

Wisconsin

Member Handbook

BadgerCare Plus
Medicaid SSI

anthem.com/wisconsin



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Medicaid SSI

anthem.com/wisconsin

Interpreter services

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 Member Services at **855-690-7800 (TTY 711)**. Or you can call our Member Advocate at **262-523-2424**.

Anthem Blue Cross and Blue Shield follows Federal civil rights laws. We don't discriminate against people because of their:

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

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

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:

Central Appeals Processing

Phone: **855-690-7800 (TTY 711)**

Anthem Health Plans of Wisconsin, Inc.

P.O. Box 62429

Virginia Beach, VA 23466-2429

Need help filing? Call our Member Advocacy Manager at **262-253-2424**. 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:** ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **By mail:** U.S. Department of Health and Human Services
200 Independence Ave. SW
Room 509F, HHH Building
Washington, DC 20201
- **By phone:** **800-368-1019 (TTY/TDD 1-800-537-7697)**

For a complaint form, visit hhs.gov/civil-rights/filing-a-complaint/index.html.

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-855-690-7800 (TTY: 711).

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-855-690-7800 (TTY: 711).

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-855-690-7800 (TTY: 711).

注意：如果您说中文，您可获得免费的语言协助服务。请致电 1-855-690-7800 (TTY 文字电话：711)。

DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyadoo bilaash ah. Wac 1-855-690-7800 (TTY: 711).

ໝາຍເຫດ: ຖ້າ ບໍ່ ມີ ພາສາລາວ, ທ່ານ ສາມາດ ໃຊ້ ການ
ບໍລິການ ຊ່ວຍເຫຼືອ ອັດຕະໂນມັດ ໂດຍ ບໍ່ ເສຍຄ່າ.
ໂທ 1-855-690-7800 (TTY: 711).

ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-855-690-7800 (TTY: 711).

ဝေးလူပီၤ နားဆငါ - သဿု ပုမနွာစကားပျဟသုပုဖစါက၊
သင့အတြက အမဲပုဖင့ ဘာသာစကားကူညီေးရး ဝနဲဆောဗွ်းမား
ရရှိဉ်ဉ်။ 1-855-690-7800 (TTY: 711) တြင့ ဖုနဲေးခင့ဆိုပါ။

تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم 1-855-690-7800 (هاتف نصي: 711).

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-855-690-7800 (telefon za gluhe: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachhilfsdienste zur Verfügung. Rufen Sie die folgende Nummer an: 1-855-690-7800 (TTY: 711).

주의: 한국어를 쓰시는 경우, 언어 지원 서비스가 무료로 제공됩니다. 1-855-690-7800 (TTY: 711) 번으로 연락해 주십시오.

CHÚ Ý: Nếu bạn nói tiếng Việt, thì có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-855-690-7800 (TTY 711).

GEB ACHT: Wann du Pennsylvanisch Deutsch schwetzscht, Schprooch Hilfe Services sin meeglich mitaus Koscht. Ruff 1-855-690-7800 (TTY: 711).

ATTENTION : Si vous parlez français, les services d'assistance linguistique vous sont accessibles gratuitement. Appelez le numéro 1-855-690-7800 (TTY : 711).

UWAGA: Jeśli mówisz po polsku, usługi wsparcia językowego są dostępne dla Ciebie bezpłatnie. Zadzwoń pod numer 1-855-690-7800 (TTY: 711).

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IMPORTANT ANTHEM PHONE NUMBERS

1. How to Contact Anthem Member Service

Phone Number: **855-690-7800** Monday through Friday, 8 a.m. to 5 p.m. local time
TDD/TTY: **711**

Call Member Service for:

- Questions about your Anthem membership
- Questions about how to get care
- Help choosing a primary care physician or other provider
- Help getting a new Anthem membership card
- Help getting a paper copy of the Anthem provider directory
- If you get a bill for a service you did not agree to

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

2. Anthem Member Advocate

Phone Number: **262-523-2424** Monday through Friday, 8 a.m. to 5 p.m. Central time
TDD/TTY: **711**

Call the Member Advocate for:

- Help solving problems with getting care
- Help with filing a complaint or grievance
- Help with requesting an appeal or review of a decision made by Anthem

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

3. Anthem 24/7 NurseLine

Phone Number: **855-690-7800** Call 24 hours a day, seven days a week
TDD/TTY: **711**

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

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

If you are having an emergency, call 911

OTHER IMPORTANT PHONE NUMBERS

1. ForwardHealth Member Services

Phone number: **800-362-3002** Monday through Friday, 8 a.m. to 6 p.m. local time
TDD/TTY: **711**

Email: memberservices@wisconsin.gov

Call ForwardHealth Member Service for:

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

2. HMO Enrollment Specialist

Phone number: **800-291-2002** Monday through Friday, 7 a.m. to 6 p.m. local time
TDD/TTY: **711**

Call the HMO Enrollment Specialist for:

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

3. State of Wisconsin HMO Ombuds Program

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

Phone number: **800-760-0001** Monday through Friday, 8 a.m. to 4:30 p.m. local time
TDD/TTY: **711**

Call the Ombuds Program for:

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

4. External Advocate (Medicaid SSI Only)

Phone number: **800-708-3034** Monday through Friday, 8:30 a.m. to 5 p.m. local time
TDD/TTY: **711**

Call the Medicaid SSI External Advocate for:

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

WELCOME TO ANTHEM

Welcome to Anthem Blue Cross Blue Shield. Anthem is a health plan that runs the BadgerCare Plus and Medicaid SSI programs. BadgerCare Plus is a healthcare program. It helps low-income children, pregnant people, and adults in Wisconsin. Medicaid SSI is a program that helps people who have Supplemental Security Income (SSI) get healthcare.

This handbook can help you:

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

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

Using Your Anthem Health Plan ID Card

You will use your Anthem ID card to get care from doctors, clinics, and hospitals in the Anthem provider network. This is the list of providers that Anthem has contracts with to provide your healthcare services.

Always carry your Anthem card with you. Show it every time you get care. You may have problems getting healthcare services if you don't have your card with you. If your Anthem card is lost, damaged, or stolen, please call us right away at **855-690-7800 (TTY 711)**. We'll send you a new one. You can also download your member ID from the Anthem Medicaid mobile app or from your secure account at **[anthem.com/wisconsin](https://www.anthem.com/wisconsin)**.

Using Your ForwardHealth Card

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

Use your ForwardHealth card to get the healthcare services listed below:

- Behavioral (autism) treatment services
- Chiropractic services
- Crisis intervention services
- Community recovery services
- Comprehensive community services
- Dental services (For members outside of Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties. For members living in these counties, dental services are covered by Anthem.)

- Hub and spoke integrated recovery support health home services
- Medication therapy management
- Medications and pharmacy services
- Nonemergency medical transportation
- Prenatal care coordination
- Residential substance use disorder treatment
- School-based services
- Targeted case management
- Tuberculosis-related services

Your ForwardHealth card is different from your Anthem card. It is a plastic card with your name on it. It also has a 10-digit number and a magnetic stripe. Always carry your ForwardHealth card with you. Show it every time you go to the doctor or hospital and every time you get a prescription filled. You may have problems getting healthcare or prescriptions if you do not have your card with you. Also, bring any other health insurance cards you may have. This could include any ID card from Anthem or other service providers.

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

1. Go to [ForwardHealth.wi.gov](https://www.forwardhealth.wi.gov).
2. Select the **Members** link or icon in the middle section of the page.
3. Scroll down and select the **Resources** tab.
4. Select the **Find a provider** link.
5. Under *Program*, choose **BadgerCare/Medicaid**.

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

Using the Provider Directory

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

The provider directory is a list of doctors, clinics, and hospitals that you can use to get healthcare services as a member of Anthem. Anthem has the provider directory in different languages and formats. You can find the provider directory on our website at **mss.anthem.com/wi/care/find-a-doctor.html**. For a paper copy of the provider directory, call Member Services at **855-690-7800 (TTY 711)**.

Anthem providers are sensitive to the needs of many cultures. See the Anthem provider directory for a list of providers with staff who speak certain languages or understand certain ethnic

cultures or religious beliefs. The provider directory can also tell you about the accommodations that providers offer.

Choosing a Primary Care Provider

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

Call Member Services at 855-690-7800 (TTY 711) to choose or change your primary care provider. You can keep your current primary care provider if they are part of our provider network. Your primary care provider will help you decide if you need to see another doctor or specialist. They can give you a referral if needed. If you want to use a certain specialist or hospital, you'll need a referral from your primary care provider. You'll need to get approval from your primary care provider before you see another doctor.

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

New Member Discussion of Health Needs

Anthem will contact you by phone to talk with you about your individual health needs and circumstances. You can ask about resources in your community or part of your new health plan available to you. They can learn more about you and help you achieve your health goals. Call **855-690-7800 (TTY 711)** to get started.

GETTING THE CARE YOU NEED

Emergency Care

Emergency care is care that is needed right away for an illness, injury, symptom, or condition that is very serious. Some examples are:

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

If you are having an emergency, call 911

If you need emergency care, get help as quickly as possible. Try to go to an Anthem hospital or emergency room for help if you can. If your condition cannot wait, go to the nearest provider (hospital, doctor, or clinic). **Call 911 or your local police or fire department emergency services if the emergency is very severe and you are unable to get to the nearest provider.**

If you must go to a non-Anthem hospital or emergency room, you or someone else should call Anthem Member Services at **855-690-7800 (TTY 711)** as soon as you can to tell us what happened.

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

Remember, hospital emergency rooms are for true emergencies only. Unless your condition is very serious, call your doctor or 24/7 NurseLine at **855-690-7800 (TTY 711)** before you go to the emergency room. You should also call your doctor or 24/7 NurseLine if you don't know if your illness or injury is an emergency. We will tell you where you can get care. **You may have to pay a copayment if you go to an emergency room for care that is not an emergency.**

Urgent Care

Urgent care is care for an illness, injury, or condition that needs medical help right away, but does not require emergency room care. Some examples are:

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

You must get urgent care from Anthem providers unless you get our approval to see a non-Anthem provider. Do not go to a hospital emergency room for urgent care unless you get approval from Anthem first.

Specialty Care

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

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

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

Care During Pregnancy and Delivery

Let Anthem and your county or tribal agency know right away if you become pregnant, so you can get the extra care you need. You do not have copayments when you are pregnant.

You must go to an Anthem hospital to have your baby. Talk to your provider to make sure you know which hospital you should go to when it is time to have your baby. Do not go out of the area to have your baby unless you have Anthem approval. Your Anthem provider knows your history and is the best provider to help you.

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

Telehealth Services

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

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

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

Care When You Are Away From Home

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

- **For true emergencies, go to the nearest hospital, clinic, or doctor.** Call Anthem Member Services at **855-690-7800 (TTY 711)** as soon as you can to tell us what happened. If you need emergency care outside of Wisconsin, healthcare providers in the area where you are can treat you and send the bill to Anthem. You may need to pay a copayment if you get emergency care outside of Wisconsin. If you get a bill for services you got outside of Wisconsin, call Member Services at **855-690-7800 (TTY 711)**.

- **For urgent or routine care away from home, you must get approval from Anthem before you go to a different doctor, clinic, or hospital.** This includes children who are spending time away from home with a parent or relative. Call us at **855-690-7800 (TTY 711)** for approval to go to a different doctor, clinic, or hospital.
- **For urgent or routine care outside the United States, call Anthem first.** Anthem does not cover any services provided outside the United States, Canada, and Mexico. This includes emergency services. If you need emergency services while in Canada or Mexico, Anthem will cover it only if the doctor's or hospital's bank is in the United States. Other services may be covered with Anthem approval if the provider has a bank in the United States. Please call Anthem if you get any emergency services outside the United States.

WHEN YOU MAY BE BILLED FOR SERVICES

Covered and Noncovered Services

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

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

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

You can ask for noncovered services if you are willing to pay for them. You'll have to make a written payment plan with your provider. Providers may bill you up to their usual and customary charges for noncovered services.

If you get a bill for a service you did not agree to, please call 855-690-7800 (TTY 711).

Copayments

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

- Nursing home residents
- Terminally ill members receiving hospice care
- Pregnant women

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

SERVICES COVERED UNDER BADGERCARE PLUS AND MEDICAID SSI

Anthem provides most medically necessary, covered services under BadgerCare Plus and Medicaid SSI. See *Services Covered by Anthem* on page 12 for more information about services covered by Anthem.

Some services are covered by ForwardHealth. To learn more about these services see page 15, *Services Covered by ForwardHealth*.

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

Service	Coverage under BadgerCare Plus and Medicaid SSI
Ambulatory surgical center care	Certain surgical procedures and related lab services are covered.
Behavioral (autism) treatment services	Full coverage (with prior authorization). No copay *Covered by ForwardHealth. Use your ForwardHealth card to get this service.
Chiropractic services	Full coverage. Copay: \$.50 to \$3 per service *Covered by ForwardHealth. Use your ForwardHealth card to get this service.
Dental services	Covered for members in Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha.
Disposable medical supplies	Covered
Drugs (Prescription and over-the-counter)	Coverage of generic and brand-name prescription drugs, and some over-the-counter drugs.

	<p>Copay: \$0.50 for over-the-counter drugs \$1 for generic drugs \$3 for brand</p> <p>Copays are limited to \$12 per member, per provider, per month. Over-the-counter drugs do not count toward the \$12 maximum.</p> <p>Limit of five opioid prescription refills per month.</p> <p>*Covered by ForwardHealth. Use your ForwardHealth card to get drugs.</p>
Durable medical equipment	Covered
HealthCheck screenings for children	<p>HealthCheck screenings and other services for individuals under the age of 21 are covered.</p> <p>*See additional information on page 13</p>
Hearing services	Covered
Home care services	Covered
Hospice	Covered
Hospital services: inpatient	Covered
Hospital services: outpatient	Covered
Hospital services: emergency room	Covered
Mental health and substance abuse treatment	<p>Covered</p> <p>*See additional information on page 12</p>
Nursing home services	Covered
Physician services	Covered
Podiatry services	Covered
Prenatal/maternity care	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.
Reproductive and family planning services	<p>Covered; excluding infertility treatments, surrogate parenting and related services, including but not limited to artificial insemination and subsequent obstetrical care as a non-covered service, and the reversal of voluntary sterilization.</p> <p>*See additional information on page 13</p>
Routine vision	Covered; including eyeglasses
Therapies: Physical therapy, occupational therapy,	Covered

speech and language therapy	
Transportation: ambulance, specialized motor vehicle, common carrier	<p>Full coverage of emergency and nonemergency transportation to and from a provider for a covered service.</p> <p>Copays:</p> <ul style="list-style-type: none"> No copay for nonemergency ambulance trips \$1 copay per trip for transportation by specialized motor vehicle No copay by common carrier or emergency ambulance <p>*See additional information on page 15</p>

SERVICES COVERED BY ANTHEM

Mental Health and Substance Abuse Services

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. Anthem provides mental health and substance abuse (drug and alcohol) services to all members. Call Anthem Member Services at **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 healthcare
- Outpatient mental healthcare 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 **855-690-7800 (TTY 711)**.

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

Family Planning Services

Anthem provides private family planning services to all members, including people under the age of 18. If you do not want to talk to your primary care provider about family planning, call Member Services at **855-690-7800 (TTY 711)**. We will help you choose a Anthem family planning provider who is different from your primary care provider.

We encourage you to get family planning services from a Anthem provider. This allows us to better coordinate all your healthcare. However, you can also go to any family planning clinic that will accept your ForwardHealth ID card, even if the clinic is not part of Anthem's provider network.

HealthCheck Services

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

HealthCheck has three purposes:

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

The HealthCheck exam includes:

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

To schedule a HealthCheck exam or for more information, call Member Services at **855-690-7800 (TTY 711)**.

If you need a ride to or from a HealthCheck appointment, please call the Wisconsin nonemergency medical transportation (NEMT) manager at **866-907-1493 (TTY 800-855-2880)** to schedule a ride.

Dental Services

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. Call Anthem Member Services at **855-690-7800 (TTY 711)** for the names of our dentists. Or visit DentaQuest® at dentaquest.com or call **888-271-5210 (TTY 800-466-7566)**.

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 can get dental benefits from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to ForwardHealth.wi.gov.
2. Select the **Members** link or icon in the middle section of the page.
3. Scroll down and select the **Resources** tab.
4. Select the **Find a provider** link.
5. Under *Program*, choose **BadgerCare Plus**.

Or, you can call ForwardHealth Member Services at **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:
 - Call the dentist's office.
 - Tell the dentist's office that you are or your child is having a dental emergency.
 - Tell the dentist's office what the exact dental problem is. This may be something like a severe toothache or swollen face.
 - Call 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:
 - Call Anthem Member Services. Tell us that you are or your child is having a dental emergency. We can help you get dental services.
 - Tell us if you need help with getting a ride to or from the dentist's office.

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

SERVICES COVERED BY FORWARDHEALTH

Behavioral (Autism) Treatment Services

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

1. Go to ForwardHealth.wi.gov.
2. Select the **Members** link or icon in the middle section of the page.
3. Scroll down and select the **Resources** tab.
4. Select the **Find a provider** link.
5. Under *Program*, choose **BadgerCare/Medicaid**.

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

Chiropractic Services

Chiropractic services are covered under BadgerCare Plus and Medicaid SSI. You can get chiropractic services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to forwardhealth.wi.gov.
2. Click on the **Members** link or icon in the middle section of the page.
3. Scroll down and click on the **Resources** tab.
4. Click on the **Find a Provider** link.
5. Under *Program*, select **BadgerCare/Medicaid**.

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

Transportation Services

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

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

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

You must schedule routine rides at least two business days before your appointment. Call the NEMT manager at **866-907-1493 (TTY 711)**, Monday through Friday, from 7 a.m. to 6 p.m.

Central time. You can also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

Pharmacy Benefits

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

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

If you have any questions about the medications covered under BadgerCare Plus or Medicaid SSI or medication copayments, contact ForwardHealth Member Services at **800-362-3002**.

SERVICES NOT COVERED UNDER BADGERCARE PLUS and MEDICAID SSI

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

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

IN LIEU OF SERVICE OR SETTING

Anthem may cover some services or care settings that are not normally covered in Wisconsin Medicaid. These services are called “in lieu of” services or settings.

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

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

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

GETTING A SECOND MEDICAL OPINION

If you disagree with your doctor's treatment recommendations, you may be able to get a second medical opinion. Contact your provider or Member Services at **855-690-7800 (TTY 711)** for information.

CARE MANAGEMENT (COORDINATION)

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

When you sign up for our plan, you will get an outreach letter or call to talk about your unique health needs. It is important to respond so we know how to best meet your needs. You can also call the care management team directly at **855-690-7800 (TTY 711)**.

Your care manager can also help you transition from the hospital or other care settings to home. Call your care manager at **855-690-7800 (TTY 711)** for help if you are hospitalized.

COMPLETING AN ADVANCE DIRECTIVE, LIVING WILL, OR POWER OF ATTORNEY FOR HEALTHCARE

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

There are different types of advance directives and different names for them. Documents called "living will" and "power of attorney for healthcare" are examples of advance directives.

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

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

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

NEW TREATMENTS AND SERVICES

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

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

OTHER INSURANCE

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

IF YOU MOVE

If you are planning to move, contact your county or tribal agency. If you move to a different county, you must also contact the county or tribal agency in your new county to update your eligibility for BadgerCare Plus or Medicaid SSI.

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

CHANGES IN YOUR MEDICAID COVERAGE

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

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

Call Anthem Member Services at **855-690-7800 (TTY 711)** for more information about changes in your coverage.

HMO EXEMPTIONS

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

Generally, you must enroll in an HMO to get healthcare benefits through BadgerCare Plus and Medicaid SSI. An HMO exemption means you don't have to join an HMO to get your BadgerCare Plus or Medicaid SSI benefits. Most exemptions are granted for only a short period of time. It's usually to allow you to complete a course of treatment before you are enrolled in an HMO. If you think you need an exemption from HMO enrollment, call the HMO Enrollment Specialist at **800-291-2002** for more information.

FILING A GRIEVANCE OR APPEAL

Grievances

What is a grievance?

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

Who can file a grievance?

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

When can I file a grievance?

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

How do I file a grievance with Anthem?

Call Anthem's Member Advocate at **262-523-2424**, or write to us at the following address if you have a grievance:

Central Appeals Processing
Anthem Blue Cross and Blue Shield
P.O. Box 62429
Virginia Beach, VA 23466-2429

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

Who can help me file a grievance?

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

If you want to talk to someone outside Anthem about the problem, you can call the Wisconsin HMO Ombuds Program at **800-760-0001**. The Ombuds Program may be able to help you solve the problem or write a formal grievance to Anthem. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at **800-708-3034** for help with filing a grievance.

What if I disagree with Anthem's response?

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

Write to: BadgerCare Plus and Medicaid SSI
HMO Ombuds
P.O. Box 6470
Madison, WI 53716-0470
Or call: **800-760-0001**

Will I be treated differently if I file a grievance?

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

Appeals

What is an appeal?

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

An **adverse benefit determination** is any of the following:

- Anthem plans to stop, suspend, or reduce a service you are currently getting.
- Anthem decides to deny a service you asked for.
- Anthem decides not to pay for a service.
- Anthem asks you to pay an amount that you don't believe you owe.
- Anthem decides to deny your request to get a service from a non-network provider when you live in a rural area with only one HMO.
- Anthem does not arrange or provide services in a timely manner.
- Anthem does not meet the required timeframes to resolve your grievance or appeal.

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

Who can file an appeal?

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

When can I file an appeal?

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

How do I file an appeal with Anthem?

If you would like to appeal an adverse benefit determination, you can call the Anthem Member Advocate at **262-523-2424**, or write to the following address:

Central Appeals Processing
Anthem Blue Cross and Blue Shield
P.O. Box 62429
Virginia Beach, VA 23466-2429

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

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

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

Who can help me request an appeal?

If you need help writing a request for an appeal, please call your Anthem Member Advocate at **262-523-2424**.

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

Can I continue to get the service during my appeal?

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

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

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

Will I be treated differently if I request an appeal?

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

What if I disagree with Anthem's decision about my appeal?

You can request a fair hearing with the Wisconsin Division of Hearing and Appeals if you disagree with Anthem's decision about your appeal. You will have the opportunity to appeal before Anthem's Grievance and Appeal Committee in person or by telephone. Learn more about fair hearings below.

Fair Hearings

What is a fair hearing?

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

When can I request a fair hearing?

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

How do I request a fair hearing?

If you want a fair hearing, send a written request to:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

You have the right to be represented at the hearing, and you can bring a friend for support. If you need a special arrangement for a disability or for language translation, please call **608-266-7709**.

Who can help me request a fair hearing?

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

Can I keep getting the service during my fair hearing?

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

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

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

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

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

YOUR RIGHTS

- 1. You have a right to get information in a way that works for you. This includes:**

- Your right to have an interpreter with you during any BadgerCare Plus, Medicaid SSI covered service.
 - Your right to get this member handbook in another language or format.
- 2. You have a right to be treated with dignity, respect, and fairness and with consideration for privacy. This includes:**
- Your right to be free from discrimination. Anthem must obey laws that protect you from discrimination and unfair treatment. Anthem provides covered services to all eligible members regardless of the following:
 - Age
 - Color
 - Disability
 - National origin
 - Race
 - Sex
 - Religion
 - Sexual orientation
 - Gender identity
- All medically necessary, covered services are available and will be provided in the same manner to all members. All persons or organizations connected with Anthem that refer or recommend members for services shall do so in the same manner for all members.
- Your right to be free from any form of restraint or seclusion used to coerce, discipline, be convenient, or retaliate. This means you have the right to be free from being restrained or forced to be alone to make you behave in a certain way, to punish you, or because someone finds it useful.
 - Your right to privacy. Anthem must follow laws protecting the privacy of your personal and health information. See Anthem's Notice of Privacy Practices for more information.
- 3. You have the right to get healthcare services as provided for in federal and state law. This includes:**
- Your right to have covered services be available and accessible to you when you need them. When medically appropriate, services must be available 24 hours a day, seven days a week.
- 4. You have a right to make decisions about your healthcare. This includes:**
- Your right to get information about treatment options, regardless of cost or benefit coverage.
 - Your right to accept or refuse medical or surgical treatment and participate in making decisions about your care.
 - Your right to plan and direct the types of healthcare you may get in the future if you become unable to express your wishes. You can make these decisions by completing an **advance directive, living will, or power of attorney for healthcare**. See more information on page 17, Completing an Advance Directive, Living Will, Or Power Of Attorney For Healthcare.

- Your right to a second opinion if you disagree with your provider's treatment recommendation. Call Member Services at **855-690-7800 (TTY 711)** for more information about how to get a second opinion.
- 5. You have a right to know about our providers and any physician incentive plans Anthem uses. This includes:**
- Your right to ask if Anthem has special financial arrangements (physician incentive plans) with our physicians that can affect the use of referrals and other services you might need. To get this information, call Member Services at **855-690-7800 (TTY 711)** and request information about our physician payment arrangements.
 - Your right to request information about Anthem providers, including the provider's education, board certification, and recertification. To get this information, call Member Services at **855-690-7800 (TTY 711)**.
- 6. You have a right to ask for copies of your medical records from your provider.**
- You can correct inaccurate information in your medical records if your doctor agrees to the correction.
 - Call **855-690-7800 (TTY 711)** for assistance with requesting a copy or change to your medical records. Please note that you may have to pay to copy your medical records.
- 7. You have a right to be informed about any Medicaid-covered benefits that are not available through Anthem because of moral or religious objection. This includes:**
- Your right to be informed of how to access these services through ForwardHealth using your ForwardHealth card.
 - Your right to disenroll from Anthem if Anthem does not cover a service you want because of moral or religious objections.
- 8. You have a right to file a complaint, grievance, or appeal if you are dissatisfied with your care or services. This includes:**
- Your right to request a fair hearing if you are dissatisfied with Anthem's decision about your appeal or if Anthem does not respond to your appeal in a timely manner.
 - Your right to request a Department of Health Services grievance review if you are unhappy with Anthem's decision about your grievance or if Anthem does not respond to your grievance in a timely manner.
 - For more information on how to file a grievance, appeal, or fair hearing, see page 19, *Filing a Grievance or Appeal*.
- 9. You have the right to receive information about Anthem, its services, its practitioners, providers, and member rights and responsibilities. This includes:**
- Your right to know about any big changes with Anthem at least 30 days before the effective date of the change.
- 10. You have a right to be free to exercise your rights without negative treatment by Anthem and its network providers. This includes:**

- Your right to make recommendations about Anthem’s Member Rights and Responsibilities Policy.

YOUR RESPONSIBILITIES

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

ENDING YOUR MEMBERSHIP IN ANTHEM

You can switch HMOs for any reason during your first 90 days of enrollment in Anthem.

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

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

If you choose to switch HMOs or disenroll from the BadgerCare Plus or Medicaid SSI programs completely, you must continue to get healthcare services through Anthem until your membership ends.

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

FRAUD AND ABUSE

If you suspect fraud or abuse of the Medicaid program, you can report it. Please go to reportfraud.wisconsin.gov.

Member Services

855-690-7800 (TTY 711)



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