

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](mailto:ConsumerProtection@tdi.state.tx.us)

Website: [www.tdi.state.tx.us](http://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.