



# Care4Kids Member Handbook





**Chorus Community Health Plans (CCHP) does not discriminate on the basis of disability in the provision of programs, services or activities. If you need this printed material interpreted, 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](http://chorushealthplans.org)**

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

Burmese အကယ်၍ သင်သည်အင်္ဂလိပ်ဘာသာစကား မပြောတတ်ပါက၊ ဘာသာစကားဝန်ဆောင်မှုများကို အခမဲ့ဖြင့် ဝံ့ပိုးပေးထားပါသည်။ 1-800-482-8010.

If you are hearing impaired, call Wisconsin Relay at 711.

Chorus Community Health Plans 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, for contacts with our Health Management programs (includes Case Management), and throughout the complaint and appeal processes. It is the policy of CCHP to use qualified medical interpreters.

**Your child's civil rights**

Care4Kids provides covered services to all eligible members, regardless of the following:

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

All medically necessary covered services are available and will be provided in the same manner to all members. All persons or organizations connected with Care4Kids that refer or recommend members for services shall do so in the same manner for all members.

**Right to voluntarily disenroll**

The child's parent/legal guardian has the right to voluntarily disenroll their child from Care4Kids at any time for any reason. The date of disenrollment shall be the last day of the month in which the disenrollment was requested. If you would like to disenroll your child from Care4Kids, please contact the Care4Kids Enrollment Specialist at 1-800-291-2002.

**Important telephone numbers**

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 a primary care provider
- Translation services
- Questions about coverage
- Traveling out of the area
- Behavioral health, alcohol and other drug use services

Care4Kids Health Care Coordination Team .....1-855-371-8104  
 Hearing-impaired members – Call the Wisconsin Relay .....711  
 Emergency – Call 24 hours a day, seven days a week (If life-threatening, call 911) .....1-877-257-5861  
 Vision exams (if calling from 414 area code) ..... (414) 462-2500  
 Vision exams (if calling outside 414 area code) .....1-800-822-7228  
 Dental appointment assistance .....1-877-389-9870  
 Transportation assistance .....1-866-907-1493  
 Enrollment specialist.....1-800-291-2002  
 State Ombuds Program.....1-800-760-0001  
 Clinical Services, messages received 24/7 .....1-877-227-1142

*Press option #2 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.*

**Child’s information:**

**Doctor**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Pharmacy**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Dentist**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

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## Welcome

Welcome to Care4Kids and Chorus Community Health Plans (CCHP). The Care4Kids member handbook is for the parent/legal guardian and the out-of-home care provider of children placed in out-of-home care and is provided to you when a child is enrolled in Care4Kids.

As a member of Care4Kids, your child should get all their health care from doctors and hospitals in the Care4Kids network. See the Care4Kids Provider Directory for a list of these providers. You may also call Customer Service at 1-800-482-8010 or the Health Care Coordination Team at 1-855-371-8104. Providers accepting new patients are marked in the provider directory. You may also go to our website at [chorushealthplans.org](http://chorushealthplans.org) and click on “Find a Doctor.”

## Health care coordinator

Care4Kids matches your child with a health care coordinator to help your child with medical and social service needs. Call your health care coordinator at Care4Kids:

- To assist in choosing a primary care provider for your child
- To help your child get medical services
- When you have questions about your child’s health care

Keeping children healthy is important to us. This handbook will help you understand the benefits and coverage with Care4Kids and how to use our services. It also tells you who to call when you have questions. We look forward to serving your child’s health care needs.

## Care4Kids overview

Care4Kids is a Medicaid benefit that provides comprehensive health care for children in out-of-home care that reflects the unique health needs of these children. To strengthen the quality, access and timeliness of care, Care4Kids creates a “medical home” for each child entering care. This “medical home” is not a physical place, but rather a philosophy that children in out-of-home care deserve coordinated and comprehensive health care that addresses their unique needs. Care4Kids provides children with primary care providers who are trained in the needs of children in out-of-home care and also creates a team of professionals who coordinate care for the child.

## Eligibility

Care4Kids is for children ages 0-18. Children will be presumptively enrolled during the first 0-30 days and care coordination efforts will be based upon the identification of the child being eligible.

## No longer eligible

The child is no longer eligible for the Care4Kids program while still in out-of-home care if the child:

- Moves out of the Care4Kids program area
- Is placed into an ineligible setting
  - Residential care center
  - Secure setting beyond 30 days
  - Institutional setting beyond 30 days
  - Parent/legal guardian contacts the Health Care Coordination Team to disenroll their child from the Care4Kids program.

Children in WrapAround Milwaukee (WAM) and WrapAround Reach will be eligible for the Care4Kids program at a future date, after all needed system changes are completed. Therefore, until further notice, children placed in WAM and WrapAround Reach are not eligible for the Care4Kids program.

Please follow these 3 important rules:

1. Contact your child’s primary care provider for all medical care that is not an emergency.
2. Take children to the emergency room only for true emergencies.
3. Carry the ForwardHealth ID card with you at all times. Show the card whenever your child needs medical care. It is important to inform providers of your child’s enrollment in Care4Kids.

## ForwardHealth ID card



Above is an example of the ForwardHealth identification card. Make sure the back of the card is signed and don't let anyone else use it. Your child's ForwardHealth ID card is the card your child will use to get their health care benefits. Always carry your child's ForwardHealth ID card with you and show it every time he/she receives care. You may have problems getting care, prescriptions or medical supplies for your child if you do not have the card with you. Also, bring any other health insurance cards you may have. If you lose the card, call 1-800-362-3002 for a replacement. It is important to inform providers of your child's enrollment in Care4Kids.

### Using your ForwardHealth ID card

Your ForwardHealth ID card is the card you will use to get your BadgerCare Plus, Medicaid SSI, Care4Kids, or Children Come First benefits. Your ForwardHealth ID card is different from your HMO/PIHP Program card. Always carry your ForwardHealth ID card with you, and show it every time you go to the doctor or hospital and every time you get a prescription filled. You may have problems getting health care or prescriptions if you do not have your card with you. Also bring any other health insurance cards you may have. This could include any ID card from your HMO/PIHP Program or other service providers.

## Centers for Excellence

A Center for Excellence is a centralized location for the provision of medical care from the initial screen to the 30-day exam, and ongoing well-child health checks. Center for Excellence medical providers will be specially trained in caring for children in the foster care system who have been victims of trauma, abuse and/or neglect. Centers for Excellence provide a coordinated care delivery system. Center for Excellence providers will partner and share information with all parties involved in a child's care and participate in a team process to enhance communication and coordination of care.

### Primary care provider

It is important to call your child's primary care provider (PCP) first when they need care. This provider will manage all of your child's health care. If your child is not a regular patient with the provider you choose, it's best to schedule an appointment as soon as possible. Your child's PCP can help you decide if your child needs to see another doctor or specialist and, if appropriate, give you a referral. Remember, you must get approval from your child's PCP before seeing another doctor. You can choose your child's PCP from those accepting new patients as marked in the provider directory.

### Choosing a primary care physician

When you need care, it is important to call your primary care physician first. It is important to choose a primary care physician to manage all your health care. You can choose a primary care physician from the list of doctors accepting new patients, as marked in the Care4Kids Provider Directory. HMO/PIHP doctors are sensitive to the needs of many cultures. To choose a primary care physician or to change primary care physicians, call our Customer Service Department at 1-800-482-8010. Your primary care physician will help you decide if you need to see another doctor or specialist and, if appropriate, give you a referral. Remember, you must get approval from your primary care physician before you see another doctor.

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

## **Emergency care**

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

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

If you need emergency care, try to go to a Care4Kids provider for help. If your condition cannot wait, go to the nearest provider (hospital, doctor or clinic). Call 911 or your local police or fire department emergency services if the emergency is very severe and you are unable to get to the nearest provider.

If you must go to a non-Care4Kids hospital or provider, call Care4Kids health care coordinators at 1-855-371-8104 as soon as you can to tell us what happened.

Remember, hospital emergency rooms are for true emergencies only. Unless you have a true emergency, call your doctor before you go to the emergency room. If you do not know if your illness or injury is an emergency, call your clinic or doctor.

A prior authorization is not required for emergency services.

## **Urgent care**

Urgent care is care the child needs sooner than a routine provider visit, but it is not emergency care. Some examples are:

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

The child must get urgent care from a CCHP-Care4Kids facility. Do not take the child to an out-of-network hospital or emergency room for urgent care unless you get approval from Care4Kids first.

If you need urgent care, call the child's primary care provider clinic. You must get urgent care from an in-network CCHP-Care4Kids facility unless you get our approval to see a different provider.

## **Care when the child is 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 Care4Kids health care coordinators at 1-855-371-8104 as soon as you can to tell us what happened.
- For urgent or routine care away from home, you must first get approval from us to go to a different doctor, clinic or hospital. This includes children who are spending time away from home with a parent or relative. Call the health care coordinators at 1-855-371-8104 for approval to go to a different doctor, clinic or hospital.

## **Changing your child's provider**

If you are unhappy with the provider your child is seeing, you can pick a different provider at any time. Call Customer Service at 1-800-482-8010 or the Health Care Coordination Team at 1-855-371-8104.

## **Missed appointments**

It is important that you keep all of your child's health care appointments. If you are not able to keep an appointment, call the doctor's office as soon as possible.

## **Getting a second medical opinion**

If you are the child's parent/legal guardian and disagree with the child's doctor's treatment recommendations, you may be able to get a second medical opinion. Contact your child's doctor or the Health Care Coordination Team for information.



## Referrals

Your child's primary care provider helps you coordinate all of your child's health care needs. If your child needs to see a specialist, a behavioral health provider or go to the hospital, your child's 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 the Health Care Coordination Team at 1-855-371-8104. You can also see your provider directory or go to our website [chorushealthplans.org](http://chorushealthplans.org) and click on "Find a Doctor." You will need special permission to see any provider who is not a CCHP provider.

## Care during pregnancy and delivery

If your child becomes pregnant, please let your Care4Kids health care coordinator and your income maintenance (IM) agency know right away so you can get the extra care she needs. You do not have copayments when you are pregnant. You must go to a Care4Kids doctor to make sure you know which hospital you are to go to when it is time to have your baby. To find a hospital in the Care4Kids network, please visit [chorushealthplans.org](http://chorushealthplans.org) and click on "Find a Doctor." Do not go out of the area to have your baby unless you have Care4Kids program approval. Your Care4Kids doctor knows your history and is the best doctor to help you.

Also, talk to your doctor if you plan to travel in your last month of pregnancy. We want you to have a healthy birth and a good birthing experience, so it may not be a good time for you to be traveling.

## Healthy Mom, Healthy Baby program

CCHP wants your child to have a healthy pregnancy and a healthy baby and has a program called Healthy Mom, Healthy Baby that is free for all members. It is a program that helps pregnant women 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 families. We provide this service at your home, a place that

you prefer or by phone. Other services include breastfeeding support and child care coordination. We will be happy to give you more information and set your child up with an appointment with one of our care coordinators. We will send you a \$10 gift card when you let us know your child is pregnant. Call us at 1-877-227-1142 and choose option 3.

## Case management

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 Health Management program. We offer a care team who provides members with education, self-management support and connections 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. To learn more about these resources, please call (414) 266-3173.

Criteria for eligibility include:

- Members with cystic fibrosis who have at least one emergency department visit or hospital admission in the past six months
- Members with multiple sclerosis who are experiencing major impairment and deterioration
- Members with polypharmacy of 20 or more prescribed medications
- Members experiencing severe physical trauma within the past three months who have had an inpatient length of stay greater than six days and for whom transitions in levels of care are anticipated
- Members with sickle cell disease who have had two or more hospital admissions in the past 12 months
- Members with a severe spinal cord injury within the past three months

- Members who have had a stroke within the past three months who are experiencing major impairment
- Other complex care situations will be considered

Services include:

- Comprehensive assessments
- Integrated goal and care planning
- Care and resource coordination
- Education about condition or disease, including self-management
- Community linkage and resources for those whom transitions in levels of care are anticipated

## **Disease management**

### **Asthma management**

CCHP uses clinical guidelines\* to support our members and/or their caregivers with management tools and educational opportunities through our Asthma Disease Management (DM) Program.

We are an integrated care team whose approach is to provide education, self-management support and connections to resources. Our goal is to enhance members' ability to manage their condition(s) and improve overall health outcomes and quality of life. CCHP is also proud to offer these resources to our providers and community partners.

You and your child(ren) are able to participate in the Asthma DM Program. The program is free and voluntary.

Your child(ren) have been automatically enrolled if:

- They are a current member.
- They are between 6 and 17 years old.
- They have had or currently have asthma.

Benefits of the program include:

- Newsletters every three months
- Access to CCHP's Wellness Portal
- Asthma tools and resources
- Support from nurses and health care staff
- Access to community services

### **Depression management**

CCHP uses clinical guidelines\* to support our members and/or their caregivers with management tools and educational opportunities through our Depression Disease Management (DM) Program.

We are an integrated care team whose approach is to provide education, self-management support and connections to resources. Our goal is to enhance members' ability to manage their condition(s) and improve overall health outcomes and quality of life. CCHP is also proud to offer these resources to our providers and community partners.

You and your child(ren) are able to participate in the Depression DM Program. The program is free and voluntary.

You and your child(ren) have been automatically enrolled if:

- You are a current member.
- You are 18 years or older.
- You have had or currently have depression.

Benefits of the program include:

- Newsletters every three months
- Access to CCHP's Wellness Portal
- Depression tools and resources
- Support from nurses and health care staff
- Access to community services

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

#### **Covered and non-covered services**

Under BadgerCare Plus, Medicaid SSI and Children Come First, 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 Chorus Community Health Plans 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 get a bill for a service you did not agree to, please call 1-855-371-8104.

Under Care4Kids, you do not have to pay for your child's covered services. To help ensure that you are not billed for your child's services, your child must see a provider in the Care4Kids network. The only exception is for emergencies. If you are willing to accept financial responsibility and make a written payment plan with your child's 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 get a bill for a service you did not agree to, please call Customer Service at 1-800-482-8010.

If your child travels outside of Wisconsin and needs emergency services, health care providers can treat him/her and send the bill to Care4Kids.

Care4Kids does not cover any service, including emergency services, provided outside of the United

States, Canada and Mexico. If your child needs emergency services while in Canada or Mexico, Care4Kids will cover the service only if the doctor's or hospital's bank is in the United States. Other services may be covered with Care4Kids approval if the provider has a United States bank. Please call Care4Kids if your child gets any emergency services outside of the United States.

If you get a bill for services, call our Customer Service Department at 1-800-482-8010 right away. Claims should be sent to:

Chorus Community Health Plans  
PO Box 56099  
Madison, WI 53705

### Services covered by Care4Kids

Care4Kids is responsible for providing all medically necessary Medicaid-covered services.

| Service   | Care4Kids Coverage   |
|---|--|
| Dental services   | Full coverage  |
| Disposable medical supplies (DMS)   | Full coverage  |
| Durable medical equipment   | Full coverage  |
| Emergency care  | Full coverage  |
| Family planning services  | Full coverage, excluding infertility treatments, surrogate pregnancy and the reversal of voluntary sterilization.  |
| Health screenings for children  | Full coverage of HealthCheck screenings and other services for individuals under the age of 21   |
| Hearing services  | Full coverage  |
| Home health   | Full coverage of private duty nursing, home health care and personal care  |
| Inpatient hospital  | Full coverage  |
| Mental health and substance abuse services  | Full coverage  |
| Nursing home  | Full coverage  |
| Outpatient hospital other than emergency room   | Full coverage  |
| Pharmacy services (prescription drug benefits provided and administered by the State of Wisconsin, not Care4Kids) | Comprehensive drug benefit with coverage of generic prescription drugs, brand prescription drugs and some over-the-counter drugs   |
| Physical therapy, occupational therapy and speech-language pathology (SLP)  | Full coverage  |
| Physician, anesthesia, X-ray and laboratory   | Full coverage  |
| Podiatry  | Full coverage  |
| Transportation services (ambulance, specialized medical vehicle, common carrier)                                  | Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service. Common carrier transportation is arranged through a contracted provider through the State of Wisconsin, not Care4Kids. |
| Vision services   | Full coverage, including eyeglass benefit  |

## Pharmacy services

A provider may give you a written prescription for medicine for your child. You can get the prescription filled at any pharmacy that is a provider for BadgerCare Plus. Remember to show your child's ForwardHealth ID card to the pharmacist when you get a prescription filled. Pharmacy benefits are covered by the State of Wisconsin, not Care4Kids. If you need help filling a prescription, contact Customer Service at 1-800-362-3002. You may have limits on covered medications.

## Dental services

Care4Kids provides all covered dental services. You must take your child to a Care4Kids dentist. See the provider directory or call our Health Care Coordination Team at 1-855-371-8104 for assistance in locating and scheduling an appointment. As a member of Care4Kids, your child has the right to a routine dental appointment within 90 days of your request either in writing or over the phone to the Health Care Coordination Team.

## Dental emergencies

As a member of Care4Kids, your child has the right to obtain treatment for a dental emergency within 24 hours of your request. A dental emergency is an immediate dental service needed to treat severe dental pain, swelling, fever, infection or injury to the teeth. If your child is experiencing a dental emergency:

### If you already have a dentist who is with Care4Kids:

- Call the dentist's office.
- Identify the child as having a dental emergency.
- Tell the dentist's office what the exact problem is. This may be something like a severe toothache or swollen face.
- Call the Health Care Coordination Team if you need help with getting a ride to or from your dental appointment.

### If you do not have a dentist for the child who is with Care4Kids:

- Call our Dental Customer Service at 1-877-389-9870. Tell us that your child is having a dental emergency. We can help you get dental services.
- Tell us if you need help with getting a ride to or from the dentist's office.

## Dental Tips

- Find a dentist and schedule an appointment with that dentist. That dental office will be where the child should get all of their dental work done.
- A child's first visit with a dentist should be after their first birthday.
- You should schedule the child's dental visits for every six months.
- Cut down on sugar, especially at bedtime.
- No sippy cups for children.
- Eat healthy food and snacks.
- Protect the child's teeth with mouth guards during sports activities.

## Mental health and substance abuse services

Care4Kids provides mental health and substance abuse (drug and alcohol) services to all children enrolled in Care4Kids. If your child needs these services, please contact the primary care provider, Health Care Coordination Team or Customer Service as appropriate. If your child is in crisis, contact the crisis intervention agency in your county:

- Kenosha County: (262) 657-7188 or 1-800-236-7188 (24 hours a day)
- Milwaukee County: (414) 257-7222 (24 hours a day)
- Ozaukee County: (262) 377-2673 (24 hours a day)
- Racine County: (262) 638-6741 (9 a.m. to 5 p.m.)
- Washington County: (262) 365-6565 (24 hours a day)
- Waukesha County: (262) 548-7666 8 a.m. to 4:30 p.m. Monday through Friday; after hours, call (414) 455-1736, 1-800-211-3380 or 211.

If you have a provider in the Care4Kids 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 have an emergency, call 911 or go to the nearest emergency room or mental health or substance abuse hospital.

All services provided by Care4Kids are private.

## Family planning services

We provide confidential family planning services to all members, including minors. If you decide not to talk to your child's primary care provider about family planning, call our Health Care Coordination Team at 1-800-482-8210. We will help your child choose a Care4Kids family planning provider who is different than their primary care provider.

We encourage your child to get family planning services from a Care4Kids provider so that we can better coordinate all their health care. However, your child can also go to any family planning clinic that will accept their ForwardHealth ID card, even if the clinic is not part of Care4Kids.

## Vision services

Care4Kids provides covered vision services, including eyeglasses; however, some limitations apply. For more information, call the Health Care Coordination Team at 1-855-371-8104 or call (414) 462-2500 to schedule an appointment.

## Autism treatment services

Autism treatment services are a covered benefit under Wisconsin Medicaid. You may get covered autism treatment services from a Medicaid-enrolled provider who will accept the child's ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to [forwardhealth.wi.gov](http://forwardhealth.wi.gov).
2. Look for the Members section in the middle of the page.
3. Click on the "Find a Provider" link under "Members."
4. Under Program, select BadgerCare Plus.

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

## HealthCheck

HealthCheck is a program that covers complete health checkups, including health problems found during the checkup, for members younger than 21 years old. These checkups are very important for children's health. Providers want to see the child for regular checkups, not just when they are sick.

The HealthCheck health program has 3 purposes:

- To find and treat health problems for those younger than 21 years old

- To let you know about the special health services for those younger than 21 years old
- To make those younger than 21 years old eligible for some health care not otherwise covered

The HealthCheck checkup includes:

- Age-appropriate immunizations (shots)
- Physical exam
- Developmental and/or mental health screening
- Hearing screening
- Dental screening and a referral to a dentist, beginning at 1 year old
- Blood and urine lab tests (including lead testing when appropriate for age)
- Vision screening

Care4Kids provides HealthCheck exams at the enhanced periodicity schedule 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 6 months of age
- Every three months from 6 months - 2 years of age
- Twice a year after 2 years of age

To schedule a HealthCheck exam or for more information, call the Health Care Coordination Team at 1-855-371-8104.

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.

## Transportation services

Non-emergency medical transportation (NEMT) is available through the DHS NEMT manager. The NEMT manager arranges and pays for rides to covered services for members who have no other way to receive a ride.

Non-emergency medical transportation can include rides using:

- Public transportation, such as a city bus
- Non-emergency ambulances
- Specialized medical vehicles
- Other types of vehicles, depending on a member's medical and transportation needs

Additionally, if you use your own private vehicle for rides to and from your child's covered health care appointments, you may be eligible for mileage reimbursement.

You must schedule routine rides at least two business days before your child's 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. – 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.

### **Ambulance**

Care4Kids covers ambulance transportation for emergency care. We also may cover this service at other times, but you must have approval for all non-emergency ambulance trips. Call Customer Service at 1-800-482-8010 for approval.

### **Always call 911 in the case of a severe emergency.**

### **Advance directive, living will or power of attorney for health care**

The child's parent/legal guardian has a right to make decisions about the child's medical care. The parent/legal guardian has a right to accept or refuse medical or surgical treatment for the child. The parent/legal guardian also has the right to plan and direct the types of health care the child may receive in the future if he/she becomes unable to express his/her wishes. The parent/legal guardian can let the child's doctor know about his/her feelings by completing a living will or power of attorney for health care form. Contact your child's doctor for more information. The out-of-home care provider has no right to authorize any health care services or complete a living will for the child. If you are the child's parent/legal guardian, you have a right to file a grievance with the Department of Health Services – Quality Assurance Division if your child's advance directive, living will or power of attorney wishes are not followed. You may request help in filing a grievance.

### **Right to medical records**

You or your child have the right to ask for copies of the child's medical records from providers. We can help you get copies of these records. Call Customer Service at 1-800-482-8010 for help.

Please note: You may have to pay for a copy of the medical records. You may correct inaccurate information in the medical records also if the provider agrees to the correction.

### **Getting help when you have questions or problems**

- **Care4Kids member advocate**  
Care4Kids has a member advocate to help you get the needed care for your child. You should contact your member advocate for help with any questions about getting health care for your child and solving any problems your child may have getting health care from Care4Kids. You can reach the member advocate at 1-855-371-8104.
- **State of Wisconsin Ombuds Program**  
The state has designated ombuds (individuals who provide neutral, confidential and informal assistance) who can help you with any questions or problems you have. The ombuds can tell you how to get the care your child needs from Care4Kids. The ombuds can also help you solve problems or complaints you may have about the Care4Kids program. Call 1-800-760-0001 and ask to talk to an ombuds.
- **Quality assurance**  
Care4Kids' 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 needs. We may ask for your opinion in a survey related to your satisfaction with the health care and services your child receives. We are always working to improve our services to 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. We believe that having programs like this will help you. They inform you of services that can keep your child healthy. The Quality Assurance Program monitors these programs. We also welcome any suggestions for new programs.
- **Connect with us!**  
Stay connected with Chorus Community Health Plans. Please visit our website at [chorushealthplans.org](http://chorushealthplans.org) for the most up-to-date information and resources.

## **Grievances and appeals**

### **Grievances**

A grievance is any complaint about your HMO/PIHP or health care provider that is not related to a denial, limitation, reduction or delay in your benefits. Grievance topics include things like the quality of services you were provided, rudeness from a provider or an employee, and not respecting your rights as a member.

We would like to know if you ever have a grievance about your care at Care4Kids. Please call Care4Kids at 1-855-371-8104.

If you want to talk to someone outside Care4Kids about the problem, call the HMO enrollment specialist at 1-800-291-2002. The HMO enrollment specialist may be able to help you solve the problem or write a formal grievance to Care4Kids or to the BadgerCare Plus, Medicaid SSI, Care4Kids, CCF, or WAM programs. If you are enrolled in a Medicaid SSI Program, you can also call the SSI external advocate at 1-800-760-0001 for help with grievances.

The address to file a grievance with the BadgerCare Plus, Medicaid SSI, Care4Kids, CCF and WAM programs is:

BadgerCare Plus and Medicaid SSI  
Managed Care Ombuds  
PO Box 6470  
Madison, WI 53716-0470  
1-800-760-0001

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

### **Appeals**

You have the right to appeal to the State of Wisconsin Division of Hearings and Appeals for a fair hearing if you believe your child's benefits are unfairly denied, limited, reduced, delayed or stopped by Care4Kids. Your authorized representative or your C4K health care coordinator may request an appeal for you if you have given them consent to do so. When requesting an appeal, you must appeal to your C4K program first. The request for an appeal must be made no more than 60 days after you receive notice of services being denied, limited, reduced, delayed or stopped.

If you need help writing a request for an appeal, please contact the Care4Kids health care coordinator at 1-855-371-8104, Wisconsin Managed Care Ombuds at 1-800-760-0001 or HMO enrollment specialist at 1-800-291-2002

If you disagree with C4K program's decision about your appeal, you may request a fair hearing with the Wisconsin Division of Hearings and Appeals. The request for a fair hearing must be made no more than 90 days after C4K program makes a decision about your appeal.

If you appeal this action to the Division of Hearings and Appeals before the effective date, your child may continue to get service. You may need to pay for the cost of services if the hearing decision is not in your favor. If you want a fair hearing, send a written request to:

Department of Administration  
Division of Hearings and Appeals  
PO Box 7875  
Madison, WI 53707-7875

The hearing will be held in the county where you live. Your child has the right to be represented at the hearing. If your child needs special arrangements for a disability or for English language translation, call (608) 266-3096 (voice) or (608) 264-9853 (hearing impaired).

You will not be treated differently from other members because you request a fair hearing. Your health care benefits will not be affected.

You may request to have the disputed services continued while the C4K Program appeal and State fair hearing process are occurring. The request to continue services must happen within 10 days of receiving the notice that services were denied or changed, or before the effective date of the denial or change in benefits. You may need to pay for the cost of services if the hearing decision is not in your favor.

### **Affirmative statement**

Chorus Community Health Plans 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. Care4Kids does not have special financial arrangements with our providers that can affect the use of referrals and other services children might need. 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 your child might need. To get this information, call Customer Service at 1-800-482-8010 and request information about our physician payment arrangements.

### **Knowing provider credentials**

You and your child have the right to information about our providers that includes the provider's education, board certification and recertification. To obtain this information, call Customer Service at 1-800-482-8010.

### **Your member rights**

**Your child has the right to:**

- Have an interpreter with them during any Care4Kids covered service
- You have the right to get the information provided in this member handbook in another language or format.
- You have the right to get health care services as provided for in federal and state law. All covered services must be available and accessible to you. When medically appropriate, services must be available 24 hours a day, seven days a week.
- You have the right to get information about treatment options, including the right to request a second opinion.
- You have the right to make decisions about your health care.
- You have the right to be treated with dignity and respect.
- You have the right to be free from any form of restraint or seclusion used as a means of force, control, ease or reprisal.

- You have a right to be free to exercise your rights without adverse treatment by C4K and its network providers.
- You have a right to voice complaints or appeals with Care4Kids or the care it provides.
- You have the right to receive information from Care4Kids program regarding any significant changes with Care4Kids at least 30 days before the effective date of the change.
- A candid discussion of appropriate or medically necessary treatment options for your child's condition, regardless of cost or benefit coverage
- Participate with practitioner in making decisions about your health care, regardless of the cost or benefit coverage.
- Receive information about C4K, its services, practitioners, providers and member rights and responsibilities.
- Make recommendations regarding C4K's member rights and responsibilities policy.

**You have the responsibility to:**

- Understand your child's health problems and participate in developing treatment goals
- Tell your child's provider or Care4Kids what they need to know to treat you.
- Follow the treatment plan and instructions agreed upon by you and your child's provider.

**You have the right to disenroll from the Care4Kids program if:**

- You move out of the Care4Kids service area.
- Care4Kids does not, for moral or religious objections, cover a service you want.
- You need a related service performed at the same time, not all related services are available within the provider network, and the child's PCP or another provider determines the child at unnecessary risk.
- Other reasons, including poor quality of care, lack of access to services covered under the contract or lack of access to providers experienced in dealing with the child's care needs



## 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.

Chorus Community Health Plans is committed to protecting the child's personal privacy. This notice explains our privacy practices, legal responsibilities and the child's rights concerning their 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 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 the parent/legal guardian a Notice of Privacy Practices.
- Follow the terms of this Notice of Privacy Practices.

**We may use and disclose your child's personal health information:**

- To the parent/legal guardian, someone who is involved in the child's care, or to a close friend or family member about the child's condition, their admission to a health care facility or death
- 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, 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 child's personal health information to pay for health care services and operate our business:**

- To a doctor, a hospital or other health care provider, who asks for the child's protected health information in order for them to receive health care
- To pay claims for covered services provided to the child by doctors, hospitals or other health care providers
- For the operations of Chorus Community Health Plans, such as processing the child's enrollment, responding to parent/legal guardian inquiries, addressing your requests for services for the child, coordinating the child's care, resolving disputes and activities for conducting medical management, quality assurance, auditing and evaluation of health care professionals
- To contact the parent/legal guardian with information about health-related benefits and services or treatment alternatives that may be of interest to him/her

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

All other uses or disclosures of your child's protected health information require the parent/legal guardian's written authorization before the protected health information is used or disclosed. The parent/legal guardian may revoke 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 child's rights**

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

**Inspect and copy.** The parent/guardian has the right to inspect and copy his/her child's protected health information. To perform an inspection or request a copy, the parent/guardian must submit a request in writing to the plan administrator at the address listed at the end of this Notice of Privacy Practices. He/she may be charged a reasonable fee for copies provided. In limited circumstances, you may be denied the opportunity to inspect and copy the child's protected health information. Generally, if access is denied to the child's protected health information, the parent/guardian may request a review of the denial.

**Request amendment.** The parent/legal guardian has the right to request an opportunity to amend any protected health information that he/she feels is incorrect or incomplete. To request the opportunity to amend the child's protected health information, a request must be sent to the plan administrator at the address listed at the end of this Notice of Privacy Practices. This request must contain the reason he/she feels the protected health information is incorrect or incomplete. The request to amend the child's protected health information may be denied, such as where the protected health information is:

- Accurate and complete
- Not created by Chorus Community Health Plans
- Not included in the protected health information kept by or for Chorus Community Health Plans
- Not protected health information the parent/legal guardian has the right to inspect

**Request an accounting of disclosures.** The parent/legal guardian has the right to obtain from Chorus Community Health Plans 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 his/her child or other certain types of disclosures. To request an accounting of disclosures, the parent/legal guardian must submit the request in writing to the plan administrator at the address listed at the end of this Notice of Privacy Practices. The 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 the parent/legal guardian requests a list of disclosures more than once in a 12-month period, we may charge a reasonable, cost-based fee for responding to these requests.

**Request restrictions.** The parent/legal guardian has the right to request a restriction on the protected health information disclosed about the child for treatment, payment or health care operations. Chorus Community Health Plans is not required to agree to the request. To request restrictions, the parent/legal guardian must submit the request in writing to the plan administrator at the address listed at the end of this Notice of Privacy Practices. He/she must include in the request:

- The information to restrict
- Whether he/she wishes to limit the use or disclosure of the protected health information, or both
- To whom he/she wants the restriction to apply

**Request confidential communications.** The parent/legal guardian has the right to request that Chorus Community Health Plans communicates with him/her about health matters in a certain way or in a certain location. To request confidential communications, submit the request in writing to the plan administrator at the address listed at the end of this Notice of Privacy Practices. The request must indicate how and/or where the confidential communication should occur. We will make every attempt to accommodate all reasonable requests for confidential communications.

**Paper copy of the Notice of Privacy Practices.** A customer of Chorus Community Health Plans may request a copy of this notice at any time. The parent/legal guardian may submit a 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 a parent/legal guardian believes his/her child's privacy rights under this policy have been violated, he/she may file a written complaint with Chorus Community Health Plans' privacy officer at the address listed below. Alternatively, he/she may send a complaint to the Secretary of the United States Department of Health and Human Services. Parents, legal guardians or children will not be penalized or incur retaliation for filing a complaint.

Plan administration and privacy officer contact information

Plan Administrator  
Vice President  
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

## **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/she is unable to decide for him/herself

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

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

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

**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 non-hospital setting

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

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

If you think fraud has taken place, please report it right away. Your report will be kept private.

**To report waste, abuse and fraud, 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 phone 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 or abuse

You can report fraud without giving us your name by sending a letter to:

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

You can also call us at (414) 266-2215 or toll-free 1-877-659-5200.

You can also contact Wisconsin's Medicaid Fraud Unit at:

Medicaid Fraud and Abuse Unit  
Contact: Medicaid Fraud Control Unit  
Department of Justice  
17 W. Main Street  
PO Box 7857  
Madison, WI 53707

## Language services

If you or someone you're helping has questions about Chorus Community Health Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-482-8010.

### ALBANIAN

Nëse ju, ose dikush që po ndihmoni, ka pyetje për Chorus Community Health Plans, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 1-800-482-8010 (TTY: 711).

### ARABIC

إذا كنت بحاجة إلى مساعدة في فهم خطط Chorus Community Health Plans، يمكنك الحصول على المساعدة والمعلومات مجاناً بلغة أمك. للتحدث مع مترجم، اتصل بنا على الرقم 1-800-482-8010 (TTY: 711).

### BURMESE

Chorus Community Health Plans နှင့်ပတ်သက်၍ သင် သို့မဟုတ် သင်အကူအညီပေးနေသူတစ်ဦးတွင် မေးမြန်းစရာများ ရှိမည်ဆိုပါက၊ အကူအညီနှင့် သတင်းအချက်အလက်များကို အခမဲ့သင်ရယူပိုင်ခွင့် ရှိပါသည်။ စကားပြန်ဆိုသူ တစ်ဦးထံသို့စကားပြောဆိုရန်၊ 1-800-482-8010 တွင် ဖုန်းခေါ်ဆိုပါ။ (TTY: 711).

### CHIN (HAKHA)

Nangmah nih, siloah, na bawmhmi minung pakhat khat nih Chorus Community Health Plans he pehtlai in bia hal ding nan ngeih ahcun, man pek hau loin nangmah holh tein bawmhnak le thil sining halnak in hmuh khawhnak covo na ngei. Holh let-tu chawnh na duh ahcun kaa hin chawn 1-800-482-8010 (TTY: 711).

### CHINESE

如果您，或是您正在協助的對象，有關於[插入項目的名稱面]的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯，請撥電話 [在此插入數字] 1-800-482-8010 (TTY: 711).

### ENGLISH

If you or someone you're helping has questions about Chorus Community Health Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-482-8010 (TTY: 711).

### FRENCH

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Chorus Community Health Plans vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-482-8010 (TTY: 711).

### GERMAN

Falls Sie oder jemand, dem Sie helfen, Fragen zum Chorus Community Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-482-8010 an (TTY: 711).

### HINDI

यदि आपके ,या आप द्वारा सहायता ककर जा रहे ककसी व्यक्ति के Chorus Community Health Plans के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भ्रामिषण से बात करने के लिए 1-800-482-8010 पर कॉल करें। (TTY: 711).

### HMONG

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Chorus Community Health Plans, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhaus lus tham, hu rau 1-800-482-8010 (TTY: 711).

### KAREN

နူ မ့တမ့ါ ပုတဂါလါနုမၤအါဆါ မ့ါအိၣ်ဒီးတံာ်သ က့ါဘၣ်သးဒီး Chorus ပုတတတံာ်အိၣ်ဆူၣ်အိၣ် ချဲတံာ်တိၣ်က့ါတဖၣ် (Chorus Community Health Plans) န့ၣ်, နအိၣ်ဒီးတံာ်ခွဲးတံာ်ယံာ်လကမၤန့ါတံာ်မၤ အါ ဒီးတံာ်ဂ့ါတံာ်က့ါလါနုက့ါလါတအိၣ်ဒီးအမ့ါဘၣ် န့ၣ်လါ. လကတံာ်သကိးတံာ်ဒီးပုတဲက့ါးထံတံာ်တဖၣ်အဂီၢ်, ကိး ၁-၈၀၀-၄၈၂-၈၀၁၀ န့ၣ်တက့ါ.

### KOREAN

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Chorus Community Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-482-8010 로 전화하십시오 (TTY: 711)

### LAOTIAN

້າທ່ານ, ຫ ື ຄົນທ ັທ່ານກໍາລັງຊ່ວຍເຫ ື ອ, ມ ຄໍາຖາມ ກ່ຽວກັບ Chorus Community Health Plans ທ່ານ ມ ສິດທ ັຈະໄດ້ຮັບການຊ່ວຍເຫ ື ອແລະຂໍ້ມູນຂ່າວສານ ທ ັເປັນພາສາຂອງທ່ານບໍ່ມ ັຄ່າໃຊ້ຈ່າຍ. ການໃຫ້ລິມ ັກັບນາຍ ພາສາ, ໃຫ້ໃບຫາ 1-800-482-8010 (TTY: 711).

### PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Chorus Community Health Plans, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-800-482-8010 uffrufe (TTY: 711).

### POLISH

Jeśli Ty lub osoba, której pomagasz macie pytania odnośnie Chorus Community Health Plans, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-482-8010 (TTY: 711).

### RUSSIAN

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Chorus Community Health Plans то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-482-8010 (TTY: 711).

### SOMALI

Haddii adiga iyo qof aad caawinaysaa su'aalo qabaan ku saabsan Chorus Community Health Plans, waxaad leedahay xaqqa aad caawimo ku hesho iyo macluumaadka luqaddaada iyaddoon kharash kugu fadhiyin. Lahadal turjubaan wac 1-800-482-8010 (TTY: 711).

### SPANISH

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Chorus Community Health Plans tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-482-8010 (TTY: 711).

### TAGALOG

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Chorus Community Health Plans, may karapatan ka na makakuha nga tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-482-8010 (TTY: 711).

### VIETNAMESE

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Chorus Community Health Plans quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-482-8010 (TTY: 711).

# Discrimination is against the law.

Chorus Community Health Plans (CCHP) complies with all applicable civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, disability or other legally protected status in its administration of the plan, including enrollment and benefit determinations.

Chorus Community Health Plans provides appropriate auxiliary aids and services, including qualified language and sign interpreters for individuals with disabilities and who have language services needs and information in alternate formats, free of charge and in a timely manner, when such aids and services are necessary to ensure an equal opportunity to participate to individuals with disabilities.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance in person, by mail, fax or email. The grievance must be filed within 60 days of when the person filing the grievance became aware of the alleged discriminatory action. It is against the law for Chorus Community Health Plans to retaliate against anyone who files a grievance or who participates in the investigation of a grievance. Members can request Chorus Community Health Plans's grievance procedure by contacting the Section 1557 Coordinator:

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

Telephone: (414) 266-2215  
TDD-TTY (for the hearing impaired): (414) 266-2465  
Fax: (414) 266-6409  
Email: [TTwinem@chorushealthplans.org](mailto:TTwinem@chorushealthplans.org)

Members must submit their complaints in writing with their name, address, the problem or action alleged to be discriminatory and the remedy or relief sought. Members can also file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail at:

U.S. Department of Health and Human Services  
200 Independence Avenue  
SW Room 509F  
HHH Building  
Washington, DC 20201

Complaint forms are available at:

[hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf](https://hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf)



