Member Handbook
*iCare Medicaid SSI Plan | *iCare BadgerCare Plus*

We want to help you. Call us if you have questions.
Customer Service: 1-800-777-4376 | TTY: 711

[iCare Office]
1555 North RiverCenter Drive
Suite 206
Milwaukee, Wisconsin 53212
www.iCareHealthPlan.org

Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.
Customer Service is available 24 hours a day, 7 days a week.
iCare is a wholly-owned subsidiary of Humana.

Please keep this member handbook.
You will reference it often while you are an iCare member.

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INTERPRETER SERVICES

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-777-4376 (TTY: 1-800-947-3529).


Laotian: ປ້າຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ເທື່ອ 1-800-777-4376 (TTY: 1-800-947-3529).


Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-777-4376 (TTY: 1-800-947-3529) पर कॉल करें।


NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS: Discrimination is Against the Law

Independent Care Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude, or treat people differently because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language.

Independent Care Health Plan:

» Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)

» Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, contact Customer Service at 1-800-777-4376 (TTY: 1-800-947-3529), 24 hours a day, 7 days a week. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

If you believe you have been discriminated against by Independent Care Health Plan, you may file a complaint, also known as a grievance, in person or by mail, fax, or email. If you need help filing a grievance, the Grievance and Appeal Coordinator is available to help you.

» Grievance and Appeal Coordinator,
  1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212
  1-800-777-4376 x1076 (TTY: 1-800-947-3529)
  Fax: 414-918-7589
  advocate@icarehealthplan.org.


Last update of this notice: 07/20/2022

If you need any documents or communications translated, please call Customer Service at 1-800-777-4376 (TTY: 711):

Fulfillment materials and time frames:

» Large Print: Two (2) weeks.

» Braille and Foreign Language: Varies by request.
MEDICAL TERMINOLOGY

APPEAL: An appeal is something you do if you disagree with our decision to deny a request for coverage of health care services or prescription drugs or payment for services or drugs you already received.

CO-PAYMENT (OR “CO-PAY”): A fixed amount ($20, for example) you pay for a covered health care service. Co-payments (sometimes called “co-pays”) can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

DURABLE MEDICAL EQUIPMENT: Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.

EMERGENCY MEDICAL CONDITION: An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm.

EMERGENCY MEDICAL TRANSPORTATION: Ambulance services for an emergency medical condition.

EMERGENCY ROOM CARE: Emergency services you get in an emergency room.

EMERGENCY SERVICES: Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

EXCLUDED SERVICES: Health care services that your health insurance or plan doesn't pay for or cover.

GRIEVANCE: An expression of dissatisfaction that you communicate to your health insurer or plan.

HABILITATION SERVICES AND DEVICES: Health care services that help you keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

HEALTH INSURANCE: A contract that requires your health insurer to pay some or all your health care costs in exchange for a premium.

HOME HEALTH CARE: Health care services a person receives at home.

HOSPICE SERVICES: Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

HOSPITALIZATION: Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

HOSPITAL OUTPATIENT CARE: Care in a hospital that usually doesn't require an overnight stay.

MEDICALLY NECESSARY: Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

NETWORK: The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

NON-PARTICIPATING PROVIDER: A provider who doesn't have a contract with your health insurer or plan to provide services to you.

PHYSICIAN SERVICES: Health care services a licensed medical physician (MD – Medical Doctor or DO – Doctor of Osteopathic Medicine) provides or coordinates.

PLAN: A benefit your employer, union or other group sponsor provides to you to pay for your health care services.
**PRIOR AUTHORIZATION:** A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary.

**PARTICIPATING PROVIDER:** Participating provider means a provider who has agreed to provide health care services to members. It includes a hospital, doctor, pharmacy, group practice, nurse, nursing home, pharmacy, or other allied health professional or entity.

**PREMIUM:** The amount you pay for your health insurance every month.

**PRESCRIPTION DRUG COVERAGE:** Health insurance or plan that helps pay for prescription drugs and medications. All Marketplace plans cover prescription drugs.

**PRESCRIPTION DRUGS:** Drugs and medications that, by law, require a prescription.

**PRIMARY CARE PHYSICIAN:** A physician (MD – Medical Doctor or DO – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

**PRIMARY CARE PROVIDER:** A physician (MD – Medical Doctor or DO – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

**PROVIDER:** A term used for health professionals who provide health care services. Sometimes, the term refers only to physicians. Often, however, the term also refers to other health care professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services.

**REHABILITATION SERVICES AND DEVICES:** Health care services that help you keep, get back, or improve skills and functioning for daily living that have been lost or impaired because you were sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

**SKILLED NURSING CARE:** Services and/or skilled care services from licensed nurses, technicians, and therapists in your own home or in a nursing home.

**SPECIALIST:** A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

**URGENT CARE:** Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

Sources: Healthcare.gov; Medicare.gov; healthinsurance.org
**WELCOME**

Welcome to Independent Care Health Plan or as we are known by, iCare. As a member of iCare, you should get all your health care from doctors and hospitals in the iCare network. iCare contracted providers accepting new patients are marked in the Provider Directory. The Provider Directory includes languages spoken by providers other than English. We also mark in the directory if a provider's location is handicapped accessible. See iCare's Provider Directory for a list of these providers.

To get a copy of the Provider Directory, call our Customer Service Department at 1-800-777-4376. You can also find a Provider Directory on the iCare web site:

- iCare Medicaid SSI members can find their Provider Directories on this page: https://www.icarehealthplan.org/Members/Plans-Benefits/Medicaid-Plans/SSI_Medicaid.htm
- iCare BadgerCare Plus members can find their Provider Directories on this page: https://www.icarehealthplan.org/Members/Plans-Benefits/BCPLUS.htm

**USING YOUR FORWARDHEALTH ID CARD**

Your ForwardHealth ID card is the card you will use to get your BadgerCare Plus or Medicaid SSI benefits. Your ForwardHealth ID card is different from an HMO Program ID card. Always carry your ForwardHealth ID card with you and show it every time you go to the doctor or hospital and every time you get a prescription filled. You may have problems getting health care or prescriptions if you do not have your card with you. Also bring any other health insurance cards you may have. This could include any ID card from your HMO Program or other service providers.

**GETTING CARE FROM PRIMARY CARE PROVIDERS, SPECIALISTS AND OTHER NETWORK PROVIDERS**

It is important to have a primary care provider (PCP) to manage all your health care. However, iCare does not require you to select a PCP.

Your PCP is the physician who collaborates with your care team and our plan to oversee your health
care. Your PCP will arrange or coordinate the covered health care services you get as a plan member. “Coordinating” your services includes checking or consulting with other network providers about your care and making certain the services are approved. This includes services like x-rays, laboratory tests, therapies, immunizations, hospital admissions, and follow-up care.

Your PCP will help you decide if you need to see another doctor or specialist and, if appropriate, give you a referral. If there is a particular specialist or hospital that you want to use, be sure to ask if your PCP makes referrals to that specialist or uses that hospital.

Your PCP and other providers and specialists in the iCare Provider Network practice culturally sensitive or culturally competent care. This means your provider can provide care to patients with their individual backgrounds in mind, such as ethnic background and cultural beliefs. This can also include speaking the same language, having the same religious beliefs, and more.

The physicians, specialists, and other providers in the iCare Provider Network meet state licensing requirements and receive education and training to provide you medical care. If you would like more information about the people providing your health care, please call iCare Customer Service.

You may find a PCP by using the iCare Provider Network Directory or the “Find a Provider” search tool on the iCare web site at www.iCareHealthPlan.org. You can also get help from our Customer Service Department by calling 1-800-777-4376 (TTY: 711).

You can see any PCP in your plan, and you may change your PCP for any reason, at any time. Also, it is possible that your PCP might leave our plan’s network of providers and you would have to find a new PCP. We will notify you if your PCP leaves our plan’s network.

Remember, you must get approval from your primary care physician before you see another doctor. 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.

ACCESSING THE CARE YOU NEED

Medical Care or Services that Require Prior Approval (Authorization)

iCare must authorize certain visits and procedures. For example, if you receive a referral for an out-of-network provider, you will need to obtain a Prior Authorization. Your provider should contact iCare for Prior Authorizations. Emergency services DO NOT require prior approval (authorization). The following types of services require Prior Authorization review:

» Admission to an inpatient hospital for medical or behavioral/mental health care
» Admission to a subacute facility (Skilled Nursing Facility, Long-Term Acute Care Hospital, Inpatient Rehabilitation Hospital)
» Nursing care or therapy delivered in your home (home health care)
» Hospice services
» Some durable medical equipment (DME) and durable medical supplies (DMS)
» Some medical procedures and laboratory testing
» Outpatient physical, occupational, and speech therapy
» Cardiac and pulmonary rehabilitation
» Transplants
» Referrals for second (additional) opinions
» Referrals to non-participating providers (out-of-state or out-of-network) for all non-emergency services (emergency services do not require Prior Authorization)
» Long-term care services under iCare’s Family Care Partnership (FCP)
» Some dental procedures*
» Some vision procedures*

*These requests are reviewed by delegated partners, DentaQuest or National Vision Administrators.

The iCare web site has a listing of procedures that require Prior Authorization. Visit https://www.iCareHealthPlan.org/PA
Care After Normal Business Hours

When you have health care needs, you should always attempt to see your PCP first. When you cannot reach your PCP after-hours or your PCP is not available, you have options to get your needed care:

» Call the iCare 24-Hour Nurse Advice Line at 1-800-679-9874 (TTY: 711). The nurses can offer you medical advice on the phone or guide you to get the care you need.

» Visit an Urgent Care Clinic. Our nurse advice line may direct you to an Urgent Care Clinic, so you can see a doctor the same day. Many clinics are open late, weekends, and holidays. Some clinics have X-rays and lab tests. We have many Urgent Care Clinics in our network. For one near you, use your Provider Directory or go to our web site and use the provider search tool: www.iCareHealthPlan.org.

» If it is an emergency, call 911 or go to the nearest Emergency Room or Emergency Department for emergency medical and behavioral health conditions. Do not wait!

See the next few sections about getting care during a medical emergency and from an urgent care.

Emergency Care

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

» A change in mental health status  » Severe or unusual bleeding
» Choking  » Suspected heart attack
» Convulsions  » Suspected poisoning
» Prolonged or repeated seizures  » Suspected stroke
» Serious broken bones  » Trouble breathing
» Severe burns  » Unconsciousness
» Severe pain

If you need emergency care, try to go to an iCare 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-iCare hospital or provider, call iCare at 1-800-777-4376 as soon as you can to tell us what happened.

A prior authorization is not required for emergency services.

Urgent Care

Urgent care is care you need sooner than a routine doctor’s visit, but it is not emergency care. Some examples of urgent care are:

» Bruises  » Most broken bones  » Not severe bleeding
» Minor burns and cuts  » Most drug reactions  » Sprains

You must get urgent care from iCare doctors unless you get our approval to see a non-iCare doctor.

Do not go to a hospital emergency room for urgent care unless you get approval from iCare first.

Care When You Are Away from Home

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

» For true emergencies, go to the nearest hospital, clinic, or doctor. Call iCare at 1-800-777-4376 as soon as you can to tell us what happened.

» For urgent or routine care away from home, you must first get approval from us to go to a different doctor, clinic, or hospital. This includes children who are spending time away from home with a parent or relative. Call us at 1-800-777-4376 for approval to go to a different doctor, clinic, or hospital.
Behavioral Health Care and Substance Abuse Services

iCare provides mental health and substance abuse (drug and alcohol) services to all members.

A behavioral health (BH) care professional is someone who can help people get relief from mental health conditions. A BH care professional can be a psychiatrist, psychologist, social worker, marriage and family therapist, psychiatric nurse, or counselor with mental health training.

They can help you find ways to improve mental wellness. Anxiety, depression, bipolar, schizophrenia and other mental illness are common conditions. These conditions can be difficult to manage alone and even harder if someone is also using alcohol or drugs to cope.

They can also help you adjust to difficult or challenging life experiences. Examples include losing a job, having problems in school, or having family difficulties.

Sometimes an inpatient hospital stay is a necessary step in getting help with a behavioral health or substance abuse challenge. If you are admitted to a hospital for one of these conditions, we will outreach to you. We will offer care management services, so you get the follow up care you need. We will also support you through your recovery. We can help with follow up appointments and rides. We can also connect you to education, community resources and other supports you need.

If you need these services, call your primary care physician. You can also call your iCare behavioral health manager or Care Team.

You do not need to get prior authorization (PA) for behavioral health services. You do not need to get PA for substance abuse services. However, you do need a PA for urine drug screens. The drug screen must be for treatment purposes to be approved. iCare does not cover drug screens for employment or non-medical purposes.

You must use a provider in the iCare Provider Network Directory for these services.

There is no cost to members to use these programs. You can choose not to participate.

For questions, to request this program and for help coordinating care, please call iCare Customer Service at 1-800-777-4376 (TTY: 711). Customer service is available 24 hours a day, 7 days a week. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

If you are in danger or having a medical emergency, call 911. If you are having thoughts of suicide or hurting yourself, call your county’s crisis line (https://www.preventsuicidewi.org/county-crisis-lines) or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

All services provided by iCare are private.

Hospital Services

Hospital services mean those medically necessary services for inpatients and outpatients, which are provided by acute care general hospitals, and are prescribed, directed, or authorized by a PCP or specialist. Hospital services include anything and everything that hospitals offer to their recipients. Most hospitals provide some regular services, like emergency care (see Emergency Care on page 8 for more information), nursing services, intensive care unit, outpatient services and a pharmacy.

iCare covers the cost of medically necessary hospital services, provided at a hospital, on an inpatient or outpatient basis within the United States and provided at a hospital in our provider network. Your provider will arrange for your care at a hospital unless it is an emergency. Contact your provider if you believe you need hospital services. For most hospital services, you need to get prior authorization from iCare.

Care During Pregnancy and Delivery

If you become pregnant, please let iCare and your Income Maintenance (IM) agency know right away, so you can get the extra care you need. You do not have co-payments when you are pregnant.

You must go to an iCare hospital to have your baby. Talk to your iCare doctor to make sure you know which hospital you are to go to when it is time to have your baby. Do not go out of area to have your baby unless
you have iCare approval. Your iCare doctor knows your history and is 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 for you to be traveling.

iCare for Mom & Baby Program
The iCare for Mom and Baby program offers care management services to pregnant members who need support during pregnancy and postpartum. We will work together to identify your needs and goals for care. iCare case management services can assist with the following:

» Referrals to providers
» Care coordination with your providers
» Referrals to community services
» Breastfeeding and newborn needs
» Education on before and after delivery care with one of our nurses
» Other goals or needs you have related to your health and the health of your baby

Call us with questions about the program. We are here to offer support to you and your baby.
There is no cost to members to use this program. It is an optional program. You can choose not to participate. If you join the program, you can opt out at any time.
To find out if you are eligible for the iCare for Mom and Baby program, call iCare Customer Service at 1-800-777-4376 (TTY: 711). We will ask you a few questions about your pregnancy to determine your specific needs and eligibility.

Complex Chronic Conditions
Having a high quality of life while managing multiple chronic conditions is a huge challenge. Examples of chronic conditions are:

» Diabetes
» Hypertension
» COPD
» Mental illnesses and/or substance use disorders

If you have a chronic health condition, it requires juggling many different providers and treatments. You also need to know how those treatments work together. It can be hard to understand. Our case management teams are here to help.

Our case management teams will work with you to assess your needs. There are different levels of care management, and your team will help identify and place you in the level that is best for you. Your care team may help you establish health goals and overcome barriers to those goals. They can assist with provider referrals and care coordination. They can also assist with referrals to community resources.

There is no cost to members to use this program. It is an optional program. You can choose not to participate. If you join the program, you can opt out at any time. To find out more, please call iCare Customer Service at 1-800-777-4376. TTY users call 711.

Utilization Management in Health Care. What it is and how it affects you.
iCare's Utilization Management (UM) is a process done by the iCare UM Team to make sure the care you get is necessary and follows medical and behavioral health standards. Doctors and nurses are on the UM Team.

There are three times we review and monitor your care:
1. Before you receive health care or a service
2. During your health care or service
3. After you received health care or a service

The decisions made during any of the reviews explained below may result in a denial. This denial could be on the health care or service. We could also make the decision not to pay for the health care or service. If you or your provider disagree with the UM decision, you have the right to file an appeal. Appeals are processed according to iCare's policies and procedures. For more information on how to file an appeal, see Filing a Grievance or Appeal.
How do we review before you get health care?

iCare reviews and monitors your care through Prior Authorization. Prior Authorization (PA) means that our doctors and nurses review medical and behavioral services before you get care. They look at the type of care or service to see how complex it is. They also look to see if there could be any risks to your health. Services that require PA are listed on the Prior Authorization List on iCare's web site. Some are also listed in the Medical Care or Services that Require Prior Approval (Authorization) section on page 7.

Your provider will work with iCare's Prior Authorization department to request the review and get approvals, if needed.

How do we review during your health care?

iCare's doctors and nurses may monitor certain types of care you get and where you get that care. They work with your providers to make sure where and how you are getting health care and services is appropriate for your individual needs and situation. For example, iCare doctors and nurses may monitor care you get during an inpatient hospital stay.

iCare's doctors and nurses also make sure you have access to the resources and services you need after you are discharged. They also work with your providers to make sure you continue to get care at a place that is best for your needs. This could be at a skilled nursing facility, at a long-term care facility, or at your home or community-based care.

How do we review after your health care?

This happens before or after iCare pays the claim. We look at the care you received and then look at the claim. We look for things like making sure the care or service was necessary and appropriate. We also look at the claim to make sure you received the services iCare was billed for and the cost is correct.

iCare provides free aids and services to people with disabilities to communicate effectively with us. We also provide free language services to people whose primary language is not English. If you need these services to communicate with us on your Utilization Management needs, contact Customer Service at 1-800-777-4376 (TTY: 711) 24 hours a day, 7 days a week. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

WHEN YOU MAY BE BILLED FOR SERVICES

Paying for Covered and Non-covered Services and Co-payment Information

iCare BadgerCare Plus and iCare Medicaid SSI members do not have to pay for covered health care services. You do not pay co-payments, deductibles or co-insurance. If you get a bill for a service you did not agree to, please call 1-800-777-4376 (TTY: 711). If you have questions about whether a service is covered, please call us.

Submitting a Claim for Covered Services

A health insurance claim is what a doctor, provider or supplier submits to iCare so they can get paid. It shows the medical services that were provided to you.

Because you are enrolled in an iCare Medicaid plan, the program rules require doctors, providers, and suppliers to submit the claim for you. **You should not have to submit a claim. Contact Customer Service with questions or if a provider asks you to submit a claim.**

Getting Emergency Health Care While Traveling

Call our Customer Service Department right away if you get a bill for services while traveling outside of Wisconsin or the United States.

Outside of Wisconsin

If you travel outside Wisconsin but are still in the United States and need emergency health care, providers in the area where you travel can treat you and send the bill to iCare.
Outside of the United States

iCare does not cover most routine health care services provided outside the United States. If you need emergency services while in Canada or Mexico, iCare will cover the service only if the provider’s bank is in the United States. Other services may be covered with iCare approval if the provider has a U.S. bank. Please call iCare to find out what services are covered. Call iCare right away if you get any emergency services outside the United States.

OTHER INSURANCE

If you have other insurance in addition to iCare, you must tell your doctor or other health care provider. Your doctor or other health care provider must bill your other insurance before billing iCare. If your iCare doctor or other health care provider does not accept your other insurance, call the HMO Enrollment Specialist at 1-800-291-2002. The HMO Enrollment Specialist can tell you how to use both insurance plans.

SERVICES COVERED BY iCARE

iCare is responsible for providing all medically necessary covered services under Badger Care Plus and Medicaid SSI.

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 1-800-777-4376. We will help you choose an iCare family planning doctor who is different from your primary care physician.

We encourage you to get family planning services from an iCare 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 iCare.

Dental Services

iCare provides all covered dental services in Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties. You must go to an iCare dentist. See the iCare Medicaid SSI/BadgerCare Plus Provider Directory or call Customer Service at 1-800-777-4376 for the names of our dentists.

As a member of iCare, you have the right to a routine dental appointment within 90 days of your request either in writing or over the phone to the Customer Service Department.

» If you are an iCare Medicaid SSI member and live in a county that is not listed above, dental services are a covered benefit under Medicaid Fee-for-Service.

» If you are a BadgerCare Plus member and live in a county that is not listed above, dental services are a covered benefit under BadgerCare Plus. Dental services are benefits to all BadgerCare Plus members including children. This includes children starting at age 2.

Dental services are a covered benefit for you. You may get dental service from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

5. Click on the “Members” link or icon in the middle section of the page.
6. Scroll down and click on the “Resources” tab.
7. Click on the “Find a Provider” link.
8. Under Program, select “BadgerCare Plus/Medicaid.”

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

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

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

For help with a dental emergency, call 1-800-777-4376.

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

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/Medicaid.”

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

Vision Services
iCare provides covered vision services, including eyeglasses; however, some limitations apply. For more information call our Customer Service Department at 1-800-777-4376.

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:

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/Medicaid.”

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

HealthCheck Services
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 important. Doctors 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 increase awareness of the special health services for those younger than 21 years old.
3. To make those younger than 21 years old eligible for some health care 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.

To schedule a HealthCheck exam or for more information, call our Customer Service Department at 1-800-777-4376. 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 (TTY: 1-800-855-2880) to schedule a ride.

Transportation Services

Non-emergency medical transportation (NEMT) is available through the DHS 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.

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: 711), Monday through Friday, from 7:00 a.m. until 6:00 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

iCare covers ambulance trips (services) for emergency care. We may also cover this service at other times, but you must have approval for all non-emergency ambulance trips. Call our Customer Service Department at 1-800-777-4376 for approval.

Prescription Drug Benefit/Pharmacy Benefit

Your prescription drug benefit (also known as your pharmacy benefit) is provided by Wisconsin Medicaid. iCare does not provide Medicaid members pharmacy benefits.

You may get a prescription from an iCare network doctor, specialist, or dentist. Please remember this important information:

» Before you go to the pharmacy, make sure they accept Wisconsin Medicaid.
» You can fill your prescription at any pharmacy that is a provider for BadgerCare Plus and Medicaid SSI.
» You can get covered prescriptions, certain over-the-counter items and certain disposable medical supplies at any pharmacy that will accept your ForwardHealth ID card.
» Your ForwardHealth ID card has important information for your pharmacy. Please have your card with you. If you do not have your ForwardHealth ID card you can still go to the pharmacy. Tell them you have Medicaid. The pharmacist can call to get the needed information.
» You may have co-pays or limits on covered medications. If you cannot afford your co-pays, you can still get your prescriptions. Ask your doctor or pharmacist about medication limits.

To find a pharmacy or see what is covered or if you have questions about prescriptions, call Wisconsin Medicaid Member Services at 1-800-362-3002.
Flu Shots
Influenza (flu) vaccines protect against the most common flu viruses of the season. Most vaccines are shots (given with a needle) in the arm but sometimes a nasal spray is an option.

Most everyone 6 months and older should get a flu vaccine each season. This is especially important for older adults and people with chronic conditions. There are several types of vaccine. Ask your provider or pharmacist the best vaccine for you.

The flu vaccine cannot give you the flu. You may feel a little achy, have a low-grade fever, or soreness at the injection site. This is a normal reaction to the vaccine.

Flu vaccines do not always protect you from getting the flu, but they are the best protection from getting seriously ill from the flu. Flu causes thousands of hospitalizations and deaths each year.

Flu vaccines are free with your health insurance. You can get a flu vaccine at your provider office or pharmacy. Need help finding a flu vaccine? Go to Vaccine Finder: https://www.vaccines.gov/find-vaccines/.

More information, talk with your provider, pharmacy or go to: https://www.cdc.gov/flu/prevent/flushot.htm. You can also call iCare Customer Service for help at 1-800-777-4376 (TTY: 711).

Mammogram (Breast Screening)
iCare and the Centers for Disease Control and Prevention recommend that women aged 40 and older have a mammogram each year. A mammogram is an x-ray of the breast. It is also a type of breast screening. It is one of the best ways to check for breast cancer. Please call iCare Customer Service at 1-800-777-4376 for more information and for help scheduling a mammogram.

How does iCare decide if we will cover a new medical technology?
Sometimes your provider may ask iCare to pay for a new medical technology. Technology means using scientific knowledge and applying it to human life. One example of a new medical technology is a telehealth visit. Another example is using a robotic arm, or a new technique used during an operation.

Sometimes the new technology is not covered by your health insurance. When this happens, your provider will need to ask iCare to cover the procedure or service. Sometimes we cover it once. Other times we decide to always cover the new technology (like a telehealth visit). Our medical team of nurses and doctors look at all the facts to decide if we will cover it.

They ask questions like:
» Will it improve the member’s health?
» Will it be harmful to the member?
» Is this new treatment necessary?
» Is it safe?
» Are other doctors using the technology?
» Is it approved by the government or state agency?

If your doctor asks us to cover a treatment or service that requires new technology, we will make a coverage decision after receiving the information we need.

If we decide not to cover the new technology, we will tell you the reason for the denial. We will also tell your provider. We will then explain how you can appeal the decision.

Your provider can submit a request for review of a new technology to us in writing or by phone. Our mailing address is: Independent Care Health Plan, 1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212. Call 1-800-777-4376 (TTY: 711). Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.
SERVICES NOT COVERED BY iCARE BADGERCARE PLUS OR iCARE MEDICAID SSI

Not all benefits covered by iCare are listed in this member handbook. Only some are listed. If you want to know if a health care service or benefit is covered, call iCare Customer Service. You can also call ForwardHealth Member Services at 1-800-362-3002.

ADDED BENEFIT FOR iCARE MEDICAID SSI PLAN MEMBERS ONLY

Monthly Fitness Reimbursement

Get up to $35 a month towards a health/fitness center membership and/or exercise class. How? Mail iCare your receipt for your paid membership fees or exercise class. iCare will reimburse you up to $35 a month. iCare will only reimburse iCare Medicaid SSI members for the cost of the monthly membership or class fee. Start-up or annual fees are not eligible. Family and friends may not participate.

How it works

iCare Medicaid SSI plan members must submit a receipt for each month that they wish to be reimbursed. The receipt must clearly show that the member paid for the month. You must also include your current mailing address in the envelope.

You can get reimbursed two ways:

1. Check from iCare/Humana.
2. Direct deposit into your bank account.

iCare will not accept fitness club bills. We will honor reimbursement requests up to 30 days after the last day of the month to be reimbursed. For example, if an iCare Medicaid SSI member would like to be reimbursed for their January membership they must submit their receipt by March 1. Please allow up to 30 days for reimbursement. Transportation to a fitness club is not a covered benefit.

Check

Mail your receipt to iCare. Once your receipt is processed, we will mail you a check. Receipts can be mailed to: iCare, Attention: Fitness Reimbursements, 1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212. If you have any questions regarding the program, please contact Customer Service at 1-800-777-4376 (TTY: 711), Monday through Friday, 8:30 a.m. to 5:00 p.m. Checks will be mailed from Humana Inc., not iCare. As of 1/1/2021, iCare is a wholly-owned subsidiary of Humana, Inc. Please make note of this to avoid any delays in receiving your check in the mail.

iCare has the right to change or discontinue this benefit at any time.

Please note: If you are an iCare Medicare Plan (HMO D-SNP) member, you will use the SilverSneakers® fitness benefit.

Direct Deposit

If you would like to participate in direct deposit, write VOID across a check from your bank account. Be careful to not cover up the routing or bank account number at the bottom of the check when voiding it. Those numbers are needed for payment. Include the voided check in with your receipt. Once you are set up, payments will be deposited into your bank account by the end of each month. You can opt-out at any time by sending a written request to iCare. Please make sure to update us if there are any changes to your bank account. Signing up is optional. If you choose not to sign up for the direct deposit program, you will receive a check. Call your Care Team for more information or for questions about direct deposit.
CARE EVALUATION/MEMBER NEEDS ASSESSMENT
BadgerCare Plus Childless Adult Members and SSI Managed Care Only

As a member of iCare, you may be asked to talk with a trained staff member about your health care needs. Your HMO Program will contact you within the first 60 days of your being enrolled with iCare to schedule a time to talk about your medical history and the care you need. It is important that you talk with your HMO so that you can get the care and services you need. If you have questions or would like to contact iCare directly to schedule a time to talk about your health care needs, please call 1-800-777-4376.

IF YOU MOVE

If you are planning to move or have a life changing event, contact your current Income Maintenance (IM) agency and your HMO. If you move to a different county, you must also contact the IM agency in your new county to update your eligibility for BadgerCare Plus or Medicaid SSI.

If you move out of iCare’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 1-800-777-4376 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

iCare’s Member Advocates

iCare has Member Advocates to help you get the care you need. You should contact a Member Advocate for help or with questions. You can reach the Member Advocate at 1-800-777-4376.

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.

External Advocate (for Medicaid SSI Only)

If you have problems getting health care services while you are enrolled with iCare for Medicaid SSI, call the SSI External Advocacy Project at 1-800-928-8778.

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 iCare Program member. The Ombuds can tell you how to get the care you need from your HMO. The Ombuds can also help you solve problems or complaints you may have about the HMO program or your HMO. Call 1-800-760-0001 and ask to talk to an Ombuds.
FILING A GRIEVANCE OR APPEAL

Grievances
An grievance is any complaint about your HMO or health care provider that is not an adverse benefit determination (see “Appeals” below for more information about adverse benefit determinations). 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 iCare. You can file a grievance on the phone or in writing. Please call iCare’s Member Advocate at 1-800-777-4376 or write to us at the following address if you have a grievance: Independent Care Health Plan, Attention: Grievance and Appeals, 1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212.

If you want to talk to someone outside iCare about the problem, call the BadgerCarePlus and Medicaid Ombuds at 1-800-760-0001. The Ombuds may be able to help you solve the problem or write a formal grievance to iCare, or the Medicaid program.

If you are enrolled in a Medicaid SSI program and you want to talk to someone outside iCare about the problem, you can contact SSI Managed Care External Advocacy Project at 1-800-928-8778.

The address to file a grievance with the BadgerCare Plus or Medicaid SSI programs is Wisconsin Medicaid Managed Care Ombudsman, P.O. Box 6470, Madison, Wisconsin 53716-0470. Phone: 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 grievance. Your health care benefits will not be affected.

Appeals
An appeal is a request for a review of an adverse benefit determination.

An adverse benefit determination is any of the following:
- iCare plans to stop, suspend, or reduce a service you are currently getting.
- iCare decides to deny a service you asked for.
- iCare decides not to pay for a service.
- iCare asks you to pay an amount that you don't believe you owe.
- iCare decides to deny your request to get a service from a non-network provider when you live in a rural area that has only one health maintenance organization.
- iCare fails to arrange or provide services in a timely manner.
- iCare fails to meet the required time frames to resolve your grievance or appeal.

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 iCare first. The request for an appeal should be made as soon as possible and no later than 60 calendar days after you receive the Notice of Adverse benefit Determination.

If you need help writing a request for an appeal, please call your iCare Member Advocate at 1-800-777-4376, or the BadgerCare Plus and Medicaid SSI Ombudsman at 1-800-760-0001. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocacy Project at 1-800-928-8778 for help with your appeal.

If you disagree with iCare's 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 the date you receive iCare's written 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
If you need help writing a request for a fair hearing, please call either the BadgerCare Plus or Medicaid SSI Ombudsman at 1-800-760-0001. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocacy Project at 1-800-928-8778 for help.

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 iCare appeal and State fair hearing process are occurring. The request to continue services must happen on or before the later of the following:

» 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 AND RESPONSIBILITIES

You have the right to make suggestions about the member rights and responsibilities policy. You, your provider or your designated representative also have the right to receive a copy of iCare’s Member Rights and Responsibilities statement.

If you would like to make suggestions, contact iCare. If you would like to receive a copy of this statement separate from this handbook, please visit the iCare web site at www.iCareHealthPlan.org. You may also contact iCare Customer Service at 1-800-777-4376 (TTY: 711).

iCare provides free aids and services to people with disabilities to communicate effectively with us. We also provide free language services to people whose primary language is not English. If you need these services to communicate with us, contact Customer Service at 1-800-777-4376 (TTY: 711) 24 hours a day, 7 days a week. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

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 1-800-777-4376 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 1-800-777-4376.

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 1-800-777-4376 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.

**HMO Moral or Religious Objection**
The HMO will inform members of any covered Medicaid benefits which are not available through the HMO because of an objection on moral or religious grounds. iCare 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 or Medicaid SSI 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 also have the right to participate with your providers in making decisions about your health care.
- You have the right to an open and honest talk with iCare and your providers. During this talk you can address what is the best care for your health no matter the cost or benefit coverage.
- You have the right to be treated with respect and dignity. You also have a right to your privacy.
- 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 HMO and its network providers.
- You have a right to voice grievances or appeals about iCare or the care it provides.
- You may switch HMOs without cause during the first 90 days of iCare enrollment.
- You have the right to switch HMOs, without cause, if the State imposes sanctions or temporary management on iCare.
- You have the right to receive information from iCare about the organization and its services. You also have the right to receive information about any significant changes with iCare at least 30 days before the effective date of the change.
- You have the right to disenroll from the HMO program if:
  » You move out of the HMO’s service area.
  » Your HMO 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.
Your Civil Rights

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

» Age
» Disability
» National Origin
» Race
» Gender
» Gender identity
» Ancestry
» Ethnicity
» Sex assigned at birth
» Sexual orientation
» Marital status
» Religion
» Language

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

Your Responsibilities

Responsibilities means the things you are supposed to do. It also means accepting the positive or negative results of your actions. These are your responsibilities as an iCare member:

» A responsibility to give iCare and our providers the information we need to provide your health care and services.
» A responsibility to follow your care plan and follow the instructions for care that you agreed to with your providers.
» A responsibility to understand your health problems.
» A responsibility to participate in creating mutually agreed-upon treatment goals to the extent you can.

Fraud and Abuse

If you suspect fraud or abuse of the Medicaid program, you may report it.

Please go to www.reportfraud.wisconsin.gov
How We May Use or Share Your Health Information

There are times when the law allows us to use and share your health information without your written consent. The following is a list of those times. In compliance with federal and state laws, we may also make your Protected Health Information (PHI) available electronically. We do this through an electronic health information exchange. We may give your PHI to other health care providers and health plans that request your information. We only give your PHI for purposes of Treatment, Payment, and Health Care Operations. We may also give your PHI to public health entities as permitted by law.

Participation in an electronic health information exchange also lets us see other providers’ and health plans’ information about you for purposes of Treatment, Payment, and Health Care Operations.

1. Treatment
We may use your health information to provide you with health care treatment or services. We also use it to arrange social services you may need. For example:

» Your care coordinator or case manager may share information they got from you or your health care providers with others involved in your treatment, including other health care providers. The information they share will be used to help you get the services you may need.

» Your health information may be shared with social service agencies. This information will be used to help you get the services you may need.

» We may share your Medicaid ID number with transport companies. This is shared only if we need to get you a ride to your health care appointments.

» We may have to share your health information with health education programs you need or are participating in.

2. Payment
We may use your health information to pay for services you had or to manage benefits. For example:

» Your provider will submit a bill to iCare for payment of services you received. This bill shows your name and Medical Assistance number. It may give the services you received and what was wrong with you.

» Information about you may be shared with the State of Wisconsin. It may be used to see if you can join iCare. It may be used to see if you can get Medicaid or other program benefits.

3. Health Care Operations
Your health information may be used or shared to carry out benefit or service-related activities. This means that your health information may be shared with our staff or others to:

» Look at the quality of care you had.
» Learn how to improve our services.
» Provide case management services.
» Provide care coordination services.
» Resolve your complaint or grievance.
» See how our employees are doing in providing you with service.
4. Appointments and Treatment Choices
Your health information may be used or shared to remind you of appointments. It may also be used to tell you about different ways you can be treated. Or it can be used to tell you about other health and services that you might like.

5. Family and Personal Representatives
We may share your health information with a relative. We may also share your health information with close friend or other person who is involved in your care.

6. Business Associates
We work with others outside of iCare to provide certain services. These others are called business associates. Your health information may be given to them so they can do the job we ask them to do. They must also protect your health care information. For example, we work with a company to pay your claims.

7. Required by Law
Your health information may be used or shared as required by any federal, state, or local law. This means that we may share information when:

» Requested by a court for legal reasons.
» Needed by public health and Food and Drug Administration authorities.
» Needed for administrative actions, such as Fair Hearings.

8. Health Oversight
Your health information may be given to state or federal agencies to do reviews or to check on iCare. This helps the government to see what we are doing to meet civil rights or other laws.

9. Law Enforcement
Your health information may be shared if the law says we must. We will also share it if there is a valid court order to help identify or find suspects. We may also share it if it helps the law find a missing person or someone hiding from the law.

10. Serious Threats to Health or Safety
Your health information may be shared to prevent or lessen a serious threat to your health or safety. It may also be shared if there is a threat to the health and safety of the public.

11. Country’s Safety
Your health information may be shared for the safety of the country. It may also be shared for government benefit reasons.

12. Jails or Prisons
We may need to share your health information with jail or prison staff if you become an inmate.

13. Research
Your health information may be used for research needs. It will only be shared after steps are taken to protect your privacy. We will ask for your permission if the researcher asks for information that says who you are. We will also ask for your permission to share information with the researcher if they are giving you care.

14. Worker’s Compensation or Social Security Reviews
Your health information may be shared as needed to follow the laws related to worker’s compensation. It may also be shared to help decide if you can get social security benefits.

15. Coroners, Medical Examiners or Funeral Directors
Health information may be shared to help confirm the identity of a deceased person.
16. Organ Donations
Information may be given to agencies if you need an organ transplant. It may also be shared with agencies if you want to donate an organ.

17. Other Uses
At times we may need to use or share your health information for other reasons. Other uses and disclosures not described in this Notice will be made only with your consent. You may cancel your consent, but it must be done in writing. When you cancel your consent, we will no longer be able to use or share your health information as stated in the consent. But we will not be able to take back any use or sharing that was already made with your consent. You will be told as soon as possible after the information is shared.

18. Uses That Require an Authorization by You
There are certain times when we must ask for your written consent to use or disclose your health information. These uses include:

» Use or disclosure of psychotherapy notes. We do not have to ask permission if the notes will be used by your provider in a lawsuit that you file against them. We do not have to ask permission to use the notes if they are used by your provider to help train other mental health providers.

» Use for Marketing unless the communication is a face-to-face or a promotional gift to you of small value.

» Sale of protected health information. iCare does not sell any member’s protected health information.

Your Health Information Rights
All questions about your rights must be in writing. You can send your written request to Member Advocate/Member Rights Specialist. Mail it to Independent Care Health Plan, 1555 N. RiverCenter Drive, Suite 206, Milwaukee, WI 53212. You can also call our Member Advocate/Member Rights Specialist to help make your request at 1-800-777-4376.

1. Request Limits: You can ask us to limit some uses and sharing of your health information. But the law does not say we must agree to these limits, unless your request is to not disclose protected health information about a health care service you received that was paid for in full by you or by another person (other than an insurance company like iCare) on your behalf.

2. Request That You Be Informed About Your Health in a Way or at a Location That Will Keep Your Information Private: Your request will be evaluated. We will let you know if it can be done.

3. Inspect and Copy: You have the right to view and copy certain health information about you. You may request a review if you are denied access to these records. You may be charged a reasonable fee if you want extra copies of records.

4. Request a Change: You have the right to request us to change your health information that you believe is not correct or complete. You must give a reason for your request. We do not have to make the change. If we say no to your request, we will give you information about why we will not make the change. We will tell you how you can disagree with it.

5. Report of When Your Information Was Shared: You can ask for a list of when and why we shared your health information. This list will only be for reasons other than treatment, payment, or health care operations. Your request should specify a period of up to six years. It may not include dates before April 14, 2003.

6. Paper Copy: You can ask to get a paper copy of this Notice at any time. Mail a written request to 1555 N. RiverCenter Dr. Suite 206, Milwaukee, WI 53212. You may also get a copy of this Notice at our website at www.iCareHealthPlan.org.
Changes to this Notice of Privacy Practices
We have the right to change the terms of this Notice at any time. The new Notice will be effective for all health information we have. This notice is posted to our web site. Until changes are made to the Notice, we will use this version. We will notify you if there are changes to this notice and how to obtain a copy.

Complaints
You may complain to us if you believe your privacy rights have been violated. Complaints must be in writing. If you need help filing a complaint, contact our Member Advocate/Member Rights Specialist at 1-800-777-4376. You will not be treated any differently if you file a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services by writing to Office of Civil Rights, Department of Health and Human Services, 200 Independence Ave. SW, Washington, D.C. 20201.

Our Responsibilities
We must:
» Keep your protected health information private.
» Tell you about our legal duties.
» Tell you about our privacy practices about your health information.
» Stand by the terms of this notice.
» Tell you if we cannot agree to a limit on how you want your information used or disclosed.
» Notify you if there has been a breach of your protected health information.
» Meet reasonable requests you may make to send health information by other means or to other locations.

Contact Information
If you have any questions or complaints, please contact us at 414-223-4847 or 1-800-777-4376. TTY: 1-800-947-3529 or 711.

Effective date of this notice: February 13, 2023.
Use this page to write any notes or details of your Plan you would like to remember. Or use it to write questions you would like your Care Team or Customer Service to answer.
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CUSTOMER SERVICE

Give us a call if you have questions about iCare BadgerCare Plus or iCare Medicaid SSI Plan benefits and services, or if you need help finding a provider. We can also put you in touch with interpreter services for the hearing impaired or if you speak another language.

**Contact us at 1-800-777-4376, 24 hours a day, 7 days a week.**

Office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.
TTY: 1-800-947-3529

If you have questions about the BadgerCare Program or to renew your benefits:

» Apply online at the ACCESS web site: www.access.wisconsin.gov

» Complete the online form at: www.dhs.wisconsin.gov/forms/F1/F10182.pdf

» Call ForwardHealth Member Services at 1-800-362-3002

» Call or go to your county IM agency or tribal agency to complete an application; for a map of the different IM agencies per county, go to: www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm

For Medicaid SSI information or to renew your benefits:

» Visit the DHS web site: https://www.dhs.wisconsin.gov/ddb/apply.htm

» Social Security Administration Resources – How to apply for Medicaid SSI:
  • https://www.ssa.gov/disabilityssi/
  • https://www.ssa.gov/ssi/text-apply-ussi.htm

Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.
Customer Service is available 24 hours a day, 7 days a week.
iCare is a wholly-owned subsidiary of Humana.