

Texas Children's Health Plan

The best decision a family can make.



CHIP Member Handbook

For Harris and Jefferson Service Delivery Areas.



**Texas Children's[®]
Health Plan**

The best decision a family can make.

March 2017
MS-0813-071

Call us toll-free | 1-866-959-6555
www.TexasChildrensHealthPlan.org

Quick Guide Who To Call

If you need:

Texas Children's Health Plan

Please call:

Member Services, toll-free at 1-866-959-6555 or TDD 1-800-735-2989 (Texas Relay) or 7-1-1 to find out how to get covered services for you or your child. Member Services is ready 8 a.m. to 5 p.m. Monday through Friday. After hours, on weekends and holidays, our answering service is ready to help you and/or take your messages. A Member Service Advocate will return your call the next business day. In case of an emergency, go to your nearest in-network emergency room or call 9-1-1.

You can speak to a Member Services Advocate in English or Spanish. Interpreters who speak 140 different languages are also available by phone.

You can also write us at:
Texas Children's Health Plan
Attn: Member Services
PO Box 301011, NB 8360
Houston, TX 77230

A doctor's care

Your child's primary care provider. His or her phone number is on your child's ID card. Your child's primary care provider is ready 24 hours per day, 7 days a week.

Behavioral (mental) health or substance abuse treatment

Behavioral Health/Substance Abuse Hotline, toll-free at 1-800-731-8528 to find out how to get services. Ready 24 hours a day, 7 days a week. No primary care provider referral is needed. The hotline is staffed with individuals who speak English and Spanish. Interpreters who speak 140 different languages are also ready by phone. If you have an emergency need treatment immediately, call 9-1-1 or go to the nearest emergency room.

Nurse Help Line

Toll-free at 1-800-686-3831 or TDD 1-800-735-2989 (Texas Relay) or 7-1-1. Registered nurses are ready 24 hours per day, 7 days a week.

Urgent care

Your child's primary care provider or the Nurse Help Line at 1-800-686-3831 or TDD 1-800-735-2989 (Texas Relay) or 7-1-1.

Emergency care

Go to an in-network hospital emergency room. If the situation is life threatening call 9-1-1 or go to the nearest emergency room.

Hospital care

Your child's primary care provider, who will arrange the care your child needs.

Prescriptions

Member Services toll-free at 1-866-959-6555 for the names of participating pharmacies or for help with getting a prescription filled.

Re-enrollment information

CHIP toll-free at 1-800-647-6558.

Questions about enrollment fees

CHIP toll-free at 1-800-647-6558.

Update your address and telephone number

Member Services, toll-free at 1-866-959-6555 or TDD 1-800-735-2989 (Texas Relay) or 7-1-1.

Vision care

Call Block Vision toll-free at 1-800-879-6901.

Dental care

Your child's CHIP dental plan. Your child will have one of the following dental plans.

- DentaQuest 1-800-508-6775.
- MCNA Dental 1-800-494-6262.

If you don't know who your child's CHIP dental plan is, call the CHIP toll-free at 1-800-647-6558.



**Texas Children's
Health Plan**

The best decision a family can make.

www.TexasChildrensHealthPlan.org

Table of Contents

How the Plan Works

Your/your child's primary care provider	3
Changing your/your child's primary care physician	4
Your/your child's primary care provider also can ask for changes	5
If you/your child's primary care provider leaves Texas Children's Health Plan	5
Your/your child's Texas Children's Health Plan member ID card	6
When you/your child needs to see a doctor	7
Care after hours	7
Routine care	7
Urgent care	7
Emergency medical or behavioral health care	8
Post-stabilization care	9
Care when you are away from home	9
Referrals and specialty care	10
Services that do not need a referral from your/your child's primary care provider	10
OB/GYN care	11
Inpatient hospital services	11
Home health services	11

Benefits and Services

Covered benefits and services	12
Medically necessary health care	12
Copayments for certain medical services	12
CHIP cost-sharing caps	13
Behavioral health and drug abuse services	13
What if I/my daughter is pregnant? Who do I need to call?	13
Prescription drugs	14
Vision care	15
Dental care	15
Extra benefits for Texas Children's Health Plan members	16
Children with special health-care needs	16
Health education classes	16
Health risk assessments	16
Preventive health guidelines	16

Member Services

Interpreter and translation services	17
Help for the visually impaired	17
Phone device for the deaf services for members with hearing or speech impairments	17
Member materials available in English and Spanish	17
What to do if you move	18
Requesting reimbursement for claims paid for emergency care	18
What to do if you get a bill from a provider	18
Changes in Texas Children's Health Plan	18

Rights and Responsibilities

Confidentiality of personal health information	19
Changing health plans	19
Your health plan can also ask for changes	19
Second opinions	20
Renew your/your child's CHIP benefits on time	20
Information you can ask for and get from Texas Children's Health Plan each year	20
Provider incentive plans	20
When you are not satisfied or you have a complaint	20
When your doctor's request for covered services is not approved or limited	22
What if the services my child needs are for an emergency or if my child is in the hospital?	23
When you can request an independent review	23
Member rights	24
Member responsibilities	25
Report CHIP waste, abuse, or fraud	26
New medical procedures review	26

CHIP Perinatal

27

Welcome to Texas Children's Health Plan

We are happy that you picked Texas Children's Health Plan for your family. Texas Children's Health Plan was founded in 1996 by Texas Children's Hospital. Texas Children's Health Plan is the nation's first health maintenance organization (HMO) created just for children. Texas Children's Health Plan has more than 330,000 members. The staff and group of over 700 primary care physicians, 1,400 specialists and 40 hospitals provide excellent service and patient care to our members. As a member, you will have use of special services such as our Keep Fit Program for our members who need help losing weight. We also offer special events such as FREE soccer clinics and movie day for our members.

This is your member handbook for CHIP members and CHIP Perinate Newborn members. It will help you know how your/your child's health plan works. It tells you what to expect and how to get the most out of your/your child's coverage under CHIP. It includes information on:

- How to get health care when you/your child is sick.
- How to change your/your child's doctor.
- What to do if you/your child gets sick while out of town or when your doctor's office is closed.
- What copayments are needed for certain medical services.
- How to call the health plan when you have questions or need help.
- What benefits and services are covered.
- Extra services offered by Texas Children's Health Plan.
- Your rights and responsibilities as a plan member.

Please take a few minutes and read this handbook carefully. If you have trouble understanding, reading, or seeing the information in this handbook, call Member Services for help. Our Member Advocates can give special services to meet your needs. For example, if needed, this handbook can be given to you in audio, larger print, Braille, and in other languages. Call Member Services at 832-828-1002 or toll-free at 1-866-959-6555, TDD 1-800-735-2989 (Texas Relay) or 7-1-1. With the help of on-line interpreters, Member Advocates can speak to you in 140 languages.

It is important to us to keep you/your child healthy. That is why we want you/your child to get regular well checkups and keep their immunizations up to date. It is also important to start and keep a relationship with a primary care provider. A primary care provider can be a doctor or clinic that gives you most of your health care. You and your child's doctor will work together to keep you/your child healthy and take care of you/him or her when they are not well.

Here are 3 things you need to do to get the most from your health coverage:

1. Always carry your/your child's Texas Children's Health Plan member ID card with you. Your Texas Children's Health Plan member ID card is the key to getting care. Show it every time you visit a doctor, hospital, or get a prescription filled. Do not let anyone else use your card.
2. Stay focused on prevention. As a new member you/your child should have their first checkup within 90 days after joining Texas Children's Health Plan. During the first visit your/your child's doctor will learn what you/he or she needs to help keep them healthy.
3. Call your primary care provider first for non-emergency care. Except in the case of an emergency, always call your primary care provider first. That way, he or she can help you get the care you need.

Keep this handbook and the other information enclosed in your packet for future use. The Evidence of Coverage and Schedule of Benefits for CHIP are in the pocket of this handbook cover. These documents give you details about:

- Eligibility for enrollment.
- When coverage ends.
- Benefit limitations and exclusions.
- Needed copayments.

References to "you", "my", or "I" apply if you are a CHIP member. References to "my child" or "my daughter" apply if your child is a CHIP member or a CHIP Perinate Newborn member.

We are glad you picked Texas Children's Health Plan. It is our pleasure to serve you. Our Member Advocates are ready to help you. If you have any questions about benefits, doctors in our network, our extra services, or have a concern, call Member Services toll-free at 1-866-959-6555, TDD 1-800-735-2989 (Texas Relay) or 7-1-1.

Texas Children's Health Plan was founded on the belief that you and your child's primary care provider are the 2 best able to make decisions about your/your child's health care. Texas Children's Health Plan gives you use of a group of doctors, hospitals, and other health service providers that have had special training to care for children, adolescents, and teens.

Texas Children's Health Plan is a managed care plan. This means that you will need to use the doctors and other providers who are in Texas Children's Health Plan's network. Your/your child's doctor, referred to as the primary care provider, will give you/your child all of his or her routine care.

Most of the time you will need to go to your primary care provider first. If you choose to go to another doctor, you might have to pay for the services. Remember always take your member ID card with you each time you get health services.

Primary care provider

What is a primary care provider?

Your/your child's primary care provider is considered his or her medical home. Your/your child's primary care provider should have all of your/your child's medical records and know everything about your/your child's past and present health-care needs. If a specialist or tests are needed, the primary care provider will arrange the care. A good relationship with a primary care provider helps you keep you/your child healthy and well.

A good way to build a relationship with your/your child's primary care provider is to call and make a well checkup visit. You can meet the doctor and the doctor can meet and get to know you/your child.

Can a clinic be my/my child's primary care provider? (Rural Health Clinic/Federally Qualified Health Center)

Picking your/your child's primary care provider is an important health decision.

Primary care providers can be:

- Family doctors.
- Pediatricians (for children and adolescents).
- General practice doctors.
- Internal medicine doctors.
- Advanced nurse practitioners (ANPs).

You can also pick a community-based clinic, rural health clinic, or a Federally Qualified Health Clinic (FQHC) as your/your child's primary care provider.

You can pick any primary care provider in the Texas Children's Health Plan network. Each child in your family who is a member can pick the same or a different primary care provider. You should pick a doctor with an office location and office hours that are convenient for you. The names, addresses, and phone numbers of primary care providers can be found in the Texas Children's Health Plan Provider Directory. For a current directory, please call Member Services toll-free at 1-866-959-6555. If you like the doctor that you/your child sees now, you can keep going to see them if they are listed in the directory. If you have trouble picking a primary care provider, call us. We will be glad to help.

It is important that you get to know your/your child's primary care provider right away. It also is important to tell the primary care provider as much as you can about your/your child's health. Your/your child's primary care provider will get to know you/your child, give you/him or her regular checkups, and treat you/him or her when they are sick. It is important that you follow your/your child's primary care provider's advice and take part in decisions about your/your child's health care. It is not wise to wait until you/your child is sick before having your first visit with the primary care provider. Schedule your/your child's first well checkup right away. Member Services can help you. We can also help you get transportation to your doctor's office. Call us toll-free at 1-866-959-6555.

What do I need to bring to my/my child's doctor's visit?

When you/your child needs medical care, simply call the primary care provider's office ahead of time to make an appointment for a visit. Your/your child's primary care provider's name is on the front of your/your child's member ID card.

When you call:

- Have your/your child's member ID card with you.
- Be ready to describe your/your child's health problem or the reason for the visit.
- If you/your child needs medical care the same day, call the primary care provider as early in the day as possible.
- Write down the day and time assigned for your/your child's visit.

When you go for your visit carry:

- Your/your child's member ID card.
- A list of the questions to ask the primary care provider. Also, make a list of any health problems you/your child is having.
- Any prescription drugs you/your child is taking.
- Paper to write notes on the information you get from the doctor.

If it is your first visit to this doctor also carry the name and address of your/your child's previous doctor and your/your child's shot records. You might be asked to sign a form agreeing to have your/your child's medical records be sent to your/his or her new primary care provider.

Be on time for your doctor visits. Call your doctor's office as soon as possible if you are not able to keep your visit or will arrive late. They will help you change the visit to a different day or time. Calling to cancel a visit is sometimes hard to remember, but it is important to do so that others who need visits can get them.

There are times when Texas Children's Health Plan will allow a specialist to be your primary care provider. Call Member Services toll-free at 1-866-959-6555 to learn more.

Your/your child's primary care provider, or another doctor working with him or her, is available 24 hours a day, 7 days a week.

Changing your/your child's primary care physician

How can I change my/my child's primary care provider?

Your relationship with your/your child's doctor is very important. If you decide the primary care provider you chose does not meet your/your child's needs or if you are told that he or she is no longer a part of Texas Children's Health Plan, you can pick another doctor. You might also want to change your/your child's primary care provider if:

- You are not happy with the care he or she gives.
- You need a different kind of doctor.
- Your primary care provider's office is too far away from you because you have moved.

The names, addresses, and phone numbers of the primary care providers in Texas Children's Health Plan can be found in the Texas Children's Health Plan CHIP Provider Directory. For a current directory, or for help picking a new primary care provider, call Member Services at 832-828-1002 or toll-free at 1-866-959-6555. We will be glad to help.

You do not have to change health plan to change your primary care provider.

Do not change to a new primary care provider without telling us. If you go to a new primary care provider without telling us you might have to pay for the services.

How many times can I change my/my child's primary care provider?

There is no limit on how many times you can change your or your child's primary care provider. You can change primary care providers by calling us toll-free at 1-866-959-6555 or writing to:

Texas Children's Health Plan
Member Services Department
PO Box 301011, NB 8360
Houston, TX 77230-1011

When will my /my child's primary care provider change become effective?

When you change your/your child's primary care provider the change will take effect the next day. A new member ID card will be mailed to you. The ID card will have your new primary care provider's name and phone number. Be sure to have your/your child's medical records sent to your new doctor. To give you/your child the best care, the primary care provider needs to know your/your child's medical history.

What if I want to know more about my/my child's doctor?

You can learn more about your doctor such as where he went to school, his specialty, or board certification status on our website at www.TexaschildrensHealthPlan.org and click the "Find a doctor" link.

Are there any reasons why a request to change a primary care provider may be denied?

Sometimes you might not be able to have the primary care provider you picked. This happens when the primary care provider you picked:

- Cannot see more patients.
- Does not treat patients your/your child's age.
- Is no longer a part of Texas Children's Health Plan.

What if I choose to go to another doctor who is not my/my child's primary care provider?

Always call Member Services to change your/your child's primary care provider before setting up a visit with another doctor. If you choose to go to another doctor who is not your/your child's primary care provider, the doctor might refuse to see you/your child or you might have to pay.

Your/your child's primary care provider also can ask for changes**Can a primary care provider move me or my child to another primary care provider for non-compliance?**

Your/your child's primary care provider can ask that you pick another primary care provider if:

- You miss visits without calling to say you will not be there.
- You often are late for your visits.
- You do not follow your primary care provider's advice.
- You are rude, abusive, or do not cooperate or get along with the primary care provider's office staff.

If your/your child's primary care provider asks you to change to a new primary care provider we will send you a letter. The letter will tell you that you need to pick a new primary care provider. If you do not pick a new primary care provider, one will be picked for you.

If your/your child's primary care provider leaves Texas Children's Health Plan**What if my/my child's primary care provider leaves?**

If your primary care provider decides to end his or her participation with Texas Children's Health Plan, we will tell you within 15 days of finding out about the doctor's decision. You can pick another primary care provider. Call Member Services toll-free at 1-866-959-6555. A Member Advocate will help you make the change.

If you/your child is getting medically necessary treatments, you might be able to stay with that doctor if he or she is willing to see you/your child until the treatment is completed. When we find you a new primary care provider on our list who can give you/your child the same type of care, we will change your primary care provider.

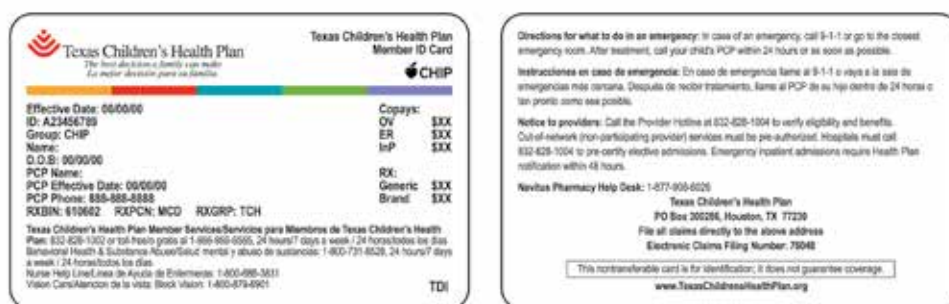
Your/your child's Texas Children's Health Plan member ID card

Each of your children will get their own personal member ID card. Carry this card with you at all times. It has important information needed to get medical care. Show it to all health-care providers before you get medical services. It tells providers you/your child is covered by Texas Children's Health Plan. If you do not show your ID card, the doctor might refuse to see you/your child or you might be billed for the services received.

You will not get a new member ID card every month. You will get a new member ID card only if:

- You lose your current member ID card and ask for a new one.
- You change your/your child's primary care provider.

Call Member Services if you/your child needs to see his or her primary care provider before you get your new ID card. We will call and tell your doctor you are a member of Texas Children's Health Plan.



How to read your/your child's ID card

A copy of the member ID card is shown below. The front shows important information about you/your child. It also has your/your child's member ID number, and the name and phone number of the primary care provider. The bottom-front section of the member ID card has important phone numbers for you to call if you need help using health services.

The front of the card shows:

- Your/your child's name and ID number.
- Your/your child's date of birth.
- Your/your child's primary care provider's name, phone number, and start date.
- The ID card also lists the copayments for covered health services and pharmacy. Copayments are the amounts you need to pay. There are no copayments for CHIP Perinate Newborn members.

As soon as you get the member ID card, check to make sure your/your child's information is correct. Call Member Services if you find an error. We will correct the information and send you a new card.

Do not let other people use your/your child's member ID card. If the card is lost or stolen, call Member Services. A Member Advocate will send you a new card.

How to use your card

Remember:

- Always carry your/your child's member ID card with you.
- Show the ID card every time you go to a doctor's office.
- Do not let other people use the card.
- Call Member Services if you do not have a member ID card for you/your child.
- Call Member Services if your/your child's member ID card is lost or stolen.

How to replace if lost

Do not let other people use your/your child's ID card. If the card is lost or stolen, call Member Services at 832-828-1002 or toll-free at 1-866-959-6555. A Member Advocate will send a new card to you.

When you/your child needs to see a doctor

When your child needs to see a doctor, call your/your child's primary care provider. The phone number is printed on your member ID card. If you set up a visit with your/your child's doctor but find you can't keep it, call to cancel and set up a new date and time.

Care after hours

How do I get medical care after my primary care provider's office is closed?

There can be times when you need to speak to your/your child's primary care provider, but his or her office is closed. For example, you might want medical advice about how to care for you or a sick child. Your/your child's primary care provider or another doctor working with him or her is ready to help 24 hours a day, 7 days a week. Call the primary care provider's office using the phone number on your/your child's ID card. The doctor's answering service will take a message and a doctor or nurse will call you back. Call again if you do not hear from a doctor or nurse within 30 minutes.

Some primary care providers' phones are answered by an answering machine after hours. The recording will give you another phone number to reach the doctor. Do not wait until evening to call if you can take care of a medical problem during the day. Most illnesses tend to get worse as the day goes on.

You also can call the Texas Children's Health Plan Nurse Help Line and talk to a nurse. The toll-free phone number for Texas Children's Health Plan Nurse Help Line is 1-800-686-3831. Nurses are ready to help you decide what to do 24 hours a day, 7 days a week.

If you have a life-threatening emergency, call 9-1-1 right away or go to the nearest emergency room.

Routine care

What is routine medical care? How soon can I expect to be seen / How soon can I expect my child to be seen?

Your/your child's primary care provider will give him or her regular checkups and treat him when he is sick. This is known as routine care. During routine visits your/your child's doctor will give you prescriptions and send you/your child to specialist if he or she needs one. Most routine visits, including well checkups, are scheduled within 2 to 14 days of you asking.

When you/your child needs routine care, call your/his or her primary care provider at the phone number on the front of your/your child's ID card. Someone in the doctor's office or clinic will make an appointment for you. It is very important that you keep your visits. If you cannot keep your visit, call the doctor's office to let them know. If more than one of your children need to see the doctor you need a visit scheduled for each child.

It is important that you do what your/your child's primary care provider says and that you take part in decisions made about your/your child's health care. If you cannot make a decision about your/your child's health care you can pick someone else to make them for you.

Urgent care

What is urgent medical care? What should I do if my child or I need urgent medical care / How soon can I expect to be seen?

Another type of care is urgent care. There are some injuries and illnesses that are probably not emergencies but can turn into emergencies if they are not treated within 24 hours. Some examples are:

- Minor burns or cuts.
- Earaches.
- Sore throat.
- Muscle sprains/strains.

You should first call your/your child's primary care provider at the phone number shown on the front of the ID card. For urgent care, you should call the primary care provider, even on nights and weekends. Your primary care provider will tell you what to do. In some cases, your primary care provider may tell you to go to an urgent care clinic. If your primary care provider tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes Texas Children's Health Plan. For help call Member Services at 1-866-959-6555. You can also call our 24-hour Nurse Helpline at 1-800-686-3831 for help getting the care you need. You should be able to be seen within 24 hours for an urgent care appointment.

Emergency medical or behavioral health care

What is an Emergency, an Emergency Medical Condition, and an Emergency Behavioral Health Condition?

Emergency care is a covered service. Emergency care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions. “Emergency Medical Condition” is a medical condition characterized by sudden acute symptoms, severe enough (including severe pain), that would lead an individual with average knowledge of health and medicine, to expect that the absence of immediate medical care could result in:

- placing the member’s health in serious jeopardy;
- serious impairment to bodily functions;
- serious dysfunction of any bodily organ or part;
- serious disfigurement; or
- in the case of a pregnant CHIP member, serious jeopardy to the health of the CHIP member or her unborn child.

“Emergency Behavioral Health Condition” means any condition, without regard to the nature or cause of the condition, which in the opinion of an individual, possessing average knowledge of health and medicine:

- requires immediate intervention or medical attention without which the member would present an immediate danger to himself/herself or others; or
- renders the member incapable of controlling, knowing, or understanding the consequences of his/her actions.

What is Emergency Services or Emergency Care?

“Emergency Services” and “emergency care” mean health care services provided in an in-network or out-of-network hospital emergency department, free-standing emergency medical facility, or other comparable facility by in-network or out-of-network physicians, providers, or facility staff to evaluate and stabilize Emergency Medical Conditions or Emergency Behavioral Health Conditions. Emergency services also include any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an Emergency Medical Condition or an Emergency Behavioral Health Condition exists.

How soon can I expect to be seen / How soon can I expect my child to be seen?

You can expect / your child can expect to be seen as soon as is appropriate for your/his or her medical condition. Go to/take your child to the nearest hospital if you think you/he or she has a life-threatening emergency condition. You can call 9-1-1 for help in getting to the hospital emergency room.

After you/your child gets care, call your primary care provider within 48 hours or as soon as possible. The primary care provider will give or set up any follow-up care you/your child might need. If you get follow-up care from a doctor other than your primary care provider without your doctor’s approval, Texas Children’s Health Plan might not pay for the care.

If you are sure your/your child's situation is not life threatening, but are not sure if you/he or she needs emergency care, call your/your child's primary care provider. The primary care provider will help you decide if you should go to the emergency room. If you feel that taking the time to call the primary care provider will endanger your/your child's health, get care immediately at the nearest emergency room.

You might have to pay the bill if you go/take your child to the emergency room for a condition that is not urgent or emergent.

Emergencies can be things like:

- A badly injured arm, leg, hand, foot, tooth, or head.
- Severe burns.
- Bad chest pains.
- Heavy bleeding.
- Criminal attack (raped, mugged, stabbed, gunshot).
- A severe allergic reaction or have been bitten by an animal.
- Choking, passed out, having a seizure, or not breathing.
- Acting out of control and are a danger to self or others.
- Poisoned or overdosed on drugs or alcohol.

Remember to show your/your child's member ID card to the emergency room staff.

Are Emergency Dental Services Covered?

Texas Children's Health plan will pay for some emergency dental services provided in a hospital, urgent care center, or ambulatory surgical center setting, such as services for:

- Treatment of a dislocated jaw.
- Treatment of traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.
- Treatment for craniofacial anomalies.
- Drugs for any of the above conditions.

Texas Children's Health Plan also covers other dental services your child gets in a hospital, urgent care center, or ambulatory surgical center setting. This includes services from the doctor and other services your child might need, like anesthesia.

What do I do if I need/my child needs Emergency Dental Care?

During normal business hours, call your/your child's main dentist to find out how to get emergency services. If you/your child needs emergency dental services after the main dentist's office has closed, call us toll-free at 1-866-959-6555.

Post-stabilization care

What is post stabilization?

Post-stabilization care services are services covered by CHIP that keep your condition stable following emergency medical care.

Care when you are away from home

What if I get sick when I am out of town or traveling/what if my child gets sick when he or she is out of town or traveling?

If you/your child needs medical care when traveling, call us toll-free at 1-866-959-6555 and we will help you find a doctor.

If you/your child needs emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-866-959-6555.

What if I/my child is out of the country?

Medical services performed out of the country are not covered by CHIP.

What if I/my child is out of the state?

If you/your child is sick or injured and not in serious danger when traveling outside the state, call your primary care provider for advice or instruction. You can also call the Texas Children's Health Plan Nurse Help Line and talk to a nurse. The toll-free phone number is 1-800-686-3831. Nurses are ready to help you decide what to do 24 hours a day, 7 days a week.

If you/your child has a life-threatening emergency when you are outside of the state, go to the nearest hospital emergency room or call 9-1-1. If you seek non-urgent follow-up care without prior authorization, Texas Children's Health Plan might not pay for the care.

Remember, there is no coverage for routine care given outside the Texas Children's Health Plan service area. Routine care includes checkups, physical exams, follow-up care, tests, or non-urgent surgeries.

Referrals and specialty care**What if I need/my child needs to see a special doctor (specialist)? What is a referral?**

Your/your child's primary care provider is the only doctor you need for most health-care services. If you/your child has a special health problem, you/his or her primary care provider might ask you to see another doctor or have special tests done. This is called a referral.

Your/your child's primary care provider will refer you to a specialist or other doctor who is in the Texas Children's Health Plan network. Specialists include doctors such as cardiologists (heart), dermatologists (skin), or allergists.

Your/your child's primary care provider will make sure that you/your child sees the right specialist for your/his or her condition or problem. Your primary care provider will discuss with the specialist the need for more treatment, special tests, or hospital care.

If you visit a specialist without being referred by your/your child's primary care provider, you might have to pay the specialist for the services given or ordered. Except in an emergency situation, always check with your/your child's primary care provider before you go anywhere else for care.

Typically, Texas Children's Health Plan will not cover the costs of medical care from doctors outside of the network. However, there might be times when your/your child's doctor believes it is critical for you/your child to get care from a doctor outside of the network. In these cases, your/your child's doctor will work with Texas Children's Health Plan to get approval. Your doctor will submit a request, in writing, to our Medical Director for authorization of medically necessary services that are not available from any other doctor or other provider in the Texas Children's Health Plan network.

How soon can I expect to be seen by a specialist / How soon can I expect my child to be seen by a specialist?

Expect visits with specialists to happen within 30 days of your request.

If you see a specialist without being referred by your primary care provider, the specialist might refuse to see you. Except in an emergency situation, always check with your/your child's primary care provider before you go anywhere else for care.

Services that do not need a referral from your/your child's primary care provider**What services do not need a referral?**

There are certain types of health care that you/your child can get without being referred by the primary care provider:

Those services include, when given by a Texas Children's Health Plan network provider:

- Emergency care.
- Vision care.
- Mental health or drug abuse treatment.
- Obstetrical/gynecological (OB/GYN) care, including routine exams, prenatal care, and postpartum care.
- Chiropractor care.

OB/GYN care

What if I/my daughter needs OB/GYN care? Will she need a referral? Does she have the right to pick an OB/GYN?

ATTENTION FEMALE MEMBERS:

You have the right to pick an OB/GYN for yourself/your daughter without a referral from your/your daughter's primary care provider. An OB/GYN can give you:

- One well-woman checkup each year.
- Care related to pregnancy.
- Care for any female medical condition.
- Referral to special doctor (specialist) within the network.

Texas Children's Health Plan allows you/your daughter to pick an OB/GYN for you/your daughter but this doctor must be in the same network as your/your daughter's primary care provider.

How do I pick an OB/GYN?

Check our provider directory to find an in-network OB/GYN. You can also call Member Services toll-free at 1-866-959-6555. We will be happy to help you pick a doctor.

If I do not pick an OB/GYN, do I have direct access or will I need a referral?

You can contact any OB/GYN in the Texas Children's Health Plan network directly to get services.

How soon can I/my daughter be seen after contacting the OB/GYN for a visit?

You should be seen within 14 days of asking for a visit.

Can I/ my daughter stay with an OB/GYN if she is not with Texas Children's Health Plan?

Texas Children's Health Plan has limited your/your daughter's selection of an OB/GYN to the same network as your/her primary care provider. This means you/your daughter must look for care from a participating OB/GYN. If you go/take your daughter to a non-participating OB/GYN, the health services received or ordered will not be covered. Participating OB/GYNs are listed in the Texas Children's Health Plan CHIP Provider Directory.

Inpatient hospital services

Your/your child's primary care provider or a specialist might decide you/he or she needs care at a hospital. The doctor will plan for care at a hospital that is in the Texas Children's Health Plan's network. Your coverage includes both outpatient and inpatient services. Your/your child's primary care provider or specialist will need to approve or refer you for these services.

Home health services

Sometimes a sick or injured child needs medical care at home. Home care can also follow an inpatient stay or be provided to prevent an inpatient stay. If you/your child needs home health services, your/your child's primary care provider will talk to Texas Children's Health Plan so that you/your child can get the right care.

Benefits and Services

Covered benefits and services

What are my/my child's CHIP benefits? How do I get these services? How do I get these services for my child? Are there any limits to any covered services?

You will find detailed information about covered benefits and services, limitations, and exclusions in the Schedule of Benefits inserted in the pocket of this handbook. Covered CHIP services must meet the CHIP definition of medically necessary. If you have any questions about a covered service, call Member Services at 832-828-1002 or toll-free at 1-866-959-6555.

References to “you”, “my”, or “I” apply if you are a CHIP member. References to “my child” apply if your child is a CHIP member or a CHIP Perinate Newborn member.

Medically necessary health care

Covered services for CHIP members, CHIP Perinate Newborn members, and CHIP Perinate members must meet the CHIP definition of “medically necessary.” A CHIP Perinate member is an unborn child.

Medically necessary means:

1. Health-care services that are:

- Reasonable and necessary to prevent illnesses or medical conditions, or give early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a member, or endanger life.
- Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions.
- Consistent with health care practice guidelines and standards that are endorsed by professionally recognized health-care organizations or governmental agencies.
- Consistent with the member's diagnoses.
- No more intrusive or restrictive than necessary to give a proper balance of safety, effectiveness, and efficiency.
- Not experimental or investigative; and
- Not primarily for the convenience of the member or provider.

2. Behavioral health services that:

- Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder.
- Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care.
- Are furnished in the most appropriate and least restrictive setting in which services can be safely provided.
- Are the most appropriate level or supply of service that can safely be provided.
- Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered.
- Are not experimental or investigative; and
- Are not primarily for the convenience of the member or provider.

Copayments for certain medical services

What are copayments? How much are they and when do I have to pay them?

Copayments for medical services or prescription drugs are paid at the time you/your child gets services. Some services have no copayments. Your/your child's member ID card lists your/his or her copayments. Be sure to present the member ID card when you seek service for you/your child. There are no copayments for CHIP Perinate Newborn members.

A copayment is when you have to pay a part of your bill each time you get certain health care. The table below lists the CHIP copayment schedule according to family income. Copayments for medical services or prescription drugs are paid to the health-care provider at the time of service.

Your/your child's Texas Children's Health Plan ID card lists the copayments that apply to you/your child. Present your/your child's ID card whenever you/your child gets health-care services. No copayments are paid for preventive care, such as vaccinations, well-child, or well-baby checkups.

CHIP cost-sharing caps

The member guide you received from CHIP when you enrolled in CHIP includes a tear-out form to track your CHIP expenses. There is no cost sharing for CHIP Perinate Newborn members.

To ensure that you do not exceed your cost-sharing limit, please keep track of your CHIP-related expenses on this form. The enrollment packet welcome letter tells you exactly how much you must spend before you are able to get to mail the form back to CHIP. If you have misplaced your welcome letter, please call CHIP toll-free at 1-800-647-6558 and they will tell you your yearly cost-sharing limit.

When you reach your yearly cap, please send the form to CHIP and they will tell your health plan. Your health plan will issue a new member ID card. This new card will show that no copayments are due when your child receives services.

Your family might also need to pay a once a year enrollment fee. These fees range from \$0 to \$50 each 12-month enrollment period.

There is no enrollment fee for CHIP Perinate Newborn members. CHIP Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays. If the Member's card shows a co-pay requirement and the Member is Native American or Alaskan Native, the Member should call the MCO to have this corrected.

Federal Poverty Level	Office visits	Emergency room visit	Inpatient stay	Generic drugs	Brand drugs	Yearly reporting caps
Native Americans	\$0	\$0	\$0	\$0	\$0	\$0
Alaskan Native	\$0	\$0	\$0	\$0	\$0	\$0
At or below 100%	\$3	\$3	\$15	\$0	\$3	5% of family yearly gross income
101% to 150%	\$5	\$5	\$35	\$0	\$5	5% of family yearly gross income
151% to 185%	\$20	\$75	\$75	\$10	\$35	5% of family yearly gross income
186% to 200%	\$25	\$75	\$125	\$10	\$35	5% of family yearly gross income

Behavioral health and drug abuse services

How do I get help if I/my child if he or she has behavioral (mental) health or drug problems? Do I need a referral for this?

You can get mental health or substance abuse services when needed. You do not need a referral from your/your child's PCP.

These services include:

- Counseling services.
- Detoxification and treatment for drug addiction and alcoholism.
- Inpatient and outpatient care.

You can get behavioral health or substance abuse services by:

- Calling the Texas Children's Health Plan Behavioral Health/Substance Abuse Hotline toll-free at 1-800-731-8528. The hotline takes calls 24 hours a day, 7 days a week.
- Choosing a behavioral health or substance abuse provider from the Texas Children's Health Plan provider network.

If you have an emergency and need mental health treatment immediately, go to the nearest emergency room or call the Texas Children's Health Plan Behavioral Health/Substance Abuse Hotline toll-free at 1-800-731-8528. Someone will help you get care right away.

What if I am pregnant/what if my daughter is pregnant? Who do I need to call?

Call Texas Children's Health Plan Member Services at 832-828-1002 or toll-free at 1-866-959-6555 as soon as you know you/your daughter is pregnant. You/she needs to apply for Medicaid services right away. Your/your daughter's baby will be enrolled in Medicaid from birth to a year if you/she joins Medicaid while you/she is pregnant. If you/your daughter does not join in Medicaid while you/she is pregnant, you/she will have to apply for coverage for your/her newborn after the baby is born. Please note there could be a gap in coverage for your/her baby.

What other services/activities/education does the plan offer pregnant women?

Texas Children's Health Plan has a maternal child program called Star Babies for pregnant women. The Star Babies program provides support and education throughout the pregnancy and the beginning of the baby's life. A team of nurses and health educators will help your daughter:

- Pick an OB/GYN.
- Get prenatal care education.
- Attend maternity fairs.
- Schedule visits to the doctor for mom and baby.
- Learn about the Women, Infants, and Children (WIC) program.
- Find parenting resources.

To learn more about how to get these services, call Member Services at 832-828-1002 or toll-free at 1-866-959-6555 and ask to speak to a Star Babies specialist.

Prescription drugs

What are my prescription drug benefits? / How do I get my/my child's medication?

CHIP covers most of the medicine your/your child's doctor says you need. Your/your child's doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription to the drug store for you. Exclusions include: contraceptive medications prescribed only for the purpose to prevent pregnancy and medications for weight loss or gain. You may have to pay a co-payment for each prescription filled depending on your income. There are no co-payments required for CHIP Perinate Newborn Members.

What do I bring with me to the drug store?

When you go to the drug store, take your prescription and your Texas Children's Health Plan member ID card.

How do I find a network drug store?

You may have your prescription filled at any drug store that accepts Texas Children's Health Plan CHIP. If you need a list of drug stores that take Texas Children's Health Plan CHIP, call Member Services at 1-866-959-6555 or visit our website at www.TexasChildrensHealthPlan.org and click on the *Pharmacy Directory* under the CHIP Members' section.

What if I go to a drug store not in the network?

If you go to a drug store not in the network, you may not get your prescription filled, or may have to pay for it yourself. For a list of participating pharmacies, call Member Services at 1-866-959-6555 or visit our website at www.TexasChildrensHealthPlan.org and click on the *Pharmacy Directory* under the CHIP Members' section.

What is a Drug Formulary?

The formulary is a list of drugs chosen by doctors and pharmacists on the basis of quality and therapeutic value. It is a guide for doctors to know which drugs are covered. It includes brand name drugs and generics.

Who decides what drugs are on the formulary?

Formulary drugs are picked by a group of doctors and pharmacists. Only drugs that are safe, effective, and affordable are picked to be on the list. The group also selects drugs based on therapeutic value, side effects, and costs as compared to like medicines.

Where can I go to find out what drugs are covered?

Your formulary is on the Navitus website at www.navitus.com. You can search for a certain drug. You can also browse through lists of drugs. Also included is information about which drug needs prior approval and/or have quantity limits. It does not list every covered drug. The coverage or tier for each drug product is noted. But the dollar amount you pay for each drug is not listed. Contact Texas Children's Health Plan for your drug co-pay information.

Do some drugs ordered by my/my child's doctor require prior approval?

Some drugs ordered by your doctor may require prior approval. Your doctor may request a prescription drug prior approval by faxing a drug prior approval form to 1-855-668-8553. Sometimes you may experience a delay in getting your prescription filled. This is because Texas Children's Health Plan may have requested additional information from your doctor. Please remind your doctor when your medication requires a prior approval. If a drug does not appear in the drug list, your doctor may request a review by the Pharmacist by faxing a drug prior approval form to 1-855-668-8553.

How do I file a complaint or an appeal for medications ordered by my doctor?

The doctor will work with Navitus to request an exception to the formulary if needed. You have the right to appeal if you do not get an exception. When you have a concern about a pharmacy benefit, claim, or other service, please call Texas Children's Health Plan at 1-866-959-6555. If your issue or concern is not resolved, you have the right to file a written appeal.

Who do I call if I have problems getting my/my child's medications?

If you have problems getting your medications, call Member Services toll-free at 1-866-959-6555 for help.

What if I can't get the medication my/my child's doctor ordered approved?

If your/your child's doctor cannot be reached to approve a prescription, you/your child may be able to get a three-day emergency supply of your/your child's medication. Call Texas Children's Health Plan at 1-866-959-6555 for help with your/your child's medications and refills.

What if I lose my/my child's medication(s)?

If you lose your/your child's medication(s), call Member Services toll-free at 1-866-959-6555 for help.

What if I need my/my child's medications delivered to me?

If you need your/your child's medication(s) delivered, call Member Services toll-free at 1-866-959-6555 for help.

What if I need/my child needs an over-the-counter medication?

The pharmacy cannot give you an over-the-counter medication as part of your/your child's CHIP benefit. If you need/your child needs an over-the-counter medication, you will have to pay for it.

What if I need/my child needs more than 34 days of a prescribed medication?

The pharmacy can only give you an amount of a medication that you need/your child needs for the next 34 days. For any other questions, please call Texas Children's Health Plan at 1-866-959-6555.

What if I need/my child needs birth control pills?

The pharmacy cannot give you/your child birth control pills to prevent pregnancy. You/your child can only get birth control pills if they are needed to treat a medical condition.

Vision care**How do I get eye care services / How do I get eye care services for my child?**

To get eye checkups or eyewear, call Superior Vision toll-free at 1-800-879-6901. Customer Service Representatives are ready to help you pick a doctor near you. They will also tell you what to do to get your/your child's eyeglasses. One eye exam is covered every 12 months. You do not need a referral from your/your child's primary care provider to get an eye checkup.

Dental care**How do I get dental services for my child?**

Texas Children's Health Plan will pay for some emergency dental services in a hospital or ambulatory surgical center. Texas Children's Health Plan will pay for the following:

- Treatment of a dislocated jaw.
- Treatment of traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.
- Treatment and devices for craniofacial anomalies.

Texas Children's Health Plan covers hospital, physician and related medical services for the above conditions. This includes services from the doctor and other services your child might need, like anesthesia or other drugs.

The CHIP medical benefit provides limited emergency dental coverage for dislocated jaw, traumatic damage to teeth, and removal of cysts; treatment of oral abscess of tooth or gum origin; treatment and devices for craniofacial anomalies; and drugs.

Your child's CHIP dental plan provides all other dental services, including services that help prevent tooth decay and services that fix dental problems. Call your child's CHIP dental plan to learn more about the dental services they offer.

What is Early Childhood Intervention (ECI)?

ECI provides information on services available to help children, birth to 3 years old, who may have a disability or developmental delay. ECI is a statewide program for families with children, birth to three, with disabilities and developmental delays. ECI supports families to help their children reach their potential through developmental services. Services are provided by a variety of local agencies and organizations across Texas.

Do I need a referral for this?

No, Early Childhood Intervention Services do not require a referral.

Where do I find an ECI provider?

For more information about ECI or to refer a child, call your Service Coordinator, or the DARS Inquiries Line at 1-800-628-5115. Find your nearest ECI program at <https://dmzweb.dars.state.tx.us/prd/citysearch>.

Extra benefits for Texas Children's Health Plan members

What extra benefits does a member of Texas Children's Health Plan get? How do I get these benefits / How can I get these benefits for my child?

When you join Texas Children's Health Plan you/your child gets extra benefits, called value-added services, that CHIP does not offer. To learn more about these services and how to get them, call Member Services at 832-828-1002 or toll-free at 1-866-959-6555.

These value added services include:

- 24-hour nurse line. You can reach the nurse help line at 1-800-686-3831.
- Extra help with getting a ride. Help with getting a ride, or up to \$20 gas card, for doctor visits for members who need a ride.
- Sports and school physicals. One each year for CHIP members age 18 and under.
- Help for members with asthma. Pest control for certain high-risk CHIP members with asthma.
- Extra help for pregnant women. Lamaze childbirth education program classes for pregnant CHIP and CHIP Perinatal members and their partners.
- Health and wellness services. Personal health coach, Weight Watchers, or other weight loss program, and wellness tools for certain CHIP members ages 10 to 18. Up to \$50 above basic benefit for stop-smoking products for certain CHIP members ages 13 to 18 each year. Health coaching, education, and referral to stop-smoking programs for CHIP members.
- Recreation programs. Soccer clinic and 2 tickets (for member and 1 parent) to a professional soccer game for CHIP members ages 8 to 15.
- Gift programs. 1 \$20 gift card for health-related and baby supply items for attending pregnancy and parenting classes for pregnant CHIP and CHIP Perinatal members. 1 \$20 gift certificate for completing and verifying a postpartum doctor visit between 21 and 56 days after delivery.

Children with special health-care needs

Who do I call if I/my child has special health-care needs and I need someone to help me?

If you/your child has special health care needs like developmental delays, diabetes, or asthma, call Member Services toll-free at 1-866-959-6555 to get more information on how to get help with special health-care needs. Texas Children's Health Plan has a care management program that offers families help with your/their child's special needs. The services range from simple outreach and information to intense care coordination. They also involve social services and other community resources to help families with transportation and basic living needs.

A care manager is a nurse who can help you:

- Find services in your community.
- Learn more about your/your child's medical condition.
- Develop a plan of care just for you/your child.
- Schedule visits with special doctors.
- Explain covered benefits and services.
- Work with your/your child's doctors to get medically necessary care for you/your child.

Be sure to tell the care manager about any special providers you have been seeing. It is also important to tell your/your child's primary care provider that you/your child has/have special health-care needs. The best way to tell your/your child's doctor is to schedule a visit to see you/him or her.

Health education classes

What health education classes does Texas Children's Health Plan offer?

We want you and your children to stay safe and healthy. Texas Children's Health Plan has health education classes and programs for parents and children, which include:

- Injury prevention programs like "Safe Sitter," bicycle safety, and car seat safety.
- Managing diabetes and asthma.
- Keeping fit by eating right and staying active.

We offer these programs in places that are easy to get to. Call Member Services at 832-828-1002 or toll-free at 1-866-959-6555 for information on when these classes are offered.

Health risk assessments

Every new member gets a questionnaire called the "Health Risk Assessment." Your answers help us decide if you/your child could benefit from care management or other special programs. Help us keep you/your child well. Answer the questions on the form. Send it back to Member Services. The postage is prepaid. If you need additional forms, call Member Services at 832-828-1002 or toll-free at 1-866-959-6555.

Preventive health guidelines

Texas Children's Health Plan promotes the use of preventive services. Your/your child's benefits include immunizations and well checkups. Please discuss your/your child's preventive-care needs with your/his or her primary care provider.

Member Services

If you have questions about your coverage or need help, please call Member Services. Call 832-828-1002 or toll-free at 1-866-959-6555. The phone number is on the front bottom of your/your child's member ID card. You will need your member ID number when you call. With the help of on-line interpreters, Member Advocates can speak to you in 140 languages. Member Advocates are ready to help you 24 hours a day, 7 days a week. We also welcome your calls to tell us how we are doing. We appreciate feedback and advice on how we can better serve you.

Call Member Services if you:

- Need to pick a primary care provider.
- Need to know what services are covered.
- Have questions about specialists, hospitals, and other providers.
- Get a bill from a doctor.
- Have a complaint.
- Move or change your phone number.
- Need an interpreter for a medical visit.
- Need to replace an ID card.
- Don't understand something you get in the mail.
- Need to get a ride to the doctor.
- Have any questions.
- Have problems getting your prescription filled.

Member Services can also give you materials about:

- Mental health care.
- Diabetes care.
- Dental care.
- Asthma care.
- Self care.
- Preventive care.

Interpreter and translation services

Can someone interpret for me when I talk with my/my child's doctor? Who do I call for an interpreter? How far in advance do I need to call?

How can I get a face-to-face interpreter in the doctor's office?

We can get you face-to-face sign and language interpretation for doctor visits. Please let us know if you need these services at least 48 hours before your visit. Call Member Services toll-free at 1-866-959-6555, TDD 1-800-735-2989 or 7-1-1.

We also have a language line. Call us from any doctor's office. We will find someone who speaks your language. Call Member Services toll-free at 1-866-959-6555.

Help for the visually impaired

If you have a visual impairment, Texas Children's Health Plan will give you health plan materials in larger print, Braille, or on audiotapes. Call Member Services to discuss your special needs.

Phone device for the deaf services for members with hearing or speech impairments

Texas Children's Health Plan uses Texas Relay TDD services for members and their parents or guardians who have hearing or speech impairments. For TDD, call 1-800-735-2989.

Member materials available in English and Spanish

This member handbook and all other materials included in your member packet are provided in English and Spanish. Many of the other health educational materials we give to members through our health education library also are available in Spanish.

What to do if you move

What do I have to do if I/my child moves?

As soon as you have your new address, give it to HHSC by calling 2-1-1 or updating your account on YourTexasBenefits.com and call the Texas Children's Health Plan Member Services Department at 1-866-959-6555. Before you get CHIP services in your new area, you must call Texas Children's Health Plan, unless you need emergency services. You will continue to get care through Texas Children's Health Plan until HHSC changes your address.

Requesting reimbursement for claims paid for emergency care

If you/your child gets emergency care from a non-participating hospital or doctor, you might have to pay for the care at the time services are given. To be reimbursed, keep a copy of the paid bill and call Member Services at 832-828-1002 or toll-free 1-866-959-6555 for instructions on how to request reimbursement.

What to do if you get a bill from a provider

What if I get a bill from my/my child's doctor? Who do I call? What information will they need?

Participating doctors bill Texas Children's Health Plan directly for services given to members. If you fail to show your/your child's ID card when health services are given, a participating doctor might bill you. If you get a bill for a covered service, call the doctor right away. Tell them to bill Texas Children's Health Plan.

Have your/your child's ID card handy so you can give them:

- Your/your child's ID number.
- Texas Children's Health Plan's claims address.
- The phone number for Member Services.

Call Member Services at 832-828-1002 or toll-free 1-866-959-6555 to let us know you have received a bill.

Have the bill handy so you can tell us the:

- Doctor's name.
- Doctor's phone number.
- Date services were given.
- Amount of the claim.
- Doctor's reference number or the account number.

We also will call the doctor to follow up.

Changes in Texas Children's Health Plan

Sometimes Texas Children's Health Plan might make some changes in the way it works, its covered services, or its network of doctors and hospitals. We will mail you a letter when we make changes in the services.

Confidentiality of personal health information

Texas Children's Health Plan takes the confidentiality of your/your child's personal health information—information from which your child is personally identifiable—very seriously. In addition to complying with all applicable laws, we carefully handle your personal health information, or PHI, in accordance with our confidentiality policies and procedures. We are committed to protecting your privacy in all settings. We use and share your information only to give you health benefits.

Texas Children's Health Plan will not release any information to anyone other than the parent listed as the family's CHIP account holder. If you are the account holder and want us to release information to someone other than you, call Member Services toll-free at 1-866-959-6555.

Our Notice of Privacy Practices has information about how we use and share our members' PHI. A copy of our Notice of Privacy was included with your member ID card and is on our website at www.TexasChildrensHealthPlan.org. You may also get a copy of our Notice of Privacy by calling Member Services toll-free at 1-866-959-6555.

If you have questions about our notice, call Member Services.

Changing health plans

What if I want to change health plans?

You are allowed to make health plan changes:

- For any reason within 90 days of enrollment in CHIP;
- for cause at any time;
- if you move to a different service delivery area; and
- during your annual CHIP re-enrollment period.

Who do I call?

For more information, call CHIP toll-free at 1-800-964-2777.

When will my health plan change become effective?

If you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take effect the first day of the second month after that. For example:

- If you call on or before April 15, your change will take place on May 1.
- If you call after April 15, your change will take place on June 1.

How many times can I change health plans?

You can change health plans as many times as you want. If you are in the hospital, you will not be able to change health plans until you have been discharged.

Your health plan can also ask for changes

Can Texas Children's Health Plan ask that I get dropped from their health plan (for non-compliance, etc.)?

Texas Children's Health Plan also might request from the state that you be dropped from the health plan if:

- You often do not follow your doctor's advice.
- You keep going to the emergency room when you do not have an emergency.
- You keep going to another doctor or clinic without first getting approval from your primary care provider.
- You or your children show a pattern of disruptive or abusive behavior not related to a medical condition.
- You often miss visits without letting your doctor know in advance.
- You let someone else use your ID card.

Second opinions

How can I ask for a second opinion?

You have the right to a second opinion to find out about the use of any health care. Tell your/your child's primary care provider if you want a second opinion about a treatment recommended by a specialist. Your/your child's primary care provider will make plans with or refer you to another doctor in the Texas Children's Health Plan network. If no other doctor is available in the network, he or she will plan for you to see a doctor that is not in the Texas Children's Health Plan network. You will not have to pay for these services. Call Member Services toll-free at 1-866-959-6555 if you need help making a request or selecting a doctor for a second opinion.

Listed below are some of the reasons why you might want to have a second opinion:

- You are not sure if you need the surgery your doctor is planning to do.
- You are not sure of your doctor's diagnosis or care plan for a serious or difficult medical need.
- You have done what the doctor asked, but your child is not getting better.

Renew your/your child's CHIP benefits on time

Do not lose your medical benefits. Every 12 months you will need to renew your benefits. CHIP will send you a packet with a renewal paperwork telling you it is time to renew your/your child's benefits. You will need to complete, sign, and return this form by the due date. If you do not renew your/your child's CHIP benefits by the date in the letter, you will lose your/your child's health-care benefits.

Information you can ask for and get from Texas Children's Health Plan each year

As a member of Texas Children's Health Plan, you can ask for and get the following information each year:

- Information about network providers—at a minimum primary care doctors, specialists, and hospitals in our service area. This information will include names, addresses, phone numbers, and languages spoken (other than English) for each network provider plus identification of doctors that are not accepting new patients.
- Any limits on the member's freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint and appeal procedures.
- Information about benefits available under CHIP, including amount, duration, and scope of benefits. This is designed to make sure you know the benefits to which you are entitled.
- How you get benefits including authorization requirements.
- How you get benefits, including family planning services, from out-of-network providers and/or limits to those benefits.
- How after-hours and emergency coverage and/or limits to those benefits, including:
 - What makes up emergency medical conditions, emergency services, and post-stabilization services.
 - The fact that you do not need prior authorization from your/your child's primary care provider for emergency care services.
 - How to get emergency services, including instructions on how to use the 9-1-1 phone system or its local equivalent.
 - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
 - A statement saying you have a right to use any hospital or other settings for emergency care.
 - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your child's primary care provider.
- The Texas Children's Health Plan practice guidelines.

Provider Incentive Plans

The MCO cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to Members. Right now, Texas Children's Health Plan does not have a physician incentive plan.

When you are not satisfied or you have a complaint

What is a complaint?

A complaint is when you are not happy with your health care or services given to you by your doctor, his or her office staff, or the services or staff of Texas Children's Health Plan.

What should I do if I have a complaint? Who do I call? Can someone from Texas Children's Health Plan help me file a complaint?

We want to help. Texas Children's Health Plan wants you to be satisfied with your health services. If you have a problem, we want to know. Please call Member Services at 832-828-1002 or toll-free at 1-866-959-6555 to tell us about your problem.

A Texas Children's Health Plan Member Advocate can help you file a complaint. The Member Advocate will listen to you and write down your complaint. Just call us at 832-828-1002 or toll-free at 1-866-959-6555. Most of the time, we can help you right away or at the most within a few days.

If you have a concern that involves the quality of medical care or service you/your child are/is getting, we urge you to discuss it directly with your doctor first. If you are not satisfied with the solution, call Member Services.

If you have a concern involving the coverage of services or supplies by Texas Children's Health Plan, call Member Services. A Member Advocate will take action right away to fix your concern. If you are not satisfied with the solution, the Member Advocate will file a complaint on your behalf.

You can also have someone like a friend, family member, or doctor file a complaint on your behalf.

Complaints can be filed by calling or writing Member Services. To file a complaint, write or call:

Texas Children's Health Plan
Attention: Complaints and Appeals Coordinator
Member Services Department
PO Box 301011, NB 8360
Houston, TX 77230-1011
832-828-1002 or toll-free 1-866-959-6555

How long will it take to process my complaint?

Within 5 business days of receiving your complaint, we will send you a letter. It will confirm the day we get your complaint.

If your complaint was filed by calling us, the letter will include a form for you to complete. It will ask you to describe your complaint. You will need to complete this form and return it for prompt resolution of the complaint. Call Member Services at 832-828-1002 or toll-free at 1-866-959-6555 if you are unable to complete the form. We can help you.

Texas Children's Health Plan will review the facts of your complaint and take action within 30 days of getting your complaint. A resolution letter will be sent to you. The letter will tell you what was found out about your complaint and what Texas Children's will do to fix the problem. This letter will also explain the complete complaint and appeal process and tell you about your appeal rights.

What are the requirements and timeframes for filing a complaint?

You can file a complaint at any time. You will get a letter within 5 business days telling you your complaint was received.

If I am not satisfied with the outcome, who else can I contact? Do I have the right to meet with a complaint appeal panel?

If you are not happy with our answer you have the right to appeal the decision. You can tell us initially by calling Member Services at 832-828-1002 or toll-free at 1-866-959-6555. Your request, however, will still need to be provided in writing. A Member Advocate can help you. You can also call the Texas Department of Insurance (TDI). TDI will explain what to do to appeal our response.

To appeal the complaint resolution, send a request in writing to:

Texas Children's Health Plan
Attention: Complaints and Appeals Coordinator
Member Services Department
PO Box 301011, NB 8360
Houston, TX 77230-1011

Within 5 business days following the receipt of your written appeal, Texas Children's Health Plan will send you an acknowledgement letter. The Complaints and Appeals Coordinator will arrange for your complaint to be re-reviewed by an Appeals Panel within 30 days of your request. At least 5 business days before the appeals hearing you will get a letter with important information about your appeal rights. You can appear before the panel. After the Appeal Panel hearing we will send you a resolution letter within 30 days of getting your written appeal request.

Can I file a complaint with the state?

If you are still not happy, you can file a complaint with the Texas Department of Insurance (TDI). You can contact TDI at:

Texas Department of Insurance
PO Box 149104
Austin, TX 78714-9104

Phone: 1-800-252-3439 Fax: 1-512-475-1771

Email: ConsumerProtection@tdi.state.tx.us

Website: www.tdi.state.tx.us

No retaliation is allowed

Texas Children's Health Plan will not punish a member or other person for:

- Filing a complaint against Texas Children's Health Plan.
- Appealing a decision made by Texas Children's Health Plan.

When your doctor's request for covered services is not approved or limited

What can I do if Texas Children's Health Plan denies or limits my doctor's request for a covered service?

There can be times when Texas Children's Health Plan denies or limits services requested by your/your child's doctor if they are not medically necessary.

If you are not satisfied or disagree with the decision to deny or limit the service you have the right to request an appeal. Call Member Services at 832-828-1002 or toll-free at 1-866-959-6555. A Member Advocate can help you file your request for an appeal. Your health-care provider, a friend, a relative, legal counsel, or another spokesperson can also represent you and request an appeal.

How will I be notified if services are not approved?

Texas Children's Health Plan will send you a letter if a service is not approved or limited. The notice will be sent within 3 business days of the decision. If your child is in the hospital, a notice will also be given by phone within 1 business day.

What are the timeframes for the appeal process? When do I have the right to request an appeal? Does my request have to be in writing?

Can someone from Texas Children's Health Plan help me file an appeal?

If you are not satisfied or disagree with the decision to deny or limit a service you have the right to request an appeal. Call Member Services at 832-828-1002 or toll-free at 1-866-959-6555. A Member Advocate can help you file your request for an appeal. Your health-care provider, a friend, a relative, legal counsel, or another spokesperson can also represent you and request an appeal.

You have 10 days from the date on the denial letter or the date of requested service to send us an appeal. You or your child's provider can appeal verbally or in writing. If your request for an appeal is received verbally, we will send you or your representative a 1-page appeal form. You are not required to return the completed form, but we encourage you to because it will help us resolve your appeal. If you need more than 10 days to appeal, you can ask for more time. You can have 14 more days to file an appeal. Your request for an appeal will be reviewed and fixed within 30 days from the receipt of your request.

Appeal requests can be made by phone or mail to:

Texas Children's Health Plan
Attention: Utilization Review
Utilization Management Department
PO Box 301011
Houston, TX 77230-1011

832-828-1002 or toll-free 1-866-959-6555

We will send you a letter within 5 days of getting your appeal, to let you know that we got it. We will complete the appeal review within 30 days. If we need more time to review the appeal, we will send you a letter telling you why we need more time.

What if the services I/my child needs are for an emergency or if I/my child is in the hospital?

For emergencies or hospital admissions you can request an expedited appeal.

What is an expedited appeal?

An expedited appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

How do I request an expedited appeal? Does my request have to be in writing? Who can help me in filing an appeal?

You can call Member Services toll-free at 1-866-959-6555 and ask for help requesting an appeal. A Member Advocate is ready to help you. Your request does not have to be in writing. Your child's doctor can request this type of appeal on your behalf.

What are the timeframes for an expedited appeal?

An expedited appeal will be reviewed and fixed within 1 day from the receipt of the request. The decision will be delivered by phone or face-to-face. Other expedited appeals will be fixed within 3 days or can be extended up to 14 days if there is need to learn more.

What happens if Texas Children's Health Plan denies the request for an expedited appeal?

Texas Children's Health Plan might make a decision that your appeal should not be expedited. If so, we will follow the regular appeal process. We will call you to let you know the regular process will be followed. We will also send you a letter within 1 calendar day with this information. We will also send a copy of the letter to your child's doctor. This letter will explain the complete complaint and appeal process and tell you about your appeal rights.

If you are not satisfied with the resolution offered at the close of the Level 1 expedited appeal, you will be allowed to place a verbal appeal followed by a written request for a Level 2 expedited appeal resolution.

A decision will be delivered within 1 business day from the receipt of the request. Verbal notice is given of the expedited appeal determination. A written notice is mailed within 3 calendar days.

When you can request an independent review

What is an Independent Review Organization (IRO)?

If Texas Children's Health Plan denies your adverse determination appeal, you have the right to seek another review of the denial by an independent review organization. An IRO is independent from your health benefit plan and is picked by the Texas Department of Insurance.

The IRO's decision is final on the Health Plan, which pays for the review.

How do I request an IRO review?

You can call Member Services and ask a Member Advocate for help with the IRO process.

The request for an IRO review must be submitted by you, a person acting on your behalf, or your provider. The request is made in writing by completing a “Request for Review by an Independent Review Organization” form. The completed form should be directed by mail or fax to:

Texas Children’s Health Plan
Attention: Utilization Review
Utilization Management Department
PO 301011
Houston, TX 77230

Fax: 832-825-2499

What are the timeframes for this process?

Texas Children’s Health Plan will call TDI the day you call asking for an IRO review. TDI will assign your case within 1 business day and let everyone know who was assigned to your case.

Texas Children’s Health Plan will send all the information needed to complete the review to TDI within 3 business days of the day you ask for the review.

The IRO will make a decision on your case within 15 business days, and no later than 20 business days of getting the assignment.

If the reason you asked for the review is life threatening, the IRO will make a decision within 5 business days and no later than 8 business days of getting the assignment.

IRO Information Line: 1-512-322-3400 or toll-free at 1-888-834-2476

What are my rights and responsibilities?**Member rights**

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your child’s health plan, doctors, hospitals, and other providers.
2. Your health plan must tell you if they use a “limited provider network.” This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. “Limited provider network” means you cannot see all the doctors who are in your health plan. If your health plan uses “limited networks,” you should check to see that your child’s primary care provider and any specialist doctor you might like to see are part of the same “limited network.”
3. You have a right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know about what those payments are and how they work.
4. You have a right to know how the health plan decides whether a service is covered or medically necessary. You have the right to know about the people in the health plan who decide those things.
5. You have a right to know the names of the hospitals and other providers in your health plan and their addresses.
6. You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.
7. If a doctor says your child has special health care needs or a disability, you may be able to use a specialist as your child’s primary care provider. Ask your health plan about this.
8. Children who are diagnosed with special health care needs or a disability have the right to special care.
9. If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months, and the health plan must continue paying for those services. Ask your plan about how this works.
10. Your daughter has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from her primary care provider and without first checking with your health plan. Ask your plan how this works. Some plans may make you pick an OB/GYN before seeing that doctor without a referral.
11. Your child has the right to emergency services if you reasonably believe your child’s life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a copayment depending on your income. Copayments do not apply to CHIP Perinatal Members.

12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to speak for your child in all treatment choices.
14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
15. You have the right to be treated fairly by your health plan, doctors, hospitals, and other providers.
16. You have the right to talk to your child's doctors and other providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.
17. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals and others who provide services to your child. If your health plan says it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
18. You have a right to know that doctors, hospitals, and others who care for your child can advise you about your child's health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
19. You have a right to know that you are only responsible for paying allowable copayments for covered services. Doctors, hospitals, and others cannot require you to pay any other amounts for covered services.

Member responsibilities

You and your health plan both have an interest in seeing your child's health improve. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.
2. You must become involved in the doctor's decisions about your child's treatments.
3. You must work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
5. You must learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. If your child has CHIP, you are responsible for paying your doctor and other providers copayments that you owe them. If your child is getting CHIP Perinatal services, you will not have any copayments for that child.
8. You must report misuse of CHIP or CHIP Perinatal services by health care providers, other members, or health plans.
9. You must talk to your provider about your medications that are prescribed.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services toll-free at 1-800-368-1019. You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

Report CHIP waste, abuse, or fraud

Do you want to report CHIP waste, abuse, or fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health-care provider, or a person getting CHIP benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for CHIP services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use a CHIP ID.
- Using someone else's CHIP ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184;
- Visit <https://oig.hhsc.state.tx.us/> and pick "Click Here to Report Waste, Abuse, and Fraud" to complete the online form; or
- You can report directly to your health plan:

Texas Children's Health Plan
Fraud and Abuse Investigations
PO Box 301011, NB 8302
Houston, TX 77230

832-828-1320 or toll-free at 1-866-959-6555

To report waste, abuse, or fraud, gather as much information as possible.

When reporting about a provider (a doctor, dentist, counselor, etc.) include:

- Name, address, and phone number of provider
- Name and address of the facility (hospital, nursing home, home health agency, etc.)
- Medicaid number of the provider and facility, if you have it
- Type of provider (doctor, dentist, therapist, pharmacist, etc.)
- Names and phone numbers of other witnesses who can help in the investigation
- Dates of events
- Summary of what happened

When reporting about someone who gets benefits, include:

- The person's name
- The person's date of birth, Social Security Number, or case number if you have it
- The city where the person lives
- Specific details about the waste, abuse, or fraud

New medical procedures review

You have benefits as a member. One of them is that we look at new medical advances. Some of the are like new equipment, tests, and surgery. Each situation is looked at on a case-by-case basis. Sometimes we use a special review to make sure that it is right for you. For more information call member services at 1-866-959-6555.

CHIP Perinatal Table of Contents

How the Plan Works

Information about the Texas Children’s Health Plan CHIP Perinatal member ID card	28
How to use your Texas Children’s Health Plan CHIP Perinatal member ID card.....	29
Your CHIP Perinatal provider	29
What benefits does my baby receive at birth?	30
Can I pick my baby’s primary care provider before my baby is born?.....	30
Routine care	30
Urgent care	30
Emergency care	30
Medically necessary services	31
Care after office hours	32
Care when you are away from home	32
Referrals	32
What are my prescription drug benefits?	33

Benefits and Services

What are my unborn child’s CHIP Perinate benefits?	34
Will I have to pay for services that are not covered?.....	34
What are the CHIP Perinate Newborn benefits?.....	34
What extra benefits does a Texas Children’s Health Plan member get?	35
What health education classes does Texas Children’s Health Plan offer?	36

Member Services

When does the coverage under the CHIP Perinatal end?	36
What if I want to change health plans?	36
Concurrent enrollment in the CHIP and CHIP Perinatal and Medicaid coverage for certain newborns.....	37
Can someone interpret for me when I talk to my perinatal provider?.....	37
What if I get a bill for medical services?	37
What do I have to do if I move?.....	37
How does renewal work?.....	37

Rights and Responsibilities

Member rights.....	38
Member responsibilities.....	38
Complaints and appeals	38
Filing complaints with the Texas Department of Insurance.....	40
What is an expedited appeal?	41
What is an Independent Review Organization	41
Report CHIP waste, abuse, or fraud	42
New medical procedures review.....	42

How the Plan Works

Texas Children's Health Plan cares about our members. It is important to us to keep you and your unborn child healthy. We have offered this member handbook as your guide. Member Services can answer questions you may have about the member handbook. The member handbook can also be ready in audio, large print, Braille, or other languages if needed. Call Member Services toll-free at 1-866-959-6555 to ask for these special services. Member Services is ready to help you 24 hours a day, 7 days a week.

How to read this book

This section is for:

- All CHIP Perinatal unborn members.

References to “you” or “your” apply to the mother of the perinate (unborn child).

Benefits of joining Texas Children's Health Plan

You will have your primary care provider, also called a perinatal provider. A perinatal provider is the primary care provider, nurse, or clinic that gives you most of your health care. Your perinatal provider will:

- Know your medical history and help you get the health care needed for your unborn child.
- Work hard to keep your unborn child healthy.
- Texas Children's Health Plan has a big network of doctors, hospitals, and other health providers.

Member Services is always ready to help you

You can call Member Services 24 hours a day, 7 days a week for help. With the help of on-line interpreters, Member Advocates can speak to you in 140 languages. Member Services can help you:

- Answer questions about benefits.
- Find a perinatal provider.
- Send you a new Texas Children's Health Plan CHIP Perinatal member ID card if it is lost or stolen.
- Solve complaints or problems.

Information about the Texas Children's Health Plan CHIP Perinatal member ID card

While you are pregnant, you will get a Texas Children's Health Plan CHIP Perinatal ID card for your unborn child. Carry your Texas Children's Health Plan CHIP Perinatal member ID card with you at all times. Show the Texas Children's Health Plan CHIP Perinatal member ID card to your perinatal provider before getting care.

How to read the Texas Children's Health Plan Perinatal member ID card

Check your unborn child's CHIP Perinatal member ID card to make sure it is correct. It should have:

- Your name.
- Your CHIP Perinatal ID number.
- Very important information for your primary care provider about payment.

On the back of the card, it says to call your perinatal provider before going for health care, except in an emergency. In an emergency, call 9-1-1 or go straight to the nearest hospital emergency room. **If your emergency care is not related to labor with the birth of your child, you will have to apply for Emergency Medicaid or pay for the services yourself.**

How to use your Texas Children's Health Plan CHIP Perinatal member ID card

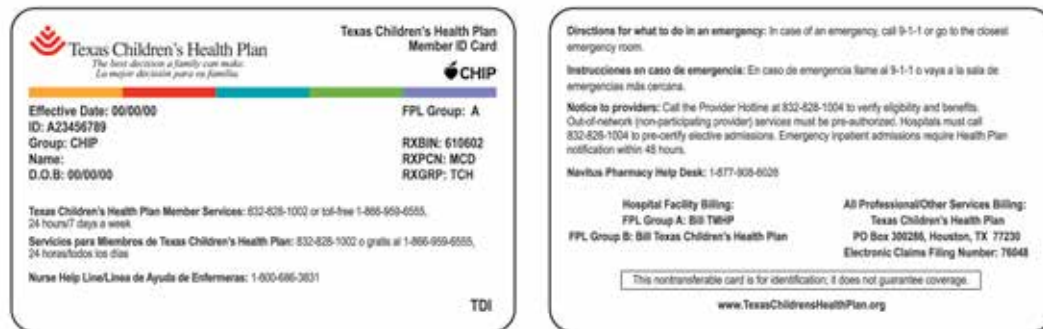
It is important that you:

- Always carry the Texas Children's Health Plan CHIP Perinatal member ID card issued to you for your unborn child.
- Always have your Texas Children's Health Plan CHIP Perinatal member ID card ready when you call Member Services.
- Bring the Texas Children's Health Plan CHIP Perinatal member ID card to all medical visits.
- Do not let other people use the Texas Children's Health Plan CHIP Perinatal member ID card issued to you for your unborn child.

How to replace the Texas Children's Health Plan CHIP Perinatal member ID card

Call Member Services if you lose the Texas Children's Health Plan CHIP Perinatal member ID card issued to you for your unborn child.

Here is a sample of the Texas Children's Health Plan CHIP Perinatal member ID card for your unborn child:



Your CHIP perinatal provider

Your CHIP perinatal provider is an important part of your unborn child's health-care team.

How do I choose a perinatal provider?

- Check the Texas Children's Health Plan website at www.TexasChildrensHealthPlan.org or your Texas Children's Health Plan CHIP Provider Directory for a list of CHIP perinatal providers near you.
- Call Member Services.

Will I need a referral?

You do not need a referral to see a CHIP perinatal provider.

How soon can I be seen after contacting a perinatal provider for an appointment?

You should be able to see your CHIP perinatal provider within 2 weeks of your call for a visit for routine prenatal care.

Can a clinic be a CHIP perinatal provider?

You may pick a Texas Children's Health Plan CHIP perinatal provider located at one of the clinics, Rural Health Clinics, or Federally Qualified Health Centers listed in your provider directory.

What if I go to another doctor who is not my CHIP perinatal provider?

Except in emergencies, always call your CHIP perinatal provider before you go to another doctor or the hospital. You can reach your CHIP perinatal provider or back-up doctor 24 hours a day, 7 days a week. If you go to another doctor who is not your CHIP perinatal provider, you may need to pay the bill. **If your emergency care is not related to labor with the birth of your child, you will have to apply for Emergency Medicaid or pay for the services yourself.**

Can I stay with a CHIP perinatal provider if they are not with Texas Children's Health Plan?

You should try to pick a CHIP perinatal provider that is in the Texas Children's Health Plan CHIP Perinatal network. If you have 12 weeks or less remaining before the expected delivery date of your baby, you can stay under your current perinatal provider through your post-partum checkup, even if the perinatal provider is, or becomes, out of network. Please call Member Services.

What if I want to know more about my doctor?

You can learn more about your doctor such as where he went to school, his specialty, or board certification status on our website at www.TexaschildrensHealthPlan.org and click the "Find a doctor" link.

What do I need to bring to a CHIP perinatal appointment?

When you go to your CHIP perinatal provider, always take your Texas Children's Health Plan CHIP Perinatal member ID card, a list of problems you are having, and a list of all drugs or herbal medications you are taking.

What benefits does my baby receive at birth?

An unborn child who is enrolled in CHIP Perinatal will be moved to Medicaid for 12 months of continuous Medicaid coverage, beginning on the date of birth, if the child lives in a family with an income at or below 185 percent of the Federal Poverty Level.

An unborn child will continue to receive coverage through CHIP Perinatal after birth if the child lives in a family with an income above 185 percent to 200 percent of the Federal Poverty Level.

What are the CHIP Perinate Newborn benefits? What services are not covered?

If your child will continue to receive coverage through CHIP Perinatal, please see the "CHIP Unborn Evidence of Coverage Benefits" book that came with your handbook for your covered benefits.

How do I get these services for my child?

Call your CHIP perinatal provider or Member Services at 1-866-959-6555.

Can I choose my baby's primary care provider before my baby is born?

Finding the right doctor for your unborn child is important. You can pick a primary care provider before your baby is born. You can find a list of primary care providers in your provider directory. You can also find a listing of primary care providers on our website at www.TexasChildrensHealthPlan.org and click on the *Find a Doctor* link under the CHIP Members' section.

Who do I call? What information do I need?

Call Member Services toll-free at 1-866-959-6555 with your member ID number ready. A Member Services Advocate can help you find a listing of primary care providers.

Routine care

What is routine medical care?

Routine medical care is when you visit your CHIP perinatal provider to make sure your unborn child is in good health. Routine medical care includes regular prenatal checkups and follow-up care.

How soon can I expect to be seen?

You should be able to see your CHIP perinatal provider within 2 weeks of your call for a visit for routine prenatal care.

Urgent care

What is urgent medical care?

An urgent problem is when you need treatment right away for your unborn child. If your problem is urgent, but not an emergency, go to your CHIP perinatal provider.

How soon can I expect to be seen?

You should expect to be seen for an urgent problem within 24 hours. Call your CHIP perinatal provider first if you have a problem with your unborn child.

Emergency care

What is an Emergency and an Emergency Medical Condition?

A CHIP Perinate Member is defined as an unborn child. Emergency care is a covered service if it directly relates to the delivery of the unborn child until birth. Emergency care is provided for the following Emergency Medical Conditions:

- Medical screening examination to determine emergency when directly related to the delivery of the covered unborn child;
- Stabilization services related to the labor with delivery of the covered unborn child;
- Emergency ground, air and water transportation for labor and threatened labor is a covered benefit;
- Emergency ground, air, and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit.

Benefit limits: Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinate are not a covered benefit.

What is Emergency Services or Emergency Care?

“Emergency Services” or “Emergency Care” are covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition, including post-stabilization care services related to labor and delivery of the unborn child.

What should I do in an emergency?

- Go to the nearest hospital emergency room.
- Call 9-1-1 if you need help getting to the hospital.
- Call your CHIP perinatal provider within 24 hours, or as soon as possible, to let them know so they can give you follow-up care.

If your emergency care is not related to labor with the birth of your child, you will have to apply for Emergency Medicaid or pay for the services yourself.

How soon should I expect to be seen for an emergency?

You should be treated as soon as is appropriate for your medical condition relating to your unborn child. Life-threatening injuries are treated right away.

Medically Necessary Services

Covered services for CHIP Members, CHIP Perinate Newborn Members, and CHIP Perinate Members must meet the CHIP definition of “Medically Necessary.” A CHIP Perinate Member is an unborn child.

Medically Necessary means:

1. Health Care Services that are:
 - a. reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a member, or endanger life;
 - b. provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
 - c. consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
 - d. consistent with the member's diagnoses;
 - e. no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
 - f. not experimental or investigative; and
 - g. not primarily for the convenience of the member or provider; and
2. Behavioral Health Services that:
 - a. are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
 - b. are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
 - c. are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
 - d. are the most appropriate level or supply of service that can safely be provided;
 - e. could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
 - f. are not experimental or investigative; and
 - g. are not primarily for the convenience of the member or provider.

Care after office hours

How do I get medical care after my CHIP perinatal provider's office is closed?

You should call your CHIP perinatal provider's office, except in emergencies. You can reach your CHIP perinatal provider or a back-up doctor 24 hours a day, 7 days a week. Or you may call the Texas Children's Health Plan 24-Hour Nurse Help Line at 1-800-686-3831. Texas Children's Health Plan nurses help you get the right health care for your unborn child.

EXCEPT IN AN EMERGENCY, CALL YOUR CHIP PERINATAL PROVIDER FIRST BEFORE GOING FOR HEALTH CARE.

If your emergency care is not related to labor with the birth of your child, you will have to apply for Emergency Medicaid or pay for the services yourself.

Care when you are away from home

What if I get sick when I am out of town or traveling?

If you need medical care when traveling, call us toll-free at 1-866-959-6555 and we will help you find a doctor.

If you need emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-866-959-6555.

What if I am out of the country?

Medical services performed out of the country are not covered by CHIP.

What if I am out of the state?

If you/your child is sick or injured and not in serious danger when traveling outside the state, call your primary care provider for advice or instruction. You can also call the Texas Children's Health Plan Nurse Help Line and talk to a nurse. The toll-free phone number is 1-800-686-3831. Nurses are ready to help you decide what to do 24 hours a day, 7 days a week.

If you/your child has a life-threatening emergency when you are outside of the state, go to the nearest hospital emergency room or call 9-1-1. If you seek non-urgent follow-up care without prior authorization, Texas Children's Health Plan might not pay for the care.

Remember, there is no coverage for routine care given outside the Texas Children's Health Plan service area. Routine care includes checkups, physical exams, follow-up care, tests, or non-urgent surgeries.

Referrals

What is a referral?

A referral is a consultation for evaluation and/or treatment of a patient requested by one doctor to another doctor. Texas Children's Health Plan will NOT pay the cost of non-emergency specialist or hospital care for your unborn child unless your CHIP perinatal provider gives a referral.

What services do not need a referral?

- Emergency care—Emergency services and/or emergency medical care are covered services only if it is labor resulting in delivery of your baby. If your emergency care is not related to labor with the birth of your child, you will have to apply for Emergency Medicaid or pay for the services yourself.
- Prenatal care—You may receive prenatal care without a referral. Your CHIP perinatal provider must request referral authorization for some tests and procedures and must notify Texas Children's Health Plan of pregnancy care visits.

What if I need services that are not covered by CHIP Perinatal?

CHIP Perinatal has limited covered benefits. Only those services listed under the Covered Benefits and Services section are paid for by CHIP Perinatal. CHIP Perinatal members should talk to their CHIP perinatal provider about how to get services that are not covered. Member Services will also help members find information about community-based organizations that can help. If you need services that are not covered, CHIP will NOT pay for those services.

What are my prescription drug benefits?

How do I get my medications? What are my unborn child's prescription drug benefits?

CHIP Perinatal covers most of the medicine your doctor says you need for your pregnancy. Your doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription to the drug store for you.

There are no co-payments required for CHIP Perinate Members.

What do I bring with me to the drug store?

When you go to the drug store, take your prescription and your Texas Children's Health Plan member ID card.

How do I find a network drug store?

You may have your prescription filled at any drug store that accepts Texas Children's Health Plan CHIP. If you need a list of drug stores that take Texas Children's Health Plan CHIP, call Member Services at 1-866-959-6555 or visit our website at www.TexasChildrensHealthPlan.org and click on the *Pharmacy Listing* under the CHIP Members' section.

What if I go to a drug store not in the network?

If you go to a drug store not in the network, you may not get your prescription filled, or may have to pay for it yourself. For a list of participating pharmacies, call Member Services at 1-866-959-6555 or visit our website at www.TexasChildrensHealthPlan.org and click on the *Pharmacy Listing* under the CHIP Members' section.

What if I need/my child needs an over-the-counter medication?

The pharmacy cannot give you an over-the-counter medication as part of your/your child's CHIP benefit. If you need/your child needs an over-the-counter medication, you will have to pay for it.

Who do I call if I have problems getting my medications?

If you have problems getting your medications, call Member Services toll-free at 1-866-959-6555 for help.

What if I lose my medication(s)?

If you lose your medication(s), call Member Services toll-free at 1-866-959-6555 for help.

What if I need my medications delivered to me?

If you need your medication(s) delivered, call Member Services toll-free at 1-866-959-6555 for help.

What if I can't get the medication my/my child's doctor ordered approved?

If your/your child's doctor cannot be reached to approve a prescription, you/your child may be able to get a three-day emergency supply of your/your child's medication.

Call Texas Children's Health Plan at 1-866-959-6555 for help with your/your child's medications and refills.

Benefits and Services

What are my unborn child's CHIP Perinate benefits?

Texas Children's Health Plan offers the following covered benefits of CHIP Perinatal:

- Up to 20 prenatal visits.
- Prescriptions and prenatal vitamins.
- Labor with delivery of your baby (your coverage will depend on your income) When you go to the hospital, you may need to apply for Emergency Medicaid to pay for your hospital stay. If you do not apply for Emergency Medicaid and CHIP Perinatal does not cover your hospital stay, you may have to pay for your hospital stay.
- Two visits for you with the doctor that delivered your baby after your baby is born.
- Regular checkups, vaccinations, and prescriptions for your baby after your baby leaves the hospital.

Please see the "CHIP Unborn Evidence of Coverage Benefits" book that came with your handbook for your covered benefits.

How do I get these services?

Call your CHIP perinatal provider or Member Services at 1-866-959-6555.

What services are NOT covered?

Some of the services that are not covered include:

- Hospital visits for services not related to labor with delivery, such as a broken arm.
- Labor without delivery of your baby (false labor).
- Special treatment for you, such as care for asthma, heart conditions, mental health, or substance use.

Please see the "CHIP Unborn Evidence of Coverage Benefits" book that came with your handbook for your covered benefits.

How much do I have to pay for my unborn child's health care under CHIP Perinatal?

Copayments are the amount that a CHIP member has to pay when getting certain health care. There are no copayments or cost sharing for CHIP Perinatal members.

Will I have to pay for services that are not covered?

CHIP Perinatal only pays for covered benefits under the program. If you get services that are not covered, you may have to pay for these services. When you go to the hospital, you may need to apply for Emergency Medicaid to pay for your hospital stay. If you do not apply for Emergency Medicaid and CHIP Perinatal does not cover your hospital stay, you may have to pay for your hospital stay.

What are the CHIP Perinate Newborn benefits?

You will find detailed information about covered benefits and services, limitations, and exclusions in the Schedule of Benefits inserted in the pocket of this handbook.

References to "you", "my", or "I" apply if you are a CHIP member. References to "my child" apply if your child is a CHIP member or a CHIP Perinate Newborn member.

What services are NOT covered?

Covered CHIP services must meet the CHIP definition of medically necessary. If you have any questions about a covered service, call Member Services at 832-828-1002 or toll-free at 1-866-959-6555.

How do I get these services for my child?

Call your CHIP provider or Member Services at 1-866-959-6555.

What extra benefits does a Texas Children's Health Plan member get?

How do I get these benefits for my unborn child?

When you join Texas Children's Health Plan your child gets extra benefits, called value-added services, that CHIP does not offer. These value-added benefits include:

24-Hour Nurse Help Line

You can talk to a nurse 24 hours a day, 7 days a week toll-free at 1-800-686-3831. Call the nurse help line before going to the emergency room unless it is an emergency. A nurse will answer your health-care questions and help you get the care your unborn child needs.

Additional Transportation

If transportation is a barrier to attending medical visits, Texas Children's Health Plan will, upon verification of medical visits (including maternity visits and well child visits), arrange for transportation through taxi voucher or bus. Call Member Services at 1-866-959-6555 for transportation.

Pregnancy Gift Program

Pregnant Members can receive a \$20 gift card for attending Texas Children's Health Plan sponsored educational classes related to pregnancy and newborn care. Members will be invited to attend baby showers and parenting classes hosted by Texas Children's Health Plan and may receive other incentive gifts by attending. You can visit our website at www.TexasChildrensHealthPlan.org/StarBabies to sign up.

Childbirth Education Classes

Pregnant members can receive free childbirth education classes. The classes are taught by a Texas Children's Health Plan health educator that is a Lamaze Certified Childbirth Educator through The Family Way in Plano, Texas. The classes range from 4 to 8 sessions and are free for our members. You can sign up online at www.TexasChildrensHealthPlan.org/StarBabies.

To learn more about these services and how to get them, call Member Services at 1-866-959-6555.

What health education classes does Texas Children's Health Plan offer?

The goal of the Texas Children's Health Plan health education program is to help our members learn to stay healthy. The Texas Children's Health Plan health education program offers health fairs, wellness screenings, gift cards, and childbirth classes to help your unborn child stay healthy. We offer these programs in places that are easy to get to. You can sign up online at www.TexasChildrensHealthPlan.org/StarBabies.

Classes are free! Call the Texas Children's Health Plan Maternal Child Department at 1-866-959-6555 to join.

Member Services

When does CHIP Perinatal coverage end?

Your baby will continue to receive services through CHIP Perinatal if you meet CHIP Perinatal requirements. Your baby will get 12 months of continuous CHIP Perinatal coverage through his or her plan, beginning with the month of enrollment as an unborn child.

If you do not meet CHIP Perinatal requirements, your baby will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth.

Attention: If you meet certain income requirements, your baby will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth.

What if I want to change health plans?

Once you pick a health plan for your unborn child, the child must stay in this health plan until the child's CHIP Perinatal coverage ends. The 12-month CHIP Perinatal coverage begins when your unborn child is enrolled in CHIP Perinatal and continues after your child is born.

If you live in an area with more than 1 CHIP health plan, and you do NOT pick a plan within 15 days of getting the enrollment packet, Health and Human Services Commission (HHSC) will pick a health plan for your unborn child and send you information about that health plan. If HHSC picks a health plan for your unborn child, you will have 90 days to pick another health plan if you are not happy with the plan HHSC chooses.

If you have children covered by CHIP, their health plans might change once you are approved for CHIP Perinatal coverage. When a member of the family is approved for CHIP Perinatal coverage and picks a perinatal health plan, all children in the family that are enrolled in CHIP must join the health plan providing CHIP Perinatal services. The children must remain with the same health plan until the end of the CHIP Perinatal member's enrollment period, or the end of the other children's enrollment period, whichever happens last. At that point, you can pick a different health plan for the children.

You can ask to change health plans:

- for any reason within 90 days of enrollment in CHIP Perinatal; and
- for cause at any time.

Who do I call?

For more information, call toll-free at 1-866-959-6555.

Concurrent enrollment in the CHIP and CHIP Perinatals and Medicaid coverage for certain newborns

If you have other children enrolled in the CHIP Program, they will be moved to Texas Children's Health Plan. Copayments, cost sharing, and enrollment fees still apply to children enrolled in the CHIP Program. An unborn child who is enrolled in CHIP Perinatal will be moved to Medicaid for 12 months of continuous Medicaid coverage, beginning on the date of birth, if the child lives in a family with an income at or below 185 percent of the Federal Poverty Level. An unborn child will continue to receive coverage through CHIP after birth as a "CHIP Perinate Newborn" if the child is in a family with an income above 185 percent to 200 percent of the Federal Poverty Level.

Can someone interpret for me when I talk to my perinatal provider?

Who do I call?

If you need an interpreter, call Member Services to help you schedule one.

How far ahead do I call?

You must call at least 3 working days before your visit.

How can I get a face-to-face interpreter in the provider's office?

If you need a face-to-face interpreter in the provider's office, call Member Services at least 3 working days before your visit.

What if I get a bill from a perinatal provider?

Always show your Texas Children's Health Plan Perinatal member ID card when you get medical services.

Who do I call?

If you get a bill for covered services, call the provider and give them your CHIP Perinatal member number for your unborn child.

What information will they need?

They will need information that is on your Texas Children's Health Plan CHIP Perinatal member ID card. If you still have a problem, call Member Services. Give Member Services your CHIP Perinatal ID number and tell them who sent you the bill. If you get bills for services that are not covered, CHIP Perinatal will NOT pay these bills.

What do I have to do if I move?

As soon as you have your new address, give it to HHSC by calling 2-1-1 or updating your account on YourTexasBenefits.com and call the Texas Children's Health Plan Member Services Department at 1-866-959-6555. Before you get CHIP services in your new area, you must call Texas Children's Health Plan, unless you need emergency services. You will continue to get care through Texas Children's Health Plan until HHSC changes your address.

Will the state send me anything when my CHIP Perinatal coverage ends?

In the 10th month of coverage, you will receive a CHIP renewal form. You must fill it out and send it to the state.

How does renewal work?

In the 10th month of coverage, you will receive a CHIP renewal form. You must fill it out and send it to the state. The state will determine if your child is eligible for Medicaid or CHIP. Call Texas Children's Health Plan for help filling out your renewal application.

Rights and Responsibilities

What are my rights and responsibilities?

Member rights

1. You have a right to get accurate, easy-to-understand information to help you make good choices about your unborn child's health plan, doctors, hospitals, and other providers.
2. You have a right to know how the Perinatal providers are paid. Some may get a fixed payment no matter how often you visit. Others get paid based on the services they provide for your unborn child. You have a right to know about what those payments are and how they work.
3. You have a right to know how the health plan decides whether a Perinatal service is covered or medically necessary. You have the right to know about the people in the health plan who decide those things.
4. You have a right to know the names of the hospitals and other Perinatal providers in the health plan and their addresses.
5. You have a right to pick from a list of health care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
6. You have a right to emergency Perinatal services if you reasonably believe your unborn child's life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with the health plan.
7. You have the right and responsibility to take part in all the choices about your unborn child's health care.
8. You have the right to speak for your unborn child in all treatment choices.
9. You have the right to be treated fairly by the health plan, doctors, hospitals, and other providers.
10. You have the right to talk to your Perinatal provider in private, and to have your medical records kept private. You have the right to look over and copy your medical records and to ask for changes to those records.
11. You have the right to a fair and quick process for solving problems with the health plan and the plan's doctors, hospitals and others who provide Perinatal services for your unborn child. If the health plan says it will not pay for a covered Perinatal service or benefit that your unborn child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
12. You have a right to know that doctors, hospitals, and other Perinatal providers can give you information about your or your unborn child's health status, medical care, or treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.

Member responsibilities

You and your health plan both have an interest in having your baby born healthy. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Stay away from tobacco and eat a healthy diet.
2. You must become involved in the decisions about your unborn child's care.
3. If you have a disagreement with the health plan, you must try first to resolve it using the health plan's complaint process.
4. You must learn about what your health plan does and does not cover. Read your CHIP Perinatal Program Handbook to understand how the rules work.
5. You must try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
6. You must report misuse of CHIP Perinatal services by health care providers, other members, or health plans.
7. You must talk to your provider about your medications that are prescribed.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 1-800-368-1019. You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

Complaints and appeals

What should I do if I have a complaint?

We want to help. If you have a complaint, please call us toll-free at 1-866-959-6555 to tell us about your problem. A Texas Children's Health Plan Member Services Advocate can help you file a complaint. Just call 1-866-959-6555. Most of the time, we can help you right away or at the most within a few days. Texas Children's Health Plan cannot take any action against you as a result of your filing a complaint.

If I am not satisfied with the outcome, who else can I contact?

If you are not satisfied with the answer to your complaint, you can also complain to the Texas Department of Insurance by calling toll-free to 1-800-252-3439. If you would like to make your request in writing send it to:

Texas Department of Insurance
Consumer Protection
P.O. Box 149091
Austin, Texas 78714-9091

If you can get on the Internet, send your complaint in an e-mail to <http://www.tdi.texas.gov/consumer/complfrm.htm>.

Who do I call?

Please call Member Services at 832-828-1002 or toll-free at 1-866-959-6555 to tell us about your problem.

Can someone from Texas Children's Health Plan help file a complaint?

A Texas Children's Health Plan Member Advocate can help you file a complaint. The Member Advocate will listen to you and write down your complaint. Just call us at 832-828-1002 or toll-free at 1-866-959-6555. Most of the time, we can help you right away or at the most within a few days.

If you have a concern that involves the quality of medical care or service you are getting, we urge you to discuss it directly with your doctor first. If you are not satisfied with the solution, call Member Services.

If you have a concern involving the coverage of services or supplies by Texas Children's Health Plan, call Member Services. A Member Advocate will take action right away to fix your concern. If you are not satisfied with the solution, the Member Advocate will file a complaint on your behalf.

You can also have someone like a friend, family member, or doctor file a complaint on your behalf. Complaints can be filed by calling or writing Member Services.

To file a complaint, write or call:

Texas Children's Health Plan
Attention: Complaints and Appeals Coordinator
Member Services Department
PO Box 301011, NB 8360
Houston, TX 77230-1011
832-828-1002 or toll-free 1-866-959-6555

How long will it take to process my complaint?

We will send you a letter within 5 business days telling you that we received your complaint. We will send you a resolution letter within 30 calendar days.

What are the requirements and timeframes for filing a complaint?

You can file a complaint at any time. You will get a letter within 5 business days telling you your complaint was received.

If I am not satisfied with the outcome, who else can I contact? Do I have the right to meet with a complaint appeal panel?

If you are not happy with our answer, you have the right to appeal the decision. You can tell us initially by calling Member Services at 832-828-1002 or toll-free at 1-866-959-6555. Your request, however, will still need to be provided in writing. A Member Advocate can help you. You can also call the Texas Department of Insurance (TDI). TDI will explain what to do to appeal our response.

To appeal the complaint resolution, send a request in writing to:

Texas Children's Health Plan
Attention: Complaints and Appeals Coordinator
Member Services Department
PO Box 301011, NB 8360
Houston, TX 77230-1011

Within 5 business days following the receipt of your written appeal, Texas Children's Health Plan will send you an acknowledgement letter. The Complaints and Appeals Coordinator will arrange for your complaint to be re-reviewed by an Appeals Panel within 30 days of your request. At least 5 business days before the appeals hearing, you will get a letter with important information about your appeal rights. You can appear before the panel.

After the Appeal Panel hearing we will send you a resolution letter within 30 days of getting your written appeal request.

Do I have the right to meet with a Complaint Appeal Panel (CAP)?

Members have the option of having their complaint appeal decided by a Complaint Appeal Panel (CAP). The CAP will have equal numbers of:

- Texas Children's Health Plan staff;
- Providers; and
- Members.

Members of the CAP cannot have been a part of the complaint in any way. Providers will have expertise in area of care that is in the complaint. CHIP Members on the CAP cannot also be employees of Texas Children's Health Plan.

Information given to member about CAP:

No later than 5 business days before the CAP is to meet, unless you agree otherwise, Texas Children's Health Plan will give the complainant or their representative:

- Any information to be shown to the CAP by Texas Children's Health Plan;
- The type of provider asked to help;
- The name and job title of each Texas Children's Health Plan staff person on the CAP.

Rights of complainant at CAP Meeting:

A member or his/her representative, if the member is a minor or is disabled, has the right to:

- Meet in person before the CAP;
- Have other expert witnesses;
- Ask for any person involved in making the decision that caused the complaint to be at the meeting and to question them.

When do I have the right to ask for an appeal?

You have the right to file a complaint to the Texas Department of Insurance (TDI) by calling toll-free at 1-800-252-3439.

If you would like to make your request in writing, please send it to the following address:

Texas Department of Insurance
 PO Box 149104
 Austin, TX 78714-9104
 512-475-1771
 Web: www.tdi.state.tx.us
 Email: ConsumerProtection@tdi.state.tx.us

What can I do if my doctor asks for a service for me that is covered but Texas Children's Health Plan denies or limits it?

Texas Children's Health Plan may deny services if they are not medically necessary. You will receive a letter telling you about the decision. You have 30 days from the receipt of the letter to appeal a denied service to you. To continue services, Texas Children's Health Plan must receive the appeal within 10 days of the mailing of the letter. If the Member requests an extension, the time frame may be extended up to 14 calendar days.

Does my request have to be in writing?

You can write a letter or you can ask to complete an "Appeal Form." We will mail you the form. Send your appeal to the address below.

Appeal requests can be made by phone or mail to:

Texas Children's Health Plan
 Attention: Utilization Review
 Utilization Management Department
 PO Box 301011
 Houston, TX 77230-1011
 832-828-1002 or toll-free 1-866-959-6555

Can someone from Texas Children's Health Plan help me file an appeal?

A Member Services Advocate can help you. Just call 1-866-959-6555. We will notify you of our decision within 30 days.

What is the timeframe for the appeal process?

If Texas Children's Health Plan needs more information, and can show how the delay is in the member's best interest, the time frame can be extended up to 14 calendar days. The member must be notified in writing regarding the reason for delay.

If Texas Children's Health Plan needs more information, we will send you or your doctor a request.

How will I be notified if services are denied?

If hospitalized: Texas Children's Health Plan will notify your doctor within 1 business day by telephone or electronic transmission. Texas Children's Health Plan will then send a letter to you and your doctor within 3 business days.

If not in hospital: Texas Children's Health Plan will send a letter to you and your doctor within 3 business days.

Post-stabilization: Texas Children's Health Plan will respond to post-stabilization services following an emergency within 1 hour.

What is an expedited appeal?

An expedited appeal is when the Health Plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize the member's life or health.

How can I ask for an expedited appeal? Does my request have to be in writing?

You may ask for an expedited appeal from Texas Children's Health Plan orally or in writing, if you believe that taking the time for a standard resolution could seriously jeopardize the member's life or health.

What are the timeframes for an expedited appeal?

Investigation and resolution of an appeal relating to an ongoing emergency or denial of continued hospitalization must occur (1) in accordance with the medical or dental immediacy of the case; and (2) not later than 1 business day after the complainant's request for appeal is received.

What happens if Texas Children's Health Plan denies the request for an expedited appeal?

If Texas Children's Health Plan denies the request for an expedited appeal, your request will be moved to the standard appeal process, and we will mail you our decision within 30 days.

Who can help me file an expedited appeal?

Call Member Services to get help with an appeal or an expedited appeal.

What is an Independent Review Organization (IRO)?

If you disagree with Texas Children's Health Plan appeal decision, you have the right an IRO review. An IRO works with the TDI. An IRO makes decisions on medical necessity and whether your care is appropriate.

How do I ask for a review by an Independent Review Organization?

Texas Children's Health Plan will provide you with an "Independent Review Organization Form" to complete requesting an IRO review. You can request an IRO review at any time; however, you should try and request the review as soon as possible.

You may request an "Independent Review Organization Form" by contacting Member Services at 1-866-959-6555.

What are the timeframes for this process?

Texas Children's Health Plan will immediately notify the TDI of your request. TDI will assign the case to an IRO within 1 business day. If the IRO requests any information, Texas Children's Health Plan must provide the information within 3 business days. The IRO must reach a decision within 15 days, but no later than 20 days after the IRO receives the case from TDI. In cases involving life-threatening conditions, the IRO must reach a decision within 5 days, but no later than 8 days after the IRO receives the case from TDI.

When is an IRO review not available?

An IRO review is not available if:

- Texas Children's Health Plan denies payment for a service not covered by the plan, such as cosmetic surgery; or
- You have already received treatment and Texas Children's Health Plan determines that the treatment was not medically necessary.

Report CHIP waste, abuse, or fraud

Do you want to report Texas Children's Health Plan waste, abuse, or fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health-care provider, or a person getting CHIP benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for CHIP services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use a CHIP ID.
- Using someone else's CHIP ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184;
- Visit www.oig.hhsc.state.tx.us/ and pick "Click Here to Report Waste, Abuse, and Fraud" to complete the online form; or
- You can report directly to your health plan:
Texas Children's Health Plan
Fraud and Abuse Investigations
PO Box 301011, NB 8302
Houston, TX 77230
832-828-1320 or toll-free at 1-866-959-6555

To report waste, abuse, or fraud, gather as much information as possible.

When reporting about a provider (a doctor, dentist, counselor, etc.) include:

- Name, address, and phone number of provider.
- Name and address of the facility (hospital, nursing home, home health agency, etc.).
- Medicaid number of the provider and facility, if you have it.
- Type of provider (doctor, dentist, therapist, pharmacist, etc.).
- Names and phone numbers of other witnesses who can help in the investigation.
- Dates of events.
- Summary of what happened.

When reporting about someone who gets benefits, include:

- The person's name.
- The person's date of birth, social security number, or case number if you have it.
- The city where the person lives.
- Specific details about the waste, abuse, or fraud.

New medical procedures review

You have benefits as a member. One of them is that we look at new medical advances. Some of the are like new equipment, tests, and surgery. Each situation is looked at on a case-by-case basis. Sometimes we use a special review to make sure that it is right for you. For more information call member services at 1-866-959-6555.