

STAR

MEMBER HANDBOOK

MAY 2016



CommunityHealthChoice.org
713.295.2294 | 1.888.760.2600

**COMMUNITY
HEALTH CHOICE**
COMMUNITY CARES.



IMPORTANT PHONE NUMBERS

1.877.635.6736

General Information

8:00 a.m. – 6:00 p.m., Monday – Friday, excluding state-approved holidays. After hours or on the weekend: Please leave a message. We will return your call on the next business day.

713.295.2222

1.888.760.2600

Member Services

8:00 a.m. – 6:00 p.m., Monday – Friday, excluding state-approved holidays. Access your Member account online 24 hours a day, seven days a week. Information is available in English and Spanish. Call us to get an interpreter. In case of emergency, call 9-1-1 or go to the nearest hospital. Also call for pharmacy and dental information.

713.295.2294

7-1-1

TDD for Hearing-Impaired

1.877.343.3108

Behavioral Health/Substance Abuse Services Crisis Hotline

Beacon Health Strategies
Crisis Hotline: 24 hours a day, 7 days a week. Information is available in English and Spanish. Call us to get an interpreter. In case of an emergency, call 9-1-1 or go to the nearest hospital.

1.888.332.2730

24-Hour Nurse Help line

1.800.964.2777

STAR Program Helpline

1.866.566.8989

Ombudsman Managed Care Assistance Team (OMCAT)

7-1-1

Ombudsman Managed Care Assistance Team (OMCAT) TDD for Hearing-Impaired

1.855.687.4786

Medical Transportation Management (MTM)

1.877.847.8377

Texas Health Steps Program

1.800.879.6901

Vision Services Superior Vision

1.866.844.4251

Value-Added Dental Services for Community Members over 21 years of age STARDent

1.800.516.0165

STAR Dental Services for Community Members under 21 years of age DentaQuest

1.800.494.6262

MCNA Dental

1.888.760.2600

Pharmacy Community Health Choice Member Services 8:00 a.m. – 6:00 p.m., Monday – Friday, excluding state-approved holidays.

1.800.628.5115

Early Childhood Intervention (ECI)/www.dars.state.tx.us/ecis DARS Inquiries Line

7-1-1

TDD for Hearing-Impaired

In an emergency, call 9-1-1 or go to the nearest hospital.

Write or visit us at: Community Health Choice, Inc. • 2636 South Loop West, Suite 125 • Houston, TX 77054 • CommunityHealthChoice.org

Welcome to Community Health Choice

We are happy to have you as our Member!

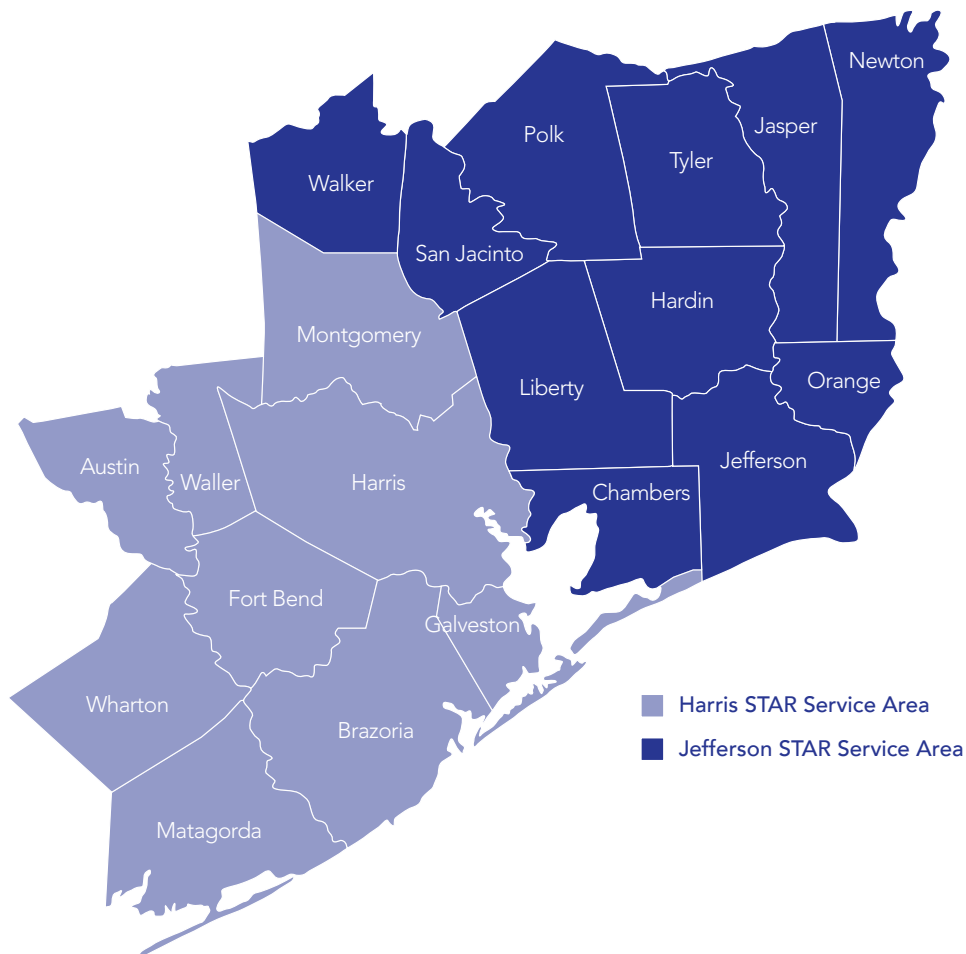
We have provided this Member Handbook as your guide. Our Member Services can answer questions you may have about the Member Handbook. The Member Handbook can also be made available in audio, large print, Braille or other languages, if needed. Call our Member Services toll-free at 1.888.760.2600 to ask for these special services or to answer any questions you may have about the Member Handbook. Call 8:00 a.m. – 6:00 p.m., Monday – Friday, excluding state-approved holidays. Access your Member account online 24 hours a day, seven days a week.

How to Read this Book

This STAR Member Handbook is for our Members who live in the 20 counties listed in the map below. This map is divided into two service areas:

- **Harris Service Area:** Austin, Brazoria, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, and Wharton Counties
- **Jefferson Service Area:** Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, Polk, San Jacinto, Tyler, and Walker Counties

STAR Service Area Map



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Information That Must Be Available on an Annual Basis

As a Member of Community Health Choice, you can ask for and get the following information each year:

- Information about network Providers – at a minimum primary care doctors, specialists, and hospitals in our service area. This information will include names, addresses, telephone numbers, and languages spoken (other than English) for each network provider, plus identification of Providers that are not accepting new patients.
- Any limits on your freedom of choice among network Providers.
- Your rights and responsibilities.
- Information on complaint, appeal, and fair hearing procedures.
- Information about benefits available under the Medicaid program, including amount, duration, and scope of benefits. This is designed to make sure you understand the benefits to which you are entitled.
- How you get benefits, including authorization requirements.
- How you get benefits, including family planning services, from out-of-network Providers and limits to those benefits.
- How you get after hours and emergency coverage and limits to those kinds of benefits, including:
 - What makes up emergency medical conditions, emergency services, and post-stabilization services.
 - The fact that you do not need prior authorization from your Primary Care Provider for emergency care services.
 - How to get emergency services, including instructions on how to use the 9-1-1 telephone system or its local equivalent.
 - The addresses of any places where Providers and hospitals furnish emergency services covered by Medicaid.
 - A statement saying you have a right to use any hospital or other settings for emergency care.
 - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your Primary Care Provider.
- Community Health Choice's practice guidelines.

Important Things to Remember

We are here to help you get the most from your health coverage.

Here are some important things to remember:

- Read this handbook. If you have any questions about this handbook, call Member Services toll-free at 1.888.760.2600.
- Read your Rights and Responsibilities as a plan Member in this handbook.
- Find a Primary Care Provider on our online Provider Directory. If you need help finding a provider, call Member Services toll-free at 1.888.760.2600. When you pick your Provider, you must call us so we can assign that Provider to you.
- You will receive your Community Health Choice Member ID card within 5-7 business days after you have told us who you chose to be your Primary Care Provider. Review your information on the card. If there are any errors, contact us immediately.
- Call your Primary Care Provider listed on your Member ID card to schedule your first Texas Health Steps checkup:
 - As a new Member, you should have your first Texas Health Steps checkup within 90 calendar days after joining Community Health Choice.
 - Newborns should be seen by a Primary Care Provider 3-5 days after birth.
- Show your Community Health Choice Member ID card every time you go to the doctor's office, clinic, hospital or drug store to get your prescription filled.

- If you have special health care needs, we can help! We can enroll you into one of our Care Management Programs or refer you to the Case Management for Children and Pregnant Women.
- If you are a Member of a migrant farmworker family, we can help you get all the health care services you need before you travel.
- Always carry your Community Health Choice Member ID card with you.
- Keep this handbook in a safe place for future use.

Remember, we are here to help. Call our Member Services toll-free at 1.888.760.2600 for assistance.

In addition to these, Community Health Choice believes you have the right and responsibility to:

Rights

1. A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
2. A right to be treated with respect and recognition of their dignity and their right to privacy.
3. A right to participate with practitioners in making decisions about their health care.
4. A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
5. A right to voice complaints or appeals about the organization or the care it provides.
6. A right to make recommendations regarding the organization's member rights and responsibilities policy.

Responsibilities

7. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
8. A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
9. A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

You have a right to tell us what you think of the rights and responsibilities offered to you. Tell us what you think at 1.888.760.2600.

How Community Health Choice Works

Benefits of Joining Community Health Choice

We have a big network of doctors, hospitals, and other health Providers. Our Member Services is here to help you! You can call our Member Services toll-free at 1.888.760.2600, 8:00 a.m. – 6:00 p.m., Monday – Friday, excluding state-approved holidays. We speak English, Spanish or can get you an interpreter who speaks your language.

Our Member Services can help you:

- Answer questions about benefits
- Choose a Primary Care Provider
- Change your Primary Care Provider
- Send you a new Member Identification (ID) Card if yours is lost or stolen
- Solve complaints or problems
- Help you with pharmacy questions

You can also access your Member account online 24 hours a day, seven days a weeks to:

- Check your eligibility
- Change your address, phone number or Primary Care Provider
- Find out if you are due for an exam
- R.S.V.P. for events
- Ask us a question

Member Identification (ID) Cards

Information about the Member Identification (ID) Card

Every eligible Member of your family will get their own Member ID Card. Carry your Member ID Card and Your Texas Benefits Medicaid Card with you at all times. Show both to your doctor or healthcare Provider before you get care.

How to Read your Member ID Card

Check your Member ID Card to make sure it is correct. It should have:

- Your name
- Your Medicaid Number
- Your Primary Care Provider's name, address, and telephone number, so you can schedule an appointment or discuss your healthcare needs

How to Use your Member ID Card

It is important that you:



- Have your Member ID Card and Medicaid Number ready when you call our Member Services toll-free at 1.888.760.2600
- Bring your Member ID Card and Your Texas Benefits Medicaid Card to all medical appointments
- Do not let other people use your Member ID Card

How to Replace your Member ID Card


Call our Member Services if you lose or misplace your Member ID Card and need a new one.

Here is a sample of our Member ID Card:

Your Texas Benefits Medicaid Card

	
Name:	DOB:
Member ID #:	PCP Effective Date:
PCP Name:	
PCP Phone:	
PCP Address:	

Co-Payment Information: No co-payment or cost sharing / No hay copagos o reparto de gastos Assistance 24 hours/7 days a week / Asistencia 24 horas del día/7 días de la semana:
Member Services/Servicios para Miembros: **713.295.2294** or toll-free/o gratis **1.888.760.2600**
(TDD) 7-1-1, Nurse Help line/Línea de ayuda de enfermeras: **1.888.332.2730**
Behavioral Health/Servicios para salud mental: **1.877.343.3108**, 24/7 assistance/asistencia
Pharmacy: Navitus BIN: 610602; PCN: MCD; Group: CHC; Helpline: **1.877.908.6023**



MEMBERS: Please carry this card at all times. Show this card before getting medical care. Call your Primary Care Provider listed on the front for an appointment. In case of emergency, call 9-1-1 or go to the closest emergency room. After treatment, call your Primary Care Provider within 24 hours or as soon as possible. For Member information and instructions in Spanish, please contact Community Health Choice Member Services.

MIEMBROS: Por favor lleve esta tarjeta con usted en todo momento. Preséntela antes de recibir atención médica. Llame al Proveedor de Cuidado Primario cuyo nombre aparece en el frente de esta tarjeta para hacer una cita. En caso de emergencia, llame al 9-1-1 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al Proveedor de Cuidado Primario dentro de 24 horas o tan pronto como sea posible. Para información de Miembro e instrucciones en español, favor de comunicarse con Servicios para Miembros de Community Health Choice.

PROVIDER SERVICES
Eligibility, authorizations, benefits, and claims:
713.295.2295 or toll-free at **1.888.760.2600**
Submit claims to: P.O. Box 301404, Houston, TX 77230
Electronic claims: Payor ID 48145

When you are approved for Medicaid, you will get a Your Texas Benefits Medicaid Card. This plastic card will be your everyday Medicaid ID Card. You should carry and protect it just like your driver's license or a credit card. The card has a magnetic strip that holds your Medicaid ID number. Your doctor can use the card to find out if you have Medicaid benefits when you go for a visit.

You will only be issued one card, and will only receive a new card in the event of the card being lost or stolen. If your Medicaid ID Card is lost or stolen, you can get a new one by calling toll-free at 1.855.827.3748.

If you are not sure if you are covered by Medicaid, you can find out by calling toll-free at 1.800.252.8263. You can also call 2-1-1. First pick a language and then pick option 2.

Your health history is a list of medical services and drugs that you have gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care you need. If you don't want your doctors to see your health history through the secure online network, call toll-free at 1.800.252.8263.

The Your Texas Benefits Medicaid Card has these facts printed on the front:

- Your name and Medicaid ID number
- The date the card was sent to you
- The name of the Medicaid program you're in if you get:
 - Medicare (QMB, MQMB)
 - Texas Women's Health Program (TWHHP)
 - Hospice
 - STAR Health
 - Emergency Medicaid
 - Presumptive Eligibility for Pregnant Women (PE)
- Facts your drug store will need to bill Medicaid
- The name of your doctor and drug store if you're in the Medicaid Lock-in program

The back of the Your Texas Benefits Medicaid Card has a Web site you can visit (YourTexasBenefits.com) and a phone number you can call toll-free (1.800.252.8263) if you have questions about the new card.

If you forget your card, your doctor, dentist or drug store can use the phone or the Internet to make sure you get Medicaid benefits.

Your Texas Benefits
Health and Human Services Commission

Medicaid ID Card

Member name:
Your name goes here

Member ID (Medicaid ID):
999999999

Issuer ID: (60840)
999999999

RxBIN: 001111
RxPCN: ADV
RxGRP: RX1234

Your Health Plan goes here:

Date card sent:
06/01/2011

This is where your name appears.

This is your Medicaid ID number.

This is HHSC's agency ID number. Doctors and other providers need this number.

If you have a health plan, its name and phone number will be listed here. Call this number if you have questions about your doctor or services.

Drug stores use these numbers.

This is the date your card was sent to you.

This card does not guarantee eligibility. La targeta no garantiza la elegibilidad.

This is a magnetic strip your doctor can swipe (like a credit card) to get your Medicaid ID number.

Need Help? ¿Necesita Ayuda?

Call this number if you need help using this card. [1-800-252-8263]

Questions about your doctor? Call your health plan. ¿Preguntas sobre su doctor? Llame su plan de salud.

www.YourTexasBenefits.com

TX-0A-0411

Go to this website to learn more about this card.

Temporary Medicaid ID Verification Form 1027-A

If you lose the Your Texas Benefits Medicaid Card, call your local HHSC Eligibility Office. They will give you a Medicaid Temporary ID Verification 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 healthcare services. Use it like Your Texas Benefits Card and present to your Provider.

Primary Care Providers

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

When you go to see your doctor, take your Member ID Card, Your Texas Benefits Medicaid Card, a list of problems you are having, a list of any drugs or herbal medicines you are taking, and a record of all shots you have had.

REMEMBER: EXCEPT IN AN EMERGENCY, CALL YOUR PRIMARY CARE PROVIDER FIRST BEFORE GOING FOR HEALTHCARE.

What is a Primary Care Provider?

Your Primary Care Provider is an important part of your healthcare team. Your Primary Care Provider will make sure you get the care you need such as give you regular checkups and treat you when you are sick. Your Primary Care Provider is your doctor. Your Primary Care Provider will follow up when other doctors give you care. Your Primary Care Provider should be the "medical home" of all your medical records. Your Primary Care Provider needs to know everything about your past and present healthcare needs. Make sure your Primary Care Provider has all of your medical records. If you are a new patient, help your Primary Care Provider get your medical records from your previous doctor. You may need to sign a form giving permission for your medical records to be sent to your new Primary Care Provider.

You can pick any Primary Care Provider in the Community Health Choice network to be your doctor. You should pick a Primary Care Provider within an office location and office hours that are convenient for you. If you like the Primary Care Provider that you see now, you can continue to see them if they are listed in the directory.

Once you picked your Primary Care Provider, please call Member Services toll-free at 1.888.760.2600. We will be glad to assign your select Primary Care Provider as your main doctor.

For a current directory, go to CommunityHealthChoice.org > Find a Doctor > Medicaid/CHIP > Find a Provider > Enter your information > Search. You can find a doctor By Provider's Specialty, By Provider's Name, or By Provider's County.

It is important that you get to know your Primary Care Provider, and your Primary Care Provider get to know you. It is not good to wait until you are sick to pick and meet your Primary Care Provider. Schedule your first Texas Health Steps medical checkup right away.

- As a new member, you should have your first Texas Health Steps checkup within 90 calendar days after joining Community Health Choice.
- Newborns should be seen by a Primary Care Provider 3 to 5 days after birth.

We can help you schedule your first checkup and get transportation to your doctor's office. Call Member Services toll-free at 1.888.760.2600.

Can a specialist ever be considered a Primary Care Provider?

Yes. Members with disabilities, special health care needs or chronic or complex conditions may ask Community Health Choice to use a specialist as their Primary Care Provider. Please call Member Services toll-free at 1.888.760.2600.

How can I change my Primary Care Provider?

You can change your Primary Care Provider by:

- Calling us toll-free at: 1.888.760.2600
- Writing us at:

**Community Health Choice, Inc.
Member Services
2636 South Loop West, Suite 125
Houston, TX 77054**

- Creating an account and changing it online at CommunityHealthChoice.org

Can a clinic be my Primary Care Provider? (Rural Health Clinic/Federally Qualified Health Center)

Yes. An RHC or FQHC can be your Primary Care Provider.

Who else can be my Primary Care Provider?

You may choose:

- Pediatricians (for children and adolescents)
- Family doctors
- General Practice doctors
- Internal Medicine doctors
- Advanced Nurse Practitioners (APNs)

How many times can I change my/my child's Primary Care Provider?

There is no limit on how many times you can change your or your child's Primary Care Provider. You can change your Primary Care Provider by:

- Calling us toll-free at: 1.888.760.2600
- Writing us at:

Community Health Choice, Inc.
Member Services
2636 South Loop West, Suite 125
Houston, TX 77054

- Creating an account and changing it online at CommunityHealthChoice.org

When will my Primary Care Provider change become effective?

Community Health Choice can make "real time" Primary Care Provider changes. That means, when you call us to change your Primary Care Provider, we will make the change in our computer system while you are on the phone. We will also send you a new Member ID Card right away.

Are there any reasons why a request to change a Primary Care Provider may be denied?

Sometimes, a Primary Care Provider you choose may not be available. Our Member Services will help you pick another Primary Care Provider. Here are reasons you may not be able to see a Primary Care Provider:

- The Primary Care Provider you picked is not seeing new patients.
- The Primary Care Provider you picked is no longer part of our network.

Can my Primary Care Provider move me to another Primary Care Provider for non-compliance?

Yes, here are some reasons:

- You do not follow your Member Responsibilities listed in this Member Handbook
- You miss three appointments in a row within six months and you do not call ahead to cancel
- You do not follow your Provider's healthcare recommendations
- You are rude, abusive or do not cooperate with the Provider or office staff

Our Member Services will call you and help you get a new Primary Care Provider.

What if I choose to go to another doctor who is not my Primary Care Provider?

Except in emergencies, always call your Primary Care Provider before you go to another doctor or the hospital. You can reach your Primary Care Provider or back-up doctor 24 hours a day, seven days a week. If you go to another doctor who is not your Primary Care Provider, you may need to pay the bill.

How do I get medical care after my Primary Care Provider's office is closed?

You should call your Primary Care Provider. You can reach your doctor or a back-up doctor 24 hours a day, seven days a week. Or you may call our 24-Hour Nurse Help line toll-free at 1.888.332.2730. Our nurses help you get the right healthcare for your problem. In an emergency, call 9-1-1 or go to the nearest emergency room.

What is the Medicaid Lock-in Program?

You may be put in the Lock-in Program if you do not follow Medicaid rules. It checks how you use Medicaid pharmacy services. Your Medicaid benefits remain the same. Changing to a different MCO will not change the Lock-in status.

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

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

To learn more, call Community Health Choice toll-free at 1.888.760.2600.

Physician Incentive Plan Information

Community Health Choice cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to Members. You have the right to know if your primary care provider (main doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can call 1.888.760.2600 to learn more about this.

Changing Health Plans

What if I want to change health plans?

You can change your health plan by calling the Texas STAR, STAR Kids, or STAR+PLUS Program Helpline at 1.800.964.2777. You can change health plans as often as you want.

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.

Who do I call?

Call the Texas STAR or STAR+PLUS Program Helpline at 1.800.964.2777.

How many times can I change health plans?

You can change health plans as often as you want.

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 Community Health Choice ask that I get dropped from their health plan?

Yes. Community Health Choice can request that you be disenrolled, if you:

- Move out of our service area
- Enter a hospice or long-term care facility
- Are not eligible for Medicaid
- Enroll in another plan

We might also request HHSC to end your membership after letting you know, if you:

- Miss three appointments in a row over six months and do not call to cancel;
- Do not follow Community Health Choice policies and procedures;
- Allow your Member ID Card to be misused; or
- Are disruptive, abusive or do not cooperate with Community Health Choice staff or doctors or other Providers.

Benefits

What are my health care benefits?

Community Health Choice is one of the Texas Medicaid STAR plans and provides services for the covered benefits of the Medicaid Program. Some of the covered benefits include:

- Regular checkups, vision and hearing tests, dental referrals, and shots
- Office visits to your doctor – These include all care and treatment of illness and injuries, including immunizations, x-rays, and tests. We also cover outpatient surgery and regular checkups.
- Visits to clinics or Federally Qualified Health Centers (FQHCs)
- Visits to specialists or surgeons – Call Member Services to see if the specialist is in the Community Health Choice network. Specialist care includes the visit and any needed treatment, surgery or anesthesia.
- X-rays, laboratory tests, and other services provided in the hospital – This includes semi-private room and board, whole blood, anesthesia and needed services, and supplies. We cover maternity and newborn baby care in the hospital.
- Physician services in the hospital
- Ambulance services for emergencies only
- Chiropractic services
- Emergency care
- Urgent care – We cover care provided by a hospital or urgent care center needed to treat an urgent problem.
- Behavioral (mental) healthcare – This includes assessment, counseling, and treatment services. Services provided by a licensed psychologist, licensed professional counselor, licensed master's social worker, advanced clinical practitioner or licensed marriage and family therapist are not covered for Members 21 years and older.
- Hearing tests (all Members) and hearing aids (under 21 years old)
- Home healthcare services – This includes care supervised by a registered nurse which is part of a treatment plan approved by Community Health Choice.
- Hospice services for Members certified as terminally ill by a doctor
- Maternity care before and after the birth of your baby
- Podiatry services (care of the feet)
- Preventive health services (care to prevent illness) – These include annual physical exams, annual pap smears, mammograms, and other tests.
- Radiation therapy

- Transplant services – Includes liver, heart, lung, bone marrow, cornea (eye), peripheral stem cell, and kidney
- Eye care – If you are under age 21, you can get an eye exam once a year between September 1 and August 31. Medicaid lets you get new eyewear once every 24 months, or sooner, if medically necessary. If you lose or break your glasses, Community Health Choice will replace them. If you are age 21 or older, you can get an eye exam and eyewear one time every 24 months. You can also get contact lenses, if medically necessary. You must get your eye care services from Community Health Choice eye care Providers. Medicaid does not cover repairs or replacements for Members age 21 and older.
- Family planning services
- Prescriptions – You may have your prescription filled at any pharmacy that accepts Medicaid.
- Dental care – If you are under 21, you may get dental care from any Texas Health Steps Medicaid dental Provider. Call DentaQuest toll-free at 1.800.516.0165 or MCNA Dental toll-free at 1.800.494.6262.

How do I get these services?

Please look in your Provider Directory to find a Provider in your area to give you these services.

Are there any limits to any covered services?

We provide medically necessary services that are covered by the Medicaid Program. If the Medicaid Program does not cover the service, then we do not cover the service.

What services are not covered?

- Abortions not covered by federal and state regulation;
- Acupuncture;
- Autopsies;
- Cosmetic or plastic surgery that is not medically necessary;
- Custodial care;
- Experimental surgery;
- Eye surgery for correcting nearsightedness, farsightedness or blurring;
- Infertility treatment, including artificial insemination and in-vitro fertilization;
- Personal convenience items like television, telephones or grooming supplies or services, unless medically necessary;
- Prosthetic and orthotic devices;
- Reversal of voluntary sterilization;
- Out-of-area routine healthcare;
- Services not approved by your Primary Care Provider or Community Health Choice, except emergencies;
- Services provided by your employer or a close relative; and
- Sex change surgery.

Do I have access to out-of-network services?

We provide Members with out-of-network services for those services that are medically necessary and covered benefits that are not available in our network. If those services become available, Members will need to go to our network Provider.

What other services can Community Health Choice assist me with?

What is Women, Infants and Children (WIC)?

WIC is a nutrition program for women, infants and children. WIC helps pregnant women and new mothers learn more about food, breastfeeding, formulas, nutrition, and healthy eating. WIC may help by giving WIC Vouchers for healthy foods. Call our Member Services to find a WIC office near you.

What is Early Childhood Intervention (ECI)?

Early Childhood Intervention (ECI) is a statewide program for families with children, birth to three, with disabilities and developmental delays. If you are worried about how your baby is growing and learning, ECI can help you. ECI supports families to help their children reach their potential through developmental services.

Where do I find an ECI provider?

You can find an ECI provider near you by calling the Department of Assistive and Rehabilitative Services (DARS) toll-free at 1.800.628.5115 (TDD 7-1-1) or visiting the DARS Web site at <http://www.dars.state.tx.us/ecis/>. If you go to an ECI Provider, please remember to tell your child's Primary Care Provider about the ECI care your child receives so that your provider may ensure continued care.

Do I need a referral for this?

No. Referrals can be based on professional judgment or a family's concern. A medical diagnosis or a confirmed developmental delay is not required for ECI services. Families may self-refer by visiting the DARS Web site at <http://www.dars.state.tx.us/ecis/> or by calling toll-free 1.800.628.5115.

What are my prescription drug benefits?

You can receive medically necessary prescriptions ordered by your doctor or specialist. These prescriptions must be part of the Texas Medicaid Vendor Drug Formulary. Some prescriptions require pre-authorization.

What Value-Added Services do I get as a Member of Community Health Choice?

These services are in effect from September 1, 2015 to August 31, 2016. Call Member Services if you have any questions.

- **24-Hour Nurse Help line**
You can call our Nurse Help line 24 hours a day, seven days a week toll-free at 1.888.332.2730. Call the Nurse Help line before going to the emergency room, unless it is an emergency. A nurse will answer your health care questions and help the Member get the care they need.
- **Dental Benefits: Age 21 and above**
We offer dental benefits for Members 21 and over. These benefits include exams, cleaning, and non-surgical extractions. All other dental services have a 25% discount. Call STARDent toll-free at 1.866.844.4251 to find a network dentist.
- **Vision Benefits**
Members will receive \$100 off the cost of contact lenses instead of glasses, if they choose. The \$100 discount only applies if contact lenses are not covered as part of the standard Medicaid benefit. Members get the \$100 discount at the time they are eligible for new eyewear. You are eligible for eyewear every 24 months.
- **Transportation Services**
We offer free transportation for Medicaid Members to doctors' appointments when State Medical Transportation is not available and when approved by our case manager. You must call us for approval at least three business days before the Member's appointment.
- **Care Management Program**
We have care management programs (including services) for asthma and diabetes. We also give educational books on asthma, childbirth, and diabetes to Members in our Care Management Programs.
- **Childbirth Classes**
Classes are offered at multiple sites and at our office. There is no cost. This is available only in the Harris Service Area. Transportation assistance available in the Harris Service Area.
- **Sports and School Physicals**
We will pay our network Providers for sports and school physicals for Medicaid Members age 4 to 19, limited to one per year.
- **Boys and Girls Club Membership**
Children 7–17 years old can join the Boys and Girls Club at no cost! Limitations may apply.
- **Neighborhood Centers, Inc. (NCI) Membership**
We will pay 100% of the membership cost, once per year, to the Neighborhood Centers, Inc. (NCI) of your choice for Medicaid Members in the Harris Service Area. The membership only covers health and wellness classes. Limitations may apply.

- Youth Sports League Fee Allowance
We will pay up to \$40 annually toward the cost of a Member's registration fee for a youth sports league.
- Children's Wellness Gift Program
The Community Health Choice Children's Wellness Gift Program will provide a \$20 gift card and chance to win an iPad, with health- and wellness-related apps, for Members getting their Texas Health Steps checkups current at Texas Health Steps events.

What extra benefits do I get as a Member of Community Health Choice?

- Kids Club
Children learn about staying healthy. Members are also invited to fun children's events. Kids Club is free and it's fun!
- Help with recertification for Medicaid
We can help you with recertification for Medicaid when it is time for you to get recertified. You can call and get help over the phone.

How can I get these benefits?

Call our Member Services at 713.295.2294 or toll-free at 1.888.760.2600.

What health education classes does Community Health Choice offer?

The goal of our Health Education Program is to help our Members learn to stay healthy. Our Health Education Program offers health fairs and wellness screenings.

Care Management Program

Our Care Management Program helps you manage your health. We focus on asthma, COPD, diabetes, and high-risk pregnancy.

We will contact you if you are:

- Not taking full advantage of going to the doctor or taking your medicine
- At risk for having your baby early

We will help you:

- Get care after your baby is born
- Manage your asthma, COPD, diabetes or weight
- Coordinate your care

Call our Care Management department at 713.295.2303 or toll-free at 1.888.760.2600 to join.

Take charge of your health! Take our Health Risk Assessment online to see if you have any potential health issues. Go to CommunityHealthChoice.org > Member Resources.

We will review it and contact you if we see any potential issues. Share your results with your doctor.

Take our childbirth classes!

There is no cost. You will learn about:

- Labor and delivery
- Ways to manage labor pain
- Breastfeeding
- Much more

For those who attend the class we will have a baby shower. Classes are offered at multiple sites and at our office. This is available only in the Harris Service Area. Transportation assistance available in the Harris Service Area. To R.S.V.P., find a class location near you or get more information, call 713.295.5001 or toll-free at 1.855.806.8319.

What other services can Community Health Choice help me get?

- Early Childhood Intervention (ECI) Case Management/Service Coordination
- MHMR Health Rehabilitation
- Texas School Health and Related Services
- Tuberculosis Service provided by a HSC-approved Provider
- Medical Transportation
- HHSC Hospice Services
- Case Management for Children and Pregnant Women (CPW) – CPW gives services to children (birth to age 20) with a health risk and to high-risk pregnant women of all ages, in order to encourage the use of cost-effective health and health-related care. For more information, please call toll-free at 1.877.847.8377 or go to the DSHS Web site at www.dshs.state.tx.us/caseman/default.shtm.

Health Care and Other Services

What does Medically Necessary mean?

(1) For Members birth through age 20, the following Texas Health Steps services:

- (a) screening, vision, and hearing services; and
- (b) other Health Care Services, including Behavioral Health Services, that are necessary to correct or ameliorate a defect or physical or mental illness or condition. A determination of whether a service is necessary to correct or ameliorate a defect or physical or mental illness or condition:
 - (i) must comply with the requirements of the *Alberto N., et al. v. Taylor, et al.* partial settlement agreements; and
 - (ii) may include consideration of other relevant factors, such as the criteria described in parts (2)(b-g) and (3)(b-g) of this definition.

(2) For Members over age 20, non-behavioral health related health care services that are:

- (a) reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
- (b) provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
- (c) consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
- (d) consistent with the diagnoses of the conditions;
- (e) no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
- (f) not experimental or investigative; and
- (g) not primarily for the convenience of the member or provider; and

(3) For Members over age 20, behavioral health services that:

- (a) 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;
- (b) are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
- (c) are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- (d) are the most appropriate level or supply of service that can safely be provided;
- (e) could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
- (f) are not experimental or investigative; and
- (g) are not primarily for the convenience of the member or provider.

What is routine medical care?

Routine medical care is when you visit your Primary Care Provider to make sure you and your children are in good health. Routine medical care includes regular checkups, treatment for illnesses, immunizations, and follow-up care.

How soon can I expect to be seen?

You should be able to see your Primary Care Provider within two weeks.

What is urgent medical care?

Another type of care is urgent care. There are some injuries and illnesses that are probably not emergencies, but can turn into emergencies if they are not treated within 24 hours. Some examples are:

- Minor burns or cuts
- Earaches
- Sore throat
- Muscle sprains/strains

What should I do if my child or I need urgent medical care?

For urgent care, you should call your doctor's office even on nights and weekends. Your doctor will tell you what to do. In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes Community Health Choice Medicaid. For help, call us toll-free at 1.888.760.2600. You can also call our 24-Hour Nurse Help Line at 1.888.332.2730 for help with getting the care you need.

How soon can I expect to be seen?

You should be able to see your doctor within 24 hours for an urgent care appointment. If your doctor tells you to go to an urgent care clinic, you do not need to call the clinic before going. The urgent care clinic must take Community Health Choice Medicaid.

What is emergency medical care?

Emergency Medical Care

Emergency medical care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions.

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:

1. placing the patient's health in serious jeopardy;
2. serious impairment to bodily functions;
3. serious dysfunction of any bodily organ or part;
4. serious disfigurement; or
5. in the case of a pregnant women, serious jeopardy to the health of a woman or her unborn child.

Emergency Behavioral Health Condition means:

Any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent layperson, possessing average knowledge of medicine and health:

1. requires immediate intervention or medical attention without which the Member would present an immediate danger to themselves or others; or
2. which renders the Member incapable of controlling, knowing or understanding the consequences of their actions.

Emergency Services and Emergency Care means:

Covered inpatient and outpatient services furnished by a Provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition or Emergency Behavioral Health Condition, including post-stabilization care services.

How soon can I expect to be seen?

You should be seen immediately.

Are Emergency Dental Services Covered by Community Health Choice?

Community Health Choice covers limited emergency dental services in a hospital or ambulatory surgical center, including payment for the following:

- Treatment for dislocated jaw
- Treatment for traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin
- Drugs for any of the above conditions

What do I do if I need/my child needs Emergency Dental Care?

During normal business hours, call your child's Main Dentist to find out how to get emergency services. If your child needs emergency dental services after the Main Dentist's office has closed, call us toll-free at 1.888.760.2600 or call 9-1-1.

What is post stabilization?

Post-stabilization care services are services covered by Medicaid that keep your condition stable following emergency medical care.

How do I get medical care after my Primary Care Provider's office is closed?

You should call your Primary Care Provider. You can reach your doctor or a back-up doctor 24 hours a day, seven days a week. Or you may call our 24-Hour Nurse Help line toll-free at 1.888.332.2730. Our nurses help you get the right healthcare for your problem. In an emergency, call 9-1-1 or go to the nearest emergency room.

What if I get sick when I am out of town or traveling?

If you need medical care when traveling, call us toll-free at 1.888.760.2600 and we will help you find a doctor. If you need emergency services while traveling, go to a nearby hospital, then call us toll-free at 1.888.760.2600.

What if I am out of the state?

If you need medical care when traveling out of town or out of the state, call us toll-free at 1.888.760.2600 and we will help you find a doctor.

What if I am out of the country?

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

What if I need to see a special doctor (specialist)?

Your Primary Care Provider can treat most problems. Sometimes you may need care from a specialist. Your Primary Care Provider will help you find a specialist. You may also need non-emergency hospital care. Your Primary Care Provider will refer you to a hospital if needed. Members with disabilities, special healthcare needs and chronic or complex conditions may have direct access to a specialist.

What is a referral?

A referral is a consultation for evaluation and/or treatment of a patient requested by one doctor to another doctor. Community Health Choice will not pay the cost of non-emergency hospital care or medical equipment unless your Primary Care Provider gives you a referral.

How soon can I expect to be seen by a specialist?

The specialist will see you as soon as possible, usually within 8 to 10 weeks. Of course, if it is urgent, the specialist may be able to see you within 24 hours of your request. If you need help or cannot wait that long, call our Member Services and we may be able to find another specialist you can visit sooner.

What services do not need a referral?

Community Health Choice covers limited emergency dental services for the following:

- Emergency care
- OB/GYN care
- Texas Health Steps medical and dental checkups
- Family planning services
- Behavioral (mental) health services or drug and alcohol treatment

How can I ask for a second opinion?

Please call our Member Services if you want a second opinion. You can get a second opinion from a network Provider or an out-of-network Provider if a network Provider is not available. You may want to ask for a second opinion if:

1. You received a diagnosis or instructions from your Provider that you don't feel are correct or complete
2. Your Provider says you need surgery
3. You have done what the doctor asked, but you are not getting better

When you go for your visit, tell the doctor you are there for a second opinion.

How do I get help if I have behavioral (mental) health, alcohol or drug problems?

As Community Health Choice Members, if you or your child has a problem with drugs, alcohol or mental health, call Beacon Health Strategies toll-free at 1.877.343.3108, the Community Health Choice Provider of mental health and drug and alcohol abuse treatment services. You can call Beacon Health Strategies 24 hours a day, seven days a week.

Do I need a referral for this?

You do not need to see your Primary Care Provider first or get a referral from your Primary Care Provider. Some mental health or substance abuse problems may also need urgent care. For help with these problems or for more information, please call Beacon Health Strategies.

Community Health Choice follows the Mental Health Parity Addiction Equity Act (MHPAEA). We review to make sure that requirements for mental health benefits are the same or less than medical benefits.

What are mental health rehabilitation services and mental health targeted case management?

These are special services for children and adults. Children must have a serious emotional disturbance. Adults must have a diagnosis of serious mental illness.

How do I get these services?

You can get these special services at your Local Mental Health Authority or MHMRA. There are special requirements for these services.

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

Medicaid pays for most medicine your doctor says you need. Your doctor will write a prescription so you can take it to the drug store or may be able to send the prescription for you.

How do I find a network drug store?

Look in our Provider Directory. Call our Member Services toll-free at 1.888.760.2600. Or look on our Web site at CommunityHealthChoice.org.

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

We have a lot of drug stores in our network, including those in these stores: HEB, Kroger, Randall's, Sam's, Target, Walgreens, and Wal-Mart. Please look on our Web site at CommunityHealthChoice.org > Find a Doctor > Products > Find a Pharmacy for a complete list. You can also call Member Services at 713.295.2294 or toll-free at 1.888.760.2600 for help. If you do go to a drug store that is not in our network, your prescription will not be covered by us, and you will have to pay full price.

What do I bring with me to the drug store?

Bring your:

- Prescription
- Community ID Card
- Your Texas Benefits Medicaid Card

What if I need my medications delivered to me?

Some pharmacies in our network will deliver to your home. Please look on our Web site at CommunityHealthChoice.org > Find a Doctor > Products > Find a Pharmacy to see which ones will deliver. You can also call Member Services at 713.295.2294 or toll-free at 1.888.760.2600 for help.

Who do I call if I have problems getting my medications?

Call Member Services at 713.295.2294 or toll-free at 1.888.760.2600. We can help you find a drug store in our network that is close to you.

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

If your doctor cannot be reached to approve a prescription, you may be able to get a three-day emergency supply of your medication. Call Community Health Choice toll-free at 1.888.760.2600 for help with your medications and refills.

What if I lose my medication(s)?

Call our Member Services toll-free at 1.888.760.2600 for instructions on what you need to do.

What if I/my child needs an over-the-counter medication?

Some over-the-counter medications are part of your/your child's Medicaid benefit. You need a prescription from your doctor.

What if I/my child needs more than 34 days of a prescribed medication?

The pharmacy can only give you an amount of a medication that you need/your child needs for the next 34 days. For any other questions, please call Community Health Choice Member Services toll-free at 1.888.760.2600 for help.

Please talk regularly with your Primary Care Provider and your pharmacy to make sure that you:

- have your prescriptions filled on time so you do not miss a dose of medicine
- take your medicine correctly
- tell your Primary Care Provider or pharmacy if you have a bad side effect

How do I get family planning services?

You can find the locations of family planning Providers near you online at <http://www.dshs.state.tx.us/famplan/> or you can call Community Health Choice toll-free at 1.888.760.2600 for help in finding a family planning provider.

Do I need a referral for this?

You do not need a referral.

Where do I find a family planning services Provider?

You can find the locations of family planning Providers near you online at <http://www.dshs.state.tx.us/famplan/default.shtm>, or you can call Community Health Choice toll-free at 1.888.760.2600 for help in finding a family planning Provider.

What is Case Management for Children and Pregnant Women (CPW)?

Case Management for Children and Pregnant Women. Need help finding and getting services? You might be able to get a case manager to help you. Who can get a case manager? Children, teens, young adults (birth through age 20), and pregnant women who get Medicaid and:

- have health problems
- are at a high risk for getting health problems

What do case managers do?

A case manager will visit with you and then:

- Find out what services you need.
- Find services near where you live.
- Teach you how to find and get other services.
- Make sure you are getting the services you need.

What kind of help can you get?

Case managers can help you:

- Get medical and dental services.
- Get medical supplies or equipment.
- Work on school or education issues.
- Work on other problems.

How can you get a case manager?

Call Texas Health Steps at 1.877.847.8377 (toll-free), Monday to Friday, 8:00 a.m. to 6:00 p.m.

To learn more, go to: www.dshs.state.tx.us/caseman.

What is Texas Health Steps?

Texas Health Steps is for infants, children, teens, and young adults from birth through 20 years of age who have Medicaid. With Texas Health Steps, your children get services such as medical and dental checkups at no cost to you. To learn more, call toll-free 1.877.847.8377.

What services are offered by Texas Health Steps?

Texas Health Steps is the Medicaid health-care program for children, teens, and young adults, birth through age 20.

Texas Health Steps gives your child:

- Free regular medical checkups starting at birth.
- Free dental checkups starting at 6 months of age.
- A case manager who can find out what services your child needs and where to get these services.

Texas Health Steps checkups:

- Find health problems before they get worse and are harder to treat.
- Prevent health problems that make it hard for children to learn and grow like others their age.

- Help your child have a healthy smile.

When to set up a checkup:

- You will get a letter from Texas Health Steps telling you when it's time for a checkup. Call your child's doctor or dentist to set up the checkup.
- Set up the checkup at a time that works best for your family.

If the doctor or dentist finds a health problem during a checkup, your child can get the care he or she needs, such as:

- Eye tests and eyeglasses
- Hearing tests and hearing aids
- Dental care
- Other health care
- Treatment for other medical conditions

Call Community Health Choice toll-free at 1.888.760.2600 or Texas Health Steps 1.877.847.8377 (1-877-THSTEPS) (toll-free) if you:

- Need help finding a doctor or dentist.
- Need help setting up a checkup.
- Have questions about checkups or Texas Health Steps.
- Need help finding and getting other services.

If you can't get your child to the checkup, Medicaid may be able to help. Children with Medicaid and their parent can get free rides to and from the doctor, dentist, hospital or drug store.

- Houston/Beaumont area: 1.855.687.4786.
- Dallas/Ft. Worth area: 1.855.687.3255.
- All other areas: 1.877.633.8747 (1-877-MED-TRIP).

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

1) Newborn to Three Years Old

During the first three years of your child's life, they need several checkups. These checkups are very important and include tests and immunizations to ensure their health. Please take your child to all of their checkups! Follow this schedule.

Get the first checkup within five days after leaving the hospital. After that, get the rest within 60 days after their birthday. Follow this schedule.

2 weeks	12 months
2 months	15 months
4 months	18 months
6 months	2 years
9 months	2½ years (30 months)

2) Three Years and Older

Take your child that is three years or older for their Texas Health Steps checkups once a year. Schedule it around their birthday to make it easier to remember. Medicaid Members get Texas Health Steps Checkups from age 3 until they turn 21 years old.

Checkups help find health problems even when your child is feeling okay. They can help prevent health problems that can make it hard for your child to grow and learn like other children their age. At a Texas Health Steps medical checkup your child will get:

- Health history and physical exam
- Height and weight check
- Mental health check
- Vision and hearing screenings
- Vaccines
- Lab tests
- Answers to your questions about your child's health

If the doctor finds any problems during the checkup and your child needs extra care, you can get those services at no cost to you.

Not sure when to take your child to the checkup? We can help you keep track of the checkups your child needs to stay healthy. We can help you make an appointment and get transportation. Call Member Services toll-free at 1.888.760.2600.

Your child should get regular dental checkups to make sure their teeth and gums are healthy. Dental checkups can begin at age six months and every six months after that. You must choose a Main Dentist to provide your Texas Health Step services through your dental plan. If you need assistance locating a dentist, contact your dental plan:

- DentaQuest: 1.800.516.0165
- MCNA Dental: 1.800.494.6262

You do not need a referral for regular dental checkups or other dental services. If you don't know who your dental plan is, call us and we can help you look it up. At a Texas Health Steps dental checkup, your child will get:

- Routine dental checkup every six months starting at six months of age
- Cleaning of teeth (as often as every six months)
- Fluoride treatments to prevent tooth decay
- X-rays as needed
- Dental sealants to help prevent tooth decay

Other dental services include:

- Emergency dental care (injury to teeth or gums)
- Fixing cavities (fillings, crowns, and root canals)
- Braces (except for cosmetic reasons)
- Extractions (pulling teeth)
- Other services as needed

Does my doctor have to be part of the Community Health Choice network?

No. You can get a Texas Health Steps checkup from any Texas Health Steps doctor or Provider – they don't have to be a Community Health Choice Provider.

Do I have to have a referral?

No. You may go to any Texas Health Steps doctor or Provider without a referral from your Primary Care Provider (main doctor).

What if I need to cancel an appointment?

If you need to cancel your child's Texas Health Steps checkup, call your doctor or Provider right away to set another date and time. If you had a ride set up through Medical Transportation Management (MTM), call toll-free at 1.855.687.4786 to cancel the trip.

If you are a TANF recipient and you don't keep your or your child's Texas Health Steps checkups up to date, your TANF eligibility may be affected.

What if I am out of town and my child is due for a Texas Health Steps checkup?

As long as you are in the state of Texas and the doctor or Provider you're seeing accepts Texas Health Steps Medicaid Members, it's okay to have your child's Texas Health Steps checkup done by that Provider. Keep all of your child's records in case there are any problems or questions when you get home. Remember to tell your child's Primary Care Provider your child had a Texas Health Steps checkup somewhere other than that office.

What is a Migrant Farmworker?

A migrant farmworker moves from place to place and lives away from home for more than a few days at a time to work on a farm or in fields. These jobs include preparing crops, growing vegetables and fruits, planting trees, raising or caring for livestock or poultry or preparing dairy products. Your child can get health care services early before they move with you to go to the next farm job. We want your child to get the health care services they need. We can help you set up a Texas Health Steps checkup appointment or dentist visit quickly before they move with you to your next job. We can also arrange rides at no cost to and from the doctor, dentist, hospital or drug store. Please call toll-free at 1.888.760.2600 to find out how Community Health Choice can help your child stay healthy.

What if I am a Migrant Farmworker?

You can get your checkup sooner if you are leaving the area.

What is HHSC's Medical Transportation Program?

What is MTP?

MTP is an HHSC program that helps with non-emergency transportation to healthcare appointments for eligible Medicaid clients who have no other transportation options. MTP can help with rides to the doctor, dentist, hospital, drug store, and any other place you get Medicaid services.

What services are offered by MTP?

- Passes or tickets for transportation such as mass transit within and between cities
- Air travel
- Taxi, wheelchair van, and other transportation
- Mileage reimbursement for enrolled individual transportation participant (ITP). The enrolled ITP can be the responsible party, family member, friend, neighbor or client.
- Meals at a contracted vendor (such as a hospital cafeteria)
- Lodging at a contracted hotel and motel
- Attendant services (responsible party such as a parent/guardian, etc., who accompanies the client to a healthcare service)

How to Get a Ride

If you live in the Houston/Beaumont Area:

Call MTM

Phone Reservations: 1.855.687.4786

Where's My Ride: 1.888.513.0706

Hours: 7:00 a.m. – 6:00 p.m., Monday – Friday. Call 855.MTP.HSTN or 855.687.4786 at least 48 hours before your visit. If it's less than 48 hours until your appointment and it's not urgent, MTM might ask you to set up your visit at a different date and time.

If I do not have a car, how can I get a ride to a doctor's office?

If you have no other transportation to get to your doctor's appointment, you may call the State's Medical Transportation Management (MTM) toll-free at 1.855.687.4786. Their hours are 7:00 a.m. – 6:00 p.m., Monday – Friday. You need to call in your request as far in advance as possible for a ride, but at least two working days before your appointment. You should call MTM directly if you have a complaint about the program, service or staff.

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

Yes, but you must call Medical Transportation Management (MTM) to learn more about this transportation service. Call them toll-free at 1.855.687.4786.

How do I get eye care services?

Call Superior Vision toll-free at 1.800.879.6901.

What dental services does Community Health Choice cover for children?

Community Health Choice covers emergency dental services in a hospital or ambulatory surgical center, including, but not limited to, payment for the following:

- Treatment for dislocated jaw
- Treatment for traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin

Community Health Choice covers hospital, physician, and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other drugs.

Community Health Choice is also responsible for paying for treatment and devices for craniofacial anomalies.

Your child's Medicaid dental plan provides all other dental services including services that help prevent tooth decay and services that fix dental problems. Call your child's Medicaid dental plan to learn more about the dental services they offer.

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

Yes.

Who do I call for an interpreter?

Call Community Health Choice toll-free at 1.888.760.2600 to help you schedule one.

How far in advance do I need to call?

You must call at least three working days before your appointment.

How can I get a face-to-face interpreter in the Provider's office?

Call Community Health Choice toll-free at 1.888.760.2600 to help you schedule one.

What if I need OB/GYN care?

ATTENTION FEMALE MEMBERS

Community Health Choice allows you to pick any OB/GYN, whether that doctor is in the same network as your Primary Care Provider or not.

Do I have the right to choose an OB/GYN?

You have the right to pick an OB/GYN without a referral from your Primary Care Provider.

An OB/GYN can give you:

- One well-woman checkup each year.
- Care related to pregnancy.
- Care for any female medical condition.
- Referral to special doctor within the network.

How do I choose an OB/GYN?

You can choose any OB/GYN listed in our Provider Directory under “Women’s Health Services Providers.” It is very important to choose a doctor to take care of you while you are pregnant. Call our Member Services if you are pregnant.

If I do not choose an OB/GYN, do I have direct access?

Yes, you have direct access. However, we encourage you to choose an OB/GYN so that you have one doctor who treats you through your pregnancy and knows your health needs.

Will I need a referral?

No.

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

Your OB/GYN is required to see you within 14 days from your request. Prenatal care must be provided within 14 days of request, except for high-risk pregnancies or new Members in the third trimester, for whom an appointment must be offered within five days, or immediately, if an emergency exists.

Can I stay with my OB/GYN if they are not with Community Health Choice?

Yes, if you became eligible for Medicaid in the last three months of your pregnancy, you are allowed to see your current OB/GYN. If your OB/GYN is not a part of our network, please let us know so we may try to work with the Provider to ensure that you are able to continue to see the Provider. Doctors and midwives must be Texas Medicaid Providers.

What if I am pregnant?

You may receive prenatal care without a referral. Your OB/GYN must request referral authorization for some tests and procedures. Your OB/GYN must notify Community Health Choice of pregnancy care visits.

Who do I need to call?

If you are pregnant, call your Medicaid Case Worker and our Member Services right away.

What other services/activities/education does Community Health Choice offer pregnant women?

You and your baby can get great gifts for staying healthy. We also have classes for you and your baby. Classes include newborn care, prenatal, breast-feeding, and childbirth/Lamaze.

Where can I find a list of birthing centers?

Please look at the “Hospital List” in your STAR Provider Directory. Our “Level III Birthing Centers” have a stork with baby picture next to them.

Can I pick a Primary Care Provider for my baby before the baby is born?

Yes. Call our Member Services toll-free at 1.888.760.2600 for help finding a doctor for your baby.

How and when can I switch my baby’s Primary Care Provider?

You can switch your baby’s Primary Care Provider at any time. Call our Member Services.

Can I switch my baby’s health plan?

For at least 90 days from the date of birth, your baby will be covered by the same health plan that you are enrolled in. You can ask for a health plan change before the 90 days is up by calling the Enrollment Broker toll-free at 1.800.964.2777. You cannot change health plans while your baby is in the hospital.

How do I sign up my newborn baby?

- The hospital where your baby is born should help you start the Medicaid application process for your baby.
- Check with the hospital social worker before you go home to make sure the application is complete.
- Also, you should call 2-1-1 to find your local HHSC office to make sure your baby’s application has been received.
- If you are a Community Health Choice Member when you have the baby, your baby will be enrolled with Community Health Choice on his or her date of birth.

How and when do I tell my health plan?

Call our Member Services toll-free at 1.888.760.2600 as soon as your baby is born.

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

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

Texas Women’s Health Program

The Texas Women’s Health Program provides family planning exams, related health screenings, and birth control to women ages 18 to 44 whose household income is at or below the program’s income limits (185 percent of the federal poverty level). You must submit an application to find out if you can get services through this program.

To learn more about services available through the Texas Women’s Health Program, write, call or visit the program’s website:

Texas Women’s Health Program

P.O. Box 14000

Midland, TX 79711-9902

Phone: 1.800.335.8957

Web site: www.texaswomenshealth.org/

Fax: (toll-free) 1.866.993.9971

DSHS Primary Health Care Program

The DSHS Primary Health Care Program serves women, children, and men who are unable to access the same care through insurance or other programs. To get services through this program, a person's income must be at or below the program's income limits (200 percent of the federal poverty level). A person approved for services may have to pay a co-payment, but no one is turned down for services because of a lack of money.

Primary Health Care focuses on prevention of disease, early detection, and early intervention of health problems. The main services provided are:

- Diagnosis and treatment
- Emergency services
- Family planning
- Preventive health services, including vaccines (shots) and health education, as well as laboratory, x-ray, nuclear medicine or other appropriate diagnostic services.

Secondary services that may be provided are nutrition services, health screening, home health care, dental care, rides to medical visits, medicines your doctor orders (prescription drugs), durable medical supplies, environmental health services, treatment of damaged feet (podiatry services), and social services.

You will be able to apply for Primary Health Care services at certain clinics in your area. To find a clinic where you can apply, visit the DSHS Family and Community Health Services Clinic Locator at <http://txclinics.com/>.

To learn more about services you can get through the Primary Health Care program, email, call or visit the program's website:

Web site: www.dshs.state.tx.us/phc/

Phone: 512.776.7796

Email: PPCU@dshs.state.tx.us

DSHS Expanded Primary Health Care Program

The Expanded Primary Health Care program provides primary, preventive, and screening services to women age 18 and above whose income is at or below the program's income limits (200 percent of the federal poverty level). Outreach and direct services are provided through community clinics under contract with DSHS. Community health workers will help make sure women get the preventive and screening services they need. Some clinics may offer help with breast feeding.

You can apply for these services at certain clinics in your area. To find a clinic where you can apply, visit the DSHS Family and Community Health Services Clinic Locator at <http://txclinics.com/>.

To learn more about services you can get through the DSHS Expanded Primary Health Care program, visit the program's website, call or email:

Web site: www.dshs.state.tx.us/ephc/Expanded-Primary-Health-Care.aspx

Phone: 512.776.7796

Fax: 512.776.7203

Email: PPCU@dshs.state.tx.us

DSHS Family Planning Program

The Family Planning Program has clinic sites across the state that provide quality, low-cost, and easy-to-use birth control for women and men.

To find a clinic in your area, visit the DSHS Family and Community Health Services Clinic Locator at <http://txclinics.com/>.

To learn more about services you can get through the Family Planning program, visit the program's web site, call or email:

Web site: www.dshs.state.tx.us/famplan/

Phone: 512.776.7796

Fax: 512.776.7203

E-mail: PPCU@dshs.state.tx.us

How and when do I tell my case worker?

You need to tell your HHSC case worker within 30 days after your new baby is born. To get Medicaid benefits and a Medicaid ID Number for your baby, call your case worker right away.

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

Please contact our Member Services for any information on special healthcare needs. You may also contact your Primary Care Provider to assist you in obtaining or learning about services available to you or your baby. Members with special healthcare needs have direct access to a Community Health Choice in-network specialist.

What if I am too sick to make a decision about my medical care?

If you have not named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you. Because those people may not all agree with what to do with your care, it is helpful if you say in advance what you want to happen if you can't speak for yourself.

What are advance directives?

Advance directives are legal papers that allow you to say if you would accept or refuse medical treatment if you become too ill to speak for yourself. These papers can help your family decide what to do for you to relieve them of the stress of making the decision for you. It also helps the doctor care for you according to your wishes.

How do I get an advance directive?

Ask your doctor for the form(s) for advance directives. Call our Member Services toll-free at 1.888.760.2600 if you need more information.

What do I have to do if I need help with completing my renewal application?

How to Renew

Families must renew their CHIP or Children's Medicaid coverage every year. In the months before a child's coverage is due to end, HHSC will send the family a renewal packet in the mail. The renewal packet contains an application. It also includes a letter asking for an update on the family's income and cost deductions. The family needs to:

- Look over the information on the renewal application.
- Fix any information that is not correct.
- Sign and date the application.
- Look at the health plan options, if Medicaid health plans are available.
- Return the renewal application and documents of proof by the due date.

Once HHSC receives the renewal application and documents of proof, staff checks to see if the children in the family still qualify for their current program or if they qualify for a different program. If a child is referred to another program (Medicaid or CHIP), HHSC sends the family a letter telling them about the referral and then looks to see if the child can get benefits in the other program. If the child qualifies, the coverage in the new program (Medicaid or CHIP) begins the month following the last month of the other program's coverage. During renewal, the family can pick new medical and dental plans by calling the CHIP/Children's Medicaid call center at 1.800.964.2777.

Completing the Renewal Process

When children still qualify for coverage in their current program (CHIP or Medicaid), HHSC will send the family a letter showing the start date for the new coverage period. If the children qualify for CHIP and an enrollment fee is due, the family must pay the enrollment fee by the due date or risk losing the coverage.

CHIP renewal is complete when the family:

- Pays any enrollment fee due by the due date.
- If the family changes their medical or dental plan, then they must sign and send the appropriate Enrollment/Transfer Form to HHSC showing the change.

If HHSC receives and processes the CHIP enrollment fee before the cutoff in the 12th month of coverage, then new coverage

begins without interruption on the first day of the following month. If HHSC does not get the enrollment fee in time, then new coverage will not begin until the first day of the following month.

Medicaid renewal is complete when the family signs and sends to HHSC the appropriate Enrollment / Transfer Form if the family picks a new medical or dental plan.

<https://chipmedicaid.org/CommunityOutreach/How-to-Renew>

What happens if I lose my Medicaid coverage?

If you lose Medicaid coverage, but get it back again within six (6) months, you will get your Medicaid services from the same health plan you had before losing your Medicaid coverage. You will also have the same Primary Care Provider you had before.

What if I get a bill from my doctor?

You should not get a bill for Medicaid covered benefits.

Who do I call?

If you get a bill, call the Provider and tell them you are a Community Health Choice Medicaid Member and are not responsible for the bill.

What information will they need?

They will need information that is on your Member ID Card. If you still have a problem, call our Member Services.

What do I have to do if I move?

As soon as you have your new address, give it to the local HHSC benefits office and Community Health Choice's Member Services Department toll-free at 1.888.760.2600. Before you get Medicaid services in your new area, you must call Community Health Choice, unless you need emergency services. You will continue to get care through Community Health Choice until HHSC changes your address.

What if I have other health insurance in addition to Medicaid?

Medicaid and Private Insurance

You are required to tell Medicaid staff about any private health insurance you have. You should call the Medicaid Third Party Resources hotline and update your Medicaid case file if:

- Your private health insurance is canceled.
- You get new insurance coverage.
- You have general questions about third party insurance.

You can call the hotline toll-free at 1.800.846.7307.

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

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

When should others pay?

Sometimes, someone other than Community Health Choice should pay for your healthcare. Here is what you need to do to make sure they pay:

When You Have More Than One Health Plan:

You may have another health insurance plan in addition to Community Health Choice. If so, we will make sure the plan pays its fair share. We will also make sure payment for the same health care service occurs only once. The term "Coordination of Benefits" covers this type of payment. When you go for healthcare, remember that all other health plans must make payments for care before Medicaid can pay. Please let your doctor's office and our Member Services know if another plan covers you.

Coverage through other Government Programs:

If you qualify to receive coverage by veterans' benefits, workers' compensation or Medicare, some of your healthcare will include coverage by them. Please tell our Member Services if you have benefits through any of these programs. We will help you find out when your healthcare includes their coverage.

Illness or Injury Caused by Others:

If you are in an accident, someone else may cover your healthcare. An automobile insurance company might cover you. This could also be true if you get sick because of someone else's action. We need your help to make sure that the other party pays us for the cost of treating you.

MEMBER RIGHTS AND RESPONSIBILITIES

What are my rights and responsibilities?

MEMBER RIGHTS:

1. You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. That includes the right to:
 - a. Be treated fairly and with respect.
 - b. Know that your medical records and discussions with your Providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health care plan and Primary Care Provider. This is the doctor or health care Provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or Provider in a reasonably easy manner. That includes the right to:
 - a. Be told 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.
 - e. Be told how to change your health plan or your Primary Care Provider.
3. You have the right to ask questions and get answers about anything you do not 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.
 - b. Be told why care or services were denied and not given.
4. You have the right to agree 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.
 - b. Say yes or no to the care recommended by your Provider.
5. You have the right to use each complaint and appeal process available through the managed care organization and through Medicaid, and get 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. Use the plan's appeal process and be told how to use it.
 - d. Ask for a fair hearing from the state Medicaid program and get information about how that process works.
6. You have the right 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 to get any emergency or urgent care

- you need.
 - b. Get medical care in a timely manner.
 - c. Be able to get in and out of a health care Provider's office. This includes barrier-free access for people with disabilities or other conditions that limit 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, help someone with a disability or help you understand the information.
 - e. Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.
7. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.
 8. You have a right to know that doctors, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
 9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals, and others cannot require you to pay copayments or any other amounts for covered services.

MEMBER RESPONSIBILITIES:

1. You must 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 do not understand your rights.
 - c. Learn what choices of health plans are available in your area.
2. You must abide by the health plan's and Medicaid's policies and procedures. That includes the responsibility to:
 - a. Learn and follow your health plan's 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 cannot 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.
 - h. Understand when you should and should not go to the emergency room.
3. You must share information about your health with your Primary Care Provider and learn 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.
 - c. Help your Providers get your medical records.
4. You must be involved in decisions relating to service and treatment options, make personal choices, and take action to keep yourself healthy. 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.
 - d. Treat Providers and staff with respect.

e. Talk to your Provider about all of your medications.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 1.800.368.1019. You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

What if I need durable medical equipment (DME) or other products normally found in a pharmacy?

Some durable medical equipment (DME) and products normally found in a pharmacy are covered by Medicaid. For all Members, Community Health Choice pays for nebulizers, ostomy supplies, and other covered supplies and equipment if they are medically necessary. For children (birth through age 20), Community Health Choice also pays for medically necessary prescribed over-the-counter drugs, diapers, formula, and some vitamins and minerals.

Call Community Health Choice toll-free at 1.888.760.2600 for more information about these benefits.

Complaint Process

What should I do if I have a Complaint?

We want to help. If you have a complaint, please call us toll-free at 1.888.760.2600 (TDD: toll-free at 1.800.518.1655) to tell us about your problem. A Community Health Choice Member Services Advocate can help you file a complaint. Just call toll-free at 1.888.760.2600. Most of the time, we can help you right away or, at the most, within a few days.

Once you have gone through the Community Health Choice complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free at 1.866.566.8989. If you would like to make your complaint in writing, please send it to the following address:

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

If you can get on the Internet, you can send your complaint in an e-mail to HPM_Complaints@hhsc.state.tx.us.

What should I do if I have a Complaint? Who do I call?

We want to help. If you have a complaint, please call us toll-free at 1.888.760.2600 (TDD: toll-free at 1.800.518.1655) to tell us about your problem.

Can someone from Community Health Choice help me file a Complaint?

Yes. A Community Health Choice Member Services Advocate can help you file a complaint. Just call us toll-free at 1.888.760.2600. Most of the time, we can help you right away or at the most within a few days.

You can also write a letter or you can ask to complete a "Complaint Form." We will mail you the form. The Complaint Form must be returned to us for quick resolution.

Send your Complaint to the address below:

**Community Health Choice, Inc.
Member Complaints Coordinator
2636 South Loop West, Suite 125
Houston, TX 77054**

How long will it take to process my Complaint? What are the requirements and timeframes for filing a Complaint?

You can file a complaint at any time. We will send you a letter within five business days from the date we get your Complaint. This will let you know we got it. We will send you a resolution letter within 30 calendar days from the date we get your Complaint. We answer complaints about emergency care in one business day. We answer complaints about denials of continued hospital stays in one business day.

Information on how to file a Complaint with HHSC, once I have gone through the Community Health Choice Complaint process:

Once you have gone through the Community Health Choice Complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free at 1.866.566.8989. If you would like to make your Complaint in writing, please send it to the following address:

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

If you can get on the Internet, you can send your Complaint in an e-mail to HPM_Complaints@hhsc.state.tx.us.

Appeals

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

We may deny services if they are not medically necessary. You can request an appeal orally or in writing. If you request an oral appeal, you must submit the one page appeal form before your request can be reviewed.

How will I find out if services are denied?

You and your doctor will receive a letter telling you about the decision.

What do I need to do to appeal and how much time do I have to do this?

You have 30 days from the receipt of the letter to appeal a denied service to you or your children. To continue services, the appeal must be received by us within 10 days of the mailing of the letter.

Can I submit my appeal orally?

Yes. But you must also send in a written and signed appeal. It can be submitted by the Member or a representative for the Member. Community Health Choice must get it within five days, unless an expedited appeal is requested.

Can I request an extension? Can Community Health Choice request an extension?

Yes. If you request an extension, the time frame may be extended up to 14 calendar days. If Community Health Choice needs an extension, we will tell you the reason for the delay.

When does a Member have the right to ask for an appeal?

If you disagree with Community Health Choice's answer or if you believe we made a mistake, you may ask for an appeal or call Community Health Choice Member Services to help in writing your appeal. Call Community Health Choice Member Services at 1.888.760.2600 or send your appeal to:

**Community Health Choice, Inc.
Member Appeals Coordinator
2636 South Loop West, Suite 125
Houston, TX 77054**

You will get a response within one business day if your complaint involves the following:

- Denial of Emergency Admissions
- Life Threatening Conditions
- Continued Lengths of Stay

When should I submit my appeal to make sure I continue with my current authorized services?

For current authorized services to continue, you must file the appeal on or before the later of:

- 10 calendar days after the date we mail you our notice of the Action
- The date the proposed Action will be effective.

An appeal written and signed by you or on your behalf must come with an oral appeal. This does not apply to Expedited Appeals.

Can someone from Community Health Choice help me file an appeal?

Yes. A Community Health Choice Member Services Advocate can help you file a complaint. Just call us toll-free at 1.888.760.2600. Most of the time, we can help you right away or, at the most, within a few days.

When can I request a State Fair Hearing?

You can request a State Fair Hearing anytime during or after Community Health Choice's appeals process. You do not have to follow the internal complaint and appeal's process before requesting a Fair Hearing.

Expedited MCO Appeals

What is an Expedited Appeal?

An expedited appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

How do I ask for an Expedited Appeal?

You may ask for an Expedited Appeal from Community Health Choice, orally or in writing. Do this if you believe that taking the time for a standard resolution could seriously jeopardize the Member's life or health.

Does my request have to be in writing?

No.

What are the timeframes for an Expedited Appeal?

Community Health Choice must complete an Expedited Appeal request within one working day from the date that we have all of the information we need to review the appeal. Community Health Choice will tell you our decision over the phone within one working day. We will mail you our decision within three business days.

What happens if Community Health Choice denies the request for an Expedited Appeal?

If we deny the request for an expedited appeal, we will notify you within five business days. Then, your request will be moved to the standard appeal process, and we will mail you our decision within 30 days.

Who can help me file an Expedited Appeal?

Call our Member Services toll-free at 1.888.760.2600 for assistance with an Appeal or an Expedited Appeal.

State Fair Hearing

Can I ask for a State Fair Hearing?

If you, as a Member of the health plan, disagree with the health plan's decision, you have the right to ask for a fair hearing. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A doctor or other medical Provider may be your representative. If you want to challenge a decision made by your health plan, you or your representative must ask for the fair hearing within 90 days of the date on the health plan's letter with the decision. If you do not ask for the fair hearing within 90 days, you may lose your right to a fair hearing. To ask for a fair hearing, you or your representative should either send a letter to the health plan at:

**Community Health Choice, Inc.
Member Appeals Coordinator
2636 South Loop West, Suite 125
Houston, TX 77054**

Or call toll-free at 1.888.760.2600.

You have the right to keep getting any service the health plan denied or reduced, at least until the final hearing decision is made if you ask for a fair hearing by the later of: (1) 10 calendar days following the MCO's mailing of the notice of the Action, or (2) the day the health plan's letter says your service will be reduced or end. If you do not request a fair hearing by this date, the service the health plan denied will be stopped.

If you ask for a fair hearing, you will get a packet of information letting you know the date, time, and location of the hearing. Most fair hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied.

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

Abuse, Neglect, and Exploitation

You have the right to respect and dignity, including freedom from Abuse, Neglect, and Exploitation.

What are Abuse, Neglect, and Exploitation?

Abuse is mental, emotional, physical, or sexual injury, or failure to prevent such injury.

Neglect results in starvation, dehydration, overmedicating or under medicating, unsanitary living conditions, etc. Neglect also includes lack of heat, running water, electricity, medical care, and personal hygiene.

Exploitation is misusing the resources of another person for personal or monetary gain. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

Reporting Abuse, Neglect, and Exploitation

The law requires that you report suspected Abuse, Neglect, or Exploitation, including unapproved use of restraints or isolation that is committed by a provider.

Call 9-1-1 for life-threatening or emergency situations.

Report by Phone (non-emergency); 24 hours a day, 7 days a week, toll-free

Report to the Department of Aging and Disability Services (DADS) by calling 1.800.647.7418 if the person being abused, neglected, or exploited lives in or receives services from a:

- Nursing facility;
- Assisted living facility;
- Adult day care center;

- Licensed adult foster care provider; or.
- Home and Community Support Services Agency (HCSSA) or Home Health Agency,

Suspected Abuse, Neglect or Exploitation by a HCSSA must also be reported to the Department of Family and Protective Services (DFPS).

Report all other suspected abuse, neglect, or exploitation to DFPS by calling 1.800.252.5400.

Report Electronically (non-emergency)

Go to <https://txabusehotline.org>. This is a secure website. You will need to create a password-protected account and profile.

Helpful Information for Filing a Report

When reporting abuse, neglect, or exploitation, it is helpful to have the names, ages, addresses, and phone numbers of everyone involved.

Fraud Information

Do you want to report Waste, Abuse or Fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care Providers or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report Waste, Abuse or Fraud, choose one of the following:

- Call the OIG Hotline at 1.800.436.6184;
- Visit <https://oig.hhsc.state.tx.us/> Under the box labeled "I WANT TO" click "Report Waste, Abuse, and Fraud" to complete the online form; or
- You can report directly to your health plan:

Community Health Choice, Inc.
Vice President/Compliance
2636 South Loop West, Suite 125
Houston, TX 77054
Toll-free at 1.877.888.0002

To report Waste, Abuse or Fraud, gather as much information as possible.

- When reporting about a Provider (a doctor, dentist, counselor, etc.) include:
 - Name, address, and phone number of Provider
 - Name and address of the facility (hospital, nursing home, home health agency, etc.)
 - Medicaid number of the Provider and facility, if you have it
 - Type of Provider (doctor, dentist, therapist, pharmacist, etc.)
 - Names and phone numbers of other witnesses who can help in the investigation
 - Dates of events
 - Summary of what happened

- When reporting about someone who gets benefits, include:
 - The person's name
 - The person's date of birth, Social Security Number or case number if you have it
 - The city where the person lives
 - Specific details about the waste, abuse or fraud

Privacy Notice

Alberto N. settlement

This Notice Applies to All Community Health Choice Medicaid STAR Members under 21 years old:

HHSC has settled a lawsuit that affects Private Duty Nursing, Home Health Skilled Nursing, Durable Medical Equipment and Supplies, and Personal Care Services for Medicaid beneficiaries under the age of 21. A copy of the Settlement Agreement is at: www.hhsc.state.tx.us and www.advocacyinc.org. If you have any questions, call Advocacy, Inc. toll-free at 1.800.252.9108.

Notice of Privacy Practices
Effective: April 14, 2003
Updated: September 23, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact Community Health Choice, Inc. (Community) Privacy Officer.

This Notice of Privacy Practices is given to you as part of the Health Insurance Portability and Accountability Act (HIPAA). It says how we can use or share your protected health information (PHI) and sensitive personal information (SPI). It tells you who we can share it with and how we keep it safe. It tells you how to get a copy of or edit your information. You can allow or not allow us to share specific details unless needed by law.

Our Responsibility to you regarding protected health information

"Protected health information" and "sensitive personal information" (PHI/SPI) is information that identifies a person or patient. This data can be your age, address, e-mail address, and medical facts. It can be about your past, present or future physical or mental health conditions. It also can be about sensitive health care services and other personal facts.

By Law, Community must:

- Make sure that your PHI/SPI is kept private.
- Give you this notice of our legal duties and privacy practices. It describes the use and disclosure of your PHI/SPI.

Follow the terms of the notice in effect now.

- Tell you about any changes in the notice.
- Notify you that your health information (PHI/SPI) created or received by Community is subject to electronic disclosure.
- Give you an electronic copy of your record within 15 days after you ask in writing. We can also give this to you another way if you ask for it. There are some exceptions to this rule.
- With exceptions, not sell any PHI/SPI.
- Disclose any breach of unencrypted PHI/SPI we think might an unauthorized person might have.
- Train employees about our privacy practices. Training is no later than 60 days after their first day and at least every two years after.

We have the right to change this notice. The effective date is on the bottom of each page. You can get a copy from our Web site: www.CommunityHealthChoice.org. You can also call our Privacy Officer at 713.295.2268 and ask for a copy to be mailed to you.

How Community can use or disclose your protected health information without your authorization

Here are some examples of allowed uses and disclosures of your PHI/SPI. These are not the only ones.

Treatment — Community will use and share your PHI/SPI to provide, coordinate or manage your health care and other services. We might share it with doctors or others who help with your care. In emergencies, we will use and share it to get you the care you need. We will only share what is needed.

Payment — We can use and share your PHI/SPI to get paid for the health care services that you received.

Health Care Operations — We can use or share your PHI/SPI in our daily activities. For example:

- To call you to remind you of your visit
- To conduct or arrange other health care activities
- To send you a newsletter
- To send news about products or services that might benefit you
- To give you information about treatment choices or other benefits

Business Associates — We can share your PHI/SPI with our Business Associates. They must also protect it. They must follow HIPAA privacy and security rules, HITECH rules, and Texas Privacy Laws. They can face fines and penalties. They have to report any breaches of unencrypted PHI/SPI.

Required by Law — By law, sometimes we must use or share your PHI/SPI. Here are some examples:

Public Health Authorities

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report problems with medicines or other products
- To notify authorities if we believe a patient has been the victim of abuse, neglect or domestic violence

Communicable Diseases — We can share your PHI/SPI to tell a person they might have been exposed to a disease. We can tell a person they might be at risk for getting or spreading a disease or condition.

Health Oversight Agencies and U.S. Food and Drug Administration — We will share your PHI/SPI when health oversight agencies ask for it.

Legal Proceedings — We will share your PHI/SPI for legal matters. We must receive a legal order or other lawful process.

Law Enforcement and Criminal Activity — We will share your PHI/SPI if we believe it helps solve a crime. We will share it to stop or reduce a serious threat. We can also share it to help law enforcement officers find or arrest a person.

Coroners, Funeral Directors, and Organ Donations — We share PHI/SPI with coroners, medical examiners, and funeral directors. We can also share it to help manage organ, eye or tissue donations.

Research — If Community agrees to be part of an approved research study, we will make sure that your PHI/SPI is kept private.

Military Activity and National Security — We can share PHI/SPI of Armed Forces personnel with the government.

Workers' Compensation — We will share your PHI/SPI to follow workers' compensation laws and similar programs.

Inmates — We can use or share your PHI/SPI if you are a correctional facility inmate and we created or received your PHI/SPI while providing your care.

Disclosures by the Health Plan — We will share your PHI/SPI to get proof that you are able to get health care. We will work with other health insurance plans and other government programs.

Parental Access — We follow Texas laws about treating minors. We follow the law about giving their PHI/SPI to parents, guardians or other person with legal responsibility for them.

For People Involved in Your Care or Payment for Your Care — We will share your PHI/SPI with your family or other people you want to know about your care. You can tell us who is allowed or not allowed to know about your care. You must fill out a

form that will be part of your medical record.

Restrictions on Marketing — The HITECH Act does not let Community receive any money for marketing communications.

Other Laws that Protect Health Information — Other laws protect PHI/SPI about mental health, alcohol and drug abuse treatment, genetic testing and HIV/AIDS testing or treatment. You must agree in writing to share this kind of PHI/SPI.

Your privacy rights with respect to your health information

Right to Inspect and Copy Your Health Information — In most cases, you have the right to look at your PHI/SPI. You can get a printed copy of the record we have about you. It can also be given to you in electronic form. There might be a charge for copying and mailing.

Right to Amend Your Health Information — You can ask Community to change facts if you think they are wrong or not complete. You must do this in writing. We do not have to make the changes. If we deny your request, we will do so within 60 days.

Right to an Accounting of Disclosures — You can ask for a list of certain disclosures of your PHI/SPI. The list will not include PHI/SPI shared before April 14, 2003. You cannot ask for more than six years. The list can only go back three years for electronic PHI/SPI. There are other limits that apply to this list. You might have to pay for more than one list a year.

Right to Ask For Restrictions — You can ask us to not use or share part of your PHI/SPI for treatment, payment or health care operations. You must ask in writing. You must tell us (1) PHI/SPI you want restricted; (2) if you want to change our use and/or disclosure; (3) who it applies to (e.g., to your spouse); and (4) expiration date.

If we think it is not best for those involved, or cannot limit the records, we do not have to agree. If we agree, we will only share that PHI/SPI in an emergency. You can take this back in writing at any time.

If you pay in full for an item or service, you can ask a Provider to not share PHI/SPI with Community for payment or operations purposes. These are the main reasons we would need it. This does not apply if we need the PHI/SPI for treatment purposes.

Right to Receive Confidential Communications — You can tell us where and how to give you your PHI/SPI. You can ask us to only call at a certain number. You can also give us another address if you think sending mail to your usual address will put you in danger. You must be specific and put this in writing.

Right to Choose Someone to Act for You — If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has this authority and can act for you before we take any action.

Right to a Copy of this Notice — You can ask for and get a copy of this notice from at any time, even if you have received this notice previously or agreed to receive this notice electronically.

Right to Withdraw an Authorization for Disclosure — If you have let us use or share your PHI/SPI, you can change your mind at any time. You must tell us in writing. In some cases, we might have already used or shared it.

Right to be Notified of Breach — You will be told if we find a breach of unsecured PHI/SPI. The breach could be from either Community or a Business Associate of Community.

Federal Privacy Laws

This notice of Privacy Practices is given to you as part of HIPAA. There are other privacy laws that also apply. Those include the Freedom of Information Act; Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act; the Health Information Technology for Economic and Clinical Health Act (HITECH), and the Texas Privacy Law, Health and Safety Code, Section 181 et al.

Complaints

You can file a complaint if you believe your privacy rights have been violated. You can call Community's Privacy Officer at 713.295.2268 or 1.888.760.2600. You can also file a complaint with the Department of Health and Human Services, Office of Civil Rights. Please refer to the Office of Civil Rights contact information at the end of this notice. We urge you to tell us about any privacy concerns. You will not be retaliated against in any way for filing a complaint.

Authorization to use or disclose health information

Other than as stated above, we will not use or share your PHI/SPI without your written agreement. You can change your mind about letting us use or share your PHI/SPI at any time. You must tell us in writing.

The HITECH Act makes Community limit uses, disclosures, and requests of your PHI/SPI. We cannot ask for or share more than is needed.

Effective Date

This notice originally took effect on April 14, 2003, and was updated September 23, 2013. This notice stays in effect until it is replaced by another notice.

Contact Information

If you have any questions or complaints:

Community Health Choice, Inc.
Vice President/Compliance
2636 South Loop West, Suite 125
Houston, TX 77054
Toll-free at 1.877.888.0002

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, D.C. 20201
Phone: 1.877.696.6775
www.hhs.gov/ocr/privacy/hipaa/complaints

For more information, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Texas Law on Medical Treatment of Minors and Related Consent Issues

Community follows federal and state law and guidelines on issues of consent to medical treatment. Generally, minors cannot consent to medical treatment. As a general rule, Community must obtain consent from a minor child's parent prior to authorizing medical treatment.

There are certain exceptions to the general rule. For example, a minor child who has been "emancipated" or legally declared an "adult" by the courts can make their own medical decisions. Other exceptions include but are not limited to: (1) emergency situations; (2) active duty with the armed forces; (3) consent for treatment of infectious diseases reportable to the Texas Department of State Health Services; (4) unmarried pregnant minors consenting to treatment for pregnancy; (5) treatment for drug and alcohol abuse; (6) counseling for abuse, suicide prevention, or drug addiction; and (7) other exceptions as permitted by law.

If you have any questions about these exceptions, please contact Community at 1.888.760.2600.

