

CommunityConnect HealthPlanSM



Community  Connect
HEALTHPLAN

Member Handbook

Southeast Wisconsin Service Area

Effective September 1, 2010

English For help to translate or understand this, please call **1-888-279-1227; 1-800-947-3529** (TTY)

Spanish Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono
1-888-279-1227; 1-800-947-3529 (TTY)

Russian Если вам не всё понятно в этом документе, позвоните по телефону
1-888-279-1227; 1-800-947-3529 (TTY)

Hmong Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau
1-888-279-1227; 1-800-947-3529 (TTY)

Laotian ຖ້າທ່ານບໍ່ເຂົ້າໃຈບັນຫາໃດ ໃນເອກະສານສະບັບນີ້ ກະລຸນາ ໂທລະສັບສອບຖາມ
ຕາມໝາຍເລກ **1-888-279-1227; 1-800-947-3529** (TTY)

Dear New Member:

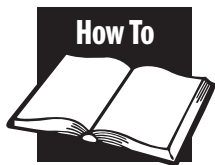
Welcome to the CommunityConnect HealthPlan BadgerCare Plus program!

Thank you for choosing our health plan.

This kit provides the information you need to get the most from your health plan including:

Member Handbook

This section tells you:



- How your health plan works
- What is covered and what is not covered
- Your member rights
- Important phone numbers

Other Things to Know About Your Health Plan

This section has information about:



- Notice of privacy practices and your health information
- MedCall® – a 24-hour nurse help line
- Preventive health care guidelines for you and your family
- What to do if you are pregnant

We've also given you a Provider Directory that lists doctors near your home. Or, find providers near you with our easy-to-use "Provider Finder" website at **CommunityConnectHealthPlan.com**.

Your member ID card has been sent to you separately. Your ID card lists your primary care clinic (PCC). If you want a different PCC, select one from the Provider Directory. Then fill out and return the "PCC Selection Form" found on the last page of this kit.

If you need help or have not received your member ID card, please call us toll-free at **1-888-279-1227** (the TTY line for members with hearing or speech loss is **1-800-947-3529**).

Again, thank you for choosing CommunityConnect HealthPlan and welcome to our health plan.

Sincerely,
CommunityConnect HealthPlan

CommunityConnect HealthPlanSM



Community  Connect
HEALTHPLAN

Choose Health
Start by Opening This Member Handbook

Effective September 1, 2010

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Interpreter services are provided free of charge to you.

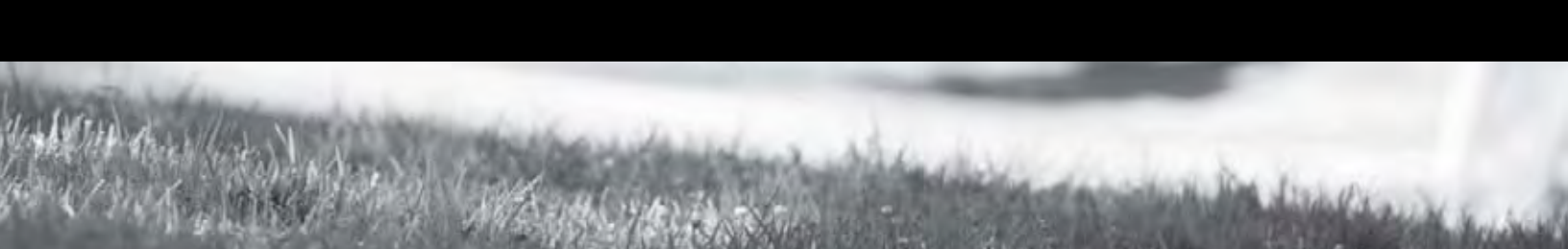
This handbook is in English. For help understanding this information, or for a handbook in Spanish, Russian, Laotian or Hmong, please call our CommunityConnect HealthPlan (CCH) Member Services Advocates toll-free at **1-888-279-1227**. Members with hearing or speech loss may call the CCH Member Services Advocates toll-free TTY line at **1-800-947-3529**.

Important CommunityConnect HealthPlan Phone Numbers



CCH Member Advocate Call Center	1-888-279-1227
Call this number if you have questions about your CommunityConnect HealthPlan (CCH) health plan. You can call this number between 8 a.m. and 5 p.m. Monday through Friday.	
CCH Member Advocate Call Center TTY	1-800-947-3529
HMO Enrollment Specialist	1-800-291-2002
MedCall® Toll-free, 24-Hour Nurse Help Line	1-877-309-4884
Call this number to talk in private with a nurse. You may call this line 24 hours a day, seven days a week. You also may call this line for an interpreter.	
MedCall TTY	1-800-368-4424
Emergency Care	
If you need emergency care, call 911 or your local police or fire department emergency services.	
Behavioral Health Services	1-877-471-6656
Call this 24-hour number if you need to find a mental health provider. You also can learn more about your mental health benefits.	
Behavioral Health Services TTY Line	1-800-947-3429
Medical Transportation Management (MTM)	1-888-409-6878
Call this number between 8 a.m. and 5 p.m. to arrange transportation to and from your covered medical visits. You also may call this number after hours, Sundays and holidays.	
MTM TTY Line	1-800-947-3529
CommunityConnect HealthPlan Case Management	1-877-471-6656
Case Management TTY Line	1-800-947-3529
MARCH Vision Care	1-888-493-4070
Call this number between 8 a.m. and 5 p.m. local time to help find a vision provider. You also can learn more about your vision benefits.	
MARCH Vision Care TTY	1-877-627-2456
Southeast Dental Associates	1-877-389-9870
Call this number between 8 a.m. and 5 p.m. local time to help find a dentist. You also can learn more about your dental benefits.	
Southeast Dental Associates TTY Line	1-800-947-3529
Women, Infants and Children (WIC) Program	1-800-722-2295
Call this number to learn more about this program, which gives healthy food to pregnant women and mothers of young children.	

TTY lines are only for members with hearing or speech loss.



Welcome

Welcome to CommunityConnect HealthPlan, called CCH for short. As a member of CCH, you will receive all your health care from CCH doctors and hospitals. See the CommunityConnect HealthPlan Provider Directory for a list of these providers. You also may call our CCH Member Advocate Call Center to request a copy of our Provider Directory. You can view our Provider Directory on line at **communityconnecthealthplan.com** Providers not accepting new members are noted in the Provider Directory.



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Community  Connect
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What CommunityConnect HealthPlan Covers

We want to help you get the care you need. The chart below tells you about the benefits covered by CCH. This chart is a summary only. Please see the Benefit Descriptions following this chart for more information.

Some services require prior authorization (an OK from CCH and/or your PCP) for us to cover the services. See the section, “Services that Require Prior Authorization” for more information about which services require prior authorization. All services must be medically necessary and obtained from a provider in your network.

Services	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan
Dental	Full coverage with no copay	Limited coverage of preventive, diagnostic, simple restorative, periodontics and extractions (surgical services) for pregnant women and children Coverage limited to \$750 per enrollment year A \$200 deductible applies to all services except preventive and diagnostic. Cost-sharing equal to 50% of allowable fee on all services Note: Pregnant women are exempt from deductible and cost-sharing requirements for dental services
Lab and Radiology Services (diagnostic or medically necessary) Some radiology services require prior authorization.	Full coverage with no copay	Full coverage with no copay for laboratory and radiology services performed in a clinic setting
Disposable Medical Supplies (DMS) Some DMS require prior authorization.	Full coverage with no copay	Coverage of syringes, diabetic pens and other DMS that are required with the use of a Durable Medical Equipment (DME) item No copay
Durable Medical Equipment (DME) All custom-made DME require prior authorization.	Full coverage with no copay	Full coverage up to \$2,500 per enrollment year \$5 copay per item Rental items are not subject to copay but count toward the \$2,500 annual limit
HealthCheck Screenings for Children	Full coverage of HealthCheck screenings and other services for members under 21 years of age with no copay	Full coverage of HealthCheck screenings HealthCheck “Other” services and Interperiodic services for individuals under age 21 years are not covered. No copay
Hearing Services	Full coverage with no copay	Limited coverage of services provided by an audiologist Hearing aids, hearing aid batteries, cochlear implants and bone-anchored hearing devices are a covered benefit for members 17 years of age and younger. \$15 copay per procedure, regardless of the number of procedures performed during one visit



Services	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan
Home Care Services (Home Health, Private Duty Nursing and Personal Care Services)	Full coverage of private duty nursing, home health services and personal care services with no copay.	Full coverage of in-home skilled nursing services, home health aide services and therapies (PT, OT, SLP) Coverage limited to 60 visits per enrollment year Private duty nursing and personal care services are not covered. \$15 copay per visit
Hospice	Full coverage with no copay.	Full coverage with no copay. Lifetime limit of 360 days.
Inpatient Hospital	Full coverage with no copay	Full coverage, with \$100 dollar per medical stay (for medical surgery) and a \$50 copay per stay for psychiatric treatment
Outpatient Hospital	Full coverage with no copay	Full coverage with a \$15 copay per visit. Multiple visits to the same provider on the same day will be treated as a single visit.
Mental Health and Substance Abuse Treatment (Inpatient)	Full coverage with no copay	\$50 copay per hospital stay for mental health
Mental Health and Substance Abuse Treatment (Outpatient)	Full coverage with no copay	\$15 copay. Subject to only one copay for an evaluation and psychotherapy procedure billed on the same day. No copay for: <ul style="list-style-type: none"> • Electroshock procedure • Pharmacological management • Lab tests Inpatient hospitalization copay applies for services provided during an inpatient stay
Mental Health and Substance Abuse Treatment (Day Treatment)	Full coverage with no copay	\$10 copay per day Adult, child and adolescent mental health day treatment Adult, child and adolescent substance abuse day treatment

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-866-647-6120**

MedCall TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

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Services	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan
Nursing Home Services	Full coverage with no copay	Full coverage for stays at skilled nursing homes limited to 30 days per enrollment year No copay Coverage limitations apply to the following services: <ul style="list-style-type: none"> • Disposable medical supplies • Durable medical supplies • Therapies (PT, OT, SLP) Members residing in a nursing home are not subject to copays for services they receive during their stay if the services require a copay.
Emergency Room	Full coverage with no copay	Full coverage \$60 copay per visit (waived if the member is admitted to the hospital)
Physical Therapy (PT), Occupational Therapy (OT) and Speech and Language Pathology Therapy (SLP)	Full coverage with no copay	Full coverage, limited to 20 visits per therapy discipline per enrollment year \$15 copay per visit, per provider. There are no monthly or annual copay limits.
Physician Services	Full coverage, including laboratory and radiology with no copay	Full coverage, including laboratory and radiology \$15 copay per visit No copay for emergency services, anesthesia or clozapine management
Podiatry	Full coverage	Full coverage \$15 copay per visit
Pregnancy/Maternity Care	Full coverage, with no copay, including preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems	Full coverage, with no copay, including preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems.
Family Planning Services	Full coverage, with no copay, excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization	Full coverage, excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization No copay for family planning services.

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall ® Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

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Services	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan
Routine Vision	Full coverage, with no copay, including coverage of eyeglasses	One eye exam, with refraction, is covered every enrollment year. Eyeglasses and contact lenses are not covered. \$15 copay per visit
Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier Nonemergency transportation requires prior authorization.	Full coverage, with no copay, of emergency and nonemergency transportation to and from a certified provider for a BadgerCare Plus covered service	Coverage limited to emergency transportation by ambulance, which includes both land and air ambulance. \$50 copay per trip
Prescription Drugs Prescription drugs are covered by the state.	You may get your drugs from any pharmacy that will accept your ForwardHealth ID card. Please show your ForwardHealth ID card to the pharmacy.	You may get your drugs from any pharmacy that will accept your ForwardHealth ID card. Please show your ForwardHealth ID card to the pharmacy. \$5.00 copay with no limits.
Immunizations	Full coverage with no copay	Full coverage with no copay
Organ Transplants	Cornea and kidney transplants are covered by CCH. Other organ transplants may be covered by the state. Please call the CCH Member Advocate Call Center if you have questions.	Cornea and kidney transplants are covered by CCH. Other organ transplants may be covered by the state. Please call the CCH Member Advocate Call Center if you have questions.

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Benefit Descriptions



This symbol means that prior authorization (an OK from CCH and/or your PCC is needed for us to cover the services. All services must be medically necessary and obtained from a provider in your network. Please see the section **Services that Require Prior Authorization** to find out more about getting an OK from CCH.

Ambulance

CommunityConnect HealthPlan (CCH) covers ambulance service for emergency care. CCH also may cover this service at other times, but you must have approval for all nonemergency ambulance trips. Call our CCH Member Advocate Call Center or CCH Member Advocate Call Center TTY (for members with hearing or speech loss) number to request approval for nonemergency ambulance trips. You also can call Medical Transportation Management (MTM) at **1-888-409-6878** to get more information about nonemergency transportation. Members with hearing or speech loss may call the MTM TTY line at **1-800-947-3529**.

Dental Services

CCH provides all covered dental services. But you must go to a CCH network dentist. See the provider directory, visit our website at **communityconnecthealthplan.com**, or call our CCH Member Advocate Call Center for the names of our dentists. As a member of CCH, you have a right to a routine dental appointment within 90 days after your formal request.

Dental Emergency

A dental emergency is an immediate dental service needed to treat dental pain, swelling, fever, infection or injury to the teeth.

If you already have a dentist who is with CCH:

- Call the dentist's office.
- Identify yourself or your child as having a dental emergency.
- Tell the dentist's office what the exact dental problem is. This may be something like a toothache or swollen face. Make sure the office understands that you or your child is having a "dental emergency."
- Call us if you need help with transportation to your dental appointment.

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

- Call CCH. Tell us that you/your child is having a dental emergency. We can help you get dental services.
- Tell us if you need a ride to the dentist's office. We can help with transportation.

You have the right to obtain treatment for your dental emergency within 24 hours after we get your request.

You also can call Southeast Dental Associates at **1-877-389-9870** for help with finding a dentist if you have a dental emergency. Members with hearing or speech loss may call the Southeast Dental Associates TTY line at **1-800-947-3529**.

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

MedCall TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

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Diagnostic and Therapeutic Radiology

CT, MRI, MRA, PET and SPECT need an OK from CCH

Radiology services to diagnose or treat a disease, illness or injury

Durable Medical Equipment (DME) and Disposable Supplies

All custom-made durable medical equipment needs an OK from CCH

DME and supplies are covered when medically necessary and used by a person who has an illness or injury.

Family Planning Services

We provide confidential family planning services to all members. This includes minors. If you do not want to talk to your PCP about family planning, call our CCH Member Advocate Call Center or CCH Member Advocate Call Center TTY (for members with hearing or speech loss) number. We will help you choose a CCH family planning doctor who is different from your PCP.

We encourage you to receive family planning services from a CCH doctor. That way we can better coordinate all your health care. Federal law allows members to choose their provider, including physicians and family planning clinics, for reproductive care and supplies. Therefore, you can go to any family planning clinic that will accept your ForwardHealth ID card even if that clinic is not part of CCH.

We keep your family planning information and records private. Providers who do not work with CCH should keep your family planning information private, even if you are a minor, except as the law allows. CCH is not responsible for providers outside of the network keeping your medical records private.

HealthCheck

HealthCheck is a preventive health checkup program for members under the age of 21. The HealthCheck program covers complete health checkups. These checkups are very important for those under 21. The doctor wants to see those under 21 for regular checkups, not just when they are sick.

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

The HealthCheck checkup includes:

- Health and developmental history
- Unclothed physical examination
- Vision screening
- Hearing screening
- Dental screening and a referral to a dentist beginning at age one
- Immunizations (shots) appropriate for age
- Blood and urine lab tests (including blood lead level testing when appropriate for age)

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-866-647-6120**

MedCall TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

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You child should receive a health check at the following ages:

- Birth
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years old through age 20 should receive a yearly HealthCheck

Medical Transportation Management (MTM) will help arrange transportation for HealthCheck visits for Standard Plan members. You can call MTM at **1-888-409-6878** to get more information about transportation for HealthCheck visits. Members with hearing or speech loss may call the MTM TTY line at **1-800-947-3529**.

To schedule a HealthCheck exam or to find out when your child should have his/her next HealthCheck exam, ask your child's PCP. If you have difficulty scheduling your child's HealthCheck exam or for more information, call our CCH Member Advocate Call Center or CCH Member Advocate Call Center TTY (for members with hearing or speech loss) number.

Home Health Care



These are skilled nursing services given during a visit at a member's home.

Hospice Services



Your PCP can ask for hospice care for you if you are terminally ill and not likely to live for more than six months if the disease runs its normal course.

Hospital Services



Your PCP can send you to any hospital in the CCH network. Look in your Provider Directory for a list of hospitals that work with us.

Go to the nearest hospital in an emergency.

Hospital Services – Inpatient



You do not need an OK from CCH for emergency care or if you are having a baby.

These services include an overnight stay in the hospital.

Hospital Services – Outpatient



Many outpatient services require an OK from CCH.

- These services do not include an overnight stay in the hospital.

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

MedCall TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

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Mental Health and Substance Abuse Services

CCH provides mental health and substance abuse (drug and alcohol) services to all members. If you need these services, call Behavioral Health at **1-877-471-6656**. Members with hearing or speech loss may call the Behavioral Health TTY line at **1-800-947-3529**. They will help you get the treatment you need. You do not need a referral from your PCP for these services.

Pregnancy and Maternity Care

When you know you are pregnant, call us at our CCH Member Advocate Call Center or CCH Member Advocate Call Center TTY number. If you enrolled in CCH during the last trimester of your pregnancy, you may be allowed to stay with your current provider even if that provider is not in your network.

You have the right to stay in the hospital for at least 48 hours after a vaginal delivery. You have the right to stay in the hospital for at least 96 hours after a cesarean section (C-section).

We cover:

- Doctor visits and all professional services for pregnancy, complications of pregnancy and after delivery care that is medically necessary.
- Care given by a licensed nurse-midwife or family practitioner.
- Tests that are needed such as ultrasounds.
- HIV testing, treatment and counseling for pregnant members.
- Birthing center services.
- Vaginal childbirth and C-sections.
- Newborn exams.

- A follow-up visit for the mother and baby within two days of an early discharge (a hospital stay of less than two days for vaginal childbirth and less than four days for a C-section) when ordered by the treating provider with the consent of the mother.
- Our **Healthy Habits Count for You and Your Baby** prenatal program.

If you are having a baby, we will sign you up for our **Healthy Habits Count for You and Your Baby** program. This prenatal program will help you learn how to take care of yourself while you are pregnant. As a part of this program, we will send you mailings that include:

- Perinatal and breastfeeding news.
- A form to fill out so you can choose a PCP for your baby.
- Information on classes you can take to help you learn how to care for yourself and your new baby, at no cost to you.

Transportation - BadgerCare Plus Standard Plan Members

Bus or taxi rides to receive care are arranged by Medical Transportation Management (MTM). You can call MTM at **1-888-409-6878** if you need a ride. Members with hearing or speech loss may call the MTM TTY line at **1-800-947-3529**.

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-866-647-6120**

MedCall TTY: **1-800-368-4424**

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Special Medical Vehicle – BadgerCare Plus Standard Plan Members

CCH covers transportation by special vehicle for those in wheelchairs. We also may cover this service for others if your doctor asks for it. Call Medical Transportation Management (MTM) at **1-888-409-6878** if you need this service. Members with hearing or speech loss may call the MTM TTY line at **1-800-947-3529**.

Transportation – BadgerCare Plus Benchmark Plan Members

Nonemergency transportation is not a covered benefit.

Vision Services

We cover:

- Eye exams and eyeglasses.
- Treatment for diseases or injury to the eyes.

Call MARCH Vision Care at **1-888-493-4070** to learn more. If you have hearing or speech loss, you may call the MARCH Vision TTY line at **1-877-627-2456**. For assistance locating a vision care provider, you may visit MARCH Vision Care on the Web at **marchvisioncare.com**

What the State Covers

The following services are covered under your ForwardHealth ID Card, not by CCH.

- Prescription Drugs

Organ transplants other than cornea and kidney transplants

Your prescriptions and certain over-the-counter items are provided by the state, not CCH.

You may receive a prescription from a CCH doctor, specialist or dentist. You can fill your prescription at any pharmacy that is a provider for BadgerCare Plus.

Please show your ForwardHealth ID card to the pharmacy when you get your prescriptions filled. Do not show your CCH ID card to the pharmacy. You may have copayments or have limits on covered medications.

- Targeted Case Management Services
- Prenatal Natal Care Coordination (PNCC)
- Certain tuberculosis-related services
- Chiropractic services (covered by the state)
- Community Support Program (CSP) services
- Comprehensive Community Services (CCS)

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TTY lines are only for members with hearing or speech loss.

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What CommunityConnect HealthPlan Does Not Cover

Some services are not covered by CommunityConnect HealthPlan. Call our CCH Member Advocate Call Center or TTY number at the bottom of the page if you have questions about what is not covered. If you choose to get services that are not covered by CCH, you will have to pay for them yourself.

Here are the kinds of care CCH does not give you:

- Any service requiring an OK from us if we haven't given an OK, or if the OK was not received before the service. This doesn't apply to emergency services.
- Any service requiring an ok from us if we haven't given an ok, or if the ok was not received before the service. This doesn't apply to emergency services.
- If you don't see the service you need in the "What's Covered " section call us.
- Experimental or investigational procedures
- Care, including emergency services, you get outside the United States, Canada and Mexico
- Surgery or drugs to help you get pregnant
- Cosmetic surgery such as:
 - tattoo removal
 - ear lobe repair
- Sex change surgery or treatments

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-866-647-6120**

MedCall TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

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Community  Connect
HEALTHPLAN



Complete These Steps Right Away

1. Call your County/Tribal Economic Support caseworker, your providers and us if your address has changed. Tell your County/Tribal Economic Support Caseworker and us about other big changes in your life, too (such as marriage or a new baby).
2. Check to see if you got your CommunityConnect HealthPlan member ID card. If not, call us. If you did get your ID card, but the PCC is not the one you want, call us.

Set up your first visit (initial health exam) with your PCC.

We're Here to Help You

Welcome to CommunityConnect HealthPlan. We work with the state of Wisconsin to bring you the BadgerCare Plus health insurance program.

Our job is to help you get the health care services you need. Give us a call – we are happy to help. The CCH Member Advocate Call Center is open Monday through Friday from 8 a.m. to 5 p.m. If you call outside of these hours or on the weekend, leave us a message. We'll call back the next business day. Members with hearing or speech loss may call the CCH Member Advocate Call Center TTY line.

All Done?

Great Job! You're Off to a Good Start
Choosing Health.



CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

MedCall TTY: **1-800-368-4424**

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Your CommunityConnect HealthPlan ID Card

We sent your CommunityConnect HealthPlan ID card in a separate mailing from this book. If you don't have it yet, please call our toll-free CCH Member Advocate Call Center or TTY phone number.

Always carry your CCH and ForwardHealth ID cards with you. Show your ID cards every time you go for health care services. You may have problems getting care or prescriptions if you do not have your card with you. Also bring any other health insurance cards you may have. You are the only person who can use your ID cards.

Here's what your CCH ID card could look like:



Your CCH ID card also has this important information:

- Your name
- Your member ID number
- Our name, address and toll-free Member Advocate Call Center phone number
- Your PCC name, address and telephone number
- Phone numbers for:
 - The toll-free MedCall 24-Hour Nurse Help Line
 - Vision care services
 - Transportation to and from medical visits
 - Mental health services
 - Dental services
- What to do in an emergency

We will send you a new CCH ID card if:

- You change your PCC.
- Your PCC is no longer in the network and you must select a new PCC.
- You lose your CCH ID card.

Please call our toll-free CCH Member Advocate Call Center or TTY phone number if you need a new CCH ID card.

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

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What Is a Primary Care Clinic?

You will be assigned to the CCH clinic closest to the ZIP code where you live. We refer to this as your “primary care clinic” (PCC). You can choose your PCC from those listed. To do this, call our CCH Member Services Advocates toll-free at **1-888-279-1227**. Members with hearing or speech loss may call the TTY line at **1-800-947-3529**. Each member of your family may choose a different clinic.

A PCC is not always just one doctor. Clinics, such as health departments, Federally Qualified Health Centers (FQHCs), rural health clinics (RHCs) and tribal health centers also can be PCCs. If you were under the care of a PCC that was not working with us when you were enrolled in our health plan, you may be able to stay with that PCC for a short time. It’s a good idea to call us before you go to a provider other than your PCC. If you want to go to this new provider because you want to change your PCC, we will try to make the new provider your PCC before your visit.

It is important to call your PCC first when you need care. The doctor will manage all your health care. If you think you need to see another doctor, or a specialist, ask your PCC. Your PCC will help you decide if you need to see another doctor, and give you a referral. Remember, you must get approval from your PCC before you see another doctor.

You can choose your PCC from those available. **(Note:** For women, you also may see a women’s health specialist, for example, a CCH network OB/GYN doctor or a nurse midwife, without a referral, in addition to choosing your PCC). There are HMO doctors who are sensitive to the needs of many cultures. To choose a PCC, or to change to a different PCC, call our Member Services Advocates toll-free at **1-888-279-1227**.

What Is a Primary Care Physician (PCP)?

A PCP is your main health care provider. Your PCP gets to know you and your health by seeing you when you are healthy (well visits) and seeing you when you have a health issue. This history helps your PCP give you the best care.

It is important to call your PCP first when you need care. This doctor will manage all your health care. If you think you need to see another doctor, or a specialist, ask your PCP. Your PCP will help you decide if you need to see another doctor, and give you a referral. Remember, you must get approval from your PCP before you see another doctor. You do not need to see your PCP before getting:

- Family planning services
- In-network OB/GYN care
- Emergency care services
- Vision care services
- Sexually transmitted disease (STD) services or treatment

You can choose your PCP from those available. **Note:** For women, you also may see a women’s health specialist in the network, for example, an OB/GYN doctor or a nurse midwife, without a referral, in addition to choosing your PCP. There are CCH doctors who are sensitive to the needs of many cultures.

CCH Member Advocate Call Center: **1-888-279-1227**

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MedCall Toll-free, 24-Hour Nurse Help Line: **1-866-647-6120**

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A PCP can be any of these types of providers:

- Pediatrician (takes care of babies and children)
- Family or general practitioner (takes care of babies, children and adults)
- Internist (takes care of adults by treating problems with the organs inside the body)
- Obstetrician/gynecologist, also called an OB/GYN (takes care of women only)

First Visit with Your PCP

We ask our new members to see their PCP as soon as they can after enrolling in our health plan. You need to feel comfortable with your PCP, so it's helpful to meet each other right away and see how the doctor and the office staff work with you.

During your first visit, your PCP will:

- Get to know you and talk about your health.
- Help you understand your medical needs.
- Teach you ways to make your health better or help you stay healthy.

Call your PCP today to schedule this important visit.

Setting Up a Visit with Your PCP

It's easy to set up a visit with your PCP:

1. Call your PCP's phone number on your CCH ID card. (Call during normal business hours, which are usually 9 a.m. to 5 p.m.)
2. When they answer, tell them that you are a CommunityConnect HealthPlan member who needs to set up a visit.

If you need a ride to and from your visit, call Medical Transportation Management (MTM) at **1-888-409-6878**. Members with hearing or speech loss may call the MTM TTY line at **1-800-947-3529**.

Bring your CCH ID card to your visit along with your ForwardHealth ID card and any other health insurance cards you may have. Be on time. Call your PCP's office as soon as you can if you will be late or cannot come. Your PCP may not be able to see you if you are late.

Changing Your PCP

It is best to keep the same PCP if you can. That way your PCP gets to know your health needs and history. Yet, it is also important for you to be happy with your PCP. You may want to change your PCP if:

- You move.
- You don't get along with your PCP.
- You don't agree with your PCP.
- Your health care needs change.
- You feel as if your PCP does not respect your cultural needs.

To choose a new PCP, look in the Provider Directory we sent you. (See the next heading to learn more about the Provider Directory.) You can view our Provider Directory on our website at **communityconnecthealthplan.com**. Or, call us and we can help you find a new PCP.

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

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If you change your PCP:

- You must choose a provider taking new patients or your request may be denied.
- Your PCP change will be effective on the date the change is made.
- We will tell you when you can start seeing your new PCP.
- We will send you a new CCH ID card with your new PCP's name, address and phone number on it.
- Make sure to have your medical records sent to your new PCP. If you need help with this, call us.

Your PCP or CCH may ask you to change your PCP.

This could happen because:

- We no longer work with your PCP.
- You do not show up for visits with your PCP.
- You are often late for visits with your PCP.
- You are rude or abusive to our staff or the staff at the PCP's office.
- You disrupt your PCP's office.

Provider Directory

Our Provider Directory lists providers contracted with us. It also tells you their address, their phone number, the hours they are open and the languages they speak.

The Provider Directory lists PCPs by type. Look under these headings to find the right provider for you or your family member:

- PCPs for children are listed under "Family Practice," "Pediatrics" or "General Practice."
- PCPs for pregnant women are listed under "Family Practice" or "Obstetrics and Gynecology."
- PCPs for adults are listed under "Family Practice," "Internal Medicine" or "General Practice."

Call us if you need a Provider Directory or want help choosing a PCP. If you would like additional information about any of our providers, please call the CCH Member Advocate Call Center or the TTY number at the bottom of the page.

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-866-647-6120**

MedCall TTY: **1-800-368-4424**

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Emergency Care

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

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

If you need emergency care, go to a CCH provider for help if you can. But, if the emergency is severe, go to the nearest provider (hospital, doctor or clinic). You may want to call **911** or your local police or fire department emergency services if the emergency is severe.

If you must go to a non-CCH hospital or provider, call CCH Member Advocate Call Center at **1-888-279-1227** as soon as you can to tell us what happened. Members with hearing or speech loss may call the CCH Member Advocate Call Center TTY line at **1-800-947-3529**. This is important so we can help you get follow up care.

Remember, hospital emergency rooms are for true emergencies only. Before you go to the emergency room, call your doctor if your PCC is open. After clinic hours, call our 24-hour emergency number or the MedCall 24-hour Nurse Help Line, unless your emergency is severe.

Urgent Care

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

Some examples of urgent care are:

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

If you need urgent care, call your doctor during regular clinic hours. At night or on the weekend, call MedCall the 24-hour Nurse Help Line. You will get advice over the telephone or you may be instructed to go to a nearby medical facility for care. You must get urgent care from your CCH doctor unless you get our approval to see a non-CCH doctor.

Remember do not go to a hospital emergency room for urgent care unless you get approval from CCH first.

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Services that Require Prior Authorization



CCH provides payment for all medically necessary covered services. Some services may require prior authorization (PA). Your provider should handle the PA request for you. **Note:** An approved request for prior authorization does not guarantee payment for noncovered services.

Prior authorization is required:

- To see a non-CCH provider
- For some mental health and substance abuse services
- For some ambulance transportation

- For admissions
- For outpatient surgeries
- For non-emergent surgeries
- For specialized pharmacy services

For more details, please see the authorization guidelines in the table below. Please call the Member Advocate Call Center or TTY line for more detailed information on how to obtain prior authorization or to check on the status of your authorization.

Services that Require Prior Authorization (PA)	
Service/Request	Is Prior Authorization (PA) Required for In-network Providers?
Drugs	Not covered by CCH. Use your ForwardHealth ID Card.
Physician Visits/Professional Services	Yes- Out-of-network only
Preventive Services	No
Prenatal Care/Maternity	No
Immunizations	No
Laboratory Services	Yes- genetic testing only
Radiology Services	Yes, CT, MRI, MRA, PET and SPECT
Inpatient Hospital	Yes
Outpatient Hospital	Some services require PA
Emergency Room	No
Nursing Home/Skilled Nursing Facility	Yes
Physical Therapy (PT), Occupational Therapy (OT), Speech Language Pathology (SLP)	PT, OT and SLP require prior auth from birth to 3 years of age.
Durable Medical Equipment (DME)	All custom DME requires PA
Disposable Medical Supplies	No
Home Health	Yes
Emergency Ambulance Transportation	No
Transportation (Nonemergent in ambulance or specialized motor vehicle)	Yes- when covered
HealthCheck	No
Dental Oral Surgery/TMJ	Inpatient facility and anesthesia services require PA from CCH. Please contact Southeast Dental Associates at 1-877-389-9870 regarding PA for dental services
Vision (Optical)	No
Hospice	Yes
Family Planning Services	No
Podiatric Services	Yes
Mental Health and Substance Abuse- Inpatient	Yes
Mental Health and Substance Abuse- Outpatient	Yes
Mental Health and Substance Abuse- Day Treatment	Yes
Cardiac Rehabilitation	No
Transplant Services	Yes. (Transplants other than cornea and kidney are covered by the state.)

Services that Require Prior Authorization



If you are not sure if you need our OK, call the CCH Member Advocate Call Center or TTY line for more information.

Getting a Second Medical Opinion

A second medical opinion on recommended treatments may be appropriate in some cases. Contact your doctor or the CCH Member Advocate Call Center at **1-888-279-1227**. Members with hearing or speech loss may call the CCH Member Advocate Call Center TTY line at **1-800-947-3529**.

Making Coverage Decisions

Your providers work with you to make the best coverage decisions for your health. And, we always want you to have the care you need. But your provider may have to ask us to OK certain health care services.

We base our decision on two things:

- Whether or not the care is medically necessary
- What health care benefits you have

We also want you to know that we do not reward providers for:

- Denying you care.
- Saying you do not have coverage.
- Giving you less care than you need.

Care Management

Care Management is a service that CCH offers to you at no cost. A nurse care manager or a social worker will:

- Work with you to help coordinate your health care needs.
- Help you better understand your diagnosis.

Work with you and your doctor to set up and meet personal goals to improve health and quality of life. We have programs for our members to help manage:

- Coronary artery disease
- Diabetes
- Asthma
- Heart failure
- Kidney failure
- Pregnancy and high-risk pregnancy

If you want to speak to learn more about care management, call **1-877-471-6656** and ask for care management. Members with hearing or speech loss may call the TTY line at **1-800-947-3529**. You can have your doctor call us to tell us you want to know more about our care management program. You also can call our toll-free CCH Member Advocate Call Center number to learn more about these programs. A care manager will call you if he or she thinks that these services may help you.

If you become pregnant, please let CCH and your County/Tribal Economic Support caseworker know right away. This is to make sure you get the extra care you need. You also may not have copays when you are pregnant.

CCH Member Advocate Call Center: **1-888-279-1227**

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MedCall TTY: **1-800-368-4424**

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PCPs for Pregnant Women

As soon as you know you are pregnant, call us. We will make sure your PCP and the hospital where you will have your baby are both in the network.

If you are new to our health plan and you are in the last three months of your pregnancy, you can stay with your current PCP even if that PCP is not part of the network.

If you do not have a PCP yet, we will help you find one. A pregnant woman can choose an OB/GYN as her PCP.

You must go to a CCH hospital to have your baby. Talk to your CCH doctor to make sure you know which hospital you are to go to when it's time to have your baby.

Also, talk to your doctor if you plan to travel in your last month of pregnancy. It may not be a good time for you and your unborn child to be traveling. We want you to have a healthy birth. Your CCH doctor knows your history and is the best doctor to help you have a healthy birth. Do not go out of the area to have your baby unless you have CCH approval.

High-Risk Pregnancy

It is important that you have a healthy pregnancy. Some conditions may put you at risk. You may be at risk if you:

- Are under 18 years of age.
- Have diabetes, asthma, depression, heart disease or use tobacco.

Call Care Management right now at **1-877-471-6656** to learn more about our program to help you have a healthy pregnancy. Members with hearing or speech loss may call the TTY line at **1-800-947-3529**.

Prenatal Program

We have a free prenatal program for our pregnant members. It's called **Healthy Habits Count for You and Your Baby**. The program helps you learn how to take care of yourself while you are pregnant. Plus, you get a reward when you see your PCP after your baby is born (this is called a postpartum visit).

Breastfeeding Support

Call the MedCall 24-Hour Nurse Help Line if you are a mom-to-be or a new mother who has questions about breastfeeding.

Women, Infants, and Children (WIC)

You also can get help from a special program called WIC. The WIC program gives healthy food to pregnant women and mothers of young children. To learn more, call **1-800-722-2295**.

Health Care for Your Baby

Call your caseworker to report the birth of your baby. Your caseworker will help you enroll your baby. We can help you choose a PCP for your baby at this time.

If you do not want to choose a PCP over the phone you can fill out the **Primary Care Clinic (PCC) Selection Form** at the back of this book. Use our Provider Directory to find a PCP in your area. PCPs for children are listed under "Family Practice," "Pediatrics" or "General Practice." If you do not choose a PCP for your baby, we will assign one for you.



Please go online or call us and tell us how to contact you and help you enjoy good health. Look for the “Choose Health” button on our website or, if you call, tell the CCH Member Advocate Call Center agent that you want to “Choose Health.”

Each person has special needs at every stage of life. Whether you are a man or woman, a child or an adult, we have programs to help you stay healthy and manage illness. These programs are all free.

For Managing Illnesses

- The **Healthy Habits Count with Asthma Program** can help you manage your asthma drugs and take better care of you. You may enroll in our asthma program by calling **1-877-338-5875**. If you have hearing or speech loss, you may call our TTY line at **1-800-947-3529**. Once enrolled, you will get information to help you manage your asthma. But you do not have to join. Your benefits will not be affected if you do not join.
- **The Healthy Habits Count with Diabetes Program** can connect you with someone who can:
 - Help teach you about healthy eating.
 - Remind you about screenings.
 - Set up referrals to specialists to help you manage and control your diabetes.

You may enroll in our diabetes program by calling **1-877-338-5875**. If you have hearing or speech loss, you may call our TTY line at **1-800-947-3529**. Once enrolled, you will get information to help you manage your diabetes. You also get an annual diabetes calendar that includes a list of the different diabetes screenings.

But you do not have to join. Your benefits will not be affected if you do not join.

Pregnancy

Our prenatal program, **Healthy Habits Count for You and Your Baby**, gives you information to help you have a healthy pregnancy. Plus, you get a reward when you see your doctor within 21-56 days after your baby is born.

Preventive Care

We will remind you about well visits you and your family members need. These visits include important tests and vaccines to help keep you healthy.

Weight Control

Our **Get Up and Get Moving!** childhood obesity program gives families guidance on how to choose good foods to eat and fun activities the whole family can do together. We will send you a family workbook to help you get started.

MedCall 24-Hour Nurse Help Line

Call the MedCall 24-Hour Nurse Help Line any time day or night to talk to a nurse about your health questions. Teens can talk to a nurse trained to handle teen issues. You also can call the MedCall 24-Hour Nurse Help Line just to access audio tapes on hundreds of health topics. Call and improve your health knowledge today.

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

MedCall TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

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Help in Other Languages

We offer services and programs that meet your language and cultural needs and give you access to quality care. We use an interpreter service that works with more than 140 languages. We want you to have the right care, so we offer these services:

- Health education materials translated into different languages
- CCH Member Advocate Call Center staff able to help you in your language
- 24-hour phone interpreters
- Sign language and face-to-face interpreters
- Providers who can help you in your language

If you do not speak English and need help during your medical visit, you can ask for a face-to-face or phone interpreter at no cost to you. Call us at least 72 hours in advance. We are open Monday through Friday from 8 a.m. to 5 p.m.

We also can translate for you while you are at your PCP's office. Ask your PCP to call us at least 72 hours in advance. We will be glad to help. You do not have to pay for this service.

Help for Members with Speech, Hearing or Vision Loss

We have a toll-free phone number for members with speech or hearing loss. This TTY phone number is **1-800-947-3529**. The TTY line is open Monday through Friday from 8 a.m. to 5 p.m. To get the help you need between 8 p.m. and 8 a.m. and on weekends, call the Relay Service at **1-800-947-3529**.

We offer this book and other plan materials in other formats for members with hearing or vision loss. Call us if you need help reading this book or other materials.

The Americans with Disabilities Act of 1990

We comply with the Americans with Disabilities Act (ADA) of 1990. This act protects you from discrimination by us because of a disability. If you feel you have been treated in a different way because of a disability, call our CCH Member Advocate Call Center or TTY number at the bottom of the page.



CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

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Complaints, Grievances and Appeals



We would like to know if you have a complaint about your care at CommunityConnect HealthPlan. Please call the CCH Member Advocate Call Center or CCH Member Advocate Call Center TTY line if you have a complaint. Or you can write us at:

**COMMUNITYCONNECT HEALTHPLAN
P.O. BOX 3157
EAU CLAIRE, WI 54702-3157**

If you want to talk to someone outside of CommunityConnect HealthPlan about the problem, call the Enrollment Specialist at **1-800-291-2002**. The Enrollment Specialist may be able to help you solve the problem, or can help you write a formal grievance to CommunityConnect HealthPlan or to the BadgerCare Plus program.

The address to complain to the Wisconsin BadgerCare Plus Program is:

**WISCONSIN BADGERCARE PLUS
MANAGED CARE OMBUDS
PO BOX 6470
MADISON, WI 53716-0470
1-800-760-0001**

If your complaint or grievance needs action right away because a delay in treatment would greatly increase the risk to your health, please call CCH as soon as possible. Members with hearing or speech loss may call the CCH TTY line.

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

You have the right to appeal to the State of Wisconsin Division of Hearings and Appeals (DHA) for a state fair hearing if you believe your benefits are wrongly denied, limited, reduced, delayed or stopped by CCH. An appeal must be made no later than 45 days after the date of the action being appealed. If you appeal this action to DHA before the effective date, the service may continue. You may need to pay for the cost of the service 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. You have the right to bring a friend or be represented at the hearing. If you need a special arrangement for a disability, or for English language translation, please call **1-608-266-3096**. Members with hearing or speech loss may call **1-608-264-9853**.

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

If you need help writing a request for a fair hearing, please call either the BadgerCare Plus Ombuds at **1-800-760-0001** or the HMO Enrollment Specialist at **1-800-291-2002**.

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

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Complaints (Grievances)

You, or the person you choose to act for you, can file a complaint with us over the phone or in writing. You need to file your complaint within 60 days from the date the problem took place.

If you have questions or concerns about your care, talk to your PCP first. If you still have questions or concerns, call us. We can help you. You will not be treated differently than other members because you file a complaint or grievance. Your health care benefits will not be affected.

If your problem has to do with the denial of your health care benefits, you need to file an appeal instead of a complaint. Please see the material about **“Appeals”** later in this chapter.

If you need help filing your complaint, one of our member advocates can help you. If you do not speak English, we can get an interpreter for you. Most of the time we can help you right away, or within a few days.

You have three options for filing a complaint with us. You can:

- Call our toll-free CCH Member Advocate Call Center or CCH Member Advocate Call Center TTY number (for members with hearing or speech loss).
- Write us a letter to tell us about the problem.

Here are the things you need to tell us as clearly as you can:

- Who is involved in the complaint
- What happened
- When did it happen
- Where did it happen
- Why you are not happy with the care you received

Attach any documents that will help us look into the problem.

Send your completed form or letter to:

**COMMUNITYCONNECT HEALTHPLAN
P.O. BOX 3157
EAU CLAIRE, WI 54702-3157**

If you cannot mail the form or letter, you, or the person you choose to act for you, may call our CCH Member Advocate Call Center or TTY number at the bottom of the page.

After we get your complaint by phone, fax or in the mail, we will call you within 24 hours. If we cannot reach you by phone, we will send you an acknowledgement letter within five business days.

We try to solve your complaint by having the right staff members review it. We divide complaints into two groups for review:

- Clinical quality issues (also called “quality of care” issues) – A member advocate looks into these types of complaints first to decide who will complete the final review. A medical director reviews all complaints that have to do with medical issues; decides how serious they are; and gives ideas how to solve the problem.
- Administrative issues (also called “quality of service” issues) – A member advocate who consults with the correct CCH staff reviews these complaints to solve your problem.

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

MedCall TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

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We will make a decision about your complaint within 30 days from the time we get it. We will send you a complaint resolution letter within five business days after we make our decision. This letter will:

- Describe your complaint.
- Tell you what has been done to solve your problem.
- Tell you how to ask for an appeal if you do not agree with our decision.
- Tell you that you have 30 calendar days from the date on the letter to tell us that you want to file an appeal.

If we cannot decide within 30 days, the time period may be extended another 14 days. If this happens, we will send you a letter telling you we have not resolved your complaint, when you may expect a decision and why we need the extra time. We will resolve your complaint within 45 days of the day we received your complaint.

Expedited (Faster) Complaints

You may ask us to handle your complaint faster if your health needs it. We answer problems that need to be taken care of right away within 48 hours. We will call you or send you a letter with our decision within 48 hours after we get your expedited complaint.

Appeals

If want to appeal about how we solved your problem, you, or someone you choose to act for you, can ask for an appeal within 30 calendar days of our decision. Send you appeal to:

COMMUNITYCONNECT HEALTHPLAN
P.O. BOX 3157
EAU CLAIRE, WI 54702-3157

We will send you an acknowledgment letter within three business days after we get your request for an appeal. The letter will tell you we got your appeal request.

We will make a decision about your appeal within 30 business days after we get it. If we cannot decide within 30 business days, the time period may be extended another 14 days. If this happens, we will send you a letter telling you we have not resolved your complaint, when you may expect a decision and why we need the extra time. We will resolve your complaint within 45 days of the day we received your complaint.

Expedited (Faster) Appeal

You can ask us to handle your appeal faster if your health needs it. We will process your request as quickly as we can, but not more than 48 hours from the time we get your request for an expedited appeal. If we say “no” to your request for a faster appeal, we will call you. We also will send you a letter with the reason for the delay within two calendar days.

You may keep your benefits while you waiting for your appeal to be resolved if you asked for the appeal within the right time frame. You may have to pay for the care you get while you wait for an answer about the appeal if the final decision is not what you wanted.

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When You May be Billed for Services

It is very important to follow the rules when you get medical care so you are not billed for services. You must receive your care from CCH providers, hospitals and pharmacies unless you have our approval. The only exception is for severe emergencies.

If you travel outside of Wisconsin and need emergency services, health care providers can treat you and send claims to CCH. You will have to pay for any service you get outside Wisconsin if the health care provider refuses to submit claims or refuses to accept CCH payment as payment in full.

CCH does not cover any service, including emergency services, provided outside of the United States, Canada and Mexico.

Billing Members

Covered and Noncovered Services

Under BadgerCare Plus – Standard Plan, if you receive a bill for services, call our CCH Member Advocate Call Center at **1-888-279-1227**.

Members with hearing or speech loss may call the TTY line at **1-800-947-3529**. You do not have to pay for covered services (other than any required copay) that are provided by a BadgerCare Plus provider and that CCH is required to provide you unless prior authorization is denied and you are told there will be a charge for the service before it is provided.

Generally, charging a member for a noncovered service is allowed, except for certain **noncovered services** or activities related to covered services, like missed appointments, telephone calls and translation services.

Under BadgerCare Plus – Benchmark Plan, CCH and its providers and subcontractors may bill you for deductibles for **covered services** that are provided by a BadgerCare Plus certified provider.

You may request **noncovered services** from providers, and providers may collect payment for noncovered services from you if you accept responsibility for payment and make payment arrangements with the provider. Providers may bill you up to their usual and customary charges for noncovered services.

Copays

Under the BadgerCare Plus – Standard Plan, the following members are exempt from copays:

- BadgerCare Plus – Standard Plan Members
- Nursing home residents
- Pregnant women
- Members under 19 years of age who are members of a federally recognized tribe
- Members under 19 years of age with incomes at or below 100 percent of the Federal Poverty Level (FPL)

Under BadgerCare Plus – Benchmark Plan, CCH and its providers and subcontractors may bill you for copays for covered services or for other medical services that are provided by a BadgerCare Plus certified provider. The following members are exempt from copays:

- Pregnant women
- Members under 19 years of age who are members of a federally recognized tribe

Member Advocate Call Center: **1-888-279-1227**

Member Advocate Call Center TTY: **1-800-947-3529**

MedCall ® Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

MedCall TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

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If You Have Other Health Insurance

If you have other insurance in addition to CCH, you must tell your doctor or other provider along with your County/Economic Support caseworker. Your health care provider must bill your other insurance before billing CCH. If your CCH doctor does not accept your other insurance, call the HMO Enrollment Specialist at **1-800-291-2002**. The Enrollment Specialist can tell you how to match your HMO enrollment with your other insurance so you can use both insurance plans. Should you have other health insurance coverage or if your other health coverage ends, please contact our CCH Member Advocate Call Center **1-888-279-1227**. Members with hearing or speech loss may call the CCH Member Advocate Call Center TTY line at **1-800-947-3529**.

Health Insurance after Your Eligibility Ends

You have the right to purchase a private health insurance policy from CCH when your eligibility ends. Call our CCH Member Advocate Call Center for more information. If you decide to purchase a policy from us, you have 30 days after the date your eligibility ends to apply.

HMO Exemptions

An HMO exemption means you are not required to join an HMO to receive your health care benefits. Most exemptions are granted for only a short period of time so you can complete a course of treatment before you are enrolled in an HMO. If you think you need an exemption from HMO enrollment. Call the HMO Enrollment Specialist at **1-800-291-2002** for more information.

If You Move

If you are planning to move, contact your county Department of Social or Human Services. If you move to a different county, you also must contact the Department of Social or Human Services in your new county to update your eligibility.

If you move out of the CCH service area, call the HMO Enrollment Specialist at **1-800-291-2002**. CCH will only provide emergency care if you move out of our service area. The Enrollment Specialist will help you choose an HMO that serves your area.

To learn more about how coverage decisions are made, call our CCH Member Advocate Call Center number. If you have hearing or speech loss, call the CCH Member Advocate Call Center TTY line.

CommunityConnect HealthPlan Member Advocate

CCH has a Member Advocate to help you get the care you need. The Advocate can answer questions about getting health care from CCH. The Advocate also can help you solve any problems you may have getting health care from CCH. You can reach the Advocate at **1-888-279-1227**. Members with hearing or speech loss may call the TTY line at **1-800-947-3529**.

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

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State of Wisconsin HMO Ombuds Program

The State has ombuds who can help you with any questions or problems you have as an HMO member. The ombuds can tell you how to get the care you need from your HMO. The ombuds also can help you solve problems or complaints you may have about the HMO program or your HMO. Call **1-800-760-0001** and ask to speak to an ombuds.

Living Will or Power of Attorney for Health Care

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

Your 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 CCH Member Advocates at **1-888-279-1227** for help. Members with hearing or speech loss may call the TTY line at **1-800-947-3529**.

Please note: You may have to pay to copy your medical record. You also may correct wrong information in your medical records if your doctor agrees to the correction.

Confidentiality Policies

CCH has the right to get information from anyone giving you care. We use this information so we can pay for, and manage, your health care. We keep this information private between you, your health care provider and CCH, except as the law allows. Refer to the **Notice of Privacy Practices** to read about your right to privacy.

This notice was included in your new member packet. If you would like a copy of the notice, please call us at our CCH Member Advocate Call Center or TTY number at the bottom of the page.

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 CCH Member Advocate Call Center and request information about our physician payment arrangements.

Provider Credentials

You have the right to information about our providers that includes the provider's education, board certification and recertification. To get this information, call our CCH Member Advocates at **1-888-279-2338**.

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

MedCall TTY: **1-800-368-4424**

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Quality Improvement

At CCH, we want to make your health plan better. To do this, we have a Quality Improvement (QI) program. Through this program, we:

- Evaluate our health plan in order to improve it.
- Track how happy you are with your PCP
- Track how happy you are with us.
- Use the information we get to make a plan to improve our services.
- Carry out our plan to help make your health care better.

You may ask us to send you information about our QI program. This will include a description of the program and a report on our progress in meeting our improvement goals. Call our CCH Member Advocate Call Center number at the bottom of the page to ask for this information. Members with hearing or speech loss may call the CCH Member Advocate Call Center TTY number.

Reporting Provider or Client Waste, Abuse and Fraud

If you suspect a member (a person who receives benefits) or a provider (a doctor, dentist, counselor, etc.) has committed waste, abuse or fraud, you have a responsibility and a right to report it. To report waste, abuse or fraud, gather as much information as possible. You can report providers/ members directly to your health plan by:

- Contacting our CCH Member Advocate Call Center at **1-888-279-1227** or the TTY number, for members with hearing or speech loss, at **1-800-947-3529**.

- Writing to:

**COMMUNITYCONNECT HEALTHPLAN
ATTN: FRAUD & ABUSE
6775 WEST WASHINGTON ST.
MILWAUKEE, WI 53214**

When reporting a provider (a doctor, dentist, counselor, etc.), let us know these things:

- Name, address and phone number of the provider
- Name and address of the facility (hospital, nursing home, home health agency, etc.)
- Medicaid number of the provider or facility, if known
- Type of provider (doctor, physical therapist, pharmacist, etc.)
- Names and the phone numbers of other witnesses who can aid in the investigation
- Dates of events
- Summary of what happened

When reporting a member (a person who receives benefits), provide these things:

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

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

MedCall TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

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Your Health Care Rights and Responsibilities



As a member of CommunityConnect HealthPlan, you have health care rights and responsibilities. Your health care rights include, but are not limited to:

- The right to ask for an interpreter and have one provided to you during any BadgerCare Plus covered service.
- The right to receive the information provided in this member handbook in another language or another format.
- The right to receive 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.
- The right to receive information about treatment options, including the right to request a second opinion.
- The right to make decisions about your health care.
- The right to be treated with dignity and respect.
- The right to be free from any form of restraint or seclusion used as means of force, control, convenience or retaliation.

Your Civil Rights

CommunityConnect HealthPlan provides covered services to all eligible members regardless of:

- Age
- Race
- Religion
- Color
- Disability
- Sex
- Sexual orientation
- National origin
- Marital status
- Arrest or conviction record
- Military participation

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

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

CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-877-309-4884**

MedCall TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

CommunityConnectHealthPlan.com





Member Responsibilities

As a member of our CommunityConnect HealthPlan, you also have health care duties. These duties include, but are not limited to:

- Show your CCH ID card each time you get medical care.
- Make or change appointments.
- Get to appointments on time.
- Call your PCP if you cannot make it to your appointment or if you will not be on time.
- Use the emergency room only for true emergencies.
- Pay for any requested services that are not covered by BadgerCare Plus.
- Treat your PCP and other health care providers with respect.
- Tell us, your PCP, and your other health care providers what they need to know to treat you.
- Do the things that keep you from getting sick.
- Follow the treatment plans you, your PCP, and your other health care providers agree on.
- Tell us and your County/Tribal Economic Support caseworker if:
 - You move.
 - You change your phone number.
 - The number of people in your household changes.
 - You have other insurance.
 - You become pregnant.

You may see the complete list of member rights and responsibilities on our website at **communityconnecthealthplan.com**.



CCH Member Advocate Call Center: **1-888-279-1227**

CCH Member Advocate Call Center TTY: **1-800-947-3529**

MedCall Toll-free, 24-Hour Nurse Help Line: **1-866-647-6120**

MedCall TTY: **1-800-368-4424**

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