

Welcome!

Thanks for choosing BadgerCare Plus.

This handbook can help you get started and make the most of your health care plan.

We provide free communication aids and services to assist members including:

- Spoken and sign language interpreters
- Written information delivered in large print, accessible electronic formats, audio, or other formats
- Written information delivered in a variety of languages

We have free interpreter services to answer any questions you may have about our health plan. To get an interpreter, just call us at 1-800-279-1301 (TTY 711).

This is a free service.

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-800-279-1301 TTY: 711

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-800-279-1301 TTY: 711

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb.
Hu 1-800-279-1301 TTY: 711

注意: 如果您说中文, 您可获得免费的语言协助服务。请致电 1-800-279-1301 TTY 文字电话: 711

DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyadoo bilaash ah. Wac 1-800-279-1301 TTY: 711

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ.
ໂທ 1-800-279-1301 TTY: 711

قدع اسم مكل رفوت، ةيبرعلا نوئحتت متنك اذا: هي بنت
مقرلاب اولصتا. ةيناجم ةيوعل

711: يصن فتاه 1-800-279-1301

Make the most of your time with your primary care physician



Talk about preventive care

to determine which immunizations and cancer screenings are appropriate for you.



Bring your medications

and other over-the-counter medications and supplements.



Ask questions

if you don't understand something.



Be open and honest

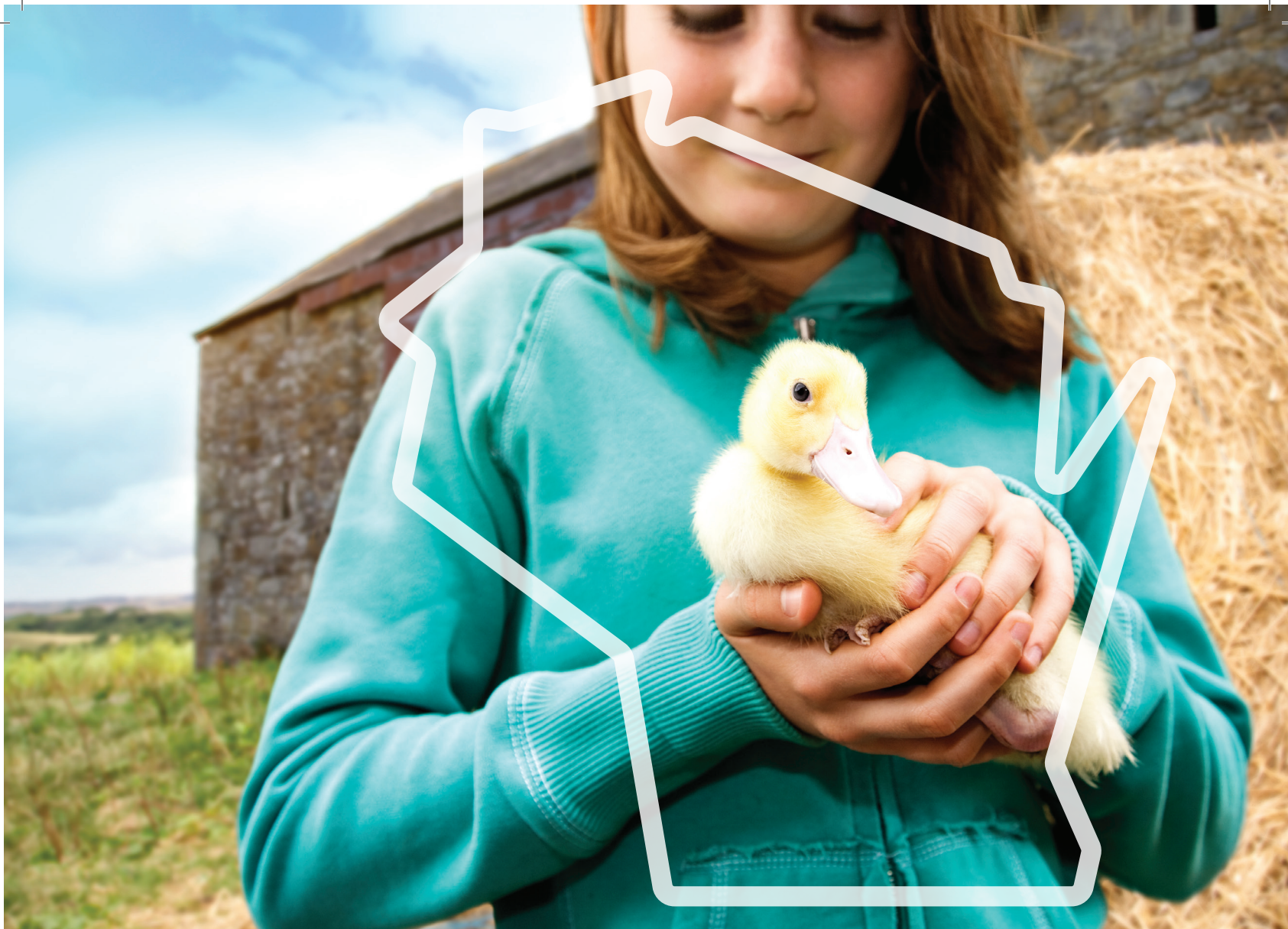
with your physician so they can give you the proper treatment.



Take notes

or ask your physician to do it for you.

Bring a friend or family member to help you remember important information.



YOUR PARTNER IN WELLNESS

2024 BadgerCare Plus Member Guide

DeanHealthPlan
by  **Medica**

Date: 09/25/23	Medica ID: DHP-SPP1010619-1-00723A	Designer: Scot Kemp
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Bleed: .125"	Final size: W: 8.5 x H: 11	Color use: CMYK

Questions? We're here to help.



Questions about your health plan coverage?

Call the **Customer Care Center**

1 (800) 279-1301 (TTY: 711)

7:30 a.m. – 5 p.m. CT, Monday – Thursday

8 a.m. – 4:30 p.m. CT, Friday



Need to know where to go for care?

Call the **Nurse Line**

1 (800) 576-8773 (TTY: 711)

The Nurse Line is available after-clinic hours from 5 p.m. – 8 a.m. CT. 24-hour service is available on weekends and holidays*

**Due to licensing regulations, the Nurse Line triage services are only available for Wisconsin residents.*



Need additional help? We have resources.

Mental health, alcohol and other drug abuse services 1 (800) 279-1301 (TTY: 711)

**HMO Enrollment Specialist
1 (800) 291-2002**

**ForwardHealth Member Services
1 (800) 362-3002**

TTY 711

Interpreter Services, including American Sign Language, are provided free of charge to you.



The Nurse Line* is our system for answering your health care questions after hours.

Before going to the emergency room for a non-urgent matter, talk to a nurse at the Nurse Line.

How do I use the Nurse Line?

Simply call **1 (800) 576-8773 (TTY: 711)** from any phone. This is a free service.

When should I use the Nurse Line?

- Before you go to the emergency room (unless your health problem is severe)
- If you need help deciding if you should see a doctor
- Anytime you have a question about where to go for your health care needs
- For any general health questions or concerns
- If your child has a fever or earache
- If your child sprains an ankle
- If you have a skin irritation or rash
- If your child has a scrape or cut

Who will answer my health care questions?

Trained nurses will answer all of your questions. They may ask you to describe the symptoms or problems you are having. They will help you decide how to get the best treatment possible for you and your family. They can help you understand how to access care through your HMO, Dean Health Plan.

Why should I use the Nurse Line?

The nurses can help you get the care that is right for you and your family. They can advise you on the proper treatment to keep you and your family healthy.

Welcome to Dean Health Plan

We are a health plan that provides medical services under the BadgerCare Plus health care program. It helps low-income children, pregnant people, and adults in Wisconsin.

This handbook can help you:

- Learn the basics of BadgerCare Plus
- See the services covered by your Health Plan HMO and ForwardHealth
- Know your rights and responsibilities
- File a grievance or appeal if you have a problem or concern

In addition, we have a Member Advocate who can help you solve any problems you have getting health care from us. Call **1 (608) 828-2863** (TTY: **711**).

We will cover most of your health care needs. Wisconsin Medicaid will cover some others through ForwardHealth. See the Services Covered by Dean Health Plan and Services Covered by ForwardHealth sections of this handbook for more information.

Using the provider directory

As a member, you should get your health care from doctors and hospitals in our 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 Dean Health Plan. We have the provider directory in different languages and formats. You can find the provider directory on our website at **Deancare.com/Find-A-Doc** in the Printable Directories section. Click the “**Medicaid/BadgerCare Plus**” version and print any pages you need. For a paper copy of the provider directory, call our Customer Care Center at **1 (800) 279-1301** (TTY: **711**).

Our providers are sensitive to the needs of many cultures. See our 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.

As a new member, we encourage you to:

- Read this handbook carefully
- Put your handbook in a safe place, but keep it available for quick reference
- Visit **DeanCare.com/BadgerCare** for more information and details

GETTING STARTED

Understanding your care + network

Choosing a primary care provider

When you need care, call your primary care provider (PCP) first. A PCP could be a doctor, nurse practitioner, physician assistant, or other provider that gives, directs, or helps you get health care services. You can choose a PCP from the Dean Health 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 Care Center at **1 (800) 279-1301** (TTY: **711**) 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 prior authorization from your primary care provider. You'll need to get approval from your primary care provider before you see another doctor.

You may see an in-network women's health specialist without a prior authorization in addition to choosing a primary care provider.

Please call our Customer Service Center at **1 (800) 279-1301** (TTY: **711**) if you have questions about your access to a specific provider.

Transportation

Is it difficult for you to get to your medical appointments because you don't have transportation? We can get you to your appointments. Find more information about transportation assistance on page 15.

Making an appointment with your doctor

Once you are a member, you can start seeing your PCP right away. If you have not picked one yet or need some help doing so, call the Customer Care Center at **1 (800) 279-1301** (TTY: **711**). If you do not choose a PCP, we will select one for you based on your ZIP code and the location of your Dean doctor. If you want to change the PCP we selected for you, call the Customer Care Center so we can arrange that.

Missed appointments

It is important that you and your family keep all your health care appointments. If you are not able to keep the appointment, call your doctor's office as soon as possible. Otherwise, the doctor may refuse to reschedule your appointment.

Changing your doctor

If you are unhappy with the doctor you are seeing, you can pick a different doctor at any time. Call the Customer Care Center for help with choosing a new doctor.



Getting a prior authorization

You are required to use Dean Health Plan doctors, but sometimes you may need to see another doctor. If the other doctor is not in the Dean Health Plan network, your PCP must submit a prior authorization request to Dean Health Plan and the request must be approved before you can go to the other doctor. We will mail you a copy of the prior authorization, letting you know if it was approved or denied. **Note: If you see a doctor who is not a Dean Health Plan doctor without an approved referral from us, you may be billed for those services.**

Second medical opinions

If you disagree with your doctor's treatment recommendations, you may be able to get a second medical opinion. A second medical opinion on recommended treatments may be appropriate in some cases. Contact your doctor or our Customer Care Center for information.

Your ForwardHealth ID card

Your ForwardHealth ID card is the card you will use to get your BadgerCare Plus benefits. Always carry your ForwardHealth ID card with you so you can show it every time you get care. You may have problems getting care or prescriptions if you do not have your card with you every time you go to the doctor, hospital or pharmacy. Also, bring any other health insurance cards you may have. Remember to always show health care providers your ForwardHealth ID 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
- 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

To find a provider that accepts your Forward Health card for this list of services:

1. Go to <https://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** (TTY: **711**) They can also help if you have questions about how to use your ForwardHealth card or if your card is lost, damaged, or stolen.

GETTING STARTED

Know where to go for the care you need



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 need emergency care, get help as quickly as possible. Try to go to a Dean Health 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-Dean Health Plan hospital or emergency room, you or someone else should call us at **1 (800) 279-1301** as soon as you can to tell us what happened.

You do not need our 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(800) 576-8773** before you go to the emergency room. If you do not know if your illness or injury is an emergency, call our Nurse Line at **1 (800) 576-8773**. A nurse can guide you to where you can get care. You may have to pay a copayment if you go to an emergency room for care that is not an emergency.

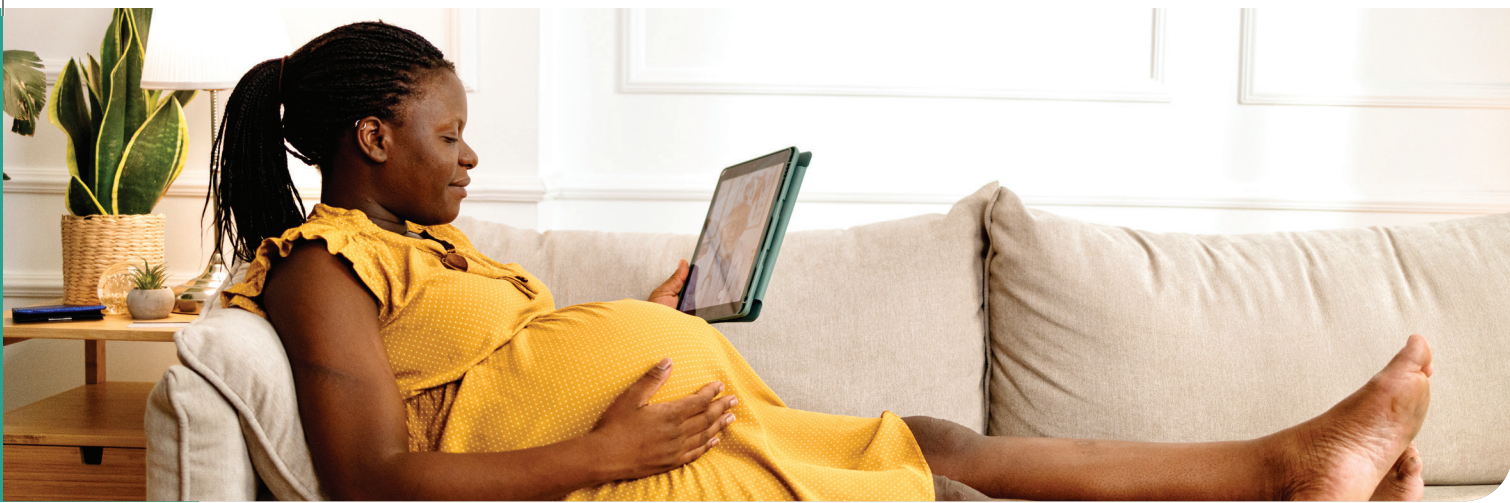


Urgent care

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 Dean Health Plan providers unless you get a prior authorization to see a non-Dean Health Plan provider. Do not go to a hospital emergency room for urgent care unless you get approval from Dean Health 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 Dean Health Plan before seeing a specialist.



Care during pregnancy and delivery

Let Dean Health 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 Dean Health 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 our approval. Your 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. We cover 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 BadgerCare Plus 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.

Dean Health Plan and Wisconsin Medicaid providers must follow privacy and security laws when providing telehealth services.

Know where to go for the care you need



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 us at **1 (800) 279-1301 (TTY: 711)** 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 us. 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 our Customer Care Center at **1 (800) 279-1301 (TTY: 711)**.
- For urgent or routine care away from home, you must get approval from us 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) 279-1301 (TTY: 711)** for approval to go to a different doctor, clinic, or hospital.

- For urgent or routine care outside the United States, call us first. We do 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, we will only cover it if the doctor's or hospital's bank is in the United States. Other services may be covered with our approval if the provider has a bank in the United States. Please call us if you get any emergency services outside the United States.



Nurse Line

Still not sure of the type of care you need? Call our Nurse Line at **1 (800) 576-8773**. A nurse can guide you to where you can get care. You must get urgent care from our doctors unless you first get our approval to see a non-Dean doctor. Do not go to a hospital emergency room for urgent care unless you get approval from us first. Our primary care doctors offer same day appointments, so please contact your doctor to be seen. For any life-threatening emergencies, always dial **911**.

When you may be billed for services

Covered and non-covered services

With BadgerCare Plus, 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 BadgerCare Plus.
- You needed approval for a service from your primary care provider or from us, but you did not get approval before getting the service.
- We determine 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 our network. Or you received a non-emergency service from a provider that does not accept your ForwardHealth card.

You can ask for non-covered 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 non-covered services.

If you get a bill for a service you did not agree to, please call **1-800-279-1301** (TTY: **711**).

Copayments

Under BadgerCare Plus, Dean Health 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 BadgerCare Plus 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.

Know what services your plan covers

Ambulatory surgical center care

- Full coverage

Behavioral (autism) treatment services*

- Full coverage (with prior authorization).
No copay

Chiropractic services*

- Full coverage

Dental services*

- Full coverage**

Disposable medical supplies

- Full coverage

Drugs (Prescription and over-the-counter*)

- Coverage of generic and brand name prescription drugs, and some over-the-counter drugs
- Copay: \$0.50 for over-the-counter drugs
- \$1 for generic drugs
- \$3 for brand
- Copays are limited to \$12 per member, per provider, per month. Over-the-counter drugs do not count toward the \$12 maximum.
- Limit of five opioid prescription refills per month

Durable medical equipment

- Full coverage policy

HealthCheck screenings for children

- Full coverage**

Hearing services

- Full coverage

Home care services

- Full coverage

Hospice

- Full coverage

Hospital services: inpatient

- Full coverage policy

Hospital services: outpatient

- Full coverage policy

Hospital services: emergency room

- Full coverage for Standard BadgerCare Plus Enrollees and Childless Adults with income below 50%. Childless Adults with income above 50% FPL may require \$8 copay if visit is non-emergent

In lieu of service or setting

- No coverage**

Mental health and substance abuse treatment

- Full coverage**

Nursing home services

- Full coverage policy while eligible for BadgerCare Plus

Physician services

- Full coverage



Podiatry services

- Full coverage

Prenatal/maternity care

- Full coverage

Reproductive and family planning services

- Full coverage**

Routine vision†

- Full coverage of covered BadgerCare Plus covered services

Therapies: physical therapy, occupational therapy, speech and language therapy

- Full coverage – 50 cents to \$3

Transportation: ambulance, specialized motor vehicle, common carrier

- Full coverage of emergency and non-emergency transportation to and from a provider for a covered service**
- Copays:
 - \$2 copay for non-emergency ambulance trips
 - \$1 copay per trip for transportation by specialized motor vehicle
 - No copay by common carrier or emergency ambulance

*Covered by ForwardHealth. Use your ForwardHealth card to get this service. See page [5] to learn more.

**See page [12] for additional information about services we cover.

†Some limitations apply. Call Customer Service for more information.

Services not covered under BadgerCare Plus

- Services that are not medically necessary
- Services that have not been approved by Dean Health Plan by Medica 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

COVERED SERVICES

Your plan offers these services

Autism Treatment Services

Behavioral treatment services are a covered benefit under BadgerCare Plus and not covered by Dean Health Plan. You may get covered autism treatment services from any Medicaid provider willing to accept your ForwardHealth ID card.

1. Go to <https://www.ForwardHealth.WI.gov>.
2. Click on the **Members** link or icon in the middle section of the page.
3. Scroll down and click on the **Resources** tab.
4. Click on the **Find a Provider** link.
5. Under **Program**, select **BadgerCare Plus**.

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

Chiropractic Services

Chiropractic services are a covered benefit under BadgerCare Plus. You may get covered chiropractic services from any chiropractor who will accept your ForwardHealth ID card.

1. Go to <https://www.ForwardHealth.WI.gov>.
2. Click on the **Members** link or icon in the middle section of the page.
3. Scroll down and click on the **Resources** tab.
4. Click on the **Find a Provider** link.
5. Under **Program**, select **BadgerCare Plus**.

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

Dental Services

Dental services are a covered benefit under BadgerCare Plus, but not under Dean Health Plan. You may get dental services from any dentist who will accept your ForwardHealth ID card.

1. Go to <https://www.ForwardHealth.WI.gov>.
2. Click on the **Members** link or icon in the middle section of the page.
3. Scroll down and click on the **Resources** tab.
4. Click on the **Find a Provider** link.
5. Under **Program**, select **BadgerCare Plus**.

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

You have the right to a routine dental appointment within 90 days of your request for an appointment. Call ForwardHealth Member Services at **1 (800) 362-3002** if you are unable to get a dental appointment within 90 days.

Call the Wisconsin non-emergency medical transportation NEMT manager at **1 (866) 907-1493** (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 ForwardHealth:

- 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 the NEMT manager at **1 (866) 907-1493** or ForwardHealth Member Services at **1 (800) 362-3002** if you need help getting a ride to or from your dental appointment.

If you do not currently have a dentist who is with ForwardHealth:

- Call ForwardHealth Member services at **1 (800) 362-3002**. Tell them that you or your child are having a dental emergency. They can help you get dental services.
- Tell them if you need help getting a ride to or from the dentist's office.

Family Planning Services

We provide 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) 279-1301** (TTY: **711**). We will help you choose a family planning provider who is different from your primary care provider.

We encourage you to get family planning services from a Dean Health 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 our 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.

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

COVERED SERVICES

Your plan offers these services

If you need help finding a doctor to schedule a HealthCheck exam, call Customer Care at **1 (800) 279-1301** (TTY: **711**).

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** (TTY **1 (800) 855-2880**) to schedule a ride.

In lieu of service or setting

We 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:

- 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. Dean Health Plan by Medica 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.

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 Care Center at **1 (800) 279-1301** (TTY: **711**) for information.

Care management (coordination)

As a member of Dean Health Plan by Medica, you have access to a care management team. Care management is a free service for Dean Health Plan by Medica 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.

When you sign up for our plan, you will get an outreach letter or call to talk about your unique health needs. It is important to respond so we know how to best meet your needs. You can also call the Care Support Line directly at **1 (866) 905-7430**.

If you already have an assigned care manager you can call them directly. If you feel you need the help of a care manager, call the Customer Care Center at **1 (800) 279-1301** (TTY: **711**) to assist you in connecting with someone from our Care Management team.

Mental health + substance abuse treatment

We provide mental health and substance abuse (drug and alcohol) services to all members. If you need these services, call the Customer Care Center **1 (800) 279-1301** (TTY: **711**). If you need immediate help, you can call our Nurse Line at **1 (800) 576-8773**. The Nurse Line is available after-clinic hours from 5 p.m. – 8 a.m. CT. 24-hour service is available on weekends and holidays.*

All services we provide are private.

**Due to licensing regulations, the Nurse Line triage services are only available for Wisconsin residents.*



Pharmacy benefits

You may get a prescription from a Dean Health 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 BadgerCare Plus or medication copayments, contact ForwardHealth Member Services at **1 (800) 362-3002**.

Routine vision

We provide covered vision services, including eyeglasses; however, some limitations apply. For more information, call our Customer Care Center at **1 (800) 279-1301** (TTY: **711**).

Smoking cessation services

Do you use tobacco or nicotine products? Are you thinking about quitting? We have a free program that has a great support system and tools to help you quit. If interested, please call **1 (800) QUIT-NOW** or **1 (800) 784-8669**, or visit [Deancare.com/QuitNow](https://deancare.com/QuitNow).

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** (TTY: **711**), Monday - Friday, from 7 a.m. - 6 p.m. You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

Getting the help you need

We have a Member Advocate to help you get the care you need. You can reach the advocate by calling the Customer Care Center and asking to be connected with the BadgerCare Plus Member Advocate. You can reach the Member Advocate at **1 (608) 828-2863**.

State of Wisconsin HMO ombuds

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

Health needs assessment

As a member of Dean Health Plan, you will be asked to complete a survey about your medical history and other health care needs. We will contact you within the first 90 days of your being enrolled with Dean Health Plan. It is important to complete this survey so that we can get you the care and services you need. A copy of the survey is also included. Feel free to complete and send back with the enclosed envelope.

If you move

If you are planning to move or have moved to a different county, contact your Income Maintenance Agency. If you move out of our service area, call an HMO Enrollment Specialist at **1 (800) 291-2002**. We will only provide emergency care if you move out of our service area. An Enrollment Specialist will help you choose an HMO that serves your area.

HMO exemptions

We are 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.



Enrollment specialist

To get information about what managed care is and other managed care choice counseling, call the HMO Enrollment Specialist at **1 (800) 291-2002**.

Other insurance

Tell your providers if you have other insurance in addition to BadgerCare Plus. Your providers must bill your other insurance before billing us. If your 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.



Changes in your medicaid coverage

If you have moved from ForwardHealth or a BadgerCare Plus HMO to a new 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 the Customer Care Center at **1 (800) 279-1301** (TTY: **711**) for more information about changes in your coverage.

Get help filing a grievance or appeal

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 our plan or a network provider that is not related to a decision we 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, 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 you?

Call our Member Advocate at **1(608) 828-2863** (TTY: **711**), or write to us at the following address if you have a grievance:

Dean Health Plan
Attn: Grievance Analyst
P.O. Box 56099
Madison, WI 53705

If you file a grievance with us, you will have the opportunity to appear in-person in front of our Grievance and Appeal Committee. We 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?

Your Member Advocate can work with you to solve the problem or help you file a grievance.

If you want to talk to someone outside Dean Health 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 Dean Health 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 your response?

If you don't agree with our 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: **1 (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.

What is an appeal?

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

An adverse benefit determination is any of the following:

- We plan to stop, suspend, or reduce a service you are currently getting
- We decide to deny a service you asked for
- We decide not to pay for a service
- We ask you to pay an amount that you don't believe you owe
- We decide to deny your request to get a service from a non-network provider when you live in a rural area with only one HMO
- We don't arrange or provide services in a timely manner
- We don't meet the required time frames to resolve your grievance or appeal

We 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 you?

If you would like to appeal an adverse benefit determination, you can call your Member Advocate at **1 (608) 828-2863** or write to the following address:

Dean Health Plan
Attn: Appeal Analyst
P.O. Box 56099
Madison, WI 53705

If you request an appeal with us, you will have the opportunity to appeal in-person in front of our Grievance and Appeal Committee. Once your appeal is requested, we 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 we agree 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 Member Advocate at **1 (608) 828-2863**.

If you want to speak with someone outside Dean Health 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 we decide 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 time frame, whichever is later:

- On or before the date we plan to stop or reduce your service
- Within 10 days of getting notice that your service will be reduced

If our decision about your appeal is not in your favor, you might have to pay us back for the service you got during the appeal process.

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.

Get help filing an appeal

What if I disagree with your decision about my appeal?

You can request a fair hearing with the Wisconsin Division of Hearing and Appeals if you disagree with Dean Health 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 Dean Health Plan's decision on your appeal by an Administrative Law Judge in the county where you live. You must appeal to Dean Health 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 Dean Health 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 we decide 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 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 appeal. You'll have to mail, fax, or email your request within a certain time frame, whichever is later:

- On or before the date we plan 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 us 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

Commitment to non-discriminatory health care services

The Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or religion. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, or religion.

Notification of language services

Dean Health Plan provides interpretive services for all health plan services. If you need help with language assistance or written interpreters, please call our Customer Care Center at **1 (800) 279-1301 (TTY: 711)**.

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 **DHS.Wisconsin.gov/Forms/AdvDirectives**.

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**.

New treatments and services

We have a process for reviewing new types of services and treatments. As part of the review process, we:

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

Transition of care

If you have moved from ForwardHealth or a BadgerCare Plus/SSI Health Plan to a new BadgerCare Plus/SSI Health Plan, then you have the right to:

- Continue to see your current providers and access your current services for up to 90 days. Please call your HMO upon enrollment to let them know who your provider is. If this provider is still not in the HMO network after 90 days, you will be given a choice of participating providers to make a new choice.
- Receive services that would pose a serious health risk or hospitalization if you did not receive them.

Your rights

Our moral or religious objection

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

Right to medical records

You have the right to ask for copies of your medical records from your doctor(s). Contact your provider to start the process. If you need help call the Customer Care Center at **1 (800) 279-1301** (TTY: **711**).

Note: You may have to pay for copies of your medical records. You also may correct wrong information in your medical records if your doctor agrees to the correction.

Knowing about physician incentive plan

You have the right to ask if we have special financial arrangements with our physicians that can affect the use of referrals and other services you might need. To get this information, call our Customer Service Department at **1 (800) 279-1301** (TTY: **711**) and request information about our physician payment arrangements.

Knowing provider credentials

You have the right to information about our providers that includes the provider's education, board certification and recertification. To get this information, call the Customer Care Center at **1 (800) 279-1301** (TTY: **711**).

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 BadgerCare Plus 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. We must obey laws that protect you from discrimination and unfair treatment. We provide covered services to all eligible members regardless of the following:
 - Age
 - Color
 - Disability
 - National origin
 - Race
 - Sex
 - Religion
 - Sexual orientation
 - Gender identity
 - All medically necessary, covered services are available and will be provided in the same manner to all members. All persons or organizations connected with us 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. We must follow laws protecting the privacy of your personal and health information. See our 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 21, *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 we use. This includes:
 - Your right to ask if we have 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 Care Center at **1 (800) 279-1301 (TTY: 711)** and request information about our physician payment arrangements.
- Your right to request information about our providers, including the provider's education, board certification, and recertification. To get this information, call our Customer Care Center at **1 (800) 279-1301 (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 the Customer Care Center at **1 (800) 279-1301 (TTY: 711)** for assistance on how to request 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 us 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 our plan if we do 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 our decision about your appeal or if we do 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 our decision about your grievance or if we do not respond to your grievance in a timely manner.
 - For more information on how to file a grievance, appeal, or fair hearing, see page 18, *Filing a Grievance or Appeal*.

Your rights + responsibilities

9. You have the right to receive information about our plan, its services, its practitioners, providers, and member rights and responsibilities. This includes:
- Your right to know about any big changes with our 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 us and our network providers. This includes:
- Your right to make recommendations about our Member Rights and Responsibilities Policy.

Your responsibilities

- You have a responsibility to provide the information that Dean Health Plan and its providers need to provide care.
- You have a responsibility to let us know how best to contact and communicate with you. You have a responsibility to respond to communications from Dean Health 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 with us

You may switch HMOs for any reason during your first 90 days of enrollment in our plan. After your first 90 days, you will be “locked in” to enrollment in our 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 our 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 us.
- You have the right to end your membership with us at any time if:
 - You move out of our service area.
 - We do 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 BadgerCare Plus or Medicaid SSI program[s] completely, you must continue to get health care services through us until your membership ends.

For more information about how to switch HMOs or to disenroll from BadgerCare Plus and/or Medicaid SSI completely, contact the HMO Enrollment Specialist at **1 (800) 291-2002**.

Fraud and abuse

If you suspect fraud or abuse of the Medicaid program, you may report it. Please go to **ReportFraud.Wisconsin.gov**.

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Questions? We're here to help.

Call us toll-free at
1 (800) 279-1301 (TTY: **711**).

7:30 a.m. – 5 p.m. CT, Monday – Thursday,
8 a.m. – 4:30 p.m. CT, Friday

DeanCare.com/BadgerCare

Dean Health Plan by Medica
1277 Deming Way
Madison, WI 53717



Dean Health Plan Member Advocate

1 (608) 828-2863 (TTY: **711**)
8 a.m. – 4:30 p.m. CT, Monday – Friday

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 we made

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

HMO Enrollment Specialist

1 (800) 291-2002 (TTY: **711**)
7 a.m. – 6 p.m. CT, Monday – Friday

Call the HMO Enrollment Specialist for:

- General information about health maintenance organizations (HMOs) and managed care
- Help with disenrollment or exemption from our plan or managed care
- If you move out of our service area

State of Wisconsin HMO Ombuds Program

1 (800) 760-0001 (TTY: **711**)
8:00 a.m.–4:30 p.m. CT, Monday–Friday

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

Call the Ombuds Program for:

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

DeanHealthPlan
by  **Medica**

Dean Health Plan does not discriminate on the basis of disability in the provisions of programs, services or activities. If you need this printed material interpreted or in an alternate format, or need assistance in using any of our services, please contact a Customer Care Specialist at **1 (800) 279-1301** (TTY: **711**).

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