

If you have other insurance, you may still qualify for Medicaid. When you tell Medicaid staff about your other health insurance, you help make sure Medicaid only pays for what your other health insurance does not cover.

**IMPORTANT:** Medicaid providers cannot turn you down for services because you have private health insurance as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your private health insurance company.

## Physician incentive plans

**If the MCO offers a physician incentive plan:** 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.

Texas Children's Health Plan 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. You have the right to know if your primary care provider (main doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can Member Services toll-free at 1-866-959-2555 to learn more about this.

**If the MCO does not offer a physician incentive plan then use the following language:** 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, (insert name of MCO) does not have a physician incentive plan.

## Your privacy

Texas Children's Health Plan takes the confidentiality of your personal health information—information from which you can be identified—very seriously. In addition to complying with all applicable laws, we carefully handle your personal health information (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.

Our Notice of Privacy Practices has information about how we use and share our members' PHI. A copy of our Notice of Privacy is included with your member handbook and is on our website at [www.TexasChildrensHealthPlan.org](http://www.TexasChildrensHealthPlan.org). You may also get a copy of our Notice of Privacy by calling Member Services toll-free at 1-866-959-2555.

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

## When you are not satisfied or have a complaint

### What is a complaint?

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

### What should I do if I have a complaint? Who do I call?

We want to help. If you have a complaint, please call us toll-free at 1-866-959-2555 to tell us about your problem. A Texas Children's Health Plan Member Services Advocate can help you file a complaint. Just call 1-866-959-2555. Most of the time, we can help you right away or at the most within a few days.

Once you have gone through the Texas Children's Health Plan complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free 1-866-566-8989. If you would like to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission  
Health Plan Operations - H-320  
P.O. Box 85200  
Austin, TX 78708-5200  
ATTN: Resolution Services

If you can get on the Internet, you can send your complaint in an email to [HPM\\_Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us).

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

A Texas Children's Health Plan Member Advocate can help you file a complaint. Just call us toll-free at 1-866-959-2555. Most of the time, we can help you right away or at the most within a few days.

### If you would like to make your complaint in writing, send it to:

Texas Children's Health Plan  
Attention: Member Services Complaints  
PO Box 301011, NB 8360  
Houston, TX 77230

Be sure to include your name and member ID number from your member ID card.

### 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 days telling you your complaint was received.

### How long will it take to process my complaint?

Within 5 business days of receiving your oral or written complaint, Member Services will send you a letter. It will confirm the day we received your complaint. Texas Children's Health Plan will review the facts and take action within 30 days of receiving your complaint. A resolution letter will be sent to you.

### The letter will:

- Describe your complaint.
- Tell you what has been or will be done to solve your problem.
- Tell you how to ask for a second review of your complaint.

### How do I file a complaint with HHSC, once I have gone through Texas Children's Health Plan's complaint process?

Once you have gone through Texas Children's Health Plan's complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free 1-866-566-8989.

### If you would like to make your complaint in writing, send it to the address below:

Texas Health and Human Services Commission  
 Health Plan Operations—H-320  
 PO Box 85200  
 Austin, TX 78708-5200  
 ATTN: Resolution Services

You can also send your complaint in an e-mail to [HPM-Complaints@hhsc.state.tx.us](mailto:HPM-Complaints@hhsc.state.tx.us).

## Appeals

If you would like to file an appeal about how we solved your problem, including a denial of payment of service in whole or in part, you must tell us within 30 days of getting your complaint resolution letter.

### What is an appeal?

An appeal is the process you or someone acting on your behalf can ask for when you do not agree with Texas Children's Health Plan's action and you want a review. An action means the denial or limited authorization of a requested service. It includes the:

- Denial in whole or part of payment for a service.
- Denial of a type or level of service.
- Reduction, suspension, or termination of a previously authorized service.
- Failure to give services in a timely manner.
- Failure to act within regulatory timeframes.

### How will I find out if services are denied?

We will send you a letter if a covered service requested by your doctor is denied, delayed, limited, or stopped.

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

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

You have the right to ask for an appeal if you are not satisfied or disagree with the action. Call Member Services toll-free at 1-866-959-2555. A Member Advocate can help you file your request for an appeal. You can also allow someone like a friend, family member, or your doctor to ask for an appeal on your behalf. You will need to give your consent in writing to have them act on your behalf. Your request for an appeal must be filed within 30 calendar days from the receipt of the notice of the action.

To keep receiving currently authorized services, you must file the appeal on or before the later of 10 days following Texas Children's Health Plan mailing the letter telling you of the action or the intended effective date of the proposed action. You can ask that your services continue until a decision is made. If the final decision is to uphold Texas Children's Health Plan's action, then you can be asked to pay back what it cost to continue your services.