

TEXAS CHILDREN'S HEALTH PLAN ANNUAL NEWSLETTER

A publication of Texas Children's Health Plan for CHIP, STAR, and STAR Kids members and their parents.

Maternal Child Health

Great news! Pregnant members can get a pregnancy essentials kit and canvas tote bag for completing a pre-natal checkup within 42 days of enrollment. New moms can receive a portable crib after completing a postpartum visit after giving birth. Gift cards are provided to non-pregnant members who complete a routine cervical cancer screening. To find more maternal child health resources, visit TexasChildrensHealthPlan.org/StarBabies/events or call Member Services at **1-866-959-6555** (CHIP) or **1-866-959-2555** (STAR), option 4.

We care about your privacy

Your privacy is important to us. You can view Texas Children Health Plan's privacy statement on how your medical information may be used by visiting our website at TexasChildrensHealthPlan.org/notice-of-privacy-practices/

MK-1117-275

Member Services Department
P.O. Box 301011
Houston, TX 77230-1011



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For CHIP Members and CHIP Perinate Newborn Members

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.

ATTENTION ALL FEMALE MEMBERS

Members have the right to pick an OB/GYN without a referral from their Primary Care Provider.

An OB/GYN can give the Member:

- One well-woman checkup each year.
- Care related to pregnancy.
- Care for any female medical condition.
- A referral to a specialist doctor within the network.



Get up-to-date on Preferred Drug List changes.

Go to: TexasChildrensHealthPlan.org
and log in to find information on PDL changes.

You can also visit the Texas Drug Vendor Program website at: <http://www.txvendordrug.com/formulary/preferred-drugs.shtml> to see the Preferred Drug List (PDL).

For Medicaid Members

Member Rights

1. You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. That includes the right to:
 - a. Be treated fairly and with respect.
 - b. Know that your medical records and discussions with your providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health care plan and primary care provider. This is the doctor or health care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
 - a. Be told how to choose and change your health plan and your primary care provider.
 - b. Choose any health plan you want that is available in your area and choose your primary care provider from that plan.
 - c. Change your primary care provider.
 - d. Change your health plan without penalty.
 - e. Be told how to change your health plan or your primary care provider.
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
 - a. Have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated.
 - b. Be told why care or services were denied and not given.
4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
 - a. Work as part of a team with your provider in deciding what health care is best for you.
 - b. Say yes or no to the care recommended by your provider.
5. You have the right to use each complaint and appeal process available through the managed care organization and through Medicaid, and get a timely response to complaints, appeals, and State Fair Hearings. That includes the right to:
 - a. Make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan.
 - b. Get a timely answer to your complaint.
 - c. Use the plan's appeal process and be told how to use it.
 - d. Ask for a fair hearing from the state Medicaid program and get information about how that process works.
6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
 - a. Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
 - b. Get medical care in a timely manner.
 - c. Be able to get in and out of a health care provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
 - d. Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.
 - e. Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.
7. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.
8. You have a right to know that doctors, hospitals, and others who care for you can advise you about your 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.
9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals, and others cannot require you to pay copayments or any other amounts for covered services.

Member Responsibilities

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
 - Learn and understand your rights under the Medicaid program.
 - Ask questions if you do not understand your rights.
 - Learn what choices of health plans are available in your area.
2. You must abide by the health plan's and Medicaid's policies and procedures. That includes the responsibility to:
 - Learn and follow your health plan's rules and Medicaid rules.
 - Choose your health plan and a primary care provider quickly.
 - Make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan.
 - Keep your scheduled appointments.
 - Cancel appointments in advance when you cannot keep them.
 - Always contact your primary care provider first for non-emergency medical needs.
 - Be sure you have approval from your primary care provider before going to a specialist.
 - Understand when you should and should not go to the emergency room.
3. You must share information about your health with your primary care provider and learn about service and treatment options. That includes the responsibility to:
 - Tell your primary care provider about your health.
 - Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
 - Help your providers get your medical records.
4. You must be involved in decisions relating to service and treatment options, make personal choices, and take action to maintain your health. That includes the responsibility to:
 - Work as a team with your provider in deciding what health care is best for you.
 - Understand how the things you do can affect your health.
 - Do the best you can to stay healthy.
 - Treat providers and staff with respect.
 - Talk to your provider about all of your medications.
5. You must follow plans and instructions for care that you have agreed to with your provider.

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.

Get free diapers for your completed well-child checks!

Bring your baby in for their 12-month and 15-month well-child checks and you can get up to **2 free packs of disposable diapers!** Limit 1 pack of diapers per visit. To learn more, call Member Services at 1-866-959-2555 (STAR), 1-866-959-6555 (CHIP), or 1-866-659-5764 (STAR Kids).

Our members enjoy Houston Dynamo soccer clinics!

Texas Children's Health Plan is a corporate sponsor of the Houston Dynamo. That means our members get extra fun perks!

- Soccer clinics for members who are 7 to 12 years old.
- Clinic participants get tickets to a Dynamo game at no cost!
- We offer 8 clinics a year.
- Must be an eligible member to participate.

To learn more about Houston Dynamo events, call us at **1-800-990-8247**.

Important information about authorizations and appeals

Sometimes the care you get from your doctor needs prior approval. In that case, your doctor will submit a request for approval. If a request is denied by Texas Children's Health Plan, you will get a letter stating the reason it was denied.

You have the right to appeal a denial. You have 60 days from the date of the denial letter to file an appeal. Texas Children's Health Plan will make a decision within 30 days of getting your request. To appeal you can represent yourself, or you may be represented by another person such as:

- Your doctor.
- A friend.
- A relative.
- Legal counsel.
- Another person.

STAR members should send all appeals to:
Texas Children's Health Plan
Attn: Appeals Department
P.O. Box 301011, WLS 8390
Houston, Texas 77230-1011
1-866-959-2555 or 832-828-1001

CHIP members should send all appeals to:
Texas Children's Health Plan
Attn: Appeals Department
P.O. Box 301011, WLS 8390
Houston, Texas 77230-1011
1-866-959-6555 or 832-828-1002

STAR Kids members should send all appeals to:

Texas Children's Health Plan
Attn: Appeals Department
P.O. Box 301011, WLS 8390
Houston, Texas 77230-1011
1-800-659-5764 or
1-832-828-1003

Sometimes the appeal time frame could risk your child's life, health, or ability to recover a function. Your doctor will let us know if this is a possibility. In this event, you can request an expedited appeal. Texas Children's Health Plan will make a decision within 3 working days of getting the request. If you want benefits to continue while the request is pending, call **1-866-959-2555 (STAR)**, or **1-866-959-6555 (CHIP)**, or **1-800-659-5764 (STAR Kids)**.

For CHIP Members, please note that if the denial is upheld, you will need to pay the cost of services you get after the date of the original denial. If we deny the appeal (continue to deny the services or treatment), the member or someone acting on the member's behalf and the provider of record have the right to request a review by an Independent Review Organization (IRO). The IRO does not have an affiliation with your payor (insurance company or health plan), your health care providers, or Texas

Children's Health Plan. Instructions on requesting an IRO review are included with the appeal decision letter.

For STAR and STAR Kids members, please note if the denial is upheld and services were continued during the appeal process, Texas Children's Health Plan must not recover the costs of the services from the member without written permission from Texas Health and Human Services Commission (HHSC). STAR and STAR Kids members must complete Texas Children's Health Plan's appeal process before requesting a State Fair Hearing. You have 120 days from the date the appeal decision letter is received to request a State Fair Hearing. The instructions for how to do this are included with the denial letter. If you have questions, call **1-866-959-2555 (STAR)** or **1-800-659-5764 (STAR Kids)**.

If you ask for a State Fair Hearing, you will get a packet of information letting you know the date, time, and location of the hearing. Most State Fair Hearings are done by phone. At that time, you or your representative can explain why you need the service that was denied. Texas Health and Human Services Commission (HHSC) will give you a final decision within 90 days from the date you asked for the hearing.

How your plan works

Do you have questions about how your plan works? Your member handbook has the answers.

In your member handbook, you can find information on:

- Benefits and services.
- Drug management procedures.
- Copayments and other charges.
- Benefit limits that apply to services you get outside the Texas Children's Health Plan service areas.
- How to get language help.
- How to get information about doctors who are in Texas Children's Health Plan's network.
- How to get primary care services.
- How to get specialty care, behavioral health care, and hospital services.
- How to get care after normal office hours.
- How to get emergency care.
- How to get care and coverage when out of Texas Children's Health Plan's service areas.
- How to voice a complaint.
- How to appeal a decision that affects coverage, benefits, or your relationship with Texas Children's Health Plan.
- How Texas Children's Health Plan decides to add new covered benefits.

Find your member handbook at TexasChildrensHealthPlan.org. You can also call Member Services at 1-866-959-6555 (CHIP), 1-866-959-2555 (STAR), or 1-800-659-5764 (STAR Kids).

How to contact Utilization Management

Texas Children's Health Plan Member Services (MS) staff is ready for your calls from 8 a.m. to 5 p.m., Monday through Friday. You can call us during normal office hours for questions about the Utilization Management (UM) process. We can also give you information about a UM transaction.

Call Member Services at **1-866-959-6555** (CHIP), **1-866-959-2555** (STAR) or **1-800-659-5764** (STAR Kids).

After hours, our answering service is ready to help you and/or take your messages. Our team will respond by the next business day. You can speak to a Member Advocate in English or Spanish. Interpreters who speak 140 different languages are also available by phone.

Texas Children's Health Plan offers TDD.TTY help for members who are who are deaf, hard of hearing, or speech impaired.

For TDD assistance, please call 1-800-735-2989 or 7-1-1.

If you have questions about decisions made by Utilization Management, please send them to:

CHIP members:

Texas Children's Health Plan
Attn: Member Services Department
P.O. Box 301011, WLS 8360
Houston, Texas 77230-1011
1-866-959-6555 or 832-828-1002
Fax 832-825-8778

STAR members:

Texas Children's Health Plan
Attn: Member Services Department
P. O. Box 301011, WLS 8360
Houston, TX 77230-1011
1-866-959-2555 or 832-828-1001
Fax 832-825-8778

STAR Kids members:

Texas Children's Health Plan
Attn: Member Services Department
P.O. Box 301011, WLS 8360
Houston, Texas 77230-1011
1-800-659-5764 or 832-828-1003
Fax 832-825-8778

Utilization Management Affirmative Statement

People sometimes do not know what Utilization Management (UM) programs do. Our UM team reviews the care of our members. We make sure that decisions are made because they are what our policies say we will do. There are no financial incentives for us or providers. UM makes decisions based on if the care and service is appropriate. It is also based on if the member has coverage. We do not reward people for denying coverage, and the payments we give do not encourage decisions that result in denial of care.

Get your school and camp physicals!

Great news! If you need to get a physical for school or camp, we've got you covered. You can get school and camp physicals every year from your primary care provider. These services are offered for:

- CHIP members ages 18 and younger.
- STAR members ages 18 and younger.

For more information, call our Member Services at **1-866-959-6555** (CHIP), **1-866-959-2555** (STAR), or **1-800-659-5764** (STAR Kids).

The 10 questions you should know

Doctors know about a lot of things, but they don't always know everything about you or what is best for you. Your questions give your doctor and health care team important information about you, such as your most important health care concerns. Talking with your doctor builds trust and leads to better results, quality, safety, and satisfaction. A simple question can help you feel better, let you take better care of yourself, or save your life. The questions below can get you started.

1. What is the test for?
2. How many times have you done this procedure?
3. When will I get the results?
4. Why do I need this treatment?
5. Are there any alternatives?
6. What are the possible complications?
7. Which hospital is best for my needs?
8. How do you spell the name of that drug?
9. Are there any side effects?
10. Will this medicine interact with medicines that I'm already taking?

Agency for Healthcare Research and Quality, Rockville, MD, September 2012

Help us stop fraud, abuse, and waste

We are glad you are a part of the Texas Children's Health Plan family. We need to discuss a very important item with you—health care fraud. Health care billing mistakes happen a lot. The rules that doctors and hospitals must follow are very tricky. It is no wonder that billing mistakes happen in a busy doctor's office or emergency room. We know most doctors and hospitals want to do what is right. They want to follow the rules and take care of your family. But there are some people who willingly break rules or laws. You may have read about hospitals and providers that have cheated the system. They billed for services they did not perform. We need your help to stop this. Texas Children's Health Plan started a program to find and stop fraud, abuse, and waste. These terms mean:

Fraud: Knowingly submitting false claims in order to get payment.

Abuse: Taking advantage of loopholes in the law to increase payments.

Waste: Making too many payments due to poor training and education.

Fraud, abuse, and waste hurts everyone. It raises taxes. It reduces funds ready to pay benefits. It may even reduce the quality of care.

Some examples of fraud you might see include:

- Providers billing for services your family did not receive.
- Billing for different services than what you received.
- Asking for your member ID number when you are not going to the clinic or hospital.
- Offering money for your member ID number.
- Offering prizes or payments for you to come to a clinic or hospital.
- EVV providers who remove a SAD device from your home (for example, putting it in their purse or car).

Be on the lookout for common scams such as:

- Statements that "Your health plan wants you to have this service."
- Telemarketing or door-to-door salespeople offering medical services.
- Saying that the more tests that are done, the cheaper they are for the government.

To help us prevent fraud, follow some of these tips:

- Don't give out your member ID number to anyone you do not know. Give it only to your doctor or hospital.
- Don't ask for services you don't need.

- Be careful of anyone saying, "The services are FREE, so you should use my clinic."

Can members commit fraud?

Some members do commit fraud. They might change doctors to get medicines they don't need. They might ask for services they do not need. Or, they may lie to a doctor. Some may even work with a doctor to commit fraud in return for money. Member fraud is against the law. Member fraud could result in losing your benefits. Or worse, it could mean fines or jail time.

What is the False Claims Act?

The False Claims Act penalizes any person who submits a medical claim to the federal government that he or she knows is false.

What is Whistleblower Protection?

A whistleblower is a person who reports misconduct against a person or business that has committed fraud. Under federal law, whistleblowers are protected, among other things, from being threatened, harassed, or discriminated against.

What if you suspect fraud?

Contact us immediately. Do not wait more than 1 day.

The Texas Children's Health Plan Fraud Hotline

832-828-1320

Fax number

832-825-8722

Email us at:

TCHPFraudandAbuse@tchp.us.

Or send a letter to:

Texas Children's Health Plan
Fraud and Abuse Investigations
Mail Code WLS 8302/PO Box 301011
Houston, TX 77230-1011

You do not have to give your name. Just tell us why you think there is fraud. Give us the name of the provider. And, tell us what you are worried about. We will take your questions seriously. We will investigate every case. We may even send your concern to the Health and Human Services Commission (HHSC). Most often, we will teach the provider what they did wrong.

Please help us!

Texas Children's Health Plan wants to identify and prevent fraud. We need and appreciate your help! Call us with any questions.

About Drug Formularies

What is a Drug Formulary?

The formulary is a list of drugs chosen by doctors and pharmacists on the basis of quality, safety, and effectiveness. 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 <https://www.navitus.com/texas-medicaid-star-chip/formulary.aspx>. Also included is information about drugs requiring prior approval, quality limits, or step therapy. These rules help ensure that patients are receiving safe and effective medications. The

coverage 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. You can also view the formulary at <http://www.txvendordrug.com/formulary/preferred-drugs.shtml>.

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

The doctor will work with Navitus to request an authorization to the medicine if needed. You have the right to appeal if you do not get an authorization.

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 (CHIP)**, **1-866-959-2555 (STAR)** or **1-800-659-5764 (STAR Kids)**.

If your issue or concern is not resolved, you have the right to file a written appeal.

5 Steps to Safer Health Care

Patient fact sheet

Patient safety is one of the most pressing health care challenges. A 1999 report by the Institute of Medicine estimates that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of lapses in patient safety.

This fact sheet tells what you can do to get safer healthcare. It was created by the U.S. Department of Health and Human Services in partnership with the American Hospital Association and the American Medical Association.

1. Ask questions if you have doubts or concerns.

Ask questions and make sure you understand the answers. Choose a doctor you feel comfortable talking to. Take a relative or friend with you to help you ask questions and understand the answers.

2. Keep and bring a list of ALL the medicines you take.

Give your doctor and pharmacist a list of all the medicines that you take, including non-prescription medicines. Tell them about any drug allergies you have. Ask about side effects and what to avoid while taking the medicine. Read the label when you get your medicine. And read all the warnings. Make sure your medicine is what the doctor ordered and know how to use it. Ask the pharmacist about your medicine if it looks different than you expected.

3. Get the results of any test or procedure.

Ask when and how you will get the results of tests or procedures. Don't assume the results are fine if you do not get them when expected, be it in person, by phone, or by mail. Call your doctor and ask for your results. Ask what the results mean for your care.

4. Talk to your doctor about which hospital is best for your health needs.

Ask your doctor about which hospital has the best care and results for your condition if you have more than one hospital to choose from. Be sure you understand the instructions you get about follow-up care when you leave the hospital.

5. Make sure you understand what will happen if you need surgery.

Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation. Ask your doctor, "Who will manage my care when I am in the hospital?" Ask your surgeon:

- Exactly what will you be doing?
- About how long will it take?
- What will happen after the surgery?
- How can I expect to feel during recovery?

What is Care Management?

Care Management is a group of nurses and social workers called "Care Managers." Care Managers work with Texas Children's Health Plan members who have certain medical conditions and health care needs. They help with disease education, setting up medical visits and transportation, and referrals to other community, state, and federal programs.

The goal is to:

- Stabilize the member's condition.
- Improve the member's health.
- Improve the member's quality of life.

Members who get Care Management often have 1 or more conditions such as:

- Multiple/Complex Health Problems.
- Asthma.
- Diabetes.
- Obesity.
- Special needs (physical or developmental disability).
- Attention Deficit Disorder (ADD and ADHD).
- Depression.
- Pregnancy with risk factors.
- Mental illness.
- Alcohol or drug dependence.

If you think you could benefit from Care Management, talk to your PCP (Primary Care Physician). Ask your doctor for a referral to the program. Or, you can call Member Services at 1-866-959-6555 if you are a CHIP member or at 1-866-959-2555 if you are a STAR member. You can get help Monday through Friday from 8 a.m. to 6 p.m. An after-hours

nursing service will take calls at night and on weekends. You can also fax a request for services. You can contact Care Managers from 8 a.m. to 4:30 p.m. at the phone numbers listed.

The email address for Care Management is casemanagementphysicianreferral@texaschildrens.org.

Care Management Department

Asthma

Phone:832-828-1430

Fax:832-825-8745

Diabetes and Obesity

Phone:832-828-1430

Fax:832-825-8745

Behavioral Health

Phone:832-828-1430

Fax:832-825-8745

Women's Health Program

Phone:832-828-1430

Fax:832-825-8745

Nurse Family Partnership

Phone:832-828-1274

Go to TCHP.us/for-providers to find clinical practice guidelines on:

- Preventative Care
- Acute Care
- Chronic Conditions
- Diabetes
- ADHD
- Obesity
- Asthma

Food and medicines – What you need to know

Medical treatments can change the way a child digests and absorbs food. The food you eat can also change the impact a medicine has on your body. For example, it is best to take iron supplements for anemia with a mild acid like orange juice. If you take it with milk, the medicine may not be well absorbed.

Medications can affect nutrition in 4 ways:

- Change the appetite.
- Alter the nutrients absorbed and the rate at which they are absorbed.

- How the body breaks down and uses nutrients.
- Rate at which food passes through the digestive tract.

Ask your doctor or pharmacist if you should take your medicine with a meal or on an empty stomach. Some antibiotics cause stomach pain or upset unless you take them with food. Find out if taking milk or grapefruit juice with your medicine can make the treatment more or less effective. Also, ask if you should avoid any foods during your treatment.

Women's Health

Postpartum Visit

It is important for new moms to go for a postpartum checkup. Your OB/GYN must see you 3 to 6 weeks after delivery. A doctor will monitor your recovery to keep you healthy for motherhood. You can also receive a **free portable crib** for completing your postpartum checkup! It is also important for your baby to have health coverage. Call **1-800-964-2777** to sign your baby up for Medicaid. Regular checkups will also keep your baby healthy, so schedule a 2-week checkup with your baby's doctor.

Prenatal Visit

It is best to make your first prenatal appointment as soon as you think you are pregnant. Your OB/GYN will want to see you in your first trimester and/or within 42 days of joining Texas Children's Health Plan. Your baby has a better chance of being born healthy if you see a doctor throughout pregnancy! You can also receive a **free pregnancy essentials kit and canvas tote bag** for completing your first trimester prenatal appointment!

Cervical Screening

Routine pap smears and screenings are important for prevention, early detection, and treatment of cervical cancer. Women ages 21 to 65 should have a pap smear once every 3 years. Be sure to make an appointment with your doctor or local community clinic. You can receive a **\$20 gift card** for completing your routine cervical cancer screening! For more information or to locate a doctor in your area, call **1-866-959-2555 (STAR)** or **1-866-959-6555 (CHIP)**.

Mammography

Regular mammograms are important for early detection and treatment of breast cancer. Women ages 40 to 69 should have a mammogram every 2 years. Being proactive is the key to good health. The first step is to visit your doctor or your local

community clinic. For more information or to locate a doctor in your area, call **1-866-959-2555 (STAR)** or **1-866-959-6555 (CHIP)**.

Healthy Texas Women Program

The Healthy Texas Women Program offers:

- Birth control.
- Pap smear.
- Screenings and treatment for:
 - Diabetes.
 - High blood pressure.
 - High cholesterol.
 - Postpartum depression.
- Family planning counseling.
- Testing and treatment for some sexually-transmitted infections.
- Mammograms.

You can get these benefits if you are:

- A woman 18 to 44 years old (Women can apply the month they turn 18).
- U.S. citizen or legal immigrant.
- Live in Texas.
- Don't get full Medicaid benefits, CHIP or Medicare Part A or B.
- Are not pregnant (Pregnant women usually lose coverage 2 months after delivery).
- Make less than the monthly family income limits.
- Women age 15-17 need parent consent to enroll.

To apply, go to **HealthyTexasWomen.org** or call **1-866-993-9972**.

Life Care Planning

Life Care Planning offers families peace of mind. If you are no longer able to be a caregiver, Life Care Planning can help.

Advance Directive and Power of Attorney Resources

Care Connections: Helpline 800-658-8898 or visit Website www.caringinfo.org

Texas Department of Aging and Disability Services (DADS)

Advance Care FAQs: <https://www.dads.state.tx.us/homepage/index.cfm?storyid=488>

Forms and Information: <https://www.dads.state.tx.us/homepage/index.cfm?storyid=366>

Quality Improvement Program

Texas Children's Health Plan has a Quality Improvement Program in place that works to provide safe, high quality care and services to its members. Texas Children's Health Plan's goals are to improve the quality of care, quality of service, availability and access of medical and behavioral health care services.

Quality Improvement Nurses, Provider Relations, and Member Services work together with your doctors and doctor's office to improve the quality of care and services you receive.

Every year Texas Children's Health Plan grades its performance using national measures called Healthcare Effectiveness Data & Information Set or HEDIS. We compare our performance to national averages. This allows the health plan to work to improve those areas that are below the national average.

This year Texas Children's Health Plan performed well in the following:

- Well Child Care visits for 3 to 6 year-olds for STAR and CHIP
- Adolescent Well Care Visits for STAR and CHIP
- Well Child Visits in the First 15 Months of Life for CHIP
- Childhood Immunization Status for CHIP
- 30 Day Follow-up After Hospitalization for Mental Illness for STAR and CHIP
- Postpartum Care for STAR

Texas Children's Health Plan did not score so well in the following areas:

- Childhood Immunization Status for STAR
- Well Child Visits in the First 15 Months of Life (STAR)
- Treatment for Children with Upper Respiratory Infections for

STAR and CHIP

- Testing for Children with Throat Infection for STAR and CHIP
- Prenatal Care for STAR
- Weight Assessment, Counseling for Nutrition and Physical Activity for STAR and CHIP
- 7 Day Follow-up After Hospitalization for Mental Illness for STAR and CHIP

Texas Children's Health Plan will be working with its members and providers to improve our scores and to provide safe, quality care and service.

Texas Children's Health Plan has set up workgroups to take steps toward needed improvements. The workgroups include:

- Well Child Visits in the First 15 Months of Life
- Prenatal/Postpartum Care
- Asthma Medication Management
- Weight Assessment and Counseling
- Treatment for Children with Upper Respiratory Infections
- Member Engagement

Texas Children's Health Plan teams and/or workgroups are from various departments such as Quality Management, Care Management, Provider Relations, Member Services, and Community Marketing and Communication.

Members can call Member Services at **1-866-959-2555** (STAR), **1-866-959-6555** (CHIP), or **1-800-659-5764** (STAR Kids) to get more information about the Texas Children's Health Plan Quality Improvement Program and progress toward goals.

Texas Children's Health Plan is teaming up with Boys & Girls Clubs of Greater Houston!

We're bringing school year and summer membership to active Texas Children's Health Plan members between the ages of 6 and 12...**at no cost to your family!**

After-school programs include:

Academic Success • Healthy Lifestyles • Good Character and Citizenship

14 Boys & Girls Club location across the Greater Houston Region

To learn how to sign up, visit your local Boys & Girls Club, call **713-868-3426**, or visit **www.bgclubs-houston.org**



BOYS & GIRLS CLUBS
OF GREATER HOUSTON

Questions?

Visit **www.TexasChildrensHealthPlan.org** or contact Member Services at **1-866-959-2555** (STAR), **1-866-959-6555** (CHIP), or **1-866-659-5764** (STAR Kids).

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