



Molina Member Handbook

Wisconsin Member Handbook

Medicaid

Last updated February 2026

MolinaHealthcare.com/WI





Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex. Discrimination on the basis of sex includes sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes.

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters (including qualified sign language interpreters). (2) Written Information in other formats, such as large print, audio, accessible electronic formats, and Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Molina Member Services at 1-888-999-2404 or TTY/TDD: 711, Monday to Friday, 8:00 a.m. to 5:00 p.m., local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at:

<https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 OceanGate
Long Beach, CA 90802

Email: Civil.Rights@MolinaHealthcare.com

Website: <https://MolinaHealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal 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: 800-537-7697

Complaint forms are available here: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

English:	For free language assistance services, and auxiliary aids and services, call 1-888-999-2404 (TTY: 711).
Spanish: Español	Para obtener servicios gratuitos de asistencia lingüística, así como ayudas y servicios auxiliares, llame al 1-888-999-2404 (TTY: 711).
Hmong: Hmoob	Rau cov kev pab cuam txhais lus dawb, thiab cov pab khoom siv thiab cov kev pab cuam, hu 1-888-999-2404 (TTY: 711).
Mandarin Chinese: 中文（简体）	如需免费的语言协助服务以及辅助工具和服务，请致电 1-888-999-2404 (TTY 用户请拨打 711)。
German: Deutsch	Kostenlose Sprachassistenzen, Hilfsmittel und Dienstleistungen erhalten Sie unter 1-888-999-2404 (TTY: 711).
Arabic: العربية	اتصل على الرقم 1-888-999-2404 (الهاتف النصي 711) لتلقي خدمات المساعدة اللغوية المجانية والخدمات والمساعدات الإضافية.
Russian: Русский	Для получения бесплатных услуг языковой помощи, а также вспомогательных средств и услуг, позвоните: 1-888-999-2404 (телетайп: 711).
Korean: 한국인	무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면 1-888-999-2404 (TTY: 711)로 연락 주시기 바랍니다.
Vietnamese: Tiếng Việt	Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi 1-888-999-2404 (TTY: 711).
Pennsylvanian Dutch: Pennsylvanisch Deutsche	Fer koschdenlos Schprooch Hilfe, un annere Hilfe un Services, ruff 1-888-999-2404 (TTY: 711).
Laotian: ພາສາລາວ	ສໍາລັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນ ແລະ ການບໍລິການເສີມແບບບໍ່ເສຍຄ່າ, ໃຫ້ໂທ 1-888-999-2404 (TTY: 711).
French: Français	Pour bénéficier de services d'assistance linguistique gratuits, ainsi que de services et aides complémentaires, appelez le 1-888-999-2404 (ATS: 711).
Polish: Polski	Aby uzyskać bezpłatną pomoc językową oraz dodatkowe wsparcie i usługi, należy zadzwonić pod numer 1-888-999-2404 (TTY: 711).
Hindi: हिंदी	नःशुल्क भाषा सहायता सेवाओं और सहायक ऐड एवं सेवाओं के लिए 1-888-999-2404 (TTY: 711) पर कॉल करें।
Albanian: shqip	Për shërbime falas të asistencës gjuhësore në shqip, mbështetje dhe shërbime shtesë, telefononi numrin 1-888-999-2404 (TTY: 711).
Tagalog:	Para sa librang serbisyo sa tulong sa wika, at mga auxiliary aid at serbisyo, tumawag sa 1-888-999-2404 (TTY: 711).
Burmese: မြန်မာ	သတိပြုရန်: ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများ၊ အထောက်အကူပြု ပစ္စည်းများနှင့် ဝန်ဆောင်မှုများကို အခမဲ့ ရရှိရန် 1-888-999-2404 (TTY: 711) ကို ခေါ်ဆိုပါ။
Somali: Soomaali	Fiiro gaar ah: Adeegyada kaalmada luqadda, iyo qalabka kaalmada naafada iyo adeegyada, soo wac 1-888-999-2404 (TTY: 711).

Molina:

- Provides free aids and services to people with disabilities, such as:
 - Sign language interpreters
 - Written information in large print, audio, accessible electronic formats, other formats
- Offers free language services to people whose main language is not English, such as:
 - Interpreters
 - Information written in other languages

If you need these services, contact Member Services at **(888) 999-2404 (TTY: 711)**.



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Important Molina phone numbers

1. How to contact Molina Member Services

Phone Number: (888) 999-2404 (TTY: 711)

Monday–Friday, 8 a.m.–5 p.m. CST

Call Member Services for:

- Questions about your Molina membership
- Questions about how to get care
- Help choosing a primary care physician (PCP) or other provider
- Help getting a new Molina membership card
- Help getting a paper copy of the Molina provider directory
- If you get a bill for a service you did not agree to get

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

2. Molina Member Advocate

Phone Number: (888) 999-2404, ask to be transferred to the Wisconsin Member Advocate

Monday–Friday, 8 a.m.–5 p.m. CT, TTY: 711

Email: MWIAdvocate@MolinaHealthcare.com

Call the Member Advocate for:

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

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

3. Molina Emergency Number (24-Hour Nurse Advice Line)

English: (888) 275-8750 (TTY: 711) Spanish: (866) 648-3537 (TTY: 711)

Call 24 hours a day, seven days a week

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

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

If you are having an emergency, call 911

Other important phone numbers

1. ForwardHealth Member Services

Phone number: **(800) 362-3002**

Hours: 8:00 a.m.–6:00 p.m., Monday–Friday

Email: memberservices@wisconsin.gov

Call ForwardHealth Customer Service for:

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

2. HMO Enrollment Specialist

Phone number: **(800) 291-2002**

Hours: 7:00 a.m.–6:00p.m., Monday–Friday

Call the HMO Enrollment Specialist for:

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

3. State of Wisconsin HMO Ombuds Program

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

Phone number: **(800) 760-0001**

Hours: 8:00 a.m.–4:30 p.m., Monday–Friday

Call the Ombuds Program for:

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

4. External Advocate (Medicaid SSI Only)

Phone number: (800) 708-3034

Hours: 8:30 a.m. – 5:00 p.m., Monday – Friday

Call the Medicaid SSI External Advocate for:

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



Welcome to Molina Healthcare

Thank you for being a Molina Healthcare of Wisconsin member!

Molina is a health plan that runs the BadgerCare Plus and Medicaid SSI programs. BadgerCare Plus is a health care program. It helps low-income children, pregnant people, and adults in Wisconsin. Medicaid SSI is a program that helps people who have Supplemental Security Income (SSI) get health care.

Our job is to make sure you get the care and services you need. This member handbook helps you understand how to get health care for you or your family when you need it. It also explains your benefits and your rights and responsibilities as a member of Molina Healthcare of Wisconsin. Please read this booklet carefully.

This handbook can help you:

- Learn the basics of BadgerCare Plus and Medicaid SSI.
- See the services covered by Molina and ForwardHealth.
- Know your rights and responsibilities.
- File a grievance or appeal if you have a problem or concern.

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

Molina Healthcare does not deny services based on moral or religious objections.

Molina works with other companies to provide services you might need – like transportation. Any services provided by any company working with Molina will be held to our standards. Should you experience any problems, please contact Member Services.

Would you like a printed handbook? Call Member Services. We will send it to you at no cost. If you would like this handbook in another language or format – including braille or large print – call Member Services. The most current version of this handbook is available online at [MolinaHealthcare.com](https://www.molinahealthcare.com).

Getting started

Are you new to Molina? If so, take these steps to get started and get the most from your plan:



1. Review your welcome kit

Your welcome kit contains important information about your new health plan. It includes a quick start guide that lists important first steps for getting and using your benefits and managing your plan.

You should have received your Molina member ID card along with your welcome kit. There is one card for every member of your family who is in our plan. **Please keep it with you at all times.**

If you haven't received your member ID card, visit [MyMolina.com](https://www.mymolina.com) or call Member Services at (888) 999-2404 (TTY: 711).



2. Register for My Molina®

My Molina is your online member portal. It lets you look after your health care online. You can change your PCP, view your service history, request a replacement ID card and more! You can connect from any device.

To register, just follow these easy steps:

Step 1: Go to www.mymolina.com ([MiMolina.com](https://www.mimolina.com) en Español)

Step 2: Enter the last four digits of your Social Security number, date of birth and zip code

Step 3: Enter your email address

Step 4: Create a password

Step 5: You are now ready to log in and use [MyMolina.com](https://www.mymolina.com)!

For help on the go, you can also download the free My Molina mobile app from the Apple App Store or Google Play. Or, go to this QR code:





3. Get to know your PCP

PCP stands for primary care provider. Your PCP is your main doctor. Schedule your first PCP visit within the first 60 days. The purpose of this visit is to start a relationship with your PCP. They will get to know your health history and how to best treat you.

To choose or change your PCP, go to [MyMolina.com](https://www.molinahc.com) or call Member Services.

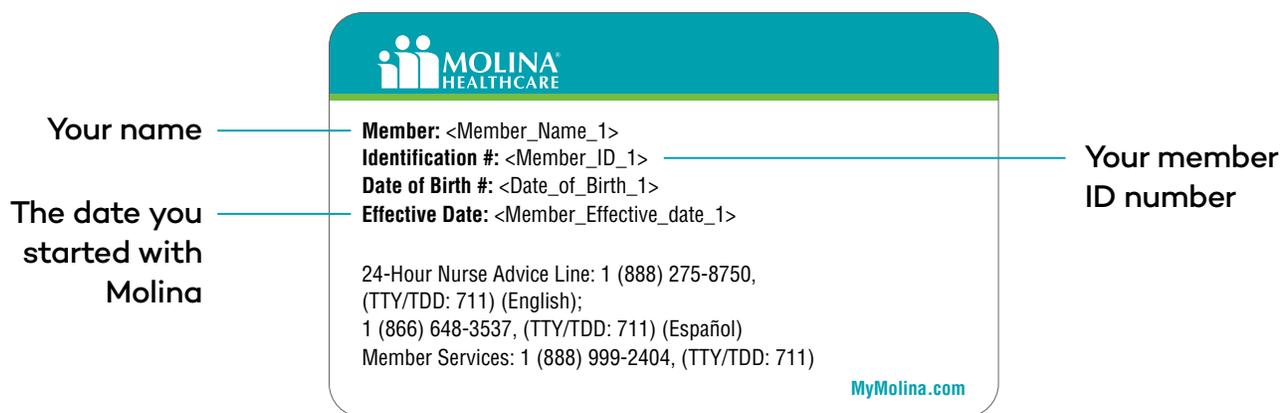


4. Get to know your benefits

With Molina, you get all your Medicaid benefits plus extra ones at no cost to you. We offer gift card rewards, transportation, health education and more. And we are committed to your care. Visit [MyMolina.com](https://www.molinahc.com) for details.

Using your Molina membership card

You'll get one ID card for each member in your family.



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

Always carry your Molina card with you. Show it every time you get care. You may have problems getting health care services if you don't have your card with you. If your Molina card is lost, damaged, or stolen, please contact Member Services at **(888) 999-2404 (TTY: 711)**.

Using your ForwardHealth card

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



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

- Behavioral (autism) treatment services
- Chiropractic services
- Crisis intervention services
- Community recovery services
- Comprehensive community services
- Dental services
- Hub and spoke integrated recovery support health home services
- Medication therapy management
- Medications and pharmacy services
- Non-emergency medical transportation
- Prenatal care coordination
- Residential substance use disorder treatment
- School based services
- Targeted case management
- Tuberculosis-related services

Your ForwardHealth card is different from your Molina card. It is a plastic card with your name on it. It also has a 10-digit number and a magnetic stripe. Always carry your ForwardHealth card with you. Show it every time you go to the doctor or hospital and every time you get a prescription filled. You may have problems getting health care or prescriptions if you do not have your card with you. Also, bring any other health insurance cards you may have. This could include any ID card from Molina or other service providers.

If you have questions about how to use your ForwardHealth card or if your card is lost, damaged, or stolen, call ForwardHealth Member Services at **(800) 362-3002 (TTY: 711)**. To find a provider that accepts your Forward Health card:

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

Or, contact ForwardHealth Member Services at **(800) 362-3002**.

Using the online provider directory

As a member of Molina, you should get your health care from doctors and hospitals in the Molina network. See our online provider directory at molinaproviderdirectory.com/wi for a list of these providers. Providers accepting new patients are called out in the provider directory.

The online provider directory is a list of doctors, clinics, and hospitals that you can use to get health care services as a member of Molina. Molina has the provider directory in different languages and formats. You can find the provider directory on our website at molinaproviderdirectory.com/wi. For a paper copy of the provider directory, call our Member Services Department at **(888) 999-2404 (TTY: 711)**.

Molina network providers are sensitive to the needs of many cultures. See the Molina provider directory for a list of providers with staff who speak certain languages or understand certain ethnic cultures or religious beliefs. The provider directory can also tell you about the accommodations that providers offer.

Choosing a primary care provider

When you need care, call your primary care provider (PCP) first. A primary care provider 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 primary care provider from the Molina provider directory. Use the list of providers accepting new patients. If you are an American Indian or Alaskan Native, you can choose to see an Indian Health Care Provider outside of our network.

Call our Member Services department at (888) 999-2404 (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 referral from your primary care provider. You'll need to get approval from your primary care provider before you see another doctor.

You may see a women's health specialist without a referral in addition to choosing a primary care provider. This could be an obstetrician and gynecologist (OB/GYN), nurse midwife, or licensed midwife.

New member discussion of health needs

Molina will contact you by phone to talk with you about your individual health needs and circumstances. You can ask about resources in your community or that are part of your new health plan that may be available to you. They can learn more about you and help you achieve your health goals. Call **(888) 999-2404 (TTY: 711)** to get started.



Getting 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 are having an emergency, call 911

If you need emergency care, get help as quickly as possible. Try to go to an in-network 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 an out-of-network hospital or emergency room, you or someone else should call Molina at **(888) 999-2404 (TTY: 711)** as soon as you can to tell us what happened.

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

Remember, hospital emergency rooms are for true emergencies only. Unless your condition is very serious, call your doctor or our 24-hour Nurse Advice Line at **(888) 275-8750 (TTY: 711)** before you go to the emergency room.

If you do not know if your illness or injury is an emergency, call your doctor or Molina's 24-hour nurse line at **(888) 275-8750** for English or **(866) 648-3537** for Spanish (**TTY: 711**). We will tell you 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 Molina network providers unless you get our approval to see an out-of-network provider. Do not go to a hospital emergency room for urgent care unless you get approval from Molina 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 Molina before seeing a specialist.

Care during pregnancy and delivery

Let Molina 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 Molina in-network 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. Molina covers telehealth services that your provider can deliver at the same quality as in-person services. This could be doctor office visits, mental health or substance abuse services, dental consultations, and more. There are some services you cannot get using telehealth. This includes services where the provider needs to touch or physically 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 and Medicaid SSI benefits and care will not be impacted if you refuse telehealth services. If your provider only offers telehealth visits and you want to do in-person, they can refer you to a different provider.

Molina and Wisconsin Medicaid providers must follow privacy and security laws when providing services over telehealth.

Care when you are away from home

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

- **For true emergencies, go to the nearest hospital, clinic, or doctor.** Call Molina at **(888) 999-2404 (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 Molina. 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 Member Services at **(888) 999-2404 (TTY: 711)**.
- **For urgent or routine care away from home, you must get approval from Molina 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 **(888) 999-2404 (TTY: 711)** for approval to go to a different doctor, clinic, or hospital.
- **For urgent or routine care outside the United States, call Molina first.** Molina does not cover any services provided outside the United States, Canada, and Mexico. This includes emergency services. If you need emergency services while in Canada or Mexico, Molina will cover it only if the doctor's or hospital's bank is in the United States. Other services may be covered with Molina approval if the provider has a bank in the United States. Please call Molina if you get any emergency services outside the United States.

When you may be billed for services

Covered and noncovered services

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

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

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

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

If you get a bill for a service you did not agree to, please call (888) 999-2404 (TTY: 711).

Copayments

Under BadgerCare Plus and Medicaid SSI, Molina 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 and Medicaid SSI members are usually \$3 or less. The following members do **not** have to pay copayments:

- Nursing home residents
- Terminally ill members receiving hospice care
- Pregnant women
- Members younger than 19 years old

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



Services covered under BadgerCare Plus and/or Medicaid SSI

Molina provides most medically necessary, covered services under BadgerCare Plus and/or Medicaid SSI. See Services Covered by Molina on page 24 for more information about services covered by Molina.

Some services are covered by ForwardHealth. To learn more about these services see page 29, Services Covered by ForwardHealth.

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

Service	Coverage under BadgerCare Plus and Medicaid SSI
Ambulatory surgical center care	Full coverage (with prior authorization)
Behavioral (autism) treatment services	Full coverage (with prior authorization). No copay *Covered by ForwardHealth. Use your ForwardHealth card to get this service
Chiropractic services	Full coverage. Copay: \$.50 to \$3 per service *Covered by ForwardHealth. Use your ForwardHealth card to get this service.

Service	Coverage under BadgerCare Plus and Medicaid SSI
Dental services	<p>For Milwaukee, Kenosha, Ozaukee, Racine, Washington and Waukesha counties, full coverage. No copays.</p> <p>For all other counties*, copay: \$0.50 to \$3 per service</p> <p>*Covered by Forward Health. Use your ForwardHealth card to get this service.</p> <p>*See additional information on pg. 27</p>
Disposable medical supplies (DMS)	<p>No co-pay for supplies covered by HMO. Some DMS items not covered by HMOs, so copays may apply for certain people and/or services if paid under Fee For Service (FFS).</p>
Drugs (Prescription and over-the-counter)	<p>Coverage of generic and brand name prescription drugs, and some over-the-counter drugs.</p> <p>Copay: \$0.50 for over-the-counter drugs \$1 for generic drugs \$3 for brand</p> <p>Copays are limited to \$12 per member, per provider, per month. Over-the-counter drugs do not count toward the \$12 maximum.</p> <p>Limit of five opioid prescription refills per month.</p> <p>*Covered by ForwardHealth. Use your ForwardHealth card to get drugs</p>
Durable medical equipment	<p>Full coverage (prior authorization may be needed). No copay.</p>
HealthCheck screenings for children	<p>Full coverage. No copay.</p> <p>*See additional information on pg. 24</p>
Hearing services	<p>Full coverage (prior authorization may be needed). No copays.</p>
Home care services	<p>Full coverage (prior authorization may be needed). No copays.</p>

Service	Coverage under BadgerCare Plus and Medicaid SSI
Hospice	Full coverage (prior authorization may be needed). No copays.
Hospital services: emergency room	Full coverage. No copays.
Hospital services: inpatient	Full coverage (prior authorization may be needed). No copays.
Hospital services: outpatient	Full coverage (prior authorization may be needed.) No copays.
Mental health and substance abuse treatment	Full coverage (prior authorization may be needed). No copays. *See additional information on pg. 24
Nursing home services	Full coverage (prior authorization may be needed). No copays.
Physician services	Full coverage (prior authorization may be needed). No copays.
Podiatry services	Full coverage (prior authorization may be needed). No copays.
Prenatal/maternity care	Full coverage (prior authorization may be needed). No copays.
Reproductive and family planning services	Covered (prior authorization may be needed). No copays. *See additional information on pg. 24
Routine vision	Full coverage (prior authorization may be needed). No copays. *Some limitations apply. Call Member Services for more information.
Therapies: Physical therapy, occupational therapy, speech and language therapy	Full coverage (prior authorization may be needed). No copays.

Service	Coverage under BadgerCare Plus and Medicaid SSI
Transportation: ambulance, specialized motor vehicle, common carrier	Full coverage of emergency and non-emergency transportation to and from a provider for a covered service. *See additional information on pg. 30. This service is covered by the Wisconsin non-emergency medical transportation (NEMT) manager.



Services covered by Molina

Mental health and substance use disorder services

Molina provides mental health and substance abuse (drug and alcohol) services to all members. If you need these services, call your primary care provider or Molina Member Services at **(888) 999-2404 (TTY: 711)**. If you need immediate help, you can call the Crisis Hotline at **(888) 999-2404** (press 9) **(TTY: 711)** or our 24-Hour Nurse Line at **(888) 275-8750 (TTY: 711)** for English or **(866) 648-3537 (TTY: 711)** for Spanish, which is open seven days a week. You may also call or text the National Suicide and Crisis Lifeline at **988**.

All services provided by Molina are private.

Family planning services

Molina provides private family planning services to all members, including people under the age of 18. If you do not want to talk to your primary care provider about family planning, call our Member Services department at **(888) 999-2404 (TTY: 711)**. We will help you choose a Molina family planning provider who is different from your primary care provider.

We encourage you to get family planning services from a Molina network 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 Molina's provider network.

HealthCheck services

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

HealthCheck has three purposes:

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

The HealthCheck exam includes:

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

To schedule a HealthCheck exam or for more information, call our Member Services department at **(888) 999-2404 (TTY: 711)**.

If you need a ride to or from a HealthCheck appointment, please call the Wisconsin non-emergency medical transportation (NEMT) manager at **(866) 907-1493 (or TTY 711)** to schedule a ride.

Extra benefits covered by Molina

[MyMolina.com](https://www.mymolina.com): Manage your health plan online 24/7

Use the MyMolina mobile app to change your doctor, update your contact information, request a replacement ID card and much more. To sign up, visit [MyMolina.com](https://www.mymolina.com).

You can also download our My Molina mobile app on your phone. Go to the Apple App Store or Google Play store and search for “My Molina.”

Health education for chronic conditions and healthy lifestyles

Live well and stay healthy! Our free programs can help you control your weight, stop using tobacco or get help with chronic conditions. You get helpful materials, care tips and more. If you have asthma, COPD, diabetes, heart problems, depression, or want to lose weight or quit tobacco, one of our nurses or care managers might contact you. You can also call our Health Management department at **(866) 472-9483 (TTY: 711)** to sign up for one of our programs. You can call Monday–Friday from 6 a.m. to 6 p.m. CT.

Free cell phone

You get a free cell phone with unlimited texts, free calls to Molina Member Services, and up to 1GB of data and 1,000 minutes every month. We'll even send you appointment reminders and health tips.

Visit safelink.com to apply online or call **(877) 631-2550**.

Free carseat or pack 'n play

Are you having a baby? We're here to help you have a healthy pregnancy and healthy baby. With our Healthy Starts program, you get a FREE convertible car seat or pack 'n play with bassinet.

To participate, you must:

1. Remain a Wisconsin Medicaid Molina member through your pregnancy and delivery.
2. Enroll in the Molina Healthy Starts Program while you are pregnant and before you deliver your baby.
3. Go to at least 6 prenatal visits.
4. Select a doctor for your baby before you deliver your baby.

To enroll, call Molina at **(833) 700-0920** or email MEIRewards@molinahealthcare.com.

You can also earn gift cards for completing healthy activities, like getting prenatal checkups. We'll send you a packet in the mail. You can sign up at MyMolina.com or call **(888) 999-2404 (TTY: 711)**.

Care management

We have a team of nurses, social workers, and other professionals ready to serve you. They are called case managers. Case managers will work with you to help prevent hospital visits, understand your condition(s) and get services. If you live with chronic conditions, such as asthma, diabetes, behavioral health or high-risk pregnancy, we can help. You can call Member Services at **(888) 999-2404 (TTY: 711)**. You may opt out of this program at any time. Just call your case manager to inform them.

Transition of Care

When you're discharged from a hospital or facility, we have coaches who can help you. Our coaches will help you get the care you need at home. You can also call Member Services at **(888) 999-2404 (TTY: 711)** to ask for help. You may opt out of this program at any time. Just call your coach and tell them.

Community resources

There are local resources, health events and community organizations available to help you. They offer you programs and services.

- Call our Member Services at **(888) 999-2404 (TTY: 711)**.
- Call **211**. This is a free and confidential service that will help you find local resources. Available 24/7.

- Call the Department of Health Services/ForwardHealth at **(800) 362-3002**.
- Call Women, Infant, Children (WIC) at **(800) 624-7837**.

Dental services

Molina covers dental services in Milwaukee, Kenosha, Ozaukee, Racine, Washington, and Waukesha counties.

If you live in these counties, Molina provides all covered dental services through Skygen. You must go to an in-network dentist. See the online provider directory or call our Member Services department at **(888) 999-2404 (TTY: 711)** for the names of Molina dentists you can go to.

You have the right to a routine dental appointment within 90 days of your request for an appointment. Call Molina at **(888) 999-2404 (TTY: 711)** if you are unable to get a dental appointment within 90 days.

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

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

- If you already have a dentist who is with Molina:
 - Call the dentist's office.
 - Tell the dentist's office that you or your child are having a dental emergency.
 - Tell the dentist's office what the exact dental problem is. This may be something like a severe toothache or swollen face.
 - Call us if you need help getting a ride to or from your dental appointment.
- If you do not currently have a dentist who is with Molina:
 - Call Member Services at **(888) 999-2404 (TTY: 711)**. Tell us that you or your child are having a dental emergency. We can help you get dental services.
 - Tell us if you need help getting a ride to or from the dentist's office.

If you live outside these areas, dental services are covered for you under BadgerCare Plus and Medicaid SSI.

You may get covered dental services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

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

Or, you can call ForwardHealth Member Services at **(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 **(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 **(866) 907-1493 (or TTY 711)** if you need help with getting a ride to or from the dentist's office. They can help with getting a ride.

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

- If you already have a dentist who is with 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 **(866) 907-1493** or ForwardHealth Member Services at **(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 **(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.



Services covered by ForwardHealth

Behavioral (autism) treatment services

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

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

Or, you can call ForwardHealth Member Services at **(800) 362-3002**.

Chiropractic services

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

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

Or, you can call ForwardHealth Member Services at **(800) 362-3002**.

Transportation services

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

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

If you have a car and are able to drive yourself to your appointment but cannot afford to pay for gas, you may be eligible for mileage reimbursement (money for gas). Call the NEMT manager at **(866) 907-1493 (or TTY 711)**, Monday through Friday, from 7 a.m. until 6 p.m. at least 2 days before your appointment to arrange this.

You must schedule routine rides at least two business days before your appointment. Call the NEMT manager at **(866) 907-1493 (or TTY 711)**, Monday through Friday, from 7 a.m. until 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.

Pharmacy benefits

You may get a prescription from a Molina network 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 Medicaid SSI or medication copayments, contact ForwardHealth Member Services at **(800) 362-3002**.



Other

Services not covered under BadgerCare Plus and/or Medicaid SSI

The services below are not covered under BadgerCare Plus or Medicaid SSI:

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

In lieu of service or setting

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

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

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

Deciding if an “in lieu of” service or setting is right for you is a team effort. Molina 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 Member Services department at **(888) 999-2404 (TTY: 711)** for information.

Care management (coordination)

As a member of Molina, you have access to a care management team. Care management is a free service for Molina 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 management team directly at **(888) 999-2404 (TTY: 711)**.

Your care manager can also help you transition from the hospital or other care settings to home. Call your care manager at **(888) 999-2404 (TTY: 711)** for help if you are hospitalized.

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

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

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

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

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

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 **(800) 642-6552**.

New treatments and services

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

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

Other insurance

Tell your providers if you have other insurance in addition to BadgerCare Plus or Medicaid SSI. Your providers must bill your other insurance before billing Molina. If your Molina network provider does not accept your other insurance, call the HMO Enrollment Specialist at **(800) 291-2002**. They can tell you how to use both insurance plans.

If you move

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

If you move out of Molina's service area, call the HMO Enrollment Specialist at **(800) 291-2002**. They will help you choose a new HMO that serves your new area.

Changes in your Medicaid coverage

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

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

Call Molina Member Services at **(888) 999-2404 (TTY: 711)** for more information about changes in your coverage.

HMO Exemptions

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

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

Filing a grievance or appeal

Grievances

What is a grievance?

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

Who can file a grievance?

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

When can I file a grievance?

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

How do I file a grievance with Molina?

Call Molina Member Advocate at **(888) 999-2404**, or write to us at the following address if you have a grievance:

Molina Healthcare of Wisconsin
Attn: Member Appeals and Grievances
P.O. Box 182273
Chattanooga, TN 37422

If you file a grievance with Molina, you will have the opportunity to appear in-person or on the phone with the Molina Grievance and Appeal Committee. Molina 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?

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

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

What if I disagree with Molina's response?

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

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

Or call: (800) 760-0001

Will I be treated differently if I file a grievance?

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

Appeals

What is an appeal?

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

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

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

Molina 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 (including an attorney), 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, unless you give them written consent to do so using the consent form included with your denial letter.

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 Molina?

If you would like to appeal an adverse benefit determination, you can call the Molina Member Advocate at **(888) 999-2404 (TTY: 711)** or write to the following address:

Molina Healthcare of Wisconsin
Attn: Member Appeals and Grievances
P.O. Box 182273
Chattanooga, TN 37422

If you request an appeal with Molina, you will have the opportunity to appeal in-person or on the phone with the Molina Grievance and Appeal Committee. Once your appeal is requested, Molina 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 Molina agrees that you need a fast appeal, you will get a decision within 72 hours.

Who can help me request an appeal?

If you need help writing a request for an appeal, please call your Molina Member Advocate at **(888) 999-2404**.

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

Can I continue to get the service during my appeal?

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

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

If Molina's decision about your appeal is not in your favor, you might have to pay Molina 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.

What if I disagree with Molina's decision about my appeal?

You can request a fair hearing with the Wisconsin Division of Hearing and Appeals if you disagree with Molina'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 Molina's decision on your appeal by an Administrative Law Judge in the county where you live. **You must appeal to Molina 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 Molina'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 **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 **(800) 760-0001**. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at **(800) 708-3034** for help.

Can I keep getting the service during my fair hearing?

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

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

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

Will I be treated differently if I request a fair hearing?

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

Your Rights

1. You have a right to get information in a way that works for you.

This includes:

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

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

- Your right to be free from discrimination. Molina must obey laws that protect you from discrimination and unfair treatment. Molina provides 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 Molina 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. Molina must follow laws protecting the privacy of your personal and health information. See Molina's Notice of Privacy Practices for more information.

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

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

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

- Your right to get information about treatment options, regardless of cost or benefit coverage.
- Your right to accept or refuse medical or surgical treatment and participate in making decisions about your care.
- Your right to plan and direct the types of health care you may get in the future if you become unable to express your wishes. You can make these decisions by completing an **advance directive, living will, or power of attorney for health care**. See more information on page 32 *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 Member Services 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 Molina uses. This includes:

- Your right to ask if Molina has special financial arrangements (physician incentive plans) with our physicians that can affect the use of referrals and other services you might need. To get this information, call our Member Services department at **(888) 999-2404 (TTY: 711)** and request information about our physician payment arrangements.
- Your right to request information about Molina network providers, including the provider's education, board certification, and recertification. To get this information, call our Member Services department at **(888) 999-2404 (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 **(888) 999-2404 (TTY: 711)** for assistance with requesting a copy or change to your medical records. Please note that you may have to pay to copy your medical records.

7. You have a right to be informed about any Medicaid covered benefits that are not available through the Molina 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 Molina if Molina does not cover a service you want because of moral or religious objections.

8. You have a right to file a complaint, grievance, or appeal if you are dissatisfied with your care or services. This includes:

- Your right to request a fair hearing if you are dissatisfied with Molina's decision about your appeal or if Molina does not respond to your appeal in a timely manner.
- Your right to request a Department of Health Services grievance review if you are unhappy with Molina's decision about your grievance or if Molina does not respond to your grievance in a timely manner.
- For more information on how to file a grievance, appeal, or fair hearing, see page 34, Filing a Grievance or Appeal.

9. You have the right to receive information about Molina, its services, its practitioners, providers, and member rights and responsibilities. This includes:

- Your right to know about any big changes with Molina 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 Molina and its network providers. This includes:

- Your right to make recommendations about Molina's Member Rights and Responsibilities Policy.



Your responsibilities

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

You may switch HMOs for any reason during your first 90 days of enrollment in Molina. After your first 90 days, you will be “locked in” to enrollment in Molina 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 Molina 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 Molina.
- You have the right to end your membership with Molina at any time if:
 - You move out of Molina’s service area.
 - Molina does not, for moral or religious objections, cover a service you want.
 - You need one or more services performed at the same time and you can’t get them all within the provider network. This applies if your provider determines that getting the services separately could put you at unnecessary risk.
 - Other reasons, including poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with your care needs.

If you choose to switch HMOs or disenroll from the BadgerCare Plus or Medicaid SSI programs completely, you must continue to get health care services through Molina until your membership ends.

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

Fraud, waste and abuse

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

Molina is committed to preventing, identifying and reporting all instances of suspected fraud, waste and abuse. Fraud, waste and abuse means that any member, any provider or another person is misusing the Wisconsin Medicaid program or Molina resources.

Fraud:

Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit for them or some other person. It includes any act that constitutes fraud under the applicable Federal or State law. (42 CFR §455.2)

Waste:

Health care spending that we can eliminate without reducing the quality of care.

Abuse:

Practices that are inconsistent with sound fiscal, business or medical practices. They result in unnecessary cost to the Medicaid program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program. (42 CFR §455.2)

Our Fraud, Waste and Abuse Plan helps Molina, its employees, members, providers, payers and regulators. The plan helps by increasing efficiency, reducing waste and improving the quality of services.

- We take the prevention, detection and investigation of fraud, waste and abuse seriously.
- We comply with state and federal laws.
- We investigate all suspected cases of fraud, waste and abuse. We promptly report them to government agencies when needed.
- We take the appropriate disciplinary action. This may include termination of employment, provider status and/or membership.

You can report potential fraud, waste and abuse without giving us your name.

To report suspected Medicaid fraud or abuse, call the Molina Healthcare Alertline at **(866) 606-3889** or complete a report form online at [MolinaHealthcare.alertline.com](https://www.molinahealthcare.com/alertline).

Here are some ways you can help stop fraud:

- Do not give your Molina member ID card, Medical ID card or ID number to anyone else. Only give them to a health care provider, a clinic or hospital when getting care.
- Never let anyone borrow your Molina member ID card.
- Never sign a blank insurance form.
- Be careful about giving out your Social Security number.



Notice of privacy practices

Your privacy is important to us. We respect and protect your privacy.

Please read this notice carefully. This tells you who can see your protected health information (PHI). It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.

Information about your health and income is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you are a member right now or if you used to be, your information is safe.

PHI is health information that may be used or shared by us. This may include:

- Name
- Member ID number
- Race
- Ethnicity
- Social needs
- Language
- Gender
- Gender identity
- Sexual orientation

We use and share your information to provide you with health benefits. We want to let you know how your information is used or shared.

We may use or share your PHI to:

- Give you treatment
- Pay for your health care
- Review the quality of the care you get
- Tell you about your choices for care
- Run our health plan
- Share PHI as required or permitted by law

When does Molina need your written authorization (approval) to use or share your PHI? Molina needs your written approval to use or share your PHI for purposes not listed above.

What are your privacy rights?

- To look at your PHI.
- To get a copy of your PHI.
- To amend your PHI.
- To ask us to not use or share your PHI in certain ways.
- To get a list of certain people or places we have given your PHI.

How does Molina protect your PHI?

Molina uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word or on a computer.

Below are some ways Molina protects PHI:

- Molina has policies and rules to protect PHI.
- Molina limits who may see PHI. Only Molina staff with a need-to-know PHI may use it.
- Molina staff is trained on how to protect and secure PHI.
- Molina staff must agree in writing to follow the rules and policies that protect and secure PHI.
- Molina secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

What must Molina do by law?

- Keep your PHI private.
- Give you written information, such as this on our duties and privacy practices about your PHI.
- Follow the terms of our Notice of Privacy Practices.

What can you do if you feel your privacy rights have not been protected?

- Call or write Molina and complain.
- Complain to the Department of Health and Human Services.
- We will not hold anything against you. Your action would not change your care in any way.

We will be happy to answer your questions as a member of Molina. You may call our Member Services department at **(888) 999-2404 (TTY: 711)**.

Other plan details

Our quality improvement plan and program

We are committed to making sure you get the best care possible. That is why we put a plan in place every year to keep improving:

- Our services
- The quality of care you receive
- The way we communicate with you

Our goals are to:

- Give you services that benefit your health
- Work with providers to get you the care you need
- Address your language and cultural needs
- Reduce any barriers to getting care

We also want to hear how we are doing. We review the past year of service to check our progress. We may send you a member survey to get your feedback.

We may also send surveys to see how many members get the needed services. These surveys tell us what care is needed. One of these surveys is the Consumer Assessment of Healthcare Provider and Systems (CAHPS) survey.

This survey asks questions about how you rate:

- Your health care
- Your PCP
- Your health plan
- Specialist(s) you have seen
- Well-check exams
- How easy it is for you to get care
- How easy it is for you get care quickly

Healthcare Effectiveness Data and Information Set (HEDIS®)

We also measure how many of our members get key tests and exams. We look at:

- Annual exams
- Diabetes care
- Mammograms (x-rays of the breast)

- Medicine management
- Pap tests
- Prenatal care
- Postpartum care
- Shots (flu, child and teen shots)

We care about your health. We want you to help take better care of yourself and family. To do this, we:

- Remind you to get well-check exams and shots
- Teach you about chronic health problems that you may have
- Make sure you get prenatal and postpartum care if you are pregnant
- Remind you to get Pap tests and mammograms, if needed
- Address any complaints you have
- Help you find and use information on our website
- Tell you about special services we offer

To learn more, call Member Services at **(888) 999-2404 (TTY: 711)** Monday through Friday 8 a.m. to 5 p.m. CT.

You can ask for a printed copy of our Quality Improvement Plan and results.

Guidelines to keep you healthy

We give you information about preventive services and when to get them. The information does not replace your doctor's advice.

To make the most of these guidelines:

- Take time to read them
- Write down questions and bring them to your next checkup
- Tell your provider about any health problems you or your children are having
- Go to your appointments
- If you miss an appointment, reschedule right away
- We tell you about key tests and exams for issues like diabetes, COPD and depression

Medically tailored meals

Supporting your health and recovery through nutrition

Many health issues can be caused or worsened by diet, including diabetes and heart disease. These same health issues can also be improved through better nutrition. That's why we are offering medically tailored meals to members with certain high-risk conditions.

The benefit includes two meals per day for up to twelve weeks at no cost to you. We could renew the benefit for a longer time if medically appropriate.

Who is eligible?

As a BadgerCare Plus or Wisconsin Medicaid member, you might qualify for this benefit if you have:

- A high-risk condition during your pregnancy or postpartum
- Diabetes and were discharged from a hospital in the past 90 days
- Cardiovascular disease and were discharged from a hospital in the past 90 days

How does it work?

You can get a referral from your medical provider (doctor, NP, or PA, for example) or contact us directly by calling Member Services at **(800) 578-0603 (TTY: 711)**. Then, we will review your referral to see if you qualify. If we approve the benefit, you'll meet with a registered dietitian who will design your meal plan.

What are the meals like?

They will be cut, assembled, portioned, and possibly cooked. You'll just need to reheat them. You don't need a lot of kitchen equipment or cooking skills. Your dietitian will help make sure the meals accommodate any common food restrictions, preferences, and allergies you have.

Learn more

Go to dhs.wi.gov/Medicaid/foodismedicine

Call us at **(800) 578-0603 (TTY: 711)**





