



# MercyCare HMO, Inc.

2022 BadgerCare Plus Member Handbook



## Interpreter Services

- English For help to translate or understand this, please call (800) 895-2421 (TDD/TTY (800) 947-3529).
- Spanish Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono (800) 895-2421 (TDD/TTY (800) 947-3529).
- Russian Если вам не всё понятно в этом документе, позвоните по телефону (800) 895-2421 (TDD/TTY (800) 947-3529).
- Hmong Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau (800) 895-2421 (TDD/TTY (800) 947-3529).

Interpreter services are provided free of charge to you.

### IMPORTANT MERCYCARE HMO PHONE NUMBERS

#### MercyCare HMO

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

If you need these services, contact MercyCare HMO at (800) 895-2421.

<b>Customer Service</b>	<b>(800) 895-2421</b>	<b>Monday-Friday, 8:30 am-4:30 pm</b>
<b>Emergency</b>	<b>(888) 756-6060</b>	<b>24 hours a day, 7 days a week</b>
<b>TDD/TTY</b>	<b>(800) 947-3529</b>	<b>24 hours a day, 7 days a week</b>

# Welcome to MercyCare Health Plans

Welcome to MercyCare HMO. As a member of MercyCare HMO, you should get all your health care from doctors and hospitals in the MercyCare HMO network. See the MercyCare HMO Provider Directory for a list of these providers. You may also call our customer service department at (800) 895-2421. Providers accepting new patients are marked in the Provider Directory.

## **USING YOUR FORWARDHEALTH ID CARD**

Your ForwardHealth ID card is the card you will use to get your BadgerCare Plus benefits. Always carry your ForwardHealth ID card with you, and 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 your HMO or other service providers.

## **CHOOSING A PRIMARY CARE PHYSICIAN**

When you need care, it is important to call your primary care physician first. It is important to choose a primary care physician to manage all your health care. You can choose a primary care physician from the list of doctors accepting new patients, as marked in the MercyCare HMO Provider Directory. HMO doctors are sensitive to the needs of many cultures. To choose a primary care physician or to change primary care physicians, call our Customer Service Department at (800) 895-2421.

Your primary care physician will help you decide if you need to see another doctor or specialist and, if appropriate, give you a referral. Remember, you must get approval from your primary care physician before you see another doctor.

Women may see a women's health specialist, such as an Obstetrician and Gynecologist (OB/GYN), nurse midwife, or licensed midwife, without a referral in addition to choosing from their primary care physician.

## ACCESSING THE CARE YOU NEED

### Emergency Care

Emergency care is care that is needed right away. Some examples are:

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

If you need emergency care, 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 are admitted to a non-MercyCare HMO hospital or provider, call MercyCare HMO at (800) 895-2421 as soon as you can to tell us what happened.

Remember, hospital emergency rooms are for true emergencies only. Unless you have a true emergency, call your doctor or our 24-hour emergency number at (888) 756-6060 before you go to the emergency room. If you do not know if your illness or injury is an emergency, call. We will tell you where you can get care.

A prior authorization is not required for emergency services.

### Urgent Care

Urgent care is care you need sooner than a routine doctor's visit, but it is not emergency 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 MercyCare HMO doctors unless you first get our approval to see a non-MercyCare HMO doctor. Do not go to a hospital emergency room for urgent care unless you get approval from MercyCare HMO first.

## 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 MercyCare HMO at (800) 895-2421 as soon as you can to tell us what happened.
- For urgent or routine care away from home, you must first get approval from us to go to a different doctor, clinic, or hospital. This includes children who are spending time away from home with a parent or relative. Call (800) 895-2421 for approval to go to a different doctor, clinic, or hospital.

## Care During Pregnancy and Delivery

If you become pregnant, please let MercyCare HMO and your income maintenance (IM) agency know right away, so you can get the extra care you need. You do not have copayments when you are pregnant.

You must go to a MercyCare HMO hospital to have your baby. Talk to your MercyCare HMO doctor to make sure you know which hospital you are to go to when it is time to have your baby. Do not go out of area to have your baby unless you have MercyCare HMO approval. Your MercyCare HMO doctor knows your history and is the best doctor to help you.

Also, talk to your doctor if you plan to travel in your last month of pregnancy. We want you to have a healthy birth and a good birthing experience, so it may not be a good time for you to be traveling.

## WHEN YOU MAY BE BILLED FOR SERVICES

### Covered and Non-covered Services

Under BadgerCare Plus, you do not have to pay for covered services other than required copayments. The amount of your copay cannot be greater than it would have been in fee-for-service. To help ensure that you are not billed for services, you must see a provider in MercyCare HMO's network. The only exception is for emergencies. If you are willing to accept financial responsibility and make a written payment plan with your provider, you may ask for non-covered services. Providers may bill you up to their usual and customary charges for non-covered services.

If you get a bill for a service you did not agree to, please call (800) 895-2421.

### Co-payments

Under BadgerCare Plus, MercyCare HMO and its providers and subcontractors may bill you small service fees, called copayments. The following members do not have to pay copayments:

- Nursing home residents
- Pregnant women
- Members younger than 19 years of age who are members of a federally recognized tribe
- Members younger than 19 years of age with incomes at or below 100 percent of the Federal Poverty Level (FPL)

You may have copayments for emergency services provided outside of Wisconsin. If you are a BadgerCare Plus childless adult, you may have an \$8.00 copay if you go to the emergency room when it is not an emergency.

## Medical Services Received Outside Wisconsin

If you travel outside Wisconsin and need emergency care, health care providers in the area where you travel can treat you and send the bill to MercyCare HMO. You may have copayments for emergency services provided outside Wisconsin.

MercyCare HMO does not cover any services, including emergency services, provided outside the United States, Canada, and Mexico. If you need emergency services while in Canada or Mexico, MercyCare HMO will cover the service only if the doctor's or hospital's bank is in the United States. Other services may be covered with MercyCare HMO approval if the provider has a U.S. bank. Please call MercyCare HMO if you get any emergency services outside the United States.

If you get a bill for services, call our Customer Service Department at (800) 895-2421 right away.

## OTHER INSURANCE

If you have other insurance in addition to MercyCare HMO, you must tell your doctor or other health care provider. Your doctor or other health care provider must bill your other insurance before billing MercyCare HMO. If your MercyCare HMO doctor or other health care provider does not accept your other insurance, call the HMO Enrollment Specialist at (800) 291-2002. The HMO Enrollment Specialist can tell you how to use both insurance plans.

## SERVICES COVERED BY MERCYCARE HMO

MercyCare HMO is responsible for providing all medically necessary covered services under BadgerCare Plus. Some services may require a doctor's order or a prior authorization. Covered services include:

SERVICES	COVERAGE DESCRIPTION
Ambulatory Surgical Centers	Coverage of certain surgical procedures and related lab services
Behavioral Treatment	Full coverage of comprehensive and focused behavioral treatment services (with prior authorization). <b>See below for more information.</b>
Disposable Medical Supplies (DMS)	Full coverage
Durable Medical Equipment (DME)	Full coverage
End-Stage Renal Disease (ESRD)	Full coverage
HealthCheck Screenings for Children	Full coverage of HealthCheck screenings and other services for individuals under 21 years of age. <b>See below for more information.</b>
Hearing Services	Full coverage
Home Care Services	Full coverage of private duty nursing, home health services and personal care
Hospice	Full coverage

SERVICES (continued)	COVERAGE DESCRIPTION (continued)
Hospital Services: Inpatient	Full coverage
Hospital: Outpatient	Full coverage
Hospital Services: Outpatient Emergency Room	Full coverage
Mental Health and Substance Abuse Treatment	Full coverage (not including room and board), except inpatient care at an Institution for Mental Disease (IMD) for persons aged 22-64 is not covered. <b>See below for more information.</b>
Nursing Home Services	Full coverage
Physician Services	Full coverage, including laboratory and radiology
Podiatry Services	Full coverage
Prenatal/Maternity Care	Full coverage, including prenatal care coordination and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems.
Reproductive Health Services: Family Planning Services	Full coverage, except for the exceptions listed below.  Does not cover: <ul style="list-style-type: none"> <li>• Reversal of voluntary sterilization</li> <li>• Infertility treatments</li> <li>• Surrogate parenting and related services, including but not limited to: <ul style="list-style-type: none"> <li>- Artificial insemination</li> <li>- Obstetrical care</li> <li>- Labor or delivery</li> <li>- Prescription or over-the-counter drugs</li> </ul> </li> </ul> <b>See below for more information.</b>
Routine Vision	Full coverage, including eyeglasses. <b>See below for more information.</b>
Therapy: Physical Therapy, Occupational Therapy, and Speech and Language Pathology	Full coverage
Transportation: Ambulance, Specialized Medical Vehicle, Common Carrier	Full coverage of emergency and non-emergency transportation to and from a certified provider for a BadgerCare Plus-covered service. <b>See below for more information.</b>



## **Mental Health and Substance Abuse Services**

MercyCare HMO provides mental health and substance abuse (drug and alcohol) services to all members. If you need these services, call (800) 895-2421. If you need immediate help, you can call the Crisis Hotline in your area:

- Rock County (608) 757-5025
- Walworth County (262) 741-3200

You can also call our 24-hour Nurse Line at (888) 756-6060, which is open seven days a week. All services provided by MercyCare HMO are private.

## **Family Planning Services**

We provide private family planning services to all members, including minors. If you do not want to talk to your primary care physician about family planning, call our Customer Service Department at (800) 895-2421. We will help you choose a MercyCare HMO family planning doctor who is different from your primary care physician.

We encourage you to get family planning services from a MercyCare HMO doctor so that we can 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 MercyCare HMO.

## **Dental Services**

Dental services are a covered benefit under BadgerCare Plus. 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](http://www.forwardhealth.wi.gov).
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare Plus.

Or, you can call ForwardHealth member services at (800) 362-3002.

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

If you are experiencing a dental emergency:

### **If you already have a dentist who is with MercyCare HMO:**

- Call the dentist's office.
- Tell the dentist's office that you or your child is 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 with getting a ride to or from your dental appointment.

### **If you do not currently have a dentist who is with MercyCare HMO:**

- Call MercyCare HMO. Tell us that you or your child is having a dental emergency. We can help you get dental services.
- Tell us if you need help with getting a ride to or from the dentist's office.

## **Chiropractic Services**

Chiropractic services are a covered benefit under BadgerCare Plus. You may get covered 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](http://www.forwardhealth.wi.gov).
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare Plus.

Or, you can call ForwardHealth member services at (800) 362-3002.

## **Vision Services**

MercyCare HMO provides covered vision services, including eyeglasses; however, some limitations apply. For more information, call our Customer Service Department at (800) 895-2421.

## **Autism Treatment Services**

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

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

Or, you can call ForwardHealth member services at (800) 362-3002.

## **HealthCheck Services**

HealthCheck is a program that covers complete health checkups, including treatment for health problems found during the checkup, for members younger than 21 years old. These checkups are very important. Doctors need to see those younger than 21 years old for regular checkups, not just when they are sick.

### **The HealthCheck program has three purposes:**

1. To find and treat health problems for those younger than 21 years old.
2. To increase awareness of the special health services for those younger than 21 years old.
3. To make those younger than 21 years old eligible for some health care not otherwise covered.

### **The HealthCheck checkup includes:**

- Age appropriate immunizations (shots)
- Blood and urine lab tests (including blood lead level testing when age appropriate)
- Dental screening and a referral to a dentist beginning at 1 year old
- Health and developmental history
- Hearing screening
- Physical examination
- Vision screening

To schedule a HealthCheck exam or for more information, call our Customer Service Department at (800) 895-2421.

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

### **Transportation Services**

Non-emergency medical transportation (NEMT) is available through the DHS NEMT manager. The NEMT manager arranges and pays for rides to covered services for members who have no other way to receive a ride.

Non-emergency medical transportation 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

Additionally, if you use your own private vehicle for rides to and from your covered health care appointments, you may be eligible for mileage reimbursement. You must schedule routine rides at least two business days before your appointment. You can schedule a routine ride by calling the NEMT manager at (866) 907-1493 (or TTY 711), Monday through Friday, from 7:00 a.m. until 6:00 p.m. You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

### **Pharmacy Benefits**

You may get a prescription from a MercyCare HMO doctor, 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.

## **CARE EVALUATION/HEALTH NEEDS ASSESSMENT**

As a member of MercyCare HMO, you may be asked to talk with a trained staff member about your health care needs. It is very important that you talk with your HMO so that you can get the care and services you need. If you have questions or would like to contact MercyCare HMO directly to schedule a time to talk about your health care needs, please call (800) 895-2421.

## **IF YOU MOVE**

If you are planning to move, contact your current Income Maintenance (IM) agency. If you move to a different county, you must also contact the IM agency in your new county to update your eligibility for BadgerCare Plus.

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

## GETTING A SECOND MEDICAL OPINION

If you disagree with your doctor's treatment recommendations, you have the right to a second medical opinion. Contact your doctor or our Customer Service Department at (800) 895-2421 for information.

## HMO EXEMPTIONS

Generally, you must enroll in an HMO to get health care benefits through BadgerCare Plus. An HMO exemption means you are not required to join an HMO to get your health care benefits. Most exemptions are granted for only a short period of time, primarily 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 a specialist at (800) 291-2002 for more information.

## GETTING HELP WHEN YOU HAVE QUESTIONS OR PROBLEMS

### **MercyCare HMO Member Advocate**

MercyCare HMO has a Member Advocate to help you get the care you need. You should contact your Member Advocate for help with any questions about getting health care and solving any problems you may have getting health care from MercyCare HMO. You can reach the Member Advocate at (800) 895-2421 or (608) 758-7734.

### **Enrollment Specialist**

To get information about what managed care is and other managed care choice counseling, you can contact call the HMO Enrollment Specialist at (800) 291-2002 for assistance.

### **State of Wisconsin HMO Ombuds Program**

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

## FILING A GRIEVANCE, OR APPEAL

### **Grievances**

A grievance is any complaint about your HMO or health care provider that is not related to a denial, limitation, reduction, or delay in your benefits. Grievance topics include things like the quality of services you were provided, rudeness from a provider or an employee, and not respecting your rights as a member.

We would like to know if you ever have a grievance about your care at MercyCare HMO. Please call MercyCare HMO Member Advocate at (800) 895-2421 or (608) 758-7734, or write to us at the following address if you have a grievance:

**MercyCare HMO, Inc.**  
**PO Box 550**  
**Janesville, WI 53547**

If you want to talk to someone outside MercyCare HMO about the problem, call the HMO Enrollment Specialist at (800) 291-2002. The HMO Enrollment Specialist may be able to help you solve the problem or write a formal grievance to MercyCare HMO or to the BadgerCare Plus program.

The address to file a grievance with the BadgerCare Plus program is:

**BadgerCare Plus  
Managed Care Ombuds  
P.O. Box 6470  
Madison, WI 53716-0470  
(800) 760-0001**

You may file a grievance at any time, either orally or in writing. You will not be treated differently from other members because you file a complaint or grievance. Your health care benefits will not be affected.

## **Appeals**

An appeal is a request for a review of an adverse benefit determination.

An adverse benefit determination is any of the following:

MercyCare Health Plans stops, suspends, or reduces a service you are currently getting.

- MercyCare Health Plans decides to deny a service you asked for.
- MercyCare Health Plans decides not to pay for a service.
- MercyCare Health Plans asks you to pay an amount that you don't believe you owe.
- MercyCare Health Plans decides to deny your request to get a service from a non-network provider when you live in a rural area that has only one health maintenance organization.
- MercyCare Health Plans fails to arrange or provide services in a timely manner.
- MercyCare Health Plans fails to meet the required timeframes to resolve your grievance or appeal.

If you need help writing a request for an appeal, please call your HMO Program Advocate at (800) 895-2421 or (608) 758-7734, the BadgerCare Plus Ombuds at (800) 760-0001, or the HMO Enrollment Specialist at (800) 291-2002.

If you disagree with your HMO's decision about your appeal, you may request a fair hearing with the Wisconsin Division of Hearing and Appeals. The request for a fair hearing must be made no more than 90 days after your HMO/PIHP makes a decision about your appeal. If you want a fair hearing, send a written request to:

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

The hearing will be held with an administrative law judge in the county where you live. You have the right to 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) 266-3096 (voice) or (608) 264-9853 (hearing impaired).

If you need help writing a request for a fair hearing, please call either the BadgerCare Plus Ombuds at (800) 760-0001 or the HMO Enrollment Specialist at (800) 291-2002.

You will not be treated differently from other members because you request a fair hearing. Your health care benefits will not be affected.

You may request to have the disputed services continued while the HMO Program appeal and State fair hearing process are occurring. The request to continue services must happen within 10 days of receiving the notice that services were

denied or changed, or before the effective date of the denial or change in benefits. You may need to pay for the cost of services if the hearing decision is not in your favor.

## **YOUR RIGHTS**

### **Knowing About Physician Incentive Plan**

You have the right to ask if we have special financial arrangements with our physicians that can affect the use of referrals and other services you might need. To get this information, call our Customer Service Department at (800) 895-2421 and request information about our physician payment arrangements.

### **Knowing Provider Credentials**

You have the right to information about our providers including the provider's education, board certification/re-certification, and race/ethnicity. To get this information, call our Customer Service Department at (800) 895-2421.

### **Completing an Advance Directive, Living Will or Power of Attorney for Health Care**

You have the right to make decisions about your medical care. You have the right to accept or refuse medical or surgical treatment. You have the 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 let your doctor know about your wishes by completing an advance directive, living will, or power of attorney for health care. Contact your doctor for more information.

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 may request help in filing a grievance.

### **Right to Medical Records**

You have the right to ask for copies of your medical records from your provider(s). We can help you get copies of these records. Please call (800) 895-2421 for help. Please note that you may have to pay to copy your medical records. You may correct inaccurate information in your medical records if your doctor agrees to the correction.

### **HMO Moral or Religious Objection**

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

### **Your Member Rights**

- You have the right to have an interpreter with you during any BadgerCare Plus covered service.
- You have the right to get the information provided in this member handbook in another language or format.
- You have the right to get health care services as provided for in federal and state law. All covered services must be available and accessible to you. When medically appropriate, services must be available 24 hours a day, seven days a week.
- You have the right to get information about treatment options including the right to a second opinion.
- You have the right to make decisions about your health care.
- You have the right to be treated with dignity and respect.

- You have the right to be free from any form of restraint or seclusion used as a means of force, control, ease, or reprisal.
- You have the right to be free to exercise your rights without adverse treatment by the HMO and its network providers.
- You may switch HMOs without cause during the first 90 days of MercyCare HMO enrollment.
- You have the right to switch HMOs, without cause, if the State imposes sanctions or temporary management on MercyCare HMO.  
You have the right to receive information from MercyCare HMO regarding any significant changes with MercyCare HMO at least 30 days before the effective date of the change.
- Transition of Care If you have moved from ForwardHealth or a BadgerCare Plus HMO to a new BadgerCare Plus 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 HMO upon enrollment to let them know who your provider is. If this provider is still not in the HMO network after 90 days, you will be given a choice of participating providers to make a new choice.
  - Receive services that would pose a serious health risk or hospitalization if you did not receive them.
- You have the right to request and receive a copy of your medical records.
- You have the right to disenroll from the HMO if:
  - You move out of the HMO/PIHP's service area
  - Your HMO/PIHP does not, for moral or religious objections, cover a service you want
  - You need a related service performed at the same time, not all related services are available within the provider network, and your PCP or another provider determines that receiving the services separately could put you at unnecessary risk
  - Other reasons, including poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with your care needs.

## Your Civil Rights

MercyCare HMO provides covered services to all eligible members regardless of the following:

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

All medically necessary covered services are available and will be provided in the same manner to all members. All persons or organizations connected with MercyCare HMO that refer or recommend members for services shall do so in the same manner for all members.

## Fraud and Abuse

If you suspect fraud or abuse of the Medicaid program, you may report it. Please go to [www.reportfraud.wisconsin.gov](http://www.reportfraud.wisconsin.gov).

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**MercyCare Health Plans**  
PO Box 550 Janesville  
WI (800) 895-2421

*[mercycarehealthplans.com](http://mercycarehealthplans.com)*