**Community Care Family Care Partnership Program (HMO SNP) (Community Care)  
Provider Directory**

This directory is current as of [Month DD, YYYY].

This directory provides a list of the Community Care Family Care Partnership Program’s (HMO SNP)(Community Care) current network providers for Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha and Waupaca Counties in the state of Wisconsin.

For any questions about the information contained in this directory, please call our Customer Service Department toll free at 1-866-992-6600, 24 hours a day, seven days a week. TTY/TDD users should call the Wisconsin Relay System at 711.

To request a hard copy of Community Care’s provider directory, please call our Customer Service Department toll free at 1-866-992-6600, 24 hours a day, seven days a week. TTY/TDD users should call the Wisconsin Relay System at 711. Community Care will mail a hard copy of the provider directory to you within three (3) business days of your request. Community Care may ask whether your request for a hard copy is a one-time request or if you are requesting to receive the provider directory in hard copy permanently.

If you request it, your request for hard copies of the provider directory remain until you leave Community Care or request that hard copies be discontinued.

For any questions about the information contained in this directory, please call our Customer Service Department toll free at 1-866-992-6600, 24 hours a day, seven days a week. TTY/TDD users should call the Wisconsin Relay System at 711.

**Interpreter services are available free of charge.**

**English**

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1‑866-992‑6600 (TTY: 711).

**Spanish**

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1‑866‑992‑6600 (TTY: 711).

**Hmong**

CEEB TOOM:  Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1‑866‑992‑6600 (TTY:711).

**Chinese**

注：如果您说中文，您可获得免费的语言协助服务。请致电1‑866‑992‑6600 (TTY 文字电话: 711).

**Serbo-Croatian**

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1‑866‑992‑6600 (telefon za gluhe: 711).

**Arabic**

تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم

711 .(هاتف نصي: ‑6600‑992‑866(1-

**Community Care:**

* Provides free aids and services to people with disabilities to communicate effectively with us, such as:

o Qualified sign language interpreters

o 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:

o Qualified interpreters

o Information written in other languages

If you need these services, contact your care team toll free at 1-866-992-

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## Section 1 – Introduction

This directory provides a list of Community Care’s network providers. To get detailed information about your health care coverage, please see your Evidence of Coverage (EOC).

This directory is for members enrolled in Community Care’s Family Care Partnership Program (HMO SNP)(Community Care).

This directory is for Community Care Family Care Partnership members in the counties listed on page 1.

You will have to choose one of our network providers listed in this directory to be your **P**rimary **C**are **P**rovider (PCP). Generally, you must get your health care services from your PCP. If you are an Indian member, you are permitted to obtain covered services from out-of-network Indian health care providers

Your PCP is a physician who meets state requirements and is trained to give you basic medical care. Your Interdisciplinary Team (Team) will include a Community Care Nurse Practitioner (NP) who will also provide routine and basic primary care and coordinate your health care needs with your PCP.

Although you will get your routine or basic care from your PCP or your Community Care NP, your Team will coordinate the rest of the covered services you need. In most cases, you must see your Community Care NP or PCP to get a referral before you see any other health care provider.

The “network providers” listed in this directory have agreed to provide you with your health care and long-term care services. You may go to any of our network providers listed in this directory. However, some services may require a referral.

You will need the approval of your PCP, Nurse Practitioner (NP) or other member of your Team before using most of the providers listed in this directory. Your PCP or NP will usually refer you to specialists who work in the same hospital or health system as your PCP. This is the best way for Community Care to manage your care. If you have a special need or request a different specialist, your PCP or NP may refer you to other physicians. This is called getting prior authorization. If you receive care that has not been approved by your Team, you may have to pay for these services yourself.

If you have been going to one network provider, you are not required to continue going to that same provider. In some cases, you may get covered services from non-network providers.

Community Care is responsible for helping you achieve your outcomes through the development and implementation of your member-centered plan. Your Team will authorize services to help you achieve your outcomes in a cost effective way. You, your PCP, your NP, additional professionals and others that you select will be part of your Team. Your Team is responsible for authorizing all services. If you receive care that has not been authorized by your Team, you may have to pay for these services yourself. For more specific information, please see your Evidence of Coverage.

There may be times when you get a bill from a non-contracted provider. You should not pay the bill. You should send this bill to us. We will look at the bill, find out if the service was authorized and decide whether the services should be covered. We will pay the provider if the service was authorized and you followed all the rules for getting the care or drug.

When you have a “medical emergency,” you believe that your health is in serious danger. A medical emergency can include severe pain, a bad injury, a sudden illness, or a medical condition that is quickly getting much worse.

If you have a medical emergency:

* + **Get help as quickly as possible.** Call 911 for help or go to the nearest emergency room, hospital, or urgent care center. Call for an ambulance if you need it. You do *not* need to get approval or a referral first from your Team or PCP.
  + **Make sure that your Team has been told about your emergency as soon as possible.** We need to follow up on your emergency care. You or someone else should call your Team within 48 hours to tell us about your emergency care. Call the number on the back of your membership card.

If you have an emergency, your Team will talk with the doctors who are giving you emergency care to help manage and follow-up on your care. The doctors who are giving you emergency care will decide when your condition is stable and the medical emergency is over.

After the emergency is over, you are entitled to follow-up care to be sure your condition continues to be stable. Your follow-up care will be covered by our plan. If your emergency care is provided by non-network providers, your Team will try to arrange for network providers to take over your care as soon as your medical condition and the circumstances allow.

“Urgently needed care” is a non-emergency situation when:

* You need medical care right away because of an illness, injury, or condition that you did not expect or anticipate, but your health is not in serious danger.
* Because of the situation, it isn’t reasonable for you to obtain medical care from a network provider.

Whenever possible, you must use our network providers when you are in the plan’s service area and you have an urgent need for care.

If you are temporarily outside our plan’s service area and have an urgent need for care, you probably will not be able to use one of the providers in our plan’s network. If you are in this situation, contact your Team. Our plan may cover urgently needed care that you get from any provider in this situation.

Our plan does not cover urgently needed care or any other care if you receive the care outside of the United States or its territories.

You must use plan providers except in emergency or urgent care situations or for out-of- area dialysis or other services. If you obtain routine care from out-of-network providers neither Medicare, Medicaid or Community Care will be responsible for the costs.

### What is the service area for Community Care?

The counties in our service area are listed below.

Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine Washington, Waukesha and Waupaca Counties

### How do you find Community Care providers in your area?

When you enroll into Community Care’s Partnership program, you choose a PCP and his/her affiliated network of medical specialty services. Each plan PCP has certain plan specialists they use for referrals. The Community Care network specialists you use will depend on which person you chose to be your PCP. If there are certain specialists you want to use, find out whether your PCP refers to those physicians. If there are specific hospitals you wish to use, find out whether your PCP uses those hospitals.

The network includes the specialty physicians that your Team will usually authorize if you if you need specialty care. Your Team will refer you to a network provider who is the most convenient, appropriate and cost-effective for the care you need.

You should consult your Community Care Team to make sure the PCP you have chosen is accepting new patients. Generally, you will see your Community Care NP or PCP first for most of your routine health care needs. There are only a few types of covered services you can get on your own, without seeing your Community Care NP or PCP first. You can change your PCP at any time.

Your Community Care NP will help arrange or coordinate covered services. This includes x-rays, laboratory tests, therapies, specialists, hospital admissions, and follow-up care. Your PCP will contact other plan providers for updates about your care and/or treatment.

If you need certain types of covered services or supplies, your Community Care NP or Team must give approval ahead of time. This is called getting prior authorization. Your Community Care NP and PCP must give you a referral to see a specialist. The referral tells the specialist that the treatment has been approved.

This directory also lists the long-term care providers in your area. If you need to access any of the long-term care providers, your Community Care NP or Team must give approval ahead of time. After your Team has authorized care, they will work with you to arrange the long-term care that you need.

Your team can help you find a network provider near your home.

All providers listed in this directory accept both Medicare and Medicaid.

If you have questions about Community Care, please call our Customer Service Department toll free at 866-992-6600, 24 hours a day, 7 days a week. TTY users should call the Wisconsin Relay System at 711. Or, visit [www.communitycareinc.org.](http://www.communitycareinc.org/)