| **DOCUMENT HISTORY LOG** |
| --- |
| **STATUS1** | **DOCUMENT****REVISION2** | **EFFECTIVE****DATE** | **DESCRIPTION3** |
| Baseline | n/a | November 15, 2005 | Initial version Uniform Managed Care Manual, Chapter 3.5, “CHIP Member Handbook Required Critical Elements.” |
| Revision | 1.1 | September 1, 2006 | Chapter 3.5 is modified regarding the entity that the member should contact for prescription drug information. “TexCare” is replaced with “CHIP.” |
| Revision | 1.2 | October 20, 2006 | All provisions of Chapter 3.5 are modified to include the CHIP Perinatal Program requirements in the Member Handbook. |
| Revision | 1.3 | May 20, 2009 | Added language regarding the HHS Office of Civil Rights to Attachment E, “Member Rights and Responsibilities.” |
| Revision | 1.4 | November 25, 2009 | Chapter 3.5 is revised to conform to the style and preferred terms required by the Consumer Information Tool Kit.Attachment B is revised to clarify the definition of emergency medical condition. Attachment E, “Member Rights and Responsibilities,” is revised to include additional Member notices. |
| Revision  | 1.5 | September 1, 2010 | Chapter 3.5 is revised to update eligibility rules for CHIP Perinatal newborns.Attachment A is revised to clarify when Members can change plans.Attachment B is revised to clarify the definition of emergency medical condition.Attachment C is revised to clarify the definition for “Medically Necessary Services” |
| Revision | 1.6 | March 1, 2011 | Added language as Attachment G, “How many times can I change my/my child’s primary care provider?” Subsequent section is re-lettered. |
| Revision | 1.7 | July 10, 2011 | Section III. L. is updated to remove the requirement for the HMO to have a local telephone number.Attachment F, “Fraud and Abuse” is updated. |
| Revision | 2.0 | March 1, 2012 | Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001 and 529-12-0002. The chapter is reformatted to convert the outline narrative to a form and revised to: 1. Change chapter name from “CHIP Program and CHIP Perinatal Program Member Handbook Required Critical Elements” to “CHIP Member Handbook Required Critical Elements.”
2. Delete references to a separate CHIP Perinatal Program.
3. Clarify that this chapter does not apply to CHIP Dental Contractors.
4. Add requirement that Member Services Line include how to access covered services.
5. Remove the Prescription Drug toll free number.
6. Add required language regarding “Physician Incentive Plan Information” (Attachment B)
7. Add required language regarding “What is Emergency Dental Care?” (Attachment F)
8. Add required language regarding “What do I do if I need Emergency Dental Care?” (Attachment G)
9. Add required language regarding “What is post stabilization?” (Attachment H)
10. Add required language regarding “What if I get sick when I am out of town or traveling?” (Attachment I)
11. Add required language regarding “What if I am out of the country?” (Attachment J)
12. Add required language regarding “What if I can’t get my prescription approved” (Attachment L)
13. Add required language regarding “What if I need an over the counter medication?” (Attachment M)
14. Add required language regarding “What if I need more than 34 days of a prescribed medication?” (Attachment N)
15. Add required language regarding “What if I need birth control pills?” (Attachment O)
16. Add required language regarding “How do I get dental services?” (Attachment P)
17. Add required language regarding “What do I have to do if I move?” (Attachment R)
18. Attachment S “Member Rights and Responsibilities” is modified to conform to language in Chapter 3.3.
19. Re-letter all existing required language attachments as appropriate.
20. Delete final checklist as redundant.

Spanish translation of all required language is provided. |
| Revision | 2.1 | March 17, 2012 | Section III.I. is modified to add language regarding co-payments.Attachment F, “Are Emergency Dental Services Covered?” is modified to clarify that covered emergency dental services must be provided in a hospital, urgent care center, or ambulatory surgical care setting.Attachment S, “Member Rights and Responsibilities” is modified to delete references to a separate CHIP Perinatal Program and to clarify co-payment requirements.Attachment T “Complaints” is modified to add the TDI website for making complaints.All subsequent attachments are relettered. |
| Revision | 2.2 | October 15, 2012 | Section II. is modified to remove the name of the MCO’s parent company from the front cover.Section III.I. is modified to require the MCO to include a copy of the CHIP Cost Sharing Table found in UMCM Chapter 6.3.Attachment D “Medically Necessary” is modified to reflect the current TAC definition.Attachment E “What is an Emergency, an Emergency Medical Condition, and an Emergency Behavioral Health Condition?” is modified to conform to contract language.Attachment F “Are Emergency Dental Services Covered?” is modified to clarify that it applies to CHIP Members and CHIP Perinate Newborn Members.Attachment G “What do I do if I need/my child needs Emergency Dental Care?” is modified to clarify that it applies to CHIP Members and CHIP Perinate Newborn Members.Attachment L “What if I can’t get the medication my/my child’s doctor ordered approved?” is modified to clarify that it applies to CHIP Members and CHIP Perinatal Members and to remove separate language for CHIP Perinate Members.Attachment M “What if I need/my child needs an over-the-counter medication?” is modified to clarify that it applies to CHIP Members and CHIP Perinatal Members and to remove separate language for CHIP Perinate Members.Attachment N “What if I need/my child needs more than 34 days of a prescribed medication?” is modified to clarify that it applies to CHIP Members and CHIP Perinatal Members and to remove separate language for CHIP Perinate Members.Attachment P “How do I get dental services for my child?” is modified to clarify that it applies to CHIP Members and CHIP Perinate Newborn Members. |
| Revision  | 2.3 | October 15, 2013 | Section III. K. and L. are modified to remove “What if I need/my child needs more than 34 days of a prescribed medication?”Attachment C “What if I want to change health plans?” is modified to include missing Spanish translation of third bullet.Attachment N “What if I need/my child needs more than 34 days of a prescribed medication?” is deleted and all subsequent attachments are relettered.Attachment U, “Report CHIP Waste, Abuse or Fraud” is modified to change “Click Here to Report Waste, Abuse, and Fraud” to “Under the box “I WANT TO” click “Report Waste, Abuse, and Fraud”” to conform to language on the OIG website. |
| Revision | 2.4 | October 1, 2016 | Section III.C. is modified to correct the hotline name.Section III.E. is modified to add the question "How do I get after hours care?"Section III.H. is modified from “at or below 185% of the FPL” to “at or below the Medicaid eligibility threshold” and from “above 185% to 200% FPL” to “above the Medicaid eligibility threshold.”Section III.I. is modified to clarify the explanation for "How much are they and when do I have to pay them?"Section III.K. is modified to remove the question “Are Emergency Dental Services Covered?”; to add "or will I need a referral" to the question "If I don’t choose an OB/GYN, do I have direct access?"; to change “my OB/GYN” to “an OB/GYN” in question “How soon can I/my daughter be seen after contacting my OB/GYN for an appointment?; and to add "/my child's" to the question "What if I get a bill from my doctor?"Section III.Q. is modified to clarify that is referring to the CHIP program.Attachment B "Physician Incentive Plans" is modified to conform to the same language in UMCM Chapter 3.4 MMC Member Handbook, and add "/your child's" to the statement.Attachment C “What if I want to change health plans?” for CHIP Members is modified to remove "and once thereafter" and to correct the phone number. For CHIP Perinatal Members is modified to clarify "What if I want to change health plans?" and to correct the phone number.Attachment E "What is an Emergency and an Emergency Medical Condition?" for CHIP Perinate Members has been retranslated.Attachment F “Are Emergency Dental Services Covered?” is deleted and all subsequent attachments are relettered.Attachment G "What is post-stabilization?" is modified to change "your" to "the Member's."Attachment J "How do I get my/my child's medications?" is modified to clarify the language and to state that there are no co-payments for CHIP Perinate Newborn Members.Attachment K "What if I can’t get the medication my/my child’s doctor ordered approved?" is modified to add "you/" and "/your child's."Attachment N “How do I get dental services for my child?” is modified to clarify that CHIP medical plans will pay for emergency services provided in a hospital or ambulatory surgical center, and for treatment and devices for craniofacial anomalies.Attachment P "What do I have to do if I move?" is modified to update the directions.Attachment R "What should I do if I have a complaint?" is modified to state that the MCO cannot take any action against a Member who files a complaint.Attachment T, “Fraud and Abuse” is modified to change “Under the box “I WANT TO” click “Report Waste, Abuse, and Fraud”” to conform to language on the OIG website. |
| Revision | 2.5 | March 1, 2017 | Section I. is modified to update the URL for the Consumer Information Tool Kit.Section III.K. is modified to add questions regarding ECI. |
| Revision | 2.6 | February 1, 2019 | General Instructions is modified to reflect the name change from Consumer Information Tool Kit to HHS Brand Guide and add hyperlink to the HHS Brand Guide.  |
| **1** Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions.2  Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision.3 Brief description of the changes to the document made in the revision. |

#### Applicability of Chapter 3.5

This chapter applies to Managed Care Organizations (MCOs) participating in the CHIP Program. This chapter does not apply to CHIP Dental Contractors (see Chapter 3.19). Distinctions in the requirements between CHIP Perinate Members and the CHIP and CHIP Perinate Newborn Members are noted.

Applicability modified by Version 2.0

| **Required Critical Element** | **Page Number** |
| --- | --- |
| 1. **GENERAL INSTRUCTIONS TO MCO**
 |  |
| * 1. Member Handbook must be written at or below a 6th grade reading level in English and in Spanish. Additionally, the Member Handbook must be written in the languages of other Major Population Groups if directed by HHSC. The handbook must also be written using the style and preferred terms of the HHS Brand Guide which can be found at [https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/vendor-contract-information/hhs-brand-guide.pdf](https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/vendor-contract-information/hhs-brand-guide.pdf)

Section I. modified by Versions 1.3, 2.0, and 2.5 |  |
| * 1. This table is to be completed and attached to the Member Handbook when submitted for approval. Include the page number of the location for each required critical element.
 |  |
| * 1. MCOs must add provisions relating to CHIP Perinatal to the CHIP Member Handbook that: (i) clearly indicate that the CHIP portion of the Member Handbook also applies to CHIP Perinate Newborn Members, with noted exceptions; and (ii) include separate provisions for CHIP Perinate Members.
 |  |
| The following items must be included in the handbook but not necessarily in this order (unless specified): |  |
| 1. **FRONT COVER**
 |       |
| The front cover must include, at a minimum: |  |
| * MCO name

Section II. modified by Version 2.2 |       |
| * MCO logo
 |       |
| * Program logo - optional
 |       |
| * The words “CHIP MEMBER HANDBOOK,”
 |       |
| * Member Services Hotline number
 |       |
| * Month/Year (May be placed on back or front cover)
 |       |
| **III. CONTENTS** |       |
| **A. Table of Contents** |       |
| The Member Handbook must include a table of contents. |  |
| **B. Introduction**  |       |
| This section includes information the MCO would like to share with its CHIP Members and CHIP Perinatal Members about its plan (benefits and eligibility information). The MCO must inform the Member that Member Services is available for help. In addition, the MCO must explain that the Member Handbook will be made available in audio, larger print, Braille, other language, etc. when a Member requests it or when the MCO identifies a Member who needs it. (This information should be located within the first three pages of the Member Handbook.) |       |
| 1. **Phone Numbers**
 |       |
| The following information should be located within the first three pages of the Member Handbook. Section III. C. modified by Versions 2.0 and 2.4 |  |
| * + Toll-Free Member Services Line. Information should include the following explanations:
 |       |
| * + regular business hours (8 a.m. to 5 p.m. local time for Service Area, Monday through Friday, excluding state-approved holidays); and
 |       |
| * + for after-hours and weekend coverage, an answering service or other similar mechanism that allows callers to obtain information from a live person, may be used.
 |       |
| * + Requirements of the Member Services Line include:
 |  |
| * How to access covered services – including what to do in an emergency or crisis
 |       |
| * Availability of information in English and Spanish
 |       |
| * Availability of interpreter services through Member Services line
 |       |
| * TTY Line for the hearing-impaired
 |       |
| * Requirements of the Behavioral Health Services Hotline (for CHIP Members and CHIP Perinate Newborn Members) include:
 |       |
| * + 24 hours a day, 7 days a week, toll-fee number.
 |       |
| * + How to access services – including what to do in an emergency or crisis
 |       |
| * + Availability of information in English and Spanish
 |       |
| * Availability of interpreter services
 |       |
| * + Other Important Health Plan Quick Reference Phone Numbers and what they are used for (these are suggested, MCO may want to include phone numbers more unique to its plan):
 |       |
| * Nurse Line
 |       |
| * Eye Care (for CHIP Members and CHIP Perinate Newborn Members)
 |       |
| * CHIP Help Line
 |       |
| * Dental Contractors (for CHIP Members and CHIP Perinate Newborn Members)
 |       |
| **D. Member Identification (ID) Cards** |       |
| Refer to the critical elements for CHIP and CHIP Perinate Newborn Member ID Cards (Chapter 3.7 of the HHSC Uniform Managed Care Manual) and critical elements for CHIP Perinate Member ID Cards (Chapter 3.8 of the HHSC Uniform Managed Care Manual) Section III. D. modified by Version 2.0 |       |
| Information about (insert MCO name) Identification Card, including: |       |
| * Sample ID card
 |       |
| * How to read it
 |       |
| * How to use it
 |       |
| * How to replace if lost
 |       |
| **E. Primary Care Providers for CHIP Members** **and CHIP Perinate Newborn Members** |       |
| The following questions must be included and answered in the handbook:Section III. E. modified by Versions 1.3, 1.6, 2.0, and 2.4 |  |
| The MCO also must include the following explanation: References to “you,” “my,” or “I” apply if you are a CHIP Member. References to “my child” apply if your child is a CHIP Member or a CHIP Perinate Newborn Member. |       |
| * What do I need to bring to my/my child’s doctor’s appointment?
 |       |
| * What is a Primary Care Provider?
 |       |
| * How can I change my/my child’s Primary Care Provider?
 |       |
| * Can a clinic be my/my child’s Primary Care Provider? (Rural Health Clinic/Federally Qualified Health Center)
 |       |
| * How many times can I change my/my child’s Primary Care Provider? (MCO will use HHSC’s provided language – ***Attachment A***.)
 |       |
| * When will a Primary Care Provider change become effective?
 |       |
| * Are there any reasons why a request to change a Primary Care Provider may be denied?
 |       |
| * Can a Primary Care Provider move me or my child to another Primary Care Provider for non-compliance?
 |       |
| * What if I choose to go to another doctor who is not my/my child’s Primary Care Provider?
 |       |
| * How do I get medical care after my/my child’s Primary Care Provider’s office is closed? (The MCO must explain the PCP after-hours requirements to ensure that the Member knows that he/she may leave a message and expect a callback from the provider.)
 |       |
| * Physician Incentive Plan information (MCO will use HHSC’s provided language – ***Attachment B***.)
 |       |
| * How do I get after hours care? (The MCO must provide information about what the Member should know about receiving after-hours access to care.)
 |  |
| **F. Providers for CHIP Perinate Members** |       |
| The following questions must be included and answered in the handbook: Section III. F. modified by Version 2.0 |  |
| * What do I need to bring to a Perinatal Provider’s appointment?
 |       |
| * Can a clinic be a Perinatal Provider? (Rural Health Clinic, Federally Qualified Health Center)
 |       |
| * How do I get after hours care? (The MCO must provide information about what the Member should know about receiving after-hours access to care.)
 |       |
| **G. Changing Health Plans** |       |
| The following question must be included and answered in the handbook: Section III. G. modified by Version 2.0 |  |
| * What if I want to change health plans? (MCO will use HHSC’s required language – ***Attachment C***.)
 |       |
| * Who do I call?
 |       |
| * How many times can I change health plans?
 |       |
| * When will my health plan change become effective?
 |       |
| * Can (insert MCO name) ask that I get dropped from their health plan for non-compliance, etc.)?
 |       |
| **H. Concurrent Enrollment of Family Members in CHIP and CHIP Perinatal and Medicaid Coverage for Certain Newborns** |       |
| Explain that children enrolled in CHIP will remain in the CHIP Program, but will be moved to the MCO that is providing the CHIP Perinatal coverage.Section III. H. modified by Versions 1.3, 1.5, and 2.4 |       |
| Explain that copayments, cost-sharing, and enrollment fees still apply for those children enrolled in the CHIP Program. |       |
| Explain that an unborn child who is enrolled in CHIP Perinatal will be moved to Medicaid for 12 months of continuous Medicaid coverage, beginning on the date of birth, if the child lives in a family with an income at or below the Medicaid eligibility threshold. |       |
| Explain that an unborn child will continue to receive coverage through the CHIP Program as a “CHIP Perinate Newborn” after birth if the child is born to a family with an income above the Medicaid eligibility threshold. |       |
| **I. Benefits for CHIP Members** **and CHIP Perinate Newborn Members** |       |
| The following questions must be included and answered in the handbook:Section III. I. modified by Versions 1.3, 1.5, 2.0, 2.1, 2.2, and 2.4 |  |
| The MCO also must include the following explanation: References to “you,” “my,” or “I” apply if you are a CHIP Member. References to “my child” apply if your child is a CHIP Member or a CHIP Perinate Newborn Member. |       |
| * What are my CHIP benefits? (Evidence of Coverage for HMOs and Certificate of Coverage for EPO)
 |       |
| * How do I get these services/how do I get these services for my child?
 |       |
| * Are there any limits to any covered services?
 |       |
| * What are co-payments?
 |       |
| * How much are they and when do I have to pay them? (The MCO must explain that Members receiving the CHIP Perinatal benefit are exempt from all cost-sharing obligations, including enrollment fees and co-pays. Additionally, the MCO must explain that CHIP Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays. MCO must explain that if the Member's card shows a co-pay requirement and the Member is Native American or Alaskan Native, the Member should call the MCO to have this corrected. All CHIP Members are exempt from co-pays on benefits for well-baby and well-child services, preventive services, or pregnancy-related assistance. The MCO must explain the cost share limit requirement for CHIP Members. The MCO must include an up-to-date copy of the CHIP Cost Sharing Table found in UMCM Chapter 6.3. The CHIP Cost Sharing Table must accurately represent the information provided in the UMCM table.)
 |       |
| * What are the CHIP Perinate Newborn benefits? (CHIP Perinate Newborn Evidence of Coverage for HMOs and Certificate of Coverage for EPOs)
 |       |
| * + - How do I get these services for my child?
 |       |
| * + - What benefits does my baby receive at birth?
 |       |
| * What services are not covered?
 |       |
| * What are my prescription drug benefits?
 |       |
| * What extra benefits does a Member of (insert MCO name) get?
 |       |
| * How can I get these benefits/how can I get these benefits for my child? MCOs must distinguish between CHIP and CHIP Perinate Newborn Members here if not offering the same Value-Added Services to both groups.
 |       |
| * What health education classes does (insert MCO name) offer?
 |       |
| **J. Benefits for CHIP Perinate Members** |       |
| The following questions must be included and answered in the handbook: Section III. J. modified by Versions 1.3 and 2.0 |  |
| * What are my unborn child’s CHIP Perinatal benefits? (CHIP Perinate Evidence of Coverage for HMOs and Certificate of Coverage for EPOs)
 |       |
| * How do I get these services?
 |       |
| * What services are not covered?
 |       |
| * What are my unborn child’s prescription drug benefits?
 |       |
| * How much do I have to pay for my unborn child’s health care under CHIP Perinatal? (No copayments and no cost-sharing)
 |       |
| * Will I have to pay for services that are not covered benefits?
 |       |
| * What extra benefits does (insert MCO name) offer?
 |       |
| * How can I get these benefits for my unborn child?
 |       |
| * What health education classes does (insert MCO name) offer?
 |       |
| **K. Health Care and Other Services for CHIP Members** **and CHIP Perinate Newborn Members** |       |
| The following questions must be included and answered in the handbook: Section III. K. modified by Versions 1.3, 2.0, 2.2, 2.3, 2.4, and 2.5 |  |
| The MCO also must include the following explanation: References to “you,” “my,” or “I” apply if you are a CHIP Member. References to “my child” or “my daughter” apply if your child is a CHIP Member or a CHIP Perinate Newborn Member. |       |
| * What does “Medically Necessary” mean? (MCO will use HHSC’s required language – ***Attachment D****.*)
 |  |
| * What is routine medical care?
 |       |
| * How soon can I expect to be seen/how soon can I expect my child to be seen?
 |       |
| * What is urgent medical care?
 |       |
| * How soon can I expect to be seen/how soon can I expect my child to be seen?
 |       |
| * What is emergency medical care? (MCO will use HHSC’s required language – ***Attachment E****.*)
 |       |
| * How soon can I expect to be seen/how soon can I expect my child to be seen?
 |       |
| * What do I do if I need/ my child needs Emergency Dental Care? (MCO will use HHSC’s required language – ***Attachment F****.*)
 |       |
| * What is post-stabilization? (MCO will use HHSC’s provided language – ***Attachment G***.)
 |       |
| * How do I get medical care after my Primary Care Provider’s office is closed? (Include information regarding 24-hour access to services. The MCO must explain the PCP after-hours requirements to ensure that the Member knows that he/she may leave a message and expect a callback from the provider.)
 |  |
| * What if I get sick when I am out of town or traveling/what if my child gets sick when he or she is out of town or traveling? (MCO will use HHSC’s required language – ***Attachment H****.*)
 |       |
| * What if I am/my child is out of the state?
 |       |
| * What if I am/my child is out of the country? (MCO will use HHSC’s required language – ***Attachment I****.*)
 |       |
| * What if I need/my child needs to see a special doctor (specialist)?
 |  |
| * What is a referral?
 |       |
| * How soon can I expect to be seen by a specialist/how soon can I expect my child to be seen by a specialist?
 |       |
| * What services do not need a referral?
 |  |
| * How can I ask for a second opinion?
 |  |
| * How do I get help if I have/my child has behavioral (mental) health or alcohol or drug problems?
 |       |
| * Do I need a referral for this?
 |       |
| * How do I get my/my child’s medications? (MCO will use HHSC’s provided language – ***Attachment J***.)
 |       |
| * How do I find a network drug store?
 |       |
| * What if I go to a drug store not in the network?
 |       |
| * What do I bring with me to the drug store?
 |       |
| * What if I need my/my child’s medications delivered to me?
 |       |
| * Who do I call if I have problems getting my/my child’smedications?
 |       |
| * What if I can’t get my/my child’s prescription approved? (MCO will use HHSC’s required language – ***Attachment K****.*)
 |       |
| * What if I lose my/my child’s medication?
 |       |
| * What if I need/my child needs an over-the-counter medication? (MCO will use HHSC’s required language – ***Attachment L****.*)
 |       |
| * What if I need/my child needs birth control pills? (MCO will use HHSC’s required language – ***Attachment M****.*)
 |       |
| * How do I get eye care services/how do I get eye care services for my child?
 |       |
| * + - * + What is Early Childhood Intervention (ECI)?
 |  |
| * + - Do I need a referral for this?
 |  |
| * + - Where do I find an ECI provider?
 |  |
| * How do I get dental services for my child? (MCO will use HHSC’s required language – ***Attachment N****.*)
 |       |
| * Can someone interpret for me when I talk with my/my child’s doctor?
 |       |
| * Who do I call for an interpreter?
 |       |
| * How far in advance do I need to call?
 |       |
| * How can I get a face-to-face interpreter in the provider’s office?
 |       |
| * What if I need/my daughter needs OB/GYN care? (MCO will use HHSC’s required language – ***Attachment O****.*)
 |       |
| * Do I have the right to choose an OB/GYN?
 |       |
| * How do I choose an OB/GYN?
 |       |
| * If I don’t choose an OB/GYN, do I have direct access or will I need a referral?
 |       |
| * Will I need a referral?
 |       |
| * How soon can I/my daughter be seen after contacting an OB/GYN for an appointment? (Accessing requirements for perinatal care is within 2 weeks of request.)
 |       |
| * Can I/my daughter stay with an OB/GYN who is not with (insert MCO name)?
 |       |
| * What if I am pregnant/what if my daughter is pregnant? (not applicable to CHIP Perinate Newborn Members)
 |       |
| * Who do I need to call?
 |       |
| * What other services/activities/education does (insert MCO name) offer pregnant women?
 |       |
| * Who do I call if I have/my child has special health care needs and I need someone to help me?
 |       |
| * What if I get a bill from my/my child's doctor?
 |       |
| * Who do I call?
 |       |
| * What information will they need?
 |       |
| * What do I have to do if I move/my child moves? (MCO will use HHSC’s provided language – ***Attachment P***.)
 |       |
| * What are my rights and responsibilities? (MCO will use HHSC’s required language – ***Attachment Q****.*)
 |       |
| **L. Health Care and Other Services for CHIP Perinate Members** |       |
| The following questions must be included and answered in the handbook: Section III. L. modified by Versions 1.3, 1.5, 2.0, and 2.3 |  |
| * What does “Medically Necessary” mean? (MCO will use HHSC’s required language – ***Attachment D****.*)
 |       |
| * What is routine medical care?
 |       |
| * + - * How soon can I expect to be seen?
 |       |
| * What is urgent medical care?
 |       |
| * + - * How soon can I expect to be seen?
 |       |
| * What is emergency medical care? (MCO will use HHSC’s required language - ***Attachment E****.*)
 |       |
| * How soon can I expect to be seen?
 |       |
| * How do I get medical care after my Primary Care Provider’s office is closed? (Include information regarding 24-hour access to services. The MCO must explain the PCP after-hours requirements to ensure that the Member knows that he/she may leave a message and expect a callback from the provider.)
 |       |
| * What if I get sick when I am out of town or traveling? (MCO will use HHSC’s required language – ***Attachment H****.*)
 |       |
| * What if I am out of the state?
 |       |
| * What if I am out of the country? (MCO will use HHSC’s required language – ***Attachment I****.*)
 |       |
| * What is a referral?
 |       |
| * What services do not need a referral?
 |       |
| * What if I need services that are not covered by CHIP Perinatal?
 |       |
| * How do I get my medications? (MCO will use HHSC’s provided language – ***Attachment J***.)
 |       |
| * How do I find a network drug store?
 |       |
| * What if I go to a drug store not in the network?
 |       |
| * What do I bring with me to the drug store?
 |       |
| * What if I need my medications delivered to me?
 |       |
| * Who do I call if I have problems getting my medications?
 |  |
| * What if I can’t get my prescription approved? (MCO will use HHSC’s required language – ***Attachment K****.*)
 |       |
| * What if I lose my medication?
 |       |
| * What if I need an over-the-counter medication? (MCO will use HHSC’s required language – ***Attachment L****.*)
 |       |
| * Can someone interpret for me when I talk with my perinatal provider?
 |       |
| * Who do I call for an interpreter?
 |       |
| * How far ahead of time do I need to call?
 |       |
| * How can I get a face-to-face interpreter in the provider’s office?
 |       |
| * How do I choose a perinatal provider?
 |       |
| * Will I need a referral?
 |       |
| * How soon can I be seen after contacting a perinatal provider for an appointment? (Accessing requirements for perinatal care is within 2 weeks of request.)
 |       |
| * Can I stay with my perinatal provider if they are not with (insert MCO name)?
 |       |
| * What if I get a bill from a perinatal provider?
 |       |
| * Who do I call?
 |       |
| * What information will they need?
 |       |
| * What do I have to do if I move? (MCO will use HHSC’s provided language – ***Attachment O***.)
 |       |
| * What are my rights and responsibilities? (MCO will use HHSC’s required language – ***Attachment P****.*)
 |       |
| * When does CHIP Perinatal coverage end?
 |       |
| * Will the state send me anything when my CHIP Perinatal coverage ends?
 |       |
| * How does renewal work?
 |       |
| * Can I choose my baby’s Primary Care Provider before the baby is born?
 |       |
| * Who do I call?
 |       |
| * What information do they need?
 |       |
| **M. Complaint Process**  |       |
| The following questions must be included and answered in the handbook:Section III. M. modified by Versions 1.7 and 2.0 |  |
| * What should I do if I have a complaint? (Optional HHSC provided language- ***Attachment R***.)
 |       |
| * Who do I call? (Include at least one toll-free telephone number)
 |       |
| * Can someone from (insert MCO name) help me file a complaint?
 |       |
| * How long will it take to process my complaint?
 |       |
| * What are the requirements and timeframes for filing a complaint?
 |       |
| * If I am not satisfied with the outcome, who else can I contact?
 |       |
| * Do I have the right to meet with a complaint appeal panel?
 |       |
| **N. Process to Appeal a CHIP Adverse Determination** |       |
| The following questions must be included and answered in the handbook: Section III. N. modified by Versions 1.3 and 2.0 |  |
| * What can I do if my doctor asks for a service or medicine for me that’s covered but (insert MCO name) denies or limits it?
 |       |
| * How will I find out if services are denied?
 |       |
| * + What are the timeframes for the appeal process?
 |       |
| * + When do I have the right to ask for an appeal?
 |       |
| * + Does my request have to be in writing?
 |       |
| * + Can someone from (insert MCO name) help me file an appeal?
 |       |
| **O. Expedited MCO Appeal** |       |
| The following questions must be included and answered in the handbook: Section III. O. modified by Versions 1.3 and 2.0 |  |
| * What is an Expedited Appeal? (MCO will use HHSC’s provided language – ***Attachment S***.)
 |       |
| * How do I ask for an Expedited Appeal?
 |       |
| * Does my request have to be in writing? (Requests must be accepted orally or in writing.)
 |       |
| * What are the timeframes for an Expedited Appeal?
 |       |
| * What happens if [insert MCO name] denies the request for an Expedited Appeal?
 |       |
| * Who can help me in filing an Expedited Appeal?
 |       |
| **P. Independent Review Organization Process** |       |
| The following questions must be included and answered in the handbook:  |  |
| * What is an Independent Review Organization?
 |       |
| * How do I ask for a review by an Independent Review Organization?
 |       |
| * What are the timeframes for this process?
 |       |
| **Q. Fraud Information** |       |
| The following question must be included and answered in the handbook: |  |
| * How do I report someone who is misusing/abusing the CHIP Program or services? (MCO will use HHSC’s required language – ***Attachment T****.*)
 |       |
| * + 1. **Back Cover**
 |       |
| Month and year can be on the front or back cover.  |       |

**REQUIRED LANGUAGE**

Section IV. added by Version 2.0

Section III. P. modified by Version 1.3

Section III. Q. modified by Versions 1.3 and 2.4

Attachment A “How many times can I change my/my child’s primary care provider?” added by Version 1.6

**ATTACHMENT A**

**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 primary care providers by calling us toll-free at (insert MCO’s toll-free Member Hotline phone number) or writing to (insert MCO’s contact information.)

**¿Cuántas veces puedo cambiar mi proveedor de cuidado primario o el de mi hijo?**

No hay límite en el número de veces que puede cambiar su proveedor de cuidado primario, o el de su hijo. Puede cambiar de proveedor de cuidado primario llamándonos gratis al (insert MCO’s toll-free Member Hotline phone number) o escribiendo a (insert MCO’s contact information).

[Note:  if the MCO allows members to submit primary care provider change requests through its website, please add language regarding this process.]

Attachment B “Physician Incentive Plans” added by Version 2.0 and modified by Version 2.4

**REQUIRED LANGUAGE**

## ATTACHMENT B

**Physician Incentive Plans Planes de incentivos para doctores**

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

#### The MCO cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to Members.

#### (Insert name of MCO) cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to Members. You have the right to know if your/your child's 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 (insert toll-free telephone number) to learn more about this.

La MCO no puede hacer pagos bajo un plan de incentivos para doctores si los pagos están diseñados para persuadir a los proveedores a reducir o limitar los Servicios Médicamente Necesarios cubiertos para los miembros.

(Insert name of MCO) no puede hacer pagos bajo un plan de incentivos para doctores si los pagos están diseñados para persuadir a los proveedores a reducir o limitar los Servicios Médicamente Necesarios cubiertos para los miembros. Usted tiene el derecho de saber si su proveedor de cuidado primario (doctor de cabecera) de su niño participa en el plan de incentivos para doctores. También tiene el derecho de saber cómo funciona el plan. Puede llamar gratis al (insert toll-free telephone number) para más información.

**If the MCO does not offer a physician incentive plan:**

The MCO cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to Members.Right now, (insert name of MCO) does not have a physician incentive plan.

###### La MCO no puede hacer pagos bajo un plan de incentivos para doctores si los pagos están diseñados para persuadir a los proveedores a reducir o limitar los Servicios Médicamente Necesarios cubiertos para los miembros. En este momento, (insert name of MCO) no tiene un plan de incentivos para doctores.

**REQUIRED LANGUAGE**

Attachment C “What if I want to change health plans?” modified by Versions 1.3, 1.5, 2.3, and 2.4

## ATTACHMENT C

### FOR CHIP MEMBERS

**What if I want to change health plans?**

You are allowed to make health plan changes:

* For any reason within 90 days of enrollment in CHIP;
* for cause at any time;
* if you move to a different service delivery area; and
* during your annual CHIP re-enrollment period.

**Who do I call?**

For more information, call CHIP toll-free at 1-800-964-2777.

### PARA MIEMBROS DE CHIP

**¿Qué hago si quiero cambiar de plan de salud?**

Usted puede cambiar de plan de salud:

* Por cualquier motivo dentro de 90 días de inscribirse en CHIP;
* por motivo justificado en cualquier momento;
* si usted se muda a una area de servicio diferente; y
* durante su periodo anual de reinscripción en CHIP.

**¿A quién llamo?**

Para más información, llame gratis a CHIP al 1-800-964-2777.

**FOR CHIP PERINATAL MEMBERS**

* **Attention:** If you meet certain income requirements, your baby will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth.
* Your baby will continue to receive services through the CHIP Program if you meet the CHIP Perinatal requirements. Your baby will get 12 months of continuous CHIP Perinatal coverage through his or her health plan, beginning with the month of enrollment as an unborn child.

**What if I want to change health plans?**

* Once you pick a health plan for your unborn child, the child must stay in this health plan until the child’s CHIP Perinatal coverage ends. The 12-month CHIP Perinatal coverage begins when your unborn child is enrolled in CHIP Perinatal and continues after your child is born.
* If you do ***not*** pick a plan within 15 days of getting the enrollment packet, HHSC will pick a health plan for your unborn child and send you information about that health plan. If HHSC picks a health plan for your unborn child, you will have 90 days from your effective date of coverage to pick another health plan if you are not happy with the plan HHSC chooses.
* The children must remain with the same health plan until the end of the CHIP Perinatal Member’s enrollment period, or the end of the other children’s enrollment period, whichever happens last. At that point, you can pick a different health plan for the children.
* You can ask to change health plans:
	+ for any reason within 90 days of enrollment in CHIP Perinatal;
	+ if you move into a different service delivery area; and
	+ for cause at any time.

**Who do I call?**

For more information, call toll-free at 1-800-964-2777.

**PARA MIEMBROS DE CHIP PERINATAL**

* **Atención:** Si usted satisface ciertos requisitos de ingresos, el bebé será transferido a Medicaid y recibirá 12 meses de cobertura continua de Medicaid a partir de su fecha de nacimiento.
* El bebé seguirá recibiendo servicios por medio del Programa CHIP si usted satisface los requisitos de CHIP Perinatal. El bebé recibirá 12 meses de cobertura continua de CHIP Perinatal por medio de su plan de salud, empezando con el mes de inscripción como bebé por nacer.

**¿Qué hago si quiero cambiar de plan de salud?**

* Una vez que escoja un plan de salud para su bebé por nacer, el niño tiene que permanecer en este plan de salud hasta que termine la cobertura de CHIP Perinatal del niño. Los 12 meses de cobertura de CHIP Perinatal empiezan cuando inscribe al bebé por nacer en CHIP Perinatal y continúa después del nacimiento del niño.
* Si usted ***no*** elige un plan dentro de 15 días de haber recibido el paquete de inscripción, la HHSC escogerá un plan de salud para su bebé por nacer y le enviará información sobre ese plan de salud. Si la HHSC escoge un plan de salud para su bebé por nacer, usted tendrá 90 días a partir de su fecha efectiva de cobertura para escoger otro plan de salud si no está contenta con el plan que la HHSC escogió.
* Los niños tienen que permanecer en el mismo plan de salud hasta que termine el periodo de inscripción del miembro de CHIP Perinatal, o hasta que termine el periodo de inscripción de los otros niños, lo que ocurra de último. En ese momento, usted podrá escoger otro plan de salud para los niños.
* Usted puede pedir un cambio de plan de salud:
	+ por cualquier motivo dentro de 90 días de inscribirse en CHIP Perinatal; y
	+ por motivo justificado en cualquier momento.

**¿A quién llamo?**

Para más información, llame gratis al 1-800-964-2777.

**REQUIRED LANGUAGE**

Attachment D “Medically Necessary” modified by Versions 2.0 and 2.2

## ATTACHMENT D

### FOR CHIP MEMBERS AND CHIP PERINATAL MEMBERS

Covered services for CHIP Members, CHIP Perinate Newborn Members, and CHIP Perinate Members must meet the CHIP definition of "Medically Necessary." A CHIP Perinate Member is an unborn child.

**Medically Necessary** means:

1. Health Care Services that are:
	1. reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a member, or endanger life;
	2. provided at appropriate facilities and at the appropriate levels of care for the treatment of a member’s health conditions;
	3. consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
	4. consistent with the member’s diagnoses;
	5. no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
	6. not experimental or investigative; and
	7. not primarily for the convenience of the member or provider; and
2. Behavioral Health Services that:
	1. 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;
	2. are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
	3. are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
	4. are the most appropriate level or supply of service that can safely be provided;
	5. could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
	6. are not experimental or investigative; and
	7. are not primarily for the convenience of the member or provider.

Los servicios cubiertos para miembros de CHIP, miembros recién nacidos de CHIP Perinatal y miembros de CHIP Perinatal tienen que ajustarse a la definición de "médicamente necesario" de CHIP. Un miembro de CHIP Perinatal es un niño por nacer.

**Médicamente necesario** significa:

1. Servicios de atención médica que:
	1. son razonables y se necesitan para evitar enfermedades o padecimientos médicos, detectar a tiempo enfermedades, hacer intervenciones o tratar padecimientos médicos que provocan dolor o sufrimiento, causan deformidades físicas o limitación de alguna función, amenazan con causar o empeorar una discapacidad, provocan enfermedad o ponen en riesgo la vida del miembro;
	2. se prestan en instalaciones adecuadas y al nivel de atención adecuado para el tratamiento del padecimiento médico del miembro;
	3. cumplen con las pautas y normas de calidad de atención médica aprobadas por organizaciones profesionales de atención médica o por departamentos del gobierno;
	4. son consecuentes con el diagnóstico del miembro;
	5. son lo menos invasivos o restrictivos posible para permitir un equilibrio adecuado de seguridad, efectividad y eficacia;
	6. no son experimentales ni de estudio; y
	7. no son principalmente para la conveniencia del miembro o proveedor; y
2. Servicios de salud mental y abuso de sustancias que:
	1. son razonables y necesarios para diagnosticar o tratar los problemas de salud mental o de abuso de sustancias, o para mejorar o mantener el funcionamiento o para evitar que los problemas de salud mental empeoren;
	2. cumplen con las pautas y normas clínicas aceptadas en el campo de la salud mental;
	3. se prestan en el lugar más adecuado y menos restrictivo donde se puedan brindar los servicios sin ningún riesgo;
	4. se prestan al nivel más adecuado de servicios que puedan prestarse sin riesgos;
	5. no se pueden negar sin verse afectada negativamente la salud mental o física del miembro o la calidad de la atención prestada;
	6. no son experimentales ni de estudio; y
	7. no son principalmente para la conveniencia del miembro o proveedor.

**REQUIRED LANGUAGE**

Attachment E “What is an Emergency, an Emergency Medical Condition, and an Emergency Behavioral Health Condition?” modified by Version 2.2

## ATTACHMENT E

**FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS**

**What is an Emergency, an Emergency Medical Condition, and an Emergency Behavioral Health Condition?**

Emergency care is a covered service. Emergency care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions. “Emergency Medical Condition” is a medical condition characterized by sudden acute symptoms, severe enough (including severe pain), that would lead an individual with average knowledge of health and medicine, to expect that the absence of immediate medical care could result in:

* placing the member’s health in serious jeopardy;
* serious impairment to bodily functions;
* serious dysfunction of any bodily organ or part;
* serious disfigurement; or
* in the case of a pregnant CHIP member, serious jeopardy to the health of the CHIP member or her unborn child.

“Emergency Behavioral Health Condition” means any condition, without regard to the nature or cause of the condition, which in the opinion of an individual, possessing average knowledge of health and medicine:

* requires immediate intervention or medical attention without which the member would present an immediate danger to himself/herself or others; or
* renders the member incapable of controlling, knowing, or understanding the consequences of his/her actions.

**What is Emergency Services or Emergency Care?**

“Emergency Services” and “emergency care” mean health care services provided in an in-network or out-of-network hospital emergency department, free-standing emergency medical facility, or other comparable facility by in-network or out-of-network physicians, providers, or facility staff to evaluate and stabilize Emergency Medical Conditions or Emergency Behavioral Health Conditions. Emergency services also include any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an Emergency Medical Condition or an Emergency Behavioral Health Condition exists.

**¿Qué son una emergencia, un padecimiento médico de emergencia y un padecimiento de salud mental o abuso de sustancias de emergencia?**

La atención de emergencia es un servicio cubierto. Se presta la atención de emergencia para los padecimientos médicos y de salud mental y abuso de sustancias que sean de emergencia. Un “padecimiento médico de emergencia" se caracteriza por síntomas repentinos y agudos de tal severidad (inclusive dolor muy fuerte) que una persona que tenga conocimientos promedio de la salud y la medicina podría deducir de manera razonable que la falta de atención médica inmediata podría tener como resultado lo siguiente:

* poner en grave peligro la salud del miembro;
* ocasionar problemas graves en las funciones corporales;
* ocasionar disfunción grave de cualquier órgano vital o parte del cuerpo;
* sufrir desfiguración grave; o
* en el caso de una mujer embarazada que es miembro de CHIP, poner en grave peligro la salud del miembro de CHIP o del niño por nacer.

“Padecimiento de salud mental o abuso de sustancias de emergencia” significa cualquier padecimiento (sin importar la naturaleza o causa del padecimiento), que, según la opinión de una persona con conocimientos promedio de la salud y la medicina:

* requiera intervención o atención médica inmediata, sin la cual el miembro podría presentar un peligro inmediato para sí mismo o para otras personas; o
* hace que el miembro sea incapaz de controlar, saber o entender las consecuencias de sus acciones.

**¿Qué son servicios de emergencia o atención de emergencia?**

“Servicios de emergencia" y "atención de emergencia" significan los servicios de atención médica que se prestan dentro o fuera de la red de los doctores, los proveedores o el personal del departamento de emergencias de un hospital, institución independiente o un centro comparable, para evaluar y estabilizar padecimientos médicos o de salud mental y abuso de sustancias que sean de emergencia. Los servicios de emergencia también incluyen exámenes de detección u otras evaluaciones exigidos por leyes estatales o federales, que sean necesarios para determinar si existe un padecimiento médico, de salud mental o de abuso de sustancias de emergencia.

## FOR CHIP PERINATE MEMBERS

**What is an Emergency and an Emergency Medical Condition?**

A CHIP Perinate Member is defined as an unborn child. Emergency care is a covered service if it directly relates to the delivery of the unborn child until birth. Emergency care is provided for the following Emergency Medical Conditions:

* Medical screening examination to determine emergency when directly related to the delivery of the covered unborn child;
* Stabilization services related to the labor with delivery of the covered unborn child;
* Emergency ground, air and water transportation for labor and threatened labor is a covered benefit;
* Emergency ground, air, and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit.

Benefit limits: Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinate are not a covered benefit.

**What is Emergency Services or Emergency Care?**

“Emergency Services” or “Emergency Care” are 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, including post-stabilization care services related to labor and delivery of the unborn child.

**¿Qué es una emergencia y qué es un padecimiento médico de emergencia?**

Un miembro de CHIP Perinatal se define como un niño que aún no ha nacido. La atención de emergencia está cubierta si está directamente relacionada con el bebé por nacer, hasta su nacimiento. Se ofrece atención de emergencia para los siguientes padecimientos médicos de emergencia:

* Examen de evaluación médica para determinar la emergencia cuando esté directamente relacionada con el parto del niño por nacer bajo cobertura.
* Servicios de estabilización relacionados con el trabajo de parto y el nacimiento del niño por nacer bajo cobertura.
* Transporte de emergencia por tierra, aire y mar para el trabajo de parto y el trabajo de parto en peligro.
* Transporte de emergencia por tierra, aire y mar para emergencias relacionadas con (a) un aborto espontáneo o (b) un embarazo no viable (embarazo molar, embarazo ectópico o un feto que expire en el útero).

Límites del beneficio: Los servicios después del parto o complicaciones que resulten en la necesidad de servicios de emergencia para la madre en el programa CHIP Perinatal no están cubiertos.

**¿Qué son servicios de emergencia o atención de emergencia?**

“Servicios de emergencia” o “Atención de emergencia” son servicios cubiertos de paciente interno y externo que brinda un proveedor certificado para prestar esos servicios y que se necesitan para valorar o estabilizar un padecimiento médico, entre ellos los servicios de atención de posestabilización relacionados con el trabajo de parto y el nacimiento del bebé.

**REQUIRED LANGUAGE**

Attachment F “What if my child needs Emergency Dental Care?” added by Version 2.0 and modified by Version 2.2

**ATTACHMENT F**

|  |
| --- |
|  |

**FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS**

**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 (insert MCO’s toll-free number).

**¿Qué hago si mi hijo necesita servicios dentales de emergencia?**

###### Durante las horas normales de operación, llame al dentista primario del niño para saber cómo obtener servicios de emergencia. Si su hijo necesita servicios dentales de emergencia después de que el consultorio del dentista primario haya cerrado, llámenos al (insert MCO’s toll-free telephone number).

###### REQUIRED LANGUAGE

Attachment G “Post-stabilization” added by Version 2.0 and modified by Version 2.4

ATTACHMENT G

**What is post-stabilization?**

Post-stabilization care services are services covered by CHIP that keep the Member's condition stable following emergency medical care.

**¿Que es la posestabilización?**

Los servicios de atención de posestabilización son servicios cubiertos por CHIP que mantienen al miembro en una condición estable después de recibir atención médica de emergencia.

###### REQUIRED LANGUAGE

Attachment H “out of town or traveling” added by Version 2.0

**ATTACHMENT H**

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**What if I get sick when I am out of town or traveling/what if my child gets sick when he or she is out of town or traveling?**

If you/your child needs medical care when traveling, call us toll-free at (insert MCO’s toll-free Member Hotline phone number) and we will help you find a doctor.

If you/your child needs emergency services while travelling, go to a nearby hospital, then call us toll-free at (insert MCO’s toll-free Member Hotline phone number).

**¿Qué hago si mi hijo o yo nos enfermamos cuando estamos fuera de la ciudad o de viaje?**

Si usted o su hijo necesita atención médica cuando está de viaje, llámenos gratis al (insert MCO's toll-free Member Hotline phone number) y le ayudaremos a encontrar a un doctor.

Si usted o su hijo necesita servicios de emergencia cuando está de viaje, vaya a un hospital cercano, luego llámenos gratis al (insert MCO’s toll-free Member Hotline phone number).

###### REQUIRED LANGUAGE

Attachment I “out of the country” added by Version 2.0

**ATTACHMENT I**

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

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

**¿Qué hago si mi hijo o yo fuera del país?**

CHIP no cubre los servicios médicos prestados fuera del país.

**REQUIRED LANGUAGE**

Attachment J “How do I get medications?” added by Version 2.0 and modified by Version 2.4

**ATTACHMENT J**

**FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS**

**How do I get my/my child’s medications?**

CHIP covers most of the medicine your/your child’s doctor says you need. Your/your child’s doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription to the drug store for you.

Exclusions include: contraceptive medications prescribed only for the purpose to prevent pregnancy and medications for weight loss or gain.

You may have to pay a co-payment for each prescription filled depending on your income. There are no co-payments required for CHIP Perinate Newborn Members.

**¿Qué tengo que hacer para que me surtan mis recetas o las de mi hijo?**

CHIP cubre la mayoría de los medicamentos que el doctor dice que necesita. El doctor le dará una receta para llevar a la farmacia o tal vez enviará la receta a la farmacia.

Las exclusiones son, entre otras: medicamentos anticonceptivos recetados solo para propósitos de la prevención de embarazo y medicamentos para aumentar o bajar de peso.

Es posible que tenga que hacer un copago por cada receta surtida, según sus ingresos. No hay copagos obligatorios para los miembros recién nacidos de CHIP Perinatal.

**FOR CHIP PERINATE MEMBERS**

**How do I get my medications?**

CHIP Perinatal covers most of the medicine your doctor says you need for your pregnancy. Your doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription to the drug store for you.

There are no co-payments required for CHIP Perinate Members.

**¿Cómo obtengo mis medicamentos?**

CHIP Perinatal cubre la mayoría de los medicamentos que el doctor dice que usted necesita. El doctor le dará una receta para llevar a la farmacia o tal vez enviará la receta a la farmacia.

No hay copagos obligatorios para los miembros de CHIP Perinatal.

**REQUIRED LANGUAGE**

Attachment K “What if I can’t get the medication ordered approved?” added by Version 2.0 and modified by Versions 2.2 and 2.4

**ATTACHMENT K**

**FOR CHIP MEMBERS AND CHIP PERINATAL MEMBERS**

**What if I can’t ge**t **the medication my/my child’s doctor ordered approved?**

If your/your child’s doctor cannot be reached to approve a prescription, you/your child may be able to get a three-day emergency supply of your/your child’s medication.

Call (insert MCO’s name) at (insert toll-free number) for help with your/your child's medications and refills.

**¿Qué pasa si no me aprueba**n **la receta que el doctor pidió?**

Si no se puede localizar al doctor para que apruebe un medicamento recetado, es posible que le den a usted o a su hijo un suministro de emergencia para 3 días de su medicamento o el de su hijo.

Llame a (insert MCO name) al (insert toll-free number) para que le ayuden a usted o a su hijo a obtener o volver a surtir los medicamentos.

**REQUIRED LANGUAGE**

Attachment L “over-the-counter medication” added by Version 2.0 and modified by Version 2.2

## ATTACHMENT L

**FOR CHIP MEMBERS AND CHIP PERINATAL MEMBERS**

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

The pharmacy cannot give you an over-the-counter medication as part of your/your child’s CHIP benefit. If you need/your child needs an over-the-counter medication, you will have to pay for it.

**¿Qué hago si yo necesito o mi hijo necesita un medicamento sin receta?**

La farmacia no puede darle un medicamento sin receta como parte de sus beneficios de CHIP o los de su hijo. Si usted o su hijo necesita un medicamento sin receta, tendrá que pagar por él.

## REQUIRED LANGUAGE

Attachment M “birth control pills” added by Version 2.0

**ATTACHMENT M**

**FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS**

**What if I need/my child needs birth control pills?**

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

**¿Qué hago si yo necesito o mi hija necesita píldoras anticonceptivas?**

La farmacia no puede darle a usted o su hija píldoras anticonceptivas para prevenir el embarazo. Solo puede obtener píldoras anticonceptivas si son para tratar un padecimiento médico.

## REQUIRED LANGUAGE

Attachment N “How do I get dental services for my child?” added by Version 2.0 and modified by Versions 2.2 and 2.4

## ATTACHMENT N

**FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS**

**How do I get dental services for my child?**

[Insert MCO name] will pay for some emergency dental services in a hospital or ambulatory surgical center. [Insert MCO name] will pay for the following:

* Treatment of a dislocated jaw.
* Treatment of traumatic damage to teeth and supporting structures.
* Removal of cysts.
* Treatment of oral abscess of tooth or gum origin.
* Treatment and devices for craniofacial anomalies.

[Insert MCO name] covers hospital, physician and related medical services for the above conditions. This includes services from the doctor and other services your child might need, like anesthesia or other drugs.

The CHIP medical benefit provides limited emergency dental coverage for dislocated jaw, traumatic damage to teeth, and removal of cysts; treatment of oral abscess of tooth or gum origin; treatment and devices for craniofacial anomalies; and drugs.

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

**¿Cómo obtengo servicios dentales para mi hijo?**

(Insert MCO's name) pagará algunos servicios dentales de emergencia en el hospital o centro quirúrgico ambulatorio. (Insert MCO's name) pagará los siguientes servicios:

* tratamiento de una mandíbula dislocada
* extracción de quistes
* tratamiento dental originado por un absceso en la boca o en las encías
* tratiemento y dispositivos para anomalías craneofacial

[Insert MCO name] cubre servicios relacionados con el hospital, el doctor y los servicios médicos para los condiciones anteriores. Esto incluye servicios que el doctor brinda y otros servicios que su hijo podría necesitar, como anestesia u otros medicamentos.

El beneficio médico de CHIP ofrece cobertura limitada para servicios dentales de emergencia para mandíbula dislocada, golpes en los dientes y la extirpación de quistes; tratamiento dental originado por un absceso en la boca o en las encías; tratamiento y dispositivos para anomalías craneofaciales; y medicamentos.

El plan dental de CHIP de su hijo ofrece todos los demás servicios dentales, entre ellos, servicios que previenen las caries y servicios para arreglar los problemas dentales. Llame al plan dental del niño para aprender más sobre los servicios dentales que ofrecen.

**REQUIRED LANGUAGE**

Attachment O “OB/GYN” modified by Version 1.3

## ATTACHMENT O

**FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS**

MCOs have a choice of language in Attachment O, depending on whether or not the selection of an OB/GYN is limited to the Primary Care Provider’s network.

**Option 1:** MCO ***DOES NOT LIMIT*** SELECTION TO PCP’S NETWORK

###### ATTENTION MEMBERS

You have the right to pick an OB/GYN for yourself/your daughter without a referral from your/your daughter’s Primary Care Provider. An OB/GYN can give you:

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

(Insert Name of MCO) allows you/your daughter to pick any OB/GYN, whether that doctor is in the same network as your/your daughter’s Primary Care Provider or not.

###### AVISO IMPORTANTE PARA LA MUJER

Usted tiene el derecho de escoger a un ginecoobstetra para usted o su hija sin un envío a servicios de su proveedor de cuidado primario o el de su hija. Un ginecoobstetra le puede brindar:

* Un examen preventivo para la mujer cada año.
* Atención relacionada con el embarazo.
* Tratamiento de los problemas médicos de la mujer.
* Envíos para ver a un especialista de la red.

(Insert Name of MCO) le permite a usted o su hija escoger a cualquier ginecoobstetra, esté o no en la misma red que su proveedor de cuidado primario o el de su hija.

**Option 2:** MCO ***LIMITS*** SELECTION TO PCP’S NETWORK

###### ATTENTION MEMBERS

You have the right to pick an OB/GYN for yourself/your daughter without a referral from your/your daughter’s Primary Care Provider. An OB/GYN can give you:

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

(Insert Name of MCO) allows you/your daughter to pick an OB/GYN for you/your daughter but this doctor must be in the same network as your/your daughter’s Primary Care Provider.

###### AVISO IMPORTANTE PARA LA MUJER

Usted tiene el derecho de escoger a un ginecoobstetra para usted o su hija sin un envío a servicios de su proveedor de cuidado primario o el de su hija. Un ginecoobstetra le puede brindar:

* Un examen preventivo para la mujer cada año.
* Atención relacionada con el embarazo.
* Tratamiento de los problemas médicos de la mujer.
* Envíos para ver a un especialista de la red.

(Insert Name of MCO) le permite a usted o a su hija escoger a un ginecoobstetra, pero este doctor tiene que estar en la misma red que su proveedor de cuidado primario o el de su hija.**REQUIRED LANGUAGE**

Attachment P “What do I have to do if I move?” added by Version 2.0 and modified by Version 2.4

**ATTACHMENT P**

**What do I have to do if I move?**

As soon as you have your new address, give it to HHSC by calling 2-1-1 or updating your account on YourTexasBenefits.com and call the (Insert MCO’s name) Member Services Department at (Insert MCO’s 1-800#). Before you get CHIP services in your new area, you must call (Insert MCO’s name), unless you need emergency services. You will continue to get care through (Insert MCO’s name) until HHSC changes your address.

**¿Qué tengo que hacer si me mudo?**

Tan pronto como usted sepa su nueva dirección, avise a la HHSC llamando al 2-1-1, actualizando su cuenta en YourTexasBenefits.com o llamando al departamento de Servicios para Miembros de (Insert MCO's name) al (Insert MCO's 1-800#). Antes de recibir servicios de CHIP en la nueva área de servicio, usted tiene que llamar a (Insert MCO’s name), a menos que necesite servicios de emergencia. Continuará recibiendo atención por medio de (Insert MCO’s name), hasta que la HHSC cambie su dirección.

**REQUIRED LANGUAGE**

**Attachment Q “Member Rights and** Responsibilities**” modified by Versions 1.3 and 2.1**

**ATTACHMENT Q**

###### FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS

######

###### MEMBER RIGHTS AND RESPONSIBILITIES

MEMBER RIGHTS

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your child's health plan, doctors, hospitals, and other providers.
2. Your health plan must tell you if they use a "limited provider network." This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. “Limited provider network” means you cannot see all the doctors who are in your health plan. If your health plan uses "limited networks," you should check to see that your child's primary care provider and any specialist doctor you might like to see are part of the same "limited network."
3. You have a right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know about what those payments are and how they work.
4. You have a right to know how the health plan decides whether a service is covered or medically necessary. You have the right to know about the people in the health plan who decide those things.
5. You have a right to know the names of the hospitals and other providers in your health plan and their addresses.
6. You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.
7. If a doctor says your child has special health care needs or a disability, you may be able to use a specialist as your child's primary care provider. Ask your health plan about this.
8. Children who are diagnosed with special health care needs or a disability have the right to special care.
9. If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months, and the health plan must continue paying for those services. Ask your plan about how this works.
10. Your daughter has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from her primary care provider and without first checking with your health plan. Ask your plan how this works. Some plans may make you pick an OB/GYN before seeing that doctor without a referral.
11. Your child has the right to emergency services if you reasonably believe your child's life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a copayment depending on your income. Copayments do not apply to CHIP Perinatal Members.
12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to speak for your child in all treatment choices.
14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
15. You have the right to be treated fairly by your health plan, doctors, hospitals, and other providers.
16. You have the right to talk to your child's doctors and other providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.
17. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals and others who provide services to your child. If your health plan says it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
18. You have a right to know that doctors, hospitals, and others who care for your child can advise you about your child’s health status, medical care, and treatment.  Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
19. You have a right to know that you are only responsible for paying allowable copayments for covered services.  Doctors, hospitals, and others cannot require you to pay any other amounts for covered services.

**MEMBER RESPONSIBILITIES**

You and your health plan both have an interest in seeing your child's health improve. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.
2. You must become involved in the doctor's decisions about your child's treatments.
3. You must work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
5. You must learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. If your child has CHIP, you are responsible for paying your doctor and other providers copayments that you owe them. If your child is getting CHIP Perinatal services, you will not have any copayments for that child.
8. You must report misuse of CHIP or CHIP Perinatal services by health care providers, other members, or health plans.
9. You must talk to your provider about your medications that are prescribed.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services 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](http://www.hhs.gov/ocr).

###### PARA MIEMBROS DE CHIP Y MIEMBROS RECIÉN NACIDOS DE CHIP PERINATAL

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###### DERECHOS Y RESPONSABILIDADES DEL MIEMBRO

DERECHOS:

1. Usted tiene el derecho de obtener información correcta y fácil de entender para ayudarle a tomar mejores decisiones sobre el plan de salud y los doctores, hospitales y otros proveedores de su hijo.
2. Usted tiene el derecho de recibir información del plan de salud si utiliza una "red limitada de proveedores". Esta red consiste en un grupo de doctores y otros proveedores que solo envían a los pacientes a otros doctores del mismo grupo. "Red limitada de proveedores" quiere decir que usted no puede ver a todos los doctores que forman parte del plan de salud. Si el plan de salud utiliza "redes limitadas", asegúrese de que el proveedor de cuidado primario de su hijo y cualquier especialista que quiera ver estén en la misma "red limitada".
3. Usted tiene el derecho de saber cómo se les paga a los doctores. Algunos reciben un pago fijo sin importar las veces que usted tenga cita. Otros reciben pagos basados en los servicios que prestan a su hijo. Usted tiene el derecho de saber cuáles son esos pagos y cómo funcionan.
4. Usted tiene el derecho de saber cómo decide el plan de salud si un servicio está cubierto o es médicamente necesario. Usted tiene el derecho de saber qué personas en el plan de salud deciden esas cosas.
5. Usted tiene el derecho de saber el nombre y dirección de los hospitales y otros proveedores del plan de salud.
6. Usted tiene el derecho de escoger de una lista de proveedores de atención médica que sea lo suficientemente larga para que su hijo pueda obtener la atención adecuada cuando la necesita.
7. Si un doctor dice que su hijo tiene necesidades médicas especiales o una discapacidad, es posible que pueda tener a un especialista como el proveedor de cuidado primario del niño. Pregunte al plan de salud acerca de esto.
8. Los niños a quienes les diagnostican necesidades médicas especiales o una discapacidad tienen el derecho de recibir atención especializada.
9. Si su hijo tiene problemas médicos especiales y el doctor que lo atiende sale del plan de salud, su hijo tal vez pueda seguir viendo a ese doctor durante 3 meses, y el plan de salud tiene que continuar pagando esos servicios. Pregunte al plan cómo funciona esto.
10. Su hija tiene el derecho de ver a cualquier ginecoobstetra (OB/GYN) participante sin un envío a servicios de su proveedor de cuidado primario y sin preguntar primero al plan de salud. Pregunte al plan cómo funciona esto. Algunos planes exigen que escoja a un OB/GYN antes de verlo sin un envío a servicios.
11. Su hijo tiene el derecho de recibir servicios de emergencia si usted tiene motivos razonables para creer que la vida del niño corre peligro, o que el niño podría sufrir algún daño grave si no recibe atención cuanto antes. La cobertura de emergencias está disponible sin antes preguntar al plan de salud. Quizás tenga que hacer un copago según sus ingresos. No se aplican copagos al Miembros de CHIP Perinatal.
12. Usted tiene el derecho y la responsabilidad de participar en las decisiones sobre la atención médica de su hijo.
13. Usted tiene el derecho de hablar en nombre de su hijo en todas las decisiones de tratamiento.

14. Usted tiene el derecho de pedir una segunda opinión de otro doctor del plan de salud sobre el tipo de tratamiento que necesita su hijo.

15. Usted tiene el derecho de recibir un trato justo del plan de salud y de los doctores, hospitales y otros proveedores.

16. Usted tiene el derecho de hablar en privado con los doctores y otros proveedores de su hijo, y de que los expedientes dentales de su hijo se mantengan confidenciales. Usted tiene el derecho de ver y copiar los expedientes médicos de su hijo y de pedir que se hagan cambios a esos expedientes.

17. Usted tiene derecho a un trámite imparcial y rápido para resolver los problemas con el plan de salud y con los doctores, hospitales y otros proveedores del plan que brindan servicios a su hijo. Si el plan de salud dice que no pagará un servicio o beneficio cubierto que el doctor del niño piensa que es médicamente necesario, usted tiene el derecho de conseguir que otro grupo, aparte del plan de salud, le diga si el doctor o el plan de salud tenía la razón.

18. Usted tiene el derecho de saber que los doctores, hospitales y otras personas que atienden a su hijo pueden aconsejarle sobre el estado de salud, la atención médica y el tratamiento de su hijo. El plan de salud no puede impedir que ellos le den esta información, aunque la atención o tratamiento no sea un servicio cubierto.

19. Tiene el derecho de saber que es responsable de pagar sólo los copagos aprobados por servicios cubiertos. Los doctores, hospitales y otros proveedores no pueden exigirle copagos ni ninguna suma adicional por los servicios cubiertos.

**RESPONSABILIDADES DEL MIEMBRO**

Usted y el plan de salud tienen interés en que la salud de su hijo mejore. Usted puede ayudar asumiendo estas responsabilidades.

1. Usted tiene que tratar de tener hábitos sanos. Anime a su hijo a evitar el tabaco y a tener una dieta saludable.
2. Usted tiene que participar en las decisiones del doctor sobre los tratamientos de su hijo.
3. Usted tiene que trabajar con los doctores y otros proveedores del plan de salud para escoger tratamientos para su hijo que todos han aceptado.
4. Si tiene algún desacuerdo con el plan de salud, usted tiene que tratar de resolverlo primero por medio del trámite de quejas del plan de salud.
5. Usted tiene que aprender qué es lo que el plan de salud cubre y no cubre. Lea el Manual para Miembros para entender cómo funcionan las reglas.
6. Si hace una cita para su hijo, tiene que tratar de llegar al consultorio del doctor a tiempo. Si no puede ir a la cita, asegúrese de llamar y cancelarla.
7. Si su hijo tiene CHIP, usted es responsable de pagar al doctor y a otros proveedores los copagos que les debe. Si su hijo recibe servicios de CHIP Perinatal, no tendrá ningún copago para ese niño.
8. Usted tiene que denunciar el mal uso de los servicios de CHIP o CHIP Perinatal por los proveedores de atención médica, otros miembros o los planes de salud.
9. Usted tiene que hablar con el proveedor sobre los medicamentos que le recete.

Si usted cree que lo han tratado injustamente o lo han discriminado, llame gratis al Departamento de Salud y Servicios Humanos (HHS) de EE. UU. al 1-800-368-1019. También puede ver información sobre la Oficina de Derechos Civiles del HHS en Internet en [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

**FOR CHIP PERINATE MEMBERS**

**MEMBER RIGHTS AND RESPONSIBILITIES**

MEMBER RIGHTS

1. You have a right to get accurate, easy-to-understand information to help you make good choices about your unborn child’s health plan, doctors, hospitals, and other providers.
2. You have a right to know how the Perinatal providers are paid. Some may get a fixed payment no matter how often you visit. Others get paid based on the services they provide for your unborn child. You have a right to know about what those payments are and how they work.
3. You have a right to know how the health plan decides whether a Perinatal service is covered or medically necessary. You have the right to know about the people in the health plan who decide those things.
4. You have a right to know the names of the hospitals and other Perinatal providers in the health plan and their addresses.
5. You have a right to pick from a list of health care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
6. You have a right to emergency Perinatal services if you reasonably believe your unborn child’s life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with the health plan.
7. You have the right and responsibility to take part in all the choices about your unborn child’s health care.

8. You have the right to speak for your unborn child in all treatment choices.

9. You have the right to be treated fairly by the health plan, doctors, hospitals, and other providers.

10. You have the right to talk to your Perinatal provider in private, and to have your medical records kept private. You have the right to look over and copy your medical records and to ask for changes to those records.

11. You have the right to a fair and quick process for solving problems with the health plan and the plan's doctors, hospitals and others who provide Perinatal services for your unborn child. If the health plan says it will not pay for a covered Perinatal service or benefit that your unborn child’s doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.

12. You have a right to know that doctors, hospitals, and other Perinatal providers can give you information about your or your unborn child’s health status, medical care, or treatment.  Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.

**MEMBER RESPONSIBILITIES**

You and your health plan both have an interest in having your baby born healthy. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Stay away from tobacco and eat a healthy diet.
2. You must become involved in the decisions about your unborn child’s care.
3. If you have a disagreement with the health plan, you must try first to resolve it using the health plan's complaint process.
4. You must learn about what your health plan does and does not cover. Read your CHIP Perinatal Program Handbook to understand how the rules work.
5. You must try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
6. You must report misuse of CHIP Perinatal services by health care providers, other members, or health plans.
7. You must talk to your provider about your medications that are prescribed.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) 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](http://www.hhs.gov/ocr).

**PARA MIEMBROS DE CHIP PERINATAL**

**DERECHOS Y RESPONSABILIDADES DEL MIEMBRO**

DERECHOS:

1. Usted tiene el derecho de obtener información correcta, fácil de entender para ayudarle a tomar mejores decisiones sobre el plan de salud de su hijo que está por nacer y sus doctores, hospitales y otros proveedores.
2. Usted tiene el derecho de saber cómo se les paga a los proveedores perinatales. Algunos reciben un pago fijo sin importar las veces que usted tenga cita. Otros reciben pagos basados en los servicios que prestan a su bebé por nacer. Usted tiene el derecho de saber cuáles son esos pagos y cómo funcionan.
3. Usted tiene el derecho de saber cómo decide el plan de salud si un servicio perinatal está cubierto o es médicamente necesario. Usted tiene el derecho de saber qué personas en el plan de salud deciden esas cosas.
4. Usted tiene el derecho de saber el nombre y dirección de los hospitales y otros proveedores perinatales del plan de salud.
5. Usted tiene el derecho de escoger de una lista de proveedores de atención médica que sea lo suficientemente larga para que su hijo que está por nacer pueda obtener la atención adecuada cuando la necesite.
6. Usted tiene el derecho de recibir servicios perinatales de emergencia si tiene motivos razonables para creer que la vida del bebé por nacer corre peligro, o que podría sufrir algún daño grave si no recibe atención cuanto antes. La cobertura de emergencias está disponible sin antes preguntar al plan de salud.
7. Usted tiene el derecho y la responsabilidad de participar en las decisiones sobre la atención médica de su hijo que está por nacer.

8. Usted tiene el derecho de hablar en nombre del bebé por nacer en todas las decisiones de tratamiento.

9. Usted tiene el derecho de recibir un trato justo del plan de salud y de los doctores, hospitales y otros proveedores.

10. Usted tiene el derecho de hablar en privado con el proveedor perinatal, y de que sus expedientes médicos se mantengan confidenciales. Usted tiene el derecho de ver y copiar sus expedientes médicos y de pedir que se hagan cambios a esos expedientes.

11. Usted tiene derecho a un trámite imparcial y rápido para resolver los problemas con el plan de salud y con los doctores, hospitales y otros proveedores del plan que brindan servicios perinatales para el bebé por nacer. Si el plan de salud dice que no pagará un servicio o beneficio perinatal cubierto que el doctor del bebé por nacer piensa que es médicamente necesario, usted tiene el derecho de conseguir que otro grupo, aparte del plan de salud, le diga si el doctor o el plan de salud tenía la razón.

12. Usted tiene el derecho de saber que los doctores, hospitales y otros proveedores perinatales pueden aconsejarle sobre su estado de salud, atención médica y tratamiento, o los de su bebé por nacer. El plan de salud no puede impedir que ellos le den esta información, aunque la atención o tratamiento no sea un servicio cubierto.

**RESPONSABILIDADES DEL MIEMBRO**

Usted y el plan de salud tienen interés en que su bebé nazca sano. Usted puede ayudar asumiendo estas responsabilidades.

1. Usted tiene que tratar de tener hábitos sanos. Evite el tabaco y siga una dieta saludable.
2. Usted tiene que participar en las decisiones sobre la atención de su bebé por nacer.
3. Si tiene algún desacuerdo con el plan de salud, usted tiene que tratar de resolverlo primero por medio del trámite de quejas del plan de salud.
4. Usted tiene que aprender qué es lo que el plan de salud cubre y no cubre. Lea el Manual del Programa de CHIP Perinatal para entender cómo funcionan las reglas.
5. Usted tiene que tratar de llegar al consultorio del doctor a tiempo. Si no puede ir a la cita, asegúrese de llamar y cancelarla.
6. Usted tiene que denunciar el mal uso de los servicios de CHIP Perinatal por proveedores de atención médica, otros miembros o planes de salud.
7. Usted tiene que hablar con el proveedor sobre los medicamentos que le recete.

Si usted cree que la han tratado injustamente o la han discriminado, llame gratis al Departamento de Salud y Servicios Humanos (HHS) al 1-800-368-1019. También puede ver información sobre la Oficina de Derechos Civiles del HHS en Internet en [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

 **OPTIONAL LANGUAGE**

Attachment R “Complaints” added by Version 2.0 and modified by Versions 2.1 and 2.4

**ATTACHMENT R**

**What should I do if I have a complaint?**

We want to help. If you have a complaint, please call us toll-free at (insert Member Services hotline number) to tell us about your problem. A (insert MCO’s name) Member Services Advocate can help you file a complaint. Just call (insert Member Services hotline number). Most of the time, we can help you right away or at the most within a few days. [Insert MCO name] cannot take any action against you as a result of your filing a complaint.

**If I am not satisfied with the outcome, who else can I contact?**

If you are not satisfied with the answer to your complaint, you can also complain to the Texas Department of Insurance by calling toll-free to 1-800-252-3439. If you would like to make your request in writing send it to:

Texas Department of Insurance

Consumer Protection

P.O Box 149091

Austin, Texas 78714-9091

If you can get on the Internet, you can send your complaint in an e-mail to <http://www.tdi.texas.gov/consumer/complfrm.html>.

**¿Qué hago si tengo una queja?**

Estamos aquí para ayudar. Si tiene una queja, llámenos gratis por favor al (insert Member Services hotline number) para explicarnos el problema. Un Defensor de Servicios para Miembros de (insert MCO's name) puede ayudarle a presentar una queja. Solo llame al (insert Member Services hotline number). Por lo general, podemos ayudarle de inmediato o, a más tardar, en unos pocos días. El MCO no puede tomar ninguna acción negativa contra usted como resultado de su denuncia.

**Si no estoy satisfecho con el resultado, ¿con quién más puedo comunicarme?**

Si no está satisfecho con la respuesta a su queja, puede quejarse ante el Departamento de Seguros de Texas llamando gratis al 1-800-252-3439. Si quiere presentar la queja por escrito, envíela por favor a:

Texas Department of Insurance

Consumer Protection

P.O Box 149091

Austin, Texas 78714-9091

Si tiene acceso a Internet, puede enviar la queja por correo electrónico en ~~a~~: <http://www.tdi.texas.gov/consumer/complfrm.html>.

**REQUIRED LANGUAGE**

Attachment S “Expedited Appeal” added by Version 2.0

**ATTACHMENT S**

**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.

**¿Qué es una apelación acelerada?**

Una apelación acelerada ocurre cuando el plan de salud tiene que tomar rápidamente una decisión debido a su estado de salud, y el proceso normal de apelación podría poner en peligro su vida o salud.

## REQUIRED LANGUAGE

## ATTACHMENT T

Attachment T “Fraud and Abuse” modified by Versions 1.3, 1.7, 2.3, and 2.4

REPORT CHIP WASTE, ABUSE, OR FRAUD

**Do you want to report CHIP Waste, Abuse, or Fraud?**

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

* Getting paid for CHIP services that weren’t given or necessary.
* Not telling the truth about a medical condition to get medical treatment.
* Letting someone else use a CHIP ID.
* Using someone else’s CHIP ID.
* Not telling the truth about the amount of money or resources 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/> and click the red “Report Fraud” box to complete the online form; or
* You can report directly to your health plan:
	+ [*MCO’s name*]
	+ [*MCO’s office/director address*]
	+ [*MCO’s toll free phone number*]

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

**FRAUDE Y ABUSO**

**¿Quiere denunciar malgasto, abuso o fraude?**

Avísenos si cree que un doctor, dentista, farmacéutico, otros proveedores de atención médica o una persona que recibe beneficios está cometiendo una infracción. Cometer una infracción puede incluir malgasto, abuso o fraude, lo cual va contra la ley. Por ejemplo, díganos si cree que alguien:

* Está recibiendo pago por servicios que no se prestaron o no eran necesarios.
* No está diciendo la verdad sobre su padecimiento médico para recibir tratamiento médico.
* Está dejando que otra persona use una tarjeta de identificación de CHIP.
* Está usando la tarjeta de identificación de CHIP de otra persona.
* Está diciendo mentiras sobre la cantidad de dinero o recursos que tiene para recibir beneficios.

**Para denunciar malgasto, abuso o fraude, escoja uno de los siguientes:**

* Llame a la Línea Directa de la Fiscalía General (OIG) al 1-800-436-6184;
* Visite <https://oig.hhsc.state.tx.us/> y oprima el cuadro rojo “Report Fraud” para llenar una forma en línea; O
* Denúncielo directamente al plan de salud:
	+ [*MCO’s name*]
	+ [*MCO’s office/director address*]
	+ [*MCO’s toll free phone number*]

**Para denunciar el malgasto, abuso o fraude, reúna toda la información posible.**

* Al denunciar a un proveedor (un doctor, dentista, terapeuta, etc.) incluya:
* El nombre, la dirección y el teléfono del proveedor
* El nombre y la dirección del centro (hospital, centro para convalecientes, agencia de servicios de salud en casa, etc.)
* El número de Medicaid del proveedor o centro, si lo sabe
* El tipo de proveedor (doctor, dentista, terapeuta, farmacéutico, etc.)
* El nombre y teléfono de otros testigos que puedan ayudar en la investigación
* Las fechas de los sucesos
* Un resumen de lo ocurrido
* Al denunciar a una persona que recibe beneficios, incluya:
* El nombre de la persona
* La fecha de nacimiento de la persona, su número de Seguro Social o su número de caso, si los sabe
* La ciudad donde vive la persona
* Los detalles específicos sobre el malgasto, abuso o fraude.

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| Attachment ‘What if I need/my child needs more than 34 days of a prescribed medication?” added by Version 2.0; modified by Version 2.2; and deleted by Version 2.3 |  | Attachment “Are Emergency Dental Services Covered?” added by Version 2.0, modified by Versions 2.1 and 2.2, and removed by Version 2.4 |  |  |