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

Children’s Community Health Plan
PO Box 56099
Madison, WI 53705
childrenscommunityhealthplan.org

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

Children’s Community Health Plan (CCHP) provides interpreter services to members with limited English proficiency (LEP), or who are deaf and hard of hearing, have limited speech, or are visually impaired at no cost to the member during the course of care, and to ensure meaningful access to medical services through effective communication. Interpreter services are available for telephone contact with Customer Service, for contacts with CCHP’s Disease Management and Case Management programs, and throughout the complaint and appeal
processes. It is the policy of CCHP to use qualified medical interpreters.

**Your civil rights**

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

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

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

Customer Service: 1-800-482-8010
  • Monday – Thursday: 7:30 a.m. to 5 p.m.
  • Friday: 8 a.m. to 4:30 p.m.

How can Customer Service help you?
  • Select or change your primary care provider
  • Translation services
  • Questions about coverage
  • Traveling out of the area
  • Mental health, alcohol and other drug abuse services

Wisconsin Relay (For hearing impaired): 7-1-1

Emergency: 1-877-257-5861
Call 24 hours a day, seven days a week
If life threatening, call 911.

CCHP on Call Nurseline: 1-877-257-5861
  • When you or your child is sick and your doctor’s office is closed
  • Urgent care
  • Emergency care when you are away from home
Vision exams – If calling from 414 area code: 1-414-462-2500
Vision exams – If calling outside of 414 area code: 1-800-822-7228

Transportation assistance: 1-866-907-1493
Enrollment specialist: 1-800-291-2002
Member advocate: 1-800-482-8010
State Ombudsman Program: 1-800-760-0001

Clinical Services: 1-877-227-1142
24-hour messages received
Press Option #2 if you would like to leave a message about your request for services. Messages left by phone, fax and email after hours will be returned on the next business day. Messages that are left after midnight Monday - Friday will be returned the same day.

Dental Assistance: 1-877-389-9870
For Members in Kenosha, Milwaukee, Racine, Ozaukee, Washington and Waukesha counties.
Welcome to Children’s Community Health Plan
Welcome to Children’s Community Health Plan (CCHP). As a member, you will receive all your health care from CCHP providers and hospitals.

For a list of these providers go to our website at childrenscommunityhealthplan.org and click on “Find a Doc”. You can also call Customer Service at 1-800-482-8010 for help with finding a provider or to request a copy of a Provider Directory. Providers that are not accepting new patients are marked in the Provider Directory.

Thank you for choosing CCHP as your HMO. Keeping you healthy is important to us. This is your handbook. Please read it carefully. The handbook will help you understand your benefits and coverage with Children’s Community Health Plan and how to use our services. It also tells you who to call when you have questions.

We look forward to serving your health care needs.

The first things you should do:
• Read your handbook carefully.
• Put your handbook in a place where you can find it quickly.
Your handbook has information that you and your family need to know. Call Customer Service at 1-800-482-8010 if you have any questions.

Please follow these 3 important rules:
• Contact your primary care provider for all medical care that is not an emergency.
• Use the emergency room only for true emergencies.
• Carry your ForwardHealth ID card with you at all times. Show your card whenever you need medical care.

Service Area
You are eligible for CCHP BadgerCare Plus coverage if you live in the following Wisconsin counties: Brown, Calumet, Door, Fond du Lac, Green Lake, Kenosha, Kewaunee, Jefferson, Manitowoc, Milwaukee, Outagamie, Ozaukee, Racine, Rock, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara and Winnebago.

Your ForwardHealth card
Above is an example of the ForwardHealth identification card. Be sure to sign the back of your card and do not let anyone else use it. Always carry your ForwardHealth ID card with you and show it every time you receive care or fill a prescription. You may have problems getting care, prescriptions or medical supplies if you do not have your
card with you. Also, bring any other health insurance cards you may have. If you lose your card, call 1-800-362-3002 for a replacement.

**Primary Care Provider**

It is important to call your primary care provider first when you need care. This provider manages all of your health care needs. If you have not met with your selected doctor, it’s best to schedule an appointment as soon as possible. If you think you need to see another provider or specialist, ask your primary care provider. Your primary care provider will help you decide if you need to see another provider and can guide you one of our many network specialists.

You can choose your primary care provider from those available. In addition to choosing your primary care provider, women also may see a women’s health specialist such as an OB/GYN or a nurse midwife without a referral. There are CCHP doctors who are sensitive to the needs of many cultures. To choose a primary care doctor or to change providers, call Customer Service at 1-800-482-8010.

**Making an appointment with your provider**

Once you are a member of CCHP, you can start seeing your provider right away. If you have not picked a provider or clinic yet, call Customer Service at 1-800-482-8010.
Changing your provider
If you are unhappy with the provider you are seeing, you can pick a different provider at any time. Call Customer Service at 1-800-482-8010 to help you choose a new provider.

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

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

How to receive specialty, hospital, and behavioral health care
Your primary care provider helps you coordinate all of your health care needs. If you need to see a specialist, a behavioral health provider or go to the hospital, your primary care provider can help you to find one of our many network specialists or hospitals. CCHP requires our
members to use in-network providers if the service is a covered benefit. If we do not have a provider that can help with you with a covered service, an out-of-network provider may be considered. For help finding a primary care provider or specialist, call Customer Service at 1-800-482-8010 or go to our website at childrenscommunityhealthplan.org and click on “Find a Doc”. You will need special permission to see any provider who is not a CCHP provider. If you see a provider who is not with CCHP, you will be billed for those services.

Emergency Care
Please read this section carefully. We want you and your family to learn what to do in case of an emergency before it occurs. Emergency care is care that is needed right away. This may be caused by an injury or sudden illness.

Some examples of reasons for emergency care are:

- Choking
- Serious broken bones
- Severe pain
- Severe or unusual bleeding
- Suspected heart attack
- Drug overdose
- Going into labor
- Trouble breathing
- Suspected stroke
- Unconsciousness
- Severe burns
- Seizures
- Suspected poisoning
- Prolonged or repeated seizures
Learn what to do before an emergency occurs
If you need emergency care, go to a CCHP provider if you can. If the emergency is severe, go to the nearest provider (hospital, provider or clinic). Call 911 or your local police or fire department if the emergency is life threatening.

Remember: Hospital emergency rooms are for true emergencies only
Call your provider or our 24-hour nurse line, CCHP on Call at 1-877-257-5861 before you go to the emergency room, unless your emergency is severe.

Urgent Care
Urgent care is care you need sooner than a routine doctor’s visit. Urgent care is not emergency care. Do not go to a hospital emergency room for urgent care unless your provider tells you to go there. Some examples of reasons for urgent care are:

- Most broken bones
- Minor burns
- Bruises or sprains
- Minor cuts
- Minor bleeding
- Most drug reactions
- Sore/strep throat
- Cold/flu
- Scabies or ringworm
- Suspected ear infections with pain
- Repeated vomiting and diarrhea, and/or fever especially in babies and small children
If you need urgent care call your primary care provider, clinic or CCHP on Call, our 24-hour nurse line at 1-877-257-5861. You must get urgent care from CCHP providers unless you get our approval to see a different provider.

**Remember: Do not go to a hospital emergency room for urgent care unless you first get approval from CCHP or your primary care provider.**

**CCHP on Call**
Your primary care provider can always be called to answer medical questions for you. You may also call CCHP on Call, our CCHP nurse line. We have nurses on duty 24 hours a day, seven days a week to help answer your questions. Simply call 1-877-257-5861. This is a free phone call.

**When should I use CCHP on Call?**
- Before you go to the emergency room (If the emergency is life threatening, call 911)
- For any general health questions or concerns
- If your child has a fever
- If your child sprains an ankle
- If you need help deciding where to go for help
- If you have a skin irritation or rash
- If your child has a scrape or cut
• Anytime you have a question about where to go for your health care

Why should I use CCHP on Call?
• The nurses can help you get the care that is right for you and your family.
• They can advise you on the proper treatment to keep you and your family healthy.

Who will answer my health care questions?
• Trained nurses answer all of your medical questions.
• They may ask you to describe the symptoms or problems you are having.
• They will help you decide how to get the best treatment possible for you and your family.
• They can help you understand how to access care through CCHP.

MD Consultations
If needed, the nurses can also connect you to speak with one of our CCHP on Call doctors. You can receive advice from one of our doctors from the comfort of your home, office, or on the go. Our doctors even have the ability to write prescriptions!

The doctors may be able to diagnose your condition, provide at-home treatment advice, and send a prescription
(if appropriate) to your local participating pharmacy for common conditions, such as:

- Colds and flu
- Pink eye
- Sore throat
- Bronchitis
- Sinus or ear infections
- Nausea and vomiting
- Urinary tract infections

**Complex Case Management and Disease Management**

CCHP offers Complex Case Management (CCM) to our high-risk members. This process assesses, plans, coordinates, monitors and evaluates options and services that meet a member’s complex health needs.

Services include assessments, goal and care planning, care and resource coordination, education about condition or disease, including self-management, and community linkage and resources.

We also support our members and/or their caregivers with management tools and educational opportunities through our Disease Management Programs. We offer a care team who provide members with education, self-management support and connection to resources. The program’s goal is to enhance members’ ability to manage their condition(s) and improve overall health outcomes and quality of life. To learn more about these programs, please call 414-266-3173.
How to get medical care when you are away from home
Out-of-area means more than 50 miles away from our service area. For help with out-of-area services, call Customer Service at 1-800-482-8010 or an enrollment specialist at 1-800-291-2002.

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

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

Pregnant women and deliveries
If you become pregnant, let CCHP and your income maintenance (IM) agency know right away. This is to make sure you get the care you need. Pregnant women have no copayment. You must go to a CCHP hospital to have your baby. Talk to your provider to make sure you
understand which hospital you should go to when it’s time to have your baby.

Also, talk to your provider if you plan to travel in your last month of pregnancy. We want you to have a healthy birth and a good delivery experience. It may not be a good time for you and your unborn baby to travel. Your provider knows your history and is the best provider to help you have a healthy birth.

Do not go out of the area to have your baby unless you have approval from Children’s Community Health Plan. You may wish to pick a provider for your child before you give birth. Call Customer Service at 1-800-482-8010 for help picking a provider for your unborn baby.

**Healthy Mom, Healthy Baby program**
CCHP wants you to have a healthy pregnancy and a healthy baby and has a program called Healthy Mom, Healthy Baby that is free for all members. It is a program that helps pregnant women get the support and services needed to have a healthy baby. Services are provided by social workers or nurses who have a special background for providing services for pregnant moms and families. We provide this service at your home, a place that you prefer or by phone. Other services include breastfeeding support and child care coordination. We will be happy to give you
more information and set you up with an appointment with one of our care coordinators. We will send you a $10 gift card when you let us know you are pregnant. Call us at 414-337-BABY (2229).

**When you may be billed for services**

It is very important to follow the rules when you receive medical care so you are not billed for services. You must receive your care from CCHP providers and hospitals unless you have our approval to go somewhere else.

The only exception is for severe emergencies. If you travel outside of Wisconsin and need emergency services, health care providers can treat you and send claims to CCHP.

You may have copayments for emergency services you receive outside of Wisconsin. Claims should be sent to:

Children’s Community Health Plan
P.O. Box 56099
Madison, WI 53705

CCHP does not cover any services, including emergency services, provided outside the United States, Canada and Mexico. If you need emergency services while in Canada or Mexico, CCHP will cover the service only if the provider’s or hospital’s bank is in the United States. Other
services may be covered with CCHP approval if the provider has a U.S. bank. Please call CCHP if you get any emergency services outside the United States. If you get a bill for services, call our Customer Service Department at 1-800-482-8010 right away.

**Other insurance coverage**
If you have other insurance in addition to CCHP, you must tell your provider. Your health care provider must bill your other insurance before billing CCHP. If your CCHP provider does not accept your other insurance, call the HMO enrollment specialist at 1-800-291-2002. The HMO enrollment specialist can tell you how to match your HMO enrollment with your other insurance so you can use both insurance plans.

**Billing members**
If you receive a bill for services, call Customer Service at 1-800-482-8010. You do not have to pay for covered services other than required copayments. Generally, charging a member for a noncovered service is allowed, except for certain noncovered services or activities related to covered services such as missed appointments, telephone calls and translation services. You will not have to pay for a provider to fill out forms.
You may request noncovered services from providers. Providers may collect payment for noncovered services from you if you accept responsibility for payment and make written payment arrangements with the 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 pay, please call Customer Service at 1-800-482-8010.

**Copayments**
The HMO and its providers and subcontractors may bill you small service fees, called copayments. The following members are exempt from copayments:

- Medicaid SSI members
- Nursing home residents
- Pregnant women
- Members under 19 years old who are members of a federally recognized tribe
- Members under 19 years old with incomes at or below 100 percent of the federal poverty level
Services covered by CCHP

CCHP is responsible for providing all medically necessary covered services under BadgerCare Plus. Some services may require a doctor’s order or a prior authorization and require you to pay a part of the cost of a service. This payment is called a “copayment.” The following is an outline of your BadgerCare Plus benefits and the copayment you are required to pay.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Copayments member will be charged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Mental Health Day Treatment</td>
<td>$0</td>
</tr>
<tr>
<td>Ambulance for Emergency Services</td>
<td>$0</td>
</tr>
<tr>
<td>Ambulatory Surgery Centers</td>
<td>$3 on facility charge</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>$0</td>
</tr>
<tr>
<td>Case Management, Targeted</td>
<td>$0</td>
</tr>
<tr>
<td>Child/Adolescent Day Treatment</td>
<td>$0</td>
</tr>
<tr>
<td>Benefit</td>
<td>Copayments member will be charged</td>
</tr>
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</tr>
<tr>
<td>Disposable Medical Supplies</td>
<td>$1 when not part of an office visit</td>
</tr>
<tr>
<td>Durable Medical Equipment (Purchase)</td>
<td>$1 per item when not part of an office visit</td>
</tr>
<tr>
<td>End Stage Renal Disease</td>
<td>$3 when dialysis is not done</td>
</tr>
<tr>
<td>Dialysis (Professional)</td>
<td>$2</td>
</tr>
<tr>
<td>Dialysis (Facility)</td>
<td>$3</td>
</tr>
<tr>
<td>Family Planning</td>
<td>$0</td>
</tr>
<tr>
<td>Health Check</td>
<td>$0</td>
</tr>
<tr>
<td>Hearing (audiologist)</td>
<td>Professional services $2; cochlear implants or other equipment $1; hearing aids and dispensing fees - no copay</td>
</tr>
<tr>
<td>Home Health</td>
<td>$0</td>
</tr>
<tr>
<td>Hospice</td>
<td>$0</td>
</tr>
<tr>
<td>Hospital, Inpatient</td>
<td>$3 per day, $75 maximum per stay</td>
</tr>
<tr>
<td>Hospital, Outpatient</td>
<td>$3 per visit; no copayment on emergency room</td>
</tr>
<tr>
<td>Benefit</td>
<td>Copayments member will be charged</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>In- Home Mental Health/Substance Abuse Treatment Services for Children</td>
<td>$0</td>
</tr>
<tr>
<td>HealthCheck “Other Services”</td>
<td></td>
</tr>
<tr>
<td>Laboratory/Pathology</td>
<td>$1 copay for each lab services (when done in a hospital). Independent</td>
</tr>
<tr>
<td></td>
<td>laboratory does not require a copayment. There is a $30 maximum per</td>
</tr>
<tr>
<td></td>
<td>member, per calendar year.</td>
</tr>
<tr>
<td>Narcotic Treatment (including methadone)</td>
<td>$0</td>
</tr>
<tr>
<td>Non-emergency Medical Transportation</td>
<td>Non-emergency transportation is provided by the State of Wisconsin,</td>
</tr>
<tr>
<td></td>
<td>not Children's Community Health Plan. If you need assistance with</td>
</tr>
<tr>
<td></td>
<td>transportation, call the State of Wisconsin</td>
</tr>
<tr>
<td>Benefit</td>
<td>Copayments member will be charged</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Transportation vendor at 1-866-907-1493.</td>
</tr>
<tr>
<td>Nurse Midwife</td>
<td>$0 (pregnancy related services)</td>
</tr>
<tr>
<td>Nurses in Independent Practice</td>
<td>$0</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$0</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>$2 (physician charges)</td>
</tr>
<tr>
<td>Outpatient Mental Health</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient Mental Health and substance abuse</td>
<td>$0</td>
</tr>
<tr>
<td>and substance abuse services in the home or</td>
<td>$0</td>
</tr>
<tr>
<td>community for Adults</td>
<td></td>
</tr>
<tr>
<td>Outpatient Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Personal Care</td>
<td>$0</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Prescription drug coverage is provided by the State of Wisconsin, not Children's Community Health Plan. If you have questions about</td>
</tr>
<tr>
<td>Benefit</td>
<td>Copayments member will be charged</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>prescription drug coverage call 1-800-362-3002.</td>
</tr>
<tr>
<td>Podiatry</td>
<td>$2; $30 max per provider; additional $1 for routine foot care; additional $3 per surgery</td>
</tr>
<tr>
<td>Radiology</td>
<td>$3 per procedure. No copayment for Radiology/Oncology</td>
</tr>
<tr>
<td>Physician Services</td>
<td>$2; $30 maximum per provider. Additional $3 for each surgery: Additional $2 copay per diagnostic service; Allergy testing $2 per day of service</td>
</tr>
<tr>
<td>Special Medical Vehicle</td>
<td>Non-emergency transportation is provided by the State of Wisconsin, not Children’s Community Health Plan. If you need assistance with transportation, call the State of Wisconsin</td>
</tr>
</tbody>
</table>
### Benefit

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Copayments member will be charged</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Transportation vendor at 1-866-907-1493.</td>
</tr>
<tr>
<td>Substance Abuse Day Treatment</td>
<td>$0</td>
</tr>
<tr>
<td>Physical, Occupational and Speech Therapies</td>
<td>$1 per procedure</td>
</tr>
</tbody>
</table>

### Noncovered Services

CCHP only provides services that are covered by BadgerCare Plus. Any services not covered by BadgerCare Plus will not be covered by CCHP. Noncovered services include (but are not limited to):

- Services that need approval (prior authorization) before you get them.
- Items such as televisions, radios, lift chairs, air conditioners, and exercise equipment (even if prescribed by a provider), and
- Procedures considered experimental or cosmetic in nature.

The State of Wisconsin is always reviewing new technology as it becomes available and will let CCHP know if the service will be covered.
Mental Health and Substance Abuse Services
CCHP provides mental health and substance abuse (drug and alcohol) services to all members. If you have a provider in CCHP’s network you can go to that provider and you don’t have to call us before making your appointments. If you need help finding a provider call Customer Service at 1-800-482-8010.

If you need help right away call the CCHP on Call, 24/7 nurse line at 1-877-257-5861, which is open seven days a week. If you have an emergency, call 911 or go to the nearest emergency room or behavioral health or substance abuse hospital. All services provided by CCHP are private.

Family Planning Services
We provide confidential family planning services to all members, including minors. If you decide not to talk to your primary care provider about family planning, call Customer Service at 1-800-482-8010. We will help you choose a CCHP family planning provider who is different than your primary care provider.

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

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

**Care Evaluation/Health Needs Assessment**
(BadgerCare Plus Childless Adults only)
As a member of CCHP, you may be asked to talk with a trained staff member about your health care needs. CCHP will contact you within the first 60 days of you being enrolled to schedule a time to talk about your medical history and the care you need. It is very important that you talk with CCHP so that you can get the care and services you need. If you have questions or would like to contact CCHP directly to schedule a time to talk about
your health care needs, please call 1-877-227-1142 and press option 2.

**Dental services**
For members living in Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties, CCHP provides all covered dental services, but you must go to a CCHP dentist. See the Provider Directory or call Dental Customer Service at 1-877-389-9870 for the names of our dentists. As a member, you have the right to a routine dental appointment within 90 days after your formal request. CCHP has an HMO Dental Member Advocate to help you if you have any problems with dental services. To contact an HMO Member Advocate call 1-800-482-8010.

Members living in counties not listed above may get dental services from any dentist who will accept your ForwardHealth ID card. Your dental services are provided by the State of Wisconsin, not CCHP. Call ForwardHealth Member Services at 1-800-362-3002 for help finding a Medicaid-enrolled provider.

**Dental emergencies**
A dental emergency is needing immediate dental service to treat severe dental pain, swelling, fever, infection or injury to the teeth. You have the right to get treatment for
your dental emergency within 24 hours after your request is made.

If you live in Kenosha, Milwaukee, Ozaukee, Racine, Washington or Waukesha counties and already have a dentist who is with CCHP:

• Call the dentist’s office.
• Identify yourself or your child as having a dental emergency.
• Tell the dentist’s office what the exact problem is, such as a severe toothache or swollen face. Be sure the office understands you or your child is having a dental emergency.

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

• Call Dental Customer Service at 1-877-389-9870. Explain that you or your child is having a dental emergency. We can help you get dental services.
• If you need help with transportation, call 1-866-907-1493.

Dental tips

• Find a dentist and schedule an appointment with that dentist. That dental office will be where you should get all of your dental work done.
• A child’s first visit with a dentist should be when they are 1 year old.
• You should schedule your dental visits every six months.
• Cut down on sugar, especially at bedtime.
• No sippy cups for children.
• Eat healthy food and snacks.
• Protect your child’s teeth with mouth guards during sports activities.

Wellness Portal
You have access to our wellness portal where you can complete your health assessment and take actions towards a healthier lifestyle. The portal offers self-help tools to assist with smoking cessation, healthy eating and weight, stress management and depression.

Chiropractic services
You may receive chiropractic services from any chiropractor who will accept your ForwardHealth ID card. Your chiropractic services are covered by the State of Wisconsin, not CCHP. To find a Medicaid-enrolled provider:
1. Go to www.forwardhealth.wi.gov
2. Click on the members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link
5. Under Program, select BadgerCare Plus.
Or, you can call ForwardHealth Member Services at 1-800-362-3002.

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

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

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

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

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

The HealthCheck program has 3 purposes:
1. To find and treat health problems for those younger than 21 years old;
2. To let you know about the special health services for those younger than 21 years old;
3. To make those younger than 21 years old eligible for certain healthcare services not otherwise covered.

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

The HealthCheck checkup includes:
- Health and developmental history
- Unclothed physical examination
- Hearing and vision screenings
- Dental screening and a referral to a dentist beginning at 1 year old
• Blood and urine lab tests (including lead testing when appropriate for age)
• Immunizations (shots) appropriate for age

To schedule a HealthCheck exam or for more information, call our Customer Service Department at 1-800-482-8010. If you need help with transportation to your HealthCheck appointment, call 1-866-907-1493.

**Case management services**
For members who would like help managing any concerns related to their health, CCHP has special programs staffed by nurses, social workers and counselors. Please call 1-877-227-1142 to reach the Clinical Services staff between the hours of 8 a.m. and 4:30 p.m. Monday through Friday.

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

Non-emergency medical transportation can include rides using:
• Public transportation, such as a city bus
• Non-emergency ambulances
• Specialized medical vehicles
• Other types of vehicles, depending on a member’s medical and transportation needs

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

You must schedule routine rides at least two business days before your appointment. You can schedule a routine ride by calling the NEMT manager at 1-866-907-1493 (or TTY 1-800-855-2880), Monday through Friday, from 7 a.m. until 6 p.m. You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

Ambulance
CCHP covers ambulance transportation for emergency care. **Always call 911 in the case of a severe emergency.**

If you move
If you are planning to move, contact your current Income Maintenance (IM) agency. If you move to a different county, you also must contact the IM agency in your new county to update your eligibility. If you move out of CCHP’s service area, call the HMO enrollment specialist at
1-800-291-2002. CCHP will only provide emergency care if you move out of our service area. The HMO enrollment specialist will help you choose a new HMO that serves your new area.

**HMO exemptions**

Generally, you must enroll in an HMO to get health care benefits through BadgerCare Plus. An HMO exemption means you are not required to join an HMO to receive your health care benefits. Most exemptions are granted for only a short period of time, primarily to allow you to complete a course of treatment before you are enrolled in an HMO. If you think you need an exemption from HMO enrollment, call the HMO enrollment specialist at 1-800-291-2002 for more information.

**Advance Directive, Living will or Power of Attorney for Health Care**

You have the right to make decisions about your medical care. You have the right to accept or refuse medical or surgical treatment. You also have the right to plan and direct the types of health care you may receive in the future if you become unable to express your wishes. You can let your provider know about your feelings by completing an advance directive, living will or power of attorney for health care form. Contact your provider for more information on living wills or power of attorney for
health care. You have a right to file a grievance with the Department of Health Services, 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.

**Right to medical records**
You have the right to ask for copies of your medical records from your providers. We can help you get copies of these records. Call Customer Service at 1-800-482-8010 for help. Please note: You may have to pay for a copy of your medical records. You also may correct wrong information in your medical records if your provider agrees to the correction.

**Member Advocate**
CCHP has an HMO Member Advocate to help you get the care you need and to answer your questions about getting health care from CCHP. The HMO Member Advocate can also help you solve any problems you have receiving health care from CCHP. You can reach your HMO Member Advocate by contacting Customer Service at 1-800-482-8010.
Connect with us!
For the most up-to-date information on free events in your community, ways to earn rewards, healthy and fun activities, local resources and more:

- Visit our website at childrenscommunityhealthplan.org
- Find us on Facebook at facebook.com/CCHP-WI

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

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

We believe that having programs like this will help you. They inform you of services that can keep you healthy. The Quality Assurance Program monitors these programs. We also welcome any suggestions for new programs.

Complaints and Appeals *(this section applies to benefit and non-benefit related concerns)*

A complaint is a general term used to describe if you are not satisfied with your health plan or provider. A complaint may be oral or written and may include:

• Access-to-care problems — such as you can’t get a service, treatment or medicine you need
• Your plan denies a service and says it’s not medically necessary.
• You have to wait too long for an appointment.
• You got poor care or were treated rudely.
• Your plan does not pay you back for emergency care that you had to pay for.
• You get a bill you believe you should not have to pay.

An appeal is an oral or written expression of dissatisfaction with the decision CCHP gave you when you
complained, or when you are dissatisfied with the plan’s decision to deny or limit authorization or coverage of a requested service. You or your authorized representative can file an appeal within 90 days of our decision concerning any matter.

These matters may include, but are not limited to:

• Quality of care or services provided
• Rudeness by a provider or employee
• Failure to respect your member rights
• The type or level of service
• The reduction, suspension or termination of a previously authorized service
• The denial, in whole or in part, of a payment for service

We would like to know if you have a complaint or want to appeal a decision about your care or services you receive from CCHP. Call CCHP’s HMO Member Advocate at 1-800-482-8010 if you have a complaint or appeal, or write to us at:

Children’s Community Health Plan
Attn: Complaint/Appeal Department
PO Box 1997, MS6280
Milwaukee, WI 53201-1997
To speak to someone outside of CCHP, call the HMO enrollment specialist at 1-800-291-2002. The enrollment specialist may be able to help you solve the problem. You also can write a formal complaint or appeal to CCHP or to the Wisconsin Managed Care Program. The address and phone number to contact the state HMO program is:

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

If your complaint or appeal needs action right away because a delay in treatment would greatly increase the risk to your health, call CCHP Customer Service as soon as possible at 1-800-482-8010. We cannot treat you differently from other members because you file a complaint or appeal. Your health care benefits will not be affected.

You have the right to appeal to the State of Wisconsin Division of Hearings and Appeals for a fair hearing if you believe your benefits are wrongly denied, limited, reduced, delayed or stopped by CCHP. An appeal of this type must be made no later than 45 days after the date of the action 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
   PO Box 7875
   Madison, WI 53707-7875

The hearing will be held in the county where you live. You have the right to bring a friend or be represented at the hearing. If you need a special arrangement for a disability or for language translation, call 1-608-266-3096. Hearing-impaired members can call 1-608-264-9853.

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

If you need help writing a request for a fair hearing, call Wisconsin Managed Care Ombuds at 1-800-760-0001 or HMO enrollment specialist at 1-800-291-2002.

**Provider Incentive Plan**
Children’s Community Health Plan does not have special financial arrangements with our providers that can affect the use of referrals and other services you might need.
You are entitled to ask if we have special financial arrangements with our physicians that can affect the use of referrals and other services you might need. To get this information, call Customer Service at 1-800-482-8010 and request information about our physician payment arrangements.

**Affirmative Statement**

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

**Provider Credentials**

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

• Ask for an interpreter and have one provided to you during any BadgerCare Plus covered service.
• Receive the information provided in this member handbook in another language or another format.
• Receive health care services as provided for by 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).
• Receive information about treatment options including the right to request a second opinion regardless of the cost or benefit coverage.
• Participate with practitioners in making decisions about your health care regardless of the cost or benefit coverage.
• Be treated with dignity and respect — you have a right to privacy regarding your health.
• Be free from any form of restraint or seclusion used as a means of force, control, ease or reprisal.
• Receive information about CCHP, its services, practitioners and providers and member rights and responsibilities.
• Voice complaints or appeals with CCHP or the care it provides.
• Make recommendations regarding CCHP’s member rights and responsibilities policy.
• A candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
• Be free to exercise your rights without adverse treatment by CCHP and CCHP providers.

You have the responsibility to:
• Understand your health problems and participate in developing treatment goals
• Tell your provider or CCHP what they need to know to treat you
• Follow the treatment plan and instructions agreed upon by you and your provider

Notice of Privacy Practices
This notice describes how protected health information about our members may be used and disclosed and how members can get access to this protected health information. Please review this notice carefully. CCHP is committed to protecting your personal privacy. This notice explains CCHP’s Privacy Practices, legal responsibilities and your rights concerning your personal health information.
We reserve the right to change our privacy practices and the contents of this Notice of Privacy Practices as allowed by law. When we make a significant change in our privacy practices, we will change this notice and send this notice to our members or post it on our website at childrenscommunityhealthplan.org.

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

Privacy Obligations
CCHP is required by law to:

• Ensure that personal health information is kept private
• Provide to you a Notice of Privacy Practices
• Follow the terms of this Notice of Privacy Practices.

We may use and disclose your personal health information:

○ To you, someone who is involved in your patient care, or to a close friend or family member about your condition, your admission to a health care facility or death
○ To the Secretary of the Department of Health and Human Services
- To public health agencies in the event of a serious health or safety threat
- To authorities regarding abuse, neglect or domestic violence
- In response to a court order, search warrant or subpoena
- For law enforcement purposes
- For research purposes if the research study meets all privacy law requirements
- For specialized government functions such as the military, national security and intelligence activities
- To a coroner or medical examiner or funeral director
- For the procurement, banking or transplantation of organs, eyes or tissue
- To comply with worker’s compensation or similar laws
- To health oversight agencies for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and programs
We have the right to use and disclose your personal health information to pay for health care services and operate our business:

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

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

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

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

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

Request amendment. You have the right to request an opportunity to amend any protected health information that you feel is incorrect or incomplete. To request the opportunity to amend your protected health information,
you must send a request to the Plan Administrator at the address listed at the end of this Notice of Privacy Practices. This request must contain the reason you feel the protected health information is incorrect or incomplete.

Your request to amend your protected health information may be denied when the protected health information is:

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

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

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

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

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

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

Plan Administration and Privacy Officer contact information
Plan Administrator
Vice President
Children’s Community Health Plan
PO Box 1997
Milwaukee, WI 53201
(414) 266-6328

Privacy Officer
Director of Corporate Compliance
Children’s Community Health Plan
PO Box 1997
Milwaukee, WI 53201
(414) 266-2215
Words to know

- **Access** – A person’s ability to get medical care
- **Advance directive** – A document expressing a person’s wishes about critical care when he or she is unable to decide for him or herself
- **Copayment** – The part of a medical bill not covered by insurance and to be paid by the member
- **Emergency** – A life-threatening medical condition resulting from an injury, sickness or mental illness that happens suddenly and needs treatment right away
- **Federal poverty level (FPL)** – The set minimum amount of income a family needs for food, clothing, transportation, shelter and other necessities. The federal poverty level varies according to family size. Public assistance programs such as Medicaid define eligibility income limits as some percentage of federal poverty level.
- **Health maintenance organization (HMO)** – An organization that makes decisions on how health services are used and the cost of these services and measures how helpful the services are for the member
- **Internist** – A doctor who specializes in the diagnosis and medical treatment of diseases in adults
• **Living will** – A document where you state your wishes for medical treatment if you have a medical emergency and are not able to speak for yourself

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

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

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

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

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

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

• **Primary care** – Health care services provided by doctors called generalists, including family practitioners, internists and pediatricians
• **Primary care provider** – A provider who coordinates all parts of health care services

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

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

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

You can help stop health care fraud!

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

• Do not give your ForwardHealth Card ID number to anyone other than a health care provider, a clinic or hospital, and only do so when you receive care.

• Never let anyone borrow your ForwardHealth card.

• Never sign a blank insurance form.

• Be careful about giving out your Social Security number.

• Check your mail for medical bills for services you did not receive.

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

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

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

- The person’s name.
- The person’s date of birth, social security number or case number if available.
- The city where the person lives.
- Details about the fraud, waste or abuse.

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

Attn: Director of Corporate Compliance
Children’s Community Health Plan
PO Box 1997, MS 6280
Milwaukee, WI 53201-1997
You can also call us at (414) 266-2215 or toll-free 1-877-659-5200.

You can also contact Wisconsin’s Medicaid Fraud Unit at:
  Medicaid Fraud and Abuse Unit
  Contact: Medicaid Fraud Control Unit
  Department of Justice
  17 W. Main Street
  PO Box 7857
  Madison, WI 53707
Discrimination is against the law.

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

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

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

Director, Corporate Compliance
Mail Station C760
P.O. Box 1997
Milwaukee, WI 53201-1997

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

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

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

Complaint forms are available at:
If you or someone you’re helping has questions about Children’s Community Health Plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-482-8010 (TTY: 7-1-1)
Auxiliary Aids and Services

Children's Community Health Plan (CCHP) provides free aids and services to people with disabilities to communicate effectively with us including qualified interpreters (including sign language) and written information in other languages and formats (large print, audio, accessible electronic formats, other formats). To request, call CCHP at 414-266-3490.

ATTENTION
If you speak English, language assistance services are available to you free of charge. Call 1-800-482-8010 (TTY: 7-1-1).

ATTENCIÓN
Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-800-482-8010 (TTY: 7-1-1).

CEEB TOOM
Yog koj hais lus Hmoob, kev pab rau lwmm yam lus muaj rau koj dawb xwb 1-800-482-8010 (TTY: 7-1-1).

CEEB TOOM
Yog koj hais lus Hmoob, kev pab rau lwmm yam lus muaj rau koj dawb xwb 1-800-482-8010 (TTY: 7-1-1).

DIGTOONI
Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa laguu heli karaa iyagoo bilaash ah. Wac 1-800-482-8010 (TTY: 7-1-1).

DIGTOONI
Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa laguu heli karaa iyagoo bilaash ah. Wac 1-800-482-8010 (TTY: 7-1-1).

注意
如果您说中文，您可获得免费的语言协助服务。请致电1-800-482-8010 (TTY: 7-1-1).

ВНИМАНИЕ
Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-800-482-8010 (TTY: 7-1-1).