



2022 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



Corporate Office
1555 North RiverCenter Drive
Suite 206
Milwaukee, Wisconsin 53212
www.iCareHealthPlan.org

Our office hours are Monday – Friday,
8:30 a.m. – 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

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

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-800-777-4376 (TTY: 1-800-947-3529).

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-800-777-4376 (TTY: 1-800-947-3529).

注意:如果您说中文, 您可获得免费的语言协助服务。请致电 1-800-777-4376 (TTY 文字电话: 1-800-947-3529)。

DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyadoo bilaash ah. Wac 1-800-777-4376 (TTY: 1-800-947-3529).

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-800-777-4376 (TTY: 1-800-947-3529).

ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-800-777-4376 (TTY: 1-800-947-3529).

ကျေးဇူးပြု၍ နားဆင်ပါ - သင်သည် မြန်မာစကားပြောသူဖြစ်ပါက၊ သင့်အတွက် အခမဲ့ဖြင့် ဘာသာစကားကူညီရေး ဝန်ဆောင်မှုများ ရရှိနိုင်သည်။ 1-800-777-4376 (TTY: 1-800-947-3529) တွင် ဖုန်းခေါ်ဆိုပါ။

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-800-777-4376 (telefon za gluhe: 1-800-947-3529).

تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم 1-800-777-4376 (هاتف نصي: 1-800-947-3529).

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 on the basis of race, color, national origin, age, disability, gender identity, or sex.

Independent Care Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, or sex.

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 (Office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m.).

If you believe that Independent Care Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, or sex, you can file a grievance with the Grievance and Appeal Coordinator, 1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212, call us at 1-800-777-4376 x1076 (TTY: 1-800-947-3529), fax to 414-918-7589, or email to advocate@icarehealthplan.org. You can file 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. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, phone: 1-800-368-1019, TDD: 1-800-537-7697.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>

Last update: 08/24/2020

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.

PRE-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](https://www.healthcare.gov/); [Medicare.gov](https://www.Medicare.gov/); [healthinsurance.org](https://www.healthinsurance.org/)

iCARE TELEPHONE NUMBERS

	Phone and/or Fax Number	Hours of Operation
Customer Service	1-800-777-4376	Call 24 hours a day, 7 days a week
iCare Emergency Number If you are experiencing an emergency call 911.	1-800-777-4376	Call 24 hours a day, 7 days a week
Nurse Advice Line	1-800-679-9874	Available 24 hours a day, 7 days a week
Prior Authorization or Referrals	Phone: 1-800-777-4376 Fax: 1-414-231-1026	Call 24 hours a day, 7 days a week
TDD/TTY	711 or 1-800-947-3529	Available 24 hours a day, 7 days a week

iCare's Location

Our Milwaukee office is located at 1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212. For other locations, please call Customer Service or visit our web site: www.iCareHealthPlan.org.

Please call your Care Team to schedule an appointment to visit an iCare office during business hours, Monday — Friday, 8:30 a.m. – 5:00 p.m.

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. We also include the Directory languages spoken by providers and 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 (TTY: 711). 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.

CHOOSING A PRIMARY CARE PHYSICIAN

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 iCare Provider Directory. HMO 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 1-800-777-4376. Your primary care physician will

help you decide if you need to see another doctor or specialist and, if appropriate, give you a referral. 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

Emergency Care

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

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

If you need emergency care, 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.

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 1-800-777-4376 before you go to the emergency room. If you do not know if your illness or injury is an emergency, call our Nurse Advice Line at 1-800-679-9874. Call 24 hours a day, 7 days a week. We will tell you where you can get care.

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
- » Minor burns
- » Minor cuts
- » Most broken bones
- » Most drug reactions
- » Bleeding that is not severe
- » 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.

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 — BadgerCare Members Only**

This free program is offered to all pregnant *iCare* BadgerCare Plus members. Services include:

- » Prenatal services (during pregnancy)
- » Post-partum care (after delivery)
- » Community resources
- » How to care for your baby
- » Smoking cessation and addiction treatment
- » 24/7 Nurse Advice Line

To enroll please call us at 1-800-777-4376 ext. 3066 and ask to speak to the *iCare* for Mom and Baby team. We will ask you a few questions about your pregnancy to determine your needs.

WHEN YOU MAY BE BILLED FOR SERVICES

Covered and Non-covered Services

Under BadgerCare Plus and Medicaid SSI you do not have to pay for covered services other than required co-payments, if applicable. The amount of your co-pay 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 *iCare*'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 non-covered services. Providers may bill you up to their usual and customary charges for non-covered services.

If you get a bill for a service you did not agree to, please call 1-800-777-4376.

Co-payments

Under BadgerCare Plus and Medicaid SSI, *iCare* and its providers and subcontractors may ask you for or bill you small service fees called co-payments. Your monthly co-pay limit is based on your income, if you pay premiums (BadgerCare Plus only), your family size, and who in your household has co-pays.

If you owe co-pays, you will get a letter from the Wisconsin Department of Health Services letting you know how much your monthly co-pay limit is.

The following members do not have to pay co-payments:

- » Nursing home residents.
- » Pregnant women.
- » Members younger than 19 years old who are members of a federally recognized tribe.
- » Members younger than 19 years old with incomes at or below 200 percent of the federal poverty level.

Medical Services Received Outside 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 *iCare*. You may have co-payments for emergency services provided outside Wisconsin.

iCare 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, *iCare* will cover the

service only if the doctor's or hospital's bank is in the United States. Other services may be covered with HMO approval if the provider has a U.S. bank. Please call *iCare* if you get any emergency services outside the United States.

If you get a bill for services, call our Customer Service Department at 1-800-777-4376 right away.

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.

Mental Health and Substance Abuse Services

iCare provides mental health and substance abuse (drug and alcohol) services to all members. If you need these services, call your primary care physician, behavioral health manager, or Care Coordinator. You can also call our Customer Service Department at 1-800-777-4376. If you need immediate help, you can call our 24-Hour Nurse Line at 1-800-679-9874, which is open seven days a week.

All services provided by *iCare* 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 1-800-777-4376. 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:

1. Go to www.forwardhealth.wi.gov
2. Click on the "Members" link or icon in the middle section of the page
3. Scroll down and click on the "Resources" tab

4. Click on the “Find a Provider” link
5. Under Program, select “BadgerCare Plus/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:

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

1. Go to www.forwardhealth.wi.gov
2. Click on the “Members” link or icon in the middle section of the page
3. Scroll down and click on the “Resources” tab
4. Click on the “Find a Provider” link
5. Under Program, select “BadgerCare Plus/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 very 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.
- » Other types of vehicles, depending on a member's medical and transportation needs.

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

You must schedule routine rides at least two business days before your appointment. You can schedule a routine ride by calling the NEMT manager at 1-866-907-1493 (or TTY: 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.

Pharmacy Benefits

You may get a prescription from an iCare provider network doctor, specialist, or dentist. You can get covered prescriptions and certain over-the-counter items at any pharmacy that will accept your ForwardHealth ID card. You may have co-payments or limits on covered medications. If you cannot afford your co-payments, you can still get your prescriptions. Ask your doctor or pharmacist about medication limits.

Flu Shots

iCare helps our members get flu shots. A flu shot is one of the best ways to not get the flu. It is also a good way to protect the health of your friends and family. Getting a flu shot is even more important for children. People with asthma or diabetes, and adults over age 50 should get a flu shot too. You should get a flu shot every year.

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.

ADDED BENEFITS AND SERVICES: *iCare* Medicaid SSI Plan Members Only

Monthly Fitness Reimbursement

Receive up to \$35 a month towards a health/fitness center membership and/or exercise class of your choice. Simply provide *iCare* with a receipt for your paid membership fees and/or exercise class and we will reimburse you up to \$35 a month. *iCare* will only reimburse *iCare* Medicaid SSI members for the cost of the monthly membership/class fee. Start-up or annual fees are not included in the *iCare* Fitness Reimbursement Program.

Members in the *iCare* Medicaid SSI plan must submit a receipt for each month that they wish to be reimbursed. Receipts must clearly show that the member has already paid for the month that he/she wishes to be reimbursed. *iCare* will not accept fitness club bills. Only *iCare* Medicaid SSI members are eligible for the monthly reimbursement benefit; family and friends are excluded. Receipts can be mailed to:

iCare
Attention: Fitness Reimbursements
1555 North RiverCenter Drive, Suite 206
Milwaukee, Wisconsin 53212

iCare 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.

If you have any questions regarding the program, please contact Customer Service at 1-800-777-4376 (TTY: 1-800-947-3529), Monday – Friday, 8:30 a.m. – 5:00 p.m.

***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.

Personal and Home Products Benefit

iCare Medicaid SSI Plan members will receive \$10 per month from the plan to use towards personal and home products. These products are listed in the Personal and Home Products catalog, available in the initial enrollment packet or by request from your Care Coordinator at 1-800-777-4376. You can place your order over the phone and your items will be delivered to your home FREE of charge. You may only place one order each month. A new \$10 credit will be issued to you each month. Unused monthly dollar amounts will be carried over into the following month. The maximum yearly dollar amount will be \$120. However, dollar amounts expire at the end of each calendar year OR if you disenroll from the *iCare* Medicaid SSI Plan. This benefit is only available as a mail-order program through DrugSource, Inc.

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

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 very 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 with any questions about getting health care and solving any problems you may have getting health care from *iCare*. 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

A 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*. 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 timeframes 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 must be made no more than 60 days from the date on the written adverse benefit determination notice.

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 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 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

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 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 HMO and its network providers.
- 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* regarding 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
- » National Origin
- » Sex
- » Color
- » Race
- » Disability
- » Gender identity

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

Fraud and Abuse

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

iCARE'S PRIVACY NOTICE

This notice describes how medical information about you may be used and shared. It will also tell you how you can get this information. Please review it carefully.

The law says we must keep your health information private. This Notice will tell you what information we collect. It also will tell you how we use it. You can call our Customer Service Department at 1-800-777-4376 if you have questions about this Notice. If you do not have any questions, you do not have to do anything.

How We May Use or Share Your Health Information

There are instances 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 available electronically through an electronic health information exchange to other health care providers and health plans that request your information for purposes of Treatment, Payment, and Health Care Operations; and 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. For 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 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. For Payment Functions

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. For 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. For 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. To Family and Personal Representatives

We may share your health information with a relative, 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 disclosed 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. As 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 Actions

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

9. For 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, persons hiding from the law or missing persons.

10. For 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. For the 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. To Jails or Prisons

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

13. For Research

Your health information may be used for research needs, but only 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 or if the researcher will be giving you care.

14. For 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 done 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 uses and disclosures that require your written consent. These uses include:

- » Use or disclosure of psychotherapy notes: unless the notes are being used by the person who created the notes to help treat you, being used by the provider of your treatment to help train mental health providers in better treatment or being used by the provider to defend themselves in a lawsuit brought against them by you.
- » Use for Marketing: unless the communication is in the form of either a face-to-face communication with you, 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, 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. In some cases, 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 and 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. Send a written request to our Privacy Officer at 1555 N. RiverCenter Dr. Suite 206, Milwaukee, WI 53212. You may also get a copy of this Notice at our web site: 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 comply with this version. We will notify you if there are changes to this notice and how to obtain the current version of the notice.

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 and 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, toll-free 1-800-777-4376. TTY: 1-800-947-3529 or 711.

Effective Date of This Notice

June 11, 2021

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 – Friday, 8:30 a.m. – 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>



Corporate Office
1555 North RiverCenter Drive,
Suite 206
Milwaukee, Wisconsin 53212
www.iCareHealthPlan.org

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