

## ***i*Care Family Care Partnership (HMO SNP)**

### **2017 Pharmacy Directory**

This Pharmacy Directory was updated on 09/30/16. For more recent information or other questions, please contact us, *i*Care Family Care Partnership Customer Service, at 1-800-777-4376, 24 hours-a-day/7 days-a-week (office hours: Monday-Friday, 8:30 a.m. to 5:00 p.m.). TTY users should call 1-800-947-3529, or visit [www.icare-wi.org](http://www.icare-wi.org).

*i*Care Family Care Partnership is a Coordinated Care plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in the *i*Care Family Care Partnership HMO SNP depends on contract renewal. The pharmacy network may change at any time. You will receive notice when necessary.

This information is available for free in a different format, including large print and Braille. Please call Customer Service at the number listed above if you need plan information in another format or language.

## **Introduction**

This booklet provides a list of *iCare* Family Care Partnership's network pharmacies. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage and *iCare* Family Care Partnership's formulary.

When this pharmacy directory refers to "we," "us", or "our," it means Independent Care Health Plan. When it refers to "plan" or "our plan," it means *iCare* Family Care Partnership.

We call the pharmacies on this list our "network pharmacies" because we have made arrangements with them to provide prescription drugs to Plan members. In most cases, your prescriptions are covered under *iCare* Family Care Partnership only if they are filled at a network pharmacy or through our mail order pharmacy service. Once you go to one pharmacy, you are not required to continue going to the same pharmacy to fill your prescription but can switch to any other of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described in your Evidence of Coverage.

All network pharmacies may not be listed in this directory. Pharmacies may have been added or removed from the list after this directory was printed. This means the pharmacies listed here may no longer be in our network, or there may be newer pharmacies in our network that are not listed. This list is current as of 09/30/16. For the most current list, please contact us. Our contact information appears on the front and back cover pages.

You can get prescription drugs shipped to your home through our network mail order delivery service. For more information, please contact us or see the mail order section of this pharmacy directory.

If you have questions about any of the above, including for instructions on how to submit claims for prescriptions that you had to fill at a non-network pharmacy, please see the first and last cover pages of this directory for information on how to contact us.

The network of pharmacies in this directory are divided into five categories:

### **Retail Pharmacies, including Chain Pharmacies**

#### **Mail Order Pharmacy**

You can get prescription drugs shipped to your home through our network mail order delivery service.

To refill your mail order prescriptions, you have the option to sign up for an automatic refill service. Under this service, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. We will contact you prior to shipping each refill to make sure you are in need of more medication. You can cancel scheduled refills if you have enough of your medication or if your medication has changed. If you choose not to use the auto refill service, please contact us 7-10 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time. To opt out of the automatic refill service, please contact us by phone at 1-800-777-4376 or, for TTY users, 1-800-947-3529, TRS Relay number 711.

Typically, you should expect to receive your prescription drugs from 3 to 5 days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please

contact us at 1-800-777-4376, TTY 1-800-947-3529, TRS Relay number 711, or Novixus at 1-877-668-4987.

### **Home Infusion Pharmacies**

### **Long-Term Care Pharmacies**

Residents of a long-term care facility may access their prescription drugs covered under *iCare* Family Care Partnership through the facility's long-term care pharmacy or another network long-term care pharmacy.

### **Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies**

Only Native Americans and Alaska Natives have access to Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies through *iCare* Family Care Partnership's pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies).

Each pharmacy is listed by category in alphabetical order for each county by city.

## **Notice Informing Individuals About Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law**

*iCare* Family Care Partnership (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *iCare* Family Care Partnership does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

*iCare* Family Care Partnership:

- 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 Kandi Lortie.

If you believe that *iCare* Family Care Partnership has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Quality Improvement Specialist Kandi Lortie, 1555 N. RiverCenter Dr., Suite 206, Milwaukee, WI 53212, 1-800-777-4376 (TTY: 1-800-947-3529), 414-231-1094, [klortie@icare-wi.org](mailto:klortie@icare-wi.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Quality Improvement Specialist Kandi Lortie is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

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

## Multi-language Interpreter Services

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-777-4376 (TTY: 1-800-947-3529).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-777-4376 (TTY: 1-800-947-3529).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電。1-800-777-4376 (TTY: 1-800-947-3529)。

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-777-4376 (TTY: 1-800-947-3529).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-777-4376 (ATS : 1-800-947-3529).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-777-4376 (TTY: 1-800-947-3529).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-777-4376 (TTY: 1-800-947-3529).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-777-4376 (TTY: 1-800-947-3529) 번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-777-4376 (телетайп: 1-800-947-3529).

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-777-4376 (رقم هاتف الصم والبكم: 1-800-947-3529).

**Hindi:** ध्यान दः यद आप हदी बोलते ह तो आपके िलए मुफ्त मः भाषा सहायता सेवाएं उपलब्ध हः। 1-800-777-4376 (TTY: 1-800-947-3529) पर कॉल करः।

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-777-4376 (TTY: 1-800-947-3529).

**Portugués:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-777-4376 (TTY: 1-800-947-3529).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-777-4376 (TTY: 1-800-947-3529).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-777-4376 (TTY: 1-800-947-3529).

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-777-4376 (TTY: 1-800-947-3529)まで、お電話にてご連絡ください。

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-777-4376 (TTY: 1-800-947-3529).

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