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? Who do I call?

You are allowed to make health plan changes:

- For any reason within 90 days of enrollment in CHIP and once thereafter;
- For causes at any time;
- If you move to a different service delivery area; and
- During the annual CHIP re-enrollment period.

For more information, call CHIP toll-free at 1-800-647-6558.

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

Texas Children's Health Plan rewards doctors for treatments that reduce or limit services for people covered by CHIP. 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 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

- You have the right to information about the organization, its services, its practitioners and providers and member rights and responsibilities.
- 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."
- 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.
- 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 decides those things.
- You have a right to know the names of the hospitals and other providers in your health plan and their addresses.
- 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.
- If your doctor says that your child has 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.
- Children who are diagnosed with special health care needs or a disability have the right to special care.
- If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child might be able to continuing seeing that doctor for 3 months and the health plan must keep paying for those services. Ask your plan about how this works.
- 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 might make you pick an OB/GYN before seeing that doctor without a referral.

- 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 being treated right away. Coverage of emergencies is available without first checking with your health plan. You might have to pay a co-payment, depending on your income. Co-payments do not apply to CHIP Perinatal Members.
- You have the right and responsibility to take part in all the choices about your child's health care.
- You have the right to speak for your child in all treatment choices.
- You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
- You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination by your health plan, doctors, hospitals, and other providers.
- 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.
- 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 appeal and have another group outside the health plan tell you if they think your doctor or the health plan is right.
- You have a right to a candid discussion of appropriate or medically necessary treatment options for your child's condition, regardless of cost or benefit.
- You have a right to know that doctors, hospitals, and others who care for your child can advise you about your child's heath 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.
- You have a right to know that you are only responsible for paying allowable co-payments for covered services. Doctors, hospitals, and others cannot require you to pay any other amounts for covered services.
- You have a right to make recommendations regarding the organization's member rights and responsibility policy.

Member responsibilities

- You must try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.
- You must become involved in the doctor's decisions about your child's treatments.
- You must follow plans and instructions for care and they have agreed to with their practitioners.
- You must work together with your health plan's doctors and other providers to follow treatments for your child that you all have agreed upon.
- If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
- You must learn about what your health plan does and does not cover. Read your member handbook to understand how the rules work.
- 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.
- 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 co-payments for that child.
- You must report misuse of CHIP or Chip Perinatal services by health care providers, other members, or health plans.
- You must talk to your provider about all of your medications that are prescribed.
- You must learn and understand your child's health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.
- You must supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.

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.