Welcome to Anthem!

We’re happy to have you as a member and look forward to helping you with your health. We want to make sure you get off to a good start as our member. This member handbook is your guide to all the health care services available to you.

This handbook tells you:
- How to use your health care plan to stay healthy and get the care that’s right for you.
- What benefits and services are part of your plan.
- Who to call when you have questions.

You should have received a few other resources with this handbook to help you understand how to use your health plan.

As an Anthem member, you should get all your health care from doctors and hospitals in the Anthem plan. See the Anthem provider directory for a list of these doctors. You can view our provider directory online at www.anthem.com/wimedicaid. You can also call Anthem Member Services and ask us to mail you a printed copy of the provider directory. Doctors accepting new patients are marked in the provider directory.

Anthem covers most of your BadgerCare Plus or Medicaid SSI health care services. A few are covered by the state. See the Plan and state benefits section for more information.

If you have questions as you’re reading this handbook, please see the Important contact information section. This section has phone numbers and websites you can call or visit to get answers to your questions. We’re only a click or call away.

Thank you for being our member.

Sincerely,

Leon Lamoreaux
Medicaid Plan President
Anthem Blue Cross and Blue Shield
**Interpreter services**

*English*  
For help to translate or understand this at no cost, please call **1-855-690-7800** (TTY 711).

*Spanish*  
Si necesita ayuda para traducir o entender esto sin costo, llame al **1-855-690-7800** (TTY 711).

*Russian*  
Если вам не все понятно в этом документе или нужен перевод, звоните по номеру **1-855-690-7800** совершенно бесплатно.

*Hmong*  
Xav tau kev pab txhais lus lossis xav kom nkag siab cov ntaub ntawv no yam tsis tau them nqi, thov hu **1-855-690-7800**.

Interpreter services are provided free of charge to you.

**Important contact information**

**Anthem Blue Cross and Blue Shield Member Services**  
Call this number Monday through Friday from 8 a.m. to 5 p.m. local time or visit the member website to:
- Get answers to general benefit questions.
- Find or change your doctor.
- Get information about medical case management or behavioral health services.
- Request free interpreter or translation services.
- Learn how to get a free phone so you can call us when you need help with your health care needs.

**24/7 NurseLine**  
Call this number to talk in private with a nurse. You may call this line 24 hours a day, seven days a week. **1-855-690-7800** (TTY 711)

**Emergency care**  
If you need emergency care, call 911 or your local police or fire department emergency services.

**ForwardHealth Member Services**  
Call this number Monday through Friday from 7 a.m. to 6 p.m. local time for questions about:
- State-covered benefits and if you’re eligible.
- Renewing your benefits.
- Reporting changes, such as a new address or phone number.

You can also get this information online. Just sign into your MyACCESS account at access.wisconsin.gov.

**Access Information**

AWI-MHB-0009-17  
AWI MHB ENG 10/17
Anthem member advocate
Call or email your member advocate with questions or issues related to your benefits.

Nonemergency medical transportation —
Medical Transportation Management (MTM)
Call or go online to arrange transportation to and from medical/doctor visits that are part of your benefits. Call to arrange a ride at least two days before your scheduled visits.

Vision care — March Vision Care
Call or go online to find a vision provider or to learn more about your vision benefits.

Dental care
DentaQuest
DentaQuest provides dental services for members in Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties. If you live in one of these counties, call or go online to learn more about your dental benefits with DentaQuest or to find a dental provider.

ForwardHealth Member Services
If you live outside of Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties, you can call this number or go online to learn more about your dental benefits.

New Baby, New LifeSM Maternity Management Program
If you’re a new or expecting mom, call to learn more about getting one-on-one support, answers to your questions and help keeping you and your baby healthy.

Women, Infants, and Children (WIC) program
Call or go online to learn more about the WIC program, which gives healthy food to pregnant women and mothers of young children.

211 Community Resource Line
Call or go online to get connected to resources and information right in your community.

Behavioral health care
Call if you need help with stress, depression, anxiety, alcohol/drug abuse or other behavioral or mental health problems.
TTY numbers are a free public service for communication between standard voice users and persons who are deaf or hard of hearing. Please only use these numbers if you have hearing or speech loss.
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Getting started

Changing your contact information
If your address or phone number has changed, tell your local Income Maintenance (IM) agency right away. We need this information to get in touch with you about important plan information. You should also tell your IM agency and Anthem about other big changes in your life, such as marriage or a new baby, so we can make sure you’re getting all the benefits you’re eligible for.

There are a few ways you can do this:

- **Online**
  - Go to ACCESS.wi.gov.
  - Log in to your MyACCESS account or create an account by selecting Create an Account and follow the steps.

- **By phone or in-person**
  - Call or visit your local IM agency. (To find your IM agency, call 1-800-362-3002 or go online to dhs.wisconsin.gov/forwardhealth/imagency.)

For members receiving SSI benefits: Report changes to your local Social Security office. You can find your local office by calling 1-800-772-1213 (TTY 1-800-325-0778) from 7 a.m. to 7 p.m. on weekdays or by visiting www.ssa.gov.

If you move
If you’re planning to move, contact your current IM agency. If you move to a different county, you must also contact the IM agency in your new county to update your eligibility for BadgerCare Plus or Medicaid SSI. You can find your local IM agency by calling 1-800-362-3002 or going to dhs.wisconsin.gov/forwardhealth/imagency.

If you move out of Anthem’s service area, call the HMO Enrollment Specialist at 1-800-291-2002. The HMO Enrollment Specialist will help you choose a new HMO that serves your new area.

Care evaluation/Health needs assessment
For members receiving SSI benefits: As an Anthem member, you’ll be asked to talk with a trained staff member about your health care needs and medical history. We’ll reach out to you within the first 60 days of being an Anthem member to schedule a time to talk. It’s very important that you talk with us so we can help you get the care and services you need. If you have questions or want to contact Anthem directly to schedule a time to talk about your health care needs, please call Member Services at 1-855-690-7800 (TTY 711).

For members receiving BadgerCare Plus benefits as childless adults: You will be receiving a short health questionnaire in the mail. Please try your best to complete this and send it in the stamped envelope sent with the questionnaire. If you need help completing the questionnaire, please call 1-855-690-7800 (TTY 711). You may also receive a phone call to complete the questionnaire by phone.
This questionnaire is very important. It gives us the information we need to help you get the care you need. If you missed the mailing and phone call, this means we couldn’t reach you. Please give us a call at 1-855-690-7800 (TTY 711) to let us know you didn’t receive a health questionnaire. Update your contact information in person or by phone with your local IM agency or online at ACCESS.wi.gov.

**Using your ID cards**

You’ll use your Anthem Blue Cross and Blue Shield and ForwardHealth member ID cards to get your BadgerCare Plus and/or Medicaid SSI benefits. If you don’t have one or both of your ID cards yet, you’ll be getting them soon in the mail. Your ForwardHealth ID card is different from your Anthem card. Always carry both your ID cards with you, and show them every time you go to the doctor or hospital. Your ForwardHealth ID card must also be shown to get prescriptions filled and for all other state-covered services (see the State benefits section). Bring any other health insurance cards you may have with you to the doctor, hospital or pharmacy. This could include any ID card from Anthem or other service providers. You may have problems getting health care or prescriptions if you don’t have your ID cards with you.

Sample ForwardHealth member ID card:

![Sample ForwardHealth member ID card](image)

Sample Anthem member ID card:

![Sample Anthem member ID card](image)

Your Anthem member ID card shows:
- The name and phone number of your primary care provider (PCP).
- Your Anthem ID number.
- Your Medicaid ID number.
• Important phone numbers if you have benefit questions or need help finding a doctor or clinic.

If your Anthem ID card is lost or stolen, call us right away at 1-855-690-7800 (TTY 711). We’ll send you a new one.

If your ForwardHealth ID card is lost or stolen, call the HMO Enrollment Specialist at 1-800-362-3002.

Anthem member website
Learn more about the benefits and services available to you by visiting the member website at www.anthem.com/wimedicaid. Here, you will also find:
• Find a Doctor search tool and provider directories.
• Information on how to renew your benefits.
• Preventive health guidelines.
• Community resources.
• Member handbook (electronic for easy word searching).

Register for secure access, and you can also:
• Print your Anthem ID card.
• View your benefits.
• Contact Member Services.

To register for secure access:
• Go to www.anthem.com/wimedicaid and select Login.
• Select the Register tab, and enter your:
  o Member ID – this number should begin with ZRA, followed by the nine-digit Anthem ID number (on your member ID card).
  o Last name, date of birth and ZIP code.

Choosing a primary care provider
New members will get a welcome call from Anthem soon after joining our plan. During the call, you’ll be asked if you have a primary care provider (PCP). A PCP is the main doctor or provider you’ll see for your health care needs. Don’t worry — we’ll help you choose a PCP if you don’t have one. If you don’t hear from us within three to four weeks of becoming a member, it means we couldn’t reach you. Please call Member Services toll free at 1-855-690-7800 (TTY 711) for help choosing a doctor who is right for you.

It’s important to choose a PCP to manage all your health care. You can choose a PCP from the list of doctors accepting new patients. They’re marked in the Anthem provider directory. The provider directory also lists any non-English languages our doctors speak. Our doctors are sensitive to the needs of many cultures. To choose your PCP, call Member Services at 1-855-690-7800 (TTY 711).
When you need care, it’s important to call your PCP first. Your PCP will help you decide if you need to see another doctor or specialist and, if appropriate, give you a referral. However, women may see a women’s health specialist, such as an obstetrician or gynecologist (OB/GYN) or nurse-midwife, without a referral from your PCP.

**Important note**
Some hospitals and doctors may not give members one or more of these covered services:
1. Family planning services
2. Birth control services (includes emergency birth control)
3. Sterilization (includes tubal ligation at the time of labor and delivery)
4. Abortion (choosing to end a pregnancy)

Call the doctor, clinic or hospital you plan to use to make sure they offer all the services you need.

**Changing your primary care provider**
Most of the time, it’s best to keep the same primary care provider (PCP) so he/she can get to know your health needs and help you get the care you need. However, we want you to be happy with your PCP. If you want to change your PCP, call Anthem Member Services toll free at 1-855-690-7800 (TTY 711). If you choose to change your PCP, you must choose a PCP that will see new patients. If you request a PCP who isn’t taking new patients, we will tell you and ask you to make another choice.

**Accessing the care you need**

**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 because your condition cannot wait, try to go to an Anthem hospital for help. IF your emergency is very severe and you’re unable to get to the nearest hospital, call 911 or your local police or fire department emergency services.

If you must go to a non-Anthem hospital or doctor, call Member Services at 1-855-690-7800 (TTY 711) as soon as you can to tell us what happened so we can help you get follow-up care.

Remember, hospital emergency rooms are for true emergencies only. Unless you have a true emergency, call your doctor or our 24/7 NurseLine at 1-855-690-7800 (TTY 711) or go
to an urgent care facility before you go to the emergency room. You should also call your
doctor or our 24/7 NurseLine if you don’t know if your illness or injury is an emergency.
We’ll tell you where you can get care.

If you’re getting care at an out-of-plan facility, you may be asked to move to a plan facility if it
won’t harm your health.

**Urgent care**

Urgent care is care you need sooner than a routine doctor visit that is not emergency care.
Some examples are:

- Bruises
- Minor burns
- Minor cuts
- Most broken bones
- Most drug reactions
- Bleeding that isn’t severe
- Sprains

You must get urgent care from Anthem doctors unless you first get our approval to see an out-of-
plan doctor. Do not go to a hospital emergency room for urgent care unless you get approval
from us first.

If you need urgent care, call your primary care provider (PCP) if it’s during normal clinic hours.
After hours and on weekends, call our 24/7 NurseLine at 1-855-690-7800 (TTY 711). You can
also find a list of Anthem plan urgent care centers in the provider directory. You can also use our
Find a Doctor tool online at www.anthem.com/wimedicaid. Often, urgent care clinics will have
extended evening or weekend hours, but this will vary by clinic. Please call the clinic directly or
visit their website for up-to-date hours of operation.

**Care when you are away from home**

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

- For true emergencies, go to the nearest hospital, clinic or provider. Call Member Services
  at 1-855-690-7800 (TTY 711) as soon as you can to tell us what happened so we can help
  you get follow-up care.
- For urgent or routine care away from home, you need to get approval from us before
going to a different doctor, clinic or hospital. This includes children who are spending
time away from home with a parent or relative. Call us at 1-855-690-7800 (TTY 711) for
approval to go to a different doctor, clinic or hospital.
When you may be billed for services

Covered and noncovered services
Under BadgerCare Plus, you don’t have to pay for benefits other than required copayments (copays). Your copay can’t be higher than it would have been in fee-for-service. You must see a doctor in Anthem’s plan to make sure you aren’t billed for services that are part of your benefits. The only exception is for emergencies. If you’re willing to accept financial responsibility and make a written payment plan with your doctor, you may ask for services that aren’t part of your benefits. Doctors may bill you up to their usual charges for services that aren’t part of your benefits.

If you get a bill for a service you didn’t agree to, please call Member Services at 1-855-690-7800 (TTY 711).

Copayments
Under BadgerCare Plus, Anthem and its providers and subcontractors may bill you small service fees, called copayments (copays). The following members don’t have to pay copays:
- Medicaid SSI members
- Nursing home residents
- Pregnant women
- Members younger than 19 years old who are members of a federally recognized tribe
- Members younger than 19 years old with incomes at or below 100 percent of the federal poverty level

Medical services received outside Wisconsin
Health care providers in the area where you travel can treat you and send the bill to Anthem if you’re outside Wisconsin and need emergency care. You may have copays for emergency services provided outside Wisconsin.

Services received outside of the United States, Canada and Mexico aren’t covered. If you need emergency services while in Canada or Mexico, only certain doctors and hospitals can provide covered services. Please call Member Services if you plan to travel to either of these countries and would like more information. Also, call us if you get any emergency services outside the United States.

If you get a bill for services, call Anthem Member Services at 1-855-690-7800 (TTY 711) right away.

Other insurance
If you have other insurance in addition to Anthem, you must tell your doctor or other health care provider. If your Anthem doctor or other health care provider does not accept your other insurance, call the HMO Enrollment Specialist at 1-800-291-2002. The HMO Enrollment Specialist can tell you how to use both insurance plans. It’s important to show all your health
insurance cards when you receive care. This includes your Anthem card, ForwardHealth card and ID cards for your other insurance. This will allow you to get the most out of your benefits. Please also call Anthem Member Services at 1-855-690-7800 (TTY 711) if you have other health insurance or if your other health insurance ends.

**Plan and state benefits**

Anthem pays for some of your benefits, and the state pays for some of your benefits. The two charts below show what you get from Anthem and what you get from the state.

We want to help you get the care that’s right for you. Your plan covers all medically necessary services provided by a plan doctor. If your primary care provider (PCP) believes you should see an out-of-plan doctor, they can call Member Services to ask for approval.

Only certain services have copays. Most do not. Copays are noted in the charts. Only certain members have to pay these copays (see the *Copayments* section).

These charts are summaries only. This handbook has more details on your benefits. Call us at 1-855-690-7800 (TTY 711) or the state (ForwardHealth Member Services) at 1-800-362-3002 if you have questions about these services.

**Anthem benefits**

<table>
<thead>
<tr>
<th>Services</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory surgery centers</td>
<td>Certain surgical procedures and related lab services are covered.</td>
</tr>
<tr>
<td>Dental</td>
<td>Covered for members in Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha.</td>
</tr>
<tr>
<td>Disposable medical supplies (DMS)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Durable medical equipment (DME)</td>
<td>Covered.</td>
</tr>
<tr>
<td>End-stage renal disease (ESRD)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Health screenings for children</td>
<td>HealthCheck screenings and other services for individuals under the age of 21 are covered.</td>
</tr>
<tr>
<td>Hearing services</td>
<td>Covered.</td>
</tr>
<tr>
<td>Services</td>
<td>Coverage</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Home care services</strong> (Home health, private duty nursing and personal care)</td>
<td>Covered.</td>
</tr>
<tr>
<td><strong>Hospice care</strong></td>
<td>Covered.</td>
</tr>
<tr>
<td><strong>Inpatient hospital services</strong></td>
<td>Covered.</td>
</tr>
<tr>
<td><strong>Mental health and substance abuse treatment</strong></td>
<td>Covered.</td>
</tr>
<tr>
<td><strong>Nursing home services</strong></td>
<td>Covered.</td>
</tr>
<tr>
<td><strong>Outpatient hospital services</strong></td>
<td>Covered.</td>
</tr>
<tr>
<td><strong>Outpatient hospital — Emergency room</strong></td>
<td>Covered.</td>
</tr>
<tr>
<td><strong>Physical therapy, occupational therapy, and speech and language pathology</strong></td>
<td>Covered.</td>
</tr>
<tr>
<td><strong>Physician services</strong></td>
<td>Covered, including laboratory and radiology.</td>
</tr>
<tr>
<td><strong>Podiatry</strong></td>
<td>Covered.</td>
</tr>
<tr>
<td><strong>Prenatal/Maternity care</strong></td>
<td>Covered, including prenatal care coordination, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems.</td>
</tr>
<tr>
<td><strong>Reproductive health service — Family planning services</strong></td>
<td>Covered, excluding infertility treatments, surrogate parenting and related services, including but not limited to artificial insemination and subsequent obstetrical care as a noncovered service, and the reversal of voluntary sterilization.</td>
</tr>
<tr>
<td><strong>Routine vision care</strong></td>
<td>Covered, including eyeglasses.</td>
</tr>
<tr>
<td><strong>Transportation (Emergency)</strong></td>
<td>Covered.</td>
</tr>
</tbody>
</table>
## State benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavioral (autism) treatment services</strong></td>
<td>Full coverage of comprehensive and focused behavioral treatment services (with prior approval).</td>
</tr>
<tr>
<td><strong>Chiropractic</strong></td>
<td>Covered.</td>
</tr>
<tr>
<td></td>
<td>$0.50 to $3 copay per service.</td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td>Covered for members not in Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha.</td>
</tr>
<tr>
<td></td>
<td>$0.50 to $3 copay per service.</td>
</tr>
</tbody>
</table>
| **Drugs (prescriptions)**              | Comprehensive drug benefit with coverage of generic and brand-name prescription drugs and some over-the-counter (OTC) drugs. Members are limited to five prescriptions per month for opioid drugs. Copays are as follows:  
- $0.50 for OTC drugs.  
- $1 for generic drugs.  
- $3 for brand-name drugs. Copays are limited to $12 per member, per provider, per month. OTC drugs are excluded from this $12 maximum. |
| **Transportation (Nonemergent) — Ambulance, specialized medical vehicle (SMV), common carrier** | Nonemergency medical transportation to and from a certified provider for a covered service is covered. Copays are as follows:  
- $2 copay for nonemergency ambulance trips.  
- $1 copay per trip for transportation by SMV. No copay for transportation by common carrier or emergency ambulance. |
Preapproval

Some services may need preapproval from Anthem and/or your doctor. Your doctor should ask for the approval for you. That’s part of why it’s important to see your PCP first for health issues that aren’t emergencies and annual well-visits.

Your doctor may have to work with us to give approval for certain health care services. We base our decision on two things:

- What health care benefits you have
- Whether the care is medically necessary

We don’t reward doctors or other health care workers who make decisions for:

- Denying you care.
- Saying you don’t have benefits.
- Giving you less care than you need.

Note: Preapproval for a service that isn’t covered doesn’t guarantee payment for that service.

Please call us at 1-855-690-7800 (TTY 711):

- If you’re not sure if you need an approval from us.
- For more details about how to get an approval.
- To check on the status of your approval.

Benefit descriptions

Mental health and substance abuse benefits

Sometimes, dealing with all of the tasks of a home and family can lead to stress. Stress can lead to:

- Depression
- Anxiety
- Marriage, family and/or parenting problems
- Alcohol and drug abuse

If you or a family member is having these kinds of problems, you can get help. Call Anthem Member Services at 1-855-690-7800 (TTY 711). You can also get the name of a behavioral health specialist who will see you if you need one. All services provided by Anthem are private.

Your benefits include many medically needed services, such as:

- Inpatient mental health care
- Outpatient mental health care and/or substance abuse
- Partial hospitalization
- Mental health rehabilitative treatment services

You don’t need a referral from your PCP to get these services or to see a behavioral health specialist in your network.
If you think a behavioral health specialist does not meet your needs, talk to your PCP. He or she can help you find a different kind of specialist.

There are some treatments and services your PCP or behavioral health specialist must ask Anthem to approve before you can get them. Your doctor will be able to tell you what they are.

If you have questions about referrals and when you need one, contact Member Services at 1-855-690-7800 (TTY 711).

If you need immediate help, please call the Behavioral Health Crisis Hotline at 1-855-690-7800 (TTY 711).

**Family planning benefits**

We provide private family planning services to all members, including minors. If you don’t want to talk to your primary care provider about family planning, then call us at 1-855-690-7800 (TTY 711). We’ll help you choose an Anthem family planning doctor who is different from your primary care provider.

We encourage you to get family planning services from an Anthem doctor so we can better coordinate all your health care. However, you can also go to any family planning clinic that accepts your ForwardHealth ID card, even if the clinic isn’t part of the Anthem plan.

**Dental benefits**

*For members in Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties*, Anthem provides all dental benefits through DentaQuest. You must go to an Anthem plan dentist. See the provider directory on the member website (www.anthem.com/wimedicaid) or call Member Services at 1-855-690-7800 (TTY 711). You can also call to the website www.dentaquest.com or call 1-888-271-5210 for the names of our dentists.

As a member of Anthem, you have the right to a routine dental appointment within 90 days of your request, either in writing or over the phone to Member Services.

*For members outside of Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties*, dental benefits are covered by the state under BadgerCare Plus and Medicaid SSI. You may get dental benefits from a Medicaid-enrolled doctor who will accept your ForwardHealth ID card. To find a Medicaid-enrolled doctor:

2. Select Members in the middle of the page.
3. Scroll down and choose the Resources tab.
4. Choose Find a Provider.
5. Under Program, select BadgerCare Plus/Medicaid.

Or, you can call ForwardHealth Member Services at 1-800-362-3002.
If you have a dental emergency, you have the right to be treated within 24 hours of your request. A dental emergency is a need for immediate dental services to treat severe dental pain, swelling, fever, infection or injury to the teeth. If you’re experiencing a dental emergency:

- If you already have a dentist who is with Anthem:
  o Call the dentist’s office.
  o Tell the dentist’s office that you or your child is having a dental emergency.
  o Tell the dentist’s office what the exact dental problem is. This may be something like a severe toothache or swollen face.
  o Call us if you need help with getting a ride to or from your dental appointment.

- If you do not currently have a dentist who is with Anthem:
  o Call Anthem Member Services. Tell us that you or your child is having a dental emergency. We can help you get dental services.
  o Tell us if you need help with getting a ride to or from the dentist’s office.

For help with a dental emergency, you can also call DentaQuest at 1-888-271-5210 (TTY 1-800-466-7566) if you live in Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties.

**Chiropractic benefits**

Chiropractic services are a covered benefit by the state under BadgerCare Plus and Medicaid SSI. You may get chiropractic services from a Medicaid-enrolled doctor who will accept your ForwardHealth ID card. To find a Medicaid-enrolled doctor:

2. Select Members in the middle of the page.
3. Scroll down and choose the Resources tab.
4. Choose Find a Provider.
5. Under Program, select BadgerCare Plus/Medicaid.

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

**Vision benefits**

Anthem provides vision benefits through March Vision Care. This includes one of each of these items and services per year:

- Eye exam
- Eyeglass frame
- Eyeglass lens
- Eyeglass lens replacement
- Contact lenses (instead of frame and lenses for select members)
- Contact lens replacement (for select members)

Some limitations apply. Eyeglass frame and lens must be supplied by March Vision Care. For more information, call March Vision Care at 1-855-516-2724 (TTY 1-877-627-2456) or visit their website at www.marchvisioncare.com.
**Autism treatment benefits**

Behavioral treatment services are a covered benefit by the state under BadgerCare Plus. You may get covered autism treatment services from a Medicaid-enrolled doctor who will accept your ForwardHealth ID card. To find a Medicaid-enrolled doctor:

2. Select Members in the middle of the page.
3. Scroll down and choose the Resources tab.
4. Choose Find a Provider.
5. Under Program, select BadgerCare Plus/Medicaid.

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

**HealthCheck benefits**

HealthCheck is a program that covers complete health checkups for members younger than 21 years old. This includes treatment for health problems found during the checkup. It’s important for doctors to see members younger than 21 years old for regular checkups, not just when they’re sick.

The HealthCheck program has three purposes:

- To prevent and treat health problems for those younger than 21 years old
- To increase awareness of the special health services for those younger than 21 years old
- To give health benefits not normally covered for those younger than 21 years old

The HealthCheck checkup includes:

- Age-appropriate immunizations (shots).
- Blood and urine lab tests (including blood lead level testing when age-appropriate).
- Dental screening and a referral to a dentist beginning at one year old.
- Health and developmental history.
- Hearing screening.
- Physical examination.
- Vision screening.

Your child should get a HealthCheck at these ages:

- Birth to 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months

When your child turns 3 years of age, he/she should get a yearly checkup through HealthCheck until they turn 20.

To schedule a HealthCheck exam or for more information, call Member Services at 1-855-690-7800 (TTY 711).
If you need a ride to or from a HealthCheck appointment, please call the Department of Health Services (DHS) nonemergency medical transportation (NEMT) manager at 1-866-907-1493 (TTY 711) to schedule a ride.

Transportation benefits
Nonemergency medical transportation (NEMT) is available through the DHS NEMT manager. The NEMT manager arranges and pays for members to get rides to covered health care appointments through:

- Public transportation, such as a city bus.
- Nonemergency ambulances.
- Specialized medical vehicles.
- Other types of vehicles, depending on a member’s medical and transportation needs.

If you use your own private vehicle for rides to and from your covered health care appointments, you may be able to get mileage reimbursement. Call MTM at 1-866-907-1493 (TTY 1-800-947-3529) before you go to your appointment.

You must schedule routine rides at least two business days before your appointment. You can schedule a routine ride by calling the NEMT manager at 1-866-907-1493 (TTY 1-800-947-3529), Monday through Friday, from 7 a.m. until 6 p.m. local time. You may also schedule rides for urgent appointments. We can provide rides to urgent appointments within three hours.

Pharmacy benefits
You may get a prescription from an Anthem doctor, specialist or dentist. You can get covered prescriptions and certain over-the-counter items at any pharmacy that will accept your ForwardHealth ID card.

To find a pharmacy that will accept your ForwardHealth ID card:

2. Select Members in the middle of the page.
3. Scroll down and choose the Resources tab.
4. Choose Find a Provider.
5. Under Program, select BadgerCare Plus/Medicaid.

If you have questions about which prescriptions are covered under your plan, please call ForwardHealth Member Services at 1-800-362-3002.

You may have copays or limits on covered medications. If you cannot afford your copays, you can still get your prescriptions.

Getting a second medical opinion
If you disagree with your doctor’s treatment recommendations, you may be able to get a second medical opinion. Contact your doctor or Member Services at 1-855-690-7800 (TTY 711) for information.
Availability of medical team

We make sure the medical team, which is made up of doctors, nurses and support staff, takes calls from members and doctors about issues Monday through Friday for at least eight hours a day, except for holidays.

You may call Member Services at 1-855-690-7800 (TTY 711) between 8 a.m. and 5 p.m. The Member Services staff can transfer the call to the appropriate person or area to answer any questions you may have. You can call Member Services after 5 p.m. to leave a message. Your message will be returned the next business day.

Services not covered by Anthem or the state

Some services aren’t covered by Anthem or the state. If you choose to get services that aren’t covered, you must accept financial responsibility and make a written payment plan with your doctor.

Here are the kinds of care Anthem and the state don’t cover:

- Any service that isn’t medically necessary
- Any service that needs preapproval from us that we didn’t give or you didn’t ask for before getting the service. This doesn’t apply to emergency services.
- Services that aren’t listed in the Plan and state benefits section (Call us if you don’t see the service you need listed.)
- Experimental or investigational procedures
- Care, along with emergency services, you get outside the United States, Canada and Mexico from a provider or hospital who doesn’t have a U.S. bank
- Care for problems that have to do with work and can be paid for by workers’ compensation, your employer or job-related disease laws
- Surgery or drugs to help you get pregnant
- Cosmetic surgery such as tattoo removal or ear lobe repair
- Healing by prayer or spiritual means
- Sex-change surgery or treatments

Call Anthem Member Services at 1-855-690-7800 (TTY 711) if you have questions about what isn’t part of your benefits.

Accessing care during pregnancy and delivery

If you become pregnant, please call Member Services at 1-855-690-7800 (TTY 711) and let your local Income Maintenance (IM) agency know right away. This is so you can get the extra care you need. You can find your local IM agency by calling 1-800-362-3002 or going to dhs.wisconsin.gov/forwardhealth/imagency. You don’t have copays when you are pregnant.
You must go to an Anthem hospital to have your baby. Talk to your Anthem doctor to make sure you know which hospital to go to when it’s time to have your baby. Do not go out of the area to have your baby unless you have Anthem approval. Your Anthem doctor knows your history and is the best doctor to help you. If you joined Anthem during the second or third trimester of your pregnancy, you may be allowed to stay with your current doctor even if he/she isn’t in the Anthem plan.

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

Benefits during pregnancy and delivery

Your length of stay in the hospital will depend upon your condition and needs after giving birth. 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 C-section.

We cover:
- Doctor visits and all expert services for pregnancy, problems with pregnancy and after-delivery care that is medically necessary.
- Care given by an obstetrician, licensed nurse-midwife or family practitioner.
- Lab tests that are needed.
- 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 doctor with the mother’s OK.

High-risk pregnancies

It’s important that you have a healthy pregnancy. Some conditions may put you at risk. You may have a high-risk pregnancy if you:
- Are under 18 years of age or over 35 years of age.
- Have any of these health issues:
  - Diabetes
  - Depression
  - Use tobacco
  - HIV
  - Asthma
  - Heart disease
  - High blood pressure
- Have had a premature delivery with a previous pregnancy.
- Are taking any medication daily and are seeing a special doctor.

If you believe you have a high-risk pregnancy, it’s important for you to discuss your concerns with your doctor so he/she can help you monitor these risks.
Getting benefits for your baby
Once you deliver, call your local Income Maintenance (IM) agency to get health benefits for your baby. Once your baby is enrolled, you may call Member Services to choose a primary care provider (PCP) for your baby.

New Baby, New Life℠ maternity management program
New Baby, New Life℠ is the Anthem program for all pregnant members. It is very important to see your PCP or obstetrician or gynecologist (OB/GYN) for care when you are pregnant. This kind of care is called prenatal care. It can help you to have a healthy baby. Prenatal care is always important even if you have already had a baby. With our program, members receive health information and up to $50 in rewards for getting prenatal and postpartum care.

Our program also helps pregnant members with complicated health care needs. Nurse case managers work closely with these members to provide:

- Education
- Emotional support
- Help in following their doctor’s care plan
- Information on services and resources in your community, such as transportation, WIC, prenatal classes, breastfeeding and counseling

Our nurses also work with doctors and help with other services members may need. The goal is to promote better health for members and delivery of healthy babies.

Quality care for you and your baby
At Anthem, we want to give you the very best care during your pregnancy. That’s why you will also be part of My Advocate™, which is part of our New Baby, New Life℠ program. My Advocate™ gives you the information and support you need to stay healthy during your pregnancy.

Get to know My Advocate™
My Advocate™ delivers maternal health education by phone, text messaging and smartphone app that is helpful and fun. You will get to know Mary Beth, the My Advocate™ automated
personality. Mary Beth will respond to your changing needs as your baby grows and develops. You can count on:

- Education you can use
- Communication with your case manager based on My Advocate™ messaging should questions or issues arise
- An easy communication schedule
- No cost to you

With My Advocate™, your information is kept secure and private. Each time Mary Beth calls, she’ll ask you for your year of birth. Please don’t hesitate to tell her. She needs the information to be sure she’s talking to the right person.

**Helping you and your baby stay healthy**
My Advocate™ calls give you answers to your questions, plus medical support if you need it. There will be one important health screening call followed by ongoing educational outreach. All
you need to do is listen, learn and answer a question or two over the phone. If you tell us you have a problem, you’ll get a call back from a case manager. My Advocate™ topics include:

- Pregnancy and postpartum care
- Well-child care
- Dental care
- Immunizations
- Healthy living tips

For more information, call to speak with an OB case manager Member Services or visit online at myadvocatehelps.com.

**When you become pregnant**
If you think you are pregnant:

- Call your PCP or OB/GYN doctor right away. You do not need a referral from your PCP to see an OB/GYN doctor.
- Call Member Services if you need help finding an OB/GYN in the Anthem plan.

When you find out you are pregnant, you must also call Member Services.

We will send you a pregnancy education package. It will include:

- A congratulations letter
- A self-care book with information about your pregnancy; you can also use this book to write down things that happen during your pregnancy
- Information on how to redeem your $25 rewards for prenatal care
- My Advocate™ flier that tells you about the program and how to enroll and get health information to your phone by automated voice, text message or smartphone app
- *Having a Healthy Baby* brochure with helpful resources

While you are pregnant, you need to take good care of your health. You may be able to get healthy food from the Women, Infants, and Children program (WIC).

When you are pregnant, you must go to your PCP or OB/GYN at least:

- Every four weeks for the first six months
- Every two weeks for the seventh and eighth months
- Every week during the last month
- Your PCP or OB/GYN may want you to visit more than this based on your health needs.

**When you have a new baby**
When you deliver your baby, you and your baby may stay in the hospital at least:

- 48 hours after a vaginal delivery
- 72 hours after a cesarean section (C-section)

You may stay in the hospital less time if your PCP or OB/GYN and the baby’s provider sees that you and your baby are doing well. If you and your baby leave the hospital early, your PCP or OB/GYN may ask you to have an office or in-home nurse visit within 48 hours.
After you have your baby, you must:

- Call Member Services as soon as you can to let your case manager know you had your baby. We will need details about your baby.
- Call your local Income Maintenance (IM) agency to apply for Medicaid for your baby.

**After you have your baby**

Anthem will send you a postpartum education package after you have your baby. It will include:

- Congratulations letter
- Nurture booklet with information on caring for your newborn
- Information on how to redeem your $25 rewards for your postpartum visit
- Postpartum depression brochure
- *Making a Family Life Plan* brochure

If you were enrolled in My Advocate™ and received educational calls during your pregnancy, you will now get calls on postpartum and well-child education up to 12 weeks after your delivery.

It’s important to set up a visit with your PCP or OB/GYN after you have your baby for a postpartum checkup. You may feel well and think you are healing, but it takes the body at least six weeks to mend after delivery.

The visit should be done between 21 and 56 days after you deliver.

If you delivered by C-section, your PCP or OB/GYN may ask you to come back for a one- or two-week post-surgery checkup. This is not considered a postpartum checkup. You will still need to go back and see your provider within 21 to 56 days after your delivery for your postpartum checkup.

**Breastfeeding support**

Breastfeeding support is available to all new moms through the 24/7 NurseLine at 1-855-690-7800 (TTY 711).

**Women, Infants, and Children program**

You can also get help from a special program called Women, Infants, and Children (WIC). The WIC program gives healthy food to pregnant women and mothers of young children. To learn more, call 1-800-722-2295 or visit www.dhs.wisconsin.gov/wic.
**Text4baby**

We care about healthy moms and babies, so we’re proud to promote Text4baby. Text4baby is a free mobile (cellphone) health service provided by the nonprofit, National Healthy Mothers, Healthy Babies Coalition (HMHB) designed to promote maternal and child health through text messaging. Get free text messages each week on your cellphone to help you through your pregnancy and your baby’s first year. To register, simply text BABY to 511411. For more information or to get a complete listing of cellphone carriers offering this service, please visit text4baby.org. Note: This program is not available on SafeLink, Straight Talk and some TracFone cell plans.

**Healthy Rewards program**

You can earn rewards for doing things that are good for your health.

It’s simple. All you have to do is enroll in the Healthy Rewards program! Then dollars can automatically be credited to your Healthy Rewards debit card when you complete a healthy activity. You can use your card to buy health and wellness items from select retailers. Check the list below and see what you qualify for.

<table>
<thead>
<tr>
<th>Who’s eligible</th>
<th>Healthy activities</th>
<th>Reward</th>
<th>Limit</th>
</tr>
</thead>
</table>
| Children turning 2 years old | Get all Combo 3 immunizations before the age of 2.  
  Combo 3 includes: Diphtheria, Tetanus Toxoids and Acellular Pertussis (DtaP), Polio (IPV), Measles, Mumps, Rubella (MMR), H influenza type B (HiB), Hepatitis B (HepB), Chicken Pox/Varicella Zoster Virus (VZV), Pneumococcal (PCV) | $10    | One per member        |
|                | Get all Combo 10 immunizations before the age of 2.  
  Combo 10 includes: all immunizations in Combo 3, Rotavirus (ROTA), Influenza (Flu) and Hepatitis A (HepA) | $10    | One per member        |
<p>| Adults (ages 18-75) diagnosed with diabetes | Get a diabetic blood sugar (A1c) test                                             | $20    | One every 12 months   |
|                | Get a diabetic retinal eye exam                                                    | $20    | One every 12 months   |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Activity</th>
<th>Reward</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women (ages 50-74)</td>
<td>Get screened for breast cancer</td>
<td>$25</td>
<td>One every 24 months</td>
</tr>
<tr>
<td>Adults (ages 18 or older) newly prescribed an antidepressant</td>
<td>Use a newly prescribed antidepressant medication for at least six months</td>
<td>$15</td>
<td>One every 12 months per new prescription</td>
</tr>
<tr>
<td>Adults and children (ages 6 or older) who have recently been in the hospital for a mental health condition</td>
<td>Complete a follow-up outpatient visit with a mental health provider within 30 days of discharge from the hospital for a mental health condition</td>
<td>$25</td>
<td>One every discharge; maximum of twice every 12 months</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>Complete first prenatal visit (within 42 days of enrollment)</td>
<td>$25</td>
<td>One per pregnancy</td>
</tr>
<tr>
<td></td>
<td>Complete postpartum visit (between 21 and 56 days after delivery)</td>
<td>$25</td>
<td>One per pregnancy</td>
</tr>
</tbody>
</table>

You could be earning rewards right now. But you must sign up today! Call 1-877-868-2004 (TTY 711) or visit mss.anthem.com/HealthyRewards to enroll.

**Program rules:**
- You must be enrolled in the program to receive rewards.
- Rewards can only be used to buy approved products from select retailers.
- Rewards cannot be used to buy items online.
- All activities are subject to limitations.
- You must be an Anthem member at the time you complete the activity in order to earn a reward for it.

Call 1-877-868-2004 (TTY 711) or visit mss.anthem.com/HealthyRewards for more information.

## Health management programs

### 24/7 NurseLine
With our 24/7 NurseLine, you can speak to a nurse in private and get answers to your health questions anytime, day or night. The 24/7 NurseLine is available at no cost to you by calling 1-855-690-7800 (TTY 711).

### Disease Management Centralized Care Unit
If you have a long-term health issue, we can help you. Our disease management program can help you manage all the moving pieces of your care. The program is voluntary, private and free. A team of licensed nurses, called DMCCU case managers, will work with your primary care provider (PCP) to teach you about your health issue and help you manage your health care.
You can join the program if you have:
- Asthma.
- Bipolar disorder.
- Chronic obstructive pulmonary disease (COPD).
- Congestive heart failure (CHF).
- Coronary artery disease (CAD).
- Diabetes.
- HIV/AIDS.
- Hypertension.
- Major depressive disorder.
- Schizophrenia.
- Substance use disorder.

Our case managers assist with weight management and smoking cessation services.

DMCCU case managers work with you to make and reach your health goals. As a member in the program, you’ll benefit from having a case manager who:
- Listens to you and takes the time to understand your needs.
- Helps you make a care plan to reach your health care goals.
- Gives you the tools, support and community resources that can help you improve your quality of life.
- Provides health information that can help you make better choices.
- Assists you in coordinating care with your doctors.

As an Anthem member enrolled in the DMCCU program, you have certain rights and responsibilities.

You have the right to:
- Have information about Anthem; this includes all Anthem programs and services as well as our staff’s education and work experience; it also includes contracts we have with other businesses or agencies.
- Refuse to take part in or leave programs and services we offer.
- Know who your case manager is and how to ask for a different case manager.
- Have Anthem help you to make choices with your doctors about your health care.
- Learn about all DMCCU-related treatments; these include anything stated in the clinical guidelines, whether covered by Anthem or not; you have the right to talk about all options with your doctors.
- Have personal data and medical information kept private.
- Know who has access to your information and know our procedures used to ensure security, privacy and confidentiality.
  - Be treated with courtesy and respect by Anthem staff.
  - File complaints to Anthem and get guidance on how to use the complaint process, including how long it will take us to respond and resolve issues of quality and complaints.
  - Get information that is clear and easy to understand.

You are encouraged to:
- Follow health care advice offered by Anthem.
- Give Anthem information needed to carry out our services.
- Tell Anthem and your doctors if you decide to disenroll from the DMCCU program.
If you have one of these health issues or would like to know more about our DMCCU program, please call 1-888-830-4300 Monday through Friday from 8:30 a.m. to 5:30 p.m. local time. Ask to speak with a DMCCU case manager. You can also visit our website at www.anthem.com/wimediaid or call the DMCCU if you would like a copy of DMCCU information you find online. Calling can be your first step on the road to better health.

Other care management services
In addition to the Disease Management Centralized Care Unit, our care management program is here to help with complex or special health issues. This team is made up of registered nurses, behavioral health specialists and social workers to support your overall health and well-being goals. The case managers will:

- Work with you to help manage 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 your health and quality of life.
- Provide extra help during your healing time after a hospital stay by making sure you understand your plan of care and medications. The case manager will often speak with the hospital to help plan your return home.

Some examples of the conditions they work with are:

- Coronary artery disease (CAD)
- Asthma
- Kidney failure
- Heart failure
- Diabetes
- High-risk pregnancy
- Certain mental health and substance abuse problems

If you have one of these health issues or some other complex or special health issue and want to learn more about care management, call 1-855-690-7800 (TTY 711). You can also have your doctor or caregiver call us to tell us you want to know more about our program. A case manager will call you if he or she thinks these services may help you.

Lifeline program
Sign up for the Lifeline program and receive a free cellphone and monthly minutes, text messaging and data. Calls to Member Services are also free. As a member, you’ll receive
optional health text messages with health tips and reminders about checkups and flu shots for you and your family.

For more information on this benefit, please call Member Services at 1-855-690-7800 (TTY 711) or visit www.anthem.com/wimedicaid.

**HMO exemptions**

Generally, you must enroll in an HMO to get health care benefits through BadgerCare Plus and Medicaid SSI. An HMO exemption means you aren’t required to join an HMO to get your health care benefits. Most exemptions are granted for only a short period of time, mainly so you can finish a course of treatment before you join. If you think you need an exemption from HMO enrollment, call the HMO Enrollment Specialist at 1-800-291-2002 for more information.

**Help for members with communication needs**

**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 at no cost to you:

- Anthem Member Services staff able to help you in your language
- 24-hour phone interpreters
- Sign language and face-to-face interpreters
- Health plan materials in your preferred language (Call Member Services to request materials in non-English languages.)
- Doctors who can help you in your language

If you don’t speak English and need help during your medical visit, you can ask for a free face-to-face or phone interpreter. To request a phone interpreter, call us at 1-855-690-7800 (TTY 711) Monday through Friday from 8 a.m. to 5 p.m. local time. To request a face-to-face interpreter, including a sign language interpreter, call Member Services at least five days before your visit.

**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 711. The TTY number can be used to call Member Services Monday through Friday from 8 a.m. to 5 p.m. local time and can be used to call the 24/7 NurseLine anytime. 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 meet 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 Member Services or TTY line mentioned in the previous section.

Getting help when you have questions or problems

Anthem’s Member Advocates
Anthem has Member Advocates to help you get the care you need. You should contact the Member Advocates for help with any questions or problems you have related to getting health care services. You can reach the Member Advocates by phone at 1-262-523-2424 or by email at WIQMDepartment@anthem.com.

External advocate (for Medicaid SSI only)
If you have problems getting health care services while you are enrolled with Anthem for Medicaid SSI, call Disability Rights Wisconsin at 1-800-708-3034 or 1-414-773-4646 (Milwaukee area). When you call, ask to speak to the SSI external advocate.

State of Wisconsin HMO ombuds program
The state has designated ombuds (individuals who provide neutral, confidential and informal help) who can help you with any questions or problems you have as an HMO member. The ombuds can tell you how to get the care you need from your HMO. The ombuds can also help you solve problems or complaints you may have about the HMO program or your HMO. Call 1-800-760-0001 and ask to talk to an ombud.

Filing a complaint, grievance or appeal

Complaints or grievances
We would like to know if you ever have a complaint about your care, services or treatment with any doctors, processes or other entities of Anthem. Please call 1-855-690-7800 (TTY 711) and ask for the Member Advocate. You may also reach the Anthem Member Advocate at 1-262-523-2424 or by email at WIQMDepartment@anthem.com. You can also write to us at this address if you have a complaint:

Central Appeals Processing
Anthem Health Plans of Wisconsin, Inc.
P.O. Box 62429
Virginia Beach, VA 23466-2429

Call Member Services if you need help filing a complaint. We can get an interpreter for you if you don’t speak English.
You’ll need to tell us:
- Who is involved in the complaint.
- What happened.
- When the problem happened.
- Where the problem happened.
- Why you aren’t happy with the care you got.

After we get your complaint by phone or in the mail, we’ll send you a letter saying we got your complaint within five business days.

We’ll make a decision about your complaint within 30 days of receiving it. A person not involved in any previous decision making will review your complaint. We’ll send you a complaint resolution letter. 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 don’t agree with our decision.
- Tell you how to ask for a state fair hearing.
- Tell you how to file a grievance with the state ombudsman.

**Appeals**

An appeal is a request for Anthem to change a decision. If you want to appeal a denial of your health care benefits, you, or someone you choose to act for you, can ask for an appeal within 45 calendar days from the date on the Notice of Action letter. You, or someone you choose to act for you, can call or write to us to file an appeal. We prefer you send your appeal in writing, but you can call us to file an appeal on the phone.

Call Anthem Member Services at 1-855-690-7800 (TTY 711) to file an appeal. Call Member Services if you need help filing an appeal. We can get an interpreter for you if you don’t speak English.

Send your appeal to:
- Central Appeals Processing
- Anthem Health Plans of Wisconsin, Inc.
- P.O. Box 62429
- Virginia Beach, VA 23466-2429

We’ll send you a letter letting you know we got your appeal within five business days of receiving it.
We’ll make a decision about your appeal within 30 calendar days of receiving it. If we cannot decide within 30 calendar days, we may ask for 14 more days. If this happens, we’ll send you a letter telling you we need more time to make a decision and when you can expect to hear from us. We’ll also explain why we need more time. A person not involved in any previous decision making will review your appeal. We’ll send you an appeal resolution letter. This letter will:

- Describe your appeal.
- Tell you who reviewed your appeal.
- Tell you our final decision on your appeal.
- Tell you how to ask for a state fair hearing.
- Tell you how to file a grievance with the state ombudsman.

**Expedited (faster) complaints or appeals**

If a delay in treatment would greatly increase the risk to your health, please call Member Services as soon as possible at 1-855-690-7800 (TTY 711). You can ask us to process your complaint or grievance right away. We answer problems that need to be taken care of right away within 48 hours. We’ll call you or send you a letter with our decision within 48 hours of receiving your expedited complaint or appeal. A medical director reviews requests for faster complaints and appeals. If the medical director thinks waiting 30 calendar days won’t harm your health, we’ll send you a letter within two working days. The letter will tell you we’ll complete your complaint or appeal as quickly as we can within 30 calendar days. We’ll also try to call you to tell you our decision.

You may keep getting the same health care services while you wait for your appeal to be resolved if you asked for the appeal within the right time frame. You may later have to pay for the care related to your appeal if the final decision is not in your favor.

We won’t treat you differently if you file a complaint or appeal. Your health care benefits won’t change.

**Filing a complaint or appeal outside of Anthem**

If you want to talk to someone outside of Anthem 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 Anthem or to the BadgerCare Plus and Medicaid SSI programs.

To file a complaint with the BadgerCare Plus and Medicaid SSI programs, write to:

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

You won’t be treated differently from other members if you file a complaint or grievance. Your health care benefits won’t change.
You have the right to appeal to the State of Wisconsin Division of Hearings and Appeals (DHA) for a fair hearing if you believe your benefits are wrongly denied, limited, reduced, delayed or stopped by Anthem. An appeal must be made no more than 45 days after you receive notice of action about the decision being appealed. If you make an appeal before the effective date, the service may continue. 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
P.O. Box 7875
Madison, WI 53707-7875

The hearing will be held with an administrative law judge in the county where you live. You have the right to be represented at the hearing, or you can bring a friend for support. If you need a special arrangement for a disability or for language translation, please call 1-608-266-3096 (voice) or 1-608-264-9853 (hearing impaired).

You will not be treated differently from 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 and Medicaid SSI ombuds at 1-800-760-0001 or the HMO Enrollment Specialist at 1-800-291-2002.

**Civil rights complaints**

Anthem provides coverage for BadgerCare Plus and Medicaid SSI covered services to all eligible members, regardless of age, race, religion, color, disability, sex, physical condition, sexual orientation, national origin, marital status, arrest or conviction record, or military participation.

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

If you believe your rights have been violated, you may file a complaint by:
- Calling Member Services toll free at 1-855-690-7800 (TTY 711) or
- Writing us a letter to tell us about the problem. Send your letter to:

  Central Appeals Processing
  Anthem Health Plans of Wisconsin, Inc.
  P.O. Box 62429
  Virginia Beach, VA 23466-2429
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail or phone at:
  
  U.S. Department of Health and Human Services
  200 Independence Ave., SW, Room 509F, HHH Building
  Washington, D.C. 20201

  1-800-868-1019, 1-800-537-7697 (TDD).


**New technology and treatments**

This is an exciting time in health care. There are new treatments all the time. Anthem has a routine review process to consider new technology or new uses for current technology. A group of doctors, specialists and medical directors decides if the treatment:

- Is approved by the government.
- Has shown, in a reliable study, how it affects patients.

We stay on top of new medical treatments and procedures and update or create health policies as needed.

**Your rights and responsibilities**

**Knowing about the physician incentive plan and quality improvement program**

You have the right to ask if we have special financial arrangements with our doctors that can affect the use of referrals and other services you might need. Call Member Services at 1-855-690-7800 (TTY 711) to request information about our physician payment arrangements.

You may also ask us to send you information on our Quality Improvement (QI) program. This program is designed to:

- Assess and improve our health plan.
- Track how happy you are with your primary care provider (PCP).
- Track how happy you are with us.
- Use what we learn to make a plan to improve our services.
- Put into action our plan to make your health care services better.

You may call Member Services for information about the program and progress reports on our improvement goals.
Knowing doctor credentials
You have the right to information about our doctors, including the doctor’s education, board certification and recertification. Call Member Services at 1-855-690-7800 (TTY 711) to get this information.

Advance directive, living will or power of attorney for health care
You have the right to:
- Make decisions about your medical care.
- Accept or refuse medical or surgical treatment.
- Plan and direct the types of health care you may get in the future if you become unable to express your wishes.

You can let your doctor know your wishes by completing an advance directive, living will or power of attorney for health care. To get the forms you need, ask your doctor or visit www.dhs.wisconsin.gov/guide/end-life-planning.htm.

You have the right to carry out a written advance directive to identify your wishes about your health care services should you become unable to act. You can list the types of care you do or do not want to receive. For instance, some people don’t want to be put on life-support machines if they go into a coma. You can say this in your advance directive. Your PCP will note your advance directive in your medical records. That way, your doctors will know what you want. You also can name a person, such as your spouse, as the person to decide about your health care if you cannot make those decisions. You can cancel your advance directive at any time.

Anthem has written policies respecting your right to make an advance directive. Anthem does not decide how to deliver care or discriminate based on whether or not you have made an advance directive. Anthem does not limit the use of an advance directive as a matter of conscience. You should talk about your advance directive with your doctors to find out if any of them have a moral objection to carrying out your advance directive for any reason. Call Member Services if you have questions about living wills.

You have the right to file a grievance with the DHS Division of Quality Assurance if your advance directive, living will or power of attorney wishes are not followed. You may request help in filing a grievance. Contact your doctor for more information.

Right to medical records
You have the right to ask for copies of your medical records from your doctor(s). We can help you get copies of these records. Please call 1-855-690-7800 (TTY 711) for help. Please note that you may have to pay to copy your medical records. You may correct inaccurate information in your medical records if your doctor agrees to the correction.
Your member rights
As an Anthem member, you have the right to:
- Have an interpreter with you during any BadgerCare Plus and/or Medicaid SSI covered service.
- Get the information provided in this member handbook in another language or format.
- 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.
- Get information about treatment options, including the right to request a second opinion.
- Make decisions about your health care.
- Be treated with dignity and respect.
- Be free from any form of restraint or seclusion used as a means of force, control, ease or reprisal.
- Speak freely and privately with your doctor about all treatment options.
- Expect us to keep your personal health information private, as long as it follows state and federal laws and our privacy policies.
- Get the information you need to get the most from your health plan and share your feedback. This includes information on:
  - Our company.
  - Our doctors and other health care providers.
  - Our services.
  - Your rights and responsibilities.
- Make recommendations about the organization’s member rights and responsibilities policy.

Your member responsibilities
As an Anthem member, you have the responsibility to:
- Make or change appointments.
- Get to appointments on time.
- Call your primary care provider (PCP) if you can’t make it to your appointment or will be late.
- Use the emergency room only for true emergencies.
- Pay for any services you ask for that aren’t covered by BadgerCare Plus or Medicaid SSI.
- Give us and your doctors the information needed to help you get the best possible care.
- Do things that help keep you healthy and avoid things that can make you sick.
- Follow the care plan that you have agreed to with your doctors.
- Understand your health problems and work with your doctors to agree on a treatment plan.
• Tell us and your county or tribal Income Maintenance agency if:
  o You move.
  o You change your phone number.
  o The number of people in your household changes.
  o You have other insurance.
  o You become pregnant.

Privacy policies
Anthem 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 Anthem, except as the law allows. Refer to the Notice of Privacy Practices (NOPP) to read about your right to privacy. This notice can be found at the end of the member handbook. If you would like another copy of the notice, please call Member Services at 1-855-690-7800 (TTY 711).

Utilization management notice
All utilization management (UM) decisions are based solely on a member’s medical needs and the benefits offered. Anthem policies don’t support the underutilization of services through our UM decision guide. Practitioners and others involved in UM decisions do not receive any type of reward for denial of care or coverage. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits.

Reporting member or doctor fraud, waste and abuse
If you think a plan member or a doctor has committed fraud, waste or abuse, you have a legal duty and right to report it. To report fraud, waste or abuse, get all the details you can. You can report doctors or members directly to your health plan by:
  • Sending an anonymous concern at mss.anthem.com/pages/wfa.aspx.
  • Contacting the Anthem Medicaid Special Investigations Unit (MSIU)
    o By phone: 1-866-847-8247 (TTY 1-866-494-8279)
    o By email: MedicaidFraud@anthem.com
  • Calling the DHS Fraud Hotline at 1-877-865-3432.
  • Writing to:
    Department of Health Services
    Division of Quality Assurance
    Office of Caregiver Quality
    P.O. Box 2969
    Madison, WI 53701-2969

If you report a doctor, give:
  • The name, address and phone number of the doctor.
  • The name and address of the facility.
  • The Medicaid number of the doctor or facility (if you know it).
  • The type of doctor.
• The names and the phone numbers of other witnesses who can help us research the facts.
• The dates of events.
• A summary of what took place.

If you report a person who gets benefits, give:
• The person’s name.
• The person’s date of birth and Social Security number (if you have them).
• The name of the city where the person lives.

Your civil rights
Anthem 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 Anthem that refer or recommend members for services shall do so in the same manner for all members.

Definitions
Here are some of the words or terms used in this book:

Advance directive
An advance directive is a written legal instruction that identifies your wishes about your health care services should you become unable to act. Some examples of advance directives are:
• Living will.
• Power of attorney.

Wisconsin law gives you the right to make health care decisions and refuse treatment. See the section called Advance directive, living will or power of attorney for health care for more information.

Appeal
A request for us to reconsider a decision we made about your health care benefits.
Benefits
The services, supplies and drugs you can get with this health plan. These will only be paid for by Anthem or the state if they’re medically necessary and given to you by a doctor in our plan. Some services also require preapproval from Anthem. Even if a service is listed in this book, you must follow all rules for it to be paid for by Anthem or the state.

Complaint
An expression of dissatisfaction with your health plan or doctor. A complaint may become a grievance or appeal if you send it to us in writing. A complaint may include:
- Access problems such as not being able to get a service, treatment or medicine you need.
- Your plan denying a service you need and saying it’s not medically necessary.
- Having to wait too long for an appointment.
- Getting poor care or being treated rudely.
- Not being paid back for emergency or urgent care that you had to pay for.
- Getting a bill you believe you shouldn’t have to pay.

Copayment (Copay)
A payment your doctor may ask you to make when a covered service is given.

Emergency condition
A medical or psychiatric condition that requires immediate attention as it could:
- Place your health (or the health of your unborn baby) in serious jeopardy.
- Cause impairment to a body function.
- Cause serious dysfunction of a body part or organ.

Experimental or investigational service
Any treatment, therapy, procedure, supply, device or drug that hasn’t been proven beneficial or accepted as standard care.

Grievance
A written expression of dissatisfaction that you (or someone writing on your behalf) can make. Grievances relate to anything but decisions about benefits. Grievances may be about:
- The quality of care or services provided.
- A doctor or employee being rude or disrespectful.
- Not having your member rights respected.

Hospital
A place where people who are sick or injured are treated. Hospitals give inpatient and outpatient health care. Hospital staff members work to find and treat problems using surgery and other types of services. A hospital in Wisconsin must be licensed by the state of Wisconsin and accredited by the Joint Commission on accreditation of health care organizations as being either:
- An acute care hospital.
- A psychiatric (mental health) hospital
- A hospital operated mainly for the treatment of alcoholism or substance (drug) abuse.
This doesn’t include a facility that is mainly a rest home, nursing home or home for the aged. It also doesn’t include any skilled nursing facility that may be part of a hospital.

**Inpatient care**
Typically this is when you have to stay overnight in a hospital or other health care facility to get medical care.

**Medically necessary**
Health care services or supplies that are:
- Given in line with professionally recognized standards of practice.
- Considered useful for the medical issue by your doctor.
- Given at the right type, supply and level of service while considering risks, benefits and other options.

**Member**
A person who joins and has benefits from the Anthem health plan for his or her health care. In this book, a member is also called “you.”

**Mental health care services**
The care and services given to find out if someone has a mental or emotional illness, as well as any treatment for it. These services may be given by a psychiatrist, psychologist, licensed clinical social worker or marriage and family therapist. Types of treatment include but aren’t limited to:
- Prescription drugs.
- Rehabilitation.
- Care given in a psychiatric hospital.

**Out-of-area services**
Emergency or urgent care services given outside of the Anthem service area. These types of emergency and urgent care services can’t wait until the member returns to the service area.

**Out-of-plan doctor**
A doctor who doesn’t have a contract with Anthem to give you benefits and services. The doctor isn’t part of your plan.

**Outpatient care**
Getting medical care in a hospital or other health care facility without an overnight stay.

**Plan provider**
A doctor, hospital, facility, pharmacy, lab or other health care professional that has a contract with us at the time you get benefits. This provider is in our plan.
Preapproval
The approval you get from us before you get a service. See the section called Preapproval for more information.

Primary care provider (PCP)
A doctor or other health professional that is your main source for getting care. Your PCP will get to know you and your health by seeing you when you’re healthy (well-visits) or when you have a health issue that isn’t an emergency. A PCP can be any of these types of doctors who have a contract with Anthem to give primary care to members:
- Pediatrician (takes care of babies and children)
- Family or general practitioner (takes care of babies, children and adults)
- Internist (takes care of adults)
- Obstetrician/gynecologist (OB/GYN) or nurse-midwife (takes care of women only)
- Advanced nurse practitioner
- Physician assistant

Provider
A provider is any of the following health care professionals who has been certified by the Wisconsin Department of Health Services to give health care services to members and be reimbursed by BadgerCare Plus and/or Medicaid SSI:
- Doctor
- Hospital
- Skilled nursing facility
- Other licensed health professional
- Other licensed health facility
- Other licensed home health agency

Provider directory
A list of doctors, hospitals, facilities and other health care professionals who have joined Anthem to give covered services to its members.

Psychiatric emergency medical condition
A mental problem that could cause harm to yourself or others.

Skilled nursing facility
A place that cares for people who have chronic illnesses and gives long-term nursing care, rehabilitation and other services 24 hours a day.

Specialist
A doctor who is in Anthem’s plan and gives you services within his or her area of practice. You don’t need a referral to see some specialists.
**Urgent care**

Care that’s given to you for problems that can’t wait for an appointment to see your primary care provider (PCP). Urgent care keeps your health from getting worse because of an illness, injury or condition you didn’t expect. The problem isn’t so serious that it needs emergency room care. These issues range from a broken bone to ear pain.
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION WITH REGARD TO YOUR HEALTH BENEFITS. PLEASE REVIEW IT CAREFULLY.

HIPAA Notice of Privacy Practices

The original effective date of this notice was April 14, 2003. The most recent revision date is shown at the end of this notice.

Please read this notice carefully. This tells you who can see your protected health information (PHI). It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you’re a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children’s Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs and hospitals so we can OK and pay for your health care.

Federal law says we must tell you what the law says we have to do to protect PHI that’s told to us, in writing or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
  - Lock our offices and files
  - Destroy paper with health information so others can’t get it
- Saved on a computer (called technical), we:
  - Use passwords so only the right people can get in
  - Use special programs to watch our systems
- Used or shared by people who work for us, doctors or the state, we:
  - Make rules for keeping information safe (called policies and procedures)
  - Teach people who work for us to follow the rules

When is it OK for us to use and share your PHI?
We can share your PHI with your family or a person you choose who helps with or pays for your health care if you tell us it’s OK. Sometimes, we can use and share it without your OK:

- **For your medical care**
  - To help doctors, hospitals and others get you the care you need
- **For payment, health care operations and treatment**
  - To share information with the doctors, clinics and others who bill us for your care
• When we say we’ll pay for health care or services before you get them
• To find ways to make our programs better, as well as giving your PHI to health information exchanges for payment, health care operations and treatment. If you don’t want this, please visit www.anthem.com/wimedicaid for more information.

  – For health care business reasons
    • To help with audits, fraud and abuse prevention programs, planning, and everyday work
    • To find ways to make our programs better
  – For public health reasons
    • To help public health officials keep people from getting sick or hurt
  – With others who help with or pay for your care
    • With your family or a person you choose who helps with or pays for your health care, if you tell us it’s OK
    • With someone who helps with or pays for your health care, if you can’t speak for yourself and it’s best for you

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We can’t take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

Other ways we can — or the law says we have to — use your PHI:
• To help the police and other people who make sure others follow laws
• To report abuse and neglect
• To help the court when we’re asked
• To answer legal documents
• To give information to health oversight agencies for things like audits or exams
• To help coroners, medical examiners or funeral directors find out your name and cause of death
• To help when you’ve asked to give your body parts to science
• For research
• To keep you or others from getting sick or badly hurt
• To help people who work for the government with certain jobs
• To give information to workers’ compensation if you get sick or hurt at work

What are your rights?
• You can ask to look at your PHI and get a copy of it. We don’t have your whole medical record, though. If you want a copy of your whole medical record, ask your doctor or health clinic.
• You can ask us to change the medical record we have for you if you think something is wrong or missing.
• Sometimes, you can ask us not to share your PHI. But we don’t have to agree to your request.
• You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
You can ask us to tell you all the times over the past six years we’ve shared your PHI with someone else. This won’t list the times we’ve shared it because of health care, payment, everyday health care business or some other reasons we didn’t list here.

You can ask for a paper copy of this notice at any time, even if you asked for this one by email.

If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

**What do we have to do?**

- The law says we must keep your PHI private except as we’ve said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we’ll do in this notice.
- We must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, like if you’re in danger.
- We must tell you if we have to share your PHI after you’ve asked us not to.
- If state laws say we have to do more than what we’ve said here, we’ll follow those laws.
- We have to let you know if we think your PHI has been breached.

**We may contact you**

By giving your phone numbers, you agree that we, along with our affiliates and/or vendors, may call or text any phone numbers you give us, including a wireless phone number, using an automatic telephone dialing system and/or a pre-recorded message. Without limit, these calls or texts may be about treatment options, other health-related benefits and services, enrollment, payment, or billing. At any time, you may call the number on your member ID card to opt out of phone calls or texts.

**What if you have questions?**

If you have questions about our privacy rules or want to use your rights, please call Member Services at 1-855-690-7800. If you’re deaf or hard of hearing, call TTY 711.

**What if you have a complaint?**

We’re here to help. If you feel your PHI hasn’t been kept safe, you may call Member Services or contact the Department of Health and Human Services. Nothing bad will happen to you if you complain.

**Write to or call the Department of Health and Human Services:**

Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
Phone: 1-800-368-1019  
TDD: 1-800-537-7697  
Fax: 1-312-886-1807

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we’ll tell you about the changes in a newsletter. We’ll also post them on the web at [www.anthem.com/wimediaid](http://www.anthem.com/wimediaid).
Race, ethnicity and language
We receive race, ethnicity and language information about you from the state Medicaid agency and the Children’s Health Insurance Program. We protect this information as described in this notice.
We use this information to:
- Make sure you get the care you need
- Create programs to improve health outcomes
- Develop and send health education information
- Let doctors know about your language needs
- Provide translator services

We do not use this information to:
- Issue health insurance
- Decide how much to charge for services
- Determine benefits
- Disclose to unapproved users

Your personal information
We may ask for, use and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It’s often taken for insurance reasons.
- We may use your PI to make decisions about your:
  - Health
  - Habits
  - Hobbies
- We may get PI about you from other people or groups like:
  - Doctors
  - Hospitals
  - Other insurance companies
- We may share PI with people or groups outside of our company without your OK in some cases.
- We’ll let you know before we do anything where we have to give you a chance to say no.
- We’ll tell you how to let us know if you don’t want us to use or share you’re PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

Revised January 21, 2016
Anthem Blue Cross and Blue Shield follows Federal civil rights laws. We don’t discriminate against people because of their:

- Race
- Color
- National origin
- Age
- Disability
- Sex or gender identity

That means we won’t exclude you or treat you differently because of these things.

**Communicating with you is important**

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call the Member Services number on your ID card. Or you can call our Member Advocate at **1-262-523-2424**.

**Your rights**

Do you feel you didn’t get these services or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail or phone:

Member Advocate
N17 W 24340 Riverwood Drive
Waukesha, WI 53188

**Phone:** 1-262-523-2424

Need help filing? Call our Member Advocacy Manager at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the Web:** [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- **By mail:**
  
  U.S. Department of Health and Human Services
  200 Independence Avenue
  SW Room 509F, HHH Building
  Washington, D.C. 20201

- **By phone:** **1-800-368-1019** (TTY/TDD **1-800-537-7697**)

We can translate this at no cost.
Call the customer service number on your member ID card.

Podemos traducir esto gratuitamente. Llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación (ID Card).

Nwestey Tæmjæ Tæmæ Hæmræ Pævænætæ. Òmæ Ìæmæ Pævænæ Thorææmæ Tæmræ Hæmræ Pævænætæ (ID Card) Hæmræ Ìæmæ Pævænætæ.

﹐ ﾀ려 ﾂ려 ﾂ려 ﾂ려 ﾂ려 ﾂ려 ﾂ려 ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia ﾂlia 


Wir können das gerne kostenlos übersetzen. Bitte wenden Sie sich an die Kundenservice-Hotline auf Ihrer ID-Karte.

Мπορούμε να σας μεταφράσουμε το παρακάτω χωρίς χρέωση. Καλέστε τον αριθμό του Τμήματος Εξυπηρέτησης Πελατών που θα βρείτε στην κάρτα ταυτοποίησης σας.

அம் அலும் வேலும்தல் பெரிய தினசரி கருகிய வித்திய சீட்டில் இல்லை. தமிழ் ID கட்சிப பந்து ஆப்பிள் பாத்திர சேவை நம்ப பந்து தொலைசேவை.

אנו יכולים换句话说 את זה ללא תשלום. החר잮 של מוספר של שירות הליקוחות

הנמצאה על גבר כרטיס זהויות של.

हम इसका अनुवाद निश्चित कर सकते हैं। अपने ID कार्ड पर दिए गए ग्राहक सेवा नंबर पर फोन करें।

Hmong

Peb txhais tau qhov ntawm no dawb. Hu rau lub chaw haujwm pab cov neeg siv peb cov kev pab tus xovtooj uas nyob ntawm koi daim npav ID rau tus tswv cuab.
<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italian</td>
<td>Possiamo effettuare la traduzione gratuitamente. Contatti il numero dell’assistenza clienti riportato sulla Sua tessera identificativa.</td>
</tr>
<tr>
<td>Japanese</td>
<td>私たちは、この文章を無料で翻訳することができます。ご自身のIDカードにあるカスタマーサービス番号へお電話ください。</td>
</tr>
<tr>
<td>Khmer</td>
<td>បោះឈ្មោះព័ត៌មានលើអាហារផ្សាយឬអ្នកប្រើប្រាស់ប្រការការបង្ហាញពី ID ប្រការការ</td>
</tr>
<tr>
<td>Korean</td>
<td>저희는 이것을 무료로 번역해 드릴 수 있습니다. 가입자 ID 카드에 있는 고객 서비스 부 번호로 연락해주세요.</td>
</tr>
<tr>
<td>Laotian</td>
<td>ສ່ວນສາກamedaໜ້າໜ້າໝາຍຂ໊າວໃຫ້ບໍ່ມີບໍ່ບໍ່ສຸດເພັດໃນບໍ່ບໍ່ຄັງຄັງກໍານ ລະ.</td>
</tr>
<tr>
<td>Polish</td>
<td>Możemy to przetłumaczyć bez żadnych kosztów. Zadzwoń pod numer obsługi klienta za pomocą karty ID.</td>
</tr>
<tr>
<td>Portuguese</td>
<td>Podemos traduzir isto gratuitamente. Ligue para o serviço de atendimento ao cliente que consta no seu cartão de identificação.</td>
</tr>
<tr>
<td>Russian</td>
<td>Мы можем это бесплатно перевести. Позвоните в отдел обслуживания по телефону, приведённому на вашей идентификационной карточке участника плана.</td>
</tr>
<tr>
<td>Serbian</td>
<td>Možemo to prevesti besplatno. Pozovite na broj korisničkog servisa s Vaše identifikacione kartice (ID).</td>
</tr>
<tr>
<td>Tagalog</td>
<td>Maaari namin ito isalin-wika nang walang bayad. Mangyaring tawagan ang numero ng customer service sa inyong ID card na pang miyembro.</td>
</tr>
<tr>
<td>Thai</td>
<td>เราสามารถแปลได้โดยไม่ต้องชาร์จใดๆ ติดต่อหมายเลขโทรศัพท์ของฝ่ายบริการลูกค้าแบบเบ็ดเตล็ดประจำตัวของคุณ</td>
</tr>
<tr>
<td>Urdu</td>
<td>پر اس کا ترجمہ مفت کر سکتے ہیں ایکے ایکے کارڈ پر پہلے دیے گئے کسٹمر سروس کے نمبر پر کال کریں.</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Chung tôi có thể phiên dịch tài liệu này miễn phí. Xin gọi dịch vụ khách hàng qua số điện thoại ghi trên thẻ ID hội viên của quý vị.</td>
</tr>
<tr>
<td>Yiddish</td>
<td>מיר קאָנטן דאָס איביערערערענט פּאַ פּעל אָפערן. ראוֹפּ פּין קאָסטֶascriptער שטּאָרוֹן</td>
</tr>
</tbody>
</table>
Member Services
1-855-690-7800 (TTY 711)

English  For help to translate or understand this at no cost, please call 1-855-690-7800 (TTY 711).

Spanish  Si necesita ayuda para traducir o entender esto sin costo, llame al 1-855-690-7800 (TTY 711).

Russian  Если вам не все понятно в этом документе или нужен перевод, звоните по номеру 1-855-690-7800 совершенно бесплатно.

Hmong  Xav tau kev pab txhais lus lossis xav kom nkag siab cov ntaub ntawv no yam tsis tau them nqi, thov h̤u 1-855-690-7800.

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