



BadgerCare Plus/Medicaid SSI Member Handbook

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Important Group Health Cooperative of Eau Claire Telephone Numbers:

Member Services	1-888-203-7770	7:00 a.m. to 6:00 p.m. Mon thru Friday
Emergency Number	1-800-586-5473	Call 24 hours a day, seven (7) days a week
TDD/TTY	1-800-947-3529	

Welcome to Group Health Cooperative of Eau Claire:

Welcome to Group Health Cooperative of Eau Claire. As a member of Group Health Cooperative of Eau Claire (the Cooperative), you will receive all your health care from network doctors and hospitals. See the Provider Directory for a list of these providers. You may also call Member Services at 1-715-552-4300 or 1-888-203-7770 (toll-free). Providers not accepting new patients are marked in the Provider Directory.

Your Forward Health ID Card:

Your ForwardHealth ID Card is the card you will use to get your BadgerCare Plus or Medicaid SSI benefits. Your HMO does not provide a separate ID card, the ForwardHealth ID card is the only card you will need. Always carry your ForwardHealth ID card with you, and show it every time you get care. You may have problems getting care or prescriptions if you do not have your card with you. Also bring any other health insurance cards you may have.



Primary Care Clinic (PCC):

You will be assigned to the network clinic closest to the zip code where you live. We refer to this as your “primary care clinic” (PCC). You can choose your primary care clinic from those listed.

You may change your primary care clinic choice only twice in a calendar year, unless there are special reasons. To do this, call our Member Services at 1-715-552-4300 or 1-888-203-7770 (toll-free). Each member of your family may choose a different clinic.

It is important to call your PCC first when you need care. The doctor will manage all your health care. If you think you need to see another doctor, or a specialist, ask your PCC. Your PCC will help you decide if you need to see another doctor, and give you a referral. Remember, you must get approval from your PCC before you see another doctor.

You can choose your PCC from those available. (NOTE: For women, you may also see a women’s health specialist [for example a Cooperative network OB/GYN doctor or a nurse midwife] without a referral, in addition to choosing your PCC). There are HMO doctors who are sensitive to the needs of many cultures. To choose a PCC, or to change to a different PCC, call our Member Services at 1-715-552-4300 or 1-888-203-7770.

Rural Area Resident (Only one HMO in our County)

If you live in a rural area with only one HMO and your “primary care provider” (PCP) is not in network, you may continue to see this provider for up to 60 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 60 days, you will be given a choice of participating providers to make a new choice.

Emergency Care: Accessing the Care You Need

Emergency care is care needed right away. This may be caused by an injury or a sudden illness. Some examples of emergency care are:

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

If you need emergency care, go to a network provider for help if you can. But, if the emergency is severe, go to the nearest provider (hospital, doctor or clinic). You may want to call 911 or your local police or fire department emergency services if the emergency is severe.

If you must go to a non-network hospital or provider, call the Cooperative at 1-715-552-4300 or 1-888-203-7770 (toll-free) as soon as you can and tell us what happened. This is important so we can help you get follow-up care.

Remember, hospital emergency rooms are for true emergencies only. Before you go to the emergency room, call your doctor if your primary care clinic is open. After clinic hours, call our 24-hour emergency number, FirstCare Nurseline at 1-800-586-5473, unless your emergency is severe.

Urgent Care:

Urgent Care is care you need sooner than a routine doctor's visit. Urgent care is not emergency care. Do not go to a hospital emergency room for urgent care unless your doctor tells you to go there.

Some examples of urgent care are:

- Most broken bones
- Minor cuts
- Sprains
- Bruises
- Non-severe bleeding
- Most drug reactions
- Minor burns

If you need urgent care, call your doctor during regular clinic hours. At night or on the weekend, call our FirstCare Nurseline at 1-800-586-5473 (toll-free). You will get advice over the telephone or you may be instructed to go to a nearby medical facility for care. You must get urgent care from your network doctor unless you get our approval to see a non-network doctor.

Remember, do not go to a hospital emergency room for urgent care unless you get approval from the Cooperative first.

Care Evaluation: Health Needs Assessment

As a member of Group Health Cooperative, you will be asked to speak with a trained staff member about your health care needs. Your case manager will contact you within the first 60 days of being enrolled with Group Health Cooperative to schedule a time to talk about your medical history and the care you need. It is very important that you talk with your case manager. If you have questions or would like to contact the Cooperative directly to schedule a care evaluation session, please call 1-715-552-4300 or 1-888-203-7770 (toll-free).

Services that Require Authorization:

Prior authorization is required:

- To see a non-network provider
- For some mental health and substance abuse services
- For some ambulance transportation
- For admissions
- For outpatient surgeries
- For non-emergent surgeries
- For specialized pharmacy services
- For some radiology services

For more detail, see authorization guidelines on page 13.

Please call our Member Services at 1-715-552-4300 or 1-888-203-7770 (toll-free) for more detailed information on how to obtain prior authorization or to check on the status of your authorization.

How to Get Medical 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 assigned primary care clinic.

For **severe emergencies**, go to the nearest hospital, clinic or doctor. Call the Cooperative at 1-715-552-4300 or 1-888-203-7770 (toll-free) as soon as you are able.

For urgent or routine care away from home, you must get approval from the Cooperative to go to a different doctor, clinic or hospital. This includes children who are spending time away from home with a parent or relative. Call us at 1-715-552-4300 or 1-888-203-7770 (toll-free) for approval to go to a different doctor, clinic or hospital.

Care During Pregnancy and Delivery:

If you become pregnant, please let the Cooperative and your income maintenance agency know right away. This is to make sure you get the extra care you need. You do not have copayments when you are pregnant.

You must go to a network hospital to have your baby. Talk to your network doctor to make sure you understand which hospital you are to go to when it is time to have your baby.

Also, talk to your doctor if you plan to travel in your last month of pregnancy. Because we want you to have a healthy birth and a good birthing experience, it may not be a good time for you and your unborn child to be traveling. Your Cooperative doctor knows your history and is the best doctor to help you have a healthy birth. Do not go out of area to have your baby unless you have the Cooperative's approval.

When You May be Billed for Services:

Covered and Noncovered Services

Under BadgerCare Plus and Medicaid SSI, you do not have to pay for covered services other than required copayments. To help ensure that you are not billed for services, you must see a provider in the Cooperative's network. The only exception is for severe emergency.

Medical Services Received Outside Wisconsin

If you travel outside of Wisconsin and need emergency services, health care providers can treat you and send claims to the Cooperative. You may have co-payments for emergency services provided outside Wisconsin, but the charges for Medicaid covered services will be no more than charges for services in the network.

Group Health Cooperative of Eau Claire does not cover any service, including emergency services, provided outside of the United States, Canada and Mexico. If you need emergency services while in Canada or Mexico, the Cooperative will cover the service only if the doctor or hospital's bank is in the United States. Other services may be covered with HMO approval, if the provider has a United States bank. Please call the Cooperative if you receive any emergency services outside the United States. If you get a bill for services, call the Cooperative at 1-715-552-4300 or 1-888-203-7770 (toll-free).

Billing Members:

BadgerCare Plus and Medicaid SSI

If you receive a bill for services, call our Member Services at 1-715-552-4300 or 1-888-203-7770 (toll-free). You do not have to pay for **covered services** that are provided by a BadgerCare Plus and Medicaid SSI certified provider and that the Cooperative is required to provide you unless prior authorization is denied and you are told there will be a charge for the service before it is provided.

You may request non-covered services from providers, and providers may collect payment for **non-covered services** from you if you accept responsibility for payment and make payment arrangements with the provider. Providers may bill you up to their usual and customary charges for non-covered services

Generally, charging a member for a non-covered service that the member has agreed to receive is allowed, except for certain **non-covered services** or activities related to covered services, like missed appointments, telephone calls and translation services.

Copayments:

The Cooperative will **not** apply a copayment for covered services to **any** member enrolled in the BadgerCare Plus or Medicaid SSI plan.

Other Insurance:

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

Services Covered by Group Health Cooperative of Eau Claire:

The HMO is responsible to provide all medically necessary covered services under BadgerCare Plus and/or Medicaid SSI.

Service	BadgerCare Plus Standard Plan and Medicaid SSI
Ambulance	Full coverage of emergency transportation to and from a BadgerCare Plus covered service with no copayment. Non-emergent ambulance transportation may be arranged by Medical Transportation Manager (MTM). Please call them for information
Ambulatory Surgery Centers	Coverage of certain surgical procedures and related lab services
Chiropractic Services	Group Health Cooperative does not cover chiropractic services. You may receive chiropractic services from any chiropractor who will accept your ForwardHealth ID card. You may have a \$.50 to \$3.00 copayment.
Dental/Oral Surgery/TMJ	You may get dental services from any dentist who will accept your ForwardHealth ID card. Your dental services are provided by the State, not the Cooperative. Please show your ForwardHealth ID card to the dentist. A dental emergency is an immediate dental service needed to treat dental pain, swelling, fever, infection or injury to the teeth. For help with a dental emergency, call 1-800-362-3002 (toll-free). You may have a \$.50 to \$3.00 copayment.
Disposable Medical Supplies (DMS)	Full coverage with no copayment.
Drugs	You may get your drugs from any pharmacy that will accept your ForwardHealth ID card. Your prescriptions and certain over the counter items are provided by the State, not the Cooperative. Please show your ForwardHealth ID card to the pharmacy. <ul style="list-style-type: none">• Members are limited to five prescriptions per month for opioid drugs

Service	BadgerCare Plus Standard Plan and Medicaid SSI
	<ul style="list-style-type: none"> • Copayments are as follows: <ul style="list-style-type: none"> - \$.50 for OTC drugs - \$1.00 for generic drugs - \$3.00 for brand name drugs • Copayments are limited to \$12.00 per member, per provider, per month. OTC drugs are excluded from this \$12.00 maximum.
Durable Medical Equipment (DME)	Full coverage with no copayment. Rental items are not subject to copayment.
End Stage Renal Disease (ESRD)	Full coverage with no copayment
HealthCheck screenings for Children	<p>Full coverage of HealthCheck screenings and other services for individuals 20 years and under. Your child should receive a health check at the following ages:</p> <ul style="list-style-type: none"> • Birth • 2 Months • 4 Months • 6 Months • 9 Months • 12 Months • 15 Months • 18 Months • 24 Months • 30 Months • 3 years old through the age of 20 should receive a yearly HealthCheck <p>No Copayment.</p>
Hearing Services	Full coverage with no copayment. No copayment for hearing aid batteries.
Home Care Services – Home Health, Private Duty Nursing (PDN), and Personal care.	Full coverage of private duty nursing, home health care, personal care with no copayment.
Hospice	Full coverage with no copayment.
Hospital - Inpatient	Full coverage with no copayment.
Hospital - Outpatient	Full coverage with no copayment.
Hospital – Outpatient Emergency Room	Full coverage with no copayment.
Mental Health and Substance Abuse Treatment	Full coverage with no copayment.
Nursing Home Services	Full coverage with no copayment.

Service	BadgerCare Plus Standard Plan and Medicaid SSI
Physician	Full coverage including laboratory and radiology with no copayment.
Podiatry	Full coverage with no copayment.
Prenatal /Maternity Care	Full coverage with no copayment. Includes Prenatal Care Coordination (PNCC) and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems.
Reproductive Health	Full coverage, excluding infertility treatments, reversal of voluntary sterilization and surrogate parenting and related services, including but not limited to artificial insemination, obstetrical care, labor or delivery, prescription and OTC drugs.
Routine Vision	Full coverage including eye glasses with no copayment.
Therapy - Physical Therapy, Occupational Therapy and Speech and Language Pathology	Full coverage with no copayment.
Transportation (Non-emergent) Specialized Medical Vehicle (SMV), Common Carrier	<p>All non-emergent medical transportation is arranged through Medical Transportation Manager (MTM).</p> <ul style="list-style-type: none"> • MTM provides full coverage of non-emergency medical transportation to and from a certified provider for a covered service. • Copayments are as follows: <ul style="list-style-type: none"> - \$2.00 copayment for non-emergency ambulance trips. - \$1.00 copayment per trip for transportation by Specialized Medical Vehicle (SMV). - No copayment for transportation by common carrier.

BadgerCare Plus Standard and Medicaid SSI Prior Authorization Guide:

Group Health Cooperative (the Cooperative) provides all medically necessary covered services. Some services may require a prior authorization. Covered services and copayment amounts are listed separately in this handbook. Please refer to the table of contents in this handbook for "Services Covered by Group Health Cooperative." Your provider should handle your authorization for you.

An approved authorization does not guarantee payment for non-covered services.

Service	Prior Authorization Yes (Y) or No (N)
Ambulance	N
Cardiac Rehabilitation	N
Dental Oral Surgery/TMJ	Not covered by the Cooperative. Use your ForwardHealth ID Card
Disposable Medical Supplies (DMS)	N
Drugs	Not covered by the Cooperative. Use your ForwardHealth ID Card
Durable Medical Equipment (DME)	Y - Purchases over \$300.00, rental over 30 days, all orthotics
Emergency Professional Fee	N
Emergency Room (ER)	N
HealthCheck	N
Home Health	Y
Hospice	Y
Immunizations	N
Inpatient Hospital	Y
Laboratory Services	Y - Genetic testing only
Mental Health and Substance Abuse-Day Treatment	Y
Mental Health and Substance Abuse-Inpatient	Y
Mental Health and Substance Abuse-Outpatient	Y - After 6 visits
Nursing Home/Skilled Nursing	Y
Outpatient Hospital	N
Physical Therapy (PT), Occupational Therapy (OT)	Y - After six visits
Physician Visits/Professional Services	Y - Out of network only
Podiatric Services	Y
Prenatal Care/Maternity	N
Preventive Services	N
Radiology Services	Y - CT, MRI, PET scans and Nuclear Imaging
Reproductive Health	N
Speech Language Pathology (SLP)	Y - After first visit
Transportation (Non-emergent medical, includes ambulance and specialized vehicle)	Not covered by the Cooperative. Please call Medical Transportation Manager (MTM)
Vision (Optical)	N

Mental Health and Substance Abuse Services:

Group Health Cooperative of Eau Claire provides mental health and substance abuse (drug and alcohol) services to all members. If you need these services, call the Cooperative at 1-715-552-4300 or 1-888-203-7770 (toll-free). If you live in Barron County, Chippewa County, or Eau Claire County, please call the Vantage Point Clinic at 1-800-847-2144. They will help you get the treatment you need. You do not need a referral from your primary care clinic. If you need immediate help, you can call our 24-Hour Nurse Line at 1-800-586-5473 (toll free)

All services provided by the Cooperative are private.

Family Planning Services:

We provide confidential family planning services to all members. This includes minors. If you do not want to talk to your primary care doctor about family planning, call our Member Services at 1-715-552-4300 or 1-888-203-7770 (toll-free). We will help you choose a network family planning doctor who is different from your primary care doctor.

We encourage you to receive family planning services from a network doctor. That way we can better coordinate all your health care. Federal law allows members to choose their provider, including physicians and family planning clinics, for reproductive care and supplies. Therefore, you can also go to any family planning clinic that will accept your ForwardHealth ID card even if the clinic is not part of the Cooperative.

Dental Services:

You may get dental services from any dentist who will accept your ForwardHealth ID card. Your dental services are provided by the State, not the Cooperative. **Please show your ForwardHealth ID card to the dentist.** To find a Medicaid-enrolled provider:

1. Go to www.forwardhealthwi.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

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

Dental Emergency:

If you have a dental emergency, you have the right to obtain treatment within 24 hours of your request. A dental emergency is a need for immediate dental services to treat severe dental pain, swelling, fever, infection, or injury to the teeth. If you are experiencing a dental emergency:

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

Chiropractic Services:

You may get chiropractic services from any chiropractor who will accept your ForwardHealth ID card if you are a BadgerCare Plus or Medicaid SSI member. Your chiropractic services are provided by the State, not Group Health Cooperative of Eau Claire. Please show your ForwardHealth ID card to the chiropractor. To find a Medicaid-enrolled provider:

1. Go to www.forwardhealthwi.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.

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

Vision Services:

The Cooperative provides covered vision services, including eyeglasses, however, some limitations apply. For more information, call our Member Service Department at 1-715-552-4300 or 1-888-203-7770 (toll-free).

Autism Treatment Services:

Behavioral treatment services are a covered benefit under BadgerCare Plus. You may get covered autism treatment services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to www.forwardhealthwi.gov
2. Click on the Members link or icon in the middle 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.

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

Pharmacy Services:

Your prescriptions and certain over the counter items are provided by the State, not the Cooperative. You may get your drugs from any pharmacy who will accept your ForwardHealth ID card.

You may receive a prescription from a network doctor or specialist. You can fill your prescription at any pharmacy that is a provider for BadgerCare Plus or Medicaid SSI.

Please show your ForwardHealth ID card to the pharmacy. You may have co-payments or have limits on covered medications. If you cannot afford your copayments, you can still get your prescriptions.

HealthCheck:

HealthCheck is a preventive health checkup program for members under the age of 21. The HealthCheck program covers complete health checkups, including treatment for health problems found during the checkup. These checkups are very important for those under 21. The doctor wants to see those under 21 for regular checkups, not just when they are sick.

The HealthCheck program has three purposes:

1. To find and treat health problems for those under 21
2. To let you know about the special health services for those under 21
3. To make those under 21 eligible for some health care not otherwise covered

The HealthCheck program covers the medical care for health problems found during the checkup including medical care, eye care and dental care.

The HealthCheck checkup includes:

- Health and developmental history (including anticipatory guidance)
- Physical examination
- Vision screening
- Hearing screening
- Dental screening and a referral to a dentist beginning at age one
- Immunizations appropriate for age (shots)
- Blood and urine lab tests (including blood lead level testing when appropriate for age)

Your child should receive a health check at the following ages:

Birth

- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years old through the age of 20 should receive a yearly HealthCheck

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

To schedule a HealthCheck exam or to find out when your child should have his/her next HealthCheck exam, ask your child's primary care doctor. If you are having difficulty scheduling your child's HealthCheck exam or for more information, call our Member Services at 1-715-552-4300 or 1-888-203-7770 (toll-free).

Transportation:

Non-emergency medical transportation (NEMT) is available through the DHS NEMT manager who arranges and pays for rides to covered services for members who have no other way to get to their appointments. Non-emergency medical transportation (NEMT) can include public transportation such as a city bus, non-emergency ambulance, rides in specialized medical vehicles (SMV), or rides in other types of vehicles depending on a member's medical and transportation needs. NEMT can also compensate the use of private motor vehicles for transportation to and from BadgerCare Plus and Medicaid SSI covered services. Non-emergency transportation is handled by the Department's transportation NEMT manager. Please call 1-866-907-1493 or TTY 1-800-855-2880 to schedule a ride to your medical health care appointment.

You must schedule routine rides at least two business days before your appointment.

You can schedule a routine ride by calling the NEMT manager at 1-866-907-1493 (or TTY 1-800-855-2880), Monday through Friday, from 7:00 a.m. until 6:00 p.m.

You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

Ambulance:

Group Health Cooperative of Eau Claire covers ambulance service for emergency care.

For all non-emergent ambulance transportation please contact the Department's transportation NEMT Manager. Please call them at 1-866-907-1493 (TTY 1-866-288-3133).

If You Move:

If you are planning to move, contact your current Income Maintenance (IM) agency. If you move to a different county, you must also contact the Department of Social or Human Services in your new county to update your eligibility for BadgerCare Plus or Medicaid SSI.

If you move out of the Cooperative's service area, call the HMO Enrollment Specialist at 1-800-291-2002. Group Health Cooperative of Eau Claire will only provide emergency care if you move out of our service area. The Enrollment Specialist will help you choose an HMO that serves your area.

Second Medical Opinion:

A second medical opinion on recommended treatments may be appropriate in some cases. Contact your doctor or our Member Services at 1-715-552-4300 or 1-888-203-7770 (toll-free) for information.

HMO Exemptions:

An HMO exemption means you are not required to join an HMO to receive your health care benefits. Most exemptions are granted for only a short period of time so you can 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.

Living Will or Power of Attorney for Health Care:

You have a right to make decisions about your medical care. You have a right to accept or refuse medical or surgical treatment. You also have the right to plan and direct the types of health care you may receive in the future if you become unable to express your wishes. You can let your doctor know about your feelings by completing a living will or power of attorney for health care form. Contact your doctor for more information.

You have a right to file a grievance with the Department of Health Services, Division of Quality Assurance if your advance directive, living will or power of attorney wishes are not followed. You may request help in filing a grievance.

Right to Medical Records:

You have the right to ask for copies of your medical record from your provider(s). We can help you get copies of these records. Please call 1-715-552-4300 or 1-888-203-7770 (toll-free) for help.

Please note: You may have to pay to copy your medical record. You also may correct wrong information in your medical records if your doctor agrees to the correction.

Group Health Cooperative of Eau Claire's Member Services:

Group Health Cooperative of Eau Claire's Member Services department can help you get the care you need. They can answer your questions about getting health care from the Cooperative. Member Services can also help you solve any problems you may have getting health care. You can reach them at 1-715-552-4300 or 1-888-203-7770 (toll-free).

External Advocate (for Medicaid SSI Only):

If you have problems getting services while you are enrolled with the Cooperative for Medicaid SSI services call the SSI HMO Advocate at 1-800-708-3034.

State of Wisconsin HMO Ombuds Program:

The State has 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.

Complaints, Grievances and Appeals:

We would like to know if you have a complaint about your care at the Cooperative. Please call Member Services at 1-715-552-4300 or 1-888-203-7770 (toll-free) if you have a complaint. Or you can write to us at:

Group Health Cooperative of Eau Claire
P.O. Box 3217
Eau Claire, WI 54702-3217

If you want to talk to someone outside of the Cooperative about the problem, call the HMO Enrollment Specialist at 1-800-291-2002. The Enrollment Specialist may be able to help you solve the problem, or can help you write a formal grievance to the Cooperative or to the BadgerCare Plus and Medicaid SSI program.

The address to complain to the Wisconsin BadgerCare Plus and Medicaid SSI Programs is:

Wisconsin BadgerCare Plus and Medicaid SSI
Managed Care Ombuds
P. O. Box 6470
Madison, WI 53716-0470
1-800-760-0001

If your complaint or grievance needs action right away because a delay in treatment would greatly increase the risk to your health, please call the Cooperative as soon as possible at 1-715-552-4300 or 1-888-203-7770 (toll-free).

We cannot treat you differently than other members because you file a complaint or grievance. Your health care benefits will not be affected.

You have the right to appeal to the State of Wisconsin Division of Hearings and Appeals (DHA) for a fair hearing if you believe your benefits are wrongly denied, limited, reduced, delayed or stopped by the Cooperative. An appeal must be made no later than 45 days after the date of the action being appealed. If you appeal this action to DHA before the effective date, the service may continue. You may need to pay for the cost of services if the hearing decision is not in your favor.

If you want a fair hearing, send a written request to:

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

The hearing will be held with an administrative law judge in the county where you live. You have the right to bring a friend or be represented at the hearing. If you need a special arrangement for a disability, or for English language translation, please call 1-608-266-3096 (voice) or 1-608-264-9853 (hearing impaired).

We cannot treat you differently than other members because you request a fair hearing. Your health care benefits will not be affected.

If you need help writing a request for a Fair Hearing, please call either the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001 or the HMO Enrollment Specialist at 1-800-291-2002.

Physician Incentive Plan:

You are entitled 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 Member Services at 1-715-552-4300 or 1-888-203-7770 (toll-free) and request information about our physician payment arrangements.

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 our Member Services at 1-715-552-4300 or 1-888-203-7770 (toll-free).

Member Rights and Responsibilities:

As a Cooperative **member, you have the RIGHT to:**

- Receive all of your covered benefits.
- Receive quality care in a timely manner.
- Be treated with respect and dignity.
- Have your health information be kept private (please see our Notice of Privacy Practices for more detail).
- Be free from seclusions or restraints.
- Receive information on treatment options and alternatives.
- Receive information in a language and format you understand and that takes into consideration your culture and beliefs.
- Understand your treatment and provide informed consent before you have a service or procedure.
- Participate in decisions regarding your health care.
- Refuse treatment.
- Expect that your primary care provider will coordinate and monitor your care.
- File a complaint or grievance or otherwise express concerns regarding your care or service.
- Receive information on how to designate someone to make treatment decisions for you if you are not able to.
- Direct access to routine and preventive services in an office setting, such as mammograms and most vaccines, including the flu shot or meningitis vaccine.

As a Cooperative member, **you have the RESPONSIBILITY to:**

- Read and understand your benefits, or call us if you have questions.
- Select a primary care clinic/doctor from any in-network provider.
- Use providers in the network, unless it is an emergency.
- Provide us and your providers with complete and accurate information about your health.
- Report changes in your health to your doctor and understand the care being provided to you.
- Keep your scheduled appointments or call your provider if you need to cancel.
- Contact us to update your address or phone number if it changes. Provide us with complete information about other insurance you have.

Your Civil Rights:

Group Health Cooperative of Eau Claire provides covered services to all eligible members regardless of:

- Age
- Race
- Religion
- Color
- Disability
- Sex
- Sexual orientation
- National origin
- Marital status
- Arrest or conviction record
- Military participation

All medically necessary covered services are available to all members. All services are provided in the same manner to all members. All persons or organizations connected with the Cooperative who refer or recommend members for services shall do so in the same manner for all members.

Translating or interpreting services are available for those members who need them. This service is free.

Nondiscrimination and Accessibility Policy Statement:

Group Health Cooperative of Eau Claire and KMTSJ, Inc. comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Group Health Cooperative of Eau Claire and KMTSJ, Inc. do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Group Health Cooperative of Eau Claire and KMTSJ, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact our Civil Rights Coordinator: 1-888-203-7770.

If you believe that Group Health Cooperative of Eau Claire or KMTSJ, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Civil Rights Coordinator
2503 N. Hillcrest Pkwy
Altoona, WI 54720
Phone: 1-888-203-7770
Fax 1-715-836-7683
TTD/TYY: 1-800-947-3529
Email: compliance@group-health.com

If you need help filing a grievance, our Civil Rights Coordinator, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019
TTY/TDD: 1-800-537-7697

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

Interpreter Services

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-203-7770 (TTY: 1-800-947-3529).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-203-7770 (TTY: 1-800-947-3529).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-203-7770 (TTY: 1-800-947-3529)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-203-7770 (TTY: 1-800-947-3529).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-203-7770 (TTY: 1-800-947-3529)번으로 전화해 주십시오.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-203-7770 (TTY: 1-800-947-3529).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-203-7770 (телетайп: 1-800-947-3529).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-947-3529
رقم. (1-888-203-7770 والبكم الصم ه 3529)

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-203-7770
(ATS : 1-800-947-3529).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-203-7770 (TTY: 1-800-947-3529).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-203-7770
(TTY: 1-800-947-3529).

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-203-7770 (TTY: 1-800-947-3529).

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ 1-888-203-7770 (TTY: 1-800-947-3529).

Albanian

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-203-7770 (TTY: 1-800-947-3529).

Serbo-Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-203-7770 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-947-3529).

Pennsylvanian Dutch

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-888-203-7770 (TTY: 1-800-947-3529).

Somali

Somali – Si laguu siiyo kaalmo xagga tarjumaadda ama si aad u fahamtid, fadlanwac 1-888-203-7770.
TDD/TTY – 1-800-947-3529



Notice of Privacy Practices

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

Effective Date of this Notice: April 1, 2013

This Notice is being directed to all members of Group Health Cooperative of Eau Claire.

PRIVACY RESPONSIBILITY.

This Notice describes how we may collect, use and disclose your protected health information and your rights concerning your protected health information. "Protected health information" is information about you, including demographic information collected from you, that can reasonably be used to identify you and that relates to your past, present, or future physical condition, the provision of health care to you or the payment for that care.

Protected health information in this Notice includes information about you that appears on enrollment applications, claims, prior authorization requests, referral requests to medical providers, surveys, health care treatment, services and prescriptions, health care encounter data, service requests, payment information, appeal and grievance information, and other records received in writing, in person, by telephone, or electronically (such as your name, address, telephone number, and other demographic data.)

OUR PRIVACY RESPONSIBILITIES INCLUDE:

- Protecting the privacy of any protected health information created or received about you and notifying you if there is a breach of your unsecured protected health information.
- Providing you with this Notice that indicates Group Health Cooperative of Eau Claire's privacy policies and our legal obligations regarding those policies.
- Using and sharing protected health information as outlined in this Notice.
- Notifying you when information within this Notice changes.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION.

Uses and Disclosures for Payment, Health Care Operations and Treatment. We use and disclose protected health information in a number of different ways in connection with the payment of your health care, our health care operations, and your treatment.

The following are only a few examples of the types of uses and disclosures of your protected health information that we are permitted to make without your authorization.

Payment: We will use and disclose your protected health information: to administer your health benefits policy or contract, which may involve the determination of eligibility; claims payment; utilization review and management; medical necessity review; coordination of care, benefits and other services; and responding to complaints, appeals and external review requests. Protected health information may also be shared with government programs such as Worker's Compensation, Medicaid, Medicare as well as for coordination of benefits with other insurance companies in order to administer your benefits and issue or review payments.

Health Care Operations: Protected health information may be used or disclosed in order to perform necessary business activities in relation to your benefits and services received. These activities include: quality and cost improvement functions such as conducting and arranging medical reviews and accreditation by independent organizations such as the National Committee for Quality Assurance and the Accreditation Association for Ambulatory Health Care, quality improvement surveys and studies, performance measurement and outcomes assessments, health claims analysis and health services research, operation of preventive health, early detection and disease and case management and coordination of care programs, including information about treatment alternatives, therapies, health care providers, settings of care or other health-related services; underwriting and ratemaking and administration of reinsurance, stop loss and excess of loss policies; transfer of policies or contracts, risk management, and audit services; quality of care case review, peer review and credentialing of providers; data and information systems management; customer service; administrative management; and general administration of your benefits.

Treatment: Protected health information may be used or disclosed in order to make sure that you are receiving the medical treatment and services needed, in accordance with your policy benefits. We may disclose your protected health information to health care providers (doctors, dentists, chiropractors, pharmacies, hospitals, and other caregivers) who request it in connection with your medical treatment. We may also disclose your protected health information to health care providers in connection with preventive health, early detection and disease and case management programs.

In connection with foregoing activities, we may collect the following types of information about you:

- Information we receive directly or indirectly from you or your employer, benefits plan sponsor or one of its business associates through applications, surveys, or other forms (e.g., name, address, social security number, date of birth, marital status, dependent information, employment information and medical history).
- Information about your relationships and transactions with us and others (e.g., health care claims and encounters, medical history, eligibility information, payment information and appeal and grievance information).

Affiliates and Business Associates. We may share your protected health information with affiliates and third party business associates that perform various activities for us or on our behalf. Whenever such arrangement involves the use or disclosure of your protected health information, we will have a written contract that contains terms designed to protect the privacy of your protected health information in accordance with applicable Federal and State law. We may also contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Plan Administrative Functions. We may disclose protected health information to the plan sponsor to permit the plan sponsor to perform administrative functions. Please see your plan sponsor for a full explanation of the limited uses and disclosures that the plan sponsor may make of your protected health information in providing plan administrative functions for your group health plan.

Genetic Information and Underwriting Activities. Group Health Cooperative of Eau Claire is prohibited from using or disclosing genetic information for underwriting purposes, including determination of benefit eligibility. If we obtain any protected health information for underwriting purposes and the policy or contract of health insurance or health benefits is not issued by us, we will not use or disclose that protected health information for any other purpose, except as required by law.

Use and Disclosure After Disenrollment. We do not immediately destroy protected health information when individuals terminate their coverage with us. The information is necessary and used for many of the purposes described above, even after an individual leaves a plan, and is in many cases subject to legal retention requirements. However, the policies and procedures that protect this information against inappropriate use and disclosure apply regardless of the enrollment status of any member, subject to applicable law.

Applicability of More Stringent State Law. Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws that are more stringent than Federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA), and HIV testing.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.

We may use or disclose your protected health information in the following additional situations without your authorization:

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, or any other person that you identify, the protected health information directly relevant to that person's involvement in your health care or payment for health care. If you are present for such a disclosure, we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it. We may also make such disclosures to the persons described above in situations where you are not present or you are unable to agree or object to the disclosure, if we determine that the disclosure is in your best interest. We may also disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Unless we are given an alternative address, we will mail explanations of benefits forms and other mailings containing protected health information to you at the address that we have on record for the subscriber of the policy.

Informing You: Your protected health information may be used to let you know about health and wellness services that are offered by the health plan. This may include contacting you for appointment reminders, follow-up care surveys, informing you of treatment alternatives or providing you with information about health-related benefits and services offered by Group Health Cooperative of Eau Claire or its providers or affiliates, subject to the other limitations in this Notice.

As Required by Law: Your protected health information may be used or disclosed to the extent that we are required to do so by law.

Legal Proceedings: We may disclose your protected health information in the course of any legal proceeding, in response to an order of a court or administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful processes.

Law Enforcement: We may disclose your protected health information under limited circumstances to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons, or to provide information concerning victims of crimes.

Public Health: Your protected health information may be reported to a public health agency to help prevent or control disease, injury, disability, infection exposure, child abuse, or family violence. In addition, disclosures may be made as required to the Food and Drug Administration to report adverse events or product defects, track products, enable product recalls, make repairs or replacements, or conduct product surveillance.

Abuse or Neglect: We may make disclosures to government authorities concerning actual, alleged, or suspected abuse, neglect or domestic violence, in accordance with applicable law.

Health Oversight Activities: Your protected health information may be used by or disclosed to a governmental agency authorized to oversee the health care system or government programs or its contractors. Examples include: licensing and inspecting of medical facilities and audits or other proceedings related to the oversight of the health care system.

Coroners, Medical Examiners, or Funeral Directors: Protected health information may be used or disclosed to a medical examiner, coroner, or funeral director as needed to carry out duties authorized by law. For example, medical information may be necessary to identify a deceased person.

For Organ Donations: If you are an organ donor, information may be given to the organization that locates organs for the purpose of an organ transplantation or donation.

Worker's Compensation: Your protected health information may be used or disclosed to the extent required by worker's compensation laws.

Public Safety: Your protected health information may be used or disclosed in order to prevent or lessen a serious threat to your health or safety, to another person, or the general public.

Military Activity and National Security: If you are a veteran, your protected health information may be used or disclosed as required by veteran administration authorities. It also may be disclosed to Armed Forces personnel under certain circumstances and to authorized federal officials for the conduct of national security and intelligence activities.

Court of Other Hearings/Correctional Institutions: Your protected health information may be disclosed in order to comply with court orders and other hearings. If you are an inmate in a correctional facility, your information may be disclosed for the provision of health care to you or the health and safety of you or others.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITH YOUR AUTHORIZATION.

Your authorization is necessary to allow us to use or disclose your protected health information for certain marketing activities, including Treatment or Health Care Operations communications where we receive financial remuneration from a third party to communicate this information to you. Your authorization is also necessary for us to sell your protected health information. Finally, your authorization is necessary for most uses and disclosures of psychotherapy notes. Other uses and disclosures of protected health information will be made only with your written authorization, unless otherwise permitted or required by law.

You may revoke your authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization. Please refer to the Contact Information box for the telephone number and address for this request.

YOUR PROTECTED HEALTH INFORMATION PRIVACY RIGHTS.

The following are additional rights you have in relation to your protected health information:

Right to Review or Copy Your Protected Health Information: You have the right to review or copy records used to make decisions about your health plan services. This right to review and/or copy does not include information needed for civil, criminal, administrative actions and proceedings, or psychotherapy notes. We may ask that your request be in writing and to provide us with the specific information we need to fulfill your request. A fee will be charged to cover certain actual costs in relation to your request, and you may request your information in electronic format. Please refer to the Contact Information box for the telephone number and address for this request.

Right to Correct Information You Believe to be Incorrect or Incomplete: You have the right to ask us to amend enrollment, claim, or other records. All requests for amendments must be in writing. In certain cases, we may deny your request, as we may not have created the original information. All denials will be made in writing and will indicate how you can respond if you disagree. Please refer to the Contact Information box for the telephone number and address for this request.

Right to Request a List of Who Was Given Your Information and Why: You have the right to have us provide you with a list of times when we have disclosed your protected health information for any purpose other than treatment, payment, or health care operations, national security purposes, or for any listing already provided to you. All requests must be in writing. We will require you to provide us with the specific information we need to fulfill your request, with specific dates required. This requirement applies for six years from the date of the disclosure, beginning with dates after April 14, 2003. If you request a list more than once in a 12-month period, we may charge you certain actual costs in relation to your request. Please refer to the Contact Information box for the telephone number and address for this request.

Right to Request Restrictions: You have the right to request restrictions on the way we use or disclose your protected health information for treatment, payment, or health care operations; however, we are not required to agree to these restrictions. All requests must be made in writing. Please refer to the Contact Information box for the telephone number and address for this request.

Right to Confidential Communications: You have the right to reasonable requests to communicate with you about your protected health information by alternative means or to alternative locations. Your request will be evaluated and you will be notified if it can be done. All requests must be made in writing. Please refer to the Contact Information box for the telephone number and address for this request.

Right to Contact Information: You may exercise any of the rights described above by contacting Group Health Cooperative of Eau Claire. All requests must be made in writing. Please refer to the Contact Information box for the telephone number and address for this request.

CHANGES TO PRIVACY PRACTICES.

This notice may be changed or amended at any time. The changes are effective for all protected health information that we maintain. Group Health Cooperative of Eau Claire will redistribute a new Notice of Privacy Practices whenever policy changes are made.

ADDITIONAL INFORMATION.

If you have any questions about this notice or would like an additional copy of this notice, please refer to the Contact Information box for the telephone number and address for this request.

COMPLAINTS.

If you are concerned about this Notice of Privacy Practices or if you believe that your privacy rights may have been violated, please forward your written complaint to the address listed within the Contact Information box.

You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. If you have questions about the complaint process, please refer to the Contact Information box for the telephone number and address.

You will not lose benefits or eligibility for filing a complaint or a grievance regarding your privacy rights.

Contact Information

For all above indicated requests, please contact Group Health Cooperative of Eau Claire at 715-552-4300 or 888-203-7770.

Or you may write to the following:
Group Health Cooperative of Eau Claire
Attn: Compliance Officer
2503 N. Hillcrest Pkwy
Altoona, WI 54720

Group Health Cooperative of Eau Claire complies with applicable Federal civil rights laws and does not discriminate on the basis of race, religion, color, national origin, age, disability, or sex.

Group Health Cooperative of Eau Claire provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). We also provide free language services to people whose primary language is not English, including qualified interpreters and information written in other languages. If you need these services, contact Member Services at: (888) 203-7770 (TTY: 1-800-947-3529).

English - ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-888-203-7770 (TTY: 1-800-947-3529).

Spanish - ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-888-203-7770 (TTY: 1-800-947-3529).

Hmong - CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwj yam lus muaj rau koj dawb xwb. Hu 1-888-203-7770 (TTY: 1-800-947-3529).

Somali - DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyadoo bilaash ah. Wac 1-888-203-7770 (TTY: 1-800-947-3529).

Laotian - ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-888-203-7770 (TTY: 1-800-947-3529)

Chinese Mandarin - 注意: 如果您说中文, 您可获得免费的语言协助服务。请致电1-888-203-7770 (TTY 文字电话: 1-800-947-3529)



2503 N. Hillcrest Parkway | Altoona, WI 54720
1-715-552-4300 | 1-888-203-7770