



**Children's**  
Community Health Plan



**BadgerCare Plus**



**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  
cchp-wi.org**

**Interpreter services**

If you do not speak English, language services will be provided for free. Call 1-800-482-8010 (TTY: 7-1-1). Si no habla inglés, se programarán servicios de idiomas en forma gratuita. Llame al 1-800-482-8010 (TTY: 7-1-1). Yog hais tias koj tsis txawj hais lus Askiv, peb yuav teem sij hawm muab kev pab txhais lus pub dawb rau koj. Hu rau 1-800-482-8010 (TTY: 7-1-1). အကယ်၍ သင်သည်အင်္ဂလိပ်ဘာသာစကား မပြောတတ်ပါက ဘာသာစကားဝန်ဆောင်မှုများကို အခမဲ့ဖြင့် ပံ့ပိုးပေးထားပါသည်။ 1-800-482-8010 (TTY: 7-1-1) တွင် ဖုန်းခေါ်ဆိုပါ။ Если Вы не говорите по-английски, Вам будут бесплатно предоставлены услуги перевода. Позвоните по тел.: 1-800-482-8010 (TTY: 7-1-1). Haddii aadan ku hadal Ingiriisiga, adeegyada luqadda ayaa u bixin doona bilaash . Wac 1-800-482-8010 (TTY: 7-1-1) 如果您不会说英语, 将免费为您提供语言服务。请致电1-800-482-8010 (听障专线: 7-1-1)

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, Health Management, Case Management and Utilization 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 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**

Call 24 hours a day, seven days a week

1-877-257-5861. **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)**

**(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**

**1-877-900-2247**

**State Ombudsman Program**

**1-800-760-0001**

**Clinical Services (messages received 24 hours)**

**1-877-227-1142**

**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, Ozaukee, Racine, Washington and Waukesha counties.

**Your primary care provider**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Your child’s primary care provider**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Your child’s primary care provider**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Your pharmacy**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Your dentist**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Your child’s dentist**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

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## Welcome to Children's Community Health Plan

Welcome to Children's Community Health Plan (CCHP). As a member, you should get all your health care from doctors and hospitals in the CCHP network. See CCHP Provider Directory for a list of these providers. You may also call our Customer Service Department at 1-800-482-8010. Providers accepting new patients are marked in the Provider Directory.

## Interpreter services

Interpreter services are provided free of charge to you.

**English** For help to translate or understand this, please call 1-800-482-8010.

**Spanish** Si necesita ayuda para traducir o entender este texto, por favor llame al telefono 1-800-482-8010.

**Russian** ,  
1-800-482-8010.

**Hmong** Y og xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-800-482-8010.

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.

## Service area

You are eligible for CCHP BadgerCare Plus coverage if you live in the following Wisconsin counties: Brown, Calumet, Door, Fond du Lac, Forest, Green Lake, Kenosha, Kewaunee, Jefferson, Lincoln, Manitowoc, Marinette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Racine, Rock, Shawano, Sheboygan, Vilas, 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.

Your Forward Health ID card you will use to get your BadgerCare Plus, Medicaid SSI, Care4Kids, Children Come First, or Wraparound Milwaukee benefits. Your ForwardHealth ID card is different from other CCHP program cards.

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.

### **Choosing a primary care provider**

When you need care, it is important to call your primary care physician first. It is important to choose a primary care physician to manage all your health care. You can choose a primary care physician from the list of doctors accepting new patients, as marked in the CCHP Provider Directory. CCHP doctors are sensitive to the needs of many cultures. To choose a primary care physician or to change primary care physicians, call our Customer Service Department at 1-800-482-8010.

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

### **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 [cchp-wi.org](http://cchp-wi.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**

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

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

If you must go to a non-CCHP hospital or provider, call CCHP at 1-800-482-8010 as soon as you can to tell us what happened.

**Remember, hospital emergency rooms are for true emergencies only.** Unless you have a true emergency, call your doctor or our 24-hour emergency number at 1-877-257-5861 before you go to the emergency room. If you do not know if your illness or injury is an emergency, call 1-877-257-5861.

A prior authorization is not required for emergency services.

## **Urgent care**

Urgent care is care you need sooner than a routine doctor's visit. Urgent care is not emergency 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 CCHP doctors unless you first get our approval to see a non-CCHP doctor. Do not go to a hospital emergency room for urgent care unless you get approval from CCHP first.

## **CCHP on Call**

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

## **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
- Any time 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.

## **Doctor consultations**

If needed, the nurses can also connect you to 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 can even 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
- Sinus or ear infections
- Pink eye
- Nausea and vomiting
- Sore throat
- Urinary tract infections
- Bronchitis

## **Health Management**

We support our members and/or their caregivers with management tools and educational opportunities through our Health 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.

## **Complex Case Management**

CCHP also offers Complex Case Management 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.

## **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.

## **Care during pregnancy and delivery**

If you become pregnant, let CCHP and your income maintenance (IM) agency know right away, so you can get the extra care you need. You do not have copayments when you are pregnant.

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.

Do not go out of the area to have your baby unless you have CCHP approval. Your CCHP doctor knows your history and it the best doctor to help you. Also talk to your doctor if you plan to travel in your last month of pregnancy. We want you to have a healthy birth and a good birthing experience, so it may not be a good time to be traveling.

## **Healthy Mom, Healthy Baby program**

CCHP wants you to have a healthy pregnancy and a healthy baby. We offer a program called Healthy Mom, Healthy Baby that is free for all members. The program 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 gift card when you let us know you are pregnant. Call us at (414) 337-BABY (2229).

## **When you may be billed for services Covered and Noncovered Services**

Under BadgerCare Plus, Medicaid SSI, Children Come First, and Wraparound Milwaukee, you do not have to pay for covered services other than required copayments. The amount of your copay cannot be greater than it would have been in fee-for-service. To help ensure that you are not billed for services, you must see a provider in CCHP's network. The only exception is for emergencies. If you are willing to accept financial responsibility and make a written payment plan with your provider, you may ask for noncovered services. 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 1-800-482-8010.

## **Copayments**

Under BadgerCare Plus (CCHP) and its providers and subcontractors may bill you small service fees, called copayments. The following members do not have to pay copayments:

- 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

## **Medical services received outside of Wisconsin**

If you travel outside Wisconsin and need emergency care, health care providers in the area where you travel can treat you and send the bill to CCHP. You may have copayments for emergency services provided outside Wisconsin.

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 services only if the doctor's or hospital's bank is in the United States. Other services may be covered with the CCHP approval if the provider has a U.S. Bank. Please call CCHP if you get emergency services outside the United States 1-800-482-8010.

If you get a bill for services, call our Customer Service at 1-800-482-8010 right away.

### **Other insurance**

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.

### **Services covered by CCHP**

CCHP is responsible for providing all medically necessary covered services under BadgerCare Plus.

### **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 Crisis Hotline for your county.

- Kenosha County: 262-657-7188 or 1-800-236-7188 (24 hours a day)
- Milwaukee County: 414-257-7222 (24 hours a day)
- Ozaukee County: 262-377-2673 (24 hours a day)
- Racine County: 262-638-6741 (9 a.m. to 5 p.m.)
- Washington County: 262-365-6565

You can also call 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 private family planning services to all members, including minors. If you do not want to talk to your primary care physician about family planning, call our Customer Service Department at 1-855-371-8104. We will help you choose a CCHP family planning doctor who is different from your primary care physician.

We encourage you to get family planning services from a CCHP doctor so that we can better coordinate all your health care. 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 CCHP.

### **Dental services**

For members living in Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties, CCHP provides all covered dental services. 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 1-877-900-2247.

Members living outside the counties listed above may get dental services from any dentist who will accept your ForwardHealth ID card. You may get covered dental services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to [www.forwardhealthwi.gov](http://www.forwardhealthwi.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.

### **Chiropractic services**

CCHP provides covered chiropractic services for CCHP members. You must go to a CCHP chiropractor. See the Provider Directory or call the Customer Service Department at 1-800- 482-8010.

You can also call ForwardHealth Member Services at 1-800-362-3002.

### **Vision services**

CCHP provides covered vision services, including eyeglasses; 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](http://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.

### **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.

### **Care evaluation / Health Needs Assessment**

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.

### **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 three 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 health care services not otherwise covered.

The HealthCheck checkup includes:

- Age appropriate immunizations (shots)
- Blood and urine lab tests (including blood lead level testing when age appropriate)
- Dental screening and a referral to a dentist beginning at 1 year old
- Health and developmental history
- Hearing screening
- Physical examination
- Vision screening

CCHP provides HealthCheck exams at the enhanced periodicity schedule recommended by the American Academy of Pediatrics (AAP) for children in out-of-home care. Your child will receive a HealthCheck Exam:

- Every month for the first six months of age
- Every 3 months from 6 months to 2 years of age
- Twice a year after 2 years of age

To schedule a HealthCheck exam or for more information, call Customer Service at 1-800-482-8010.

If you need a ride to or from a HealthCheck appointment, please call the Department of Health Services (DHS) non-emergency medical transportation (NEMT) manager at 1-866-907-1493 (or TTY 1-800-855-2880) to schedule a ride.

## **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 healthcare needs. We may ask for your opinion in a survey related to your satisfaction with the health care and services you get. We are always working to make our services better for 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.

## **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 a Clinical Services staff between the hours of 8 a.m. and 4:30 p.m. Monday through Friday.

## **Transportation services**

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 TTY: 1-800-855-2880, Monday through Friday, from 7 a.m. until 6 p.m. You may also schedule rides for an urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

## **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**

As a member of CCHP, you may be asked to talk with a trained staff member about your health care needs. They will contact you within the first 60 days of your being enrolled with CCHP to schedule a time to talk about your medical history and the care you need. It is very important that you talk with your 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 the Health Care Coordination Team at 1-855-371-8104.

## **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 for BadgerCare Plus.

If you move out of CCHP's service area, call the HMO enrollment specialist at 1-800-291-2002. The HMO enrollment specialist will help you choose a new HMO that serves your new area.

## **Getting a second medical opinion**

If you disagree with your doctor's treatment recommendations, you may be able to get a second medical opinion. Contact your doctor or our Customer Service Department at 1-800-482-8010 for information.

## **HMO exemptions**

Generally, you must enroll in an HMO to get health care benefits through BadgerCare Plus and Medicaid SSI. An HMO exemption means you are not required to join an HMO to get 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.

## Getting Help when you have questions or problems

### CCHP Member Advocate

CCHP has a Member Advocate to help you get the care you need. You should contact your Member Advocate for help with any questions about getting health care and solving any problems you may have getting health care from CCHP. You can reach the Member Advocate at 1-877-900-2247.

### Enrollment specialist

To get information about what managed care is and other managed care choice counseling, you can contact call the HMO Enrollment Specialist at 1-800-291-2002 for assistance.

### State of Wisconsin HMO Ombuds Program

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

## Filing a grievance or appeal

### Grievances

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

We would like to know if you ever have a grievance about your care at CCHP. Please call CCHP Member

Advocate at 1-877-900-2247, or write to us at the following address if you have a grievance:

Children's Community Health Plan  
Attn: Complaint/Appeal Department  
PO Box 1997, MS6280  
Milwaukee, WI 53201-1997

If you want to talk to someone outside CCHP about the problem, call the HMO Enrollment Specialist at 1-800-291-2002. The HMO Enrollment Specialist may be able to help you solve the problem or write a formal grievance to CCHP.

The address to file a grievance with the BadgerCare Plus:

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

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

### Appeals

You have the right to appeal if you believe your benefits are wrongly denied, limited, reduced, delayed, or stopped by CCHP. Your authorized representative or your provider may request an appeal for you if you have given them consent to do so. When requesting an appeal, you must appeal to your CCHP first. The request for an appeal must be made no more than 60 days after you receive notice of services being denied, limited, reduced, delayed, or stopped.

If you need help writing a request for an appeal, please call your CCHP Member Advocate at 1-877-900-2247 or the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001, or the HMO Enrollment Specialist at 1-800-291-2002.

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

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

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

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

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

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

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

## Your rights

### Knowing about physician incentive plan

You have the right to ask if we have special financial arrangements with our physicians that can affect the use of referrals and other services you might need. To get this information, call our Customer Service Department at 1-800-482-8010 and request information about our physician payment arrangements.

### Knowing provider credentials

You have the right to information about our providers including the provider's education, board certification, and recertification. To get this information, call our Customer Service Department at 1-800-482-8010.

### Completing an 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 have the right to plan and direct the types of health care you may get in the future if you become unable to express your wishes. You can let your doctor know about your wishes by completing an advance directive, living will, or power of attorney for health care. Contact your doctor for more information.

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

### Transition of care

If you have moved from ForwardHealth or a BadgerCare Plus HMO to a new BadgerCare Plus 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 HMO upon enrollment to let them know who your provider is. If this provider is still not in the HMO network after 90 days, you will be given a choice of participating providers to make a new choice.
- Receive services that would pose a serious health risk or hospitalization if you did not receive them.

### Right to medical records

You have the right to ask for copies of your medical records from your provider(s). We can help you get copies of these records. Please call the Member Advocate line at 1-877-900-2247 for help. Please note that you may have to pay to copy your medical records. You may correct inaccurate information in your medical records if your doctor agrees to the correction.

### CCHP Moral or Religious Objection

The CCHP will inform members of any covered Medicaid benefits which are not available through the CCHP because of an objection on moral or religious grounds. CCHP will inform members about how to access those services through the State.

## **Your member rights**

- You have the right to have an interpreter with you during any BadgerCare Plus, C4K covered service.
- You have the right to get the information provided in this member handbook in another language or format.
- You have the right to get health care services as provided for in federal and state law. All covered services must be available and accessible to you. When medically appropriate, services must be available 24 hours a day, seven days a week.
- You have the right to get information about treatment options including the right to request a second opinion.
- You have the right to make decisions about your health care.
- You have the right to be treated with dignity and respect.
- You have the right to be free from any form of restraint or seclusion used as a means of force, control, ease, or reprisal.
- You have the right to be free to exercise your rights without adverse treatment by the CCHP and its network providers.
- You may switch HMOs without cause during the first 90 days of CCHP enrollment.
- You have the right to switch HMOs, without cause, if the State imposes sanctions or temporary management on CCHP.
- You have the right to receive information from CCHP regarding any significant changes with CCHP at least 30 days before the effective date of the change.
- You have the right to participate with practitioners in making decisions about your health care regardless of the cost or benefit coverage.
- You have a right to privacy regarding your health.
- You have the right to receive information about CCHP, its services, practitioners and providers and member rights and responsibilities.
- You have a right to voice complaints or appeals with CCHP or the care it provides.
- You have a right to make recommendations regarding CCHP's member rights and responsibilities policy.
- You have a right to a candid conversation of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.

- You have the right to disenroll from CCHP if:
  - You move out of the CCHP service area
  - CCHP does not, for moral or religious objections, cover a service you want
  - You need a related service performed at the same time, not all related services are available within the provider network, and your PCP or another provider determines that receiving the services separately could put you at unnecessary risk
  - Other reasons, including poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with your care needs.
- You have the right to disenroll from CCHP at any time.

## **Your civil rights**

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

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

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

## **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.

## **Fraud and abuse**

If you suspect fraud or abuse of the Medicaid program, you may report it. Please go to [www.reportfraud.wisconsin.gov](http://www.reportfraud.wisconsin.gov).

## **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 [cchp-wi.org](http://cchp-wi.org)
- Find us on Facebook at [facebook.com/CCHP-WI](https://facebook.com/CCHP-WI)

## **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.

## **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](http://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**

Children's Community Health Plan 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 CCHP member 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

Or you can 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

# 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).

## CEEB TOOM

Yog koj hais lus Hmoob, kev pab rau lwm 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 lagu heli karaa iyagoo bilaash ah. Wac 1-800-482-8010 (TTY: 7-1-1).

## ໝາຍເຫດ

ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-800-482-8010 (TTY: 7-1-1).

## ATENCIÓN

Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 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).

ကျေးဇူးပြု၍ နားဆင်ပါ  
သင်သည် မြန်မာစကားပြောသူဖြစ်ပါက၊  
သင့်အတွက် အခမဲ့ဖြင့်  
ဘာသာစကားကူညီရေး ဝန်ဆောင်မှုများ  
ရရှိနိုင်သည်။ 1-800-482-8010 (TTY:  
7-1-1) တွင် ဖုန်းခေါ်ဆိုပါ။

## Language services

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.

### ALBAINIAN

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

### ARABIC

إذا كنت بحاجة إلى مساعدة أو لديك سؤال عن خطة صحة المجتمع للأطفال، يمكنك الحصول على المساعدة والمعلومات بلغتك مجاناً. للتحدث مع مترجم، اتصل برقم 1-800-482-8010 (TTY: 711)

### BURMESE

Children's Community Health Plan နှင့်ပတ်သက်၍ သင် သို့မဟုတ် သင်အကူအညီပေးနေသူတစ်ဦးတွင် မေးမြန်းစရာများ ရှိမည့်အဆိုပါက၊ အကူအညီနှင့် သတင်းအချက်အလက်များကို အခမဲ့သင်ရယူပိုင်ခွင့် ရှိပါသည်။ စကားပြန်ဆိုသူ တစ်ဦးထံသို့စကားပြောဆိုရန်၊ 1-800-482-8010 တွင် ဖုန်းခေါ်ဆိုပါ။ (TTY: 711)

### CHINESE

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

### ENGLISH

If you or someone you're helping has questions about 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: 711)

### FRENCH

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

### GERMAN

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

### HINDI

यदि आपके, या आप द्वारा सहायता करके जा रहे किसी व्यक्ति के Children's Community Health Plan के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। किसी भ्रिषण से बात करने के लिए 1-800-482-8010 पर कॉल करें। (TTY: 711)

### HMONG

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

### KOREAN

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

### LAOTIAN

້າທ່ານ, ຫຼື ຄົນທີ່ທ່ານກໍາລັງຊ່ວຍເຫຼືອ, ມີຄໍາຖາມກ່ຽວກັບ Children's Community Health Plan ທ່ານ ສົນທິ 'ຈະໄດ້' ຮັບການຊ່ວຍເຫຼືອ ທີ່ບໍ່ແລະຂໍ້ ມູນ ບູຮ່າວສານທີ່ ເປັນພາສາຂອງທ່ານບໍ່ມີ ຄ່າໃຊ້ ຈ່າຍ. ການເອົາ ລົງ ນາມພາສາ, ໃຫ້ ໂທ ຫາ 1-800-482-8010 (TTY: 711)

### PENNSYLVANIA DUTCH

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

### POLISH

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

### RUSSIAN

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

### SOMALI

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

### SPANISH

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

### TAGALOG

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

### VIETNAMESE

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

# Discrimination is against the law.

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 within 60 days of when the person filing the grievance became 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](mailto: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:

<http://www.hhs.gov/ocr/office/file/index.html>

