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Community Member

[CommunityHealthChoice.org](https://www.CommunityHealthChoice.org)

713.295.2294

1.888.760.2600



Welcome to Community Health Choice

If you have special needs, have trouble seeing or speak another language, please call our Member Services Department toll-free at 1.888.760.2600. We will send you this information in a way that you can read it. If you need an interpreter to help you understand this handbook, we can provide you oral or written interpreter help. If you need help with sign language, Community offers Sign Share. If you have trouble hearing or speaking, please call the TTY/TDD line at 7-1-1 or toll-free at 1.800.735.2989. If you need auxiliary aids and services, including getting materials in alternative formats like large print or Braille, please call the HHSC Eligibility Office toll-free at 1.855.827.3748 or our Member Services Department toll-free at 1.888.760.2600.

Need help? Call 8:00 a.m. - 6:00 p.m., Monday - Friday, excluding state-approved holidays. Access your Member account online 24 hours a day, seven days a week.

How to Read this Book

This book is for all CHIP Members:

- CHIP Perinate
- CHIP Perinate Newborn: Enrolled with Community Health Choice
- CHIP



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Information that Must be Available as a Community Health Choice Member on an Annual Basis

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

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

Important Things to Remember

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

Here are some important things to remember:

- Read this handbook. If you have any questions about this handbook, call Member Services toll-free at 1.888.760.2600.
- Read your Rights and Responsibilities as a plan Member in this handbook.
- Find a Primary Care Provider in our online Provider Directory. If you need help finding a Provider, call Member Services toll-free at 1.888.760.2600. When you pick your Provider, you must call us so we can assign that Provider to you. You can also create a My Member Account at www.CommunityHealthChoice.org > Member Login and choose your Primary Care Provider.
- You will receive your Community Health Choice Member ID card within 5-7 business days after you have told us who you have chosen to be your Primary Care Provider. Review your information on the card. If there are any errors, contact us immediately.
- Show your Community Health Choice Member ID card every time you go to the doctor's office, clinic, hospital or drug store to get your prescription filled.
- If you have special healthcare needs, we can help! We can enroll you in one of our Care Management Programs or refer you to Case Management for Children and Pregnant Women.
- Always carry your Community Health Choice Member ID card with you.
- Keep this handbook in a safe place for future use.

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

In addition to these, Community Health Choice believes you have the following rights and responsibilities:

Rights

1. A right to receive information about the organization, its services, its practitioners and Providers, and Member rights and responsibilities.
2. You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. That includes the right to:
 - a. Be treated fairly and with respect.
 - b. Know that your medical records and discussions with your Providers will be kept private and confidential..
3. A right to participate with practitioners in making decisions about your health care.
4. A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
5. A right to voice complaints or appeals about the organization or the care it provides.
6. A right to make recommendations regarding the organization's Member rights and responsibilities policy.
7. A right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
 - a. Work as part of a team with your Provider in deciding what health care is best for you.
 - b. Say yes or no to the care recommended by your Provider.
8. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.

Responsibilities

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

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

New Technology Assessment

We provide for care that is shown to be safe and useful. We review new healthcare treatments. We review new procedures. The review uses up-to-date health data. This is called new Technology Assessment. We decide whether to pay for these things. This review means we pay when safety and value is clear. You may ask us to review new technology. The Texas Vendor Drug Program reviews medications. They decide which medications are on the formulary.

Utilization Management Decisions

Community follows guidelines to determine what healthcare services we cover. This is called utilization management. We know how important it is that we make the right decisions for your care. Community follows three principles when we make these decisions:

1. Our decisions are based only on whether or not:
 - The care and services are appropriate.
 - It is a covered benefit.
2. We do not reward doctors or anyone else for denying coverage.
3. We do not give incentives to doctors or anyone else to encourage them to make decisions that would mean you would get less care than you need.
4. If Community denies your request for services, you can get an independent external review. An independent review is when someone not employed by Community reviews your request for services. This is called an Independent Review Organization (IRO).

Quality Improvement

Our Quality Improvement Department helps Community give you the best clinical care and service possible. If you want more information about our Quality Improvement Program, please contact Member Services toll-free at 1.888.760.2600.

Moral or Religious Objections

Community Health Choice does not exclude access to any services because of moral or religious objections.

How Community Health Choice Works

References to “you,” “my” or “I” apply if you are a CHIP Member. References to “your child/my child” apply if your child is a CHIP Member or a CHIP Perinate Newborn Member.

Benefits of Joining Community Health Choice

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

Our Member Services staff can help you:

-

Member Identification (ID) Card

Information about the CHIP Perinatal Member Identification (ID) Card

When you enroll with Community, you will get a CHIP Perinatal Member ID Card for your unborn child. Your newborn baby will get a CHIP Perinatal Newborn Member ID Card. Carry your/your newborn's CHIP Perinatal Member ID Card with you at all times. Show your CHIP Perinatal Member ID Card to your Perinatal Provider and your newborn's Primary Care Provider or healthcare Provider before getting care. You will get your Member ID card within 3 - 5 business days of your enrollment date.

CHIP Perinatal Member ID Card

Name

Member ID

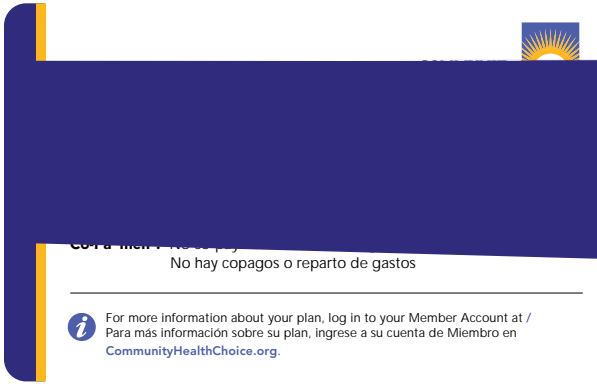
Co-Pa men : No co-payment or cost sharing | No hay copagos o reparto de gastos

Covered benefits include prenatal care, labor with delivery and two (2) postpartum visits. | **Los beneficios cubiertos incluyen** el cuidado prenatal, el parto, y dos (2) visitas postnatales.

Information about the CHIP and CHIP Newborn Member Identification (ID) Cards

Every eligible Member of your family will get their own CHIP Member ID Card. Carry it with you at all times. Show your CHIP Member ID Card to the doctor or healthcare Provider before the CHIP Member gets care. You will get your Member ID card within 3 - 5 business days of your enrollment date.

CHIP Newborn ID Card:



Primary Care Providers for CHIP Members and CHIP Perinate Newborn Members

References to “you,” “my” or “I” apply if you are a CHIP Member. References to “your child/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?

When you/your child goes to see the doctor, take your/your child’s:

- CHIP Perinatal Member ID Card or CHIP Member ID Card
- List of problems you/your child is having
- Your/your child’s shot record

EXCEPT IN AN EMERGENCY, CALL YOUR CHILD’S PRIMARY CARE PROVIDER FIRST BEFORE GOING FOR HEALTH CARE.

What is a Perinatal Provider or Primary Care Provider?

Your/your child’s Perinatal Provider or Primary Care Provider is an important part of the Member’s healthcare team. Your/your child’s Perinatal Provider or Primary Care Provider will follow-up with the specialist or hospital or when you/your child receives care from someone else. You/your children need to see your child’s Perinatal Provider or Primary Care Provider regularly for checkups and care.

Your/your child’s Primary Care Provider should be the “medical home” for all of the Member’s medical records. The Primary Care Provider needs to know everything about the Member’s past and present healthcare needs. Make sure the Primary Care Provider has all of the Member’s medical records. If the CHIP or CHIP Perinatal Member is a new patient, help the Primary Care Provider get the Member’s medical records from the Member’s previous doctor. You may need to sign a form giving permission for the Member’s medical records to be sent to the CHIP or CHIP Perinatal Member’s new Primary Care Provider.

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

Once you pick your Primary Care Provider, please call Member Services toll-free at 1.888.760.2600. We will assign your selected Primary Care Provider as your main doctor.

For a current directory, go to CommunityHealthChoice.org > Find a Doctor > Medicaid/CHIP > Find a Provider > Enter your

Who else can be my Primary Care Provider?

You may choose:

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

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

There is no limit on how many times you can change your or your child's Primary Care Provider. You can change Primary Care Providers by calling us toll-free at 1.888.760.2600 or writing to:

Community Health Choice Texas, Inc.
Attention: Member Services
2636 South Loop West, Suite 125
Houston, TX 77054
CommunityHealthChoice.org

When will a Primary Care Provider change become effective?

When you call us to change your Primary Care Provider, we will make the change in our computer system while you are on the phone. The effective date of the change will be the first of the next month. We will also send you a new Member ID Card right away.

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

Here are reasons why your request to change your Primary Care Provider may be denied:

- Primary Care Provider you picked is not seeing new patients
- Primary Care Provider you picked is not in our network

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

Call your/your child's Primary Care Provider office. You can reach your/your child's Primary Care Provider or a back-up doctor 24 hours a day, seven days a week. Or you may call our 24-Hour Medical Advice line at 1.888.332.2730. Our nurses can help you/your child get the right health care. In an emergency, call 9-1-1 or go to the nearest emergency room.

Physician Incentive Plan information

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

Providers for CHIP Perinate Members

What do I need to bring to a Perinatal Provider's appointment?

Please take:

- Your CHIP Perinatal Member ID Card
- A list of problems you are having
- A list of all drugs or herbal medications you are taking

Can a clinic be a Perinatal Provider? (Rural Health Clinic, Federally Qualified Health Center)

Yes. An RHC or FQHC can be a Perinatal Provider.

An RHC provides healthcare services in rural, underserved areas. A FQHC provides healthcare services in both rural and urban underserved areas.

How do I get after hours care?

Call your Primary Care Provider's office. You can reach your Primary Care Provider or a back-up doctor 24 hours a day, seven days a week. Or you may call our 24-Hour Medical Advice line at 1.888.332.2730. Our nurses can help you get the right health care. In an emergency, call 9-1-1 or go to the nearest emergency room.

Changing Health Plans

What if I want to change health plans? How many times can I change health plans?

For CHIP Members

You are allowed to make health plan changes:

- for any reason within 90 days of enrollment in CHIP and once thereafter;
- for cause at any time;
- if the client moves to a different service delivery area; and
- during the annual CHIP re-enrollment period.

Who do I call?

For more information, call the CHIP Help Line toll-free at 1.800.964.2777.

For CHIP Perinatal Members

You can ask to change health plans:

- for any reason within 120 days of enrollment in CHIP Perinatal;
- if the Member moves into a different service delivery area; and
- for cause at any time.

Concurrent Enrollment of Family Members in CHIP and CHIP Perinatal and Medicaid Coverage for Certain Newborns

If you receive CHIP Perinatal benefits and have other children enrolled in the CHIP Program, they will be moved to Community Health Choice. Copayments, cost-sharing, and enrollment fees still apply for those children enrolled in the CHIP Program. Copayments do not apply to the CHIP Perinatal benefits.

An unborn child who receives CHIP Perinatal benefits 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.

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.

Benefits for CHIP Members and CHIP Perinate Newborn Members

References to "you," "my" or "I" apply if you are a CHIP Member. References to "your child/my child" apply if your child is a CHIP Member or a CHIP Perinate Newborn Member.

What are my CHIP benefits?

Please see the "CHIP Evidence of Coverage" book that came with your handbook. It explains what benefits and are not covered.

How do I get these services/how do I get these services for my child?

Please look online at www.CommunityHealthChoice.org > Find a Doctor to find a Provider in your area to give you these services.

Are there limits to any covered services? What benefits are not covered?

Please see the "CHIP Evidence of Coverage" book that came with your handbook. It explains the limits to your benefits and what benefits are not covered.

What are copayments? How much are they, and when do I have to pay for them?

Copayments are the amount that a CHIP Member has to pay to get certain healthcare services. Copayments for medical services or prescription drugs are paid to the healthcare Provider at the time of service. Your CHIP Member ID card lists the copayments that apply.

CHIP Members who are American Indian or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays. If you are American Indian or Alaskan Native and your ID card shows a co-pay requirement, call Member Services Department toll-free at 1.888.760.2600 to have this corrected.

All CHIP Members are exempt from the co-pays on benefits for well-baby and well-child checkups, preventive services or pregnancy-related assistance.

Show the ID card when you/your child goes to an office visit or the emergency room or to have a prescription filled.

CHIP Cost-Sharing	
	Effective January 1, 2014
<u>Enrollment Fees (for 12-month enrollment period):</u>	
	Charge
<u>At or below 151% of FPL*</u>	—

What are the CHIP Perinate Newborn benefits?

Please see the "CHIP Perinate Newborn Evidence of Coverage Benefits" book that came with your handbook. It explains what benefits are covered. It also explains the limits to covered benefits.

How do I get these services for my child?

Please look online at www.CommunityHealthChoice.org > Find a Doctor to find a Provider in your area to give you these services.

What benefits does my baby receive at birth?

Depending upon your family income, your newborn's first hospital stay may or may not be a covered CHIP Perinatal benefit. Once your newborn is discharged from the initial hospital admission, your baby receives full CHIP benefits or Medicaid benefits.

What services are not covered?

Please see the "CHIP Program Perinate Newborn Evidence of Coverage Benefits" book that came with your handbook. It explains what benefits are not covered.

What are my prescription drug benefits?

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

What extra benefits does a Community Health Choice CHIP Member get?

How can I get these benefits/how can I get these benefits for my child?

Value-Added Services are effective September 1, 2020 to August 31, 2021. Limitations may apply. If you have any questions, call Member Services toll-free at 1.888.760.2600.

24-Hour Advice Hotline

Nurse Help Line for all Members 24 hours per day to help Members decide where to go to get the care needed. The nurses also provide health education, nurse-initiated follow-up, and network referrals.

Transportation Services

Help getting a ride to a doctor's visit.

Extra Vision Services

Eligible members may el > > >

Healthy Play and Exercise Programs

\$30 gift card each year for school-aged members up to grade 12 who are in a school-sponsored extracurricular sports (athletic) program to pay for program fees, supplies or uniforms.

Healthy Play and Exercise Programs

\$40 gift card each year for members up to grade 12 who participates in a youth sports league (apart from extra-curricular, school sponsored activities).

Healthy Play and Exercise Programs

Members age 6 years through 17 years who live in the Harris Service Area may join a participating location of the Boys and Girls Club in the Greater Houston area for free.

What extra benefits does a Community Health Choice CHIP Perinatal Newborn Member get? How can I get these benefits for my child?

Value-Added Services are effective September 1, 2020 to August 31, 2021. Limitations may apply. If you have any questions, call Member Services toll-free at 1.888.760.2600.

24-Hour Advice Hotline

Nurse Help Line for all Members 24 hours per day to help Members decide where to go to get the care needed. The nurses also provide health education, nurse-initiated follow-up, and network referrals.

Transportation Services

Extra help with getting a ride to a doctor's visit when state services are not available

Disease Management

Educational materials for Members who are enrolled in our Asthma and Diabetes Care Management Programs and/or Behavioral Health Case Management Programs.

Complex Case Management Program

Community's Complex Case Management Program helps coordinate care for Members who have complex medical conditions. Our Complex Case Managers help our Members with health care and other community services as needed. These services and the Complex Case Management Program is free to all members and all information obtained is confidential. Our Complex Case Managers will speak with you and assess your healthcare needs as well as your social determinants of health.

Areas of assistance includes the following:

- Education about your medical condition
- Help obtaining medical supplies or equipment
- Developing a plan with you and your primary care provider to meet your medical needs
- Help with finding community resources such as transportation, housing, food, child care, and personal care services

You may contact a Complex Case Manager Monday to Friday, 8:00 a.m. - 5:00 p.m. by calling Community Health Choice at 832.242.2273.

Care Management Program

Our Care Management Program helps you manage your healthcare needs. We focus on asthma, diabetes, heart failure, high risk pregnancy, and Members with complex medical conditions.

We will contact you if you:

- Meet the criteria for any of the programs we offer at Community Health Choice
- Are at risk for having your baby early

We will help you:

- Get care after your baby is born
- Manage your healthcare needs
- Coordinate your care

Call our Care Management Department at 832.CHC.CARE (832.242.2273) or toll-free at 1.844.297.4450.

Take charge of your health! Take our Health Risk Assessment online to see if you have any potential health issues. Go to CommunityHealthChoice.org > Members. We will review it and contact you if we see any potential issues. Share your results with your doctor.

What are my unborn child's CHIP Perinatal benefits?

Please see the "CHIP Program Perinate Unborn Evidence of Coverage" book that came with your handbook for your covered benefits. It explains what benefits are covered. It explains the limits to covered benefits. It also explains what benefits are not covered.

How do I get these services for my child?

Your OB/GYN will provide these services. Search our Provider Find at CommunityHealthChoice.org or look in your Provider Directory to find a Provider in your area.

What services are not covered?

Please see the "CHIP Program Perinate Unborn Evidence of Coverage Benefits" book that came with your handbook. It explains what benefits are not covered.

What are my unborn child's prescription drug benefits?

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

What health education classes does Community Health Choice offer?

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

Care Management Program

Our Care Management Program helps you manage your healthcare needs. We focus on asthma, diabetes, heart failure, high risk pregnancy, and Members with complex medical conditions.

We will contact you if you:

- Meet the criteria for any of the programs we offer at Community Health Choice
- Are at risk for having your baby early

We will help you:

- Get care after your baby is born
- Manage your healthcare needs

Health Care and Other Services for CHIP Members and CHIP Perinate Newborn Members

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? 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.

_____ means:

1. Healthcare services that are:
 - a. reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a Member or endanger life;
 - b. provided at appropriate facilities and at the appropriate levels of care for the treatment of a Member's health conditions;
 - c. consistent with healthcare practice guidelines and standards that are endorsed by professionally recognized healthcare organizations or governmental agencies;
 - d. consistent with the Member's diagnoses;
 - e. no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
 - f. not experimental or investigative; and
 - g. not primarily for the convenience of the Member or Provider; and
2. Behavioral Health Services that:
 - a. are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain or prevent deterioration of functioning resulting from such a disorder;
 - b. are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
 - c. are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
 - d. are the most appropriate level or supply of service that can safely be provided;
 - e. could not be omitted without adversely affecting the Member's mental and/or physical health or the quality of care rendered;
 - f. are not experimental or investigative; and
 - g. are not primarily for the convenience of the Member or Provider.

What is routine medical care?

Routine medical care is when you visit your CHIP Perinatal Provider to make sure your unborn child is in good health. Routine medical care includes regular prenatal checkups and follow-up care.

Routine medical care is also when the CHIP Member visits their Primary Care Provider to make sure they are in good health.

What is urgent medical care for CHIP and CHIP Perinate Newborn Members?

An urgent problem is when you/your child is sick or hurt and needs treatment right away to keep you from getting worse. If your problem is urgent (but not an emergency), go to your CHIP Perinatal Provider or Primary Care Provider.

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

You/your child should expect to be seen for an urgent problem, including urgent specialty care within 24 hours. Call the Primary Care Provider first if you/your child has a problem like one of these:

- Medication refills
- Fever
- Earache
- Toothache or baby teething
- Rash
- Colds, cough, sore throat, flu or sinus problems
- Minor sun burn
- Chronic back pain
- Minor headache
- Broken cast
- Stitches needing to be removed

What is urgent medical care for CHIP Perinatal Members?

An urgent problem is when you need treatment right away for your unborn child. If your problem is urgent but not an emergency, go to your CHIP Perinatal Provider.

How soon can I expect to be seen?

What is Emergency Services or Emergency Care?

“Emergency Services” and “emergency care” mean healthcare 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.

What should a CHIP or CHIP Perinate Newborn Member do in an emergency?

- Go to the nearest hospital emergency room.
- Call 9-1-1 if you/your child needs help getting to the hospital.
- Call your/your child's Primary Care Provider within 24 hours, or as soon as possible, to let them know and so they can give you/your child follow-up care.

Are Emergency Dental Services covered?

Community Health Choice will pay for some emergency dental services provided in a hospital, urgent care center or ambulatory surgical center setting, such as services for:

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

Community Health Choice also covers other dental services your child gets in a hospital, urgent care center or ambulatory surgical center setting. This includes services from the doctor and other services your child might need, like anesthesia.

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 1.888.760.2600.

What is post-stabilization?

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

How do I/my child get medical care after the Primary Care Provider's office is closed? How do I get after-hours care?

You should call your/your child's Primary Care Provider office. You can reach your/your child's Primary Care Provider or a back-up doctor 24 hours a day, seven days a week. Or you may call our 24-Hour Medical Advice Line at 1.888.332.2730. Our nurses can help you/your child get the right health care. In an emergency, call 9-1-1 or go to the nearest emergency room.

What if I get sick when I am out of town or traveling/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 1.888.760.2600 and we will help you find a doctor.

If you/your child needs emergency services while travelling, go to a nearby hospital and then call us toll-free at 1.888.760.2600.

How do I get help if I/my child has behavioral (mental) health or drug problems?

If you/your child has a problem with drugs, alcohol or mental health or needs urgent care, call Community Health Choice toll-free at 1.877.343.3108, 24 hours a day, 7 days a week.

Do I need a referral for this?

No. You do not/your child does not need to see the Primary Care Provider first or get a referral. Community Health Choice follows the Mental Health Parity and Addiction Equity Act (MHPAEA). We review to make sure that requirements for mental health benefits are the same and not more restrictive than medical benefits.

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

FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS

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 he may be able to send the prescription 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 copayment for each prescription filled depending on your income.

How do I find a network drug store?

You can look in our Provider Directory, call Member Services toll-free at 1.888.760.2600 or look on our Web site at CommunityHealthChoice.org.

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

If you do go to a drug store that is not in our network, your prescription will not be covered by us, and you will have to pay full price.

We have a lot of drug stores in our network, including those in these stores: HEB, Kroger, Randall's, Sam's, Target, Walgreens, and Walmart. Please look on our Web site at CommunityHealthChoice.org > Find a doctor > Products > Find a Pharmacy for a complete list. You can also call Member Services at 713.295.2294 or toll-free at 1.888.760.2600 for help.

What do I bring with me to the drug store?

Bring your:

- Prescription
- Member ID card
- Copayment (CHIP Members only)

What if I need my medications delivered to me?

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

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

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

What if I can't get my/my child's prescription 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. Please call Community Health Choice Member Services toll-free at 1.888.760.2600 for help with your medications and refills.

What if I lose my/my child's medication?

Please call Member Services at 713.295.2294 or toll-free at 1.888.760.2600 for help.

What if I/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/your child needs an over-the-counter medication, you will have to pay for it.

What if I/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

Can someone interpret for me when I talk with my/my child's doctor?

Yes.

Who do I call for an interpreter?

Call Community Health Choice Member Services toll-free at 1.888.760.2600 to schedule an interpreter.

How far in advance do I need to call?

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

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

Call Community Health Choice Member Services toll-free at 1.888.760.2600 to schedule an interpreter.

What if I/my daughter needs OB/GYN care?

FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS

You/your daughter may receive prenatal care without a referral. The OB/GYN must notify us of pregnancy care visits. If you/your daughter is pregnant, call the CHIP Member's CHIP case worker, and our Member Services right away.

Attention Members:

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

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

Community Health Choice allows you/your daughter to pick an OB/GYN, whether that doctor is in the same network as you/your daughter's Primary Care Provider.

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

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

You do not need a referral. Your OB/GYN must request referral authorization for some tests and procedures.

Can I/my daughter stay with our OB/GYN if the OB/GYN is not with Community Health Choice?

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

What if I am pregnant/what if my daughter is pregnant?

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

Who do I need to call?

Please call 2-1-1.

A CHIP Member who is determined to be eligible for Medicaid must apply for Medicaid. If a CHIP Member is not eligible for Medicaid, HHSC will extend the CHIP Member's eligibility period to ensure that you continue coverage during your pregnancy and through the end of the second full month following the month of the baby's birth. Newborns of CHIP Members are automatically enrolled in the mother's health plan at birth. Infants who are Medicaid-eligible are NOT eligible for CHIP.

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

We can help you find a childbirth class. Call our Care Management Department at 832.CHC.CARE (832.242.2273) or toll-free at 1.844.297.4450.

Who do I call if I have/my child has special healthcare needs and I need someone to help me?

Please call Member Services toll-free at 1.888.760.2600. You may also contact your/your child's Primary Care Provider to assist you in getting or learning about services available to you or your baby. Members with special healthcare needs have direct access to our in-network specialists.

What if I get a bill from my doctor?

You might get a bill if you go to a doctor who is not with Community Health Choice. You might also get a bill if you received treatment in an emergency room if it was not an emergency. If you get bills for services that are not covered, the CHIP Program will NOT pay these bills.

Always show your CHIP/CHIP Perinatal Member ID Card when you/your child gets medical services from a doctor who is with Community Health Choice.

Who do I call?

If you get a bill for covered services, call the Provider and give them the information on your CHIP/CHIP Perinatal Member ID Card.

What information will they need?

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 healthcare 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 healthcare needs or a disability, you maybe 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 healthcare 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 frst 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 frst checking with your health plan. You may have to pay a copayment, depending on your income. (Copayments do not apply to CHIP Perinatal benef ts.)
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 benef t 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

1. You and your health plan both have an interest in seeing your child's health improve. You can help by assuming these responsibilities.
2. You must try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.
3. You must become involved in the doctor's decisions about your child's treatments.
4. 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.
5. If you have a disagreement with your health plan, you must try frst to resolve it using the health plan's complaint process.
6. You must learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.
7. If you make an appointment for your child, you must try to get to the doctor's off ce on time. If you cannot keep the appointment, be sure to call and cancel it.

8. 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.
9. You must report misuse of CHIP or CHIP Perinatal services by healthcare Providers, other Members or health plans.
10. You must talk to your Provider about your medications that are prescribed.
11. 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 <https://hhs.texas.gov/about-hhs/your-rights/civil-rights-office>.

Health Care and Other Services for CHIP Perinate Members

What does "Medically Necessary" mean?

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.

_____ means:

1. Healthcare services that are:
 - a. reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a Member or endanger life;
 - b. provided at appropriate facilities and at the appropriate levels of care for the treatment of a Member's health conditions;
 - c. consistent with healthcare practice guidelines and standards that are endorsed by professionally recognized healthcare organizations or governmental agencies;
 - d. consistent with the Member's diagnoses;
 - e. no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
 - f. not experimental or investigative; and
 - g. not primarily for the convenience of the Member or Provider; and
2. Behavioral Health Services that:
 - a. are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or

What is urgent medical care?

An urgent problem is when you need treatment right away for your unborn child. If your problem is urgent but not an emergency, go to your CHIP Perinatal Provider.

How soon can I expect to be seen?

You should expect to be seen for an urgent problem within 24 hours. Call your CHIP Perinatal Provider first if you have a problem with your unborn child.

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 who 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.

What should a CHIP Perinatal Member do in an emergency?

- Go to the nearest hospital emergency room.
- Call 9-1-1 if you need help getting to the hospital.
- Call your CHIP Perinatal Provider within 24 hours, or as soon as possible, to let them know and so they can give you follow-up care.

How soon can I expect to be seen?

Emergency Services must be provided when you arrive at the service delivery site, including at non-network and out-of-area facilities.

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

You should call your/your child's Primary Care Provider office. You can reach your/your child's Primary Care Provider or a back-up doctor 24 hours a day, seven days a week. Or you may call our 24-Hour Medical Advice Line at 1.888.332.2730. Our nurses can help you/your child get the right health care. In an emergency, call 9-1-1 or go to the nearest emergency room.

What if I/my child get sick when out of town or traveling?

If you/your child needs medical care when out of town or out of state, call us at 713.295.2294 or toll-free at 1.888.760.2600, and we will help you find a doctor.

If you/your child needs emergency services when out of town or out of state, go to a nearby hospital, then call us at 713.295.2294 or toll-free at 1.888.760.2600.

Will I need a referral?

No.

How soon can I be seen after contacting a perinatal Provider for an appointment?

You should be able to see your Perinatal Provider within two weeks of your call.

Can I stay with my perinatal Provider if they are not with Community Health Choice?

If you enrolled with Community in the last three months of your pregnancy, you can continue to see your perinatal provider if Community and the perinatal provider can set up approval for care.

What if I get a bill from a perinatal Provider?

You might get a bill if you go to a doctor who is not with Community Health Choice. You might also get a bill if you received treatment in an emergency room if it was not an emergency. If you get bills for services that are not covered, the CHIP Program will NOT pay these bills.

Always show your CHIP Perinatal Member ID Card when you get medical services from a doctor who is with Community Health Choice.

Who do I call?

If you get a bill for covered services, call the Provider and give them the information on your CHIP Perinatal Member ID Card. If you still have a problem, call Member Services. Give our Member Services the Member ID Number and tell them who sent you the bill.

What information will they need?

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

What do I have to do if I move?

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.

Who do I call?

Look in your CHIP Provider Directory or online at CommunityHealthChoice.org. You can also call Member Services at 713.295.2294 or toll-free at 1.888.760.2600.

What information do they need?

If you have already chosen a Provider, please give Member Services your Provider's name and phone number.

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

Please contact Member Services for any information on special healthcare needs. You may also contact your Primary Care Provider to assist you in obtaining or learning about services available to you or your baby.

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

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

What are advance directives?

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

How do I get an advance directive?

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

Complaint Process

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

We want to help. If you have a complaint, please call us at 713.295.2294 or toll-free at 1.888.760.2600 (TDD: 7-1-1 or toll-free 1.800.518.1655) to tell us about your problem. A Community Health Choice Member Advocate can help you file a complaint. Most of the time, we can help you right away or at the most within a few days.

You can also write a letter or you can call Member Services to ask to complete a "Complaint Form." We will mail you the form. The Complaint Form must be returned to us for prompt resolution. We will accept your complaint verbally.

We will send you a letter along with a Complaint Form within five business days from the date of receipt of your Complaint telling you that we received your Complaint. We will send you a Resolution Letter within 30 calendar days from the date of receipt of your Complaint.

Your Complaint concerning an Emergency or denial of continued stay for hospitalization will be resolved in one business day of receipt of your Complaint. The investigation and resolution will be concluded in accordance with the medical immediacy of the case.

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

Yes. A Community Health Choice Member Advocate can help you file a complaint. Just call us toll-free at 1.888.760.2600. Most of the time, we can help you right away or at most within a few days. You can also write a letter or you can call Member Services to complete a "Complaint Form." We will accept your complaint verbally.

Send your Complaint letter to the address below:

Community Health Choice Texas, Inc.
Service Improvement



We will send you a letter within five business days of the date of receipt of your request for an appeal telling you that we received your appeal. We will send you a resolution letter within 30 calendar days of the date of receipt of your request for an appeal.

Investigation and resolution of appeals relating to ongoing emergencies or denial of continued stays for hospitalization will be concluded in accordance with the medical immediacy of the case but in no event to exceed one business day after your request for appeal. Due to the ongoing emergency or continued Hospital stay, and at your request, we will provide, in lieu of a Complaint Appeal Panel, a review by a physician or Provider who has not previously reviewed the case and is of the same or similar specialty as typically manages the medical condition, procedure or treatment under discussion for review of the Appeal.

Process to Appeal a CHIP Adverse Determination

What can I do if my doctor asks for a service for me/my child that is covered but Community Health Choice denies or limits it?

We may deny services if they are not medically necessary. You can request an appeal orally or in writing. If you request an oral appeal, the oral request will need to be followed by your submission of the one-page Community Medical Appeals Form. You will find the Member Appeal Form in the attachments you received with your denial letter notification from Community Health Choice. Include on the Member Appeal Form the reason you are requesting the appeal in the space provided and the reference number of your denial.

You may mail your Medical appeal to the address below:

Community Health Choice Texas, Inc.
Attention: Medical Affairs-Medical Appeals Department
2636 South Loop West, Suite 125
Houston, TX 77054
Phone: 713.295.2294 or toll-free at 1.888.760.2600
Fax: 713.295.7033

You may mail your Behavioral Health appeal to the address below:

Community Health Choice Texas, Inc.
Attention: Medical Affairs-BH Appeals
P.O. Box 1411
Houston, TX 77230
713.295.2294 or toll-free at 1.888.760.2600 or TTY 7-1-1
Fax: 713.576.0394/ Attention: BH Appeals Coordinator

How will I find out if services are denied?

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

What are the time frames for the standard appeal process?

You have 60 days from the determination of denial of medical services to appeal a denied service to you or your children. To continue services, you must request an extension of the services within 10 days of the date of the determination of the denial letter. If you request an extension, the time frame may be extended while the appeal is pending. We will notify you of our decision within 30 days.

If we need more information and can show how the delay is in the Member's best interest, the time frame can be extended up to 14 calendar days. The Member must be notified in writing regarding the reason for delay. If we need additional information, we will send you or your doctor a request.

When do I have the right to ask for an appeal?

If you disagree with Community Health Choice's answer or if you believe we made a mistake, you have 60 days from the denial determination to appeal a denied service to you or your children.

Does my request have to be in writing?

No. But you must also send in a written and signed Member Appeal Form. It can be submitted by the Member or a representative for the Member. Community Health Choice must get it within five calendar days unless an expedited appeal is requested. Community must get the Member Appeal Form with **"EXPEDITED"** written on the form within 24 hours of the verbal request. You can call Member Services at 713.295.2294 or toll-free at 1.888.760.2600 for help.

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

Yes. A Community Health Choice Member Advocate can help you file an appeal for denied medical services. Just call us toll-free at 1.888.760.2600 or 713.295.2294.

Expedited MCO Appeals

What is an Expedited Appeal?

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

How do I ask for an Expedited Appeal?

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

**Send your Medical expedited appeal request via fax to:
Community Health Choice Texas, Inc.
Attention: Medical Appeals Department-Medical Affairs
Fax: 713.295.7033**

**Send your Behavioral Health expedited appeal request via fax to:
Community Health Choice Texas, Inc.
Attention: Behavioral Health Appeals Department-Medical Affairs
Fax: 713.576.0394**

You may mail your Medical appeal to the address below:

**Community Health Choice Texas, Inc.
Attention: Medical Affairs-Medical Appeals Department
2636 South Loop West, Suite 125
Houston, TX 77054
Phone: 713.295.2294 or toll-free at 1.888.760.2600
Fax: 713.295.7033**

You may mail your Behavioral Health appeal to the address below:

**Community Health Choice Texas, Inc.
Attention: Medical Affairs-BH Appeals
P.O. Box 1411
Houston, TX 77230
713.295.2294 or toll-free at 1.888.760. 2600 or TTY 7-1-1
Fax: 713.576.0394/ Attention: BH Appeals Coordinator**

Does my request have to be in writing?

No.

What are the time frames for an Expedited Appeal Review?

If your appeal request is determined to meet the criteria for an expedited review, Community Health Choice must complete an expedited appeal request review within 72 hours from the date and time of receipt that we have all of the information we need to review the appeal. Community Health Choice will tell you our decision over the phone within 72 hours day from the date that we have all of the information we need to review the appeal. We will mail you our decision within three business days after determination is made.

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

If we deny the request for an expedited appeal, we will notify you verbally and via written letter within two calendar days. Then, your request will be moved to the standard medical appeal review process, and we will mail you our decision within 30 calendar days.

Who can help me file an Expedited Appeal?

Call Member Services toll-free at 1.888.760.2600 to speak with a Member Advocate who will help you with an appeal or an expedited appeal.

Independent Review Organization Process

What is an Independent Review Organization (IRO)?

If you disagree with our appeal decision, you have the right to an IRO review. An IRO works with the Texas Department of Insurance. An IRO makes decisions on medical necessity and whether your care is appropriate.

How do I request an IRO review?

Call Member Services and ask for an "Independent Review Organization Form." Call 713.295.2294, toll-free at 1.888.760.2600 or TDD: 1.800.518.1655. You may also request an independent review by faxing your completed, sig0feview Organizatiby faxingR2

Abuse, Neglect, and Exploitation

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

What are Abuse, Neglect, and Exploitation?

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

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

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

Reporting Abuse, Neglect, and Exploitation

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

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

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

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

- Nursing facility;
- Assisted living facility;
- Adult day care center;
- Licensed adult foster care provider; or
- Home and Community Support Services Agency (HCSSA) or Home Health Agency,

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

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

Report electronically (non-emergency)

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

Helpful information for filing a report

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

Fraud Information

Privacy Notice

Notice of Privacy Practices

Effective: April 14, 2003

Updated: December 2017

Last Review Date: July 2020

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

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

Our Responsibility to you Regarding Protected Health Information

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

By law, Community must:

- Make sure that your PHI/SPI is kept private.
- Give you this notice of our legal duties and privacy practices. It describes the use and disclosure of your PHI/ SPI. Follow the terms of the notice in effect now.
- Tell you about any changes in the notice.
- Notify you that your health information (PHI/SPI) created or received by Community is subject to electronic disclosure.
- Give you an electronic copy of your record within 15 days after you ask in writing. We can also give this to you another way if you ask for it. There are some exceptions to this rule.
- With exceptions, not sell any PHI/SPI.
- Disclose any breach of unencrypted PHI/SPI we think an unauthorized person might have made.
-

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Business Associates — We can share your PHI/SPI with our business associates. They must also protect it. They must follow

Managed Care Terminology

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

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

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

Durable Medical Equipment (DME)

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

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

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

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

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

Primary Care Physician - A physician (M.D. -Medical Doctor or D.O. -Doctor of Osteopathic Medicine) who directly provides or chwme -1.75 Th05200430056>-1 004A004B0045005047mié a pr) i016>-1300430n4ErGSWGUVGF service. Pre-authorization isn't a promise your health insurance or plan will cover the cosus1000260/g2service. rance or plan will cover

Premium - The amou Tw qcdJ/C20 1t>ple meid for your hee5qi3ihr hee5qh0,004A000F0B2eide cost. - ?

Member Events

Community is always planning great events, big and small, for our Members in the Houston and Beaumont areas! **Do you have an event suggestion?** Email it to CommunityAffairs@CommunityHealthChoice.org.





