



CommunityHealthChoice.org



IMPORTANT PHONE NUMBERS

General Information

Member Services

Ombudsman Managed Care Assistance Team (OMCAT)

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

Behavioral Health/Substance Abuse Services and Crisis Hotline
Community Health Choice

TDD for Hearing-Impaired:

24-Hour Medical Advice Line

STAR Medicaid Program Helpline

Medical Transportation Management (MTM)

Texas Health Steps Program

Vision Services

visionbenefits.envolvehealth.com

Value-Added Dental Services for Community Members 21 years of age and older

STAR Dental Services for Community Members under 21 years of age

Pharmacy

Welcome to Community Health Choice

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

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

network provider, plus identification of Providers who are not accepting new patients.

- Information about benefits available under the Medicaid program, including amount, duration, and scope of benefits. This is designed to make sure you understand the benefits to which you are entitled.
- How you get benefits, including authorization requirements.
- How you get benefits, including family planning services, from out-of-network Providers and limits to those benefits.
- How you get after hours and emergency coverage and limits to those kinds of benefits, including:
 - Policy on referrals for specialty care and for other benefits you cannot get through your Primary Care Provider.

Important Things to Remember

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

- Find a Primary Care Provider in our online Provider Directory. If you need help finding a Provider, call Member Services

- 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.

Quality Improvement

Moral or Religious Objections

How Community Health Choice Works

Benefits of Joining Community Health Choice

- Answer questions about benefits
- Get a new Member Identification (ID) Card if

Member Identification (ID) Card

Information about the Member Identification (ID) Card

Benefits Medicaid Card with you at all times. Show both to your doctor or healthcare Provider before you get care. You will

How to Read your Member ID Card

How to Use your Member ID Card

- Bring your Member ID Card and Your Texas Benefits Medicaid Card to all medical appointments

How to Replace your Member ID Card

Your Texas Benefits Medicaid Card

When you are approved for Medicaid, you will get a Your Texas Benefits Medicaid Card. This plastic card will be your



Primary Care Providers

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

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

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

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

What is the Medicaid Lock-in Program?

services you get before > h > ev O well " tch > h

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

Benefits

What are my health care benefits?

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

- Office visits to your doctor – These include all care and treatment of illness and injuries, including immunizations, x-rays,
- Visits to clinics or Federally Qualified Health Centers (FQHCs)

- Hospice services for Members certified as terminally ill by a doctor

- Prescriptions – You may have your prescription filled at any pharmacy that accepts Medicaid.

How do I get these services?

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

Are there any limits to any covered services?

What services are not covered?

- Infertility treatment, including artificial insemination and in-vitro fertilization;

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

We provide Members with out-of-network services that are medically necessary and covered benefits that are not available

What other services can Community Health Choice assist me with?

How can I get Service Management?

What are my prescription drug benefits?

What Extra Benefits do I get as a Member of Community Health Choice?

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

- Help with recertification for Medicaid
We can help you with recertification for Medicaid when it is time for you to get recertified. You can call and get help

How can I get these benefits?

What health education classes does Community Health Choice offer?

Complex Case Management Program

confidential. Our Complex Case Managers will speak with you and assess your healthcare needs as well as your social

- Help with finding community resources such as transportation, housing, food, child care, and personal care services

Care Management Program

What other services can Community Health Choice help me get?

Health Care and Other Services

What does Medically Necessary mean?

this definition.

cause or worsen a handicap, cause illness or infirmity of a Member, or endanger life;

(e) no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;

What is urgent medical care?

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

For urgent care, you should call your doctor's office, even on nights and weekends. Your doctor will tell you what to do. In

How soon can I expect to be seen?

What is emergency medical care?

Emergency Medical Care

Emergency Medical Condition means:

A medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain)

4. serious disfigurement; or

Emergency Behavioral Health Condition means:

Are Emergency Dental Services Covered by Community Health Choice?

What services do not need a referral?

How can I ask for a second opinion?

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

Do I need a referral for this?

You do not need to see your Primary Care Provider first or get a referral from your Primary Care Provider. Some mental health

What do case managers do?

- Teach you how to find and get other services

What kind of help can you get?

How can you get a case manager?

What is Texas Health Steps?

What services are offered by Texas Health Steps?

- A case manager who can find out what services your child needs and where to get these services

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

What if I am a traveling farmworker?

What is HHSC's Medical Transportation Program (MTP)?

What is MTP?

What services are offered by MTP?

services that fix dental problems. Call your child's Medicaid dental plan to learn more about the dental services they offer.

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

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 OB/GYN care?

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

How do I choose an OB/GYN?

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

Will I need a referral?

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

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

Healthy Texas Women Program

You must submit an application to find out if you can get services through this program.

Healthy Texas Women Program
P.O. Box 14000
Midland, TX 79711-9902
Phone: 1.800.335.8957
Web site: <https://www.healthytexaswomen.org/>
Fax: (toll-free) 1.866.993.9971

DSHS Primary Health Care Program

Web site: www.dshs.state.tx.us/ephc/Expanded-Primary-Health-Care.aspx
Phone: 512.776.7796
Fax: 512.776.7203
E-mail: PPCU@dshs.state.tx.us

DSHS Family Planning Program

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

Web site: www.dshs.state.tx.us/famplan/
Phone: 512.776.7796
Fax: 512.776.7203
E-mail: PPCU@dshs.state.tx.us

How and when do I tell my case worker?

You need to tell your HHSC case worker within 30 days after your baby is born. To get Medicaid benefits and a Medicaid ID

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

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

What are advance directives?

How do I get an advance directive?

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

How to Renew

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

or CHIP), HHSC sends the family a letter telling them about the referral and then looks to see if the child can get benefits in the other program. If the child qualifies, the coverage in the new program (Medicaid or CHIP) begins the month following

Completing the Renewal Process

Medicaid renewal

Community offers application and recertification assistance out in the community. Call Member Services to find the assistance site closest to you.

What happens if I lose my Medicaid coverage?

What if I get a bill from my doctor?

You should not get a bill for Medicaid covered benefits.

Who do I call?

What information will they need?

What do I have to do if I move?

As soon as you have your new address, give it to the local HHSC benefits office and Community Health Choice's Member

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

Medicaid and Private Insurance

Resources hotline and update your Medicaid case file if:

Medicaid. If Providers accept you as a Medicaid patient, they must also file with your private health insurance company.

When should others pay?

When You Have More Than One Health Plan:

c. Be able to get in and out of a healthcare Provider's office. This includes barrier-free access for people with disabilities

Services (HHS) toll-free at 1.800.368.1019. You also can view information concerning the HHS Office of Civil Rights

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

Complaint Process

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

tell us about your problem. A Community Health Choice Member Services Advocate can help you file a complaint. Just

**Texas Health and Human Services Commission
Ombudsman Managed Care Assistance Team
P.O. Box 13247
Austin, Texas 78711-3247**

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.

**Community Health Choice Texas, Inc.
Service Improvement
2636 South Loop West, Suite 125
Houston, TX 77054
Fax: 713.295.7036**

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

Appeals

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

You will find the Member Appeal Form in the attachments you received with your denial letter notification from Community

How will I find out if services are denied?

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

Can I submit my appeal orally?

representative for the Member. Community Health Choice must get it within five calendar days of your oral request, unless
"EXPEDITED"

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

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

Community Health Choice, 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

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

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

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

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

Yes. A Community Health Choice Member Services Advocate can help you file an Appeal for denied medical services. Just

When can I request a State Fair Hearing?

Expedited MCO Appeals

What is an Expedited Appeal?

How do I ask for an Expedited Appeal?

Does my request have to be in writing?

What are the time frames for an Expedited Appeal Review?

Can I ask for a State Fair Hearing?

Community Health Choice Texas, Inc.
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

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713.295.2294 or toll-free at 1.888.760.2600 or TTY 7-1-1
Fax: 713.576.0394/Attention: BH Appeals Coordinator

State Fair Hearing

Can I ask for a State Fair Hearing?

Community Health Choice Texas, Inc.
Medical Appeals Department-Medical Affairs
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 have the right to keep getting any service the health plan denied or reduced, at least until the final hearing decision is

HHSC will give you a final decision within 120 days from the date you asked for the hearing.

Fraud Information

Do you want to report Waste, Abuse or Fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other healthcare Providers or a person getting benefits

- 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:

Alberto N. Settlement

Supplies, and Personal Care Services for Medicaid beneficiaries under the age of 21. A copy of the Settlement Agreement is

Privacy Notice

Notice of Privacy Practices
Effective: April 14, 2003
Updated: December 2017
Last Review Date: July 2020

Inc. (Community) Privacy Officer.

How Community Can Use or Disclose Your Protected Health Information Without Your Authorization

Treatment

Payment

Health Care Operations

Authorization to Use or Disclose Health Information

Effective Date

Contact Information

Community Health Choice Texas, Inc.
Chief Compliance Officer
2636 South Loop West, Suite 125
Houston, TX 77054
Toll-free at 1.877.888.0002

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

Texas Law on Medical Treatment of Minors and Related Consent Issues

Managed Care Terminology

Appeal

Complaint

Copayment - A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the

Durable Medical Equipment (DME)

Emergency Medical Condition

Emergency Medical Transportation

Emergency Room Care

Emergency Services

Excluded Services

Grievance

Habilitation Services and Devices

Health Insurance

Home Health Care

Pre-authorization

sometimes called prior authorization, prior approval, or pre-certification, must be obtained prior to receiving the requested

Premium

Prescription Drug Coverage

Prescription Drugs

Primary Care Physician

Primary Care Provider

Provider

care facility licensed, certified, or accredited as required by state law.

Rehabilitation Services and Devices

Skilled Nursing Care

Specialist - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent

Urgent Care

LANGUAGE

Community Health Choice, Inc. is required by federal law to provide the following information.

NON-DISCRIMINATION STATEMENT (HHS



Member Events

Do you

have an event suggestion?





