


Texas Children's Health Plan

The best decision a family can make.



TEXAS  STAR
PROGRAM
Your Health Plan ■ Your Choice

STAR Member Handbook

for Harris Service Delivery Area and Surrounding Service Areas.



**Texas Children's
Health Plan**
The best decision a family can make.

Call us toll free | 1-866-959-2555
www.TexasChildrensHealthPlan.org

Quick guide

Who to call

If you need:

Please call:

Texas Children's Health Plan	Member Services, toll free at 1-866-959-2555 or TDD 1-800-735-2989 (Texas Relay). Available 24 hours a day, seven days a week.
A doctor's care	Your primary care provider (PCP). His or her phone number is on your ID card. Your PCP is available 24 hours a day, seven days a week.
Family planning	Your PCP, a network OB/GYN or a Medicaid family planning provider like Planned Parenthood. A list of Medicaid family planning providers is included in your member packet. No PCP referral is needed.
Emergency care	Go to a network hospital emergency room. If the situation is life-threatening, go to the nearest emergency facility. No PCP referral is needed.
Urgent care	Your PCP or the Texas Children's STAR Nurse Help Line at 1-800-686-3831, TDD 1-888-259-6652.
Hospital care	Your PCP, who will arrange the care you need
Specialist care	Your PCP must approve visits to other doctors.
Behavioral (mental) health or substance abuse treatment	Behavioral Health/Substance Abuse Hotline, toll free at 1-800-731-8529. Available 24 hours a day, seven days a week. No PCP referral is needed.
Vision care	Block Vision, toll free at 1-800-879-6901. No PCP referral is needed.
*Prescriptions	Texas Medicaid Drug program, toll free at 1-800-252-8263
*Dental care (for children under age 21)	Texas Health Steps (THSteps), toll free at 1-877-THSteps (1-877-847-8377)
*Transportation to the doctor	Medical Transportation program, toll free at 1-877-MED-TRIP (1-877-633-8747).
Texas Children's Health Plan's Nurse Help Line (Note: This is not an emergency care line)	Toll free at 1-800-686-3831. Registered nurses are available 24 hours a day, seven days a week. Pre-recorded information on common illnesses is also available to listen to on the phone. Members who are hearing impaired can call the TDD line toll free at 1-888-259-6652
Enrollment information	STAR Help Line, toll free at 1-800-964-2777.
Managed care information	STARLINE 713-767-3919 or toll free at 1-800-411-9929.
Medicaid eligibility	Your Department of Human Services (DHS) caseworker.
STAR Link	Toll free at 1-866-566-8989, TDD 1-866-222-4306.

* Texas Children's Health Plan does not cover these services. You can get them directly from a Medicaid provider by using your Medicaid Identification Form.

Welcome to Texas Children's Health Plan

Thank you for selecting Texas Children's Health Plan. Our staff and network of doctors, hospitals and other providers are committed to providing excellent service and quality care to adults and children of all ages.

Texas Children's Health Plan is a Health Maintenance Organization (HMO). It is owned by Texas Children's Hospital, the largest children's hospital in the nation.

This handbook will help you understand how your health plan works. It tells you what to expect and how to get the most out of your coverage. It includes information on:

- How to get medical care when you are sick.
- How to change your doctor.
- What to do if you get sick while out of town or after your doctor's office hours.
- Your rights and responsibilities as a plan Member.
- How to contact the health plan when you have questions or need help.
- What benefits and services are covered.

If you have trouble understanding, reading or seeing the information in this handbook, our Member Services Representatives can provide special services to meet your needs. Call Member Services toll free at 1-866-959-2555. For example, if needed, this handbook can be provided to you in audio, large print, Braille and other languages.

It is important to us to keep you healthy. That is why we place so much importance on well checkups and immunizations. We also encourage you to maintain a relationship with a Primary Care Provider (PCP). You and your doctor will work together to keep you healthy and well.

We appreciate you choosing Texas Children's Health Plan. It is our pleasure to serve you. If you have any questions, please call the Member Services Department toll free at 1-866-959-2555, TDD 1-800-735-2989 (Texas Relay). We are available 24 hours a day, seven days a week.



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How the Plan Works

Texas Children's Health Plan's STAR health coverage is designed to provide you with access to a network of doctors, hospitals and other health services providers who are committed to providing good medical care. Our health plan was founded on the philosophy that you and your Primary Care Provider (PCP) are the two people best qualified to care for your health. Think of your PCP as your health care manager. If you are sick, need a checkup, or if you have a medical question, call your PCP.

Your PCP will provide you with routine medical care and will refer you to a specialist or hospital when needed. A referral is when your PCP arranges for you to go to another doctor. He or she will tell you exactly what kind of specialist you need to see for your illness or condition.

Most of the time, you need to go to your PCP first. If you choose to go to another doctor, you may have to pay for the services. Remember—always take your Texas Children's Health Plan identification (ID) card and Medicaid form with you each time you receive health services.

At the present time, Texas Children's Health Plan does not offer a Physician Incentive Plan to any of our providers.

Your Primary Care Provider

Your PCP is considered your "medical home." He or she helps take care of all your health care needs. He or she keeps your medical records for you and knows your medical history.

You may choose any PCP in the Texas Children's Health Plan network to be your PCP or personal doctor. Each person in your household who is a Member may choose the same or a different PCP. The names, addresses and telephone numbers of PCPs can be found in the provider directory. For a current directory, please call Member Services toll free at 1-800-959-2555. If you like the doctor or clinic that you see now, you can continue to see them if they are listed in the directory. If you have trouble picking a PCP, call us. We will be glad to help. PCP's can be:

- Family doctors
- Pediatricians (for children and adolescents)
- General doctors
- Internal medicine doctors
- Advanced nurse practitioners (ANPs)
- Federally Qualified Health Clinics (FQHCs)
- Rural health clinics (RHCs)

It is important that you get to know your PCP right away. It also is important to tell the doctor as much as you can about your health. It is not wise to wait until you are sick to meet your PCP.

Schedule your first visit as soon as you can and take the following with you:

- Immunization records (for babies, children and adolescents).
- A list of all the current medications you are taking.
- The name and address of your previous doctor.

Your PCP will get to know you, give you regular checkups and treat you when you are sick. It is important that you follow your PCP's advice and take part in decisions about your health care.

When you need medical care, simply call the PCP's office to make an appointment.

- Have your Member ID card available.
- Be ready to describe the problem or the reason for the visit.
- If you need medical care the same day, call the PCP as early in the day as possible.
- Call at least 24 hours in advance to cancel if you cannot keep your appointment.

There are times when Texas Children's Health Plan will allow a specialist to be your PCP. Contact Member Services toll free at 1-866-959-2555 for more information.

Your PCP, or another doctor working with him or her, is available 24 hours a day, seven days a week.



Changing your PCP

Your relationship with your doctor is very important. If you decide the PCP you chose does not meet your needs, or if you are notified that he or she is no longer a part of Texas Children's Health Plan, you may choose another doctor. You may also want to change your PCP if:

- You are not happy with the care he or she provides.
- You need a different kind of doctor.
- Your PCP's office is no longer near you because you have moved.

The names, addresses and telephone numbers of the PCPs in the Texas Children's Health Plan network can be found in the provider directory. For a provider directory or assistance choosing a new PCP, call Member Services toll free at 1-866-959-2555. We will be glad to help.

Member Services Representatives can tell you the:

- Doctor's office hours.
- Languages spoken by the office staff.
- Doctor's specialty.
- Patient age limitations.
- Restrictions on accepting new patients.

Sometimes you may not be able to have the PCP you chose. This occurs when the PCP:

- You picked cannot see more patients.
- Does not treat patients your age.
- Is no longer a part of Texas Children's Health Plan.

You can change your PCP up to four times per year. To change your PCP, call Member Services toll free at 1-866-959-2555. Always call Member Services to change your PCP prior to scheduling an appointment with another doctor. If you choose to go to another doctor who is not your PCP, you may have to pay for the visit.

If you change your PCP before the 15th of the month, your change will take effect on the first of the next month. If you change your PCP after the 15th of the month, your change will take effect on the first day of the month following the next month. For example:

Date of request for change	Effective date of change
January 1 through 15	February 1
January 16 through 31	March 1

A new ID card will be mailed to you with your new PCP's name and telephone number.

Your PCP also can request changes

Your PCP can request that he or she no longer serve as your PCP if:

- You frequently miss appointments without calling in advance to cancel.
- You do not follow your PCP's advice.

Member Services will notify you and ask that you choose a new PCP.

If your PCP leaves Texas Children's Health Plan

If your PCP decides to end his or her participation with Texas Children's Health Plan, we will notify you within 15 days of finding out about the doctor's decision. You may choose another PCP. Call Member Services toll free at 1-866-959-2555. A Member Services Representative will help you make the change.



Continuity in care concerns can be caused by several different events, like a doctor ending his or her participation with Texas Children's Health Plan while you are receiving treatment. We will work with you to ensure there is continuity in your care. This could be achieved by allowing you to continue to receive treatment from the doctor until arrangements can be made with another network doctor.

Your Texas Children's Health Plan's Member identification card

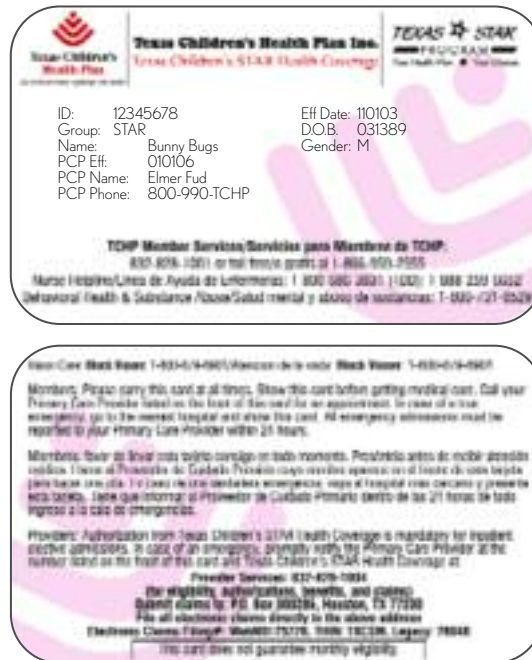
You and each individual in your family covered by Texas Children's Health Plan will have a personal ID card. Carry this card with you at all times. It has important information needed to receive medical care. Show it to any health care provider before you receive medical services. It tells the provider you are covered by Texas Children's Health Plan. If you do not show your ID card, you may be billed for the services you receive.

You will not receive a new ID card every month. You will get a new ID card only if:

- You lose your current ID card and request a new one.
- You change your PCP.

Call Member Services if you need to see your PCP before you get your new ID card. We will call and tell your doctor you are a Member of Texas Children's Health Plan's program.

A copy of the ID card is shown below. The front shows important information about you. It also has your Medicaid ID number, and the name and phone number of your PCP. The bottom-front section of the ID card has important phone numbers for you to call if you need help accessing health services.



As soon as you receive the ID card, verify the information is correct. Call Member Services if you find an error. We will correct the information and send you a new card.

Do not let other people use your ID card. If the card is lost or stolen, call Member Services. A Member Services Representative will send you a new card.

The 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 on the STAR Program, the form will look different than your regular Medicaid form. You will see the STAR Program logo (Texas STAR) on the top right hand side of your form. This will tell providers that you are part of the STAR 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 any other family members who are part of your Medicaid case.

As a member of the STAR Program, your Medicaid form will show your Health Plan below each name listed on the form. If you are under 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 PCP or Health Plan to arrange for a checkup.

The Medicaid form shows that adults can get 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.

Be sure to read the back of the Medicaid form. It gives important information about the form. There is also a box that has specific information for providers.

You must take your Medicaid form and your Texas Children’s Health Plan ID card with you when you get any health care services. You will need to show your Medicaid form and your Texas Children’s Health Plan ID card each time you need services.

If you lose your Medicaid form, contact your local Texas Department of Human Services for another one.



Texas Health and Human Services Commission
MEDICAID IDENTIFICATION
IDENTIFICACION DE MEDICAID

RETURN SERVICE REQUESTED
 DO NOT SEND CLAIMS TO THE ABOVE ADDRESS

Name	SSN	SP	TP	Cat	Case No.	GOOD THROUGH: VÁLIDA HASTA: <input type="text"/>
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TEXAS STAR
PROGRAM
 Your Health Plan ■ Your Choice

**ANYONE LISTED BELOW
CAN GET MEDICAID SERVICES**

You are enrolled in the STAR Program. Your health plan's name and telephone number are listed under your name. You have a Primary Care Provider (PCP). Call your health plan for your PCP's name.

If you see a reminder under your name, please call your PCP or dentist to schedule a checkup. If you do not see a reminder and are 21 or older, you can get a medical checkup from your PCP once a year. You can also use the STAR Program to get the health care that you need.

Questions about the STAR Program?
Please call 1-800-964-2777 for help. READ BACK OF THIS FORM!

**CADA PERSONA NOMBRADA ABAJO
PUEDE RECIBIR SERVICIOS DE MEDICAID**

Usted está inscrito en el Programa STAR. El nombre y el teléfono de su plan de salud aparecen debajo de su nombre. Usted tiene un Proveedor de Cuidado Primario (PCP). Llame al plan de salud para averiguar el nombre de su PCP.

Si bajo su nombre hay una notificación, llame a su PCP o dentista para hacer una cita para un chequeo. Si no hay una notificación y usted tiene 21 años o más, puede hacerse un chequeo médico con su PCP una vez por año. También puede usar el Programa STAR para recibir los servicios médicos que necesita.

¿Tiene preguntas sobre el Programa STAR?
Por favor, llame al 1-800-964-2777 para conseguir ayuda. ¡LEA EL DORSO DE LA FORMA!

ID NO.	NAME	DATE OF BIRTH	SEX	ELIGIBILITY DATE	TYPE	MEDICARE NO.

If you have Medicare, effective January 1, 2006, you are eligible for Medicare Rx and your Medicaid prescription drug coverage will be limited.

Si tiene Medicare, a partir del 1° de enero de 2006, usted tendrá los requisitos de Medicare Rx y se limitará su cobertura de medicamentos recetados de Medicaid.

Form H3087-ST/January 2006

Medicaid Temporary ID Form 1027-A

If any month you lose or do not receive your Medicaid Identification Form 3087, call your local HHSC Eligibility Office. They will give you a Medicaid Temporary ID Form 1027-A.

You will use the Form 1027-A as proof of your Medicaid eligibility. The form will have a “through” date. This is the last day this form can be used. it will also list each family member who is part of your Medicaid case.

You must take your Form 1027-A with you when you get any health care services.

Changing health plans

If you are not in the hospital, you can change your health plan by calling the Texas STAR Program Help Line 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.

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 effect 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.

If you lose Medicaid eligibility but become eligible again within six (6) months or less, you will be re-enrolled in the STAR program. You will be re-enrolled with Texas Children's Health Plan and the PCP you had before.

Your health plan also can request changes

Texas Children's Health Plan also may request from the State that you be disenrolled from our plan if:

- You frequently do not follow your doctor's advice.
- You keep going to the emergency room when you do not have an emergency.
- You keep going to another doctor or clinic without first getting approval from your PCP.
- You or your children show a pattern of disruptive or abusive behavior not related to a medical condition.
- You frequently miss appointments without letting your doctor know in advance.
- You let someone else use your ID card.

Referrals and specialty care

The PCP is the only doctor you need for most health care services. If you have a special health problem, your PCP may arrange for you to see another doctor or have special tests done. This is called a referral. Your PCP will refer you to a participating specialist or other provider who is in the Texas Children's Health Plan network. Specialists include doctors such as cardiologists (heart), dermatologists (skin) or allergists.

Your PCP makes sure that you see the right specialist for your condition or problem. He or she will discuss with the specialist the need for further treatment or hospital care. Expect appointments with specialists to be scheduled within 30 days of your request.

You have the right to a second opinion regarding the use of any health care service. Tell your PCP if you want a second opinion about a treatment recommended by a specialist.

Your PCP will make arrangements with or refer you to another doctor in the Texas Children's Health Plan network. If no other doctor is available in the network, he or she will arrange for you to see a doctor that is not in the Texas Children's Health Plan network. You will not have to pay for these services. Call Member Services toll free at 1-866-959-2555 if you need help making a request or selecting a doctor for a second opinion.

If you see a specialist without being referred by your PCP, you may have to pay the specialist for the services provided or ordered. Except in an emergency situation, always check with your PCP before you go anywhere else for care.

Typically, Texas Children's Health Plan will not cover the costs of medical care from non-participating health care providers. However, there may be times when your doctor believes it is critical for you to receive care from a non-participating doctor or other provider. In these cases, your doctor will work with Texas Children's Health Plan. He or she will submit a request in writing to our Medical Director for the authorization of medically necessary services that aren't available from any other doctor or other provider in the Texas Children's Health Plan network.

Services that do not require a referral from your PCP

There are certain types of health care services that you can receive without being referred by your PCP. Those services include:

When provided by a Texas Children's Health Plan network provider:

- Eye exams
- Behavioral (mental) health or substance abuse services
- OB/GYN services

When provided by a Texas Children's Health Plan network provider or Medicaid provider:

- Texas Health Steps (THSteps) for Members under age 21
- Family planning

Texas Children's Health Plan network providers are listed in the provider directory. Most of our OB/GYN doctors provide family planning services. There is also a list of Medicaid family planning providers in your member packet. Call Member Services for assistance in identifying participating doctors.

Emergency care does not require a referral from your PCP.

Attention female members:

Texas Children's Health Plan has 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 special doctor within the network.

Medically necessary services

Medically necessary means:

(1) 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;
- are not experimental or investigative; and
- are not primarily for the convenience of the Member or Provider; and

(2) Behavioral Health Services that are:

- 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.

Routine care

Your PCP will give you regular checkups and treat you when you are sick. This is known as routine care. Most routine appointments, including well-child checkups, are scheduled within two weeks following your request. Adult checkups are scheduled within eight weeks.

When you need routine care, call your PCP's telephone number on the front of your ID card. Someone in the doctor's office or clinic will make an appointment for you. It is very important that you keep your appointments. If you cannot keep your appointment, call the doctor's office 24 hours in advance to let them know.

If you choose to go to a doctor who is not your PCP for routine care, you may have to pay for the doctor visit.

Urgent care

When you have a medical problem that is not an emergency but requires quick medical attention, this is known as urgent care. You should first call your PCP at the phone number shown on the front of your ID card. When you call your PCP, you will be told if you need to go to the emergency room. Many illnesses do not need to be treated in the emergency room. Expect appointments for urgent care within 24 hours of your request.

You also can call the Texas Children's Health Plan's Nurse Help Line to speak to a nurse (1-800-686-3831). Nurses are available to assist you with making a decision about when and where to seek care.

If your PCP, or the help line nurse, advises you to go to the emergency room, you will need to go to a network hospital. A list of hospitals in the Texas Children's Health Plan network can be found in your provider directory.

Colds, coughs, rashes, small cuts, minor burns or bruises are not good reasons to go to the emergency room.

Care after office hours

There may be times when you need to speak to your PCP, but his or her office is closed. For example, you may want medical advice about how to care for a sick child. Your child's PCP or another doctor working with him or her is available 24 hours a day, seven days a week. Call the PCP's office using the phone number located on your ID card. Your doctor's answering service should take a message and a doctor or nurse should call you back. Call again if you do not hear from a doctor or nurse within one hour.

Do not wait until 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's Nurse Help Line and talk to a nurse. The toll free phone number for the Nurse Help Line is 1-800-686-3831. Nurses are available to help you decide what to do 24 hours a day, seven days a week.

If you have a life threatening emergency, call 911 right away or go to the nearest emergency room.

Emergency care

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 medicine could reasonably expect the absence of immediate medical care could result in:

- Placing the child's health in serious jeopardy;
- Serious dysfunction of any bodily organ or part;
- In the case of a pregnant woman, serious jeopardy to the health of a woman or her unborn child.
- Serious impairment to bodily functions;
- Serious disfigurement; or

If you are sure your situation is not life threatening, but are not sure if you need emergency care, call your PCP.

If you feel that taking the time to call the PCP will endanger your health, seek care immediately. If possible, go to a hospital in the network.

If you believe the situation is life threatening go to the nearest hospital emergency room or call 911 for assistance.

After you receive care, call your PCP within 48 hours or as soon as possible. Your PCP will provide or arrange any follow-up care you may need. If you seek follow-up care from a provider other than your PCP without your PCP's approval, Texas Children's Health Plan may not pay for the care.

You may have to pay the bill if you go to the emergency room for a condition that is not urgent or emergent.

Post-stabilization care

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

Care when you are away from home

If you get sick or are injured and are not in serious danger when you are out of town, call your PCP for advice or instruction. You may also call the Texas Children's Health Plan's Nurse Help Line at 1-800-686-3831 and a nurse will help you decide what to do. If you have a life-threatening emergency, go to the nearest emergency room or call 911 for help.

Call your PCP within 48 hours of receiving emergency care. Your PCP must arrange for any follow-up care received out of town.

Routine care, like adult regular checkups, follow-up visits and other non-urgent care, is not covered when you are out of town or traveling. If you go to someone other than your PCP to receive these services, you may have to pay.

Remember to keep your Medicaid form and your Texas Children's Health Plan ID card with you at all times. Also, remember that Medicaid does not cover medical services received outside of the United States, including emergency care.

Hospital services

Your PCP or a specialist may decide you need care at a hospital. The doctor will arrange for care at a hospital that is in the Texas Children's Health Plan's network. Your coverage includes both outpatient and inpatient services. Your PCP will need to approve or refer you for these services.

Home health services

Sometimes a sick or injured person needs medical care at home. Home care can follow an inpatient stay or be provided to prevent an inpatient stay. If you need home health services, your PCP will talk to Texas Children's Health Plan so that you can get the right care.

Maternity care and newborns

If you are pregnant, call Member Services toll free at 1-866-959-2555. We can assist you with selecting an OB/GYN participating in the Texas Children's Health Plan network. A Member Outreach Specialist will provide you with information on all the maternity benefits and services available through our STAR Babies program. She will be available throughout your pregnancy to assist you with getting prenatal care appointments and transportation to the doctor.

Expect appointments with your OB/GYN to be scheduled within two (2) weeks of your request.

Your relationship with your baby's PCP is very important. A Member Outreach Specialist can help you choose a doctor before your baby is born. Anytime, before or after your baby is born, if you decide the doctor you chose does not meet your needs, you may choose another doctor. To talk to a Member Outreach Specialist, call toll free 1-866-959-2555.

When your baby is born, the hospital should file a form with the State that will enroll your baby in Medicaid. Call your caseworker if you have any questions about your baby's Medicaid eligibility. It also is important that you call Member Services when your baby is born so we can help you get health services for your baby.



Switching your baby's health plan

You baby will be assigned to the same health plan that you are enrolled with for at least 90 days from date of birth. You can request a plan change prior to the 90 days if both health plans agree with transfer. If your baby is in the hospital, plan changes are not permitted until the baby is discharged.

If your baby is not in the hospital, you can change his or her health plan by calling the Texas STAR Help Line at 1-800-964-2777.

What to do if you move

Report your new address as soon as possible to the local HHSC Eligibility Office and Texas Children's Health Plan Member Services at 1-866-959-2555. You must call Texas Children's Health Plan before getting any services in your new area unless it is an emergency. You will continue to get care through Texas Children's Health Plan until the address is changed unless you have moved out of the service delivery area.

Special notice to Texas Children's Health Plan Members with Supplemental Security Income

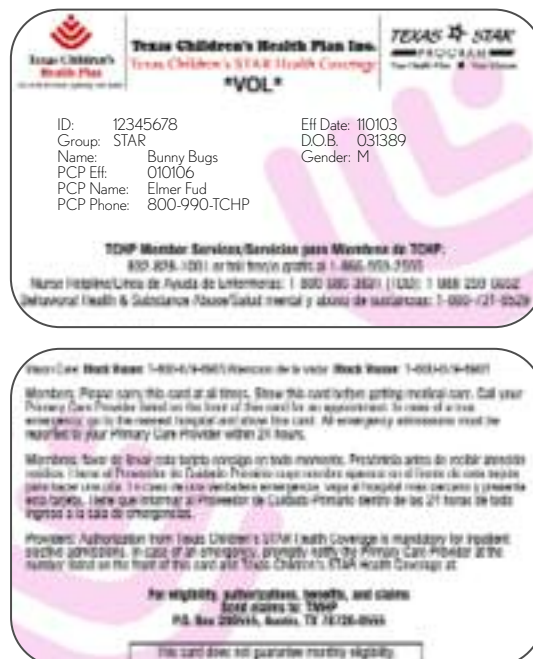
If you are a person who receives Supplemental Security Income (SSI), you have chosen to enroll with Texas Children's Health Plan on a voluntary basis.

Because you may receive most of your routine care from specialists, no referral is required from your PCP. You can go directly to a specialist in the Texas Children's Health Plan network whenever care is needed.

You are entitled to receive all of the regular Medicaid benefits provided by Texas Children's Health Plan. However, you are not eligible for our value-added services, such as the extra eyewear and dental benefits. Please read the entire Member Handbook for a complete description of how to get services.

If you lose your ID card or if you have questions about your coverage, call Member Services toll free at 1-866-959-2555.

Your PCP and other health care providers will send their bills directly to the State for payment for any medical services that you receive. Your Texas Children's Health Plan ID card includes the mailing address for these claims. Your card also has the letters "VOL" printed on the front of the card, which is different from Members who do not receive SSI. Here is a sample of your ID card:



Benefits and Services

Benefits and services

Texas Children’s Health Plan includes all basic Medicaid benefits and services.

Covered benefits and services	Limitations
Medically necessary care for adults and children	
Shots (immunizations) to prevent illness	
Texas Health Steps services <ul style="list-style-type: none"> • Routine immunizations for children and adolescents • Well-child checkups • Dental care 	Members under age 21 only.
Laboratory services	
X-ray services	
Outpatient surgery	Requires authorization.
Inpatient hospital care	Requires authorization.
Outpatient hospital care	
Maternity care	
Newborn care	
Annual physical exam for adults	
24-hour emergency care from an emergency room	
Eye doctor exams	Under age 21, one exam every 12 months. Age 21 and older, one exam every 24 months.
Eyeglasses	Glasses must be medically necessary. Contact lenses require prior authorization and must be the only means of correcting the vision defect. Under age 21, eyewear may be replaced every 12 months. Age 21 and older, eyewear may be replaced every 24 months. Replacements for lost or stolen glasses are not covered. Charges for repairs are not covered.
Hearing exams	
Hearing aids	Age 21 and older, benefit is limited to one hearing aid every six years (72 months).
Home health agency services	Requires authorization.
Ambulances	For emergencies only.
Dialysis for kidney problems	
Genetics (screening for hereditary diseases)	
Major organ transplants	Requires authorization.
Physical, occupational and speech therapy	
Family planning services and supplies	
Behavioral health services	Age 21 and older limited to 30 visits per calendar year.
Substance abuse assistance (alcohol or drug abuse)	Members under age 21 only.
Diabetic supplies	
Chiropractor services	12 visits per year.
Podiatry services	
Health education	

Services that are not covered

The following services are not covered:

- Faith healing
- Acupuncture
- Cosmetic surgery
- Any service that is not medically necessary
- Any service that your PCP does not approve, except for THSteps, family planning services, eye exams, behavioral (mental) health and substance abuse services, OB/GYN and emergency care.

You have a right to know the cost of any service that is not covered before you receive that service. If you agree to get services that we do not cover, you may have to pay for them.

Extra benefits and health education classes

When you join Texas Children's Health Plan, you get some services that Medicaid does not provide. Value-added services available to Members under age 21 might be different than those covered for Members 21 years of age and older. For information about how to get these benefits and services, call Member Services toll free at 1-866-959-2555.

24-hour access to a nurse

You can talk to a nurse about your health concerns 24 hours a day, seven days a week. Just call Texas Children's Health Plan's Nurse Help Line toll free 1-800-686-3831. Members who have trouble hearing can call the TDD Nurse Help Line at 1-888-259-6652. Texas Children's Health Plan's Nurse Help Line nurses cannot diagnose problems or recommend specific treatments. This is not an emergency line or a substitute for your doctor's care.

Health education classes

We want you and your children to stay safe and healthy. Texas Children's Health Plan has health classes and programs for Members which include:

- Health education classes for parents and children.
- Injury prevention programs like "Safe Sitter," bicycle safety and car seat safety checks.

We offer these programs in places that are easy to get to. For a current calendar, call us toll free at 1-866-959-2555.

STAR Babies (Texas Children's Health Plan's maternity program)

STAR Babies is a program that helps you through your pregnancy and the beginning of your baby's life. STAR Babies Outreach Specialists will help you with:

- Making appointments for pregnancy checkups.
- Questions you might have about your health coverage.
- Arranging for transportation to doctor visits.
- Completing maternity risk assessments.
- Information on the Women, Infants and Children (WIC) program.
- Making appointments for well-baby checkups.
- Information on THSteps.

Health risk assessments

Every new Member gets a form called "Health Risk Assessment." There is a form for adults and a form for children. Answer the questions on the form. The answers will help us know if you or your children should be in our programs for Members with certain conditions such as diabetes, asthma or high blood pressure.

Fill out a Health Risk Assessment form for each Texas Children's Health Plan Member in your family. Send it back to us in the postage-paid envelope. If you need more forms or want to complete it by phone, call Member Services toll free at 1-866-959-2555.

Prescription drugs

Prescription drugs are covered under the Texas Medicaid Vendor Drug program. You will need to present your Medicaid Identification Form when having prescriptions filled. You can get prescription drugs from any pharmacy that takes Medicaid.

If you have trouble getting a prescription, call the Medicaid Hotline at 1-800-252-8263 or Member Services toll free at 1-866-959-2555.

Behavioral (mental) health and drug abuse services

You can get behavioral health or substance abuse services when needed. You do not need a referral from your PCP. These services include:

- Counseling services.
- Inpatient and outpatient care.
- Detoxification and treatment for drug addiction and alcoholism. (Members under age 21 only.)

You can get behavioral health or substance abuse services by:

- Calling Texas Children's Health Plan's Behavioral Health/Substance Abuse Hotline toll free at 1-800-731-8529. The hotline is available 24 hours a day, seven days a week.
- Choosing a behavioral health or substance abuse provider from the Texas Children's Health Plan provider network.

If you have an emergency and need behavioral health or substance abuse treatment immediately, go to the nearest emergency room or call the Behavioral Health/Substance Abuse Hotline toll free at 1-800-731-8529. Someone will help you get care right away. Once you are able, you, or someone on your behalf, will need to call the hotline and let them know you had an emergency.

Texas Health Steps

Texas Health Steps (THSteps) includes well-child checkups, dental checkups and immunizations for Members under the age of 21. These checkups are very important. Even though you may feel well, you could still have a health problem.

You may see any doctor or dentist who provides THSteps services. The doctor does not have to be in the Texas Children's Health Plan network. You do not need a referral to receive THSteps services from a doctor who is not your PCP.

Call Texas Children's Member Services 1-866-959-2555 or THSteps at 1-877-841-8377 for the names of doctors and dentists who provide THSteps services.

Office visits for THSteps services when your child is out of town but within the state of Texas will be covered as long as the services are received from a THSteps provider.

We will help you keep track of the services your child needs to stay healthy. When a THSteps exam or an immunization is due for your child, we will send you a postcard or call to remind you to make an appointment. We also can help you make arrangements for transportation. Call Member Services toll free at 1-866-959-2555.

Children's dental services are paid for by the Texas Department of Health so you will need your Medicaid Identification Form to receive services.

If you cannot keep an appointment for THSteps services, call the doctor's office at least 24 hours in advance to cancel.

Vision care

Eye care services are different for adults and children.

If you are under age 21:

- You can get an eye exam once every 12 months
- Eyewear may be replaced every 12 months.

If you are 21 or older:

- You can get an eye exam once every 24 months.
- Eyewear may be replaced every 24 months.



To get eye exams or eyewear, call Block Vision toll free at 1-800-879-6901. Customer Service Representatives are available to help you choose a provider near you. They will also tell you what to do to get your glasses.

You do not need a referral from your PCP to get an eye exam.

Family planning services

Family planning services help you plan or prevent pregnancy. If you are under age 21, you do not have to get permission from your parent to get family planning services or supplies.

You can get family planning services from your PCP. You can also see any Medicaid Family Planning Provider. The Family Planning Provider you use must be in the Texas Children's Health Plan network or on the Medicaid Family Planning Providers List. A referral is not needed for family planning services.

The family planning services you get include:

- A yearly checkup.
- An office or clinic visit for a problem, counseling or advice.
- Laboratory tests.
- Prescriptions and contraceptive devices such as birth control pills, diaphragms and condoms.
- Pregnancy tests.
- Sterilization services (only if you are 21 years of age or older; Federal Sterilization Consent Form is required).
- Checkup and treatment of sexually transmitted diseases such as herpes and syphilis.

A list of the Medicaid Family Planning Providers is included in your Member packet. You also can call Member Services at 1-866-959-2555 for the names and addresses of Family Planning Providers. You can also get a list of family planning providers by visiting <http://www.tdh.state.tx.us/women/locator.htm>.

Other Medicaid services or programs

You also may be eligible to utilize the following Medicaid services and programs:

- Early Childhood Intervention (ECI) program. These services are available only to Members 3 years of age and under.
- Mental Health or Mental Retardation (MHMR) case management.
- Mental Retardation Diagnostic Assessment (MRDA) program.
- Mental Health Rehabilitation (MHR) program.
- Pregnant Women and Infants (PWI) program.
- Texas School of Health and Related Services (SHARS). These services are available only to Members under 21 years of age.
- Texas Commission for the Blind (TCB) program.
- Tuberculosis (TB) clinic services.
- Women, Infants and Children (WIC) program.

You do not need a referral from your PCP to get these services. Call Member Services toll free at 1-866-959-2555 for assistance with getting access to these services and programs.

Members with special health care needs

If you have special health care needs like diabetes or asthma, call Member Services toll free at 1-866-959-2555. We will ask about your current health status. Your information will be given to a case manager for follow up. The case manager will attempt to contact you within 10 days to assess your needs.

Member Services

Please call Member Services when you have questions about your coverage. Call toll free at 1-866-959-2555. With the help of on-line interpreters, Texas Children's Health Plan staff speaks 140 languages. Member Services Representatives are available 24 hours a day, seven 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.

Interpreter and translation services

We can provide face-to-face sign and language interpretation for doctor visits. Please let us know if you need these services at least 48 hours before your appointment. Call Member Services toll free at 1-866-959-2555. We also have a language line. Call us from any doctor's office. We will find someone who speaks your language. Call Member Services toll free at 1-866-959-2555.

Assistance for the visually impaired

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

Telephone Device for the Deaf services for Members with hearing or speech impairments

Texas Children's Health Plan uses Relay Texas TDD services for Members and their parents or guardians who have hearing or speech impairments. For TTY, call 1-800-RELAY-TX (1-800-735-2989).

Member materials available in English and Spanish

This Member Handbook and all other materials included in your Member packet are provided in English and Spanish. Many of the other health educational materials we provide to Members through our health education library also are available in Spanish.

If you get a bill from your doctor

If you get a bill for a Texas Children's Health Plan covered benefit or service, call Member Services toll free at 1-866-959-2555.

Have the bill available so you can tell us the:

- Provider's name.
- Provider's telephone number.
- Date services were received.
- Amount of the claim.
- Provider's reference number.

We will call the provider.

Transportation for doctor visits

If you need a ride to your doctor's office, the Texas Department of Health Medical Transportation Program (MTP) may be able to help. You should call MTP as soon as you know your next doctor's appointment date. You must call at least 48 hours before your appointment. Members under 18 years of age may be required to travel with an adult. To request services, call MTP toll free at 1-877-MED-TRIP (1-877-633-8747). Transportation specialists are available to take requests weekdays 8:00 a.m. to 5:00 p.m.

MTP offices can help with money for gas for someone who drives you to an appointment. These drivers can be family members, neighbors or other volunteers. MTP does not furnish transportation when it is included in the daily rates of programs such as nursing homes, day activities and health services.

If you believe you have been treated unfairly by a MTP driver, call 1-877-MED-TRIP (1-877-633-8747). You can also call Member Services toll free at 1-866-959-2555 to learn how to get a non-emergency ride. If you have a medical emergency, call 911 for an ambulance.

Confidentiality of personal health information

Texas Children's Health Plan takes the confidentiality of your personal health information—information from which you are personally identifiable—very seriously. In addition to complying with all applicable laws, we carefully handle your personal health information (PHI) in accordance with our confidentiality policies and procedures. We are committed to protecting your privacy in all settings. Inserted in your Member packet is a copy of a document called “Notice of Privacy Practices.” This is our policy regarding how we use and release your PHI.

Also enclosed is an “Authorization for Disclosure of Protected Health Information to a Personal Representative” form for you to complete and return to Texas Children's Health Plan if:

- You want to allow someone other than you (if you are an adult Member) or the case head (if the Member is a minor) to have access to and make changes to your information.

For example, if you have children under the age of 18 and you are the child's mother and case head, you can authorize the child's father to have access to and make changes to your child's information.

If you do not complete and return this form to Texas Children's Health Plan, only the adult Member or the parent listed as the case head for a minor child will be able to:

- Make PCP changes.
- Update personal information, like your home address or telephone number.
- Request an ID card.
- Request specific plan information directly related to your or your child's health status.

Call Member Services at 1-866-959-2555 if you have questions or need help completing the form.

If you are too sick to make decisions about your medical care

You have the right to accept or refuse medical care. Advance Directives, or living wills, are a set of instructions that you write down in case it is impossible some day for you to talk to give instructions about your medical care. This set of instructions protects your rights and wishes. They tell people what you want your doctor or family to do if you ever have a bad injury or illness and are not able to talk or write. This set of instructions will make it easier on your family. It also helps the doctor know what you want.

If you already have an Advance Directive, please let your PCP know. If you want information about how to put your instructions in writing, call Member Services toll free at 1-866-959-2555.

Information you can request and receive from Texas Children's Health Plan each year

As a Member of Texas Children's Health Plan, 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 members'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.
 - MCO's practice guidelines.

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.

When you are not satisfied or have a complaint

We want to help. If you have a complaint, please call Member Services toll free at 1-866-959-2555 to tell us about your problem. A complaint is an expression of dissatisfaction with the quality of care or services provided by your doctor, his or her office staff or the Texas Children's Health Plan staff. A Texas Children's Health Plan Member Services Advocate can help you file a complaint, just call 1-866-959-2555.

You can also file a complaint in writing. Mail your complaint to:

Texas Children's Health Plan
Attention: Member Services
P.O. Box 301011, NB 8360
Houston, TX 77230
832-828-1001 or toll free 1-866-959-2555
TDD 1-800-735-2989 (Texas Relay)

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

You have the right to request a second review of the solution of your complaint if you are not satisfied with the resolution. At any time during or after Texas Children's Health Plan's complaint process you have the right to file a complaint directly to the state. You can contact the Texas Health and Human Services Commission (HHSC) toll free at 1-800-252-8263. You can also file your complaint in writing.

Mail your complaint to:

Texas Health and Human Services Commission
Resolution Services H-620
1100 West 49th Street
Austin, Texas 78756-3168

When your doctor's request for covered services is denied or limited

Texas Children's Health Plan will notify you of an action on a covered service your doctor requests. An action means the denial or limited authorization of a requested service. It includes the:

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

You have the right to request an appeal if you are not satisfied or disagree with the action. An appeal is the process by which you request a review of the action. Call Member Services toll free at 1-866-959-2555. A Member Services Advocate can help you file your request for an appeal. You can also authorize someone like a friend, family member or your provider to request an appeal on your behalf. You will need to give your consent in writing to have them act on your behalf. Your request for an appeal must be filed within 30 calendar days from the receipt of the notice of the action. To ensure continuity of currently authorized services, you must file the appeal on or before the later of: 10 calendar days following the HMO's mailing of the notice of the action or the intended effective date of the proposed action.

Each appeal is promptly investigated. Texas Children's Health Plan will send you a letter within five (5) business days to let you know that we received your appeal request. The letter will list all the information we will need to receive to review the appeal. If you make a verbal request for an appeal, a form will also be enclosed with your letter. You will need to sign and return the form to confirm your request for an appeal.

Texas Children's Health Plan will answer you in writing with a decision about your appeal within 30 days of when we receive your appeal request. If your appeal is denied, the answer will explain the reason why it was denied and tell you how to appeal to the next level.

If you appeal the action a second time, the Texas Children's Complaint and Appeal Panel will meet to hear your second-level appeal. This panel is made up equally of Texas Children's Health Plan staff, Members and Providers. You have the right to make your appeal in person or through family or friends.

What is an expedited HMO appeal

If your case involves a serious medical condition, for which you believe taking the time for a standard appeal could jeopardize your life or health, you or your representative can ask for an expedited appeal. An expedited appeal is when Texas Children's Health Plan is required to make a decision quickly based on your health status. Requests for expedited appeals can be oral or written. The appeal will be reviewed and resolved within three (3) business days. We will call you promptly with the decision. We will also send you a letter within two (2) business days of the decision.

If you are not satisfied or disagree with an action, you can file an appeal with the State

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 ten days from receipt of the hearing notice from your health plan. If you do not request a Fair Hearing within ten days from receipt of the hearing notice, your service being appealed will be discounted. If you do not request a hearing within 90 days, you lose your right to a hearing. You can request a Fair Hearing by contacting the Health and Human Services Commission (HHSC) at 1-800-252-8263 or by mailing to:

Texas Health and Human Services Commission
Appeals Division, Fair Hearings Y-613
P.O. Box 149030
Austin, TX 78714

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.

When you or your representative requests a State Fair Hearing during an appeal:

- Benefits will continue if the request for a State Fair Hearing appeal is filed on or before the later of: 10 days following the HMO's mailing of the notice of the action or the intended effective date of the proposed action.
- You may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to you.

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 primary care provider;
- b. choose any health plan 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 care is best for you; and
- b. say yes or no to the care recommended by your provider.

5. To utilize each available complaint 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;
- 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 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.

How to report someone who is misusing and abusing the Medicaid program

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:

Texas Children's Health Plan
 Fraud and Abuse Investigations
 P.O. Box 301011, NB 8303
 Houston, Texas 77230-1011
 832-828-1320

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 aid 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.