Evercare®

Member Handbook

1-888-887-9003
2007

Evercare STAR+PLUS
9700 Bissonnet, Suite 2225
Houston, TX 77036

1-888-887-9003
1-888-685-8480 TTY
Monday – Friday 8:00 a.m. – 5:00 p.m. local time

Evercare Local Office
5256 South Staples Street Suite 300
Corpus Christi, TX 78411

Service Areas: Aransas, Bee, Calhoun, Jim Wells, Kleberg, Nueces, Refugio, San Patricio, and Victoria Counties

Evercare Local Office
12401 Research Boulevard Suite 220
Austin, TX 78759

Service Areas: Bastrop, Burnet, Caldwell, Hays, Lee, Travis and Williamson Counties

STAR+PLUS PROGRAM
Your Health Plan ■ Your Choice

489-1008 12/06

Important Names and Phone Numbers
Evercare STAR+PLUS Member Services
1-888-887-9003, For TDD access 1-800-735-2989

My PCP's Name:

My PCP's Phone Number:

My Service Coordinator's Name:

My Service Coordinator's Phone Number:

For Dental appointments, call StarDent Dental Plan:
1-800-660-6064

For Eye Care appointments, call Opticare:
1-800-368-5315

Texas Health and Human Services Commission:
1-800-252-8263

Texas Relay/TDD Program:
1-800-735-2989

Medical Transportation Program (MTP):
713-767-3100; or

Medical Transportation Management (MTM):
1-888-665-8125

Mental Health and Substance Abuse Services
(United Behavioral Health) Phone Number:
1-866-302-3996

STARLink: 1-866-566-8989

STARLink: TDD 1-866-222-4306

Nurse Line: 1-800-349-0550

STAR+PLUS Program Help line: 1-800-964-2777

IN CASE OF AN EMERGENCY DIAL: 911

Evercare STAR+PLUS
9700 Bissonnet,
Suite 2225
Houston, TX 77036
Phone: 1-888-887-9003
1-800-735-2989 TTY
Monday – Friday
8:00 a.m. – 5:00 p.m.
local time

Welcome to Evercare STAR+PLUS!

Thank you for choosing Evercare STAR+PLUS as your health plan. We will help you stay healthy and receive good health care when you are not well. Evercare STAR+PLUS will work hard to help make sure you get the care you need.

Your guide to good health

Please read this Member Handbook. It will tell you about your benefits. It will also help you use your health plan right away. Look at your Evercare STAR+PLUS identification card. Make sure all the information on the card is right. We want to make it easy for you to use your health plan. We can answer any questions you have about getting started.

If you have questions about your new health plan, please call us. Our toll-free Member Service number is 1-888-887-9003. We are here to help you 24 hours a day, 7 days a week.

There will be people who can speak with you in English or Spanish when you call. If you need help with other languages, please tell them. Member Services will connect you to the AT&T Language Line and answer your questions.

If you are speech or hearing impaired, please call the Texas Relay Program at 1-800-735-2989. Call us if you need this handbook in Braille, larger print, in audio, or in another language.

A special note for those who have BOTH Medicare and STAR+PLUS coverage

- If you have STAR+PLUS and Medicare coverage, please stop and read every note with a check mark next to it. Because you have both types of coverage, you have more options available to you. Reading the marked information can tell you how to get the most from your Medicare and STAR+PLUS coverage. If you have any questions, please call Member Services at 1-888-887-9003 or call 1-800-735-2989 for TDD service.

Our office location:

Evercare STAR+PLUS
9700 Bissonnet, Suite 2225
Houston, TX 77036
Phone: 1-888-887-9003 (toll-free)

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If you have both Medicare and STAR+PLUS

How does my Evercare STAR+PLUS coverage affect me if I have both Medicare AND STAR+PLUS?

Whenever you see this box, make sure to STOP and READ the note.

If you have both Medicare and STAR+PLUS coverage, you have "dual eligibility." This means that you have more than one form of medical coverage. Your Evercare STAR+PLUS benefits will not reduce or change any of your Medicare benefits. Your Service Coordinator will help arrange your care with Medicare or your Medicare HMO.

If you are a "dual eligible" member with both Medicare and STAR+PLUS, Medicare Part D will cover your prescriptions. Evercare STAR+PLUS has a plan for our members. Contact your Service Coordinator for information on the Evercare STAR+PLUS medication plan and other medication coverage plans.

If you have traditional Medicare coverage, you can still use the doctor you have been seeing. You can also get Medicare-covered specialty services without approval from Evercare STAR+PLUS. We will work with your doctor for the services you get through Evercare STAR+PLUS. Tell your Service Coordinator the name of your regular doctor, especially if you change doctors.

We can help you choose a doctor if you have traditional Medicare coverage but do not have a doctor you see regularly. This doctor can provide and arrange both your Evercare STAR+PLUS and your Medicare services.

If you are enrolled in a Medicare HMO, your Primary Care Provider (PCP) will be the doctor you have chosen through your Medicare HMO. You do not have to choose another PCP for Evercare STAR+PLUS services. Your Medicare doctor will work with your Evercare STAR+PLUS Service Coordinator to arrange your STAR+PLUS services. Be sure to tell your Service Coordinator the name of your Medicare PCP.

Medicare or your Medicare HMO will pay for your services before Evercare STAR+PLUS will. Evercare STAR+PLUS may cover some services that are not covered by Medicare for STAR+PLUS members.

If you need help to learn what STAR+PLUS pays for and what Medicare pays for, Evercare STAR+PLUS will help you. We will show you how STAR+PLUS and Medicare work and make sure that you get the care you are eligible for. Just call Member Services at 1-888-887-9003. If you are speech or hearing impaired, call 1-800-735-2989 for TDD service.

Bring your Medicare card each time you receive Evercare STAR+PLUS covered services.

Medicaid Identification form (Form 3087)

You will get a Medicaid form in the mail each month as long as you are eligible for Medicaid. The Medicaid form tells providers about you and the services that you can get each month. Because you are now in the STAR+PLUS Program, the form will look different than your regular Medicaid form. You will see the STAR+PLUS logo on the top right-hand side of your form. This will tell providers that you are part of the STAR+PLUS Program.

The form has a "Good Through" date in the top right-hand box. This means the Medicaid form is good through the last day of the month printed in this box. It will also list your name and the names of any other family members who are part of your Medicaid case. As a member of the STAR+PLUS Program, your Medicaid form will show your Health Plan below each name listed on the form. If you are under the age of 21, you will also see a reminder under your name if you have a Texas Health Steps (EPSDT) checkup due. You will need to call your Primary Care Provider or Health Plan to arrange for a checkup. The STAR+PLUS 3087 will not reflect the unlimited prescription benefit for members covered by Medicare.

The Medicaid form can also mean that adults can receive more than three prescriptions each month. Be sure to take your Medicaid form to the pharmacy when you need to get a prescription filled. In addition, the form has the following information:

Date Run – This is the date the form was printed.
BIN – This information is used for pharmacy services.
BP – This is a code that tells where you live.
TP – This is the type program for your case.
Cat – This is your case category.
Case No. – This is your case number.
ID No. – This is your Medicaid number.
Name – This is your full name as listed with Medicaid.

Date of Birth – This is your birth date listed with Medicaid by month, day and year.
Sex – This shows if you are female (F) or male (M).
Eligibility Date – This is the beginning date of your eligibility.
TPR – This shows if you have other insurance. A "P" means you have private insurance and an "M" means you are eligible for Medicare.
Medicare No. – This is your Medicare number, if you have one.

Be sure to read the back of the Medicaid form. It also gives you more information about the form. There is also a box that has specific information for providers. You must take your Medicaid form and your Health Plan ID card with you when you get any health care services. You will need to show your Medicaid form and Health Evercare STAR+PLUS ID card each time you need services. If you lose your Medicaid form, contact your local Health and Human Services Commission Eligibility Office at 1-800-252-8263 for another one.

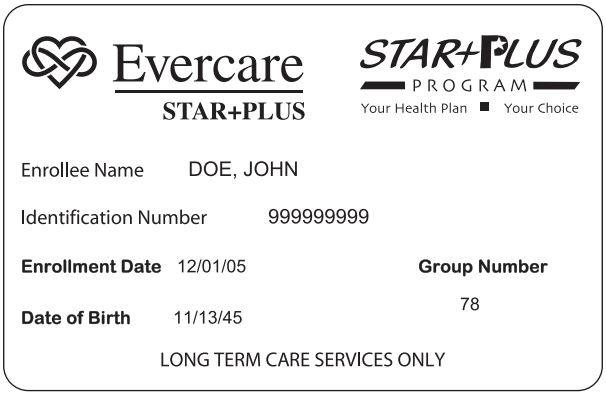
Look at your card to make sure that your name, address, and telephone number are correct. Call Member Services at 1-888-887-9003 if something is wrong with the card. If you are speech or hearing impaired, call 1-800-735-2989 for TDD access.

Your Medicaid form:

When and where do I use my Evercare STAR+PLUS ID card?

Every person who becomes a member of Evercare STAR+PLUS gets an ID card. Your ID card and the Medicaid form give the doctor and office staff important information about you. You will get a new ID card if you change your Primary Care Provider (PCP).

Your Evercare STAR+PLUS ID card:



About your ID card:

Member:

Your PCP or Service Coordinator must provide or help you with your health care, except for emergencies or family planning. Call Evercare STAR+PLUS at 1-888-887-9003 within 24 hours of going to the Emergency Room.

Provider:

This card does not guarantee eligibility. Call Evercare STAR+PLUS to verify eligibility or obtain authorization. Prior authorization is required for Long Term Care services.

Other Numbers:

Evercare STAR+PLUS TDD: 1-800-735-2989
United Behavioral Health: 1-866-302-3996
Vision Care: 1-800-368-5315

Evercare STAR+PLUS
24 hours, 7 days a week: 1-888-887-9003
9700 Bissonnet, Suite 2225
Houston, TX 77036
Enrollee Name JOHN DOE
Identification Number 99999999
Enrollment Date 11/01/02
Group Number
Date of Birth 11/22/0000
PCP Name SOME DOCTOR
PCP Effective Date

Long Term Care Services Only (when applicable for persons with Medicare and Evercare STAR+PLUS Medicaid eligibility)

Service Coordinator information

Information about Temporary ID card form 1027A

You may get a temporary ID card. Take your temporary ID card with you to the doctor, and to get other medical care.

- Show your ID card and Medicaid form every time you go to a doctor's office or clinic.

- If you lose your ID card or it is stolen, call Member Services right away at 1-888-887-9003. Member Services will send you a new one. If you are speech or hearing impaired, call 1-800-735-2989 for TDD access. If your Medicaid form is lost or stolen, call the Health and Human Services Commission at 1-800-252-8263.
- If you move or change your telephone number, call your Service Coordinator or Member Services at 1-888-887-9003. If you are speech or hearing impaired, call 1-800-735-2989 for TDD access.
- If you have Medicare, your ID card will say that you get Long Term Care Services only. This means that you will get your doctor, hospital, lab, x-ray and other acute care services from Medicare or your Medicare HMO.

If you move or change your telephone number, call your Service Coordinator or Member Services.

What is Member Services?

Evercare STAR+PLUS has a Member Services Department that can answer questions and give you information on:

- Membership
- Choosing a Primary Care Provider (PCP)
- Specialists, hospitals, and other providers
- Covered services
- Changing PCPs
- Filing a complaint
- Making a name or address change
- Changing your Service Coordinator
- Having STAR+PLUS and Medicare coverage
- Getting an interpreter
- Getting a ride to the doctor
- Anything else you may have a question about

Member Services can also give you materials that will teach you all kinds of things, such as:

- Living with a chronic illness
- How to get behavioral health care
- Eating healthy foods
- Safe sex and birth control
- HIV/AIDS
- Keeping well with Texas Health Steps

We are happy to help you with other topics that might not be listed here. Just give us a call at 1-888-887-9003. If you are speech or hearing impaired, call 1-800-735-2989 for TDD access.

Your Service Coordinator will either call you or visit you in person to talk to you about your health care needs and to tell you more about the services you can receive.

What is a Service Coordinator?

As a STAR+PLUS member, you will be assigned a Service Coordinator when you enroll in Evercare STAR+PLUS. Your Service Coordinator will either call you or visit you in person to talk to you about your health care needs and to tell you more about the services you can receive. He or she may ask you questions about your health.

Please be honest and open. Your Service Coordinator will keep anything you talk about confidential. Your Service Coordinator can help you:

- Arrange care with your PCP
- Help with any medical, behavioral health and long term care services
- Solve problems you may have with your medical care or providers
- Find ways for you to live at home or in other community settings
- Explain the service and placement options available to you

What is Service Coordination and what will it do for me?

Service coordination is a service Evercare provides for you. We review, plan and help you in meeting your health needs.

How can I contact a Service Coordinator?

Look on your ID card for the telephone number. You can call Member Services to talk to your service coordinator.

What is a Primary Care Provider?

Your Primary Care Provider has the job of taking care of you. Your PCP will take care of you and refer you to a specialist when needed. Your PCP will be your personal doctor from now on. Your PCP will work with your Service Coordinator to manage your medical care and treatment. You should talk to your PCP and Service Coordinator about all your health care needs.

Always talk to your PCP when you want to visit another doctor. Your PCP will give you a referral form when you need one.

What do I need to bring with me to my doctor's appointment?

You must take your Medicaid form and your Health Plan ID card with you when you receive any health care services. You will need to show your Medicaid form and Health Evercare STAR+PLUS ID card each time you need services. If you lose your Medicaid form, contact your local Health and Human Services Commission Eligibility Office at 1-800-252-8263.

How do I choose a Primary Care Provider (PCP)?

Call Member Services for help in making a choice about a PCP. All members of Evercare STAR+PLUS must pick a PCP.

Can a Clinic be my PCP? (RHC/FQHC)

Your PCP can be a doctor, a clinic, a Rural Health Center (RHC) or a Federally Qualified Health Center (FQHC). If you are going to a doctor that you like, you can keep going to that doctor if he or she is on the list of doctors in the Evercare STAR+PLUS network. If your doctor is a specialist, he or she may be allowed to be your PCP.

If your doctor is NOT in Evercare STAR+PLUS, an Enrollment Counselor will help you choose a new doctor. If you do not choose a doctor, one will be assigned to you. Evercare STAR+PLUS will send you a letter and an Evercare STAR+PLUS ID card, with your PCP's name, address and telephone number. The telephone number for the state's Enrollment Counselor is 1-800-964-2777.

If you have Medicare coverage, you will not have to choose a PCP with Evercare.

STAR+PLUS. You WILL need to tell your Service Coordinator the name of your doctor so that we can coordinate your health care needs.

How do I make appointments?

Call your PCP when you need medical care. Your PCP will provide or arrange for all the care you need. You can reach your PCP 24 hours a day, 7 days a week. The name and telephone number of your PCP is on your Evercare STAR+PLUS ID card.

Be sure to write down the day and time of your appointment when you schedule an appointment with your doctor.

If you are enrolled in a Medicare HMO or have traditional Medicare coverage, your doctor's name and telephone number will not be on your Evercare STAR+PLUS ID card. Check your Medicare HMO records for that information. Most PCPs are very busy. It is good to call for an appointment as soon as you can. Please be on time. Call the doctor's office if you cannot keep your appointment, or if you will be late.

When making appointments, the sicker you are, the sooner you will see the doctor. Your Evercare STAR+PLUS PCP will see you within the number of days shown below.

What is emergency medical care and how soon can I expect to be seen?

- If you have an EMERGENCY you will be seen IMMEDIATELY. Emergency services are for health problems that need medical care right away. Examples of emergency services are an injury, a sudden serious illness, or severe pain.

What is urgent medical care and how soon can I expect to be seen??

- If you have an URGENT situation, you will be seen within 24 HOURS. Urgent care is for problems that come up suddenly and are not emergencies, but which need prompt care to keep them from getting worse. Examples of urgent care are respiratory illnesses, simple burns and wounds and minor illnesses like the flu.

What is routine medical care and how soon can I expect to be seen?

- If you need ROUTINE care, you will be seen within 10 BUSINESS DAYS. Routine care is care that prevents problems and keeps you healthy. Examples of routine care are screening mammograms, screening pap smears and prostate exams.

If you need help making an appointment, call Member Services at 1-888-887-9003.

How do I get health care after my PCP's office is closed?

It's best to call your PCP as soon as you need health care. Do not wait until the evening or a weekend to call your PCP if you can get help during the day. Your illness may get worse as the day goes on. If you get sick during the night or on a weekend, and cannot wait for help, call your PCP at the telephone number on the front of your ID card. Your PCP is available 24 hours a day, 7 days a week for all members, so you can always get help.

You will get help in one of three ways:

1. The office phone is answered after hours by an answering service that will call your PCP or another doctor on call;

2. The office phone is answered by a recording. The message tells you to call another number to reach your PCP, or the message may give you the number of another doctor who serves as a back-up to your PCP; or

3. The office phone is transferred after office hours to another office where someone will answer your call in person and contact your PCP, or the doctor on call.

How do I change my PCP?

It's good to stay with the same PCP, because your PCP knows you, has your medical records, and knows what medications you take. Your PCP is the best person to make sure you are getting good medical care.

How many times can I change my PCP?

You can change your PCP up to four times a year. Call Member Services to tell them you want to change your PCP. If you don't know whom you want to change to, Member Services will send you a list of our doctors and clinics so you can pick a new PCP. If you have already changed your PCP four times in a year, you cannot change again unless there is a very good reason.

Your PCP is the best person to help make sure you are getting good medical care.

When will my PCP change become effective?

If you make your change before the 15th of the month, the change will happen on the first day of the next month.

If you make your change after the 15th of the month, the change will happen on the first day of the second month.

Remember: If you have Medicare, Evercare STAR+PLUS cannot affect your choice of PCPs. If you change your PCP, tell your Service Coordinator the name of your new PCP. This way we can make sure you get all the care and services you are eligible for.

Some reasons you may change your PCP:

- You have moved and you need a PCP that is closer to your home.
- You are not happy with your PCP.

Some reasons you may not be able to get the PCP you choose:

- You asked for a PCP that is not part of the Evercare STAR+PLUS Health Plan.
- You asked for a PCP that is not accepting new patients because he or she is seeing too many patients already.
- You have already changed your PCP four times in a single year.

Can my PCP request that I be changed to another PCP for non-compliance? Your PCP may ask that you change to another PCP because:

- You and your PCP do not get along.
- You do not follow your PCP's advice.

What if I choose to go to another doctor who is not my PCP?

If you have Medicare coverage, you will not have to choose a PCP with Evercare. If your doctor is NOT in Evercare STAR+PLUS, an Enrollment Counselor will help you choose a new doctor. If you do not choose a doctor, one will be assigned to you.

Note: If you lose your Medicaid eligibility, you cannot receive care or services under Evercare STAR+PLUS for STAR+PLUS members. If you temporarily lose your STAR+PLUS eligibility and regain it within 180 days, you will automatically be re-enrolled with Evercare STAR+PLUS and the same PCP you had before, unless they are no longer a part of Evercare STAR+PLUS.

What if I need OB/GYN care and can I stay with my OB/GYN if they aren't with Evercare?

ATTENTION FEMALE MEMBERS

Evercare STAR+PLUS has not limited your selection of an OB/GYN to the same network as your PCP. You have the right to select an OB/GYN without a referral from your PCP. The access to health care services of an OB/GYN includes:

- One well-woman checkup per year
- Care related to pregnancy
- Care for any female medical condition
- Referral to a special doctor within the network
- You can call us for help in picking an OB/GYN doctor 1-888-877-9003

If you have Medicare coverage, you do not have to choose an OB/GYN with Evercare STAR+PLUS.

How do I choose an OB/GYN?

Call your Service Coordinator for assistance or select a provider from the provider directory. You may select an OB/GYN provider even if they are not in network with Evercare.

If I don't select an OB/GYN, do I have direct access?

Yes.

Will I need a referral?

No.

How do I get regular medical care?

Your PCP and Service Coordinator will provide or arrange for the care you need. Your PCP will give you regular checkups, treat you when you are sick, and write prescriptions for medicine and medical supplies.

Your PCP will give you regular checkups, treat you when you are sick, and write prescriptions for medicine and medical supplies.

- Your PCP will also talk to you and your Service Coordinator about any specialty care you may need.
- Your Service Coordinator may call or visit you to make an assessment of your health care needs.
- Your Service Coordinator will continue to assess your health on a regular basis. This way, he or she can help make sure you are getting the care you need. Your Service Coordinator can arrange for your care with your PCP. If you cannot make decisions about your medical care, bring a family member to the doctor's office to help you. Tell your Service Coordinator that you need help.

When I need to see a special doctor, how soon can I expect to be seen?

A specialist is a doctor that treats a special health problem, like a foot doctor or a heart doctor. Your PCP may want you to go to a specialist. Your PCP will give you a referral form if you need one. Give the form to the specialist when you go.

- If you have Medicare coverage, you do not need a referral form for Medicare-covered specialty services.

When you see a specialist:

- You CAN see family planning, an Evercare STAR+PLUS OB/GYN, or dental and mental health providers WITHOUT a referral form.
- Make your appointment ahead of time.
- If you have any questions, call Member Services.

Visits with specialists will occur within the number of days shown below:

- EMERGENCY appointments are available IMMEDIATELY.
- URGENT appointments are available within 24 HOURS of the referral.
- ROUTINE appointments are available within 10 BUSINESS DAYS of the referral.
- What is urgent medical care? Care available within 24 hours

How can I request a Second Opinion?

You can get a second opinion for your health care. Call your PCP or your Service Coordinator if you want a second opinion. You can call Member Services for help with a second opinion.

What is a Referral?

A referral is a form you need to get some services. Always contact your PCP to see if a referral form is needed for a service you want.

What services do not need a referral?

Always contact your PCP to see if you need a referral.

Physician Incentive Plan (PIP)

At the present time Evercare STAR+PLUS does not offer a Physician Incentive Plan to any of our providers.

I don't have a car; how do I get to the doctor's office?

If you have no other way to get to the doctor, you can call Medical Transportation Program (MTP) at 713-767-3100 or Medical Transportation Management (MTM) at 1-888-665-8125. Call for transportation as soon as you make your medical appointment or at least one week in advance.

If you have no other way to get to the doctor, you can call Medical Transportation Program.

You must have a scheduled medical appointment. MTP and MTM will verify your eligibility and the participating medical provider eligibility. To verify eligibility, you will be asked to provide:

1. Your Medicaid number,

2. Your doctor's (or other provider's) name and address, and

3. The date, time and reason for your appointment.

Who do I call for a ride to a medical appointment?

The MTP Customer Service Center will be open weekdays from 8:00 a.m. to 5:00 p.m CST, and the MTM Customer Service Center will be open to receive calls from Members, and routine transportation will be available Monday through Saturday, 6:30 a.m. to 6:00 p.m. (Central Time), except for the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. If you have a complaint about transportation provided by MTM, call 1-888-877-9003.

How far in advance do I need to call?

Call for transportation as soon as you make your medical appointment or at least one week in advance.

Can someone I know give me a ride to my appointment and get money for mileage?

- Call MTP for transportation to a medical appointment and you will be set up with a ride.
- MTP does not pay money if someone gives you a ride to a medical appointment.

- MTM will set up a ride to a medical appointment. If the kind of vehicle you need is not open, MTM may set you up for a different kind of transportation.
- MTM will tell you if they will pay money to someone who gives you ride to a medical appointment.

Can someone interpret for me when I talk with my doctor?

It is your right to talk with and understand both your doctor and Service Coordinator in the language you prefer.

Who do I call for an interpreter

If you need a translator when you meet with your doctor or Service Coordinator, please call Member Services at 1-888-887-9003. If you are hearing impaired, call 1-800-735-2989 for TDD access. Call as soon as you make your appointment or at least 24 hours in advance.

How can I get a face to face interpreter in the providers offices?

Translators can meet you at your doctor's office and help you talk to your doctor face-to-face in the language you prefer.

How do I get my prescriptions filled?

Evercare STAR+PLUS members with Medicaid only coverage will receive unlimited medically necessary prescriptions.

You should go to a pharmacy that accepts Medicaid. Your doctor can tell you where to go. You can also call Evercare STAR+PLUS Member Services at 1-888-887-9003. Take your Medicaid form with you to the pharmacy. It is best to go to the same pharmacy every time you get a new prescription. That way, the pharmacist can learn more about your prescription needs and help you in the future.

If you are a "dual eligible" person with Medicare and STAR+PLUS, Medicare Part D will cover your prescriptions. Evercare STAR+PLUS has a plan for its members. Contact your Service Coordinator for information on the Evercare STAR+PLUS medication coverage plan or other Medicare medication coverage plans.

Who do I call if I have problems getting my prescriptions filled?

You can call Evercare at 1-888-887-9003

If you have an emergency, call 9-1-1 for help, or go to the nearest emergency room.

What if I have an emergency?

Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

- placing the patient'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 woman, serious jeopardy to the health of a woman or her unborn child.

If you have an emergency, call 9-1-1 for help, or go to the nearest emergency room.

Remember to show your Evercare STAR+PLUS ID card and Medicaid form to the emergency room staff. Call your PCP and your Service Coordinator within two days of going to the emergency room to make sure you get any follow-up care you may need.

If you are not sure if the symptoms you have are life threatening, you can call your PCP. Your PCP will tell you what to do. Your PCP is available 24 hours a day, 7 days a week. Your PCP can help you with questions about:

- Earache, rash, colds, cough, sore throat, flu, or sinus problems
- Minor sunburn or cooking burns
- Chronic back pain or minor headache
- Broken cast or stitches needing to be removed
- Prescription refills

What is post-stabilization care?

Post-stabilization care services are Medicaid covered services that you receive following emergency medical care in order to keep your condition stable.

What if I need emergency transportation?

If you need an ambulance in an emergency, call 9-1-1 for help. If you are living in a nursing facility, the nursing facility staff will arrange these services for you.

What are my Health Care benefits?

Evercare STAR+PLUS covers specified medically necessary services.

What does "medically necessary" mean?

Medically necessary means:

Health Care Services that are:

- reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, 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 diagnoses of the conditions;
- no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
- not experimental or investigative; and
- not primarily for the convenience of the Member or Provider; and

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;
- in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
- furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- 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;
- not experimental or investigative; and
- not primarily for the convenience of the Member or Provider.

Are there any limitations to any covered services?

Contact Member Services at 1-888-887-9003 for information.

What is a spell of illness?

A spell of illness is 30 days in the hospital. The days may be together or at different times. When 30 days of care in the hospital are paid for, no more payments for care in the hospital are made until you are out of the hospital for 60 days. Functionally Necessary Covered Services means Community-based Long Term Care Services provided to assist Evercare STAR+PLUS members with activities of daily living and a determination of the amount of supplemental supports necessary for the STAR+PLUS Member to remain independent or in the most integrated setting possible.

This list includes some functionally necessary covered services

- Adaptive aids such as wheelchairs, walkers, canes, and durable medical equipment
- Adjunct services
- Adult foster home services

- Assisted living/Residential care services
- Client managed attendant care
- Day activity and health services
- Dietitian/nutritional services
- Emergency response services
- Home health care services
- Home delivered meals
- Medical supplies
- Minor home modifications – to ensure accessibility and improve mobility
- Nursing services
- Nursing facility care
- Parent training – to enhance parenting and caretaking skills
- Personal assistance services
- Respite care
- Sub-acute care
- Therapy services to include occupational therapy, physical therapy and speech/language therapy
- Adult Dental
- Vision

What are my Acute Care Benefits?

The medically necessary services Evercare STAR+PLUS provides are listed below:

Hospital Care Inpatient:

STAR+PLUS network hospitals will provide all necessary items and services when requested by your doctor. These services include, but are not limited to:

- Bed and board in a semi-private room, critical care or heart unit
- Whole blood required for the treatment of sickness or injury

- Child delivery care (the usual care and special pre-birth care for pregnant women with specific problems)
- Newborn care (regular newborn care and special nursery care for newborns with problems)
- All necessary support services and supplies ordered by a doctor
- Transplant services including: liver, heart, lung, bone marrow and cornea
- Ambulance services for emergencies and non-emergency situations for persons with severe disabilities
- Substance abuse and behavioral health services (when medically necessary)

Outpatient:

For emergency services, STAR+PLUS will cover outpatient hospital care as follows:

- Services performed in the emergency room or hospital clinic
- Testing or rehabilitative items or services that are requested by your doctor
- Surgery not requiring a hospital stay
- Substance abuse and behavioral health services (when medically necessary)

Walk-in Surgery Centers:

- Minor surgery not requiring a hospital stay

Professional Services:

- Office visits for regular care including:
  - Care to prevent illness (annual physical for adults)
  - Regular medical care
  - Shots to prevent sickness (immunization)
  - 12 Chiropractic service visits per year
  - Podiatry services
- Hearing examinations and medically necessary hearing aids

- Laboratory and x-ray services, including tests to prevent birth defects
- Genetic services
- Eye doctor services:
  - Adults over 21 years old can get an eye exam every 24 months
  - Children less than 21 years old can get one eye exam each state fiscal year (September 1 through August 31)
  - Eyeglass frames (not available for members with Medicare)
- Adult dental care (StarDent 1-800-660-6064)
- Emergency dental services
- Dialysis for kidney problems
- Licensed professional counselors, social workers, and mental health services (UBH 1-866-302-3996)
- Family planning services

Note: For Medicaid only members, Evercare STAR+PLUS will assist member with transition to Medicare if qualified, or the transition to traditional Medicaid.

How do I obtain these services?

Call Member Services at 1-888-887-9003 for questions on how to get these services.

What extra benefits does a member of Evercare get?

Value-added services

Value-added services are extra services Evercare STAR+PLUS offers. As a member of Evercare STAR+PLUS in addition to the required traditional Medicaid services, you can also receive:

- Transportation to medical appointments by Medical Transportation Management (MTM)
- Enhanced Vision Services
- Adult Dental Services

- Medically Necessary substance abuse services
- Behavioral Health Intensive Outpatient Day Treatment
- Behavioral Health Partial Hospitalization/Extended Day Treatment
- Behavioral Health Residential Treatment

Other Behavioral Health Off Site Services such as:

- Home and School based services
- Mobile Crisis Services
- Intensive Case Management

How do I get these services?

Call Member Services at 1-888-887-9003 for questions on how to get these services.

How do I get eye care services?

You can call Opticare at 1-800-368-5315.

Other covered services

- Rural health clinic services
- Physician services and their support services
- Nurses and social worker services
- Visiting nurse services
- Basic laboratory services
- Maternity Clinic Services
- Certified nurse midwife services
- Birthing center, including admission, labor, delivery, postpartum and total obstetrical care
- Texas Health Steps (EPSDT) medical checkups
- Occupational, hearing, language or speech therapy

- Federally Qualified Health Centers (These are community clinics that have served local people for a long time. You may want to visit one and see what kind of medical services they offer.)
- Special services for members with physical disabilities
- Health education classes and meetings. Call Member Services for more information

What Health Education classes does Evercare offer?

Call Member Services for more information about Health education classes and meetings.

What are my Long Term Care Benefits?

Long Term Care and Home and Community-Based Services

- Adaptive aids such as: wheelchairs, walkers, canes, and durable medical equipment
- Adjunct services
- Adult foster home services
- Assisted living/Residential care services
- Client managed attendant care
- Day activity and health services
- Dietitian/nutritional services
- Emergency response services
- Home health care services
- Home delivered meals
- Medical supplies
- Minor home modifications — to ensure accessibility and improve mobility
- Nursing services
- Nursing facility care
- Parent training — to enhance parenting and caretaking skills

- Personal assistance services
- Respite care
- Sub-acute care
- Therapy services to include occupational therapy, physical therapy and speech/language therapy

How do I obtain these services?

Call Member Services at 1-888-887-9003 for questions on how to get these services.

Evercare STAR+PLUS will pay for Consumer-Directed Services (CDS)

Evercare STAR+PLUS will give information to members:

- when the Service Coordinator talks to the member about attendant services;
- when a member is re-assessed for services;
- when a member asks for the information.

How do I obtain these services?

Call Member Services at 1-888-887-9003 for questions on how to get these services.

What other services can my plan assist me with?

What other services can my plan assist me with? The STAR+PLUS program covers the following services. These services are provided by other providers outside of the Evercare STAR+PLUS network. We are happy to refer you to one of these providers if you are in need of these types of services:

- Pregnant Women and Infants Case Management (CPW) Visit the web site below for more information: **http://www.dshs.state.tx.us**
- Prescription drugs (covered by the state Vendor Drug Program or Medicare Part D)
- Texas Health Steps (EPSDT) dental services

- Tuberculosis (TB) Clinics
- Pregnant Women and Infants Case Management (PWI) Evercare refers and coordinates with local agencies contracted with the Texas Interagency Council on Early Childhood Intervention to perform Intake, Evaluation, Assessment, case management, Individual Family Service Plan development, Early Childhood Intervention service delivery and/or other Early Childhood Intervention services, for STAR+PLUS members, through Evercare STAR+PLUS care coordination.
- Women, Infants and Children Services (WIC)
- Early Childhood Intervention (ECI)
- Services by federal or state hospital doctors
- MHMR Case Management
- Mental Retardation Diagnostic Assessment (MRDA)
- Mental health rehabilitation
- Texas School Health and Related Services (SHARS)
- Texas Commission for the Blind (TCB)

What services are not covered benefits?

Some of these services may be covered for children less than 21 years of age through Texas Health Steps. If you want to know if a procedure or medication is covered under STAR+PLUS, ask your PCP, Care Coordinator, or call **Member Services at 1-888-887-9003**. Call **1-800-735-2989 for TDD** access if you are speech or hearing impaired.

- Services provided by non-approved providers
- Services by Christian Science Nurses
- Clinic services (except for Federally Qualified Health Clinics, limited maternity care clinic and family planning services)
- Dentures
- Private duty nursing
- Services or supplies not specifically provided by traditional Medicaid

- Services or supplies provided to a member after a finding has been made following a review that these services or supplies are not medically necessary
- Services or supplies paid by any health, accident, and federal government benefits program or U.S. public health services hospitals
- Services provided solely for beauty reasons
- Sex change operations
- Reversal of self-requested sterility
- Services and supplies to any individual who is an inmate of a public institution
- Social and educational counseling services (except parent training)
- Experimental or investigational procedures or services

If you still get a bill, call Member Services at 1-888-887-9003 for help.

What if I get a bill from my doctor?

If you get a bill from a doctor, hospital or other health care provider, ask why they are billing you. You do not have to pay bills that Evercare STAR+PLUS should pay. If you still get a bill, call **Member Services at 1-888-887-9003** for help. Be sure you have your bill in front of you when you call. You will need to tell Member Services who sent you the bill, the date of service, the amount and the doctor, hospital or provider's address and telephone number.

What if I am pregnant?

Call your Service Coordinator and PCP as soon as you know you are pregnant. Evercare STAR+PLUS has a maternity care program. This program, including counseling, provides you with care before, during and after you have your baby. You can expect to be seen within two weeks of scheduling your appointment.

Who do I need to call?

Call your doctor.

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

Contact your service coordinator for assistance with identifying services available to meet your needs.

How soon can I be seen after contacting my OB/GYN for an appointment

You can be seen within 2 weeks of contacting you doctor to request a prenatal visits.

How do I sign up my newborn baby?

Be sure to call your Service Coordinator once you know you are pregnant. Be sure to notify your Medicaid Case Worker as soon as your baby is born. To apply for medical care for your baby, call the Texas Health and Human Services Commission at 1-800-252-8263 to apply for Temporary Assistance for Needy Families (TANF).

What is Texas Health Steps?

Special care for children — *Texas Health Steps*

There is a special health care program for children covered by STAR+PLUS. It is called Texas Health Steps (you may know it as the Early and Periodic Screening, Diagnosis and Treatment, EPSDT program). Members age 0 - 20 years are eligible for this program. This program is designed to keep children healthy. What services are offered by THSTEPS?

- Physical examinations
- Measures of height, weight and blood pressure
- Shots (immunizations) to prevent illness
- Eye checkups and glasses
- Hearing test and hearing aids
- Dental assessment
- Diet evaluation and counseling
- Developmental assessment

- Lab tests
- Diagnosis and treatment for problems found during the checkup
- Other health care services, if needed

By getting set checkups, the doctor is able to find and treat problems before they become serious.

Does my doctor have to be with my health plan?

By getting set checkups, the doctor is able to find and treat problems before they become serious. You do not need a referral. You have the freedom to choose any Texas Health Steps (THSteps) doctor.

What if I am out of town and my child is due for a THSTEPS exam?

If you have moved or are out of town when your child is due for a THSteps checkup, you can use any THSteps doctor in Texas. If you need help or have questions, you can call Member Services at 1-888-887-9003.

Is a referral necessary

No.

How and when do I get Texas Health Steps (THSTEPS) medical and dental checkups for my child?

1-14 days	9 months	24 months	6 years	14 years
2 months	12 months	3 years	8 years	16 years
4 months	15 months	4 years	10 years	18 years
6 months	18 months	5 years	12 years	20 years

What if I need to cancel an appointment?

Call your doctor's office if you need to cancel a THSteps appointment. Be sure to reschedule the checkup as soon as you can so your child will stay healthy.

How can I get help with family planning?

You can go to your PCP or any doctor or family planning clinic that takes Medicaid to help you with family planning. You don't need a referral form. Tell your PCP where you are going so your records can be kept up-to-date. Family planning services are very private. You do not have to worry about anyone else knowing that you are going there. Here is a list of the family planning providers you can go to directly:

Where do I find a family planning service provider?

Planned Parenthood of Houston & Southeast Texas, Inc.
PPHSET Teen Clinic
3601 Fannin
Houston, TX 77004
Phone: 713-535-2406
Fax: 713-525-2477
Hours: 12p-7p, Mon; 9a-3p, Tues; 12:30p-7:45p, Weds-Thurs; 7:30a-3:45p, Fri; 8a-12:45p, Sat

Planned Parenthood of Houston & Southeast Texas, Inc.
PPHSET Fannin Clinic
3601 Fannin
Houston, TX 77004
Phone: 713-522-3976
Fax: *No number on file*
Hours: 7:30a-8p, Mon; 7:30a-5p, Tues; 7:30a-7p, Weds; 7a-7p, Thurs; 7a-4p, Fri; 7:30a-1p, Sat

City of Houston Department of Health & Human Services
Riverside Health Center
3611 Ennis
Houston, TX 77004
Phone: (713) 527-4040
Fax: (713) 284-9699
Hours: 8:30a-4:30p, Mon; 7:30a-3:30p, Wed & Fri

Legacy Community Health Services, Inc.
(formerly Montrose Clinic, Inc.)
215 Westheimer
Null Phone: 7138303000
Fax: *No number on file*
Hours: 9a-7p, Mon-Thurs; 9a-5p, Fri

City of Houston Department of Health & Human Services
West End Health Center
190 Heights Blvd
Houston, TX 77007
Phone: (713) 866-4100
Fax: (713) 866-4113
Hours: 8:30a-4:30p, Mon; 7:30a-3:30p, Tues-Thurs-Fri

City of Houston Department of Health & Human Services
La Nueva Casa De Amigos Health Center
1809 N. Main
Houston, TX 77009
Phone: (713) 547-8000
Fax: (713) 224-6889
Hours: 7:30a-3:30p, Tues-Fri

City of Houston Department of Health & Human Services
Magnolia Health Center
7037 Capitol
Houston, TX 77011
Phone: (713) 928-9825
Fax: (713) 928-9830
Hours: 8:30a-4:30p, Mon; 7:30a-3:30p, Wed & Fri

City of Houston Department of Health & Human Services
Lyons Health Center
5602 Lyons Ave.
Houston, TX 77020
Phone: (713) 671-3000
Fax: (713) 671-3062
Hours: 8:30a-4:30p, Mon; 7:30a-3:30p,Tues-Fri

Baylor College of Medicine - Teen Health Clinic
Teen Health Clinic Cullen
5737 Cullen, Ste. 200
Houston, TX 77021
Phone: (713) 873-3601
Fax: *No number on file*
Hours: 8a-6:30p, Mon-Thur

Baylor College of Medicine - Teen Health Clinic
Teen Health Clinic Cavalcade
3815 Cavalcade
Houston, TX 77026
Phone: (713) 673-1655
Fax: (713) 673-1549
Hours: 8a-6:30p, Mon-Thur

Baylor College of Medicine - Teen Health Clinic
Lyndon B. Johnson Hospital
5656 Kelley
Houston, TX 77026
Phone: (713) 566-5612
Fax: (713) 636-5610
Hours: 8a-6:30p, Mon-Thur

Baylor College of Medicine - Teen Health Clinic
Teen Health Clinic Ben Taub
1504 Taub Loop
Houston, TX 77030
Phone: (713) 873-3601
Fax: *No number on file*
Hours: 8:30p-6:30p, Mon-Thurs

Planned Parenthood of Houston & Southeast Texas, Inc.
PPHSET Greenspoint Clinic
11834 Airline Dr.
Houston, TX 77037
Phone: (281) 820-5305
Fax: *No number on file*
Hours: 9:30a-7:30p, Mon; 8:30a-3p, Tues; 8:30a-2p, Wed; 8a-5:30p, Thur; 8a-4p, Fri; 8a-1p, Sat

City of Houston Department of Health & Human Services
Sunnyside Health Center
9314 Cullen
Houston, TX 77051
Phone: (713) 732-5000
Fax: (713) 732-5010
Hours: 8:30a-4:30p, Mon; 7:30a-3:30p, Tues- Fri

Baylor College of Medicine - Teen Health Clinic
Teen Health Clinic - Lee High School
6529 Beverly Hill Lane
Null Phone: 7137871756
Fax: *No number on file*
Hours: 8a-4:30p, Mon-Fri

Southeast Texas Family Planning & Cancer Screening
6565 DeMoss, Ste. 112
Houston, TX 77074
Phone: (713) 774-6550
Fax: *No number on file*
Hours: 8a-5p, Mon, Tues, Thurs, Fri; 8a-5:30p, Wed; 8:30a-11:30a, Sat

Planned Parenthood of Houston & Southeast Texas, Inc.
PPHSET Southwest Clinic
6121 Hillcroft St.
Houston, TX 77081
Phone: (713) 541-5372
Fax: *No number on file*
Hours: 10a-7p, Mon; 7:30a-4p, Tues-Thur; 7:30a-3p, Fri; 7:30a-1p, Sat

Baylor College of Medicine - Teen Health Clinic
Teen Health Clinic Lawn
8111 Lawn
Houston, TX 77088
Phone: (281) 847-9970
Fax: (281) 820-3740
Hours: 8a-6:30p, Tues-Thur

Harris County Public Health and Environmental Services
HCPHES - Antoine Community Health Center/Northwest Harris County
5668 West Little York
Houston, TX 77091-1123
Phone: (281) 447-2800
Fax: (281) 447-6688
Hours: 8a-1:15p, Mon; 7:45a-3:30p, Tues/Thur; 7:45a-1:15p, Wed; 8a-3:30p, Fri

City of Houston Department of Health & Human Services
Northside Health Center
8523 Arkansas
Houston, TX 77093
Phone: (713) 696-5900
Fax: (713) 694-4169
Hours: 7:30a-3:30p, Tues-Thurs

Harris County Public Health and Environmental Services
HCPHES - Humble Health Center/Northeast Harris County
1730 Humble Place Drive
Humble, TX 77338
Phone: (281) 446-4222
Fax: (281) 446-9563
Hours: 7:30a-6:30p Mon; 9:30a-6p Tues; 8:30-4p Wed/Thur 8:30a-4:30p; 7:30a-11:30a, Fri

UTMB Regional Maternal & Child Health Program
RM&CHP UTMB Katy
5819 10th Street, Suite A
Katy, TX 77493
Phone: (409) 772-0979
Fax: *No number on file*
Hours: 8a-7p, Mon; 8a-5p, Tues-Fri

Harris County Public Health and Environmental Services
HCPHES - Baytown Health Clinic/East Harris County
1000 Lee Drive
Baytown, TX 77502
Phone: (281) 427-5195
Fax: (281) 427-1785
Hours: 8a-5p, Mon; Tues, 8a-4p; Wed 8a-6p; Thur 1p-4:30p

Harris County Public Health and Environmental Services
HCPHES - Southeast Health Center
3737 Red Bluff
Pasadena, TX 77503
Phone: (713) 740-5000
Fax: (713) 740-5110
Hours: 8a-7p, Mon-Wed; 8a-5p, Thur-Fri

Harris County Public Health and Environmental Services
HCPHES - La Porte Health Center/Southeast Harris County
1009 S. Broadway St.
La Porte, TX 77571
Phone: (281) 471-4202
Fax: (281) 471-4263
Hours: 8a-6:30p, Mon; 12p-4p Tues; 8a-6p Wed; 8a-4p, Thur; 8a-11:30a, Fri

What if I get sick when I am out of town, out of the state or out of the country traveling?

When you are traveling and get sick, you can still get medical help even if you are outside Harris County. To get medical help you should:

- Call Evercare STAR+PLUS Member Services at 1-888-887-9003. That number is on the back of your Evercare STAR+PLUS ID card. They can tell you what you should do.
- If you have a health problem that needs to be treated right away, go to the nearest hospital emergency room.
- If you are traveling in another country and get sick, your care will not be covered.

When you are traveling and get sick, you can still get medical help even if you are outside Harris County.

How do I get help if I have behavioral health or drug problems?

Evercare STAR+PLUS covers medically necessary Substance Abuse and Behavioral Health care services. If you have a drug problem or are very upset about something, you can get help. Call your Service Coordinator or call United Behavioral Health at 1-866-302-3996 for help. You do not need a referral for these services.

There will be people who can speak with you in English or Spanish when you call. If you need help with other languages, please tell them. Member Services will connect you to the AT&T Language Line and answer your questions.

If you are speech or hearing impaired, please call the Texas Relay Program at 1-800-735-2989. Call us if you need this handbook in Braille, larger print, in audio, or in another language.

If it is a crisis and you have trouble with the telephone line, call 9-1-1 or go to the nearest emergency room. United Behavioral Health's customer service number can be reached 24 hours a day, 7 days a week.

What should I do if I have a health care complaint?

We want to help. If you have a complaint, please call us.

Who do I call if I have a complaint about the service or staff?

Call us toll-free at 1-888-887-9003 or 713-778-8600 to tell us about your problem.

Can someone from Evercare help me file a complaint?

An Evercare of Texas Member Services Advocate can help you file a complaint, just call 1-888-887-9003. Most of the time, we can help you right away or at the most within a few days.

Once you have exhausted the Evercare of Texas complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free at 1-800-252-8263. If you would like to make your request in writing, please send it to the following address:

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

Requirements and timeframes for filing a complaint

There is not a time limit on filing a complaint with Evercare. Evercare will send you a letter telling you what we did about your complaint.

How long will it take to process my complaint?

You will get the letter in 30 days from when your complaint got to Evercare.

What can I do if Evercare STAR+PLUS denies or limits my PCP's request for a covered service?

How will I be notified if services are denied? Evercare will send you a letter if a covered service requested by your PCP is denied, delayed, limited or stopped. If you are not happy with the decision, you can call Member Services at 1-888-887-9003 and ask for an appeal.

Can I ask for a State Fair Hearing?

You have the right to ask for a State Fair Hearing at any time during or after the plan's appeal process. If you do not agree with your plan's decision, you may ask for a Fair Hearing from the State. You have 90 days from the date on the letter to request a Fair Hearing. You have the right to continue any service you are now receiving pending the final hearing decision provided you request the hearing within 10 days from receipt of the hearing notice from your health plan. If you do not request a Fair Hearing within 10 days from receipt of the hearing notice, your service being appealed will be discontinued.

You have the right to ask for a State Fair Hearing at any time during or after Evercare of Texas' appeal process.

You can request a Fair Hearing by contacting the Health and Human Services Commission (HHSC) at 1-800-252-8263. If you would like to make your request in writing, please send it to the following address:

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

You do not have a right to a Fair Hearing if Medicaid does not cover the service you requested.

If you ask for a Fair Hearing, you will get a letter from the hearing officer. The letter will tell you the date and time of the hearing. The letter will tell you what you need to know to get ready for the hearing. The hearing can be held by telephone and you can explain why you asked for this service. You can also ask the hearing officer to review the information you send in and make a decision.

HHSC will give you a final decision within 90 days from the date you asked for the hearing.

How do I file an appeal if Evercare STAR+PLUS denies a covered service that was requested by my PCP?

- Evercare will send you a letter if a covered service that your PCP requested is not approved.
- If you are not happy, call Evercare STAR+PLUS within 30 days from when you get our letter.

- You must appeal within 10 days of the date on the letter to make sure your services are not stopped.
- You can appeal by sending a letter to Evercare.
- You can appeal by calling Evercare.
- You can ask for up to 14 days in extra time for your appeal.
- Evercare STAR+PLUS may use extra time on your appeal time if it is better for you.
- You can call Member Services and get help with your appeal.
- When you call Member Services to appeal, we will send you a letter and ask you to sign a form.

What is an expedited appeal?

An expedited appeal is when Evercare is required to make a decision quickly based on your health status and taking the time for a standard appeal could jeopardize your life or health.

How do I file an expedited appeal if Evercare STAR+PLUS denies a covered service that was requested by my PCP?

- Call Evercare STAR+PLUS Member Services when you want to appeal.
- You can write a letter to ask for an expedited appeal.
- Evercare STAR+PLUS will tell you or your doctor the outcome in one business day.
- A letter telling you about the outcome will be sent to you and your doctor. The letter will be sent to you in 30 days from the appeal.
- If Evercare denies an expedited appeal, the appeal is then processed through the normal appeal process which will be resolved within 30 days.

Can I change health plans?

If you are not in the hospital, you can change your health plan by calling the Texas STAR or STAR+PLUS Program Helpline at 1-800-964-2777. You can change plans as many times as you want, but not more than once a month. If you are in the hospital, you will not be able to change health plans until you have been discharged.

What do I do if I want to leave the Evercare STAR+PLUS Health Plan?

As a member of the STAR+PLUS Program, you have the right to join any STAR+PLUS Health Plan in your area.

Who do I call?

If you are not in the hospital, you can change health plans by calling the Enrollment Counselor at 1-800-964-2777. Tell them that you want to change health plans.

How many times can I change Health Plans?

There is no limit to the number of times you can change. If you are in the hospital, you will not be able to change health plans until you have been discharged.

When will my Health Plan change become effective?

If you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. For example:

- If you call on or before April 15, your change will take place on May 1.
- If you call after April 15, your change will take place on June 1.

Can Evercare request that I get disenrolled from their plan (for non-compliance, etc.)?

Sometimes Evercare STAR+PLUS may ask that you be disenrolled from Evercare STAR+PLUS. Some reasons include:

- Disruptive behavior in a facility or a network provider's office, unrelated to a physical or behavioral health condition;
- Loaning or allowing another person to use your Evercare Identification card; or
- Other circumstances approved by Texas Health and Human Services Commission justifying disenrollment.

What do I have to do if I move?

Report your new address as soon as possible to the local Health and Human Services Commission Eligibility Office and Evercare STAR+PLUS Member Services Department at 1-888-877-9003.

Report your new address as soon as possible to the local Health and Human Services Commission Eligibility Office and Evercare STAR+PLUS Member Services Department at 1-888-877-9003. You must call Evercare of Texas before getting any services in your new area, unless it is an emergency. You will continue to get care through Evercare STAR+PLUS until the address is changed, unless you have moved out of the service delivery area.

What do I do if I move outside of the Evercare STAR+PLUS Service Area?

If you move outside Harris County, contact the Social Security Administration, the Texas Health and Human Services Commission and Evercare STAR+PLUS Member Services at 1-888-887-9003, with your new address. You must call Evercare STAR+PLUS before getting any services in your new area, unless it is an emergency.

What happens if I lose my Medicaid eligibility?

If you lose Medicaid eligibility but become eligible again within six (6) months or less, you will automatically be re-enrolled in the same Health Plan you were enrolled in prior to losing your Medicaid eligibility. You will also be re-enrolled with the same PCP you had before.

Medicaid and Private Insurance

As a condition of Medicaid eligibility, you are required to report all insurance information to the program. If your private health

insurance is canceled, if you have obtained new insurance coverage, or if you have general questions regarding third party insurance, you should call the Medicaid Third Party Resources (TPR) hotline so that you can update your records and get answers to your questions. You can call the TPR hotline toll-free at 1-800-846-7307.

Having other insurance does not affect whether or not you qualify for Medicaid. Reporting other insurance is necessary to ensure that Medicaid remains the payer of last resort.

IMPORTANT: Medicaid providers cannot refuse to see you because you have private health insurance as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your private health insurance company.

How do I report someone who is misusing the Medicaid Program?

If you suspect a member (a person who receives benefits) or a provider (e.g., doctor, dentist, counselor, etc.) has committed waste, abuse or fraud, you have a responsibility and a right to report it.

Reporting provider/client waste, abuse and fraud

FRAUD AND ABUSE

If you suspect a client (a person who receives benefits) or a provider (e.g., doctor, dentist, counselor, etc.) has committed waste, abuse or fraud, you have a responsibility and a right to report it.

Reporting Provider/Client Waste, Abuse and Fraud

To report waste, abuse or fraud, gather as much information as possible.

You can report providers/clients directly to your health plan at:

- Evercare of Texas
- 9700 Bissonnet, Suite 2225, Houston, TX 77036
- Toll-free number: 1-888-887-9003
- Or if you have access to the Internet go to HHSC OIG web site at **http://www.hhs.state.tx.us** and select “Reporting Waste, Abuse and Fraud”. The site provides information

on the types of waste, abuse and fraud to report. If you do not have Internet access and prefer to talk to a person, call the Office of Inspector General (OIG) Fraud Hotline at 1-800-436-6184, or you may send a written statement to the following OIG addresses:

To report providers, use this address:
Office of Inspector General
Medicaid Provider Integrity/Mail Code 1361
P.O. Box 85200
Austin, TX 78708-5200

To report clients, use this address:
Office of Inspector General
General Investigations/Mail Code 1362
P.O. Box 85200
Austin, TX 78708-5200

When reporting a provider (e.g., doctor, dentist, counselor, etc.) provide the following:

- 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 is helpful;
- Type of provider (physician, physical therapist, pharmacist, etc.);
- Names and the number of other witnesses who can aide in the investigation;
- Dates of events; and
- Summary of what happened.

When reporting a client (a person who receives benefits) provide the following:

- The person's name;
- The person's date of birth, Social Security number, or case number if available;
- The city where the person resides; and
- Specific details about the waste, abuse or fraud.

Each year you have the right to ask Evercare to send you certain information

As a member of Evercare Star+Plus you can ask for and receive the following information each year:

- Names, addresses, telephone numbers, and languages spoken (other than English) by network providers, and identification of providers that are not accepting new patients. The information provided will be, at a minimum, on primary care physicians, specialists, and hospitals in the member's service area.
- Any restrictions on the member's freedom of choice among network providers.
- Member rights and responsibilities.
- Information on complaint, appeal and fair hearing procedures.
- The amount, duration, and scope of benefits available under the contract in sufficient detail to ensure that members understand the benefits to which they are entitled.
- How to get benefits including authorization requirements.
- How members may get benefits, including family planning services, from out-of-network providers and/or limits to those benefits.
- How after hours and emergency coverage are provided and/or limits to those benefits, including:
  - What makes up emergency medical conditions, emergency services and post-stabilization services;
  - The fact that prior authorization is not required for emergency care services;
  - How to obtain emergency services, including use of the 911 telephone system or its local equivalent;
  - The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services covered under the contract;
  - The member has a right to use any hospital or other settings for emergency care; and
  - Post-stabilization rules.

- Policy on referrals for specialty care and for other benefits not furnished by the member's primary care provider.
- Evercare STAR+PLUS practice guidelines.

What are my health care rights and responsibilities as a member of Evercare STAR+PLUS?

MEMBER RIGHTS:

1. To respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:

    a) be treated fairly and with respect; and

    b) know that your medical records and discussions with your providers will be kept private and confidential.

2. To a reasonable opportunity to choose a health care plan and primary care provider (the doctor or health care provider you will see most of the time and who will coordinate your care) and to change to another plan or provider in a reasonably easy manner. That includes the right to:

    a) be informed of how to choose and change your health plan and your primary care provider;

    b) choose any health plan you want that is available in your area and choose your primary care provider from that plan;

    c) change your primary care provider;

    d) change your health plan without penalty; and

    e) be educated about how to change your health plan or your primary care provider.

3. To ask questions and get answers about anything you don't understand. That includes the right to:

    a) have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated; and

    b) be told why care or services were denied and not given.

4. To consent to or refuse treatment and actively participate in treatment decisions. That includes the right to:

    a. work as part of a team with your provider in deciding what health care is best for you; and

    b. say yes or no to the care recommended by your provider.

5. To utilize each available complaint and appeal process through the managed care organization and through Medicaid, and receive a timely response to complaints, appeals and fair hearings. That includes the right to:

    a. make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan;

    b. get a timely answer to your complaint;

    c. access the plan's appeal process and the procedures for doing so; and

    d. request a fair hearing from the state Medicaid program and request information about the process for doing so.

6. To timely access to care that does not have any communication or physical access barriers. That includes the right to:

    a. have telephone access to a medical professional 24 hours a day, 7 days a week in order to obtain any needed emergency or urgent care;

    b. get medical care in a timely manner;

    c. be able to get in and out of a health care provider's office, including barrier free access for persons with disabilities or other conditions limiting mobility, in accordance with the Americans with Disabilities Act;

    d. have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, assist with a disability, or help you understand the information; and

    e. be given an explanation you can understand about your health plan rules, including the health care services you can get and how to get them.

7. To not be restrained or secluded when doing so is for someone else's convenience, or is meant to force you to do something you don't want to do, or to punish you.

MEMBER RESPONSIBILITIES:

1. To learn and understand each right you have under the Medicaid program. That includes the responsibility to:

    a. learn and understand your rights under the Medicaid program;

    b. ask questions if you don't understand your rights; and

    c. learn what choices of health plans are available in your area.

2. To abide by the health plan and Medicaid policies and procedures. That includes the responsibility to:

    a. learn and follow your health plan rules and Medicaid rules;

    b. choose your health plan and a primary care provider quickly;

    c. make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan;

    d. keep your scheduled appointments;

    e. cancel appointments in advance when you can't keep them;

    f. always contact your primary care provider first for your non-emergency medical needs;

    g. be sure you have approval from your primary care provider before going to a specialist; and

    h. understand when you should and shouldn't go to the emergency room.

3. To share information relating to your health status with your primary care provider and become fully informed about service and treatment options. That includes the responsibility to:

   a. tell your primary care provider about your health;

   b. talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated; and

   c. help your providers get your medical records.

4. To actively participate in decisions relating to service and treatment options, make personal choices, and take action to maintain your health. That includes the responsibility to:

   a. work as a team with your provider in deciding what health care is best for you;

   b. understand how the things you do can affect your health;

   c. do the best you can to stay healthy; and

   d. treat providers and staff with respect.

The best way to stay healthy is to be involved in your care by seeing your doctor on a regular basis.

Advance Directives are written documents that give you the chance to decide and put into writing what kind of treatment you want or do not want, and any actions you want carried out if you become too sick to make decisions about your health care.

What is an Advance Directive?

All adults in hospitals, nursing centers, and other health care settings have certain rights. For instance, you have the right to have your personal and medical records kept private. You also have the right to know what treatment you will receive. Under federal law, you have the right to fill out an Advance Directive. Advance Directives are written documents that give you the chance to decide and put into writing what kind of treatment you want or do not want, and any actions you want carried out if you become too sick to make decisions about your health care. It is our policy to let all adult Evercare STAR+PLUS members know that they can prepare these documents.

The federal law about Advance Directives requires hospitals, nursing centers and other health care providers to give you information about Advance Directives. The information will explain your legal choices in making decisions about medical care. The law was written to increase your control over medical treatment decisions.

Q: How do I get an Advance Directive?

A. Contact your Service Coordinator about getting an Advance Directive.

Q: Who has the right to make health care decisions?

A. You do, if you are an adult and able to let providers know of your health care decisions. You decide what health care, if any, you will not accept.

Q: What if I become unable to make or let providers know of my health care decisions?

A: You can still have some control over these decisions if you have signed an Advance Directive. Your PCP must include in your medical record whether you have signed an Advance Directive. If you have not named someone in your Advance Directive, your doctor must seek a person authorized by law to make these decisions.

Q: What are my options for making an Advance Directive?

A: Under Texas law, you can prepare the following directives:

1) A Durable Power of Attorney for Health Care — a durable Power of Attorney for health care means that you are giving the designated person the power to act in your place and make decisions regarding your health care. Your Durable Health Care Power of Attorney may also include any details or guidance about health care you want or do not want. This could include withholding or withdrawing procedures if you are in a "terminal condition." A "terminal condition" is when a patient cannot be cured and will die without life-sustaining procedures. (Two doctors must state this in writing.) A patient is also in a "terminal condition" if that patient is in a permanent vegetative state or an irreversible coma.

2) A Living Will — a written statement about health care you want or do not want that is to be followed if you cannot make these decisions. For example, a living will can say whether you would want to be fed through a tube if you were unconscious and not likely to recover. A Living Will may direct doctors to withhold/withdraw or continue life-sustaining procedures if you are in a "terminal condition." For instance, a living will can tell whether you want to be fed through tubes if you cannot eat or drink. You can also tell doctors whether to use other life-sustaining procedures. Blank copies of documents can be copied from library books, purchased from stationery stores, or are available at a law office.

Q: Must my Advance Directive be followed?

A: Yes. Your PCP, other health care providers and the person you name in your directive must follow your Advance Directive.

Q: Must a lawyer prepare my Advance Directive?

A: No. There are local and national groups that may provide you with facts on Advance Directive, including forms. Be sure any Advance Directive you use is valid under Texas law.

Q: Who should have a copy of my Advance Directive?

A: Give a copy of your Advance Directive to your PCP and to any health care center upon your admission. If you have a Durable Power of Attorney for Health Care, give a copy to the person you have named on it. You may give a copy to your Service Coordinator, and you should also keep extra copies for yourself.

Q: Do I have to make an Advance Directive?

A: No. Whether you make an advance directive is entirely up to you. A health care provider cannot refuse care based on whether or not you have an Advance Directive.

Q: Can I change or cancel my Advance Directive?

A: Yes. If you change or cancel your Advance Directive, let anyone who has a copy of it know.

Q: What if I already have an Advance Directive?

A: You may want to review it or have it reviewed. If it has been prepared in another state, make sure it is valid under Texas law.

Q: Who can legally make health care decisions for me if I cannot make those decisions and I have no Advance Directive?

A: A court may appoint a guardian to make health care decisions for you. Otherwise, your PCP must go down the following list to find someone else to make health care decisions for you:

1. Your husband or wife, unless you are legally separated.
2. Your adult child. If you have more than one adult child, a majority of them.
3. Your mother or father.
4. Your brother or sister.

If your PCP cannot find a person able to make health care decisions for you, then he or she can decide on your care. Your PCP can do this with the advice of an ethics committee, or with the approval of another doctor. You can keep anyone from making decisions for you by saying so in writing. The person you name in your Advance Directive will not have the right to refuse life-sustaining procedures, such as the use of tubes to give you food or fluids unless:

- You have appointed that person to make health care decisions for you in a Durable Power of Attorney for Health Care.
- A court has appointed that person as your guardian to make health care decisions for you.
- You have stated in an Advance Directive that you do not want this specific treatment.

If you need any help in understanding Advance Directives, or to order a copy of a Living Will, please call Member Services at 1-888-887-9003. If you are speech or hearing impaired, call 1-800-735-2989 for TDD access.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE TELLS YOU HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED.

IT WILL TELL YOU HOW YOU CAN GET COPIES OF YOUR MEDICAL INFORMATION.

PLEASE READ IT CAREFULLY.

We* must by law protect the privacy of your health information. We must send you this notice. This tells you how we may use information about you. It tells when we can share that information with others.

"Information" or "health information" in this notice means any information about you that is created or received by a health care provider or us. The information may be about your:

- physical or mental health
- health care
- payment for your health care

We have the right to change our privacy practices. If we do, we will mail you a notice within 60 days.

*For purposes of this Notice of Privacy Practices, "we" or "us" refers to the following UnitedHealthcare entities: ACN Group of California, Inc.; All Savers Insurance Company; AmeriChoice of New Jersey, Inc.; AmeriChoice of NewYork, Inc.; AmeriChoice of Pennsylvania, Inc.; Arizona Physicians IPA, Inc.; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Dental Benefit Providers of Maryland, Inc.; Dental Benefit Providers of New Jersey, Inc.; Evercare of Arizona, Inc.; Evercare of Texas, LLC; Fidelity Insurance Company; Golden Rule Insurance Company; Great Lakes Health Plan, Inc.; Investors Guaranty Life Insurance Company; MAMSI Life and Health Insurance Company; MD Individual Practice Association, Inc.; Midwest Security Life Insurance Company; National Pacific Dental, Inc.; Nevada Pacific Dental, Inc.; Optimum Choice, Inc.; Optimum Choice of the Carolinas, Inc.; Optimum Choice, Inc. of Pennsylvania; Oxford Health Insurance, Inc.; Oxford Health Plans (CT), Inc.;

Oxford Health Plans (NJ), Inc.; Oxford Health Plans (NY), Inc.; Pacific Union Dental, Inc.; Rooney Life Insurance Company; Spectera, Inc.; Spectera Vision, Inc.; Spectera Vision Services of California, Inc.; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; United Behavioral Health; United HealthCare of Alabama, Inc.; United HealthCare of Arizona, Inc.; United HealthCare of Arkansas, Inc.; United HealthCare of Colorado, Inc.; United HealthCare of Florida, Inc.; United HealthCare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; United HealthCare of Kentucky, Ltd.; United HealthCare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; United HealthCare of the Midlands, Inc.; United HealthCare of the Midwest, Inc.; United HealthCare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Jersey, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; United HealthCare of Ohio, Inc.; United HealthCare of Tennessee, Inc.; United HealthCare of Texas, Inc.; United HealthCare of Utah; UnitedHealthcare of Wisconsin, Inc.; United HealthCare Insurance Company; United HealthCare Insurance Company of Illinois; United HealthCare Insurance Company of New York; United HealthCare Insurance Company of Ohio; and U.S. Behavioral Health Plan, California.

How we use and share information

We must use and share your health information:

- With you or your legal guardian;
- With the Secretary of the Department of Health and Human Services to make sure your privacy is protected; and
- Where required by law.

We have the right to use and share health information to pay for your health care and to run our business. For example, we may use it:

- To pay premiums and process your claims.
- To help doctors or hospitals give you medical care.
- To run our business and help manage your care. For example, we might suggest to your doctor a program that could improve your health.
- To give you information about other treatments and programs or about health products and services.

- To give your Plan Sponsor summary health and enrollment and disenrollment information. We might give your Plan Sponsor other information for plan administration if the sponsor agrees to limit its use.
- To give you appointment reminders.

We may also use or share your health information:

- With persons involved with your health care in an emergency or when you are incapacitated. This may be a family member.
- To report disease outbreaks.
- To report victims of abuse, neglect or domestic violence to the government. This may include a social service or protective service agency.
- For audits by the government, or fraud and abuse investigations.
- In response to legal actions such as a court order, search warrant or subpoena.
- For law enforcement such as giving limited information to locate a missing person.
- For threats to health and safety. For example, by giving information to public health agencies.
- For government functions such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- For state workers' compensation laws of job-related injuries.
- For research on diseases or disabilities.
- For information about the deceased. We may give information to a coroner or medical examiner to identify someone who has died, determine cause of death, or as stated by law. We may also give information to funeral directors.
- For organ transplant purposes.

If none of the above apply, we must get your written permission to share your information. If stricter laws apply, we try to meet those laws. In some states, your permission is needed to share your information. In many states, your permission may be needed to share highly confidential information. When you give us permission, we cannot guarantee that the person we give it to will not share the information. You may take back or "revoke" your permission, unless we have already acted on it. To revoke the permission, call the number on your ID card.

Highly Confidential Information

Some federal and state laws may require special protection for highly confidential information. "Highly confidential information" may include information under federal law on alcohol and drug abuse. It may include information under state laws on:

1. HIV/AIDS;

2. Mental health;

3. Genetic tests;

4. Alcohol and drug abuse;

5. Sexually transmitted diseases and reproductive health information; and

6. Child or adult abuse or neglect, including sexual assault.

Your rights

These are your rights about your information.

- You can ask to limit how we use or share your information for treatment, payment, or health care.

- You can ask to limit what information is given to family members or others involved in your care. We may have policies about limits on access by dependents. We will try to allow restrictions when you ask, but we do not have to agree.

- You can ask us to send you confidential information in a different way. (For example, by sending to a P.O. box instead of your home address.)

- You have the right to see and get a copy of health information that may be used to make decisions about you. This includes claims and case or medical management records. You can get a summary of this information. You must give us a written request to look at and copy your information. In a few cases, we may deny your request.

- You can ask to change information we keep about you if you think it is wrong or incomplete. If we deny your request, you can have a statement of your disagreement added to your health information.

- You can get a list of who we have shared your information with during the six years before your request. This list will not include disclosures of information: (i) collected before April 14, 2003; (ii) for treatment, payment, and health care operations; (iii) to you or authorized by you; and (iv) for law enforcement.

Using your rights

- Contacting your Health Plan. If you have questions about this notice or want to ask for anything listed here, call the Customer Service number on your ID card or write to:

  P.O. Box 659423
  San Antonio, TX 78265-9423

- Filing a Complaint. If you think your privacy rights have been violated, you may file a complaint with your Health Plan's Privacy Office at:

  National Appeals Service Center
  P.O. Box 25557
  Tampa, FL 33622-5557

- You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

FINANCIAL INFORMATION PRIVACY NOTICE

We will protect our enrollees' personal financial information.* In this notice "personal financial information" means non-health information about an enrollee or applicant that identifies the person, is not publicly available and is obtained to provide health care coverage.

We get personal financial information about you from:

- Enrollee applications or other forms, such as name, address, age and Social Security number; and
- Information about our enrollee actions with us, our affiliates or others, such as premium payment history.

We do not give out personal financial information about our enrollees or former enrollees to any third party, except as allowed by law.

We limit access to financial information about our enrollees to employees and providers who manage coverage and service enrollees. We have physical, electronic and procedural safeguards per federal standards to guard the financial information of our enrollees.

*For purposes of this Financial Information Privacy Notice, "we" or "us" refers to the entities listed on the first page of the Notice of Privacy Practices, plus the following UnitedHealthcare affiliates: ACN Group, Inc.; ACN Group IPA of NewYork, Inc.; AmeriChoice Health Services, Inc.; Behavioral Health Administrators; Coordinated Vision Care, Inc.; DBP-KAI, Inc.; DCG Consulting Group, LLC; DCG OnLine, LLC; DCG Resource Options, LLC; Definity Health Corporation; Definity Health of New York, Inc.; Dental Benefit Providers, Inc.; Dental Insurance Company of America; Exante Bank, Inc.; Fidelity Benefit Administrators, Inc.; Group Vision Associates, Inc.; HealthAllies, Inc.; Illinois Pacific Dental, Inc.; Ingenix Health Intelligence, Inc.; Ingenix, Inc.; Lifemark Corporation; MAMSI Insurance Agency of the Carolinas; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; Midwest Security Administrators, Inc.; Midwest Security Care, Inc.; National Benefit Resources, Inc.; NPD Insurance Company, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; United Behavioral Health of NewYork, I.P.A., Inc.; United HealthCare Services, Inc.; United HealthCare Service LLC.

SUMMARY OF STATE LAWS ON USE OF CERTAIN MEDICAL INFORMATION

This is an overview of state laws that are stricter than the federal HIPAA privacy law. (HIPAA stands for Health Insurance Portability and Accountability Act.)

Sexually Transmitted Diseases and Reproductive Health	
Release of information may be (1) limited; and/or (2) restricted by the patient	HI, MS, NM, NY, NC, OK, WA
Information must go out with a written statement	NM
Insurers must meet requirements	MS
Alcohol and Drug Abuse	
Release of information may be (1) limited; and/or (2) restricted by the patient	GA, HI, KY, MA, NH, OK, VA, WA, WI
Information must go out with a written statement	WI
Insurers must meet requirements	KY, VA
Genetic Information	
Permission is required to release information	CA, HI, KY, LA, RI, TN
Information may only be released in some cases	AZ, CO, FL, GA, HI, IL, MD, MA, MO, NV, NH, NJ, NM, NY, OR, TX, VT
Limits apply to the (1) use; and (2) keeping of information	CO, GA, IL, NV, NJ, NM, OR, VT, WY
Insurers must meet requirements	FL, IL, IN, LA, NV

HIV/ AIDS	
Release of information may be (1) limited; and/or (2) restricted by the patient	AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL, IN, IA, KY, ME, MA, MI, NH, NJ, NM, NY, NC, OH, OK, OR, PA, TX, UT, VA, VT, WA, WV, WI
Information must go out with a written statement	AZ, CT, KY, NM, OR, PA, WV
Limits apply to keeping information	MA, NH
Insurers must meet requirements	AR, DE, FL, IA, MA, NH, PA, UT, VA, VT, WA, WV
Improper disclosure may be subject to penalties	DE
Disclosure to the individual and/or doctor may be required	MA, NH
Mental Health	
Release of information may be (1) limited; and/or (2) restricted by the patient; and/or (3) prohibited	AL, AZ, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KY, ME, MA, MD, MI, MN, NM, NY, OK, PA, TN, TX, VT, VA, WA, WV, WI
Information must go out with a written statement	WI
Insurers must meet requirements	IA, KY, ME, MA, NM, TN, VA
Child or Adult Abuse	
Information may only be released in some cases	AL, LA, NM, TN, UT, VA, WI