

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WISCONSIN**

CODY FLACK,
SARA ANN MAKENZIE,
MARIE KELLY, and
COURTNEY SHERWIN,

Plaintiffs,

v.

WISCONSIN DEPARTMENT OF
HEALTH SERVICES and
LINDA SEEMEYER, in her official capacity
as Secretary of the Wisconsin Department of
Health Services,

Defendants.

Case No. 3:18-cv-00309-wmc

Judge William Conley

SUPPLEMENTAL DECLARATION OF COURTNEY SHERWIN

I, Courtney Sherwin, declare as follows:

1. I am one of the plaintiffs in the above-captioned action. I submit this declaration to supplement the declaration I submitted in this case on October 18, 2018. I have personal knowledge of the matters stated in this supplemental declaration.

2. As stated in my original declaration, on October 1, 2018, I consulted with a urologist, Dr. Dan Gralnek at UW Health, about obtaining an orchiectomy as a treatment for my gender dysphoria. At that consultation, Dr. Gralnek recommended I obtain an orchiectomy and also recommended that I undergo full genital reconstruction (including a vaginoplasty) at the same time as the orchiectomy to reduce scar tissue and avoid the risks and inconvenience of a second surgery.

3. Following my consultation with him, Dr. Gralnek submitted a prior authorization request for an orchiectomy to my Wisconsin Medicaid managed care organization, Quartz. On or

about November 7, 2018, I received a letter from Quartz, dated November 2, 2018, stating that the prior authorization request was denied because of the exclusion on “transsexual surgery,” referencing DHS Policy 107.03 bullets 23 and 24. A true and accurate copy of that letter is attached as Exhibit A to this declaration.

4. Dr. Gralnek referred me to Dr. Katherine Gast at UW Health for a consultation on full genital reconstruction surgery.

5. I had a consultation with Dr. Gast on November 29, 2018 to discuss genital reconstruction (including orchiectomy and vaginoplasty) and breast reconstruction (bilateral breast augmentation).

6. Following my consultation with Dr. Gast, I provided her documents demonstrating my readiness and need for the requested surgeries, including letters of support from Dr. Adrienne Hampton, my primary care doctor, and my current treating therapist, Anna Burden at Journey Mental Health Center in Madison.

7. Dr. Gast agreed to perform the surgeries and submitted a prior authorization request to Quartz seeking approval for coverage for those surgeries and an inpatient stay.

8. On January 23, 2019, Dr. Gast’s office provided me a PDF document containing copy of letters from Quartz addressed to her office and to me, both dated January 22, 2019, denying the prior authorization request. A true and accurate copy of the PDF document provided to me by Dr. Gast’s office is attached as Exhibit B. The letter from Quartz addressed to me explained that gender reassignment surgeries are excluded under Wisconsin Medicaid, stating the following:

We have reviewed a request from Katherine M Gast, MD for coverage of gender reassignment surgery and an inpatient stay (scrotal orchiectomy, penile removal/inversion, vaginoplasty and bilateral breast augmentation). Unfortunately, we cannot approve this request. It was denied because your BadgerCare Plus (BC+) benefits say:

Currently, Wisconsin BadgerCare, BadgerCare Plus, and Medicaid do not cover gender reassignment surgery or drugs related to gender reassignment or hormone replacement.

9. I hope to obtain this needed care as soon as possible to treat my gender dysphoria and complete my gender transition. I continue to experience ongoing and severe symptoms of anxiety, depression, and emotional distress because of my inability to afford this care without Wisconsin Medicaid coverage.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 25th day of January, 2019.

A handwritten signature in cursive script that reads "Courtney Sherwin". The letter "y" in "Courtney" has a small heart shape above it.

Courtney Sherwin

EXHIBIT A

November 2, 2018 Letter from Quartz



Medical Management 840 Carolina Street
Sauk City, WI 53583
(608) 821-4200
(888) 829-5687
(608) 821-4207 Fax
QuartzBenefits.com

November 2, 2018

BRADLEY E SHERWIN
[REDACTED]

Service: 54520 REMOVAL
TESTIS,SIMPLE; 54530 REMOVAL
TESTIS,RADICAL
Patient: Bradley E Sherwin
Subscriber: Sherwin, Bradley E
ID#: [REDACTED]
Date of Birth: [REDACTED]

Dear Mr. Sherwin,

We have reviewed a request from Dan R Gralnek, MD for coverage of removal of your testicles. Unfortunately, we cannot approve this request. It was denied because your BadgerCare Plus (BC+) health benefits say:

DHS Policy 107.03 Services Not Covered: Bullet @23 states "Drugs, including hormone therapy, associated with transsexual surgery or medically unnecessary alteration of sexual anatomy or characteristics" and Bullet (24) states "Transsexual surgery".

If you have questions or would like a free copy of your BC+ health benefits, please call Customer Service at (800) 362-3310. You may also send a message through MyChart or mail a request to:

Quartz
ATTN Customer Service
840 Carolina Street
Sauk City, WI 53583

If your doctor would like to discuss this decision, please call (608) 821-4200 or (888) 829-5687.

This decision does not mean you cannot receive the care you were seeking. It simply means your insurance will not cover it. If you decide to receive this care, you will have to pay for it. You and your doctor should make all of the decisions about your health care. This includes the treatment you may need. Your benefits are determined according to the contract terms in force on the date the services are done.

If you wish to appeal this decision, please fill out the attached form. It needs to be returned within 45 days. You can call (800) 362-3310 or send it to:

Quartz
ATTN Appeals Specialists
840 Carolina Street
Sauk City, WI 53583
Email: AppealsSpecialists@QuartzBenefits.com
Fax: (608) 644-3500

You have the right to review the information we used to make a decision. You can do so before the HMO grievance committee hearing or the State of Wisconsin Division of Hearings and Appeals (DHA). Please contact our Appeals Specialist if you have any questions by calling (800) 362-3309 ext. 1423 or 1582.

You may need to pay for the cost of services if the hearing decision is not in your favor.

If you think there is anything new we should know, please include it with your appeal. New information may be written comments, documents, medical records or anything that is relevant. You may bring someone with you to the meeting, including an attorney, but it is not required. You can get free interpreter services. Call Customer Service at (800) 362-3310.

It may take up to 10 days from the day we receive your request to respond. It may take up to 30 days to make a final decision.

If your appeal is urgent, please call us as soon as possible at (800) 362-3310. Urgent requests are for services that are needed right away. If a delay in treatment would increase the risk to your health or you are in the hospital, you may qualify. Urgent requests are decided within two business days. Your benefits may continue during this time. In urgent situations, an external review can occur at the same time as the internal appeal. Your doctor must verify that a delay can be a health risk. If we determine your appeal does not meet the urgent requirements, we will review the appeal in the standard time frames.

If you wish to talk to someone outside of Quartz, please call the HMO Enrollment Specialist at (800) 291-2002. They may assist you with your appeal to Quartz or to the Wisconsin Managed Care Program. To file a grievance with the Wisconsin Managed Care Program, send a letter to:

Wisconsin Managed Care
Ombudsman
P.O. Box 6470
Madison, WI 53716-0470

You have the right to appeal to the DHA for a Fair Hearing if you believe your benefits are wrongly denied, limited, reduced, delayed or stopped by Quartz. An appeal must be made no later than 45 days after the date of the action being appealed. If you appeal this action to DHA before the action or you request that it continue within 10 days of receiving this letter, the service may continue. If you decide to receive the care you were seeking, you may need to pay for the full cost of medical services if the hearing decision is not in your favor. 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 in the county where you live. You have the right to bring a friend or be represented at the hearing. If you need a special arrangement for a disability or for English language translation, please call (608) 266-3096 (voice) or 711 (hearing impaired).

If you need help writing a request for a Fair Hearing, call the Wisconsin Managed Care Ombudsman at (800) 760-0001 or the HMO Enrollment Specialist at (800) 291-2002.

We cannot treat you differently than other members because you file a complaint or grievance. Your health care benefits will not be affected.

We would be glad to talk to you about this decision. Please call (800) 362-3310.

Sincerely,

Medical Management Department/mpr

cc: Dan R Gralnek, MD

Gundersen Health Plan, Inc. is contracted with the State of Wisconsin to provide BadgerCare Plus HMO Services.
QL2487 (0118) - 9000520

Appeal Filing Form

NAME OF PERSON FILING APPEAL: _____

Circle one: Covered person Patient Authorized Representative

Member #: _____

Contact information of person filing appeal (If different from patient)

Address: _____

Daytime phone: _____ **Email:** _____

If person filing appeal is other than patient, patient must indicate authorization by signing here:

Are you requesting an urgent appeal? Yes No

Briefly describe why you disagree with this decision (you may attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim):

Accessibility at Quartz

Quartz 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 and information written in other languages.

If you need these services, contact Quartz at (800) 362-3310.

Spanish – Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (800) 362-3310.
TTY / TDD: 711 / (800) 877-8973.

Hmong – Koj muaj cai tau cov ntshiab lus no thiab tau kev pab ua koj hom lus pub dawb rau koj. Hu rau (800) 362-3310.
TTY / TDD: 711 / (800) 877-8973.

Laotian – ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນຂ່າວສານ ແລະ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໃຫ້ໂທຫາເບີ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Chinese – 您有權利免費獲得以您母語撰寫的本訊息和各種幫助。請致電 (800) 362-3310。聾啞人電話：711 / (800) 877-8973。

Somali – Haddii aad ku hadashid af Soomaali, adeegyada caawimada luuqada, ayaa waxaa laguugu siinayaa bilaash, waa lagu heli karaa. 1-800-362-3310 (TTY: 1-800-877-8973) bilbilaa.



Non-Discrimination & Language Access

Quartz is the brand name for a group of companies committed to your health. Unity Health Plans Insurance Corporation, Physicians Plus Insurance Corporation, Gundersen Health Plan, Inc., and Gundersen Health Plan Minnesota. These companies are separate legal entities. In this notice "we" refers to all Quartz companies.

For assistance understanding these materials in a language other than English, call (800) 362-3310 and a Customer Service representative will assist you. TTY users should call 711 or (800) 877-8973.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or health status.

We provide 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)

We provide free language services to people whose primary language is not English, such as -

- Qualified interpreter
- Information written in other languages

If you need these services, contact Customer Service at (800) 362-3310.

If you believe we 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 -

Kristie Meier, Compliance Officer
840 Carolina Street
Sauk City, WI 53583
Phone: (800) 362-3310
TTY / TDD: 711 or toll free (800) 877-8973
Fax: (808) 644-3500
Email: AppealsSpecialists@quartzbenefits.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kristie Meier, Compliance Officer, 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 ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537 7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html

Quartz is a Qualified Health Plan issuer in the Health Insurance Marketplace in certain states. To learn more, visit the Health Insurance Marketplace at Healthcare.gov.

For help to translate or understand this, please call (800) 362-3310, TTY / TDD: 711 / (800) 877-8973.

Spanish - Este aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Quartz. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica u obtener ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Hmong - Tsab ntawv tshej xo no muaj cov ntshab lus tseem ceeb. Tsab ntawv tshej xo no muaj cov ntshab lus tseem ceeb txog koj dam ntawv thov kev pab los yog cov kev pab kam them nqi kho mob los ntawm Quartz. Saib cov caj nyooq ceeb hauv dam ntawv no. Tej zaum koj kuj yuav tau ua qee yam kom leis pub dhu cov caj nyooq koj thaj yuav tau xaib kev pab kam them nqi kho mob los yog kev pab them tej nqi kho mob. Koj muaj cai tau cov ntshab lus no thab tau kev pab ua koj hom lus pub dawb rau koj. Hu rau (800) 362-3310 TTY / TDD: 711 / (800) 877-8973

Vietnamese - Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Quartz. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số (800) 362-3310 TTY / TDD: 711 / (800) 877-8973.

Chinese - 本通知含有重要的訊息。本通知包含了關於您通過 Quartz 提交之申請或保險責任範圍的重要訊息。請留意本通知內的重要日期。您可能需要在若干截止日期之前採取行動，以維持您的健康保險責任範圍或者費用補貼。您有權利免費獲得以您母語撰寫的本訊息和各種幫助。請致電 (800) 362-3310。雙吃人電話 711 / (800) 877-8973。

Russian - Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Quartz. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Laotian - ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໜັບສະໜູນ ຫຼື ການຄຸມຄອງຂອງທ່ານ ໂດຍຜ່ານ Quartz ໄຫວ້ງກຳນົດວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້ ທ່ານອາດຈະຕ້ອງໄດ້ໃຊ້ເວລາດຳເນີນການຕາມກຳນົດເວລາທີ່ແນ່ນອນ ເພື່ອຮັກສາການຄຸມຄອງຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນຊ່ວຍສານ ແລະ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ ໄຫວ້ງໂທທາເບີ (800) 362 3310. TTY / TDD: 711 / (800) 877-8973.

EXHIBIT B

January 22, 2019 Letters from Quartz

Sherwin, Bradley E (MR # [REDACTED])



Medical Management 840 Carolina Street
Sauk City, WI 53583
(608) 821-4200
(888) 829-5687
(608) 821-4207 Fax
QuartzBenefits.com

January 22, 2019

KATHERINE M GAST, MD
600 HIGHLAND AVE
MADISON, WI 53792

Service: 54520 REMOVAL
TESTIS,SIMPLE; 54125 REMOVAL
PENIS,TOTAL; 53410 RECONSTRUC
ANT MALE URETHRA; 57335 REVISE
VAGINA FOR INTERSEC STATE; 56805
REPAIR CLITORIS; 14041 ADJ TISS
XFER HEAD,FAC,HAND 10.1-30; 14301
SKIN TISSUE REARRANGEMENT;
14302 SKIN TISSUE REARRANGE ADD-
ON; 14041 ADJ TISS XFER
HEAD,FAC,HAND 10.1-30; 15240 FULL
GRAFT PROC HEAD,FAC,HAND
<20SQC; 15241 FULL GRAFT PROC
HEAD,FAC,HA ADD 20SQ
Patient: Bradley E Sherwin
Subscriber: Sherwin, Bradley E
ID#: [REDACTED]
Date of Birth: [REDACTED]

Regarding Bradley E Sherwin,

We have reviewed a request for coverage of surgery and an inpatient stay (scrotal orchiectomy, penile removal/inversion, vaginoplasty and bilateral breast augmentation) for gender reassignment. Unfortunately, we cannot approve this request. It was denied because your BadgerCare Plus (BC+) health benefits say:

Currently, Wisconsin BadgerCare, BadgerCare Plus, and Medicaid do not cover gender reassignment surgery or drugs related to gender reassignment or hormone replacement.

Please contact your health insurance company to learn more details about what services are covered by Forward Health (Badger Care). DHS 107.03 and DHS 107.10 detail the services not covered.

<https://www.dhs.wisconsin.gov/lgbthealth/transgender.htm>

If you have questions or would like a free copy of your BC+ health benefits, please call Customer Service at (800) 362-3310. You may also send a message through MyChart or mail a request to:

Quartz
ATTN Customer Service
840 Carolina Street
Sauk City, WI 53583

If your doctor would like to discuss this decision, please call (608) 821-4200 or (888) 829-5687.

Sherwin, Bradley E (MR # [REDACTED])

This decision does not mean you cannot receive the care you were seeking. It simply means your insurance will not cover it. If you decide to receive this care, you will have to pay for it. You and your doctor should make all of the decisions about your health care. This includes the treatment you may need. Your benefits are determined according to the contract terms in force on the date the services are done.

If you wish to appeal this decision, please fill out the attached form. It needs to be returned within 45 days. You can call (800) 362-3310 or send it to:

Quartz
ATTN Appeals Specialists
840 Carolina Street
Sauk City, WI 53583
Email: AppealsSpecialists@QuartzBenefits.com
Fax: (608) 644-3500

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If you think there is anything new we should know, please include it with your appeal. New information may be written comments, documents, medical records or anything that is relevant. You may bring someone with you to the meeting, including an attorney, but it is not required. You can get free interpreter services. Call Customer Service at (800) 362-3310.

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Wisconsin Managed Care
Ombudsman
P.O. Box 6470
Madison, WI 53716-0470

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Department of Administration
Division of Hearings and Appeals
P.O. Box 7875

Sherwin, Bradley E (MR # [REDACTED])

Referral

Referral # [REDACTED]

Procedure Information

Procedure	Modifiers	Revenue Code	Provider	Requested	Approved
54520 (CPT®) - REMOVAL TESTIS,SIMPLE				1	0
54125 (CPT®) - REMOVAL PENIS,TOTAL				1	0
53410 (CPT®) - URTP ONE- STG RCNSTJ MALE ANT URT				1	0
57335 (CPT®) - VAGINOPLASTY INTERSEX STATE				1	0
56805 (CPT®) - CLITOROPLASTY INTERSEX STATE				1	0
14041 (CPT®) - ATT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0CM				1	0
14301 (CPT®) - SKIN TISSUE REARRANGEMENT				1	0
14302 (CPT®) - SKIN TISSUE REARRANGE ADD-ON				1	0
14041 (CPT®) - ATT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0CM				1	0
15240 (CPT®) - FULL THICK GRFT HEAD,FAC,HAND <20SQC				1	0
15241 (CPT®) - FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA 20CM				1	0
Procedure Description					
scrotal orchiectomy					

Scheduling

None

Diagnosis Information

Diagnosis

F64.0 (ICD-10-CM) - Gender dysphoria in adult

Diagnosis Description

gender dysphoria in adult

Referral Notes

Number of Notes: 11

Type	Date	User	Summary	Attachment
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Sherwin, Bradley E (MR # [REDACTED])

Type	Date	User	Summary	Attachment
Auth Attachment	01/22/2019 3:29 PM	Alice Ehnert, Case Manager	-	Document on 1/22/2019 1523 by Alice Ehnert, Case Manager : DHS letter to HMOs from Medicaid Director Heifetz.pdf

Note
Supporting documentation for denial

Type	Date	User	Summary	Attachment
Auth Attachment	01/22/2019 3:29 PM	Alice Ehnert, Case Manager	-	Document on 1/22/2019 1527 by Alice Ehnert, Case Manager : DHS 107.10 2.pdf

Note
DHS 1,2,3 denial of coverage supporting documentation

Type	Date	User	Summary	Attachment
Auth Attachment	01/22/2019 3:29 PM	Alice Ehnert, Case Manager	-	Document on 1/22/2019 1525 by Alice Ehnert, Case Manager : DHS 107.03.pdf

Note

Type	Date	User	Summary	Attachment
Auth Attachment	01/22/2019 3:29 PM	Alice Ehnert, Case Manager	-	Document on 1/22/2019 1526 by Alice Ehnert, Case Manager : DHS 107.10 2.pdf

Note

Type	Date	User	Summary	Attachment
RTF Letter	01/22/2019 3:29 PM	Alice Ehnert, Case Manager	Auto: Notification Recipient List	-

Note
Katherine M Gast, MD
600 HIGHLAND AVE
MADISON, WI 53792-0001
608-265-9695
Sent: Fax

Type	Date	User	Summary	Attachment
RTF Letter	01/22/2019 3:29 PM	Alice Ehnert, Case Manager	Auto: 9000506-UTY RFL DENIAL NMN - BC+ LETTER - REF TO PROV	-

Note

Sherwin, Bradley E (MR # [REDACTED])

Madison, WI 53707-7875

The hearing will be held in the county where you live. You have the right to bring a friend or be represented at the hearing. If you need a special arrangement for a disability or for English language translation, please call (608) 266-3096 (voice) or 711 (hearing impaired).

If you need help writing a request for a Fair Hearing, call the Wisconsin Managed Care Ombudsman at (800) 760-0001 or the HMO Enrollment Specialist at (800) 291-2002.

We cannot treat you differently than other members because you file a complaint or grievance. Your health care benefits will not be affected.

We would be glad to talk to you about this decision. Please call (800) 362-3310.

Sincerely,

Medical Management Department/ae

QL2487 (0118) - 9000506

Sherwin, Bradley E (MR # [REDACTED])

Appeal Filing Form

NAME OF PERSON FILING APPEAL: _____

Circle one: Covered person Patient Authorized Representative

Member #: _____

Contact information of person filing appeal (if different from patient)

Address: _____

Daytime phone: _____ **Email:** _____

If person filing appeal is other than patient, patient must indicate authorization by signing here:

Are you requesting an urgent appeal? Yes No

Briefly describe why you disagree with this decision (you may attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim):

Type	Date	User	Summary	Attachment
Patient RTF Letter	01/22/2019 3:29 PM	Alice Ehnert, Case Manager	Auto: Notification Recipient List	-
Note				
Bradley E Sherwin [REDACTED] [REDACTED]				
Sent: Letter				
Type	Date	User	Summary	Attachment
Patient RTF Letter	01/22/2019 3:29 PM	Alice Ehnert, Case Manager	Auto: 9000520-UTY RFL DENIAL NMN - BC+ LETTER - PATIENT	-
Note				



Medical Management 840 Carolina Street
 Sauk City, WI 53583
 (608) 821-4200
 (888) 829-5687
 (608) 821-4207 Fax
 QuartzBenefits.com

January 22, 2019

BRADLEY E SHERWIN
 [REDACTED]

Sherwin, Bradley E (MR # [REDACTED])

Patient: Bradley E Sherwin
Subscriber: Sherwin, Bradley E
ID# [REDACTED]
Date of Birth: [REDACTED]

Dear Mr. Sherwin,

We have reviewed a request from Katherine M Gast, MD for coverage of gender reassignment surgery and an inpatient stay (scrotal orchiectomy, penile removal/inversion, vaginoplasty and bilateral breast augmentation). Unfortunately, we cannot approve this request. It was denied because your BadgerCare Plus (BC+) health benefits say:

Currently, Wisconsin BadgerCare, BadgerCare Plus, and Medicaid do not cover gender reassignment surgery or drugs related to gender reassignment or hormone replacement.

Please contact your health insurance company to learn more details about what services are covered by Badger Care/Badger Care Plus via the Forward Health site, or the state of WI.
<https://www.dhs.wisconsin.gov/igbthealth/transgender.htm>

If you have questions or would like a free copy of your BC+ health benefits, please call Customer Service at (800) 362-3310. You may also send a message through MyChart or mail a request to:

Quartz
ATTN Customer Service
840 Carolina Street
Sauk City, WI 53583

If your doctor would like to discuss this decision, please call (608) 821-4200 or (888) 829-5687.

This decision does not mean you cannot receive the care you were seeking. It simply means your insurance will not cover it. If you decide to receive this care, you will have to pay for it. You and your doctor should make all of the decisions about your health care. This includes the treatment you may need. Your benefits are determined according to the contract terms in force on the date the services are done.

If you wish to appeal this decision, please fill out the attached form. It needs to be returned within 45 days. You can call (800) 362-3310 or send it to:

Quartz
ATTN Appeals Specialists
840 Carolina Street
Sauk City, WI 53583
Email: AppealsSpecialists@QuartzBenefits.com
Fax: (608) 644-3500

You have the right to review the information we used to make a decision. You can do so before the HMO grievance committee hearing or the State of Wisconsin Division of Hearings and Appeals (DHA). Please contact our Appeals Specialist if you have any questions by calling (800) 362-3309 ext. 1423 or 1582.

You may need to pay for the cost of services if the hearing decision is not in your favor.

If you think there is anything new we should know, please include it with your appeal. New information may be written comments, documents, medical records or anything that is relevant. You may bring someone with you to the meeting, including an attorney, but it is not required. You can get free interpreter services. Call Customer Service at (800) 362-3310.

Sherwin, Bradley E (MR # [REDACTED])

It may take up to 10 days from the day we receive your request to respond. It may take up to 30 days to make a final decision.

If your appeal is urgent, please call us as soon as possible at (800) 362-3310. Urgent requests are for services that are needed right away. If a delay in treatment would increase the risk to your health or you are in the hospital, you may qualify. Urgent requests are decided within two business days. Your benefits may continue during this time. In urgent situations, an external review can occur at the same time as the internal appeal. Your doctor must verify that a delay can be a health risk. If we determine your appeal does not meet the urgent requirements, we will review the appeal in the standard time frames.

If you wish to talk to someone outside of Quartz, please call the HMO Enrollment Specialist at (800) 291-2002. They may assist you with your appeal to Quartz or to the Wisconsin Managed Care Program. To file a grievance with the Wisconsin Managed Care Program, send a letter to:

Wisconsin Managed Care
Ombudsman
P.O. Box 6470
Madison, WI 53716-0470

You have the right to appeal to the DHA for a Fair Hearing if you believe your benefits are wrongly denied, limited, reduced, delayed or stopped by Quartz. An appeal must be made no later than 45 days after the date of the action being appealed. If you appeal this action to DHA before the action or you request that it continue within 10 days of receiving this letter, the service may continue. If you decide to receive the care you were seeking, you may need to pay for the full cost of medical services if the hearing decision is not in your favor. 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 in the county where you live. You have the right to bring a friend or be represented at the hearing. If you need a special arrangement for a disability or for English language translation, please call (608) 266-3096 (voice) or 711 (hearing impaired).

If you need help writing a request for a Fair Hearing, call the Wisconsin Managed Care Ombudsman at (800) 760-0001 or the HMO Enrollment Specialist at (800) 291-2002.

We cannot treat you differently than other members because you file a complaint or grievance. Your health care benefits will not be affected.

We would be glad to talk to you about this decision. Please call (800) 362-3310.

Sincerely,

Medical Management Department/ae

cc: Katherine M Gast, MD

Gundersen Health Plan, Inc. is contracted with the State of Wisconsin to provide BadgerCare Plus HMO Services.

QL2487 (0118) - 9000520

Sherwin, Bradley E (MR # [REDACTED])

Appeal Filing Form

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Circle one: Covered person Patient Authorized Representative

Member #: _____

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Address: _____

Daytime phone: _____ **Email:** _____

If person filing appeal is other than patient, patient must indicate authorization by signing here:

Are you requesting an urgent appeal? Yes No

Briefly describe why you disagree with this decision (you may attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim):

Sherwin, Bradley E (MR # [REDACTED])

Accessibility at Quartz

Quartz 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 and information written in other languages.

If you need these services, contact Quartz at (800) 362-3310.

Spanish – Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (800) 362-3310.
TTY / TDD: 711 / (800) 877-8973.

Hmong – Koj muaj cai tau cov ntshiab lus no thiab tau kev pab ua koj hom lus pub dawb rau koj. Hu rau (800) 362-3310.
TTY / TDD: 711 / (800) 877-8973.

Laotian – ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນຂ່າວສານ ແລະ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໃຫ້ໂທຫາເບີ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Chinese – 您有權利免費獲得以您母語撰寫的本訊息和各種幫助。請致電 (800) 362-3310。聾啞人電話：711 / (800) 877-8973。

Somali – Haddii aad ku hadashid af Soomaali, adeegyada caawimada luuqada, ayaa waxaa laguugu siinayaa bilaash, waa lagu heli karaa. 1-800-362-3310 (TTY: 1-800-877-8973) bilbilaa.

QA00354 (1217)

Sherwin, Bradley E (MR # [REDACTED])

Description	Type	Date Attached	Time Attached	Attached By	
DHS 107.30 2.pdf	Referral Attachment	1/22/2019	3:27 PM	Alice Ehnert, Case Manager	View Attachment
DHS 107.03.pdf	Referral Attachment	1/22/2019	3:25 PM	Alice Ehnert, Case Manager	View Attachment
DHS 107.10 2.pdf	Referral Attachment	1/22/2019	3:26 PM	Alice Ehnert, Case Manager	View Attachment
C.5.29 Gender Dysphoria.pdf	Referral Attachment	1/21/2019	11:34 AM	Alice Ehnert, Case Manager	View Attachment
Bradley Sherwin.pdf	Referral Attachment	1/11/2019	9:53 AM	Courtney H Richards	View Attachment