-719-4418
- Waushara: (920) 787-6618 (8 a.m. – 4:30 p.m.) or (920) 787-3321 (after hours, ask for crisis worker)
- Winnebago: (920) 233-7707

If you have an emergency, call 911 or go to the nearest emergency room or behavioral health or substance abuse hospital. All services provided by CCHP 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 provider about family planning, call our Customer Service Department at 1-800-482-8010. We will help you choose a CCHP family planning provider who is different from your primary care provider.

We encourage you to get family planning services from a CCHP provider so that we can better coordinate all of 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 CCHP.

## **Dental services**

For members living in Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties, CCHP provides all covered dental services. You must go to a CCHP dentist. See the provider directory or call Dental Customer Service at 1-877-389-9870 for the names of our dentists. CCHP has an HMO Dental Member Advocate to help you if you have any problems with dental services. To contact an HMO Dental Member Advocate, call 1-877-900-2247.

Members living outside the counties listed above may get dental services from any dentist who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to **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.

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 7-1-1) if you need help with getting a ride to or from the dentist's office. They can help with getting a ride.

## **Dental emergencies**

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

*If you already have a dentist who is with CCHP:*

1. Call the dentist's office.
2. Tell the dentist's office that you or your child is having a dental emergency.
3. Tell the dentist's office what the exact dental problem is. This may be something like a severe toothache or swollen face.
4. Call us if you need help with getting a ride to or from your dental appointment.

*If you do not currently have a dentist who is with CCHP:*

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

3. 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 provider appointment.

### **Chiropractic services**

The State of Wisconsin will cover your chiropractic services, not Chorus Community Health Plans. You may go to any chiropractor that accepts your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to **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**

CCHP provides covered vision services, including eyeglasses; however, some limitations apply. For more information, call our Customer Service Department at 1-800-482-8010.

### **Autism treatment services**

Autism 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 **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.

### **Wellness Portal**

One of the ways we can help support our members' health and well-being is by offering access to our Wellness Portal. When you use the Wellness Portal, you get a personalized summary of your health and online action plans that help to support healthy lifestyle changes you want to make, like quitting smoking, healthy eating, and managing your asthma and diabetes. To access the Wellness Portal, health resources and tools, visit [chorushealthplans.org/our-plans/health-programs/wellness-and-prevention](https://chorushealthplans.org/our-plans/health-programs/wellness-and-prevention).

### **New member discussion of health care needs**

As a member of CCHP, you have the opportunity to talk with a trained staff member about your health care needs. CCHP will contact you by mail with your individual health risk assessment, included in your Welcome Packet. The purpose of the assessment is to understand your needs and circumstances. If you prefer to talk to someone over the phone, please call a Member Advocate at 877-900-2247. You can ask about resources available in your community or resources available to you as a new member of CCHP. Our Member Advocates can assist you with getting started.

### **HealthCheck**

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.

Providers need to see those members younger than 21 years old for regular checkups, not just when they are sick.

**The HealthCheck program has 3 purposes:**

1. To find and treat health problems for those younger than 21 years old
2. To let you know about the special health services for those younger than 21 years old
3. To make those younger than 21 years old eligible for certain health care services 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

CCHP provides HealthCheck exams as recommended by the American Academy of Pediatrics (AAP) for children in out-of-home care. Your child will receive a HealthCheck exam:

- Every month for the first six months of age
- Every three months from 6 months to 2 years of age
- Twice a year after 2 years of age

To schedule a HealthCheck exam or for more information, call Customer Service at 1-800-482-8010.

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 1-800-855-2880) to schedule a ride.

**Quality assurance**

CCHP's goal is to provide quality, coordinated and accessible health care services. The Quality Assurance Program keeps an eye on our plan. We do this to make sure we are meeting your health care needs. We may ask for your opinion in a survey related to your satisfaction with the health care and services you get. We are always working to make our services better for you. Quality assurance also includes planning, starting and monitoring programs to be sure that your safety and health needs are being met. An example of one of our programs is sending postcards reminding parents or guardians to have each child receive a HealthCheck exam.

**Transportation services**

Non-emergency medical transportation (NEMT) is available through the Department of Health Services 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, TTY: 1-800-855-2880, Monday through Friday, from 7 a.m. until 6 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 services**

Your provider may give you a written prescription for medicine. You can get your prescription filled at any pharmacy that is a provider for BadgerCare Plus. Remember to show your ForwardHealth ID card to the pharmacist when you get a prescription filled. Your pharmacy benefits are covered by the State of Wisconsin, not CCHP. If you need help filling a prescription, contact ForwardHealth Member Services at 1-800-362-3002. You may have copayments or limits on covered medications.

### **In lieu of service or setting**

CCHP 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. CCHP 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.

### **If you move**

If you are planning to move, contact your current income maintenance (IM) agency or tribal agency. If you move to a different county, you also must contact the IM agency in your new county to update your eligibility for BadgerCare Plus.

If you move out of CCHP'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.

### **Changes in your Medicaid coverage**

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

- Continue to see your current providers and access your current services for up to 90 days. Please call your 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 CCHP Customer Service at 1-800-482-8010 for more information about changes in your coverage.

### **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**

### **CCHP Member Advocate**

CCHP has a Member Advocate to help you get the care you need. You should contact your Member Advocate for help with any questions about benefits and services. The Member Advocate can also assist you with any problems you may have getting care. You can reach the Member Advocate at 1-877-900-2247.

### **Enrollment specialist**

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

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

The state has designated ombuds (individuals who provide neutral, confidential and informational 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 CCHP. The ombuds can also help you solve problems or complaints you may have about the CCHP program or CCHP. Call 1-800-760-0001 and ask to speak to an ombuds.

## **Filing a grievance or appeal**

### **Grievances**

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

You have the right to file a grievance if you are unhappy with our plan or providers. A grievance is any complaint about CCHP or a network provider that is not related to a decision CCHP made about your health care services. You might 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 CCHP?**

Call a CCHP Member Advocate at 1-877-900-2247, or write to us at the following address if you have a grievance:

Complaint/Appeal Department  
Chorus Community Health Plans  
PO Box 1997  
Milwaukee, WI 53201-1997

If you file a grievance with CCHP, you will have the opportunity to appear in person in front of CCHP's Grievance and Appeal Committee. CCHP 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?**

CCHP'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 CCHP 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 CCHP. 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 CCHP's response?**

If you don't agree with CCHP's response to your grievance, you can request a review of your grievance with the Wisconsin Department of Health Services (DHS). Call 1-800-760-0001 or write to:

BadgerCare Plus and Medicaid SSI  
HMO Ombuds  
PO Box 6470  
Madison, WI 53716-0470

### **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 CCHP. An appeal is a request for CCHP to review a decision that affects your services. These decisions are called adverse benefit determinations.

An adverse benefit determination is any of the following:

- CCHP plans to stop, suspend or reduce a service you are currently getting.
- CCHP decides to deny a service you asked for.
- CCHP decides not to pay for a service.
- CCHP asks you to pay an amount that you don't believe you owe.
- CCHP 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.
- CCHP fails to arrange or provide services in a timely manner.
- CCHP fails to meet the required timeframes to resolve your grievance or appeal.

CCHP 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.

**How do I file an appeal with CCHP?**

If you would like to appeal an adverse benefit determination, you can call the CCHP Member Advocate at 1-877-900-2247 or write to the following address:

Chorus Community Health Plans  
PO Box 1997  
Milwaukee, WI 53201-1997

If you request an appeal with CCHP, you will have the opportunity to appeal in person in front of CCHP's Grievance and Appeal Committee. Once your appeal is requested, CCHP 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 provider think that waiting 30 days could seriously harm your health or ability to perform your daily activities, you can request a fast appeal. If CCHP 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 CCHP Member Advocate at 1-877-900-2247.

If you want to speak with someone outside CCHP, you can 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 with your appeal.

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

If CCHP 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 CCHP plans to stop or reduce your service
- Within 10 days of getting notice that your service will be reduced

If CCHP's decision about your appeal is not in your favor, you might have to pay CCHP 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 CCHP's decision about my appeal?**

You can request a fair hearing with the Wisconsin Division of Hearing and Appeals if you disagree with CCHP'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 CCHP's decision on your appeal by an Administrative Law Judge in the county where you live. You must appeal to CCHP 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 CCHP'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  
PO 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 CCHP 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 CCHP 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 CCHP appeal. You'll have to mail, fax or email your request within a certain timeframe, whichever is later:

- On or before the date CCHP 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 CCHP 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.

If you need help writing a request for a fair hearing, please call the CCHP Member Advocate at 1-877-900-2247 or the BadgerCare Plus and Medicaid SSI ombuds at 1-800-760-0001, or the HMO enrollment specialist at 1-800-291-2002.

## **Your rights**

### **Knowing about physician incentive plan**

You have the right to ask if we have special financial arrangements with our physicians that can affect the use of referrals and other services you might need. To get this information, call our Customer Service Department at 1-800-482-8010 and request information about our physician payment arrangements.

### **Knowing provider credentials**

You have the right to information about our providers, including the provider's education, board certification and recertification. To get this information, call our Customer Service Department at 1-800-482-8010.

### **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 advance 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: [dhs.wisconsin.gov/forms/advdirectives/](https://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 1-800-642-6552.

### **New treatments and services**

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

- 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

### **Transition of care**

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

- Continue to see your current providers and access your current services for up to 90 days. Please call your HMO upon enrollment to let them know who your provider is. If this provider is still not in the HMO network after 90 days, you will be given a choice of participating providers to make a new choice.
- Receive services that would pose a serious health risk or hospitalization if you did not receive them.

### **Right to medical records**

You have the right to ask for copies of your medical records from your provider(s). We can help you get copies of these records. Please call the Member Advocate line at 1-877-900-2247 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 provider agrees to receive a correction.

### **CCHP moral or religious objection**

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

### **Your rights**

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 covered service
- Your right to get this member handbook in another language or format

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. CCHP must obey laws that protect you from discrimination and unfair treatment. CCHP 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 CCHP 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. CCHP must follow laws protecting the privacy of your personal and health information. See CCHP's Notice of Privacy Practices for more information.

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.

You have the right to make decisions about your health care. This includes:

- Your right to get information about treatment options, 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 17-18, 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 Customer Service for more information about how to get a second opinion.

You have a right to know about our providers and any physician incentive plans CCHP uses. This includes:

- Your right to ask if CCHP 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 Customer Service Department at 1-800-482-8010 and request information about our physician payment arrangements.
- Your right to request information about CCHP providers, including the provider's education, board certification and recertification. To get this information, call our Customer Service Department at 1-800-482-8010.

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 provider agrees to the correction.
- Call 1-800-482-8010 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.

You have a right to be informed about any Medicaid-covered benefits that are not available through CCHP

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 CCHP if CCHP does not cover a service you want because of moral or religious objections

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 CCHP's decision about your appeal or if CCHP 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 CCHP's decision about your grievance or if CCHP 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 14-16, Filing a grievance or appeal.

You have the right to receive information about CCHP, its services, its practitioners, providers, and member rights and responsibilities. This includes:

- Your right to know about any big changes with CCHP at least 30 days before the effective date of the change

You have a right to be free to exercise your rights without negative treatment by CCHP and its network providers. This includes:

- Your right to make recommendations about CCHP's Member Rights and Responsibilities Policy

### **Your civil rights**

CCHP provides covered services to all eligible members, regardless of the following:

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

### **You have the responsibility to:**

- Provide the information that CCHP and its providers need to provide care.
- Let CCHP know how best to contact and communicate with you. You have a responsibility to respond to communications from CCHP.
- Follow plans and instructions for care that you have agreed to with your providers.
- Understand your health problems and participate in creating treatment goals with your providers.

### **Ending your membership in CCHP**

You may switch HMOs for any reason during your first 90 days of enrollment in CCHP. After your first 90 days, you will be "locked in" to enrollment in CCHP 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 CCHP 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 CCHP.
- You have the right to end your membership with CCHP at any time if:

- You move out of CCHP's service area.
- CCHP 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 program completely, you must continue to get health care services through CCHP until your membership ends.

For more information about how to switch HMOs or to disenroll from BadgerCare Plus 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 [reportfraud.wisconsin.gov/RptFrd](http://reportfraud.wisconsin.gov/RptFrd).

### **Connect with us!**

For the most up-to-date information on free events in your community, ways to earn rewards, healthy and fun activities, local resources and more:

- Visit our website at [chorushealthplans.org](http://chorushealthplans.org).
- Find us on Facebook at [facebook.com/choruscommunityhealthplans](https://facebook.com/choruscommunityhealthplans).

### **Affirmative statement**

Chorus Community Health Plans (CCHP) wants their members to get the best possible care when they need it most. To ensure this, we use a prior authorization process, which is part of our Utilization Management (UM) program. UM decision-making is based only on appropriateness of care and service, and existence of coverage. CCHP does not reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

### **Notice of Privacy Practices**

This notice describes how protected health information about our members may be used and disclosed and how members can get access to this protected health information. Please review this notice carefully.

CCHP is committed to protecting your personal privacy. This notice explains CCHP's privacy practices, legal responsibilities and your rights concerning your personal health information.

We reserve the right to change our privacy practices and the contents of this Notice of Privacy Practices as allowed by law. When we make a significant change in our privacy practices, we will change this notice and send this notice to our members or post it on our website at [chorushealthplans.org](http://chorushealthplans.org).

The term "personal health information" in this notice includes any personal information that is created or received by the health plan that relates to our customer's physical or mental health or condition, treatment or for payment of health care services received by our members.

### **Privacy obligations**

Chorus Community Health Plans is required by law to:

- Ensure that personal health information is kept private
- Provide to you a Notice of Privacy Practices

- Follow the terms of this Notice of Privacy Practices. We may use and disclose your personal health information:
- To the Secretary of the Department of Health and Human Services
- To public health agencies in the event of a serious health or safety threat
- To authorities regarding abuse, neglect or domestic violence
- In response to a court order, search warrant or subpoena
- For law enforcement purposes
- For research purposes if the research study meets all privacy law requirements
- For specialized government functions, such as the military, national security and intelligence activities
- To a coroner or medical examiner or funeral director
- For the procurement, banking or transplantation of organs, eyes or tissue
- To comply with worker's compensation or similar laws
- To health oversight agencies for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and programs

We have the right to use and disclose your personal health information to pay for health care services and operate our business:

- To a doctor, a hospital or other health care provider, which asks for your protected health information in order for you to receive health care
- To pay claims for covered services provided to you by doctors, hospitals or other health care providers
- For the operations of CCHP, such as processing your enrollment, responding to your inquiries, addressing your requests for services, coordinating your care, resolving disputes and activities for conducting medical management, quality assurance, auditing and evaluation of health care professionals
- To contact you with information about health-related benefits and services or treatment alternatives that may be of interest to you

Certain services may be provided to CCHP by other organizations known as "business associates." For example, a third-party administrator may process your claim so the claim can be paid. Your protected health information will be provided to the business associate so the claim can be paid. All business associates will be required by CCHP to sign an agreement to safeguard your protected health information.

All other uses or disclosures of your protected health information require your written authorization before the protected health information is used or disclosed. You may revoke your permission at any time by notifying us in writing. Any protected health information previously used or disclosed based on prior authorization cannot be revoked or reversed.

### **Your protected health information**

The following are your rights with respect to your protected health information:

**Inspect and copy.** You have the right to inspect and copy your protected health information. To perform an inspection or request a copy, you must submit a request in writing to the plan administrator at the address listed at the end of this Notice of Privacy Practices. You may be charged a reasonable fee for copies provided. In limited circumstances, you may be denied the opportunity to inspect and copy your protected health information. Generally, if you are denied access to your protected health information, you may request a review of the denial.

**Request amendment.** You have the right to request an opportunity to amend any protected health information that you feel is incorrect or incomplete. To request the opportunity to amend your protected health information, you must send a request to the plan administrator at the address listed at the end of this Notice of Privacy Practices. This request must contain the reason you feel the protected health information is incorrect or incomplete. Your request to amend your protected health information may be denied when the protected health information is:

- Accurate and complete
- Not created by CCHP
- Not included in the protected health information kept by or for CCHP
- Not protected health information you have the right to inspect

**Request an accounting of disclosures.** You have the right to obtain from CCHP a list of disclosures the health plan has made to others, except those disclosures necessary for health care treatment, payment, health care operations or disclosures made to you or other certain types of disclosures. To request an accounting of disclosures, you must submit your request in writing to the plan administrator at the address listed at the end of this Notice of Privacy Practices. Your request must state a time period, which may not be longer than six years before the date of the request and may not request any disclosures made before Dec. 1, 2005. If you request a list of disclosures more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these requests.

**Request restrictions.** You have the right to request a restriction on the protected health information disclosed about you for treatment, payment or health care operations. CCHP is not required to agree to your request. To request restrictions, you must submit your request in writing to the plan administrator at the address listed at the end of this Notice of Privacy Practices. You must include in your request:

- The information you wish to restrict
- Whether you wish to limit the use or disclosure of the protected health information, or both
- To whom you want the restriction to apply

**Request confidential communications.** You have the right to request that CCHP communicates with you about health matters in a certain way or in a certain location. To request confidential communications, you must submit your request in writing to the plan administrator at the address listed at the end of this Notice of Privacy Practices. Your request must indicate how and/or where you wish the confidential communication to occur. The health plan will make every attempt to accommodate all reasonable requests for confidential communications.

### **Paper copy of the Notice of Privacy Practices**

A customer of CCHP may request a copy of this notice at any time. You may submit your request for a copy of this notice in writing to the plan administrator at the address listed at the end of this Notice of Privacy Practices.

### **Complaints**

If you believe your privacy rights under this policy have been violated, you may file a written complaint with CCHP's privacy officer at the address listed below. Alternatively, you may complain to the Secretary of the United States Department of Health and Human Services. You will not be penalized or incur retaliation for filing a complaint.

**Plan administration and privacy officer contact information:**

Plan Administrator  
Chief Operation Officer  
Chorus Community Health Plans  
PO Box 1997  
Milwaukee, WI 53201  
(414) 266-6328

Privacy Officer  
Director of Corporate Compliance  
Chorus Community Health Plans  
PO Box 1997  
Milwaukee, WI 53201  
(414) 266-2215

**You can help stop health care fraud**

Health care fraud takes money from health care programs and leaves less money for real medical needs. Here are ways you can help stop fraud:

- Do not give your ForwardHealth Card ID number to anyone other than a health care provider, a clinic or hospital, and only do so when you receive care.
- Never let anyone borrow your ForwardHealth card.
- Never sign a blank insurance form.
- Be careful about giving out your Social Security number.
- Check your mail for medical bills for services you did not receive.

If you think fraud has taken place, please report it right away. Your report will be kept private. To report fraud, waste and abuse, gather as much information as you can. When reporting a provider (a doctor, dentist, hospital, etc.), provide as much information as you can from the following:

- Name, address and phone number of the provider
- Medicaid number of the provider and location, if possible
- Type of provider (doctor, dentist, hospital, pharmacy, etc.)
- Names and numbers of witnesses who can help with the investigation
- Dates when you suspect the fraud happened
- A summary of what happened

When reporting a client (a person who receives benefits), provide the following:

- The person's name
- The person's date of birth, Social Security number or case number if available
- The city where the person lives
- Details about the fraud, waste or abuse

You can report fraud without giving us your name by calling us at (414) 266-2215 or toll-free 1-877-659-5200 or by sending a letter to:

Director of Corporate Compliance  
Chorus Community Health Plans  
PO Box 1997  
Milwaukee, WI 53201-1997

You can also use the statewide hotline number at 1-800-488-3780 to report Medicaid fraud or contact Wisconsin's Medicaid Fraud Unit at:

Medicaid Fraud Control & Elder Abuse Unit  
Wisconsin Department of Justice  
17 W. Main Street  
PO Box 7857  
Madison, WI 53707

## Words to know

**Access** – A person's ability to get medical care

**Advance directive** – A document expressing a person's wishes about critical care when he or she is unable to decide for him or herself

**Copayment** – The part of a medical bill not covered by insurance and to be paid by the member

**Emergency** – A life-threatening medical condition resulting from an injury, sickness or mental illness that happens suddenly and needs treatment right away

**Federal poverty level (FPL)** – The set minimum amount of income a family needs for food, clothing, transportation, shelter and other necessities. The federal poverty level varies according to family size. Public assistance programs, such as Medicaid, define eligibility income limits as some percentage of federal poverty level.

**Health maintenance organization (HMO)** – An organization that makes decisions on how health services are used and the cost of these services and measures how helpful the services are for the member

**Internist** – A doctor who specializes in the diagnosis and medical treatment of diseases in adults

**Living will** – A document where you state your wishes for medical treatment if you have a medical emergency and are not able to speak for yourself

**Managed care** – A system of health care delivery that influences use and cost of services and measures performance

**Medicaid or Title 19 (BadgerCare Plus)** – Federal government health care help provided to states. The program covers individuals who cannot pay for their health care and hospital visits. In Wisconsin, Medicaid is known as BadgerCare Plus.

**Mental health** – The condition of being sound mentally and emotionally

**Nurse midwife** – A nurse skilled in helping women with prenatal care and in childbirth, especially at home or in another nonhospital setting

**Obstetrician-gynecologist (OB/GYN)** – A provider who specializes in childbirth, caring for and treating women in connection with childbirth and health maintenance and diseases of women

**Power of attorney** – A legal document giving one person (the agent) the power to act for you. The agent will make medical decisions for you when you are not able to speak for yourself.

**Primary care** – Health care services provided by doctors called generalists, including family practitioners, internists and pediatricians

**Primary care provider** – A provider who coordinates all parts of health care services

**Prior authorization** – Preapproval obtained by a provider for a member to receive services

**Provider** – A person or group of doctors who provides health care services at a hospital or clinic

**Urgent care** – An injury or illness that requires immediate care but is not serious enough to warrant a visit to an emergency room

# Notice Informing Individuals About Nondiscrimination and Accessibility

Chorus Community Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes.

Chorus Community Health Plans does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

Chorus Community Health Plans:

- 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)
- 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 CCHP Member Advocates at 1-877-900-2247.

If you believe that Chorus Community Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Mary Anderson  
Chief Compliance Office  
PO Box 1997, C760  
Milwaukee WI 53201

(414) 266-2215 | Fax: (414) 266-6409 | [manderson@childrenswi.org](mailto:manderson@childrenswi.org)

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Mary Anderson 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/smartscreen/main.jsf> or by mail or telephone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington DC 20201  
1-800-368-1019 | 800-537-7697 (TDD)

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

This notice is available at Chorus Community Health Plans website [chorushealthplans.org](http://chorushealthplans.org).

# Notice of Availability

## ATTENTION: (English)

If you speak English, you can get free language services. If you need information provided in other ways, we will help you for free. You can get help by calling 1-877-900-2247 or ask your provider.

## ATENCIÓN: (Spanish)

Si usted habla español, puede obtener servicios lingüísticos gratuitos. Si necesita recibir información por otro medio, le ayudaremos de forma gratuita. Si necesita ayuda, llame al 1-877-900-2247 o consulte a su proveedor.

## تنبيه: (Arabic)

إذا كنت تتحدث اللغة العربية، يمكنك الحصول على خدمات لغوية مجانية. إذا كنت بحاجة إلى تقديم المعلومات بطرق أخرى، فسنساعدك مجانًا. يمكنك الحصول على المساعدة عن طريق الاتصال بالرقم 1-877-900-2247 أو سؤال مقدم خدماتك.

## သတိပြုရန်- (Burmese)

သင်သည် မြန်မာ စကားပြောဆိုပါက အခမဲ့ ဘာသာစကားဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ အခြားနည်းလမ်းများဖြင့် ပံ့ပိုးပေးထားသော အချက်အလက်များကို လိုအပ်ပါက သင့်အား အခမဲ့ကူညီပေးပါမည်။ 1-877-900-2247 သို့ ခေါ်ဆိုခြင်းဖြင့် အကူအညီရယူနိုင်ပါသည်။ သို့မဟုတ် သင်၏ဝန်ဆောင်မှုပေးသူကို အကူအညီတောင်းပါ။

## THEIHTERNAK: (Chin)

Laiholh na thiam ahcun, holh lei rianṭuannak ah a lak in na hmuh khawh. Adang lam in theihhngalhnak na herh ahcun a lak tein kan nih bawmh lai. 1-877-900-2247 hi na auh i bawmhna na hmuh asiloah a bawmchantu kha hal.

## 注意: (Chinese)

如果您讲普通话，您可以获得免费的语言服务。如果您需要以其他方式提供的信息，我们可以免费为您提供协助。您可以致电 1-877-900-2247 寻求协助，或者询问您的服务提供者。

## 注意:

如果您講華語，可免費獲取華語服務。如需以其他方式提供資訊，我們將免費為您提供協助。您可致電 1-877-900-2247 或詢問您的提供者以獲得協助。

## قابل توجه: (Dari)

اگر شما به زبان دری صحبت می کنید، می توانید خدمات زبان رایگان دریافت کنید. اگر به معلوماتی نیاز دارید که به روش های دیگر ارائه شود، ما به صورت رایگان به شما کمک خواهیم کرد. می توانید با تماس با شماره 1-877-900-2247 کمک دریافت کنید یا از ارائه دهنده خود بپرسید.

## ATTENTION: (French)

Si vous parlez Français, vous pouvez vous bénéficier de services linguistiques gratuits. Si vous avez besoin d'informations fournies d'une autre manière, nous vous aiderons gratuitement. Vous pouvez obtenir de l'aide en appelant le 1-877-900-2247 ou en demandant à votre fournisseur.

## MOB SIAB RAU: (Hmong)

Yog tias koj hais Lus Hmoob, koj tuaj yeem tau txais kev pab cuam txhais lus pub dawb. Yog tias koj xav kom muab cov ntaub ntawv hauv lwm txoj hauv kev, peb yuav pab cuam pub dawb rau koj. Koj tuaj yeem tau txais kev pab los ntawm kev hu rau 1-877-900-2247 los sis nug koj tus kws muab kev pab.



## Notice of Availability (continued)

### ဟ်သျှ်ဟ်သးတက့ၢ်- (Karen)

နမ့ၢ်ကတိၤ ကညိၣ်ကိၣ်, နဒီးနီၣ် တၢ်  
တၢ်စၢၤမၤစၢၤလၢၤ ကျိၣ်တၢ်ကတိၤအ  
ဂီၢ် လၢဘူးလဲကလိၤ သုလိၤ. နမ့ၢ်  
လိၣ်ဘျီ တၢ်ဂီၢ်တၢ်ကျိၤလၢၤ ကျဲအ  
ဂၤတဖၣ်န့ၣ်, ပံကမၤစၢၤနၤလၢၤ ဘူး  
လဲကလိၤ. နဒီးနီၣ်တၢ်မၤစၢၤ ခိဖျါ  
နကိးလိတဲစိ 1-877-900-2247 မ့တမ့ၢ်  
သံကွၢ် နပုၤမၤစၢၤဆိၣ်ထွဲတၢ်သုလိၤ.

### توجو: (Pashto)

که تاسو په پښتو ژبه خبرې کوئ، تاسو  
کولی شئ د ژبې وړیا خدمتونه ترلاسه  
کړئ. که تاسو چمتو شویو معلوماتو ته  
په نورو شکلونو کې اړتیا لرئ، موږ به له  
تاسو سره ددې اړوند وړیا مرسته وکړو.  
تاسو کولی شئ 1-877-900-2247  
شمیرې ته په زنگ وهلو سره یا له خپل  
خدماتو چمتو کونکي څخه په پوښتنې  
کولو سره مرسته ترلاسه کړئ.

### TUAIJJO: (Rohingya)

Oñne zodi Ruaínga hotá  
hoile, oñne maana zubani  
hédmot faiba. Oñnottú zodi  
diyá maalumát oínno torika  
loi laíle, añára oñnore maana  
modot goíjjum. Oñne 1-877-  
900-2247 ót kool diyore  
modot faiba yá oñnor dekbál  
goroyare fusar loo.

### FIIRO-GAAR AH: (Somali)

Haddii aad ku hadasho Af-  
Soomaali, waxaad heli kartaa  
adeegyo luuqadeed oo lacag  
la'aan ah. Haddii aad u baahan  
tahay macluumaad lagu  
bixiyay qaabab kale, waxaanu  
kugu caawin doonaa si lacag  
la'aan ah. Waxa aad caawimo  
ku heli kartaa adigoo wacaya  
1-877-900-2247 ama adigoo  
waydiinaya bixiyahaaga.

### ILANI: (Swahili)

Ikiwa unazungumza  
Kiswahili, unaweza kupata  
huduma za lugha bila  
malipo. kiwa unahitaji  
taarifa zinazotolewa kwa  
njia nyingine, tutakusaidia  
bila malipo. Unaweza  
kupata usaidizi kwa kupiga  
simu kwa 1-877-900-2247  
au kumuuliza mtoa huduma  
wako.

### Увага: (Ukrainian)

Якщо ви розмовляєте  
українською, ви можете  
отримати безкоштовні  
мовні послуги. Якщо вам  
потрібна інформація в іншому  
форматі, ми допоможемо вам  
безкоштовно. Для отримання  
допомоги зателефонуйте за  
номером 1-877-900-2247 або  
зверніться до свого лікаря.

### CHÚ Y: (Vietnamese)

Nếu quý vị nói tiếng Việt, quý vị  
có thể nhận các dịch vụ ngôn  
ngữ miễn phí. Nếu quý vị muốn  
được cung cấp thông tin theo  
những phương thức khác, chúng  
tôi sẽ hỗ trợ quý vị miễn phí.  
Quý vị có thể nhận hỗ trợ bằng  
cách gọi đến số 1-877-900-2247  
hoặc hỏi nhà cung cấp của  
mình.

## Notes

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal blue lines across its entire width. The margins are uniform on all sides. There is no handwriting or printed text other than the faint vertical labels at the top edge.

## Notes

[illegible]



PO Box 1997  
Milwaukee, WI 53201-1997

**1-800-482-8010**  
**[chorushealthplans.org](https://chorushealthplans.org)**