MERCYCARE HEALTH PLANS
MERCYCARE INSURANCE COMPANY • MERCYCARE HMO, INC.
P.O. BOX 550, JANESVILLE, WI 53547-0550

Toll Free: (800) 895-2421

NATURE OF HANDBOOK

This handbook is a summary of your health plan. This handbook is not a contract. This handbook does not describe all the benefits or exclusions contained in your certificate of coverage, schedule of benefits or drug rider. If there is any discrepancy between the handbook and the certificate of coverage, schedule of benefits or drug rider, then the certificate, schedule or rider, whichever is applicable, will govern. Read your certificate of coverage, schedule of benefits and drug rider carefully. For more information, or answers to specific questions, you may contact customer service at (800) 895-2421.

Si necesita ayuda para traducer o entender este texto, por favor llame al teléfono (800) 895-2421

TABLE OF CONTENTS

WELCOME TO MERCYCARE HEALTH PLANS

MercyCare Health Plans (MCHP) welcomes you as a member of our health care plan. We encourage you to remain proactive in your health care, because no one has a greater interest in your well-being than you. MercyCare makes every effort to provide you with information and services that help improve your quality of life.

- MercyCare publishes and distributes our member newsletter "Healthy Living" for the promotion of your health and to keep you well informed about your health plan.
- MercyCare Health Line is a health advisory line available 24 hours a day, 7 days a week. This service offers advice and answers health-related questions regarding nutrition, wellness, first aid, and accessing local agencies for support and self-help. If necessary, MercyCare Health Line will direct you to medical professionals, including physicians, for further assistance. This service can be accessed by calling (608) 756-6100 or (888) 756-6060.
- Our network provider listing and pharmacy formulary are available at www.mercycarehealthplans.com along with additional information regarding our health plan activities.

If you have a question about how your health plan works, or you would like a paper copy of any document we describe as being available online, please call the phone number on the back of your MercyCare identification card, (800) 895-2421. This will put you in touch with a customer service representative who can help. Our customer service hours are Monday-Friday, 8:30 am - 4:30 pm. TDD/TTY users may call (800) 947-3529 for assistance.

MercyCare monitors its telephone system records to ensure members receive adequate access to our customer service department. Our goal is for 85% of our customers to reach a representative within 30 seconds.

MERCYCARE HEALTH PLANS HAS EARNED NCQA ACCREDITATION

MercyCare is proud to have continued to receive accreditation from the National Committee for Quality Assurance (NCQA) since 1999 and most recently achieved a commendable status.

NCQA recognizes that MercyCare consistently meets the rigorous performance measures for consumer protection and quality improvement. More information regarding NCQA is available at www.ncqa.org.

MERCYCARE HEALTH PLANS DEDICATION TO QUALITY

MercyCare and its Board of Directors are committed to using our health plan resources and information systems to help our network of physicians continually improve the health care services you receive. We work to promote and achieve excellence in all areas of service through continuous quality initiatives. In doing so, MercyCare annually develops a quality improvement program description, a program evaluation, and a work plan to provide a detailed review of the overall effectiveness of our quality improvement program. The purpose of these documents is to constantly outline and evaluate how we can improve health care delivery, accessibility, and member satisfaction with our health plan.

The following are key objectives of the Quality Improvement Program and are outlined in the description:

- To conduct routine monitoring of members' access to and availability of practitioner services.
- To identify several areas of clinical relevance to MCHP member population (for preventive and acute/chronic care), establish evidence based practice guidelines, disseminate the guidelines, and assess the degree to which members receive care consistent with those guidelines.
- To assess and improve practitioner and member satisfaction with MCHP utilization & pharmacy management services including prior authorization, concurrent review, and case management services.
- To identify chronic diseases that impact MCHP member population. To implement disease management programs and to monitor and improve the receipt of recommended services by these populations.
- To design and maintain the quality structure and processes that support continuous quality improvement including identification of quality improvement opportunities, measurement, trending, analysis, intervention, and re-measurement.
- To initiate quality improvement activities in clinical and service quality which meet or exceed NCQA and the State of Wisconsin quality standards.
- Tracking and trending of practice patterns to identify over- and under-utilization.
- Establish credentialing and related quality standards and ensure that all network practitioners and providers meet those qualifications.
- Address patient safety issues through identification and review of sentinel events and sub-standard care and require corrective action from providers involved.
- Monitor network organizations' progress on safety goals and inform members of where such information is published and educate members regarding these measures.
- Ensure confidentiality of patient information and medical records.
- Evaluate membership cultural and linguistic diversity. Educate MercyCare personnel and network physicians on available resources in the public domain to train themselves and their staff to provide culturally competent information.

If you would like a detailed view of our program description or program evaluation, please refer to the Quality and Safety page on our web site at www.mercycarehealthplans.com. Our program evaluation also includes our HEDIS® (Healthcare Effectiveness Data and Information Set) and CAHPS® (Consumer Assessment of Healthcare Providers and Systems) scores. If you would like a paper copy of any of these documents, please contact customer service at (800) 895-2421.

THE IMPORTANCE OF SAFETY

Your safety matters

The safety of our members is of the utmost importance to MercyCare Health Plans. We want all of our members to feel confident in accessing services through any of our network hospitals. One way to identify how effective a hospital is at providing care and the quality and safety of the care provided is by accessing CheckPoint. All of MercyCare's network hospitals participate in CheckPoint. CheckPoint was developed by the Wisconsin Hospital Association (WHA) and is used to provide reliable data to consumers. Some of the measures reported on CheckPoint are related to:

- Heart attacks
- Heart failure
- Pneumonia
- Surgical infection prevention
- Medical errors

You can access CheckPoint at www.wicheckpoint.org.

Communication and safety

Good communication is a vital part of patient safety. It is important for members and health care providers to effectively communicate with each other. Effective communication reduces the risk of errors and promotes better health outcomes. MercyCare recommends you ask the following questions when you see your doctor:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

For more information visit our web site at www.mercycarehealthplans.com.

The Agency for Healthcare Research and Quality's (AHRQ) website, www.ahrq.gov has information regarding the importance of taking an active role in your own health care by asking the right questions. Please see their website for additional information on this initiative and what questions to ask.

Electronic medical records and safety

Electronic medical records are a timely and patient-centered form of communication between practitioners. They allow practitioners to communicate and exchange data accurately and effectively, and eliminate the risk of handwritten medical abbreviations. Most of the providers in MercyCare's network have implemented electronic medical records.

Additional quality and safety resources

www.leapfroggroup.org

The Leapfrog Group is a voluntary program aimed at mobilizing employer purchasing power to alert America's health industry that big leaps in health care safety, quality and customer value will be recognized and rewarded. Among other initiatives, Leapfrog works with its employer members to encourage transparency and easy access to health care information as well as rewards for hospitals that have a proven record of high-quality care.

www.wisconsinhealthreports.org

Wisconsin Health Reports is the first Web site to offer a centralized home for health care information for Wisconsin. Today, Wisconsin Health Reports links you to the Wisconsin Collaborative for Healthcare Quality, the Wisconsin Hospital Association's CheckPoint and PricePoint Web sites. These sites contain current, reliable information about medical clinics and hospitals located throughout Wisconsin.

www.wchq.org

Wisconsin Collaborative for Healthcare Quality is a voluntary consortium of organizations learning and working together to improve the quality and cost-effectiveness of health care for the people of Wisconsin.

www.ahrq.gov/patients-consumers/index.html

The agency for Healthcare Research and Quality (AHRQ) funds a site that is comprised of a collection of patient safety information and resources titled AHRQ Patient Safety Network. This site offers weekly updates of patient safety literature, news, tools, etc.

HEALTH LIBRARY

People need good information to make good decisions. The Healthwise® Knowledgebase located on the MercyCare Web site at www.mercycarehealthplans.com is an excellent online health resource designed to help people make informed decisions. With consumer-friendly content and tools on thousands of topics, it's a virtually unlimited guide to better health.

With the help of the decision aids available in the health library, you will be better equipped to communicate with your health care providers and make sound health care decisions.

It's an online health encyclopedia—and so much more. In addition to offering thousands of easy-to-understand explanations of medical conditions, symptoms, tests, and treatments, the health library provides hundreds of interactive decision aids and tools that help people answer questions like:

- Is back surgery right for me?
- What's my risk for a heart attack or stroke?
- Why is it bad for someone with diabetes to eat too much sugar?
- Should I give my child antibiotics?

The health library is written in plain language, uses compelling illustrations, and is easy to search.

MEMBER RIGHTS AND RESPONSIBILITIES

MercyCare is a partnership that consists of you, your doctor(s) and health plan personnel. The goal is to assure that you receive appropriate quality health care. Your rights and responsibilities as part of the MercyCare partnership are described below:

As a member, you have the right to:

- ✓ Receive information about the MercyCare organization, services, practitioners, hospitals, other providers, and member rights and responsibilities
- ✓ Be treated with respect and recognition of your dignity and right to privacy
- ✓ Discuss openly and freely all planned treatments, procedures, and services regardless of cost or benefit coverage
- ✓ Confidentiality of your personal health information as described in your HIPAA Notice of Privacy Practices
- ✓ Know how to obtain health care services
- ✓ Know what your benefits are
- ✓ Understand the purpose and probable results and risks of treatment
- ✓ Voice complaints or appeals about the organization or care provided by calling customer service at (800) 895-2421, and receive a timely response
- ✓ Make recommendations regarding the organization's member rights and responsibilities policies by contacting customer service at (800) 895-2421
- ✓ Participate with practitioners in making decisions about your healthcare

As a member, you are responsible to:

- ✓ Provide information about your past illnesses, hospitalizations, medications and other matters concerning your health that will help your practitioner understand your health care needs and provide appropriate care
- ✓ Understand your health problems and participate in developing mutually agreed upon treatment goals to the degree possible
- ✓ Follow plans and instructions for care that you have agreed to with your practitioner(s)
- ✓ Read your MercyCare member handbook, certificate of coverage, schedule of benefits and provider directory so that you understand how to use your MercyCare benefits
- ✓ Choose a PCP with whom you will coordinate your care
- ✓ Identify yourself as a MercyCare member by presenting your MercyCare insurance card before receiving health care services
- ✓ Pay your copays at the time of your visit
- ✓ Discuss any questions you have about your health with your practitioner
- ✓ Notify MercyCare of address, telephone or other status changes within 30 days of the change

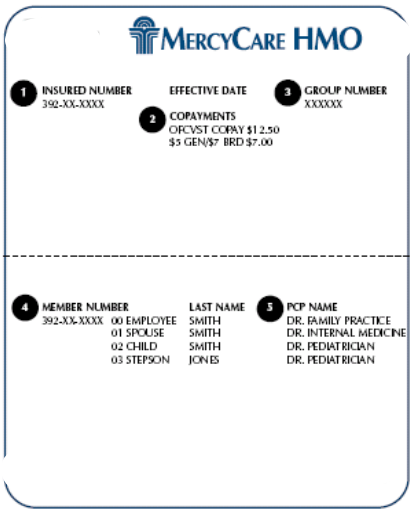
For more information about your rights and responsibilities, please contact MercyCare at (800) 895-2421 or mcare@mhsjvl.org. MercyCare will notify members if changes or revisions occur.

LANGUAGE AND COMMUNICATION ASSISTANCE

Language services are available free of charge to all MercyCare members by contacting customer service at (800) 895-2421. MercyCare will then connect with the AT&T Language Line to assist members with any communications needed, including translation of any written documents in their preferred language. Services are also available for members who are deaf, hearing impaired, or speech impaired. TDD/TTY services are available by contacting (800) 947-3529.

Está disponible Servicio de Idiomas para todos los miembros de MercyCare contactando servicio al cliente al (800) 895-2421. MercyCare enseguida conectara con la línea de Idiomas de AT&T para asistir a miembros con cualquier necesidad de comunicación, incluyendo traducciones de cualquier documento escrito en su idioma preferido.

MEMBERSHIP CARDS



A MercyCare membership card is given to you once you enroll in the Plan. MercyCare cards include:

1. **Insured number**
   Employee's identification number
2. **Copays**
   Copays required to be paid at time of service
3. **Group number**
   This is how MercyCare identifies your employer and benefit package
4. **Member number**
   Each family member will have a personal identification number
5. PCP name

PROVIDER DIRECTORY

MercyCare has a web based provider directory located at www.mercycarehealthplans.com. The directory is updated monthly to capture any additions, deletions or changes. You may request a paper copy by contacting customer service at (800) 895-2421. Our provider directory contains a listing of all of our network physicians/practitioners, organizations, and hospitals, including where their practice is located, all demographic information, specialties, their educational background, and their board certifications/professional qualifications. Our web based directory gives members the ability to search by name, specialty, office location, gender, city, hospital affiliations, medical group affiliations, practice status, languages spoken, and by accreditation (accreditation refers to facilities only).

If you need assistance with selecting a provider, please contact customer service at (800) 895-2421.

HEALTH INFORMATION SERVICES

Health information services are available to MercyCare members by phone and electronically through e-mail services. You can utilize these services to access information related to MercyCare physicians, services, and health related questions. Licensed nurses are available to answer your questions 24 hours a day 7 days a week. You can access these services by:

- **Contacting the health information line**
  You may do this by contacting (888) 756-6060. The health line offers interpretation/language services to assist members with any communication needs. Services are also available for members who are deaf, hearing impaired, or speech impaired; TDD/TTY services are available by contacting (800) 947-3529.
- **E-mailing questions**
  You may send health related questions by logging on to Mercy Portal at https://www.mymercycarewindow.com and click message type "medical question" in the drop down box to submit your question. MercyCare does have an encryption safeguard in place to ensure confidentiality. All inquiries will be responded to within 24 hours.

INFORMATION ABOUT PRIMARY CARE SERVICES

It is important to choose a primary care physician (PCP) in order to have one physician responsible for your total health care and help you coordinate and manage your health care needs. With the advice of your PCP, you can choose to consult another specialist if you should require more specialized care. A primary care physician (PCP) is a doctor who is an internist, family practitioner or pediatrician.

- **Internists** usually care for adults and older adolescents
- **Family practitioners** care for adults, children, babies, and some follow women through pregnancy and delivery
- **Pediatricians** care for babies and children usually up to age 18

The process for **selecting a PCP** may include:

- Getting recommendations from family, friends or another physician
- Using your MercyCare provider directory to select physicians in your area
- Contacting customer service for more information

To make an appointment with a network PCP, you can contact that physician's office directly for an appointment. All network physicians are listed in our provider directory along with all of their contact information, educational background, and board certifications/professional qualifications or you can contact customer service at (800) 895-2421. Our provider directory is located at www.mercycarehealthplans.com. Customer service can also provide you with a paper copy of the directory if needed upon request.

MercyCare regularly monitors **accessibility standards** that outline the length of time in which a member should be able to obtain an appointment.

For access to primary care services the standards are as follows:

- Regular and routine care visits – **28 calendar days**
- Urgent care appointments – **48 hours**

MercyCare also regularly monitors **after-hours care** provided by our network providers. If you need to obtain care after normal business hours you may contact a network provider who will have a system in place so that you can reach a live person to help direct you with your care. If you or a family member believes you have a serious medical condition that requires immediate attention, seek care from the closest urgent or emergency care facility.

Please contact MercyCare's Customer Service Department if you are having difficulties obtaining an appointment with a network PCP within the above timeframes. If you have found that you have not been able to reach a live person to help direct you with your care after hours, please contact MercyCare's Customer Service Department on the next business day so we can follow up with that provider.

At any time, you may **change your PCP** by calling customer service at (800) 895-2421. The change will be made as long as the new provider you have selected is accepting additional patients and is a network provider. If your PCP no longer participates with the plan, we will make every attempt to notify you and assist you in selecting another PCP. MercyCare reserves the right to modify the list of participating providers at any time.

INFORMATION ABOUT SPECIALIST SERVICES

MercyCare allows our members to directly access or self-refer to specialists within our provider network. If you need to obtain an appointment with a network specialist, you can contact that specialist's office directly. MercyCare specialists and their contact information, educational background, and board certifications or professional qualifications are available in our provider directory located on our Web site at www.mercycarehealthplans.com, or by contacting customer service at (800) 895-2421. Customer service can provide you with a paper copy of the directory if needed upon request. Although as a MercyCare member you may self-refer to specialists within MercyCare's network of providers, we believe that all of your health care can best be directed through your primary care physician (PCP). Your PCP should be familiar with your medical problems, and together you can determine which specialist will best serve you and your medical needs.

PROVIDER NETWORK

A provider network is a group of practitioners and providers contracted with MercyCare to provide services for members within a geographic location.

Should you require services not available in the network, it will be necessary for you to obtain a written referral from a plan provider approved by the plan. For more information on referrals, please refer to the section "services obtained outside of MercyCare's network" in the next section.

For a listing of MercyCare providers, visit us at www.mercycarehealthplans.com or call customer service at (800) 895-2421 to request a printed copy of the current directory.

SERVICES OBTAINED OUTSIDE OF MERCYCARE'S NETWORK

Members are expected to use network specialists unless the services needed cannot be provided within the MercyCare network. Services obtained outside of the MercyCare network are not covered or eligible for payment unless there is an out-of-plan referral from a network provider approved by MercyCare prior to obtaining service. To obtain an out-of-plan referral, please contact your primary care physician's (PCP) office to initiate the out-of-plan referral process, or the office of the network physician you see most often. If you do

not have a primary care physician, please contact customer service at (800) 895-2421. Customer service can also provide contact information for our network physicians, or you may refer to your provider directory located on our Web site. If you need a paper copy of our provider directory, please contact customer service.

Please be advised that it is your responsibility to confirm that an out-of-network provider has an approved MercyCare referral or you will be held financially responsible for that provider's charges.

If you are outside of your service area
All routine, preventive, and follow-up care must be provided by a participating provider or with a referral authorized by the plan to be eligible for payment. Please see the sections below on Urgent Care and Emergency Services for definitions and obtaining these services.

URGENT CARE

Urgent care is care you need sooner than a routine doctor's office visit. **URGENT CARE IS NOT EMERGENCY CARE**. Some examples of urgent care situations are:

- Minor cuts
- Sore throat
- Most broken bones
- Rashes
- Sprains
- Bruises
- Minor burns

In-service area
If you are in the network service area, urgent care services are covered at any participating provider or participating urgent care center. Network urgent care centers are listed in your online provider directory. Services provided by a non-participating provider within the service area will be denied and you will be held financially responsible for those providers' charges.

Out-of-service area
If you are out of your network service area and cannot return home without medical complications or harm, you should seek care from the nearest urgent care facility (physician, clinic, hospital). Follow-up care is not covered when it is provided by a non-MercyCare provider.

EMERGENCY SERVICES

Emergency means a medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, to lead a prudent layperson with an average knowledge of health and medicine to reasonably conclude that a lack of immediate medical attention will likely result in death or serious injury to your body, or if you are pregnant, serious jeopardy to your fetus**.**

Some examples of emergency care situations are:

- Chest pain
- Loss of consciousness
- Significant blood loss
- Shortness of breath
- Seizure or convulsions
- Attempted suicide
- Acute allergic reaction
- Acute appendicitis
- Acute asthma attack
- Drug overdose

Other acute conditions are emergencies when these four elements exist:

1. They require immediate medical care for bodily injury or sickness
2. Symptoms are unexpected and severe enough to cause a person to seek medical help right away
3. Immediate care is secured
4. Diagnosis or the symptoms themselves show that immediate care was required

Call customer service at (800) 895-2421 for all emergency inpatient admissions as soon as possible or within 48 hours.

If you or a family member believes you have a serious medical or psychiatric condition that requires immediate attention, seek care from the closest urgent or emergency care facility immediately or contact 911.

MercyCare has the right to transfer you (at no expense to you) to the facility of the plan's choice upon receiving confirmation from your attending physician that you are able to travel.

In addition to the emergency room copay, emergency treatment provided by non-participating providers may be subject to usual and customary charges.

To be covered, non-emergency or follow-up care must be provided by a participating provider.

Life-threatening emergencies are covered anywhere in the world; however, providers outside the United States may not accept insurance payments and may require you to provide payment at the time of service. If you should find yourself in this situation, be sure to request a detailed billing and retain all of your receipts. Reimbursement for covered benefits can be arranged when you return to the service area.

HOW AND WHEN TO OBTAIN A REFERRAL

MercyCare has an extensive network of participating providers and specialists. If the specialty care that a participating MercyCare PCP wants the member to receive is available within the member's MercyCare provider network, the PCP will direct the member to an in-network specialist. MercyCare does not require pre-approved referrals to specialists within the member's provider network. If medically necessary care is not available from a network provider, the PCP or another network practitioner may submit a referral for services from an out-of-network provider.

- A referral is a written form prepared by a participating MercyCare practitioner requesting approval for the member to receive services from an out-of-network provider.
- Non-urgent referral requests must be submitted in writing to MercyCare before the member can receive services from an out-of-network provider. Non-urgent requests for services received at MercyCare after business hours will be marked as received on the next business day. If non-emergent care is obtained without an approved referral, the member will be responsible for the charges.
- On non-urgent referral requests for services, MercyCare will make a decision within 15 days of receiving the referral.
- Once MercyCare makes a decision on the referral, MercyCare will notify in writing the requesting practitioner, the member, and the out-of-plan provider.

- Approved notices will state the type or extent of services authorized and the time period that the referral is valid.
- Denial notices will state the reason for the denial, redirect the member to available network services and provide grievance and independent review information.
- A referral is not required for emergency care when the member is out of their network service area.
- Call customer service at (800) 895-2421 if you have questions about a referral.

Please be advised that it is your responsibility to confirm that MercyCare has authorized a referral before you receive services. If you receive care from an out-of-network provider without a MercyCare approved referral, you will be held financially responsible for that provider's charges.

HOW TO SUBMIT A CLAIM

MercyCare Health Plans will pay participating providers directly for covered services you receive, and you will not have to submit a claim. However, if you use a non-participating provider or receive a bill for some other reason, a claim must be submitted within 60 days after the services are received, or as soon as possible. If the Plan does not receive the claim as soon as reasonably possible and within 12 months after the date it was otherwise required, the Plan may deny coverage of the claim.

To submit a claim, send an itemized bill from the physician, hospital, or other provider to the following address:

MercyCare HMO, Inc.
Claims Department
P.O. Box 550
Janesville, WI 53547-0550

Be sure to include your name and identification card number. If the services were received outside of the United States, please be sure to indicate the appropriate exchange rate at the time the services were received.

NEW TECHNOLOGY REVIEWS

MercyCare Health Plans evaluates new and existing technologies for possible inclusion in the member benefit package. New technology can be a service, treatment, procedure, treatment facility, equipment, drug, device or supply. Health care determinations are based on expert opinion, however your benefit package may have exclusions for certain types of services or procedures.

Some of the criteria that may be used for evaluation of new technologies are:

- Whether it is commonly performed or used on a widespread geographic basis
- Whether the service is generally accepted by the medical profession in the Unites States of America to treat a specific bodily injury or sickness
- The failure rate or side effect of the technology is acceptable
- The technology is recognized for reimbursement by Medicare, Medicaid and other insurers and self-funded plans

The Hayes Medical Technology Directory is one of the sources used by MercyCare as an aid in developing coverage determinations that are based on scientific evidence and proven to be safe and effective. Your member newsletter will contain or your network provider will receive notification of new technology that is approved for the membership by MercyCare.

INFORMATION ABOUT BEHAVIORAL HEALTH SERVICES

MercyCare allows our members to directly access or self-refer to outpatient behavioral health specialists within our provider network. If you need to obtain an appointment for behavioral health services with a network specialist, you can contact that specialist's office directly. MercyCare specialists and their contact information, educational background, and board certifications/professional qualifications are available in our provider directory located on our Web site at www.mercycarehealthplans.com, or by contacting customer service at (800) 895-2421. Customer service can provide you with a paper copy of the directory if needed upon request.

Types of Specialists

Specialists in behavioral health and addictions assessment and treatment include:

- **Licensed professional counselor**-A therapist who does talk therapy or behavior therapy in an individual or group setting
- **Licensed clinical social worker**-A therapist who does talk therapy or behavior therapy in an individual or group setting
- **Psychologist**-A PhD doctoral-level professional who does talk therapy or behavior therapy in an individual or group setting, and who may do specialized individual psychological evaluation and testing
- **Substance abuse counselor**-A therapist who treats addiction disorders, in an individual or group setting
- **Clinical substance abuse counselor**-A therapist who does assessment and treatment of addictions disorders, in an individual or group setting
- **Advanced practice nurse prescriber**-A nurse specialist who assesses behavioral health disorders and prescribes medication for behavioral health disorders
- **Psychiatrist**-A medical doctor who provides assessment and prescribes medication for behavioral health disorders. Talk therapy may also be provided.
- **Addictionologist**-A medical doctor trained in psychiatry and has specialized training and practice in addictions disorders. Assessment and medication treatment for alcohol and substance abuse disorders as well as talk therapy may also be provided.

Accessibility

MercyCare regularly monitors its **accessibility standards** that outline the length of time in which a member should be able to obtain different appointment types. Accessibility standards for behavioral health services are:

- Routine office visit – **within 10 business days**
- Urgent appointments – **within 48 hours**
- Non-life-threatening emergency – **within 6 hours**

If you feel any of the above standards are not being met, please contact customer service at (800) 895-2421.

If you need to obtain care after normal business hours, you may contact a network provider who will have a system in place so that you can reach a live person to help direct you with your care. If you or a family member believes you have a serious medical condition that requires immediate attention, seek care from the closest urgent or emergency care facility.

Out-of-Network Care

A participating network practitioner or provider must provide all behavioral health services in order to obtain coverage unless an **out-of-plan referral** has been approved prior to services being obtained. **Please be advised that it is your responsibility to confirm that an out-of-network provider has an approved MercyCare referral or you will be held financially responsible for that provider's charges.**

Behavioral health benefit limitations

Mental health and substance abuse benefits are defined in your schedule of benefits. If your policy is subject to benefit maximum, you will be financially responsible for any further services and charges for the remainder of the contract year once you reach your benefit maximum. It is beneficial to record the services that you have used. Please refer to your Certificate of Coverage and Schedule of Benefits to determine the coverage and/or limits of your benefit plan. Both of these documents are available on our Web site at www.mercycarehealthplans.com or by contacting customer service at (800) 895-2421. Customer service can provide you with paper copies of these documents upon request.

HOSPITAL SERVICES

If you need non-emergency medical hospital services or if you need behavioral health hospital services, please refer to your provider directory for network hospitals. Our provider directory can be found on our Web site at www.mercycarehealthplans.com, or by contacting customer service at (800) 895-2421. Customer service can provide you with a paper copy of the directory upon request.

Behavioral health hospitals are listed under the following specialties in our provider directory or on our website.

Chemical dependency services

- Addictions detoxification-adult, adolescent, and child
- Addictions inpatient rehab-adult, adolescent, and child
- Addictions day treatment-adult, adolescent, and child
- Addictions residential treatment-adult, adolescent, and child

Mental health services

- Inpatient mental health-adult, adolescent, and child
- Mental health day treatment-adult, adolescent, and child

If you or a family member believes you have a serious medical or psychiatric condition that requires immediate attention, seek care from the closest urgent or emergency care facility.

DISEASE CASE MANAGEMENT PROGRAMS

MercyCare offers disease case management for those members who have been diagnosed with asthma or diabetes. All of our registered nurse case managers are either certified or work under the supervision of a certified case manager. Our case managers serve as a resource for you and will help to coordinate care with your physician when needed. They also work with you to make certain you are current with recommended labs, understand your medications, provide education on your disease if needed, place reminder calls for follow-up appointments, problem solve any barriers keeping you from achieving your treatment goals, and serve as your advocate. If you feel you would benefit from one of these free programs, please contact customer service at (800) 895-2421.

COMPLEX CASE MANAGEMENT PROGRAM

MercyCare's Complex Case Management Program is designed to have a registered nurse case manager help our members with complex conditions better understand their illnesses, navigate through the types of care required and develop a self-management plan. The MercyCare Complex Case Management Program follows standards set by the Case Management Society of America.

Case managers can provide you with an array of services so you and your family can cope with complicated situations in the most effective way possible, thereby achieving a better quality of life. They help members identify their goals, needs and resources. From that assessment, you and the case manager can formulate a plan together to meet those goals.

A case manager helps you find resources and facilitates connection with services. Sometimes case managers advocate on your behalf to obtain needed services. A case manager also maintains communication with you to evaluate whether your plan is most effective in meeting your goals. Our case managers work with you to determine what is important to you and what you think is the most effective way to reach your goals.

Case managers don't manage people – they help people to manage complicated situations. Simply put, they help to keep you, or your loved ones, at the center of services being provided on your behalf. A person coping with a complex situation – either their own or that of someone close to them – such as a physical illness, disabilities of any kind, the aging process, emotional or psychological challenges, family problems with school or work – may benefit from case management services. Seeking help is a sign of strength and may benefit both you and your loved ones. To find out if the Complex Case Management Program can help you, please call (800) 895-2421 and ask to speak with one of our complex nurse case managers.

CLINICAL PRACTICE GUIDELINES

In order to help our members make decisions about their own health care and be able to take a more active role, MercyCare posts clinical practice guidelines on the clinical practice guidelines page of our web site. If you would like a paper copy of any of these guidelines, please contact customer service at (800) 895-2421.
Some of the guidelines available are:

- Cholesterol Clinic Practice Guideline
- Treatment of Diabetes
- Treating Tobacco Use
- Treatment Guideline for Depression
- Treatment of Asthma
- Treatment of Attention-Deficit/Hyperactivity Disorder
- Preventive Care Guidelines for Adults and Children

STAY HEALTHY BENEFIT

We all are challenged in our quests to live a healthier life style. Searching for ways to balance health, nutrition and stress-related issues isn't easy or inexpensive. MercyCare offers assistance for all adults age 18 or older to help achieve these goals. Customer service can help you identify the amount of your benefit and qualified expenses (800) 895-2421.

Reimbursement is available for taking a class to help you learn about nutrition and eating well, stress relief, exercise, alcohol or tobacco use. Some members may have an enhanced stay healthy benefit depending on the benefit package your employer purchased.

Many services related to the above areas are eligible for reimbursement. Some examples are weight loss classes such as Weight Watchers, exercise programs at your local gym, gym memberships and massage therapy.

If you have any questions regarding your stay healthy benefit, please contact customer service at (800) 895-2421.

Additional information is also available in your Certificate of Coverage. Your certificate of coverage is located on our Web site at www.mercycarehealthplans.com or by contacting customer service at (800) 895-2421. Customer service can provide you with a paper copy if needed upon request.

UTILIZATION MANAGEMENT PROCEDURES

Utilization management is the process of evaluating and determining the appropriateness of medical care services, as well as providing any needed assistance to clinician or patient, in cooperation with other parties, to ensure the appropriate use of resources. The Quality Health Management Department (QHMD) at MercyCare works in partnership with members and practitioners to promote the comprehensive delivery of health care services.

The QHMD consists of registered nurses and pharmacists, along with quality and support staff. The QHMD bases its decisions on appropriateness of care and services, nationally recognized criteria (Interqual® and Hayes Medical Technology®), the member's benefit package and certificate of coverage. Utilization management decisions may include inpatient hospital admissions, outpatient procedures, behavioral health transitional and inpatient services, skilled nursing facility admissions, out-of-network referral requests, and rehabilitation and home health services.

Medical, behavioral health and pharmacy requests are categorized by the following listings:

Pre-service requests	**Any care or service that must be approved in advance of the member obtaining services.** Your certificate of coverage and schedule of benefits list services that must be prior authorized by MercyCare. Your network practitioner has the list of surgical procedures that must be prior authorized by MercyCare. Non-urgent requests for services will have a decision made as soon as possible but within 15 days of the request for services. The request date for non-urgent services will be the day it is received by MercyCare. Non-urgent requests for services that are received at MercyCare after the

	close of business will be marked as received on the next business day.
Pre-service urgent requests	**Any request for medical care or treatment that, if the decision was delayed more than 72 hours from the receipt of the request, the delay could seriously jeopardize the life or health of the member or the member's ability to regain maximum function. Pre-service urgent requests may also include requests where a practitioner who knows the member's medical condition can state that a delay of more than 72 hours in the decision process would subject the member to severe pain that could not be adequately managed without the care or treatment that is being requested.** Decisions will be made within 72 hours of receiving the request. Pre-service urgent requests do not include services received at an urgent care center or emergency department. MercyCare does not prior authorize or require pre-certification of services received in an urgent care facility or emergency department.
Concurrent review	**A review for services that have been previously approved and the course of treatment is ongoing.** Concurrent review is typically associated with inpatient hospitalizations, skilled nursing care or ongoing ambulatory care. It will include an ongoing assessment of your care to ensure appropriate care, treatment, length of stay, and discharge planning.
Urgent concurrent review	**A review of services when the treatment is ongoing and the hospital admission or services were not previously approved.** MercyCare will make a coverage decision within 24 hours of receiving the information.
Post-service requests	**Any request for care or services after the service has already been provided.** This may include a request for an out-of-network appointment that a member has already attended or a hospital inpatient stay from which the member has been discharged prior to MercyCare being notified of the admission.
Other benefit limitations	Please refer to your schedule of benefits to determine if a service has benefit limits. It is beneficial for you to keep track of the number of services you have used so as not to exceed the benefit.

Written notification will be sent to the member and the requesting practitioner for approved referral requests for out-of-network services. This notification will state what services are approved. If you do not receive a written approval from MercyCare, then the services have not been approved.

If any request for service that is reviewed by the QHMD is denied, both the member and requesting provider or practitioner will receive a written notification of the services denied and the reason for the denial. This letter will also contain grievance and independent review organization information.

Verbal denial and approval notification will also be given to the requesting practitioner or provider in urgent or concurrent requests.

Staff Availability

MercyCare Health Plans business hours are Monday through Friday, 8:00 am to 4:30 pm CST. Staff members are available to respond to callers about the utilization process during business hours. Confidential voice mail

and fax receiving services are available 24 hours a day, seven days a week. Requests for services that are received after scheduled business hours will be responded to on the next business day during regular business hours unless other arrangements have been agreed on. Non-urgent requests for services that are received after normal business hours will be marked as received on the next business day.

Phone Number: (800) 895-2421 (in and out of area)
Fax Number: (608) 758-7726
TDD/TTY Services for the deaf, Hard of Hearing, or speech impaired: (800) 947-3529 Language Assistance/Language Translators: (800) 895-2421 to begin the free of charge process to access the AT&T Language Line.

MercyCare's Affirmation Statement

1. Utilization Management decision making is based only on appropriateness of care and service and existence of coverage.
2. MercyCare Health Plans does not specifically reward practitioners or other individuals for issuing denials of coverage or service care.
3. Financial incentives for utilization management decision makers do not encourage decisions that result in under-utilization.

Denial Information

When referral or requests for Medical or Behavioral Health services are denied, MercyCare will notify you and your referring practitioner in writing of the denial decision. The written denial notice will contain the reason for the denial, a reference to the benefit provision, guideline, protocol, or other criteria on which the decision is based, and notification how you, your designated representative, or your treating practitioner can obtain a copy of the actual benefit provision, guideline, protocol or criteria on which the denial decision was based.

The denial notification will also contain written notification to you and your treating practitioner of your grievance rights, including the right to submit written comments, documents or other information relevant to the grievance. The denial notification will also have an explanation of the grievance process, including the right to member representation or a representative of the member's choice, including an attorney to attend the hearing, the time frames for deciding grievances, and a description of the expedited grievance process for urgent pre-service or urgent concurrent denials. The denial notice will explain that if the requested service is for urgent care or ongoing treatment you may request an expedited external review concurrently with the internal grievance process at MercyCare. The denial notification will also notify you and your referring physician of the Wisconsin Independent Review Process. The grievance will include a person to review your case who was not involved or subordinate to anyone who was involved in your denial.

Language services in your preferred language, including translation of written documents or a translator for the grievance process and hearing, are available free of charge to all MercyCare members, by calling MercyCare Customer Service at (800) 895-2421. Services are available for the deaf, hard of hearing, or speech impaired, by calling TDD/TTY services at (800) 947-3529.

Notice of Criteria

Utilization management decisions are based upon the member's certificate of coverage and schedule of benefits. Some services may be specifically excluded from benefit coverage. These exclusions are listed in the certificate of coverage or schedule of benefits.

MercyCare Health Plans uses McKesson InterQual® Level of Care Criteria for both Medical and Behavioral Health inpatient hospital services and McKesson InterQual® Care Planning Criteria/Procedures for determining the medical necessity of surgical procedures. McKesson InterQual® Care Planning Criteria/Imaging Criteria are used to determine the medical necessity of certain radiology procedures. MercyCare Health Plans receives annual updates of the criteria from McKesson. The criteria are reviewed and voted on annually by the Quality Utilization Management Committee.

MercyCare Health Plans maintains medical necessity policies for some benefits that the member may be eligible for under their certificate of coverage. These policies are developed with the assistance of appropriate network practitioners and reviewed and voted on by the Quality Health Management Committee. The Center for Medicare and Medicaid Services (CMS) guidelines are used to determine benefit coverage for durable medical equipment and supplies.

You, your designated representative, or your treating physician may contact Customer Service at (800) 895-2421 to request a copy be sent to you of the benefit provision, certificate of coverage, schedule of benefits, guideline, policy, protocol, or criteria on which a decision was based on.

INFORMATION ABOUT COMPLAINTS AND GRIEVANCES

MercyCare is committed to ensuring that all member concerns are handled in an appropriate and timely manner. We ensure that every member has the opportunity to express dissatisfaction with any aspect of MercyCare HMO products.

Every MercyCare member has the right to contact our customer service department to address a concern. If you contact MercyCare by telephone, our customer service representatives will research your concern and advise you of the outcome.

A grievance hearing must be offered to any member or member's representative who writes to MercyCare about an adverse determination, or any other concern with the health plan. This includes grievances regarding decisions that adversely affect coverage, benefits or a member's relationship with MercyCare. The grievance hearing is your opportunity to present your issue to a panel of your peers, consisting of people who are also covered by MercyCare. The panel will hear your case and then make a determination based on all of the information gathered and presented. Examples of grievance requests include referral denials and claim denials. Again, any written concern will be considered a grievance.

MercyCare must follow guidelines created by the State of Wisconsin Office of the Commissioner of Insurance (OCI). In addition, as an accredited health plan, we follow the guidelines of NCQA. When the guidelines of these two organizations differ, we adopt the standards that favor members' rights. For example, the OCI allows 45 days to complete a hearing, and NCQA allows 30 days. Therefore, MercyCare employs the 30-day standard to complete a grievance.

When MercyCare receives your grievance, you may expect that a written acknowledgement of the receipt of your grievance will be sent to you within five days of the receipt of your grievance. Your concern will be reviewed by multiple departments prior to your hearing to determine if an error was made at the original determination. Upon completion of the internal investigation, you will be contacted and advised of one of the following:

- The initial denial was overturned and your request is now being approved. You will also be advised you have the right to continue with your grievance or cancel it as this time, or
- Your grievance is ready to be scheduled. You will be advised of the tentative date and time. All grievances are scheduled for Thursdays. If the tentative date is not convenient for you, you will be able to choose from other dates available. You will be given a general overview of what to anticipate at your hearing. You will be given the opportunity to ask any questions in order to assure you are prepared for your hearing.

You will receive a letter confirming the date of your hearing at least seven days prior to your hearing. At this time, we will inform you of additional rights, including attendance and possible alternate representatives.

On the date of your hearing a facilitator will greet you. This person acts as your advocate and will again explain what to anticipate at your hearing. The facilitator will take you to the meeting. He/she will introduce you to the committee and the committee members will introduce themselves to you. We always attempt to have two committee members who do not work for MercyCare, and all committee members will have MercyCare insurance coverage of some type. If your original claim determination was based on a medical decision, the medical director will be at the hearing to answer any questions you may have, and will also answer questions the committee may have. Usually, a grievance committee is made up of one voting member from MercyCare, two voting members from outside of MercyCare, the medical director, a note-taker, a utilization review nurse, and the complaint coordinator.

Once you have presented your case and discussed it with the committee, you will be excused from the meeting. The three voting members and the note-taker will be present during deliberations. Within five days of the completion of the hearing you will receive the written outcome of the hearing. If the grievance was not decided in your favor, you will be advised of all the additional rights you have after the grievance level appeal.

Your concerns are important to us. In order for us to improve the service that we provide to you, it is essential that you voice your concerns so that we may identify areas for improvement.

If you have any questions regarding your rights or the grievance process, please contact customer service at **(800) 895-2421.**

INDEPENDENT REVIEW

After you have completed MercyCare's Internal Grievance process, you have the right to request and obtain an independent review if the grievance was not decided in your favor. An "independent review" is a review of an adverse determination or an experimental treatment determination, as defined in your certificate of coverage, by an independent review organization. An "independent review organization" is a neutral expert certified by the Commissioner of Insurance. For more information on an independent review, please see your certificate of coverage or contact customer service at (800) 895-2421. Customer service will also provide you with a copy of your certificate of coverage if needed.

INFORMATION ON PRESCRIPTION DRUG BENEFITS

MercyCare has multiple drug plans. You may be eligible to participate in only one of these plans based on employer's benefit selection. If you have questions about which drug benefit is available to you, please call customer service at (800) 895-2421 and they will assist you.

Two-tiered drug plan: This drug plan has an extensive list of covered prescription medications divided into two tiers. Tier-1 is the lowest copay level and includes preferred generics and over-the-counter medications. Tier-2 is the higher copay level and includes preferred brands. All medications listed in the formulary have been reviewed for safety and effectiveness and were chosen by a committee of your physicians and pharmacists, who also determine the placement of drugs on the formulary.

Three-tiered drug plan: This list of medications has been divided into three tiers. Tier-1 is the lowest copay level and includes preferred generics. Tier-2 is the higher copay level and is composed of preferred brands. Tier-3 is the highest copay level and includes non-preferred brands and non-preferred generics. All medications listed in the formulary have been reviewed for safety and effectiveness and were chosen by a committee of your physicians and pharmacists who also determine the placement of drugs within each tier of this formulary. Other changes may occur to this formulary as determined by MercyCare.

Formulary exceptions: The closed formulary plan provides an exception process whereby your physician may submit a request for coverage of non-formulary drugs if he/she feels non-formulary is the only viable option for you. Please refer to the exception process section of the 2-Tiered Drug Rider. All exception requests are reviewed by the health plan pharmacist who will communicate the health plan's decision to both you and your physician.

Prior authorization: Some medications listed in the MercyCare formulary require prior authorization. If your physician prescribes one of these medications, he/she will need to submit documentation that meets criteria for coverage. A committee of physicians and pharmacists establishes the criteria for approval. These criteria help ensure safe medication usage and that the medications are used according to current treatment guidelines. All exception requests are reviewed by the health plan pharmacist who will communicate the health plan's decision to both you and your physician.

Generic medications: MercyCare covers and encourages the use of generic medications. Generic medications have the same active ingredient as the brand name and have undergone vigorous scientific comparison studies that are approved by the Federal Food and Drug Administration (FDA). If a brand-name medication is not available in a generic form, you must pay the brand-name copay as outlined in your policy. Copay amounts are indicated on your prescription drug rider.

Prescription limits: Your MercyCare pharmacy benefit only includes prescription medications. Generally, the maximum quantity of medication you may receive in a single prescription is a 30-day supply. You may receive a prescription of most covered drugs for up to 90 days if prescribed by your physician; however, you will be required to pay three copays at the time of purchase.

Filling your prescription: Your prescription may be filled at participating pharmacies across the country. Please contact MercyCare customer service or check our Web site if you have questions about participating pharmacies.

Mail Order/ Extended Supply: MercyCare offers a prescription mail order service that helps reduce your copay/coinsurance and makes it more convenient to receive your prescriptions. If your prescription drug benefit allows you to receive a 90-day supply, you may be able to participate in the mail order services. The advantage

of doing so is that your prescription will be mailed to your home and you will receive a 90-day supply for only two copays. If you prefer to pick up your prescription, you can receive the same copay reduction at any Mercy Pharmacy. If you would like more information about our mail order program please visit our Web site at www.mercycarehealthplans.com, or contact customer service at (800) 895-2421.

Some benefit designs require that mail order through Mercy Health Mall Pharmacy be used for certain medications. To identify whether your benefit design requires mandatory mail order medications, please check your drug rider, or contact customer service at (800) 895-2421. Customer service will provide you with a written list of mandatory mail order medications upon request.

NOTICE OF PRIVACY PRACTICES

The MercyCare drug formulary is available on our Website, or a printed copy may be requested from customer service at **(800) 895-2421**.

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

MercyCare is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice or if you want more information about the privacy practices at MercyCare, please contact the Privacy Officer at MercyCare Health Plans, PO Box 550, Janesville, WI 53547-0550, 608-752-3431.

How MercyCare May Use or Disclose Your Health Information

The following categories describe the ways that MercyCare may use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

1. Payment Functions. We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. Health information may be shared with other government programs such as Medicare, Medicaid, or private insurance to manage your benefits and payments. For example, payment functions may include reviewing the medical necessity of health care service, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.

2. Health Care Operations. We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for reinsurance and stop-loss coverage; conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs; and business planning, management and general administration.

3. Treatment. We may use or disclose your health information to a physician or other health care provider to treat you. For example, a doctor prescribing a medication may need to know if you have diabetes or heart disease and what medications you are currently taking, as this might affect what he or she can prescribe. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

4. Required by Law. As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding.

5. Public Health. Information may be reported to a public health authority or other appropriate government authority authorized by law to collect or receive information for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

6. Health Oversight Activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

7. Judicial and Administrative Proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

8. Law Enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

9. Public Safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

10. National Security. We may disclose your health information for military, prisoner, and national security.

11. Worker's Compensation. We may disclose your health information as necessary to comply with worker's compensation or similar laws.

12. Marketing. We may contact you to give you information about health-related benefits and services that may be of interest to you. If we receive compensation from a third party for providing you with information about other products or services (other than drug refill reminders or generic drug availability), we will obtain your authorization to share information with this third party.

13. Disclosures to Plan Sponsors. We may disclose your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan. If you have a group health plan, your employer is the plan sponsor.

14. Fundraising. You have the right to opt out of receiving fundraising communications. MercyCare does not conduct fundraising activities. If MercyCare ever did disclose your health information for the

purposes of fundraising, you would receive an opt-out notice before each such communication explaining how to opt-out.

When MercyCare May Not Use or Disclose Your Health Information

Written Authorization. Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

- Your authorization is necessary for most uses and disclosures of psychotherapy notes.
- Your authorization is necessary for any disclosure of health information in which the health plan receives compensation.

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

Statement of Your Health Information Rights

1. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your health information. MercyCare is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. We will let you know if we can comply with the restriction or not.

2. Right to Request Confidential Communications. You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. We are not required to agree to your request.

3. Right to Inspect and Copy. You have the right to inspect and receive an electronic or paper copy of health information about you that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

4. Right to Request Amendment. You have a right to request that MercyCare amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and

how you can disagree with the denial. To request an amendment, you must make your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. You must also provide a reason for your request.

5. Right to Accounting of Disclosures. You have the right to receive a list of "accounting of disclosures" of your health information made by us in the past six years, except that we do not have to account for disclosures made for purposes of payment functions or health care operations, or made to you. To request this accounting of disclosures, you must submit your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. MercyCare will provide one list per 12 month period free of charge; we may charge you for additional lists.

6. Right to a Copy. You have a right to receive an electronic or paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to MercyCare Customer Service Coordinator, PO Box 550, Janesville, WI 53547-0550. You may also obtain a copy of this Notice at our web-site, www.mercycarehealthplans.com.

7. Right to be Notified of a Breach. You will be notified in the event of a breach of your unsecured health information.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550, 608-752-3431.

Changes to this Notice and Distribution. MercyCare reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains.

As your health plan, we will provide a copy of our notice upon your enrollment to the plan and will remind you at least every three years where to find our notice and how to obtain a copy of the notice if you would like to receive one. If we have more than one Notice of Privacy Practices, we will provide you with the Notice that pertains to you. The notice is provided to the named subscriber insured on the plan and will pertain to the insured and dependents named under this insured.

As a health plan that maintains a website describing our customer service and benefits, we also post to our website the most recent Notice of Privacy Practices which will describe how your health information may be used and disclosed as well as the rights you have to your health information. If our Notice has a material change, we will post information regarding this change to the website for you to review. In addition, following the date of the material change, we will include a description of the change that occurred and information on how to obtain a copy of the revised Notice in our annual mailing to all individuals then covered by the plan.

Complaints

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. MercyCare will not retaliate against you in any way for filing a complaint. All complaints to MercyCare must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Service at http://www.hhs.gov/ocr/privacy/hipaa/complaints/ or call (800) 368-1019.

HOW TO CHANGE YOUR PERSONAL INFORMATION

It is important that you notify your employer prior to informing MercyCare of any changes. Your employer has the appropriate "change of status" form that requires your and your employer's signatures. Some examples of changes that MercyCare requires notification of:

- New address, phone number, adding or deleting dependent, divorce or death.
- **Adding a new spouse:** A new spouse may be added to your coverage if you notify your employer and the appropriate paperwork is received **within 30 days after the date of marriage.**
- **Adding a newborn:** A newborn may be added to your coverage if the appropriate paperwork is received by MercyCare. The plan requests that paperwork be received **within 60 days of the date of birth.**

COORDINATION OF BENEFITS

If you have other insurance in addition to your MercyCare plan, it is important that you inform your provider of that information prior to, or upon arrival to an appointment. With your cooperation, MercyCare is better able to appropriately coordinate your benefits. Your certificate of coverage describes the order of benefit determination rules that will apply.

COMMONLY ASKED QUESTIONS

Question: **Why have I received a bill from Mercy Health System physician billing or Mercy Hospital?**

Answer: If you receive a bill from Mercy Health System, call the phone number on the statement and ask for an explanation of the balance. The charges may be, but are not limited to, your copay, deductible, coinsurance, or non-covered charges. If you feel that MercyCare has denied a charge in error, please call customer service at **(800) 895-2421.**

Question: **May I continue my coverage if I lose my eligibility?**

Answer: Yes, MercyCare has conversion or continuation privileges available. Please contact your employer or refer to your Certificate of Coverage for a detailed description of these rights.

Question: **I am on the 3-tier drug plan. Why does my cost change from month to month?**

Answer: The 3-tier drug plan is based on you paying a percentage of the total cost. The cost of the drug is based on its wholesale acquisition cost which can vary month to month.

Question: **What steps should I take if the drug my practitioner ordered for me is not on your formulary?**

Answer: If your practitioner or physician orders you a non-formulary drug, he or she should be requesting a medication override. The MercyCare Health Plan pharmacist will review the request and will either approve it or direct your physician to consider a comparable formulary plan drug.

Question: **I do not agree with MercyCare's decision to deny my referral request to an out-of-plan provider or non-formulary drug. What are my options?**

Answer: You should first contact your physician or practitioner who submitted the referral to MercyCare and discuss covered alternatives. If your physician or practitioner disagrees with our decision, he or she should contact the health plan. In any event, you have the right to file a grievance by contacting customer service, who will in turn advise you how to proceed with the grievance process.

Question: **How can I change my MercyCare ID number?**

Answer: You may request an ID number change by contacting customer service at (800) 895-2421.