



Wisconsin



# Welcome to the community

Medicaid SSI Member Handbook

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## Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call Member Services at **1-800-504-9660, TTY 711, 7 a.m.–7 p.m. CT, Monday–Friday.**

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130  
[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

Optum Civil Rights Coordinator  
1 Optum Circle  
Eden Prairie, MN 55344  
[Optum\\_Civil\\_Rights@Optum.com](mailto:Optum_Civil_Rights@Optum.com)

If you need help filing a complaint, call Member Services at **1-800-504-9660, TTY 711, 7 a.m.–7 p.m. CT, Monday–Friday.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Phone: **1-800-368-1019, 800-537-7697** (TDD)

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

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

This notice is available at: <https://www.uhc.com/nondiscrimination-med>  
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

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**Questions?** Visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan),  
or call Member Services at **1-800-504-9660, TTY 711.**

## Notice of availability of language assistance services and alternate formats

**ATTENTION:** Free language assistance services and free communications in other formats, such as large print, are available to you. Call Member Services at 1-800-504-9660, TTY 711.

**ATENCIÓN:** Si habla **español (Spanish)**, tiene acceso a servicios gratuitos de asistencia lingüística y a materiales gratuitos en otros formatos, como letra grande. Llame a Servicios para Miembros al 1-800-504-9660, TTY 711.

**LUS TSHWJ XEEB:** Yog hais tias koj hais **Lus Hmoob (Hmong)**, peb muaj cov kev pab cuam txhais lus pub dawb thiab muaj cov kev sib txuas lus pub dawb ua lwm hom ntaub ntawv, xws li luam tawm ua tus ntawv loj, rau koj. Hu rau Lub Thawj Fab Saib Xyuas Hauj Lwm Kev Pab Cuam Rau Tswv Cuab ntawm 1-800-504-9660, TTY 711.

**FIIRO GAAR AH:** Haddii aad ku hadasho **Somaali (Somali)**, adeegyada kaalmada luqadda oo bilaash ah iyo adeegyada wada-xiriirka oo bilaash ah oo ah qaabab kale, sida far waaweyn, ayaad heli kartaa. Ka wac Adeegyada Xubnaha telefoonka 1-800-895-2017, TTY 711.

**ເຊີນຊາບ:** ຖ້າທ່ານເວົ້າ **ພາສາລາວ (Lao)**, ພວກເຮົາມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາ ແລະ ມີການສື່ສານພາສາໃນຮູບແບບ ອື່ນ, ເຊັ່ນ ຕົວລິມະໄຫຍ່, ໃຫ້ທ່ານ. ໂທຫາສູນບໍລິການສະມາຊິກ ທີ່ 1-800-504-9660, TTY 711.

**ВНИМАНИЕ:** Если Вы говорите по-**русски (Russian)**, Вы можете бесплатно воспользоваться помощью переводчика и информационными материалами в альтернативных форматах, например крупным шрифтом. Звоните в отдел обслуживания участников по телефону 1-800-504-9660, TTY 711.

**သတိပေးချက်-** သင်သည် **မြန်မာ (Burmese)** ပြောပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှု များနှင့် စာအုပ်စာစောင်ကဲ့သို့သော အခြားဖော်မတ်များဖြင့် အခမဲ့ဆက်သွယ်ရေးဝန်ဆောင်မှုများကို သင်ရရှိနိုင်ပါသည်။ Member Services (အဖွဲ့ဝင် ဝန်ဆောင်မှုများ) ဖုန်း: 1-800-504-9660၊ TTY 711 ကို ခေါ်ဆိုပါ။

**تنبيه:** إذا كنت تتحدث اللغة العربية **(Arabic)**، فتتوفر لك خدمات مساعدة لغوية مجاناً ووسائل تواصل مجانية بتتسيقات أخرى، مثل الطباعة بحجم كبير. اتصل بخدمات الأعضاء على الرقم 1-800-504-9660، الهاتف النصي 711.

**ПАЖЊА:** Ако говорите **српски (Serbian)**, доступне су вам бесплатне услуге језичке помоћи и бесплатна комуникација у другим форматима, као што је текст крупним словима. Позовите Службу за чланове на 1-800-504-9660, TTY 711.

**注意：**如果您說中文 (**Chinese Mandarin**)，您可以獲得免費語言協助服務和其他格式（例如大字版）的免費通訊。請致電 1-800-504-9660（聽障專線 (TTY) 711）與會員服務部聯絡。

**LƯU Ý:** Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hình thức giao tiếp miễn phí khác, chẳng hạn như bản in chữ lớn. Gọi cho Dịch Vụ Hội Viên theo số 1-800-504-9660, TTY 711.

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# Table of contents

Important UnitedHealthcare Community Plan phone numbers . . . . .	<a href="#">8</a>
Other important phone numbers . . . . .	<a href="#">9</a>
<b>Welcome to UnitedHealthcare Community Plan . . . . .</b>	<b><a href="#">11</a></b>
Using your UnitedHealthcare Community Plan membership card . . . . .	<a href="#">11</a>
Using your ForwardHealth card . . . . .	<a href="#">12</a>
Using the Provider Directory. . . . .	<a href="#">13</a>
Choosing a Primary Care Provider. . . . .	<a href="#">14</a>
New member discussion of health needs . . . . .	<a href="#">15</a>
<b>Getting the care you need . . . . .</b>	<b><a href="#">16</a></b>
Emergency care . . . . .	<a href="#">16</a>
Urgent care. . . . .	<a href="#">17</a>
Specialty care. . . . .	<a href="#">17</a>
Care during pregnancy and delivery. . . . .	<a href="#">18</a>
Telehealth services . . . . .	<a href="#">18</a>
Care when you are away from home . . . . .	<a href="#">19</a>
When you may be billed for services . . . . .	<a href="#">20</a>
Covered and noncovered services . . . . .	<a href="#">20</a>
Copayments. . . . .	<a href="#">21</a>
<b>Services covered under Medicaid SSI. . . . .</b>	<b><a href="#">22</a></b>
<b>Services covered by UnitedHealthcare Community Plan . . . . .</b>	<b><a href="#">26</a></b>
Mental health and substance abuse services . . . . .	<a href="#">26</a>
Family planning services . . . . .	<a href="#">27</a>
HealthCheck services . . . . .	<a href="#">27</a>
Dental services . . . . .	<a href="#">29</a>

6 **Questions?** Visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan),  
or call Member Services at **1-800-504-9660**, TTY **711**.

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<b>Services covered by ForwardHealth</b> .....	<b><a href="#">30</a></b>
Chiropractic services .....	<a href="#">30</a>
Transportation services .....	<a href="#">30</a>
Pharmacy benefits .....	<a href="#">31</a>
<b>Services not covered under Medicaid SSI</b> .....	<b><a href="#">32</a></b>
<b>In lieu of service or setting</b> .....	<b><a href="#">33</a></b>
<b>Other plan details</b> .....	<b><a href="#">34</a></b>
Getting a second medical opinion .....	<a href="#">34</a>
Care management (coordination) .....	<a href="#">34</a>
Completing an advance directive, living will, or power of attorney for health care. . .	<a href="#">35</a>
New treatments and services .....	<a href="#">36</a>
Other insurance .....	<a href="#">36</a>
If you move .....	<a href="#">37</a>
Changes in your Medicaid coverage .....	<a href="#">37</a>
HMO exemptions .....	<a href="#">37</a>
Filing a grievance or appeal .....	<a href="#">38</a>
Grievances .....	<a href="#">38</a>
Appeals .....	<a href="#">40</a>
Fair Hearings .....	<a href="#">42</a>
Your rights .....	<a href="#">43</a>
Your responsibilities .....	<a href="#">46</a>
Ending your membership in UnitedHealthcare Community Plan .....	<a href="#">46</a>
Fraud and abuse .....	<a href="#">47</a>
Health Plan Notices of Privacy Practices .....	<a href="#">48</a>

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# Important UnitedHealthcare Community Plan phone numbers

## 1. How to contact UnitedHealthcare Community Plan Customer Service

Phone number ..... **1-800-504-9660**  
Monday–Friday, 7:00 a.m.–7:00 p.m. CT  
TDD/TTY ..... **711**

### Call Customer Service for:

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

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

## 2. UnitedHealthcare Community Plan Member Advocate

Phone number ..... **1-888-246-8140**  
Monday–Friday, 8:00 a.m.–5:00 p.m. CT  
TDD/TTY ..... **711**

### Call the Member Advocate for:

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

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

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### 3. UnitedHealthcare Community Plan Emergency Number

Phone number. . . . . **1-866-827-0806**

Call 24 hours a day, seven days a week.

TDD/TTY. . . . . **711**

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

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

**If you are having an emergency, call 911.**

## Other important phone numbers

### 1. ForwardHealth Member Services

Phone number. . . . . **1-800-362-3002**

Monday–Friday, 8:00 a.m.–6:00 p.m. CT

TDD/TTY. . . . . **711**

Email: [memberservices@wisconsin.gov](mailto:memberservices@wisconsin.gov)

#### Call ForwardHealth Customer Service for:

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

### 2. HMO Enrollment Specialist

Phone number. . . . . **1-800-291-2002**

Monday–Friday, 7:00 a.m.–6:00 p.m. CT

TDD/TTY. . . . . **711**

#### Call the HMO Enrollment Specialist for:

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

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### 3. State of Wisconsin HMO Ombuds Program

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

Phone number. . . . . **1-800-760-0001**  
Monday–Friday, 8:00 a.m.–4:30 p.m. CT  
TDD/TTY. . . . . **711**

#### Call the Ombuds Program for:

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

### 4. External Advocate (Medicaid SSI Only)

Phone number. . . . . **1-800-708-3034**  
Monday–Friday, 8:30 a.m.–5:00 p.m. CT  
TDD/TTY. . . . . **711**

#### Call the Medicaid SSI External Advocate for:

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

# Welcome to UnitedHealthcare Community Plan

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Welcome to UnitedHealthcare Community Plan. UnitedHealthcare Community Plan is a health plan that runs the Medicaid SSI program. Medicaid SSI is a program that helps people who have Supplemental Security Income (SSI) get health care.

This handbook can help you:

- Learn the basics of Medicaid SSI
- See the services covered by UnitedHealthcare Community Plan and ForwardHealth
- Know your rights and responsibilities
- File a grievance or appeal if you have a problem or concern

UnitedHealthcare Community Plan will cover most of your health care needs. Wisconsin Medicaid will cover some others through ForwardHealth. See the **Services covered by UnitedHealthcare Community Plan** and **Services covered by ForwardHealth** sections of this handbook for more information.

## Using your UnitedHealthcare Community Plan membership card

You will use your UnitedHealthcare Community Plan membership card to get care from doctors, clinics, and hospitals in the UnitedHealthcare Community Plan provider network. This is the list of providers that UnitedHealthcare Community Plan has contracts with to provide your health care services.

**Always carry your UnitedHealthcare Community Plan card with you. Show it every time you get care.** You may have problems getting health care services if you don't have your card with you. If your UnitedHealthcare Community Plan card is lost, damaged, or stolen, please call **1-800-504-9660**, TTY **711**.

## Welcome to UnitedHealthcare Community Plan

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### Using your ForwardHealth card

You will get most of your health care through UnitedHealthcare Community Plan providers. But, you may need to get some services using your ForwardHealth card.

Use your ForwardHealth card to get the health care services listed below:

- Behavioral (autism) treatment services
- Chiropractic services
- Crisis intervention services
- Community recovery services
- Comprehensive community services
- Dental services if you live in Milwaukee, Racine, Kenosha, Waukesha, Washington or Ozaukee counties. (If you live outside of the above counties, your dental benefits are covered by the State of Wisconsin and you may have a \$0.50 to \$3.00 copayment per service.)
- Hub and spoke integrated recovery support health home services
- Medication therapy management
- Medications and pharmacy services
- Non-emergency medical transportation
- Prenatal care coordination
- Residential substance use disorder treatment
- School based services
- Targeted case management
- Tuberculosis-related services

Your ForwardHealth card is different from your UnitedHealthcare Community Plan card. It is a plastic card with your name on it. It also has a 10-digit number and a magnetic stripe. Always carry your ForwardHealth card with you. Show it every time you go to the doctor or hospital and every time you get a prescription filled. You may have problems getting 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 UnitedHealthcare Community Plan or other service providers.

## Welcome to UnitedHealthcare Community Plan

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If you have questions about how to use your ForwardHealth card or if your card is lost, damaged, or stolen, call ForwardHealth Member Services at 1-800-362-3002. To find a provider that accepts your Forward Health card:

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

Or, contact ForwardHealth Member Services at 1-800-362-3002.

## Using the Provider Directory

As a member of UnitedHealthcare Community Plan, you should get your health care from doctors and hospitals in the UnitedHealthcare Community Plan network. See our Provider Directory for a list of these providers. Providers accepting new patients are called out in the Provider Directory.

The Provider Directory is a list of doctors, clinics, and hospitals that you can use to get health care services as a member of UnitedHealthcare Community Plan. UnitedHealthcare Community Plan has the Provider Directory in different languages and formats. You can find the Provider Directory on our website at [www.uhc.com/communityplan/wisconsin](http://www.uhc.com/communityplan/wisconsin). For a paper copy of the Provider Directory, call our Customer Service Department at **1-800-504-9660**.

UnitedHealthcare Community Plan providers are sensitive to the needs of many cultures. See the UnitedHealthcare Community Plan Provider Directory for a list of providers with staff who speak certain languages or understand certain ethnic cultures or religious beliefs. The Provider Directory can also tell you about the accommodations that providers offer.

# Choosing a Primary Care Provider

We call the main doctor you see a Primary Care Provider, or PCP. When you need care, call your primary care provider (PCP) first. When you see the same PCP over time, it's easier to develop a relationship with them. Each family member can have their own PCP, or you may all choose to see the same person. UnitedHealthcare doctors are sensitive to the needs of many cultures. You can choose between many types of network providers for your PCP. Some types of PCPs include:

- Family doctor (also called a general practitioner) – Cares for children and adults
- Gynecologist (GYN) – Cares for women
- Internal medicine doctor (also called an internist) – Cares for adults
- Nurse Practitioner (NP) – Cares for children and adults
- Obstetrician (OB) – Cares for pregnant women
- Pediatrician – Cares for children
- Physician Assistant (PA) – Cares for children and adults

Women may also see a women's health specialist (for example, an OB/GYN doctor or nurse midwife) without a referral, in addition to choosing a PCP. If you are pregnant, your OB/GYN is your "OB medical home." You can choose a primary care provider from the UnitedHealthcare Community Plan Provider Directory. Use the list of providers accepting new patients.

If you are an American Indian or Alaska Native, you can choose to see an Indian Health Care Provider outside of our network.

**Call our Customer Service Department at 1-800-504-9660 to choose or change your primary care provider.** You can keep your current primary care provider if they are part of our provider network. Your primary care provider will help you decide if you need to see another doctor or specialist. They can give you a referral if needed. If you want to use a certain specialist or hospital, you'll need a referral from your primary care provider. You'll need to get approval from your primary care provider before you see another doctor.

## Welcome to UnitedHealthcare Community Plan

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### Learn more about network doctors

You can learn information about network doctors online or by phone. Information available includes:

- Address and phone number
- Qualifications
- Specialty
- Board certification
- Languages they speak

Visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) or use the UnitedHealthcare app. Or call us toll-free at **1-800-504-9660**, TTY **711**.

## New member discussion of health needs

UnitedHealthcare Community Plan will contact you by phone to talk with you about your individual health needs and circumstances. You can ask about resources in your community or that are part of your new health plan that may be available to you. They can learn more about you and help you achieve your health goals. Call **1-800-504-9660** to get started.

# Getting the care you need

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## Emergency care

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

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

**If you are having an emergency, call 911.**

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

If you must go to a non-UnitedHealthcare Community Plan hospital or emergency room, you or someone else should call UnitedHealthcare Community Plan at **1-800-504-9660** as soon as you can to tell us what happened.

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

Remember, hospital emergency rooms are for true emergencies only. Unless your condition is very serious, call your doctor or our 24 hour emergency number at 1-866-827-0806 before you go to the emergency room. If you do not know if your illness or injury is an emergency, call the UnitedHealthcare Community Plan Nurseline at 1-866-827-0806. **You may have to pay a copayment if you go to an emergency room for care that is not an emergency.**

## Urgent care

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

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

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

## Specialty care

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

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

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

# Care during pregnancy and delivery

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

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

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

## Telehealth services

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

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

UnitedHealthcare Community Plan and Wisconsin Medicaid providers must follow privacy and security laws when providing services over telehealth.

## Care when you are away from home

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

- **For true emergencies, go to the nearest hospital, clinic, or doctor.** Call UnitedHealthcare Community Plan at **1-800-504-9660** as soon as you can to tell us what happened. If you need emergency care outside of Wisconsin, health care providers in the area where you are can treat you and send the bill to UnitedHealthcare Community Plan. You may need to pay a copayment if you get emergency care outside of Wisconsin. If you get a bill for services you got outside of Wisconsin, call Customer Service at **1-800-504-9660**.
- **For urgent or routine care away from home, you must get approval from UnitedHealthcare Community Plan before you go to a different doctor, clinic, or hospital.** This includes children who are spending time away from home with a parent or relative. Call us at **1-800-504-9660** for approval to go to a different doctor, clinic, or hospital.
- **For urgent or routine care outside the United States, call UnitedHealthcare Community Plan first.** UnitedHealthcare Community Plan does not cover any services provided outside the United States, Canada, and Mexico. This includes emergency services. If you need emergency services while in Canada or Mexico, UnitedHealthcare Community Plan will cover it only if the doctor's or hospital's bank is in the United States. Other services may be covered with UnitedHealthcare Community Plan approval if the provider has a bank in the United States. Please call UnitedHealthcare Community Plan if you get any emergency services outside the United States.

# When you may be billed for services

## Covered and noncovered services

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

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

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

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

**If you get a bill for a service you did not agree to, please call 1-800-504-9660.**

### Copayments

Under BadgerCare Plus and Medicaid SSI, UnitedHealthcare Community Plan and its providers may bill you copayments. A copayment is a fixed amount of money you pay for a covered health care service. Copayments for Medicaid SSI members are usually \$3 or less.

The following members do **not** have to pay copayments:

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

# Services covered under Medicaid SSI

UnitedHealthcare Community Plan provides most medically necessary, covered services under Medicaid SSI. See **Services covered by UnitedHealthcare Community Plan** on page 26 for more information about services covered by UnitedHealthcare Community Plan.

Some services are covered by ForwardHealth. To learn more about these services see page 30, **Services covered by ForwardHealth**.

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

Service	Coverage under Medicaid SSI
<b>Ambulatory surgical center care</b>	Coverage of certain surgical procedures and related lab services. No copayment. May require prior authorization.
<b>Behavioral (autism) treatment services</b>	Full coverage (with prior authorization). No copay. <b>This benefit is covered by ForwardHealth. Use your ForwardHealth card to get this service.</b>
<b>Chiropractic services</b>	Full coverage. Copay: \$.50 to \$3 per service. <b>This benefit is covered by ForwardHealth. Use your ForwardHealth card to get this service.</b>

## Services covered under BadgerCare Plus

Service	Coverage under Medicaid SSI
<b>Dental services</b>	<p>Full coverage in Milwaukee, Racine, Kenosha, Waukesha, Washington and Ozaukee counties.</p> <p>If you live outside of the above counties, your benefits are covered by the State of Wisconsin and you may have a \$0.50 to \$3.00 copayment per service.</p> <p>See additional information on page 29.</p>
<b>Disposable medical supplies</b>	<p>Full coverage.</p> <p>No copayment.</p> <p>May require prior authorization.</p>
<b>Drugs (Prescription and over-the-counter)</b>	<p>Coverage of generic and brand name prescription drugs, and some over-the-counter drugs.</p> <p>Copay: \$0.50 for over-the-counter drugs            \$1 for generic drugs            \$3 for brand</p> <p>Copays are limited to \$12 per member, per provider, per month. Over-the-counter drugs do not count toward the \$12 maximum.</p> <p>Limit of five opioid prescription refills per month.</p> <p><b>This benefit is covered by ForwardHealth. Use your ForwardHealth card to get drugs.</b></p>
<b>Durable medical equipment</b>	<p>Full coverage.</p> <p>No copayment.</p> <p>May require prior authorization.</p>
<b>HealthCheck screenings for children</b>	<p>Full coverage of HealthCheck screenings and other services for individuals under the age of 21.</p> <p>No copayment.</p> <p>See additional information on page 27.</p>

## Services covered under BadgerCare Plus

Service	Coverage under Medicaid SSI
<b>Hearing services</b>	<p>Full coverage.</p> <p>No copayment.</p> <p>May require prior authorization.</p>
<b>Home care services</b>	<p>Full coverage of PDN, home health, and personal care services.</p> <p>No copayment.</p> <p>Requires prior authorization.</p>
<b>Hospice</b>	<p>Full coverage.</p> <p>No copayment.</p> <p>Requires prior authorization.</p>
<b>Hospital services: inpatient</b>	<p>Full coverage.</p> <p>No copayment.</p> <p>Requires prior authorization.</p>
<b>Hospital services: outpatient</b>	<p>Full coverage.</p> <p>No copayment.</p> <p>May require prior authorization.</p>
<b>Hospital services: emergency room</b>	<p>Full coverage.</p> <p>No copayment.</p>
<b>Mental health and substance abuse treatment</b>	<p>Full coverage (not including room and board).</p> <p>No copayment.</p> <p>May require prior authorization.</p> <p>See additional information on page 26.</p>
<b>Nursing home services</b>	<p>Full coverage.</p> <p>No copayment.</p> <p>Requires prior authorization.</p>

## Services covered under BadgerCare Plus

Service	Coverage under Medicaid SSI
<b>Physician services</b>	Full coverage, including laboratory and radiology. No copayment.
<b>Podiatry services</b>	Full coverage. No copayment.
<b>Prenatal/ maternity care</b>	Full coverage, including prenatal care coordination, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems.  No copayment.
<b>Reproductive and family planning services</b>	Full coverage, excluding infertility treatments, surrogate parenting and related services, including but not limited to artificial insemination and subsequent obstetrical care as a non-covered service and the reversal of voluntary sterilization.  No copayment for family planning services.  See additional information on page 27.
<b>Routine vision*</b>	Coverage includes exam and eyeglasses once per year.  * Some limitations apply. Call Customer Service for more information.
<b>Therapies: Physical therapy, occupational therapy, speech and language therapy</b>	Full coverage.  No copayment.
<b>Transportation: ambulance, specialized motor vehicle, common carrier</b>	Full coverage of emergency and non-emergency transportation to and from a provider for a covered service.  No copay.  See additional information on page 30.

# Services covered by UnitedHealthcare Community Plan

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## Mental health and substance abuse services

UnitedHealthcare Community Plan provides mental health and substance abuse (drug and alcohol) services to all members. Call United Behavioral Health (part of Optum Health) at **1-800-504-9660**, TTY **711**, if you need these services. Visit [www.liveandworkwell.com](http://www.liveandworkwell.com) to view a list of providers close to you. If you need immediate help, you can call our 24-hour NurseLine at 1-866-827-0806, TTY 711, which is open seven days a week.

All services provided by UnitedHealthcare Community Plan are private.

### Substance use disorder helpline

Alcohol and drug addiction is a disease. And it's treatable. Unfortunately, guilt and stigma stops many people from seeking treatment. But if it was any other life-threatening disease, you'd get care right away. You can beat it. And we can help.

### Our licensed experts can:

- Listen to understand your situation
- Arrange a meeting with a recovery advocate who will create a personalized care plan for you
- Refer you to providers, treatment options and other resources
- Help make provider appointments
- Assign you a dedicated licensed Care Advocate who will provide support for up to 6 months after treatment

### Get help for yourself or a loved one today

Call the Substance Use Disorder Helpline toll-free at 1-855-780-5955 or visit [liveandworkwell.com](http://liveandworkwell.com).

## Services covered by UnitedHealthcare Community Plan

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### LiveandWorkWell

LiveandWorkWell is a website supported by United Behavioral Health (part of Optum Health). It gives you helpful information for many different issues, such as:

- Education and learning
- Health and wellness
- Life changes

Visit this site at [www.liveandworkwell.com](http://www.liveandworkwell.com). The access code to get into the site is “ubh.” You can see this site in Spanish. Just go to <https://www.liveandworkwell.com/es/public>. You may also click on “en Español” on the main page.

## Family planning services

UnitedHealthcare Community Plan provides private family planning services to all members, including people under the age of 18. If you do not want to talk to your primary care provider about family planning, call our Customer Service Department at **1-800-504-9660**. We will help you choose a UnitedHealthcare Community Plan family planning provider who is different from your primary care provider.

We encourage you to get family planning services from a UnitedHealthcare Community Plan provider. This allows us to 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 UnitedHealthcare Community Plan’s provider network.

## HealthCheck services

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

## Services covered by UnitedHealthcare Community Plan

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HealthCheck has three purposes:

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

The HealthCheck exam includes:

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

To schedule a HealthCheck exam or for more information, call our Customer Service Department at **1-800-504-9660**.

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

### Dental services

UnitedHealthcare Community Plan provides all covered dental services through UnitedHealthcare Community Plan. You must go to a UnitedHealthcare Community Plan dentist. See the provider directory or call our Customer Service Department at **1-800-504-9660** for the names of a UnitedHealthcare Community Plan dentists you can go to.

**You have the right to a routine dental appointment within 90 days of your request for an appointment.** Call UnitedHealthcare Community Plan at **1-800-504-9660** if you are unable to get a dental appointment within 90 days.

Call the Wisconsin non-emergency medical transportation NEMT manager at 866-907-1493 (or TTY 711) if you need help with getting a ride to or from the dentist's office. They can help with getting a ride.

**If you have a dental emergency, you have the right to treatment within 24 hours of your request for an appointment.** A dental emergency is severe dental pain, swelling, fever, infection, or injury to the teeth. If you are having a dental emergency:

- If you already have a dentist who is with UnitedHealthcare Community Plan:
  - Call the dentist's office
  - Tell the dentist's office that you or your child are 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 getting a ride to or from your dental appointment
- If you do not currently have a dentist who is with UnitedHealthcare Community Plan:
  - Call our Member Services Department at **1-800-504-9660**, TTY **711**. Tell us that you or your child are having a dental emergency. We can help you get dental services.
  - Tell us if you need help getting a ride to or from the dentist's office
  - See **Transportation services** on page 30 for ride options

# Services covered by ForwardHealth

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## Chiropractic services

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

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

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

## Transportation services

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

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

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

You must schedule routine rides at least two business days before your appointment. Call the NEMT manager at 1-866-907-1493 (or TTY 711), Monday–Friday, 7:00 a.m.–6:00 p.m. CT. You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

## Pharmacy benefits

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

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

If you have any questions about the medications covered under Medicaid SSI or medication copayments, contact ForwardHealth Member Services at 1-800-362-3002.

# Services not covered under Medicaid SSI

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The services below are not covered under Medicaid SSI:

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

# In lieu of service or setting

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

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

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

Deciding if an “in lieu of” service or setting is right for you is a team effort. UnitedHealthcare Community Plan will work with you and your provider to help you make the best choice.

**You have a right to choose not to participate in one of these settings or treatments.**

# Other plan details

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## Getting a second medical opinion

If you disagree with your doctor's treatment recommendations, you may be able to get a second medical opinion. Contact your provider or our Customer Service Department at **1-800-504-9660** for information.

## Care management (coordination)

As a member of UnitedHealthcare Community Plan, you have access to a care management team. Care management is a free service for UnitedHealthcare Community Plan members. It will help you identify and meet your health and wellness goals. The care management team will also connect you with providers, community services, and social supports. Your Care Manager will contact you within the first 60 days of being enrolled with UnitedHealthcare to schedule a time to talk about your medical history and the care you need. It is very important that you talk with your Care Manager.

If you have questions or would like to contact UnitedHealthcare directly to schedule a care evaluation session, please call **1-888-478-4762**.

### **Our Care Managers can help you:**

- Arrange for medical supplies and home health care for you, if needed
- Find a primary care physician, specialist, or urgent care facility
- Find community resources and support
- Get to and from doctor and pharmacy visits
- Learn how to take care of yourself
- Make medical appointments
- Provide you with information and resources to help you quit smoking

### Care Managers are available to help with the following conditions:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- End Stage Renal Disease (ESRD)
- High-risk pregnancy and NICU
- Human Immunodeficiency Virus (HIV)
- Hypertension
- Sickle cell disease
- Special needs (SSI)

Call our Member Services department at **1-800-504-9660**, TTY **711** for more information about the Care Management Program.

## Completing an advance directive, living will, or power of attorney for health care

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

There are different types of advance directives and different names for them. Documents called “living will” and “power of attorney for health care” are examples of advance directives.

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

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

## Other plan details

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You have the right to file a grievance with the DHS Division of Quality Assurance if your advance directive, living will, or power of attorney wishes are not followed. You can get help filing a grievance by calling the DHS Division of Quality Assurance at 1-800-642-6552.

### Clinical practice guidelines

UnitedHealthcare Community Plan gives our providers clinical guidelines that have information about the best way to provide care for some conditions. Each clinical guideline is an accepted standard of care in the medical profession, which means other doctors agree with that approach. We want to improve your health by giving our providers information that supports their clinical practices, consistent with nationally recognized standards of care.

If you have any questions about UnitedHealthcare Community Plan's clinical guidelines or would like a paper copy of a clinical practice guideline, please call Member Services at **1-800-504-9660, TTY 711.**

## New treatments and services

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

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

## Other insurance

Tell your providers if you have other insurance in addition to Medicaid SSI. Your providers must bill your other insurance before billing UnitedHealthcare Community Plan. If your UnitedHealthcare Community Plan provider does not accept your other insurance, call the HMO Enrollment Specialist at 1-800-291-2002. They can tell you how to use both insurance plans.

## If you move

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

If you move out of UnitedHealthcare Community Plan's service area, call the HMO Enrollment Specialist at 1-800-291-2002. They will help you choose a new HMO that serves your new area.

## Changes in your Medicaid coverage

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

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

Call UnitedHealthcare Community Plan Customer Service at **1-800-504-9660** for more information about changes in your coverage.

## HMO exemptions

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

Generally, you must enroll in an HMO to get health care benefits through BadgerCare Plus and Medicaid SSI. An HMO exemption means you don't have to join an HMO to get your BadgerCare Plus or Medicaid SSI benefits. Most exemptions are granted for only a short period of time. It's usually to allow you to complete a course of treatment before you are enrolled in an HMO. If you think you need an exemption from HMO enrollment, call the HMO Enrollment Specialist at 1-800-291-2002 for more information.

# Filing a grievance or appeal

## Grievances

### What is a grievance?

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

### Who can file a grievance?

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

### When can I file a grievance?

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

### How do I file a grievance with UnitedHealthcare Community Plan?

Call UnitedHealthcare Community Plan Member Advocate at 1-888-246-8140, or write to us at the following address if you have a grievance:

Grievance and Appeals Department  
P.O. Box 31364  
Salt Lake City, UT 84131

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

### Who can help me file a grievance?

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

If you want to talk to someone outside UnitedHealthcare Community Plan about the problem, you can call the Wisconsin HMO Ombuds Program at 1-800-760-0001. The Ombuds Program may be able to help you solve the problem or write a formal grievance to UnitedHealthcare Community Plan. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-928-8778 for help with filing a grievance.

### What if I disagree with UnitedHealthcare Community Plan's response?

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

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

**Or call:** 800-760-0001

### Will I be treated differently if I file a grievance?

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

## Other plan details

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### Appeals

#### What is an appeal?

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

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

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

UnitedHealthcare Community Plan will send you a letter if you have received an adverse benefit determination.

#### Who can file an appeal?

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

#### When can I file an appeal?

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

### **How do I file an appeal with UnitedHealthcare Community Plan?**

If you would like to appeal an adverse benefit determination, you can call the UnitedHealthcare Community Plan Member Advocate at 1-888-246-8140 or write to the following address:

Grievance and Appeals Department  
P.O. Box 31364  
Salt Lake City, UT 84131

If you request an appeal with UnitedHealthcare Community Plan, you will have the opportunity to appear by telephone or in-person in front of UnitedHealthcare Community Plan's Grievance and Appeal Committee. Once your appeal is requested, UnitedHealthcare Community Plan will have 30 calendar days to give you a decision.

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

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

### **Who can help me request an appeal?**

If you need help writing a request for an appeal, please call your UnitedHealthcare Community Plan Member Advocate at 1-888-246-8140.

If you want to speak with someone outside UnitedHealthcare Community Plan, you can call the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-708-3034 for help with your appeal.

### **Can I continue to get the service during my appeal?**

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

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

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

## Other plan details

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### **Will I be treated differently if I request an appeal?**

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

### **What if I disagree with UnitedHealthcare Community Plan's decision about my appeal?**

You can request a Fair Hearing with the Wisconsin Division of Hearing and Appeals if you disagree with UnitedHealthcare Community Plan's decision about your appeal. Learn more about Fair Hearings below.

## Fair Hearings

### **What is a Fair Hearing?**

A Fair Hearing is a review of UnitedHealthcare Community Plan's decision on your appeal by an Administrative Law Judge in the county where you live. **You must appeal to UnitedHealthcare Community Plan first before requesting a Fair Hearing.**

### **When can I request a Fair Hearing?**

You must request a Fair Hearing within 90 days of the date you get UnitedHealthcare Community Plan's written decision about your appeal.

### **How do I request a Fair Hearing?**

If you want a Fair Hearing, send a written request to:

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

You have the right to be represented at the hearing, and you can bring a friend for support. If you need a special arrangement for a disability or for language translation, please call 1-608-266-7709.

### **Who can help me request a Fair Hearing?**

If you need help writing a request for a Fair Hearing, please call the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-708-3034 for help.

### **Can I keep getting the service during my Fair Hearing?**

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

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

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

### **Will I be treated differently if I request a Fair Hearing?**

You will not be treated differently from other members because you request a Fair Hearing. The quality of your health care and other benefits will not be affected.

## Your rights

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

- Your right to have an interpreter with you during any Medicaid SSI covered service
- Your right to get this member handbook in another language or format

### **2. You have a right to be treated with dignity, respect, and fairness and with consideration for privacy. This includes:**

- Your right to be free from discrimination. UnitedHealthcare Community Plan must obey laws that protect you from discrimination and unfair treatment. UnitedHealthcare Community Plan provides covered services to all eligible members regardless of the following:
  - Age
  - Color
  - Disability
  - National origin
  - Race
  - Sex
  - Religion
  - Sexual orientation
  - Gender identity

## Other plan details

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

- Your right to be free from any form of restraint or seclusion used to coerce, discipline, be convenient, or retaliate. This means you have the right to be free from being restrained or forced to be alone to make you behave in a certain way, to punish you, or because someone finds it useful.
- Your right to privacy. UnitedHealthcare Community Plan must follow laws protecting the privacy of your personal and health information. See **UnitedHealthcare Community Plan's Notice of Privacy Practices** for more information.

**3. You have the right to get health care services as provided for in federal and state law. This includes:**

- Your right to have covered services be available and accessible to you when you need them. When medically appropriate, services must be available 24 hours a day, seven days a week.

**4. You have a right to make decisions about your health care. This includes:**

- Your right to get information about treatment options, regardless of cost or benefit coverage
- Your right to accept or refuse medical or surgical treatment and participate in making decisions about your care
- Your right to plan and direct the types of health care you may get in the future if you become unable to express your wishes. You can make these decisions by completing an **advance directive, living will, or power of attorney for health care**. See more information on page 35, **Completing an advance directive, living will, or power of attorney for health care**.
- Your right to a second opinion if you disagree with your provider's treatment recommendation. Call Customer Service for more information about how to get a second opinion.

**5. You have a right to know about our providers and any physician incentive plans UnitedHealthcare Community Plan uses. This includes:**

- Your right to ask if UnitedHealthcare Community Plan has special financial arrangements (physician incentive plans) with our physicians that can affect the use of referrals and other services you might need. To get this information, call our Customer Service Department at **1-800-504-9660** and request information about our physician payment arrangements.
- Your right to request information about UnitedHealthcare Community Plan providers, including the provider's education, board certification, and recertification. To get this information, call our Customer Service Department at **1-800-504-9660**.

44 **Questions?** Visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan), or call Member Services at **1-800-504-9660**, TTY **711**.

- 6. You have a right to ask for copies of your medical records from your provider.**
  - You may correct inaccurate information in your medical records if your doctor agrees to the correction
  - Call **1-800-504-9660** for assistance with requesting a copy or change to your medical records. Please note that you may have to pay to copy your medical records.
- 7. You have a right to be informed about any Medicaid covered benefits that are not available through the UnitedHealthcare Community Plan because of moral or religious objection. This includes:**
  - Your right to be informed of how to access these services through ForwardHealth using your ForwardHealth card
  - Your right to disenroll from UnitedHealthcare Community Plan if UnitedHealthcare Community Plan does not cover a service you want because of moral or religious objections
- 8. You have a right to file a complaint, grievance, or appeal if you are dissatisfied with your care or services. This includes:**
  - Your right to request a Fair Hearing if you are dissatisfied with UnitedHealthcare Community Plan's decision about your appeal or if UnitedHealthcare Community Plan does not respond to your appeal in a timely manner
  - Your right to request a Department of Health Services grievance review if you are unhappy with UnitedHealthcare Community Plan's decision about your grievance or if UnitedHealthcare Community Plan does not respond to your grievance in a timely manner
  - For more information on how to file a grievance, appeal, or Fair Hearing, see page 38, **Filing a grievance or appeal**
- 9. You have the right to receive information about UnitedHealthcare Community Plan, its services, its practitioners, providers, and member rights and responsibilities. This includes:**
  - Your right to know about any big changes with UnitedHealthcare Community Plan at least 30 days before the effective date of the change
- 10. You have a right to be free to exercise your rights without negative treatment by the UnitedHealthcare Community Plan and its network providers. This includes:**
  - Your right to make recommendations about UnitedHealthcare Community Plan's Member Rights and Responsibilities Policy

# Your responsibilities

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

# Ending your membership in UnitedHealthcare Community Plan

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

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

If you choose to switch HMOs or disenroll from the Medicaid SSI program completely, you must continue to get health care services through UnitedHealthcare Community Plan until your membership ends.

For more information about how to switch HMOs or to disenroll from Medicaid SSI completely, contact the HMO Enrollment Specialist at 1-800-291-2002.

## Fraud and abuse

Anyone can report potential fraud and abuse. If you become aware of fraud or abuse, call Member Services at **1-800-504-9660**, TTY **711**, to report it. Some examples of fraud and abuse are:

- Receiving benefits in Wisconsin and another state at the same time
- Altering or forging prescriptions
- A person getting Medicaid benefits who is not eligible for benefits
- Giving a UnitedHealthcare Community Plan ID card to someone else to use
- Excessive use or overuse of Medicaid benefits
- Doctors or hospitals that bill you or UnitedHealthcare for services that were not provided to you
- Doctors or hospitals who bill UnitedHealthcare more than once for services you only had once
- Doctors who submit false documentation to UnitedHealthcare so that you may receive services that are only provided when medically needed

### How to report fraud and abuse

Tell us in one of the following ways:

- UnitedHealth Group maintains a 24-hour toll-free telephone line, known as the Compliance Helpline, at 1-800-455-4521. Callers may choose to remain anonymous.
- Contact Member Services toll-free at **1-800-504-9660**, TTY **711**
- If you suspect fraud or abuse of the Medicaid program, you may report it. Please go to [www.reportfraud.wisconsin.gov](http://www.reportfraud.wisconsin.gov).

# Health Plan Notices of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Effective January 1, 2025

By law, we<sup>1</sup> must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have for your HI.

By law, we must follow the terms of our current notice.

HI is information about your health or medical services. We have the right to make changes to this notice of privacy practices. If we make important changes, we will notify you by mail or e-mail. We will also post the new notice on our website. Any changes to the notice will apply to all HI we have. We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

## How We Collect, Use, and Share Your Information

### We collect, use and share your HI with:

- You or your legal or personal representative.
- Certain Government agencies. To check to make sure we are following privacy laws.

**We have the right to collect, use and share your HI for certain purposes.** This may be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** To process payments and pay claims. For example, we may tell a doctor whether we will pay for certain medical procedures and what percentage of the bill may be covered.
- **For Treatment or Managing Care.** To help with your care. For example, we may share your HI with a hospital you are in, to help them provide medical care to you.
- **For Health Care Operations.** To run our business. For example, we may talk to your doctor to tell him or her about a special disease management or wellness program available to you. We may study data to improve our services.

- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** If you receive health insurance through your employer, we may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** To make health insurance underwriting decisions. We will not use your genetic information for underwriting purposes.
- **For Reminders on Benefits or Care.** We may send reminders about appointments you have and information about your health benefits.
- **For Communications to You.** We may contact you about your health insurance benefits, healthcare or payments.

### We may collect, use, and share your HI as follows.

- **As Required by Law.** To follow the laws that apply to us.
- **To Persons Involved with Your Care.** A family member or other person that helps with your medical care or pays for your care. This also may be to a family member in an emergency. This may happen if you are unable to tell us if we can share your HI or not. If you are unable to tell us what you want, we will use our best judgment. If allowed, after you pass away, we may share HI with family members or friends who helped with your care or paid for your care.
- **For Public Health Activities.** For example, to prevent diseases from spreading or to report problems with products or medicines.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with certain entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings,** for example, to answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** To public health agencies or law enforcement, for example, in an emergency or disaster.
- **For Government Functions.** For military and veteran use, national security, or certain protection services.
- **For Workers' Compensation.** If you were hurt at work or to comply with employment laws.
- **For Research.** For example, to study a disease or medical condition. We also may use HI to help prepare a research study.

## Other plan details

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- **To Give Information on Decedents.** For example, to a coroner or medical examiner who may help identify the person who died, why they died, or to meet certain laws. We also may give HI to funeral directors.
- **For Organ Transplant.** For example, to help get, store or transplant organs, eyes or tissues.
- **To Correctional Institutions or Law Enforcement.** For persons in custody, for example: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates.** To give you services, if needed. These are companies that provide services to us. They agree to protect your HI.
- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
  1. Alcohol and Substance Use Disorder
  2. Biometric Information
  3. Child or Adult Abuse or Neglect, including Sexual Assault
  4. Communicable Diseases
  5. Genetic Information
  6. HIV/AIDS
  7. Mental Health
  8. Minors' Information
  9. Prescriptions
  10. Reproductive or Sexual Health
  11. Sexually Transmitted Diseases

We will only use or share your HI as described in this notice or with your written consent. We will get your written consent to share psychotherapy notes about you, except in certain cases allowed by law. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain marketing mailings. If you give us your consent, you may take it back. To find out how, call the phone number on your health insurance ID card.

### Your Rights

You have the following rights for your medical information.

- **To ask us to limit** our use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others that help with your care or pay for your care. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.

50 **Questions?** Visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan), or call Member Services at **1-800-504-9660**, TTY **711**.

- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests but may ask you to confirm your request in writing. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy of certain HI.** You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. We will respond to your request in the time we must do so under the law. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of when we shared your HI in the six years prior to your request. This will not include when we shared HI for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website.
- **In certain states, you may have the right to ask that we delete your HI.** Depending on where you live, you may be able to ask us to delete your HI. We will respond to your request in the time we must do so under the law. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

### Using Your Rights

- **To Contact your Health Plan.** If you have questions about this notice, or you want to use your rights, **call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at 1-866-633-2446, or TTY/RTT 711.
- **To Submit a Written Request.** Mail to:  
UnitedHealthcare Privacy Office  
MN017-E300, P.O. Box 1459, Minneapolis MN 55440
- **To File a Complaint or Grievance.** If you think your privacy rights have been violated, you may send a complaint or grievance at the address above.

**You may also notify the Secretary of the U.S. Department of Health and Human Services.** We will not take any action against you for filing a complaint.

<sup>1</sup> This Medical Information Notice of Privacy Practices applies to health plans that are affiliated with UnitedHealth Group. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v2>.

# Financial Information Privacy Notice

**THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.**

Effective January 1, 2025

We<sup>2</sup> protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

### Information We Collect

- We get FI from your applications or forms. This may be name, address, age and social security number.
- We get FI from your transactions with us or others. This may be premium payment data.

### Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

### Confidentiality and Security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

### Questions About This Notice

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center at 1-866-633-2446, or TTY/RTT 711.

<sup>2</sup> For purposes of this Financial Information Privacy Notice, “we” or “us” refers to health plans affiliated with UnitedHealth Group, and the following UnitedHealthcare affiliates: ACN Group of California, Inc.; AmeriChoice Corporation.; Benefitter Insurance Solutions, Inc.; Claims Management Systems, Inc.; Dental Benefit Providers, Inc.; Ear Professional International Corporation; Excelsior Insurance Brokerage, Inc.; gethealthinsurance.com Agency, Inc. Golden Outlook, Inc.; Golden Rule Insurance Company; HealthMarkets Insurance Agency; Healthplex of CT, Inc.; Healthplex of NJ, Inc.; Healthplex, Inc.; HealthSCOPE Benefits, Inc.; International Healthcare Services, Inc.; Level2 Health IPA, LLC; Level2 Health Holdings, Inc.; Level2 Health Management, LLC; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Health Care Solutions, Inc.; Optum Health Networks, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Physician Alliance of the Rockies, LLC; POMCO Network, Inc.; POMCO, Inc.; Real Appeal, LLC; Solstice Administrators of Alabama, Inc.; Solstice Administrators of Missouri, Inc.; Solstice Administrators of North Carolina, Inc.; Solstice Administrators, Inc.; Solstice Benefit Services, Inc.; Solstice of Minnesota, Inc.; Solstice of New York, Inc.; Spectera, Inc.; Three Rivers Holdings, Inc.; UHIC Holdings, Inc.; UMR, Inc.; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; UnitedHealthcare, Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; Urgent Care MSO, LLC; USHEALTH Administrators, LLC; and USHEALTH Group, Inc.; and Vivify Health, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v2>.

**Notice of Availability of Language Assistance Services and Alternative Formats:**  
<https://www.uhc.com/communityplan/non-discrimination-notice>



# We're here for you

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Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-504-9660**, TTY **711**. You can also visit our website at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

UnitedHealthcare Community Plan  
10701 W. Research Drive  
Milwaukee, WI 53226

[myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan)

**1-800-504-9660**, TTY **711**

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