

CHIP Member Handbook

For Harris and Jefferson Service Delivery Areas



**Texas Children's[®]
Health Plan**

Texas Children's Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Texas Children's Health Plan Member Services Department at 866-959-2555 (STAR), 866-959-6555 (CHIP), 800-659-5764 (STAR Kids) (TTY 7-1-1)

Texas Children's Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Texas Children's Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

If you believe that Texas Children's Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Texas Children's Health Plan Member Services Department. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you at:

Texas Children's Health Plan
866-959-2555 (STAR), 866-959-6555 (CHIP), 800-659-5764 (STAR Kids) (TTY 7-1-1)
HealthPlan@texaschildrens.org
Attn: Civil Rights Coordinator
P.O. Box 301011, WLS 8314
Houston, Texas 77230-1011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Communication is important to us. Language assistance services, free of charge, are available to you. Call 866-959-2555 (STAR), 866-959-6555 (CHIP), 800-659-5764 (STAR Kids) (TTY 711).

Spanish: La comunicación es importante para nosotros: tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-866-959-6555 (TTY 711)

Vietnamese: Gian tiếp là quan trọng đối với chúng tôi: Dịch vụ trợ giúp ngôn ngữ, miễn phí, có sẵn cho bạn. Hãy gọi 1-866-959-6555 (TTY 711)

Chinese (Simplified): 沟通对我们很重要：您可以免费获得语言援助服务。请致电 1-866-959-6555 (TTY 711)

Korean: 커뮤니케이션(소통)은 저희에게 중요합니다. 무료 언어지원 서비스가 제공되으며, 1-866-959-6555 번으로 서비스를 주시기를 바랍니다. (TTY 711)

Arabic: التواصل بلساننا خدمات الدعم اللغوي مجانية لك مجاناً. اتصل بنا رقم 1-866-959-6555 (TTY 711)

Urdu: مواصلات کے بغیر ہم سے کسی خدمت کی بھی معاونت کی خدمات آپ کو مفت دستیاب ہیں۔ 1-866-959-6555 پر کال کریں۔ (TTY 711)

Tagalog: Mahalagang makipag-ugnayan tayo: Kung hindi kayo marunong mag-Ingles, maaaring makakuha ng libreng mga serbisyon ng makakatulong sa inyong umunawa. Tumawag lamang sa 1-866-959-6555. (TTY 711)

French: La communication nous tient à coeur : des services gratuits d'aide linguistique sont à votre disposition. Il vous suffit de composer le 1-866-959-6555. (TTY 711)

Hindi: संवाद हमारे लिए जरूरी है: भाषा संबंधी सहायता नि:शुल्क प्राप्त करने के लिए 1-866-959-6555 पर संपर्क करें (TTY 711)

Farsi (Persian): مواصلات برای ما بسیار اهمیت است: خدمات کمک زبانی ما رایجاً به صورت رایگان در دسترس شماست. با شماره 1-866-959-6555 تماس بگیرید. (TTY 711)

German: Kommunikation ist für uns wichtig: Fremdsprachliche Hilfe steht Ihnen kostenlos zur Verfügung. Bitte rufen Sie 1-866-959-6555 an. (TTY 711)

Gujarati: સમુનિષ્કલન એ અમારા માટે મહત્વનું છે. ભાષા સહાયતા સેવાઓ, તમારા માટે વિનામૂલ્ય સેવાઓ છે. સંપર્ક 1-866-959-6555 (TTY 711)

Russian: Общение важно для нас: мы предлагаем бесплатную языковую помощь на русском языке - бесплатно по телефону 1-866-959-6555 (TTY 711)

Japanese: コミュニケーションは私たちにとって大切です。無料の言語サポートサービスをご利用いただけます。1-866-959-6555までお電話ください。(TTY 711)

Laotian: ການສື່ສານແມ່ນສິ່ງທີ່ສຳຄັນຕໍ່ພວກເຮົາ: ພວກເຮົາມີບໍລິການຊ່ວຍເຫຼືອພາສາພາກພື້ນໃຫ້ແກ່ທ່ານ. ໂທ 1-866-959-6555 (TTY 711)

Quick Guide – Who to call

If you need:

Please call:

Texas Children's Health Plan	<p>Member Services, 832-828-1002 or at 866-959-6555 or TTY 800-735-2989 (Texas Relay) or 7-1-1 to find out how to get covered services for you or your child. Member Services can be reached 8 a.m. to 5 p.m. local time for each service area, Monday through Friday, excluding state-approved holidays. After hours or on weekends and holidays, our answering service is ready to help you and 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.</p> <p>You can speak to a Member Advocate in English or Spanish. Interpreters who speak 140 different languages can also be reached by phone.</p> <p>You can also write us at: Texas Children's Health Plan Attn: Member Services P.O. Box 301011, WLS 8360 Houston, TX 77230-1011</p>
A doctor's care	Your and your child's primary provider's phone number is on your child's ID card. Your child's primary care provider is ready 24 hours a day, 7 days a week.
Behavioral (mental) health or substance abuse treatment	Behavioral Health/Substance Abuse Hotline, at 800-731-8528 to find out how to get services. You can call 24 hours a day, 7 days a week. No primary care provider referral is needed. The hotline has individuals who speak English and Spanish. Interpreters who speak 140 different languages can also be reached by phone. If you have an emergency and need treatment immediately, call 9-1-1 or go to the nearest emergency room.
Nurse Help Line	Call 800-686-3831 or TTY 800-735-2989 (Texas Relay) or 7-1-1. Registered nurses are ready 24 hours a day, 7 days a week.
Case Management	To sign up for case management call us directly at 832-828-1430 or you can reach us at 844-780-1154.
Urgent care	Your child's primary care provider or the Nurse Help Line at 800-686-3831 or TTY 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 care based on your child's needs or condition.
Prescriptions	Member Services, call 866-959-6555 for the names of participating pharmacies or for help with getting a prescription filled.
Re-enrollment information	Call HHSC at 2-1-1.
Questions about enrollment fees	Call HHSC at 2-1-1.
Update your address and telephone number	Member Services, 832-828-1002 or at 866-959-6555 or TTY 800-735-2989 (Texas Relay) or 7-1-1.
Eye care	Call Envolve Vision at 844-520-3711.
Dental contractors	Your child's CHIP dental plan. Your child will have one of the following dental plans: <ul style="list-style-type: none">• DentaQuest: 800-508-6775• MCNA Dental: 800-494-6262• UHC Dental: 800-508-6775 If you don't know who your child's CHIP dental plan is, call CHIP at 800-959-6555.
CHIP Helpline	800-964-2777

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Welcome to Texas Children's Health Plan

We are happy that you chose Texas Children's Health Plan for your family. Texas Children's Health Plan was founded in 1996 by Texas Children's Hospital as the nation's first managed care organization (MCO) created just for children. You have access to a wide network of doctors, hospitals and specialists near you. In addition, we offer exclusive benefits and rewards for our members to enjoy with their families, such as reward cards for staying on top of their health, special events, a 24-hour nurse help line, and much more. We look forward to serving you!

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

- How to get health care when you and your child are sick.
- How to change your and your child's doctor.
- What to do if you or 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, large print, Braille, and in other languages. Call Member Services at 832-828-1002 or at 866-959-6555, TTY 800-735-2989 (Texas Relay) or 7-1-1. With the help of on-line interpreters, Member Services Representatives can help you in 140 languages.

It is important to us to keep you and your child healthy. That is why we want you and your child to get regular checkups and keep your 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 and your child healthy and take care of you and them 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 or 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 or your child should have your or their first checkup within 90 days after joining Texas Children's Health Plan. During the first visit your or your child's doctor will learn what you or they need to stay healthy.
3. Call your primary care provider first for non-emergency care. Always call your doctor or your child's doctor first, unless it is an emergency. That way, they can help you get the care you need.

Keep this handbook and the other information 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.
- 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 chose 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 at 866-959-6555, TTY 800-735-2989 (Texas Relay) or 7-1-1.

How the Plan Works

Texas Children's Health Plan believes that you and your child's primary care provider are the two people who are best able to make decisions about your and your child's health care. Texas Children's Health Plan gives you access to a group of doctors, hospitals, and other health service providers that have had special training to care for children and young adults.

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 or your child's doctor, referred to as the primary care provider, will give you and your child all your or their normal care.

Most of the time you will need to go to your and your child's primary care provider first. If you choose to go to another doctor, you might have to pay for the services. Remember to always take your and your child's Member ID card with you each time you or they go to health services.

Primary care provider

What is a primary care provider?

Your and your child's primary care provider is your or their main doctor. Your and your child's primary care provider should have all your and your child's medical records and know everything about your and 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 and your child healthy and well.

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

Can a clinic be my and my child's primary care provider?

Yes, the following can be listed as a Primary Care Provider: Rural Health Clinic and Federally Qualified Health Clinic. Choosing your and your child's primary care provider is an important health decision.

Primary care providers can be:

- Family doctors.
- Pediatricians (doctors for children and teenagers).
- General practice doctors.
- Internal medicine doctors.
- Advanced Nurse Practitioners (ANPs).
- OBGYN for pregnant members.

You can also pick a community-based clinic, rural health clinic, or a Federally Qualified Health Clinic (FQHC) as your and 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 primary care provider or a different primary care provider. You should choose 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 at 866-959-6555. If you like the doctor that you or your child sees now, you can keep going to see them if they are listed in the directory. If you have trouble choosing a primary care provider, call Member Services at 866-959-6555. We will be glad to help.

It is important that you get to know your and 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 and your child's health. Your and your child's primary care provider will get to know you and your child, give you and them regular checkups, and treat you and them when either of you are sick. It is important that you follow your and your child's primary care provider's advice and take part in decisions about your or your child's health care. It is not wise to wait until you or your child is sick before having your first visit with the primary care provider. Schedule your or your child's first checkup right away. Member Services can help you get transportation to your doctor's office. Call our transportation line at 346-232-4130, or at 888-401-0170.

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

When you or your child needs medical care, simply call the primary care provider's office ahead of time to set up a visit. The primary care provider's name is on the front of your or your child's Member ID card.

When you call:

- Have your or your child's Member ID card with you.
- Be ready to describe the health problem or the reason for the visit.
- If you or 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 you made for your or your child's visit.
- When you go for your visit, bring the following with you:
 - Your or 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 or your child is having.
 - Any prescription drugs you or your child is taking.
 - Something to write with, to take notes on the information you get from the doctor.

If it is your first visit to this doctor, make sure you also bring the name and address of your or your child's previous doctor and your or your child's shot records. You might be asked to sign a form agreeing to have your or your child's medical records be sent to your or their 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 at 866-959-6555 to learn more.

You can see or talk to your/your child's primary care provider, or another doctor working with you or your child, 24 hours a day, 7 days a week.

Changing your or your child's primary care provider

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

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

- You are not happy with the care they give.
- 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 866-959-6555. We will be glad to help.

You do not have to change health plans 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 or 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 at 866-959-6555 or writing to:

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

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

When you change your or 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 or your child's new primary care provider's name and phone number. Be sure to have your or your child's medical records sent to your new doctor. Your new primary care provider needs to know your or your child's medical history to give you and your child the best care.

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

You can learn more about your doctor such as his or her specialty or whether they offer telemedicine services by clicking on the "Find a doctor" link on our website www.TexasChildrensHealthPlan.org.

Are there any reasons why a request to change a primary care provider may not be approved?

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 or 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 or my child's primary care provider?

Always call Member Services at 866-959-6555 to change your or 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 or your child's primary care provider, the doctor might refuse to see you and your child or you might have to pay.

Your or your child's primary care provider can also ask for changes

Can a primary care provider move me or my child to another primary care provider for non-compliance?

Your or 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 or 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 or your child's primary care provider leaves Texas Children's Health Plan

What if my or my child's primary care provider leaves?

We will tell you if your primary care provider decides to end their participation with Texas Children's Health Plan. You will be assigned a new primary doctor, but if you'd like a different primary doctor, call Member Services at 866-959-2555. A Member Services Representative will help you make the change.

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



Your or your child's Texas Children's Health Plan Member ID card

You and each of your children will get your or their own personal Member ID card. Carry this card with you all the time. It has important information needed to get medical care. Show it to all health care providers before you get/your child gets medical services. It tells providers you are or 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 or your child, or you might have to pay for the services received.

You and your child will not get a new Member ID card every month. You and your child will get a new Member ID card only if:

- You lose or your child loses your current Member ID card and ask for a new one.
- You change primary care provider.

Call Member Services at 866-959-6555 if you or your child needs to see the primary care provider before the new ID card arrives. We will call and tell your or your child's doctor you or they are a member of Texas Children's Health Plan.

How to read your or your child's ID card

A copy of the Member ID card is shown above. The front shows important information about you or your child. It also has your or 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 or your child's name and ID number.
- Your or your child's date of birth.
- Your or 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 drug store. 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 the information is correct. Call Member Services at 866-959-6555 if you find an error. We will correct the information and send you a new card.

Do not let other people use your or your child's Member ID card. If the card is lost or stolen, call Member Services.

How to use your card

Remember:

- Always carry your or your child's Member ID card with you.
- Show the ID card every time you go or your child goes 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 or your child.
- Call Member Services if your or your child's Member ID card is lost or stolen.

How to replace if lost

Do not let other people use your or your child's ID card. If the card is lost or stolen, call Member Services at 832-828-1002 or 866-959-6555.

The YourTexasBenefits.com Medicaid Client Portal

You can use the Medicaid Client Portal to do all of the following for yourself or anyone whose medical or dental information you are allowed to access:

- See your medical and dental plans
- See your benefit information
- See Texas Health Steps alerts
- See broadcast alerts
- See diagnoses and treatments
- See vaccines
- See prescription medicines
- Choose whether to let Medicaid doctors and staff see your medical and dental information

To use the portal, go to www.YourTexasBenefits.com.

- Click **Log In**.
- Enter your Username and Password. If you don't have an account, click **Create a new account**.
- Click **Manage**.
- Go to the **"Quick links"** section.
- Click **Medicaid & CHIP Services**.
- Click **View services and available health information**.

Note: The YourTexasBenefits.com Medicaid Client Portal displays information for active clients only. A Legally Authorized Representative may view the information of anyone who is a part of their case.

When you or your child needs to see a doctor

When you or your child needs to see a doctor, call the primary care provider. The phone number is printed on your and your child's Member ID card. If you set up a visit with your or 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 or my child's primary care provider's office is closed?

There can be times when you need to talk to your or your child's primary care provider when their office is closed. For example, you might need medical advice about how to care for yourself or a sick child. The primary care provider or another doctor working with them 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 or 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 outside of working hours. The recording will give you another phone number to reach the doctor. Do not wait until the 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 24-Hour Nurse Help Line and talk to a nurse at 800-686-3831. Nurses are ready to help you decide what to do 24 hours a day, 7 days a week. If you have/your child has 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 or my child expect to be seen?

Your and your child's primary care provider will give regular checkups and treatment when you or they are sick. This is known as routine care, or normal care. During routine visits your and your child's doctor will give you or your child prescriptions and send you or your child to a specialist if needed. Most scheduled visits, including well-child checkups, are scheduled within 2 to 14 days of you asking.

When you or your child needs routine care, call your or their primary care provider at the phone number on the front of your or your child's ID card. Someone in the doctor's office or clinic will set up a visit for you or your child. It is very important that you keep your or your child's visits. If you cannot keep your or your child's 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 or your child's primary care

provider says and that you take part in decisions made about your or your child's health care. If you cannot decide about your or your child's health care, you can pick someone else to make it 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 we 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 the primary care provider at the phone number shown on the front of your or your child's ID card. For urgent care, you should call the primary care provider, even on nights and weekends. The primary care provider will tell you what to do. In some cases, your or your child's primary care provider may tell you to go to an urgent care clinic. If the 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 accepts Texas Children's Health Plan. For help, you can call Member Services at 866-959-6555. You can also call our 24-hour Nurse Help Line at 800-686-3831 for help getting the care you need. You should be able to be seen within 24 hours for an urgent care visit.

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 of sudden acute symptoms, severe enough (including pain) that would lead someone with average knowledge of health and medicine, to expect that not receiving 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, regardless of the nature or cause of the condition, which would lead someone with an average knowledge of health and medicine to think:

- 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 are 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 doctors, 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 needed by state or federal law that is necessary to decide whether an Emergency Medical Condition or an Emergency Behavioral Health Condition exists.

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

You or your child can expect to be seen as soon as it is appropriate for the medical condition. Go to/take your child to the nearest hospital if you think you or they have a life-threatening emergency condition. You can call 9-1-1 for help in getting to the hospital emergency room. After you or your child gets care, call the 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 or your child might need. If you get/your child gets follow-up care from a doctor other than your or your child’s primary care provider without approval, Texas Children’s Health Plan might not pay for the care.

If you are sure your or your child’s situation is not life threatening but are not sure if emergency care is needed, call the primary care provider. The primary care provider will help you decide if you or your child should go to the emergency room. If you feel that taking the time to call the primary care provider will endanger your or your child’s health, get care immediately at the nearest emergency room. You might have to pay the bill if you go or 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 an animal bite.
- Choking, passing 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 or 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, care center for minor emergencies, or surgery outside the hospital 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 abnormalities in face and head.
- 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 surgery outside the hospital setting. This includes services from the doctor and other services your child might need, like anesthesia.

What do I do if I need or my child needs emergency dental care?

During normal business hours, call your child’s Main Dentist to find out how to get emergency services. If your child needs emergency dental services after the main dentist’s office has closed, call Texas Children’s Health Plan Member Services at 866-959-6555.

Post-stabilization care**What is post-stabilization?**

Post-stabilization care services are services covered by CHIP that keep the member’s 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 they are out of town or traveling?**

If you need/your child needs medical care when traveling, call Member Services at 866-959-6555 and we will help you find a doctor. If you need/your child needs emergency services while traveling, go to a nearby hospital, then call Member Services at 866-959-6555.

What if I am or my child is out of the country?

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

What if I am or my child is out of the state?

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

Specialty Care and Referrals**What if I need or my child needs to see a special doctor (specialist)? What is a referral?**

Your or your child’s primary care provider is the only doctor you need/they need for most health care services. If you have/your child has a special health problem, the primary care provider

might ask you or your child to see another doctor or have special tests done. This is called a referral. The primary care provider will refer you or your child 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.

The primary care provider will make sure that you see or your child sees the right specialist for the condition or problem. Your or your child's primary care provider will discuss with the specialist the need for more treatment, special tests, or hospital 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 the doctor believes it is critical for you or your child to get care from a doctor outside of the network. In these cases, your or your child's doctor will work with Texas Children's Health Plan to get approval. Your or your child's 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 or my child expect to be seen by a specialist?

Expect visits with specialists to happen within 30 days of your request. If you see or your child sees a specialist without being referred by the primary care provider, the specialist might refuse to see you or your child. Except in an emergency, always check with your or your child's primary care provider before you go anywhere else for care.

Services that do not need a referral from your or your child's primary care provider

What services do not need a referral?

Texas Children's Health Plan does not require a referral for you to see a provider in-network. To see a provider out of network, the visit must be authorized.

OB/GYN care

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

ATTENTION 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 a special doctor (specialist) within the network.

Texas Children's Health Plan allows you or your daughter to pick any OB/GYN, but this doctor must be in the same network as your/your daughter's Primary Care Provider.

How do I choose a perinatal provider?

Check our provider directory to find an in-network OB/GYN. You can also call Member Services at 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 be seen after contacting a perinatal provider for an appointment?

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

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

Texas Children's Health Plan has limited your or your daughter's selection of an OB/GYN to the same network as your or her primary care provider. This means you or your daughter must look for care from a participating OB/GYN. If you or your daughter go 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.

How can I receive health care after my baby is born (and I am no longer covered by Medicaid)?

After your baby is born, you may lose Medicaid coverage. You may be able to get some health care services through the Texas Women's Health Program and the Department of State Health Services (DSHS). These services are for women who apply for the services and are approved.

Healthy Texas Women

Healthy Texas Women provides family planning exams, related health screenings and birth control to women ages 18 to 44 (15-17 with parents' permission) whose household income is at or below the program's income limits (204.2% apply to find out if you can get services through this program. To learn more about services available through Healthy Texas Women's Family Program, write, call, or visit the program's website:

Healthy Texas Women's Family Program
P.O. Box 149021
Austin, TX 78714-9021
Phone: 800-335-8957
Website: www.healthytexaswomen.org
Fax: 866-993-9971

Inpatient hospital services

Your or your child's primary care provider or a specialist might decide you or they need care at a hospital. The doctor will plan for care at a hospital that is in the Texas Children's Health Plan's network. Coverage includes both outpatient and inpatient services. The primary care provider or specialist will need to approve or refer you or your child 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 or your child needs home health services, the primary care provider will send a request for services to Texas Children's Health Plan so that you or your child can get the right care.

Benefits and Services

Covered benefits and services

What are my or 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 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 provide early screening, interventions, and treatments for conditions that cause 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 provide a proper balance of safety, effectiveness, and efficiency.
- Not experimental or investigative.
- 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 a chemical dependency disorder or issue, or to improve, maintain, or prevent further damage 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.
- Are not primarily for the convenience of the member or provider.

Prior Authorization Process

Certain services require authorizations from Texas Children's Health Plan. Your doctor will request authorization. That means we must review the request to make sure you are getting the right care you need. We also want to make sure the care you are getting is covered by your plan. Your doctor will submit an authorization request, in writing, to the Utilization Management department 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.

Texas Children's Health Plan may extend the timeframe for a standard authorization decision by up to 14 calendar days if the member or provider requests an extension or if additional information is needed and the extension is in the member's best interest.

If you would like to see the prior authorization list, please log on to the Texas Children's Health Plan member portal or contact member services or your service coordinator.

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 get/your child gets services. Some services have no copayments. Your or your child's Member ID card lists your or their copayments. Be sure to present the Member ID card when you seek service for you or 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/your child gets 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 or your child's Texas Children's Health Plan ID card lists the copayments that apply to you or your child. Present your or your child's ID card whenever you get/your child gets health care services. No copayments are paid for preventive care, such as vaccines, well-child, or well-baby checkups.

CHIP Cost-Sharing Caps

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

To make sure that you do not exceed your or your child's cost-sharing limit, please keep track of your or your child's CHIP-related expenses on this form. The enrollment packet welcome letter

tells you exactly how much you must spend before you are able to mail the form back to CHIP. If you have misplaced your or your child's welcome letter, please call CHIP at 2-1-1 and they will tell you or your child's yearly cost-sharing limit.

When you reach your yearly cap, please send the form to CHIP and they will tell Texas Children's Health Plan. We will issue a new Member ID card. This new card will show that no copayments are due when you receive/your child receives services.

You or 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 copays. If your or your child's card shows a copay requirement and you are or your child is Native American or Alaskan Native, you should call CHIP Member Services at 866-959-6555 to have this corrected.

Co-payments do not apply, at any income level, to:

- Baby and childcare services
- Preventative services, including immunizations
- Pregnancy-related services
- Native Americans or Alaskan Natives
- CHIP Perinatal Members (Perinates (unborn children) and Perinate Newborns)

Enrollment Fees (for 12-month enrollment period)	
At or below 151% of FPL*	\$0
Above 151% up to and including 186% of FPL	\$35
Above 186% up to and including 201% of FPL	\$50
Co-Pays (per visit):	
At or below 151% FPL	
Office Visit (non-preventative)	\$5
Non-Emergency ER	\$5
Generic Drug	\$0
Brand Drug	\$5
Facility Co-pay, Inpatient (per admission)	\$35
Cost-sharing Cap	5% (of family's income)**
Above 151% up to and including 186% FPL	
Office Visit (non-preventative)	\$20
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$35
Facility Co-pay, Inpatient (per admission)	\$75
Cost-sharing Cap	5% (of family's income)**
Above 186% up to and including 201% FPL	
Office Visit (non-preventative)	\$25
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$35
Facility Co-pay, Inpatient (per admission)	\$125
Cost-sharing Cap	5% (of family's income)**

*The federal poverty level (FPL) refers to income guidelines established annually by the federal government.
 **Per 12-month term of coverage.

Behavioral health and drug abuse services

How do I get help if I have or my child has behavioral (mental) health or drug problems? Do I/they need a referral?

You or your child can get behavioral health or substance abuse services when needed. You do not/your child does not need a referral from your or your child's primary care provider. However, some services require prior authorization. Please refer to the prior authorization list on the Member Portal of our website www.TexasChildrensHealthPlan.org. Behavioral health and substance abuse services are not covered benefits for CHIP Perinate.

These services include:

- Counseling services.
- Detoxification and treatment for drug addiction and alcoholism.
- Inpatient and outpatient (not in the hospital) care.

You or your child can get behavioral health or substance abuse services by:

- Calling the Texas Children's Health Plan Behavioral Health/ Substance Abuse Hotline at 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 or your child has an emergency and immediate behavioral health treatment is necessary, go to the nearest emergency room or call the Texas Children's Health Plan Behavioral Health/ Substance Abuse Hotline at 800-731-8528. Someone will help you or your child get care right away.

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

Call 2-1-1 to report your or your daughters pregnancy.

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



Texas Children's Health Plan has a Case Management program to help you or your daughter have a healthy pregnancy. Our dedicated team of Care Coordinators are here to help pregnant members throughout their pregnancy and postpartum recovery. They work together with members, doctors and medical staff to make sure that the member receives the best possible care each step of your pregnancy. Our Case Management program offers important services and resources such as:

- Pick an OB/GYN.
- Schedule visits to the doctor for mom and baby.
- Learn about the Women, Infants, and Children (WIC) program.
- Find resources and tips for parents.
- Healthy Pregnancy Website with helpful pregnancy-related information at healthypregnancies.org

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

A Healthy Pregnancy with the Healthy Rewards Program

This program offers pregnant members extra benefits, such as:

- **Basic baby care and birth classes** through the INJOY app to learn more about pregnancy, childbirth, breastfeeding, postpartum and baby care, newborn care and more.
- **Meals for Moms:** Inform Texas Children's Health Plan of your pregnancy and receive a healthy meal at no cost for a family of 4 delivered once a month, starting in the second trimester of your pregnancy and for two months after giving birth, for a total of eight months.
- **Portable Crib:** Notify us within 14 days of welcoming your new baby and get a portable crib that doubles as a playpen at no cost. Reward can be requested up to 15 days after the end of the eligible year.
-  **Prenatal visit reward:** Complete at least one prenatal visit during your pregnancy and receive a \$25 reward card. Reward can be requested up to 30 days after the end of the eligible year.
-  **Postpartum visit reward:** Complete at least one postpartum visit within 42 days of giving birth and receive a \$25 reward card. Reward can be requested up to 60 days after the end of the eligible year.
- **24-Hour Nurse Help Line:** Our 24-hour nurse help line is available day or night to offer you advice with your symptoms, understand doctor's instructions, and more.
- **Transportation services:** Need a ride to a medical appointment, the pharmacy, or a Texas Children's Health Plan class or event? We provide transportation services for you at no cost!

Restrictions and limitations may apply. Age range may vary. Extra benefits valid from September 1, 2022 to August 31, 2023. Visit healthyrewardsprogram.org for more details.

How to redeem your rewards

For rewards with this icon  :

- **Option 1:** Login on your MyChart account. Head to "Resources" and click on "Healthy Connections" to sign up and access your rewards balance. New to MyChart? Set up an account at texaschildrenshealthplan.org/mychart
- **Option 2:** Call Healthy Connections at 866-475-1619 (TTY 711)

For all other benefits and more information:

- Visit healthyrewardsprogram.org or call Member Services at the number on the back of your member ID card.

Prescription Drug Benefits

What are my prescription drug benefits?

Your prescription medicines are a benefit through your Texas CHIP coverage. You will need to obtain the medication through a drug store in Texas Children's Health Plan network. Always bring your prescription, your Texas Children's Health Plan ID

card and your Texas Medicaid ID card with you to the drug store.

You can contact our Member Services Team if you have questions about your prescription drug benefits. You can also search our website or use our online portal to view and manage your benefits at www.texaschildrenshealthplan.org.

How do I get my or my child's medications?

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.

You or your child's doctor can choose from a list of medications approved by the Texas Vendor Drug Program (VDP). If you need help finding a drug store near you or one that can deliver medications directly to your home, call us at 866-959-6555.

How much will my medications cost?

Coverage does not include contraceptive medications prescribed only for the purpose of preventing a pregnancy and medications for weight loss or gain. You may have to pay a copayment for each prescription filled depending on your income. There are no copayments for CHIP Perinate Members.

How do I find a network drug store?

You can call Member Services at 866-959-6555 to find a drug store in our network. We can help you find pharmacies that deliver medications for free, open 24 hours a day 7 days a week, are handicap accessible, or speak different languages. You can request a printed copy of the pharmacies in our network or visit our website at www.TexasChildrensHealthPlan.org to use our online search tool.

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

If you go to a drug store that is not in the network, you may not be able to fill your medications, or may have to pay out of pocket yourself. You can ask for an exception for emergency situations.

What is a drug formulary?

Medications included in you or your child's prescription benefit are part of the Texas Medicaid/CHIP formulary. The formulary is a list of brand and generic medicines based on quality and value. The formulary also identifies which medications need to be approved. The Texas Health and Human Services (HHSC) creates and maintains the drug formulary for CHIP.

Who decides what drugs are on the formulary?

A group of doctors and pharmacists from the Texas Drug Utilization Review board look at the formulary on an ongoing basis. Only drugs that are safe, effective, and affordable are included. The formulary, PDL list, and what is needed for approval are decided by the Texas Vendor Drug Program (VDP) at the Texas Health Human and Services (HHSC).

Where can I go to find out what drugs are covered and/or require pre-approval?

You can review the list of medications by visiting <https://www.txvendordrug.com/>. There is a tool to search medications by name. The tool also tells if a medication needs approval in advance. You can also contact Texas Children's Health Plan to speak to a pharmacist if you have any questions about your medications and benefits. Contact Member Services at 866-959-6555 if you need help.

What is a Pharmacy Benefit Manager (PBM)? Who is the PBM for Texas Children's Health Plan?

A PBM is a company that manages drug store benefits. Navitus is Texas Children's Health Plan's PBM. Navitus is responsible for:

- Maintaining Texas Children's Health Plan's network of drug stores.
- Helping drug store process claims.
- Making sure only claims covered under the Texas STAR and CHIP drug formulary are processed
- Reviewing prior approval requests from doctors for drugs that require pre-approval
- Reviewing exceptions for quantity limits or high doses

How much medicine can I pick up for myself or my child?

Texas Children's Health Plan allows up to 34-days' supply of medicines per fill. You may request an exception for a refill by contacting Member Services at 866-959-6555.

What if my or my child's medication requires prior authorization?

Some medicines need a pre-approval before you can fill them at a drug store. Pre-approvals may to make sure the drug is safe and effective and/or drugs not on the preferred drug list. Your doctor must submit an approval request. We work with Navitus Health Solutions, a pharmacy benefit manager (PBM) to review requests. Decisions are made within 72 hours of receiving a request. A list of prior authorization forms may be found on your online member portal, or at txstarchip.navitus.com under "Prior Authorization Forms."

Where do I find the Texas Children's Health Plan clinical criteria for pre-approval?

The Texas Children's Health Plan Medicaid Prior Authorization clinical criteria is available from the Navitus pharmacy benefit manager (PBM) website: <https://txstarchip.navitus.com> under "Clinical Edits."

Can I ask for an exception?

If your pre-approval will be denied based on the criteria, your doctor may request an exception by appealing the pre-approval denial. Your doctor may also submit a separate "exception to request" form for high dose drugs, or for requests beyond standard quantity limits. The Exception to Coverage form can be found at txstarchip.navitus.com under "Prior Authorization Forms."

If you are out of state, or need a drug not on the drug list, or have any other problem getting your or your child's medications, you or your doctor may call Member Services at 866-959-6555.

Your provider can also appeal a pre-approval denial if you and your provider believe you need the medication.

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

If you or your doctor does not agree with a pre-approval request decision, you have the right to submit an appeal. Texas Children's Health Plan reviews all appeal requests. Instructions on how to appeal are included in the prior authorization denial letter. If you have a concern about a drug store benefit, claim, or other service, please call Member Services at 866-959-6555.

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

If your or your child's doctor cannot be reached to approve a prescription, you or your child may be able to get a three-day (72-hour) emergency supply of your or your child's medication. Ask your drug store about providing you or your child an emergency supply. You can also call Texas Children's Health Plan at 866-959-6555 for help.

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

If you need your medication(s) delivered, you can use a pharmacy in our network that provides delivery services. You can search for a pharmacy that provides delivery services using our online website, or you can call Member Services at 866-959-6555.

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

If you lose your medications, you should call your doctor or clinic for help. If your doctor or clinic is closed, the drug store may be able to provide an emergency 72-hour supply. Sometimes, you may need special permission from the Texas Children's Health Plan for an early refill. You can call Member Services at 866-959-6555 for help.

What if I need/my child needs an over-the-counter (OTC) 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 or my child needs more than 34 days of a prescribed medication?

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

How are generic substitutes or therapeutic interchanges handled?

Generic substitution is when the benefit will require members to only use a generic drug. Therapeutic interchange is when the doctor prescribes a drug, but the pharmacy gives one that is chemically different but works the same. Any changes to your medicine should only be made with your doctor's consideration.

Texas Children's Health Plan will not deny any coverage of any product covered under Medicaid/CHIP benefits. This includes brand or generic drugs on the formulary. Texas Children's Health Plan will only process claims as written by your doctor.

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

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

Emergency Prescription Supply?

You may receive a 72-hour (3-day) emergency supply of a prescribed drug if a medication is needed without delay and prior authorization (PA) is not available. This applies to all drugs requiring a PA, either because they are non-preferred drugs on the Preferred Drug List or because they are subject to analysis for getting your money back. The pharmacist at your pharmacy will decide in the end if they want to give out the 3-day supply or not. The choice is up to the pharmacist.

The 72-hour emergency supply should be given out any time a PA cannot be fixed within 24 hours for a medication on the Vendor Drug Program formulary that is appropriate for the member's medical condition. If the provider cannot be reached or is unable to ask for a PA, the drug store should submit an emergency 72-hour prescription.

A drug store can give a product that is packaged in a form that is fixed and unbreakable, such as an albuterol inhaler, as a 72-hour emergency supply.

For more information, please call Member Services at 866-959-6555.

Medicaid Lock-In Program**What is Medicaid Lock-In Program?**

The Lock-In Program ("LP") is designed to both manage the inappropriate use of medical services and to promote safety.

You may be put in the Lock-in Program if you do not follow Medicaid rules. It checks how you use Medicaid drug store services.

This can include activity that can be considered dangerous, excessive, or potentially fraudulent.

If you are selected for the lock-in program, you must get all your medications from a single drug store. You will get a letter from the Office of Inspector General notifying you of the drug store you are locked into and the start date. Lock-ins may range from 36 to 60 months.

Your Medicaid benefits will remain the same. Changing to a different health plan will not change the Lock-In status.

If you are locked into a pharmacy but have an immediate need that the locked in pharmacy cannot meet, please contact Member Services immediately. We will review your request on a case-by-case basis.

To avoid being put in the Medicaid Lock-in Program:

- Pick one drugstore at one location to use all the time.
- Be sure your main doctor, main dentist, or the specialists they refer you to are the only doctors that give you prescriptions.
- Do not get the same type of medicine from different doctors.

To learn more, call Member Services at 866-959-6555 and ask

to speak to a pharmacist about the Medicaid Lock-In Program.

What is the Member Portal?

The Member Portal is an online tool that allows you to play an active role in your health care needs. You can now change your main doctor, keep track of your appointments, access your shot records and so much more. It is easy! Just go to our website [TexasChildrensHealthPlan.org](https://www.texaschildrenshealthplan.org) and click the Member Login link at the top of the page to get started.

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 Envolve Vision at 844-520-3711. Customer service representatives are ready to help you pick a doctor near you. They will also tell you what to do to get your or your child's eyeglasses. One eye exam is covered every 12 months. Your child and you do not need a referral from your or 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, doctor 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)?

Early Childhood Intervention (ECI) is a statewide program that provides information on services ready to help children, from birth to 3 years old, who may have a disability or developmental delay. 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, ECI services do not need a referral.

Where do I find an ECI provider?

For more information about ECI or to refer a child, call your Case Manager, or the Health and Human Services (HHS) Office of the Ombudsman at 877-787-8999, pick a language, then select Option 3. Find your nearest ECI program at <https://citysearch.hhsc.state.tx.us/>.



Extra benefits offered to Texas Children's Health Plan members

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


Good health starts here! When joining Texas Children's Health Plan, you or your child have access to the exclusive benefits of our Healthy Rewards Program. These benefits are value-added services that CHIP does not cover, and that Texas Children's Health Plan offers for your family to enjoy as we help you plan for a healthy future.

Healthy Rewards Program benefits are divided in four categories:

Healthy Pregnancy

- **Basic baby care and birth classes:** Participate in a variety of online classes through the INJOY app to learn more about pregnancy, childbirth, breastfeeding, postpartum health and baby care, newborn care, and more. Printed materials provided upon request.
- **Meals for Moms:** Inform Texas Children's Health Plan of your pregnancy and receive one healthy meal at no cost for a family of four delivered once a month, starting in the second trimester of your pregnancy and for two months after giving birth, for a total of eight months.
- **Portable crib/playpen:** Notify Texas Children's Health Plan within 14 days of giving birth and receive a portable crib that doubles as a playpen at no cost. Reward can be requested up to 15 days after the end of the eligible year.
-  **Prenatal visit reward:** Complete at least one prenatal visit during your pregnancy and receive a \$25 reward card. Reward can be requested up to 30 days after the end of the eligible year.
-  **Postpartum visit reward:** Complete at least one postpartum visit within 42 days of giving birth and receive a \$25 reward card. Reward can be requested up to 60 days after the end of the eligible year.

Health and Wellness


-  **Diabetes Management Reward (Type 1 or 2):**
 - Complete a diabetic (retinal or dilated) eye exam once a year and get a \$25 reward card.
 - Complete an HbA1c blood test every 6 months and get a \$50 reward card. \$100 max reward per year.

Rewards can be requested up to 30 days after the end of the eligible year. Ages 18 and older.


- **Health education special events:** Learn about healthy habits while having family fun with your family at our special events, such as seasonal activities and community events.

- **Mental health follow-up visit reward:** Complete a mental health follow-up visit within 7 days after discharge from a mental health hospital or facility and get a \$25 reward card. Ages 6 and older.

- **Vision Benefit:** Receive an allowance towards upgrades of \$110 for framed glasses or \$90 for contact lenses and contact fittings. Ages 18 and younger.

-  **Well-child checkups reward:**
 - Complete 3 well-child checkups by the age of 15 months and get a \$50 reward card.
 - Complete 6 well-child checkups by the age of 15 months and get an additional \$100 reward card.

Rewards can be requested up to 30 days after the end of the eligible year.

-  **Young adult wellness visit reward:** Complete a yearly wellness visit and get a \$25 reward card. Reward can be requested up to 30 days after the end of the eligible year. Ages 18-21.

Healthy Play and Exercise:

- **Boys & Girls Clubs of America memberships:** Enjoy summer and school-year memberships at no cost at participating Boys & Girls Clubs of America. Ages 6-17.
- **Extracurricular activity fee assistance:** Sign up for an extracurricular activity through a school or community program and get a reward card for up to \$50. Reward can be requested up to 30 days after the end of the eligible year. Ages 5-21.
- **Sports and school physicals:** Get one yearly sports or school physical exam at no cost with your primary care provider. Must have completed a well-child checkup in the last 12 months. Ages 5-19.
- **Sports Clinics:** Get active and attend a variety of sports clinics at no cost. Sports clinics include soccer, taekwondo, ballet, baseball, football, basketball, and bike safety. Registration on a first-come, first served basis. Harris county only. Ages 3-18.

Extra Help for Families:

- **24-Hour Nurse Help Line:** Our nurses are available over the phone 24 hours a day, 7 days a week to help you with advice about your symptoms and medical concerns.
- **Transportation services:** Get a ride at no cost to medical appointments, the pharmacy, or Texas Children's Health Plan classes or events.

Restrictions and limitations may apply. Age range may vary. Extra benefits valid from September 1, 2022 to August 31, 2023. Visit healthyrewardsprogram.org for more details.

How to redeem your rewards

For rewards with this icon :

- **Option 1:** Login on your MyChart account. Head to “Resources” and click on “Healthy Connections” to sign up and access your rewards balance.
New to MyChart? Set up an account at texaschildrenshealthplan.org/mychart
- **Option 2:** Call Healthy Connections at 866-475-1619 (TTY 711)

For all other benefits and more information:

- Visit healthyrewardsprogram.org or call Member Services at the number on the back of your member ID card.

Care Management

All members of Texas Children's Health Plan are eligible to sign up for our various Care Management programs by calling 832-828-1430 or 844-824-3327. You can be referred to Care Management by your health care provider, yourself, or by meeting certain criteria. You can opt in or opt out of Care Management at any time.

What do care managers do?

A care manager will visit with you and help to:

- Find out what services you need.
- Find services near where you live.
- Teach you how to find and get other services.
- Make sure you are getting the services you need.
- Get medical and dental services.
- Get medical supplies or equipment.
- Work on school or education issues.
- Work on other problems

What Care Management programs does Texas Children's Health Plan offer?

- Asthma
- Diabetes
- Behavioral Health
- High Risk Pregnancy
- Nurse Family Partnership

Health education classes

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

Much care and preparation are needed during a pregnancy for a healthy baby to be born! Participate in a variety of online classes through the INJOY app to learn more about:

- Understanding Pregnancy
- Understanding Birth
- Understanding Breastfeeding
- Understanding Postpartum Health and Baby Care
- Understanding Your Newborn

Printed materials available upon request.

Questions? Call 800-990-8247.

Health Risk Assessments

You and your child's health is important to us. We offer many services to help you stay as healthy as possible, and one of those services is through an online Health Risk Assessment (HRA). The HRA is a list of questions about your health and lifestyle that help us to decide what services are best for you, including our Case Management program. The HRA is available through our online member portal. You can see your results right away.

Preventive health guidelines

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

Children with special health care needs

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

If you have or your child has special health care needs, such as developmental delays, diabetes, or asthma, call Member Services at 866-959-6555 to get more information on how to get help. Texas Children's Health Plan has a Care Management program that offers families help with you or your child's special needs. The services range from simple outreach and information to intensive 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.
- Schedule visits with special doctors.
- Learn more about your or your child's medical condition.
- Explain covered benefits and services.
- Develop a plan of care just for you or your child.
- Work with your or your child's doctors to get medically necessary care for you or your child.

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

Member Services

Member Services

If you have questions about your coverage or need help, please call Member Services at 866-959-6555. The phone number is on the front of your and your child's Member ID card. You will need your member ID number when you call. With the help of online interpreters, Member Service Representatives can help you in 140 languages. Member Service Representatives 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 or your child's prescription filled.

Member Services can also give you materials about:

- Behavioral 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 doctor or my child's doctor? Who do I call for an interpreter? How far ahead of time do I need to call? How can I get a face-to-face interpreter in the provider's office?

We can get you and your child face-to-face sign and language interpretation for doctor visits. Please let us know if you need or your child needs these services at least 48 hours before your or your child's visit. Call Member Services at 866-959-6555, TTY 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 at 866-959-6555.

Help for the visually impaired

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

Services for members with hearing or speech impairments

Texas Children's Health Plan uses Texas Relay TTY services for

members and their parents or guardians who have hearing or speech impairments. For TTY, call 800-735-2989.

You can get member materials in English and Spanish?

This member handbook and all other materials included in your and your child's member packet are provided in English and Spanish. You can also get many of the other health educational materials in Spanish.

What to do if you move and your child moves

What do I have to do if I move and my child moves?

As soon as you have your new address, give it to Health and Human Services Commission (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 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 keep getting care through Texas Children's Health Plan until HHSC changes your address.

Requesting your money back for claims paid for emergency care

If you or your child gets emergency care from a non-participating hospital or doctor, you might have to pay for the services given. To get your money back, keep a copy of the paid bill and call Member Services at 832-828-1002 or at 866-959-6555 for instructions on how to request your money back.

What to do if you get a bill from a provider

What if I get a bill from my or 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 or 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 or your child's ID card handy so you can give them:

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

Call Member Services at 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 will also call the doctor to follow up.

Changes in Texas Children's Health Plan

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

Rights and Responsibilities

Confidentiality of personal health information

Texas Children's Health Plan takes the confidentiality of your and your child's personal health information—information from which you are and your child is personally identifiable—very seriously. In addition to following all applicable laws, we carefully handle your and your child's Personal Health Information (PHI), in accordance with our confidentiality policies and procedures. We are committed to protecting your or your child's privacy in all settings. We use and share your and your child's information only to give you and your child 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 at 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 Practices was included with your and your child's Member ID card and is on our website at www.TexasChildrensHealthPlan.org. You may also get a copy of our Notice of Privacy Practices by calling Member Services at 866-959-6555.

If you have questions about our notice, call Member Services at 866-959-6555.

Changing health plans

What if I want to change my/my child's health plan?

You are allowed to make health plan changes:

- For any reason within 90 days of enrollment in CHIP.
- For good reason at any time.
- If you move to a different service delivery area.
- During your annual CHIP re-enrollment period.

Who do I call?

Questions? Call CHIP at 800-964-2777.

When will my or my child's health plan change become effective?

If you call to change your or your child's 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, the change will take place on May 1.
- If you call after April 15, the change will take place on June 1.

How many times can I change my or my child's health plan?

You can change your or your child's health plan as many times as you want. If you are or your child is in the hospital, you will not be able to change your or your child's health plan until you have or your child has been discharge.

Your or your child's health plan can also ask for changes

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

Texas Children's Health Plan also might ask the state that you or your child be dropped from the health plan if:

- You often do not follow your or your child's doctor's advice.
- You keep going to the emergency room when you do not or your child does not have an emergency.
- You keep going to or bringing your child to another doctor or clinic without first getting approval from your or your child's 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 or your child's doctor know in advance.
- You let someone else use your or your child's 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 or your child's primary care provider if you want a second opinion about a treatment recommended by a provider. Your and your child's primary care provider will refer you and your child to another doctor in the Texas Children's Health Plan network. If no other doctor is available in the network, they will refer you or your child to an out-of-network specialist. You will not have to pay for these services. Call Member Services at 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 or your child needs the surgery your doctor or your child's doctor is planning to do.
- You are not sure of your or your child's doctor's diagnosis or care plan for a serious or difficult medical need.
- You have done what the doctor asked, but you are not or your child is not getting better.

Renew your and your child's CHIP benefits on time

Do not lose your or your child's medical benefits. Every 12 months you will need to renew your and your child's benefits. CHIP will send you a packet with a renewal paperwork telling you it is time to renew your and your child's benefits. You will need to complete, sign, and return this form by the due date. If you do not renew your and your child's CHIP benefits by the date in the letter, you will lose your and your child's health care benefits. CHIP covers members until the end of the month that the child turns 19.

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

As a member/parent or guardian of 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 and your child is entitled.
- How you or your child gets benefits including authorization requirements.
- How you or your child gets benefits, including family planning services, from out-of-network providers, limits to those benefits or both.
- How after-hours and emergency coverage work, limits to those benefits or both, including:
 - What makes up emergency medical conditions, emergency services, and post-stabilization services.
 - The fact that you do not need prior authorization from your or 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 have emergency services covered by Medicaid.
 - A statement saying you and your child has 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 or your child cannot get through your or your child's primary care provider.
- The Texas Children's Health Plan practice guidelines.

Doctors' Incentive Plans

Texas Children's Health Plan has a provider incentive program for CHIP PCP's and OB's.

Texas Children's Health Plan cannot make payments under a doctors' incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Service to Members.

Texas Children's Health Plan cannot make payments under a doctors' 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 or your child's primary care provider (main doctor) is part of this doctors' incentive plan. You also have a right to know how the plan works. You can call Member Services at 866-959-6555 to learn more about this.

When you are not satisfied, or you have a complaint

What is a complaint?

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

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

What should I do if I have a complaint?

We want to help. If you have a complaint, please call Member Services at 866-959-6555 to tell us about your problem. Member Services will listen to you and write down your complaint. 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 you have a concern that involves the quality of medical care or service you are or your child is getting, we urge you to discuss it directly with your or your child's doctor first. If you are not satisfied with the solution, call Member Services at 866-959-6555.

If you have a concern involving the coverage of services or supplies by Texas Children's Health Plan, call Member Services at 866-959-6555. A Member Service Representative will act right away to fix your concern. If you are not satisfied with the solution, the Member Service Representative will file a complaint on your behalf.

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

Texas Children's Health Plan
Attention: Member Services Complaints
P.O. Box 301011 WLS 8360
Houston, TX 77230-1011

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

How long will it take to process my complaint?

Member Services will send you a letter within 5 business days of receiving your oral or written complaint. It will confirm the day we received your complaint. Texas Children's Health Plan will review the facts and act 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.

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 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, you can send your complaint in an e-mail to www.tdi.texas.gov/consumer/complfrm.html

Do I have the right to meet with a complaint appeal panel?

Members have the choice of having their complaint appeal decided by a complaint appeal panel. The appeal panel will have equal numbers of:

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

Members of the appeal panel cannot have been a part of the complaint in any way. Providers will know about the kind of care that is in the complaint. CHIP Members on the appeal panel cannot also be employees of Texas Children's Health Plan.

Information given to the member about complaint appeal panel:

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 appeal panel by Texas Children's Health Plan.
- The type of provider asked to help, and
- The name and job title of each Texas Children's Health Plan staff person on the appeal panel.

Rights of complainant at complaint appeal panel 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 appeal panel.
- 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.

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

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

There can be times when Texas Children's Health Plan denies or limits services requested by your or your child's doctor if they

are not medically necessary.

If you are not happy or disagree with the decision to deny or limit the service, you have the right to ask for an appeal. Call Member Services at 866-959-6555. A Member Advocate can help you ask for an appeal. Your health care provider, a friend, a relative, legal counsel, or another spokesperson can also represent you and ask for an appeal.

How will I find out 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 day the health plan receives the request for review. If you are or your child is in the hospital, the notice will also be mailed within one 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 an appeal. Call Member Services at 866-959-6555. A Member Advocate can help you file an appeal. Your health care provider, a friend, a relative, legal counsel, or another spokesperson can also represent you and ask for an appeal.

You have 60 days from the date on the denial letter or the date of requested service to send us an appeal. You or your or your child's provider can appeal verbally or in writing. If you requested an appeal verbally, we will send you or your representative a one-page appeal form. You do not need to return the completed form, but we urge you to because it will help us fix 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 when we receive it.

Appeal requests can be made by phone or mailed to:

Texas Children's Health Plan
Attn: UM Appeals Department
P.O. Box 301011, WLS 8390
Houston, TX 77230-1011

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 are for an emergency or if I am or my child is in the hospital?

For emergencies or hospital admissions you can request an expedited (quick response) appeal.

What is an expedited appeal? What are the timeframes for 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. 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 a need to learn more.

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

You can call Member Services at 832-828-1002 or at 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 or your child's doctor can ask for this type of appeal on your behalf.

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

Texas Children's Health Plan might decide 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 one calendar day with this information. We will also send a copy of the letter to your or 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 happy with the resolution offered by the Level 1 expedited appeal, you can make a verbal appeal followed by a written request for a Level 2 expedited appeal resolution.

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

Specialty Appeals Process

The provider of record may request a specialty appeal, which requests that a specific type of specialty provider review the case. The health care provider who is of the same or a similar specialty as the health care provider who would typically manage the medical or dental condition, procedure, or treatment under consideration for review shall review the denial or the decision denying the appeal. The provider of record must request this type of appeal within ten (10) working days from the date the appeal was requested or denied. We will complete the specialty appeal and send our written decision to you or your representative and the provider who gave the service/treatment within fifteen (15) working days of receipt of the request for the specialty appeal.

When you can request an independent review

What is an External Review?

The External Review is an outside review of your health plan's denial of a service you and your doctor feel is medically necessary. The External Review process is managed by MAXIMUS Federal Services for CHIP members. This organization is not related to your doctor or to Texas Children's Health Plan. There is no cost to you for an External Review. You can ask for an External Review after you complete the appeal process with Texas Children's Health Plan, or if Texas Children's Health Plan has not approved a service that you think is life threatening.

How do I ask for an External review?

All External Review requests must be sent directly to MAXIMUS Federal Services, the External Review Organization for Texas Children's Health Plan CHIP members.

To request an External Review, you must provide the following information: name, address, phone number, email address, whether the request is expedited or standard, a completed Appointment of Representative Form (if someone is filing on your behalf) and a summary of the reason you do not agree with Texas Children's Health Plan's decision.

You must fill out the Health and Human Services (HHS) Federal External Review Request Form that is sent with the denial or appeal letter. Include your denial letter from Texas Children's Health Plan when mailing or faxing your request to MAXIMUS. If you need this form, Texas Children's Health Plan can provide a copy to you. The form is available on Texas Children's Health Plan's website here: [texaschildrenshealthplan.org/ExternalReview](https://www.texaschildrenshealthplan.org/ExternalReview) Send your request for External Review directly to MAXIMUS at:

MAXIMUS Federal Services
State Appeals East
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534
Fax number: 888-866-6190

If you can get on the internet, you can submit the request through the online portal at externalappeal.cms.gov under the "Request a Review Online" option.

If you have any questions or concerns during the External Review process, you can call MAXIMUS.

What are the timeframes for this process?

You may request an External Review within 4 months of getting the appeal decision. The MAXIMUS Federal Services examiner will contact Texas Children's Health Plan immediately when they receive the request for External Review. Within five (5) business days, Texas Children's Health Plan will give the examiner all documents and information used to make the internal appeal decision.

For standard External Review request:

You or someone acting for you will receive written notice of the final External Review decision as soon as possible. You will receive notice no later than 45 days after the examiner receives the request for an External Review.

For fast External Review request:

The MAXIMUS examiner will give Texas Children's Health Plan and you or the person filing on your behalf the External Review decision as quickly as medical status requires. You will get a decision no later than 72 hours of us receiving the request. You or someone acting for you will receive the decision by phone.

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 taking on these responsibilities.

1. You must try to follow healthy habits. Urge 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 treatment, including working to understand your child's health problems and treatment options. Development of treatment goals is mutually agreed-upon to the degree possible by you and your child's health care team. You must work together with your health plan's doctors and providers to pick treatments for your child that you have all agreed upon.
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 fix 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 must pay 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.
10. 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.

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

Advance Directives

This section applies to adults 18 years and older

What if I am too sick to decide about my medical care?

When you need medical care, you have the right to make decisions about the care you will receive and talk about these decisions to your doctors. If you are too sick to decide about your medical care, an advance directive (instructions you give us in ahead of time) will let your doctor know what kind of care you want or name someone to make decisions about your medical care for you.

What is an advance directive?

An advance directive is a legal document that allows you to tell your doctor and family your preferences for medical treatment before you need care. If you become too sick to make decisions about your health care, your doctor and family will know what kind of care you do or do not want. An advance directive can also say who can make decisions for you if you are not able to.

There are 4 types of advance directives under Texas law:

- **Directive to Physicians and Family or Surrogates (Living Will)** – A living will allows you to make medical decisions ahead of time so your doctor can know your wishes for treatment if you are in a terminal or irreversible condition and become unable to talk or make informed decisions.

- **Out-of-Hospital Do-Not-Resuscitate (DNR) Order** – This is a form you complete with your doctor and it allows you to refuse specific life-saving treatments outside of a hospital.
- **Medical Power of Attorney** – A medical power of attorney lets you choose someone you trust to make health care decisions on your behalf in case you become unable to do so yourself.
- **Declaration for Mental Health Treatment** – This type of advance directive lets you make decisions about your mental health treatment in case you become unable to make treatment decisions.

How do I get an advance directive?

Any person 18 years or older can make an advance directive. If you already have an advance directive, please let your primary care provider know. If you want information about how to put your instructions in writing, call Member Services at 866-959-6555.

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 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 they have in order to get benefits.

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

- Call the Office of Inspector General (OIG) Hotline at 800-436-6184
- Visit <https://oig.hhsc.state.tx.us/> and click the red "Report Fraud" box 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, WLS 8302
 - Houston, TX 77230
 - 832-828-1320 or 866-959-6555
 - Email: TCHPSIU@texaschildrens.org

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 the 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

As a member, you have the right to have new medical procedures reviewed by the health plan. These may include tests and surgeries. Each situation is reviewed on a case-by-case basis. We review each procedure to make sure you are receiving the right care. Questions? Call 866-959-6555.

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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 provided in audio, large print, Braille, or other languages if needed. Call Member Services at 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 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 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 large 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 online 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.

You can call Texas Children's Health Plan Member Services at 832-828-1002 or 866-959-6555. For TTY, call 800-735-2989 (Texas Relay) or 7-1-1.

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:



The YourTexasBenefits.com Medicaid Client Portal

You can use the Medicaid Client Portal to do all the following for yourself or anyone whose medical or dental information you are allowed to access:

- See your medical and dental plans
- See your benefit information
- See Texas Health Steps alerts
- See broadcast alerts
- See diagnoses and treatments
- See vaccines
- See prescription medicines
- Choose whether to let Medicaid doctors and staff see your available medical and dental information

To use the portal, go to www.YourTexasBenefits.com.

- Click **Log In**.
- Enter your Username and Password. If you don't have an account, click **Create a new account**.
- Click **Manage**.
- Go to the "Quick links" section.
- Click **Medicaid & CHIP Services**.
- Click **View services and available health information**.

Note: The YourTexasBenefits.com Medicaid Client Portal displays information for active clients only. A Legally Authorized Representative may view the information of anyone who is a part of their case.

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 texaschildrenshealthplan.org or your Texas Children's Health Plan CHIP Provider Directory for a list of CHIP perinatal providers near you.
- Call Member Services at 866-959-6555 for help choosing a perinatal provider.

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 regular 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 pick a CHIP perinatal provider that is in the Texas Children's Health Plan CHIP Perinatal network. If you have 16 weeks or less remaining before the expected delivery date of your baby, you can stay under your current perinatal provider through your postpartum checkup, even if the perinatal provider is, or becomes, out of network. Please call Member Services at 866-959-6555 if this happens.

What if I want to know more about my doctor?

You can learn more about your doctor such as where they went to school, specialty, or board certification status by visiting our website at texaschildrenshealthplan.org and clicking 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 medications or herbal supplements you are taking.

What benefits does my baby receive when my baby is born?

- 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.
- Your baby will continue to receive services through the CHIP Program if you meet the CHIP Perinatal requirements. Your baby will get 12 months of continuous CHIP Perinatal coverage through his or her health plan, beginning with the month of enrollment as an unborn child.
- CHIP perinatal coverage provides care to unborn children of pregnant women who are not eligible for Medicaid and who have household income up to 202 percent of the federal poverty income level (FPIIL). Once born, the child will receive Medicaid or CHIP benefits, depending on their income.
- Two after-birth visits for the mother.
- Once a child leaves from the initial hospital admission, the child receives the traditional CHIP benefit package, or Medicaid, depending on their income. CHIP or Medicaid benefits include regular checkups, immunizations and prescriptions for the baby after he or she leaves the hospital.
- Depending on income, the newborn may get Medicaid from birth to their 1st birthday. Most CHIP perinatal infants qualify for Medicaid. If the baby is eligible to get Medicaid, the mother will receive a letter and Form H3038-P, CHIP Perinatal - Emergency Medical Services Certification, in the mail before delivery, she must take this with her to the hospital.

What services are not covered?

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 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 by visiting our website at texaschildrenshealthplan.org and clicking on the *Find a Doctor* link under the CHIP Members section.

Who do I call? What information do I need?

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

Routine and regular care

What is routine medical care?

Routine medical care, or regular 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 serious, but not an emergency and you do not need an emergency room, go to your CHIP perinatal provider.

How soon will I be able to see a provider?

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

nonviable 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 are Emergency Services or Emergency Care?

"Emergency Services" or "Emergency Care" are covered inpatient and outpatient services furnished by a provider that is qualified to give 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 by contacting HHSC at 2-1-1.

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

You should be treated as soon as is appropriate for your medical condition about 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:

- I. 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.
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.

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 800-686-3831. Texas Children's Health Plan nurses will 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 at 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 at 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 are sick or injured and not in danger when traveling outside of the state, call your primary care provider for advice or instructions. You can also call the Texas Children's Health Plan Nurse Help Line and talk to a nurse at 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 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 getting approval ahead of time, Texas Children's Health Plan might not pay for it.

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?

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.

What services do not need a referral?

- **Emergency care**—Emergency services and emergency medical care are covered services only if it is for 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 a prior authorization for some tests and procedures and must tell 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 Perinatal 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 needed 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 pharmacies that take Texas Children's Health Plan CHIP, call Member Services for at 866-959-6555 or visit our website at texaschildrenshealthplan.org and click on the Pharmacy Listing link under the CHIP Members' section.

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

If you go to a drug store that is 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 866-959-6555 or visit our website at texaschildrenshealthplan.org and click on the Pharmacy Listing under the CHIP Members' section.

What if I need an over-the-counter medication?

The drug store cannot give you an over-the-counter medication as part of your unborn child's CHIP- benefit. If you need 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 at 866-959-6555 for help.

What if I lose my medication(s)?

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

What if I need my medications delivered to me?

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

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

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

Benefits and Services

What are my unborn child's CHIP Perinate benefits?

The CHIP Perinatal program is for the unborn children of pregnant women who are uninsured and do not qualify for Medicaid. The program provides a basic prenatal care package. Services include:

- Prenatal visits.
- Prescription prenatal vitamins.
- Labor and delivery.
- Postpartum care.

Members receiving the CHIP Perinatal benefit are exempt from the 90-day waiting period and all cost-sharing, including enrollment fees and co-pays, for the duration of their coverage period.

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

- Up to 20 prenatal visits.
 - During the first 28 weeks of pregnancy – 1 visit every 4 weeks
 - During weeks 28 to 36 – 1 visit every 2 to 3 weeks
 - 36 weeks to delivery – 1 visit per week
 - Additional prenatal visits are allowed if they are medically necessary
- Some laboratory testing, assessments, planning services, education and counseling
- Prescription drug coverage based on the current CHIP formulary, including prescription prenatal vitamins
- Diabetic supplies available through pharmacies with a physician prescription
- Hospital facility charges and professional services charges related to the delivery.
 - For women with income from 199-202 percent of the FPL:
 - Both hospital and professional service charges paid through the CHIP perinatal health plan
 - For women with income at or below 198 percent of the FPL (this income range represents many CHIP perinatal clients):
 - Professional service charges paid through CHIP
 - Hospital facility charges paid through Emergency Medicaid
- 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 (H-3038 Form) 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, vaccines, and prescriptions for your baby after your baby leaves the hospital once enrolled in Medicaid.

Please see the "CHIP Unborn Evidence of Coverage Benefits"

book that came with your handbook for your covered benefits.

How can I get these benefits for my unborn child?

Call your CHIP perinatal provider or Member Services at 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 delivering 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 must 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 your coverage, call Member Services at 832-828-1002 or 866-959-6555.

How can I get these services for my child?

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



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

How can I get these benefits for me or my unborn child?


Good pregnancy starts here! When joining Texas Children's Health Plan, you and your unborn child have access to the exclusive benefits of our Healthy Rewards Program. These benefits are value-added services that CHIP Perinatal does not cover, and that Texas Children's Health Plan offers for your growing family to enjoy as we help you plan for a healthy future.


Healthy Rewards Program benefits are divided in four categories:


Healthy Pregnancy

- **Basic baby care and birth classes:** Participate in a variety of online classes through the INJOY app to learn more about pregnancy, childbirth, breastfeeding, postpartum health and baby care, newborn care, and more. Printed materials provided upon request.
- **Meals for Moms:** Inform Texas Children's Health Plan of your pregnancy and receive one healthy meal at no cost for a family of four delivered once a month, starting in the second trimester of your pregnancy and for two months after giving birth, for a total of eight months.
- **Portable crib/playpen:** Notify Texas Children's Health Plan within 14 days of giving birth and receive a portable crib that doubles as a playpen at no cost. Reward can be requested up to 15 days after the end of the eligible year.
-  **Prenatal visit reward:** Complete at least one prenatal visit during your pregnancy and receive a \$25 reward card. Reward can be requested up to 30 days after the end of the eligible year.
-  **Postpartum visit reward:** Complete at least one postpartum visit within 42 days of giving birth and receive a \$25 reward card. Reward can be requested up to 60 days after the end of the eligible year.

Health and Wellness

-  **Diabetes Management Reward (Type 1 or 2):**
 - Complete a diabetic (retinal or dilated) eye exam once a year and get a \$25 reward card.
 - Complete an HbA1c blood test every 6 months and get a \$50 reward card. \$100 max reward per year.

Rewards can be requested up to 30 days after the end of the eligible year. Ages 18 and older.
- **Health education special events:** Learn about healthy habits while having family fun with your family at our special events, such as seasonal activities and community events.
- **Mental health follow-up visit reward:** Complete a mental health follow-up visit within 7 days after discharge from a mental health hospital or facility and get a \$25 reward card. Ages 6 and older.
- **Vision Benefit:** Receive an allowance towards upgrades of \$110 for framed glasses or \$90 for contact lenses and contact fittings. Ages 18 and younger.
-  **Well-child checkups reward:**
 - Complete 3 well-child checkups by the age of 15 months and get a \$50 reward card.
 - Complete 6 well-child checkups by the age of 15 months and get an additional \$100 reward card.

Rewards can be requested up to 30 days after the end of the eligible year.
-  **Young adult wellness visit reward:** Complete a yearly wellness visit and get a \$25 reward card. Reward can be requested up to 30 days after the end of the eligible year. Ages 18-21.

Healthy Play and Exercise:

- **Boys & Girls Clubs of America memberships:** Enjoy summer and school-year memberships at no cost at participating Boys & Girls Clubs of America. Ages 6-17.
- **Extracurricular activity fee assistance:** Sign up for an extracurricular activity through a school or community program and get a reward card for up to \$50. Reward can be requested up to 30 days after the end of the eligible year. Ages 5-21.
- **Sports and school physicals:** Get one yearly sports or school physical exam at no cost with your primary care provider. Must have completed a well-child checkup in the last 12 months. Ages 5-19.
- **Sports Clinics:** Get active and attend a variety of sports clinics at no cost. Sports clinics include soccer, taekwondo, ballet, baseball, football, basketball, and bike safety. Registration on a first-come, first served basis. Harris county only. Ages 3-18.

Extra Help for Families:

- **24-Hour Nurse Help Line:** Our nurses are available over the phone 24 hours a day, 7 days a week to help you with advice about your symptoms and medical concerns.
- **Transportation services:** Get a ride at no cost to medical appointments, the pharmacy, or Texas Children's Health Plan classes or events.

Restrictions and limitations may apply. Age range may vary. Extra benefits valid from September 1, 2022 to August 31, 2023. Visit healthyrewardsprogram.org for more details.

How to redeem your rewards

For rewards with this icon  :

- **Option 1:** Login on your MyChart account. Head to "Resources" and click on "Healthy Connections" to sign up and access your rewards balance.
New to MyChart? Set up an account at texaschildrenshealthplan.org/mychart
- **Option 2:** Call Healthy Connections at 866-475-1619 (TTY 711)

For all other benefits and more information:

- Visit healthyrewardsprogram.org or call Member Services at the number on the back of your member ID card.

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

Much care and preparation are needed during a pregnancy for a healthy baby to be born! Participate in a variety of online classes through the INJOY app to learn more about:

- Understanding Pregnancy
- Understanding Birth
- Understanding Breastfeeding
- Understanding Postpartum Health and Baby Care
- Understanding Your Newborn

Printed materials upon request. Questions? Call 800-990-8247.

Member Services

When does CHIP Perinatal coverage end?

Your baby will continue to receive services through the CHIP Program 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. After your baby is born, you will get 2 postpartum visits prior to your coverage ending.

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

HHSC will send the CHIP Perinate member a letter when coverage has ended.

What if I want to change health plans?

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.

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

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 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 from your start date of coverage to pick another health plan if you are not happy with the plan HHSC chooses.

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.
- If you move into a different service delivery area.
- For any cause at any time.

Who do I call?

Questions? Call 800-964-2777.

Concurrent enrollment in the CHIP and CHIP Perinatal 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.

CHIP Perinatal services are for the unborn children of uninsured pregnant women who do not qualify for Medicaid for Pregnant Women. To qualify, pregnant women must have an income at or below 202 percent of the FPL. For CHIP Perinatal clients at or below 198 percent of the FPL, the mother must apply for Emergency Medicaid to cover her labor and delivery. If the mother's labor and delivery are covered by Emergency Medicaid, her CHIP Perinatal newborn may receive 12 months of continuous Medicaid coverage from date of birth. CHIP Perinatal newborns in families with incomes above 198 percent of the FPL receive CHIP benefits for 12 months from date of birth.

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

Who do I call?

If you need an interpreter, call Member Services at 866-959-6555 to schedule one.

How far ahead do I call?

Please let us know if you need these services at least 48 hours before your visit. Call Member Services at 866-959-6555, TTY 800-735-2989 or 7-1-1.

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 866-959-6555 at least 48 hours before your visit.

What if I get a bill from a perinatal provider?

Always show your Texas Children's Health Plan CHIP 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 ID number for your unborn child.

What information will they need?

They will need the information that is on your Texas Children's Health Plan CHIP Perinatal Member ID card. If you still have a problem, call Member Services at 866-959-6555. Give Member Services your CHIP Perinatal member 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 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.

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 decide if your child is able to get for Medicaid or CHIP. Call Texas Children's Health Plan at 866-959-6555 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 choose 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) at 800-368-1019. You can also view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

When you are not satisfied or you have a complaint

What should I do if I have a complaint?

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

Who do I call?

Please call Member Services at 832-828-1002 or at 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 at 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 happy 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, WLS 8360
Houston, TX 77230-1011
832-828-1002 or 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 at 866-959-6555. Your request, however, will still need to be provided in writing. A Member Advocate can help you.

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

Texas Children's Health Plan
Attention: Appeals Department
PO Box 301011, WLS 8390
Houston, TX 77230-1011

Within 5 business days following the receipt of your written appeal, Texas Children's Health Plan will send you a letter, letting you know that they have received your appeal. 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 appeal 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.

If you are still not satisfied with the answer to your complaint, you can also complain to the Texas Department of Insurance (TDI) by calling 800-252-3439. The help line is open 8 a.m. to 5 p.m. Central time, Monday through Friday.

If you can access the internet, you can file your complaint online by visiting <http://www.tdi.texas.gov/consumer/complfrm.html> and clicking on the Online Complaint Portal link.

Do I have the right to meet with a complaint appeal panel?

Members have the choice of having their complaint appeal decided by a complaint appeal panel. The appeal panel will have equal numbers of:

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

Members of the appeal panel cannot have been a part of the complaint in any way. Providers will know about the kind of care in the complaint. CHIP Members on the appeal panel cannot also be employees of Texas Children's Health Plan.

Information given to the member about complaint appeal panel:

No later than 5 business days before the complaint appeal panel 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 appeal panel by Texas Children's Health Plan,
- The type of provider asked to help, and
- The name and job title of each Texas Children's Health Plan staff person on the appeal panel.

Rights of complainant at complaint appeal panel meeting:

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

- Meet in person before the appeal panel,
- 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.

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 my doctor asks for a service or medicine 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.

How will I find out 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 day the health plan receives the request for review. If you are in the hospital, the notice will be mailed within one 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 happy or disagree with the decision to deny or limit a service, you have the right to request an appeal. Call Member Services at 866-959-6555. A Member Services Representative 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 60 days from the date on the denial letter or the date of requested service to send us an appeal. You or your 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 one-page appeal form. You are not required to return the completed form, but we urge you to because it will help us fix 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 Management Appeals Department
PO Box 301011 WLS 8390
Houston, TX 77230-1011
832-828-1002 or 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 need are for an emergency or if I am 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 must decide 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 file an appeal?

You can call Member Services at 832-828-1002 or 866-959-6555 and ask for help requesting an appeal. A Member Services Representative is ready to help you. Your request does not have to be in writing. Your 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 one day of 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 for more information.

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

Texas Children's Health Plan might decide 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 one calendar day with this information. We will also send a copy of the letter to your or 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 one business day of the receipt of the request. Verbal notice is given of the expedited appeal determination. A written notice is mailed within 3 calendar days.

Specialty Appeals Process

The provider of record may request a specialty appeal, which requests that a specific type of specialty provider review the case. The health care provider who is of the same or a similar specialty as the health care provider who would typically manage the medical or dental condition, procedure, or treatment under consideration for review shall review the denial or the decision denying the appeal. The provider of record must request this type of appeal within ten (10) working days from the date the appeal was requested or denied. We will complete the specialty appeal and send our written decision to you or your representative and the provider who gave the service/treatment within fifteen (15) working days of receipt of the request for the specialty appeal.

When you can request an External Review

What is an External Review?

The External Review is an outside review of your health plan's denial of a service that you and your doctor feel is medically necessary. The External Review process is managed by MAXIMUS Federal Services for CHIP members. This organization is not related to your doctor or to Texas Children's Health Plan. There is no cost to you for an External Review. You can ask for an External Review after you complete the appeal process with Texas Children's Health Plan, or if Texas Children's Health Plan has not approved a service that you think is life threatening.

How do I request an External Review?

All External Review requests must be sent directly to MAXIMUS Federal Services, the External Review Organization for Texas Children's Health Plan CHIP members.

To request an External Review, you must provide the following information: name, address, phone number, email address, whether the request is expedited or standard, a completed Appointment of Representative Form (if someone is filing on

your behalf) and a summary of the reason you do not agree with Texas Children's Health Plan's decision.

You must fill out the Health and Human Services (HHS) Federal External Review Request Form that is sent with the denial or appeal letter. Include your denial letter from Texas Children's Health Plan when mailing or faxing your request to MAXIMUS. Texas Children's Health Plan can provide a copy to you. The form is available on Texas Children's Health Plan's website here: texaschildrenshealthplan.org/ExternalReview

Send your request for External Review directly to MAXIMUS at:
 MAXIMUS Federal Services
 State Appeals East
 3750 Monroe Avenue, Suite 705
 Pittsford, NY 14534
 Fax number: 888-866-6190

If you can get on the internet, you can submit the request through the online portal at externalappeal.cms.gov under the "Request a Review Online" option.

If you have any questions or concerns during the External Review process, you can call MAXIMUS.

What are the timeframes for this process?

You may request an External Review within 4 months of getting the appeal decision. The MAXIMUS Federal Services examiner will contact Texas Children's Health Plan immediately when they receive the request for External Review. Within five (5) business days, Texas Children's Health Plan will give the examiner all documents and information used to make the internal appeal decision.

For standard External Review request:

You or someone acting for you will receive written notice of the final External Review decision as soon as possible. You will receive notice no later than 45 days after the examiner receives the request for an External Review.

For expedited or fast External Review request:

The MAXIMUS examiner will give Texas Children's Health Plan and you or the person filing on your behalf the External Review decision as quickly as medical status requires. You will get a decision no later than 72 hours of us receiving the request. You or someone acting for you will receive the decision by phone.

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 they have in order to get benefits.

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

- Call the Office of Inspector General (OIG) Hotline at 800-436-6184;
- Visit <https://oig.hhsc.state.tx.us/> and click the red "Report Fraud" box 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, WLS 8302
 Houston, TX 77230
 832-828-1320 or 866-959-6555
 Email: TCHPSIU@texaschildrens.org

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

As a member, you have the right to have new medical procedures reviewed by the health plan. These may include tests and surgeries. Each situation is reviewed on a case-by-case basis. We review each procedure to make sure you are receiving the right care. Questions? Call 866-959-6555.

Terms and Definitions

Appeal - A request for your managed care organization to review a denial or a grievance again.

Complaint - A grievance that you communicate to your health insurer or plan.

Copayment - A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment (DME) - Equipment ordered by a health care provider for everyday or extended use. Coverage for DME may include but is not limited to oxygen equipment, wheelchairs, crutches, or diabetic supplies.

Emergency Medical Condition - An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.

Emergency Medical Transportation - Ground or air ambulance services for an emergency medical condition.

Emergency Room Care - Emergency services you get in an emergency room.

Emergency Services - Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services - Health care services that your health insurance or plan doesn't pay for or cover.

Grievance - A complaint to your health insurer or plan. **Habilitation Services and Devices** - Health care services such as physical or occupational therapy that help a person keep, learn, or improve skills and functioning for daily living.

Health Insurance - A contract that requires your health insurer to pay your covered health care costs in exchange for a premium.

Home Health Care - Health care services a person receives in a home.

Hospice Services - Services to provide comfort and support for people in the last stages of a terminal illness and their families.

Hospitalization - Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

Hospital Outpatient Care - Care in a hospital that usually does not require an overnight stay.

Medically Necessary - Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network - The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Non-participating Provider - A provider who does not have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization

from your health insurer or plan to obtain services from a non-participating provider instead of a participating provider. In limited cases, such as when there are no other providers, your health insurer can contract to pay a non-participating provider.

Participating Provider - A Provider who has a contract with your health insurer or plan to provide covered services to you.

Physician Services - Health-care services a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) provides or coordinates.

Plan - A benefit, like Medicaid, which provides and pays for your health-care services.

Pre-authorization - A decision by your health insurer or plan that a health-care service, treatment plan, prescription drug, or durable medical equipment that you or your provider has requested, is medically necessary. This decision or approval, sometimes called prior authorization, prior approval, or pre-certification, must be obtained prior to receiving the requested service. Pre-authorization is not a promise your health insurance or plan will cover the cost.

Premium - The amount that must be paid for your health insurance or plan.

Prescription Drug Coverage - Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs - Drugs and medications that by law require a prescription.

Primary Care Physician - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health-care services for a patient.

Primary Care Provider - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health-care services.

Provider - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), health-care professional, or health-care facility licensed, certified, or accredited as required by state law.

Rehabilitation Services and Devices - Health-care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Skilled Nursing Care - Services from licensed nurses in your own home or in a nursing home. **Specialist** - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Urgent Care - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.



24-Hour Nurse Help Line

We have answers around the clock.

Whenever you need answers, the Texas Children's Health Plan 24-Hour Nurse Help Line is here. Don't wait until your child gets worse. Call when the symptoms first appear! You can call us **24 hours a day, 7 days a week.** Our nurses are ready to help with your health concerns and make informed decisions about your or your child's health. Call us when you:

- Are not sure if you need to make an appointment with a doctor
- Need information about medications, medical tests or procedures
- Want to know how to care for bug bites and rashes, and how to know if you should see a doctor
- Are at home and don't feel well, but don't need to see a doctor
- Have general questions and more



Texas Children's
Health Plan

Call the 24-Hour Nurse Help Line
to speak with a nurse:

1-800-686-3831

texaschildrenshealthplan.org



Texas Children's
Health Plan

Good health starts here!



Healthy Rewards Program

At Texas Children's Health Plan, we go far beyond our members' medical needs. Our general approach to their well-being includes extra services, activities and rewards so they can start –and continue– living healthy lifestyles.

- **Healthy Pregnancy:** Services and rewards to help our members give their baby a healthy start!
- **Health and Wellness:** Members can get rewards just for taking care of their well-being!
- **Healthy Play and Exercise:** Benefits and rewards to help members get stronger and take control of their health.
- **Extra Help for Families:** With services like transportation help and a 24-hour nurse help line, we go the extra mile to show that we truly care for our members.

Learn about these benefits and more at healthyrewardsprogram.org



The Healthy Rewards Program is only available to active Texas Children's Health Plan members. Restrictions and limitations may apply. Age range may vary by plan.