

The Wisconsin BadgerCare Plus* HMO Program Guide



***"BadgerCare Plus is Wisconsin's health care program that has been streamlined to provide affordable access to health care for 98% of the State's citizens. The program provides access to health care coverage to many children and pregnant women."**

Department of Health and Family Services
Division of Health Care Access and Accountability (DHCAA)

[English]

For help to translate or understand this document, please call 1-800-291-2002.

[Español]

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-291-2002.

[Russian]

Если вам не всё понятно в этом документе, позвоните по телефону 1-800-291-2002.

[Hmong]

Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-291-2002.

[Hearing Impaired]

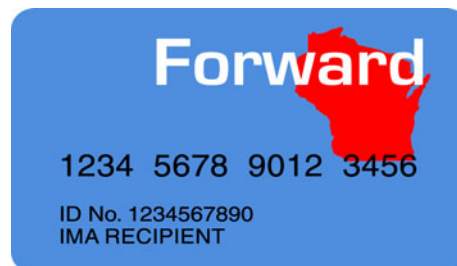
For help to understand this document, please call TDD/TTY 1-800-291-2002.

Below are two Wisconsin Forward Cards. These cards are issued to individuals eligible for BadgerCare Plus coverage.

The white Forward Health card is the new Wisconsin BadgerCare Plus ID card. This new card will be issued to new members, upon request, or when a card is lost or stolen.



The current blue Forward card is still valid and can still be used.



Enrollment in an HMO

One of the many benefits of the BadgerCare Plus program is the opportunity to enroll into a Wisconsin BadgerCare Plus Health Maintenance Organization (HMO).

Families with children who receive their health care through the Wisconsin BadgerCare Plus program are enrolled in an HMO.

Most families must enroll in an HMO. Where there are two or more HMOs available to you and your family, you will have a choice of which HMO to enroll in.

The letter in this packet tells you if you must choose an HMO. If you are not sure if you must choose an HMO, call the **Enrollment Specialist at 1-800-291-2002**.

Benefits of an HMO

A primary care provider or primary care clinic of your choice will help you manage your family's health care needs.

HMOs provide health care 24 hours a day, seven days a week. Some HMOs provide all your health care in one location.

BadgerCare Plus Plans

BadgerCare Plus has two benefit plans, the *Standard Plan* and the *Benchmark Plan*.

- *Standard Plan* - Covers children, parents and caretaker relatives, young adults aging out of foster care, and pregnant women with incomes at or below 200% of the Federal Poverty Level (FPL). There are nominal copayments under the Standard Plan.
- *Benchmark Plan* - Covers children and pregnant women with incomes above 200% of the FPL and certain self-employed parents, and other caretaker relatives (grandparents, aunts/uncles, taking care of a child when the parent is not living with the child). There are copayments and premiums under the Benchmark Plan.

BadgerCare Plus Covered Services

Standard Plan:

HMOs cover the following medically necessary *Standard Plan* covered services. The services your HMO will cover include:

- Doctor visits and hospital care
- Eye care, including glasses
- Outpatient and emergency care
- Prenatal care

- Medical equipment
- Mental health services
- Hearing services, including hearing aids
- Family planning services.
- Personal care services
- Physical and occupational therapy
- Dental care in certain counties
- Substance abuse (alcohol and other drug abuse) services.
- Over-the-counter tobacco cessation products
- Preventive mental health and substance abuse counseling for pregnant women at risk of depression

After you have joined an HMO, call the HMO to find out where to go for your health care.

Benchmark Plan:

HMOs cover the following medically necessary *Benchmark Plan* covered services. The services your HMO will cover include:

- Physician Services
- Immunizations
- Laboratory Services
- HealthCheck Screenings
- Mental Health and Substance Abuse Services
- Preventive and Basic Dental Services

Services **Not Covered** under the *Benchmark Plan* include, but are not limited to:

- Specialized Medical Vehicles (SMV) and Common Carrier Transportation
- Case Management
- Crisis Intervention
- Community Support Program Services
- Community Care Support Services
- Private Duty Nursing
- Personal Care
- Outpatient Mental Health and Substance Abuse Services in the Home and the Community for Adults

Some services covered under the *Benchmark Plan* also have service limitations. After you have joined an HMO, call the HMO to find out where to go for these services and to find out what the service limitations are.

How do you choose your HMO?

The HMO your health care providers accept could be the one for you! Your health care providers may not all belong to one HMO. You then need to decide which provider is most important to you.

Your health care providers may include your:

- Primary care provider
- Specialty doctor
- Mental health provider
- Hospital

Other things to consider are:

- What hours are the doctors, clinics, and other providers open that belong to that HMO?
- Do any of them have evening hours?
- Do you have other health insurance? You will be expected to see health care providers who accept your other insurance as well as your HMO.

Get in Touch!



Need help? Call the **Enrollment Specialist at 1-800-291-2002!** The Enrollment Specialist can:

- Find out if your doctor, hospital, or clinic belongs to an HMO, and if so, which one.
- Help you select an HMO over the telephone or help you fill out an HMO Enrollment Choice form that you can mail.
- Answer your questions about how the HMO works.

How to Enroll in the HMO

- You can fill out, sign, and mail the Enrollment Choice Form found in this packet.
- You can call the **Enrollment Specialist at 1-800-291-2002** to give your choice of HMO over the telephone.
- You can meet with the Enrollment Specialist face-to-face. Call **1-800-291-2002** for details.

What Happens After I am Enrolled in the HMO?

You will get a membership packet that will tell you more. The membership packet lists the doctors, hospitals, and clinics that belong to your health plan. It will also explain the services your HMO provides. Once you are enrolled in an HMO, call the HMO to:

- Find out the services your HMO provides.
- Find out the doctors and clinics you can use.
- Pick or change you and/or your family's primary care provider.

If you are not satisfied with the services, doctors, hospitals, or clinics provided by your HMO, call the **Enrollment Specialist at 1-800-291-2002**. The Enrollment Specialist can help you take the next step.

What if you forget to choose an HMO?



If you do not choose an HMO, one may be chosen for you. You will receive a notice in the mail telling you which HMO was chosen for you and your family. Call the **Enrollment Specialist at 1-800-291-2002** right away if you want to choose a different HMO.

What if I am not happy with my HMO?

If you are not happy with the HMO you joined, you can change your HMO during the first three months of your enrollment. This is called “open enrollment.”

When your open enrollment period is over, you cannot change your HMO for nine more months. This is called a “lock-in” period. You will be sent a letter telling you when your lock-in period will end. When your lock-in period has ended, you may change to a different HMO if available.

The Enrollment Specialist can help you:

- Decide if you should change your HMO.
- Change your HMO over the telephone.
- Delay your enrollment or get permission not to join an HMO if you meet certain requirements.

You Have Rights!

As a member of an HMO in Wisconsin, you have important rights:

- You have the right to information about your HMO and how it works.
- You have the right to ask questions and to file complaints and grievances.
- You have the right to fair treatment.

Assistance for People with Disabilities

People with disabilities have the right to receive assistance. The health care providers in your HMO must assist people with disabilities. The Americans with Disabilities Act (ADA) guarantees this right. This means the doctor’s office or hospital must be easy to enter and exit.

Assistance for People Who Are Deaf or Hard of Hearing

The health care providers in your HMO must provide interpreter services for people who are deaf or hard of hearing.

Assistance for People Who Speak Different Languages

The health care providers in your HMO must provide interpreter services for people who speak different languages.

Assistance for People Who Are Blind or Visually Impaired

If you are blind or visually impaired, you can get a copy of the HMO's member handbook and other information in Braille, on audiotape or CD.

You Have Responsibilities

To get the best health care, you have to be responsible for:

- Telling the doctors and nurses how you feel.
- Getting medical care when you need it.
- Taking your medications and following the doctors' advice.
- Following the HMO's rules for getting health services.
- Keeping the appointments you make.
- Asking your doctor, HMO, or care coordinator questions.
- Telling your HMO what you think so that they can help you get the best health care.

If You Have Problems or Questions

If you have questions or problems about your doctor, your health care, or your HMO we want you to know what to do.

There are people that will help you get the health care you need. There are also many ways to solve problems and answer questions. Examples of problems and questions:

- Being refused care.
- Unable to get an appointment?
- Unable to see the doctor of your choice or a specialty doctor?
- Unable to find someone who speaks your language?
- Unhappy with the health care provider's attitude?
- Not getting help when you call the HMO's 800 number?

- Being denied medically necessary equipment or services.
- Getting a bill your HMO should pay.

If these questions or problems happen to you, you can make things better.

Who to Call for Help

- Call your HMO and ask to speak to the Member Advocate.
- Call the BadgerCare Plus Ombudsman at 1-800-760-0001.
- Call the **Enrollment Specialist at 1-800-291-2002.**

