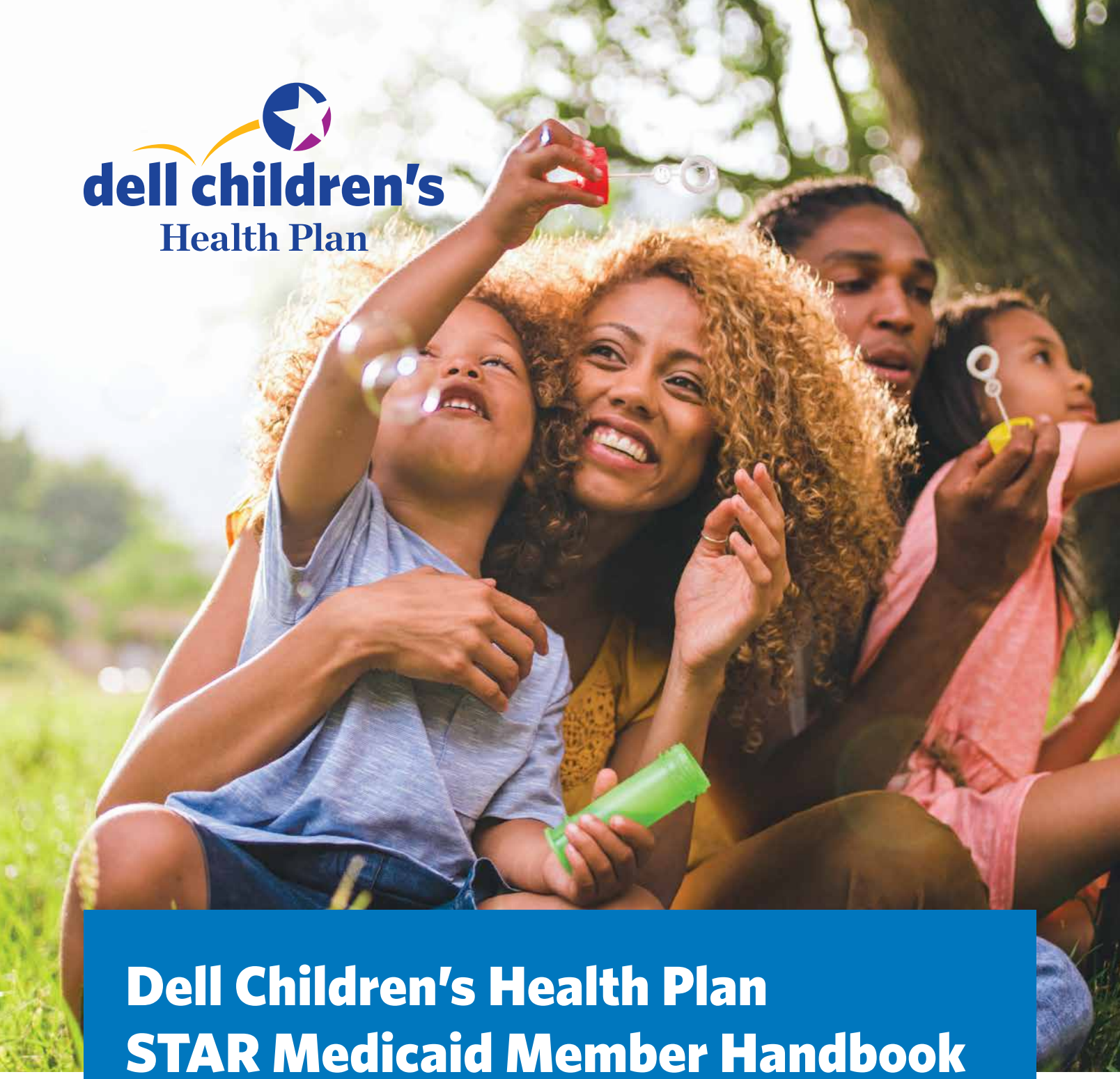
dell children's
Health Plan



Dell Children's Health Plan STAR Medicaid Member Handbook

1-855-921-6284 (TTY 7-1-1)

DellChildrensHealthPlan.com

TEXAS STAR
Your Health Plan ★ Your Choice

TEXAS
Health and Human Services

December 2022 | MS-0722-003

1-855-921-6284

Welcome to Dell Children's Health Plan!

Information about your health plan

Welcome! Dell Children's Health Plan is a Health Maintenance Organization (HMO) committed to getting you the right care close to home. Your Dell Children's Health Plan benefits are your STAR benefits, plus the extra value-added benefits you get for being our member. To find out about doctors and hospitals in your area, visit DellChildrensHealthPlan.com and go to the Find a Doctor page. You may also call Member Services at 1-855-921-6284 (TTY 7-1-1).

Your Dell Children's Health Plan member handbook

This handbook will help you understand your health plan and the STAR benefits you get from us. If you have questions or need help understanding or reading this member handbook, call Member Services. You can get this information for free in other formats such as large print, Braille or audio. The other side of this handbook is in Spanish.

If you have questions after you read the handbook, call Member Services at **1-855-921-6284 (TTY 7-1-1)**. Member Service representatives are available from 8 a.m. to 6 p.m., Monday through Friday.

Important Phone Numbers

Dell Children's Health Plan phone numbers (All numbers are toll-free)

Member Services

If you have any questions about your child's Dell Children's Health Plan, call Member Services toll-free at 1-855-921-6284 (TTY 7-1-1). You can call us Monday through Friday from 8 a.m. to 6 p.m. Central time, except for state-approved holidays.

Our member services representatives speak English and Spanish, and many other languages. Interpreter services are also available.

Member Services can help you with:

- Your child's doctors
- Transportation
- Getting services
- Cost-sharing information
- Healthy living
- Rights and responsibilities
- Doctor appointments
- Health care benefits
- What to do in an emergency or crisis
- Well care
- Special kinds of health care
- Complaints and medical appeals

1-855-921-6284 (TTY 7-1-1)

What to do in an emergency

If you have an emergency, you should call 9-1-1 or go to the nearest hospital emergency room right away. If you need advice, call your child's primary care provider or our 24-hour Nurse HelpLine 7 days a week at 1-855-712-6700.

For urgent care, you should call your child's primary care provider even on nights and weekends. He or she will tell you what to do. If you call the primary care provider's office when it's closed, leave a message with your name and a phone number where you can be reached. Someone should call you back within 30 minutes to tell you what to do. Call us to find an urgent care clinic near you. Or call our 24-hour Nurse HelpLine 7 days a week at 1-855-712-6700 (TTY 7-1-1) for advice anytime, day or night.

Call 9-1-1 in an emergency

24-hour Nurse HelpLine 1-855-712-6700 if you need advice

1-855-921-6284

Dell Children's Health Plan phone numbers (All numbers are toll-free)			
Dell Children's Health Plan 24-hour Nurse HelpLine The 24-hour Nurse HelpLine is available to all members 24 hours a day, 7 days a week.			**1-855-712-6700 (TTY 7-1-1)**
Behavioral health and substance abuse services The behavioral health and substance abuse services line is available to members 24 hours a day, 7 days a week at 1-800-424-1764. The call is free, and you can talk to someone in English or Spanish. For other languages, interpreter services are available. If your child has an emergency, you should call 9-1-1 or go to the nearest hospital emergency room right away.			**24 hours a day, 7 days a week at 1-800-424-1764**
STAR Program Help Line			**1-800-964-2777**
Ombudsman Managed Care Assistance Team			**1-866-566-8989**
Medicaid Hotline			**1-800-252-8263**
Texas Early Childhood Intervention Program			**1-800-628-5115**
Texas Health Steps			**1-877-847-8377**
Eye care through Superior Vision of Texas			**1-800-428-8789**
Dental Plans	DentaQuest: **1-800-516-0165**	MCNA: **1-855-691-6262**	United Healthcare Dental: **1-877-901-7321**
Non-emergency medical transportation	Call Member Services at **1-855-921-6284 (TTY 7-1-1)** or Access2Care at **1-844-867-2742 (7-1-1)** Monday through Friday, 8 a.m. to 5 p.m. Central time, except for state-approved holidays. You can pick the "Where's My Ride?" option to find out the status of your ride between 5 a.m. to 7 p.m. Central time Monday through Saturday when you are waiting for a scheduled ride.		

1-855-921-6284

Table of Contents

About Your Health Plan

You need to go to your doctor now

When is it time for a well-care visit?

All Dell Children's Health Plan members need to have regular Texas Health Steps checkups or adult well care visits. This way your primary care provider or doctor can see if you have a problem before it is a bad problem. When you become a Dell Children's Health Plan member, call your doctor and make the first appointments for you and your child within 90 days.

Well care for children: The Texas Health Steps program

Children need more wellness checkups than adults. These medical checkups, for children birth through age 20 who have Medicaid, are called Texas Health Steps. When your child becomes a Dell Children's Health Plan member, we may contact you to remind you to take your child for a checkup.
Your child should get Texas Health Steps checkups at the times listed below:

Texas Health Steps medical checkups schedule for your child	
Birth	9 months old
3-5 days	12 months old
By 1 month old	15 months old
2 months old	18 months old
4 months old	2 years old
6 months old	$2^{1/2}$ years old
After age $2^{1/2}$, your child should visit the doctor every year. Dell Children's Health Plan encourages and covers annual checkups for children ages 3 through 20.	

Be sure to make these appointments and take your child to his or her doctor when scheduled.
These checkups help find health problems before they get worse and harder to treat and can prevent health problems that make it hard for your child to learn and grow. If your child's doctor or dentist finds a health problem during a checkup, your child can get the care he or she needs such as eye exams and glasses, hearing tests and hearing aid, or dental care.

Are you a traveling farmworker?

We will help you find doctors and clinics and help you set up appointments for your children. Your child can receive his or her checkup or service sooner if you are leaving the area.

1-855-921-6284

What if I become pregnant?

If you think you are pregnant, call your doctor or OB/GYN right away. This can help you have a healthy baby.

If you have any questions or need help making an appointment with your doctor or OB/GYN, please call Member Services at 1-855-921-6284 (TTY 7-1-1).

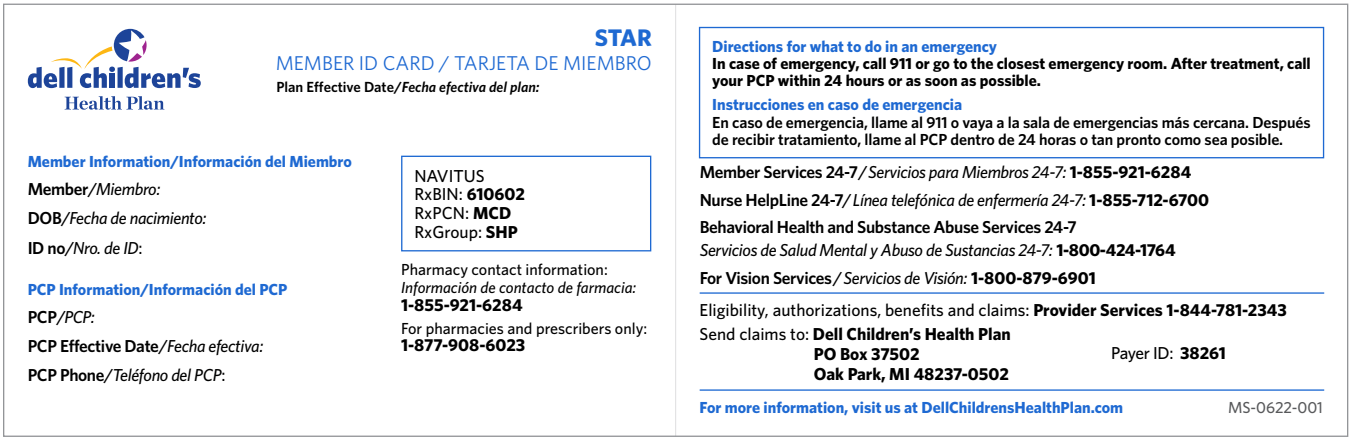
Your Dell Children's Health Plan ID card

What does my Dell Children's Health Plan ID card look like? How do I use it?

If you don't have your Dell Children's Health Plan ID card yet, you'll get it soon. Please carry it with you at all times. Show it to any doctor or hospital you visit. You don't need to show your ID card before you get emergency care. The card tells doctors and hospitals you're a Dell Children's Health Plan member and who your doctor is. It also tells them Dell Children's Health Plan will pay for the medically needed services listed in the Benefits section of this handbook.

You may also print your ID card from our member portal at https://dchp-member.com. You'll need to register and log in to the member portal on the website to access your ID card information.

STAR ID Card


dell children's Health Plan

STAR
MEMBER ID CARD / TARJETA DE MIEMBRO
Plan Effective Date/*Fecha efectiva del plan:*

Member Information/Información del Miembro
Member/*Miembro:*
DOB/*Fecha de nacimiento:*
ID no/*Nro. de ID:*

PCP Information/Información del PCP
PCP/*PCP:*
PCP Effective Date/*Fecha efectiva:*
PCP Phone/*Teléfono del PCP:*

NAVITUS
RxBIN: **610602**
RxPCN: **MCD**
RxGroup: **SHP**

Pharmacy contact information:
Información de contacto de farmacia:
1-855-921-6284
For pharmacies and prescribers only:
1-877-908-6023

Directions for what to do in an emergency
In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.
Instrucciones en caso de emergencia
En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP dentro de 24 horas o tan pronto como sea posible.

Member Services 24-7/ *Servicios para Miembros 24-7:* **1-855-921-6284**
Nurse HelpLine 24-7/ *Línea telefónica de enfermería 24-7:* **1-855-712-6700**
Behavioral Health and Substance Abuse Services 24-7
Servicios de Salud Mental y Abuso de Sustancias 24-7: **1-800-424-1764**
For Vision Services/ *Servicios de Visión:* **1-800-879-6901**

Eligibility, authorizations, benefits and claims: **Provider Services 1-844-781-2343**
Send claims to: **Dell Children's Health Plan**
PO Box 37502
Oak Park, MI 48237-0502
Payer ID: **38261**

For more information, visit us at DellChildrensHealthPlan.com
MS-0622-001

How do I read my Dell Children's Health Plan ID card?

Your Dell Children's Health Plan ID card has the name and phone number of your doctor on it. Your ID card lists many of the important phone numbers you need to know, like our Member Services department and 24-hour Nurse HelpLine. It also lists the numbers for vision care and pharmacy services.

About Your Health Plan

How do I replace my Dell Children's Health Plan ID card if it is lost or stolen?

If your ID card is lost or stolen, call us right away at 1-855-921-6284 (TTY 7-1-1). We'll send you a new one. You may also print your ID card from our website at DellChildrensHealthPlan.com. You'll need to register and log in to the member portal on the website to access your ID card information.

Your Texas Benefits (YTB) Medicaid card

When you are approved for Medicaid, you will get a YTB Medicaid card. This plastic card will be your everyday Medicaid card. You should carry and protect it just like your driver's license or a credit card. Your doctor can use the card to find out if you have Medicaid benefits when you go for a visit.

You will be issued only one card and will receive a new card only if your card is lost or stolen. If your Medicaid card is lost or stolen, you can get a new one by calling toll-free 1-800-252-8263, or by going online to order or print a temporary card at www.YourTexasBenefits.com.

If you are not sure if you are covered by Medicaid, you can find out by calling toll-free at 1-800-252-8263. You can also call 2-1-1. First pick a language and then pick option 2.

Your health information is a list of medical services and drugs that you have gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care you need. If you don't want your doctors to see your medical and dental information through the secure online network, call toll-free at 1-800-252-8263 or opt out of sharing your health information at www.YourTexasBenefits.com.

The YTB Medicaid card has these facts printed on the front:

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

1-855-921-6284

The back of the YTB Medicaid card has a website you can visit (www.YourTexasBenefits.com) and a phone number you can call toll-free (1-800-252-8263) if you have questions about the new card.

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

The YourTexasBenefits.com Medicaid client portal

You can use the Medicaid client portal to do all of the following for yourself or anyone whose medical or dental information you are allowed to access:

- View, print and order a YTB Medicaid card
- See your medical and dental plans
- See your benefit information
- See STAR and STAR Kids Texas Health Steps alerts
- See broadcast alerts
- See diagnoses and treatments
- See vaccines
- See prescription medicines
- Choose whether to let Medicaid doctors and staff see your available medical and dental information

To access the portal, go to www.YourTexasBenefits.com.

- Click Log In
- Enter your user name and password. If you don't have an account, click Create a new account.
- Click Manage
- Go to the "Quick links" section.
- Click Medicaid & CHIP Services
- Click View services and available health information

Note: The YourTexasBenefits.com Medicaid Client Portal displays information for active clients only. A Legally Authorized Representative may view the information of anyone who is a part of their case.

About Your Health Plan

What if I need a temporary ID verification form?

If you've lost or do not have access to Your Texas Benefits Medicaid card and need a temporary Medicaid card, you need to fill out a temporary ID verification form (Form 1027-A). You can get this form by calling your local HHSC benefits office. To find your local HHSC benefits office, call 2-1-1, pick a language, and then select option 2. Show this form to your provider the same way you would present Your Texas Benefits Medicaid card. Your doctor will accept this form as proof of Medicaid eligibility. You can also go online at www.YourTexasBenefits.com and print a temporary ID card after logging in to your account.

Primary care providers

What is a primary care provider?

A primary care provider, also called a main doctor, is the doctor you see for most of your regular health care. When you enrolled in Dell Children's Health Plan, you should have picked a primary care provider in our plan. If you didn't, we assigned you one who should be located close to you. Your primary care provider's name and phone number are printed on your Dell Children's Health Plan ID card.

Your primary care provider will also send you to specialists, other doctors or hospitals when you need special care or services he or she can't provide.

Can a specialist ever be considered a primary care provider?

A specialist can serve as a primary care provider if you have a disability, special health care needs, or a chronic, life-threatening illness or condition where:

- You may need to be hospitalized many times for your condition
- You need to get most of your care from a specialist
- Your primary care provider isn't able to arrange the care you need

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

When you go to your doctor's appointment, bring:

- Your Dell Children's Health Plan ID card
- Your YTB Medicaid card
- Any medicines you're taking and your vaccination records
- Any questions you want to ask your doctor

If the appointment is for your child, bring the same items listed above.

1-855-921-6284

How can I change my primary care provider?

Call Member Services if you need to change your primary care provider. You can go to DellChildrensHealthPlan.com to find a new one.

Can a clinic be my primary care provider?

Yes, Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) in our plan can serve as your primary care provider.

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 1-855-921-6284 (TTY 7-1-1) or writing to:

Dell Children's Health Plan

1345 Philomena St., Ste. 305

Austin, TX 78723

When will my primary care provider change become effective?

We can change your doctor on the same day you ask for the change. The change will be effective immediately. Call the doctor's office if you want to make an appointment.

Are there any reasons why a request to change a primary care provider may be denied?

You won't be able to change your doctor if:

- The doctor you picked doesn't take new patients
- The new doctor isn't in our plan

Can my primary care provider move me to another primary care provider for non-compliance?

Your primary care provider may ask for you to change to another primary care provider if:

- You don't follow his or her medical advice over and over again
- Your doctor agrees a change is best for you
- Your doctor doesn't have the right experience to treat you
- You were assigned to the doctor by mistake (like an adult assigned to a child's doctor)

About Your Health Plan

What if I choose to go to another doctor who is not my primary care provider?

Talk to your primary care provider first about any care you need from other doctors. He or she can refer you to other doctors in our plan and help coordinate all the care you need.

How do I get medical care after my primary care provider's office is closed?

If you need to talk to your primary care provider after the office is closed, call his or her phone number on your ID card. Someone should call you back within 30 minutes to tell you what to do. You may also call our 24-hour Nurse HelpLine 24 hours a day, 7 days a week for help at 1-855-712-6700.

If you think you need emergency care, see the "What is emergency medical care?" section of this handbook, call 9-1-1, or go to the nearest emergency room right away.

What is the Medicaid Lock-in program?

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

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

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

To learn more, call Member Services at 1-855-921-6284 (TTY 7-1-1).

In some cases, you may be approved to get medication from another pharmacy, such as:

- You move out of the geographical area (more than 15 miles from the lock-in pharmacy)
- The lock-in pharmacy doesn't have the prescribed medication and it won't be available for more than 2-3 days
- The lock-in pharmacy is closed for the day and you need the medication right away

You should call Member Services at 1-855-921-6284 (TTY 7-1-1) if you need approval to receive a medication at a pharmacy other than the lock-in pharmacy.

1-855-921-6284

Physician incentive plans

Dell Children's Health Plan 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 1-855-921-6284 (TTY 7-1-1) to learn more about this.

Changing health plans

What if I want to change health plans?

You can change your health plan by calling the Texas STAR Program Helpline at 1-800-964-2777. You can change health plans as often as you want.

If you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. For example:

- If you call on or before April 15, your change will take place on May 1
- If you call after April 15, your change will take place on June 1

Can Dell Children's Health Plan ask that I get dropped from their health plan (for noncompliance, etc.)?

There are several reasons you could be dropped from Dell Children's Health Plan, including:

- You're no longer eligible for Medicaid
- You let someone else use your Dell Children's Health Plan ID card
- You try to hurt a provider, a staff person or a Dell Children's Health Plan associate
- You steal or destroy provider or Dell Children's Health Plan property
- You go to the emergency room over and over again when you don't have an emergency
- You go to doctors or medical facilities outside Dell Children's Health Plan over and over again
- You miss appointments over and over again
- You try to hurt other patients or make it hard for other patients to get the care they need

If you've done something that may lead to being dropped from our plan, we'll contact you. We'll ask you to tell us what happened. If you have any questions about your enrollment, call Member Services at 1-855-921-6284 (TTY 7-1-1). The Texas Health and Human Services Commission will decide if we ask that you be moved to another health plan.

Member Benefits

1-855-921-6284

Benefits

What are my health care benefits?

Your primary care provider will give you the care you need or refer you to another doctor. Some Dell Children's Health Plan benefits are only for members who are a certain age or have a certain kind of health problem. If you have a question or aren't sure if we offer a certain benefit, call Member Services.

STAR covered services include, but are not limited to, medically necessary:

- Emergency and non-emergency ambulance services
- Audiology services, including hearing aids, for adults and children
- Behavioral health services, including:
    - Inpatient mental health services
    - Outpatient mental health services
    - Psychiatry services
    - Mental health rehabilitative services
    - Counseling services for adults (21 years of age and older)
    - Outpatient substance use disorder treatment services, including:
        - Assessment
        - Detoxification
        - Counseling
        - Medication-assisted therapy
    - Residential substance use disorder treatment (including room and board and detoxification services)
    - Applied Behavior Analysis (ABA) for autism
- Birthing services provided by a doctor or certified nurse-midwife in a licensed birthing center
- Birthing services provided by a licensed birthing center
- Cancer screening, diagnosis and treatment
- Chiropractic services
- Dialysis
- Durable medical equipment and supplies
- Early childhood intervention
- Emergency services

Member Benefits

- Family planning
- Home health care
- Hospital services, including inpatient and outpatient
- Laboratory services
- Mastectomy, breast reconstruction, and related follow-up procedures, including:
    - Inpatient services; outpatient services provided at an outpatient hospital or ambulatory health care center, as clinically appropriate; and physician and professional services provided in an office, inpatient, or outpatient setting for:
    - All stages of reconstruction on the breast(s) on which medically necessary mastectomy procedure(s) have been performed
    - Surgery and reconstruction on the other breast to produce symmetrical appearance
    - Treatment of physical complications from the mastectomy and treatment of lymphedemas
    - Prophylactic mastectomy to prevent the development of breast cancer
    - External breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed
- Medical checkups and Comprehensive Care Program services for children (from birth through age 20) through the Texas Health Steps program
- Mental health targeted case management
- Oral evaluation and fluoride varnish in the medical home in conjunction with Texas Health Steps medical checkup for children 6 months through 35 months of age
- Outpatient drugs and biologicals, including those dispensed by a pharmacy or administered by a provider
- Drugs and biologicals provided in an inpatient setting
- Podiatry
- Prenatal care
- Primary care
- Preventive services, including an annual adult well check for patients 21 years of age and older
- Radiology, imaging, and X-rays
- Specialty physician services
- Telehealth
- Telemedicine

- Telemonitoring, to the extent covered by Texas Government Code §531.01276
- Therapies—physical, occupational, and speech
- Transplantation of organs and tissues
- Vision (includes optometry and glasses; contact lenses are only covered if they are medically necessary for vision correction that cannot be accomplished by glasses)

How do I get these services?

Your primary care provider will help you get these types of services or you can call Member Services at 1-855-921-6284 (TTY 7-1-1).

What if Dell Children's Health Plan doesn't have a provider for one of my covered benefits?

If a plan benefit isn't available through a doctor in our plan, we'll arrange for you to see one outside of the plan. We'll reimburse him or her according to state rules. You must call Member Services at 1-855-921-6284 (TTY 7-1-1) to arrange services with a doctor outside of our plan except in an emergency.

Are there any limits to any covered services?

There may be some limits to care, such as for chiropractic services, based on Medicaid covered benefits. You can call Member Services at 1-855-921-6284 (TTY 7-1-1) for a complete list of benefits and limitations.

What is pre-approval?

Some treatment, care, or services may need our approval before your or your child's doctor can provide them. This is called pre-approval. Your or your child's doctor will work directly with us to get the approval. The following require pre-approval:

- Most surgeries, including some outpatient surgeries
- All elective and nonurgent inpatient services and admissions
- Chiropractic services
- Most behavioral health and substance abuse services (except routine outpatient and emergency services)
- Certain prescriptions
- Certain durable medical equipment, including prosthetics and orthotics
- Certain gastroenterology procedures
- Digital hearing aids

Member Benefits

- Home health services
- Hospice services
- Rehabilitation therapy (physical, occupational, respiratory and speech therapies)
- Sleep studies
- Out-of-area or out-of-network care except in an emergency
- Advanced imaging (things like MRAs, MRIs, CT scans and CTA scans)
- Certain pain management testing and procedures

This list is subject to change without notice and isn't a complete list of covered plan benefits. Please call Member Services with questions about specific services.

What services are not covered by Dell Children's Health Plan?

Dell Children's Health Plan doesn't offer the benefits and services below. These services aren't covered by fee-for-service Medicaid either.

- Anything that is not medically necessary
- Anything experimental such as a new treatment being tested or hasn't been shown to work
- Cosmetic surgery that isn't medically necessary
- Sterilization for members under age 21
- Routine foot care except for members with diabetes or poor circulation
- Fertility treatment services
- Treatment for disabilities connected to military service
- Weight loss program services
- Reversal of voluntary sterilization
- Private room and personal comfort items when hospitalized
- Sex reassignment surgery

To learn more about services not covered by Dell Children's Health Plan, please call Member Services at 1-855-921-6284 (TTY 7-1-1).

What are my prescription drug benefits?

Medicaid pays for most medicine your doctor prescribes. Adults as well as children can get as many prescriptions as are medically necessary. You may fill your prescription at any pharmacy in our plan unless you're in the Medicaid Lock-in Program.

1-855-921-6284

How much do I have to pay for my health care?

You don't have to pay for plan health care benefits. You don't pay any premiums, enrollment fees, deductibles, copays or cost sharing.

What extra benefits do I get as a member of Dell Children's Health Plan? How can I get these services?

Dell Children's Health Plan gives you extra health care benefits just for being our STAR member. These extra benefits are also called value-added benefits. We give you these benefits to help keep you healthy and to thank you for choosing Dell Children's Health Plan as your health care plan. Call Member Services to learn more about these extra benefits and how to get them, or visit our website at DellChildrensHealthPlan.com.

Value-added benefit	How to get it
$35 gift voucher to be redeemed at the Simply Safety Center at Dell Children's Medical Center for members ages 3 to 18 who get an initial health assessment or an annual well-child checkup within 90 days of joining Dell Children's Health Plan.	**Call 1-855-921-6284 (TTY 7-1-1) to learn how to get a voucher or go to DellChildrensHealthPlan.com** **Items to select from include but are not limited to booster seats, bike helmets and swim safety jackets.**
Up to $50 per semester for a Boys & Girls Club basic membership for members ages 5 to 19 where available.	**Go to your local Boys & Girls Club**
Overnight summer camp for children 9 to 18 years old. Annual checkup or physical required and vaccines must be current.	**Register at elranchito.org or call 512-710-8368**
24-hour Nurse HelpLine—nurses are available 24 hours a day, 7 days a week for your health care questions	**Call 1-855-712-6700 (TTY 7-1-1)**
Social services resource directory online to help locate community supports such as food and nutrition, housing, education and employment services	**Go to neighborhoodresource.findhelp.com or call 1-855-921-6284 (TTY 7-1-1)**

Member Benefits

Value-added benefit	How to get it
Help getting rides to: • Medical appointments when the State Medical Transportation Program is not available • Pregnancy and birthing classes for pregnant members • WIC offices, food banks, grocery stores, and Member Advisory Group meetings. • Family members to go with you to medical services	**Call 1-844-867-2742 (TTY 7-1-1).** **Rides for additional family members must be pre-approved.** **For rides to WIC offices, food banks, grocery stores, and Dell Children's Health Plan meetings. Limit one ride per member, per month, per type of ride.**
Extra vision benefits: • Up to $100 off the price of upgraded eyeglass lenses and frames every 2 years • Up to $100 for contact lenses in place of glasses every 2 years	**Call Superior Vision of Texas at 1-800-879-6901**
Allergy-free pillow cover and allergy-free mattress cover (1 each per year) for members who have been diagnosed with asthma and participate in a disease/case management program.	**Call Dell Children's Health Plan Case Management at 1-844-564-5212 or (512) 324-3015.**
Up to $500 for dental checkups, X-rays, cleanings, fillings, and extractions each year for members age 21 and older.	**Call DentaQuest at 1-800-508-6775**
One sports or school physical every year for members ages up to 18	**See your primary care provider**
YMCA membership at YMCA of Central Texas Hays county locations. Dell Children's Health Plan members ages 0 to 12 can get a membership to the Greater Williamson County, Burnet and Hays county YMCAs.	**Call 1-855-921-6284 (TTY 7-1-1) or go to the following YMCA locations: Round Rock, Twin Lakes, Cedar Park, Georgetown, Hutto, Burnet, Buda and Dripping Springs. Members must use the YMCA at least every 30 days for us to continue paying for the YMCA membership.**

1-855-921-6284

Value-added benefit	How to get it
Members will get a Member Rewards debit card for completing these healthy activities: • **$120 when your child ages 15 months and under has 6 well-child checkups** per the Texas Health Steps visit schedule • **Up to $60 ($20 each visit) when your child has well-child checkups** at ages 18, 24 and 30 months • **$20 when your child ages 3-20 years has a well-child checkup** per the Texas Health Steps visit schedule each year • **$20 when your child ages 42 days–2 years gets a full series of rotavirus vaccinations** (2-3 visits on different days depending on type of vaccine) • **$20 for members who get a diabetes screening**, HbA1c blood sugar test • **$20 for diabetic members** who get an HbA1c blood test result less than 8, once every 6 months • **$50 for getting a prenatal checkup** in the 1st trimester or within 42 days of enrollment with the health plan in any trimester • **$75 for members who get a postpartum checkup** within 7 to 84 days after giving birth • **$20 for getting a full series of the HPV (human papillomavirus) vaccination** (2 vaccines at least 146 days apart or 3 vaccines on different days), for members from their 9th through 13th birthday • **$20 for members ages 6 to 12 newly diagnosed with ADHD** who have a follow-up visit with their prescribing provider within 30 days after starting their medication treatment • **$20 for having a follow-up outpatient visit with a mental health provider** within 7 days of discharge from the hospital for a mental health stay—up to 4 times per year	**Call 1-877-527-6211 (TTY: 1-844-226-1433) or go to dchpmemberrewards.com**

Member Benefits

Value-added benefit	How to get it
Member Rewards gift card allowance for over-the-counter products for completing these healthy activities: • **$25 for getting a full series of flu (influenza) vaccinations** (2 vaccinations on different days), for children ages 6 months through 24 months • **$25 each year for getting a flu vaccination**, for members ages 3 or older	**Call 1-877-527-6211 (TTY: 1-844-226-1433) or go to dchpmemberrewards.com** **Does not include any products covered by Medicaid.**
Free cellphone/smartphone through the Lifeline program with monthly minutes, data, and texts. If you qualify, you also get: • Unlimited calls to Member Services and member advocates for calls placed through Member Services. • For members enrolled in a case management program, 1000 additional minutes per month is available. • Free health text messages.	**Call 1-855-921-6284 (TTY 7-1-1) or go to DellChildrensHealthPlan.com.**
Interactive materials for members in one or more of our disease management programs: • Asthma • Diabetes Care • Hypertension care • Substance use disorder • Weight management	**Call Dell Children's Health Plan Case Management at 1-844-564-5212 or (512) 324-3015.**
Cooking classes, including supplies and/or ingredients to prepare meals at home.	**Call 1-855-921-6284(TTY 7-1-1) to sign up for classes.**
Home visits for members when pregnant and after delivery. Doula services available during birth as well.	**Call Dell Children's Case Management at 1-844-564-5212 or 512-324-3015. Or contact Giving Austin Labor Support by calling 512-934-2171 or online givingaustinlaborsupport.org/request-support**

1-855-921-6284

Value-added benefit	How to get it
Rewards for pregnant and new moms. A rewarding way to keep our pregnant members, new moms, and babies healthy and happy. When you're pregnant, you'll get: • A special self-care book with tips on caring for yourself and your baby while you're pregnant • Breastfeeding support kit including breast feeding information and a variety of other aides such as breastfeeding pillow, nursing cover and nursing pad. • A congratulations letter • A book about caring for your new baby and yourself after you give birth • Newborn care kit for members who delivered in the last 60 days.	**Call 1-877-527-6211 (TTY: 1-844-226-1433) or go to dchpmemberrewards.com**
Convertible car seat for members who finish six prenatal visits during pregnancy (one car seat per pregnancy per child)	**Call 1-855-921-6284 (TTY 7-1-1) or go to DellChildrensHealthPlan.com**
Help quitting smoking. Education and telephone support with your own personal coach and a full range of nicotine replacement therapies as needed for pregnant members age 18 and older (when no other Medicaid benefits are available to help you quit smoking)	**Call 1-855-891-9984 or go to DCHP.quitlogix.org**
Fresh food, fruits, vegetables or prepared meals for pregnant members after delivery and discharge from the hospital. One box per month for 3 months delivered to the home.	**Call 1-855-921-6284 (TTY 7-1-1). Must complete or have scheduled postpartum checkup for 2nd month delivery of food.**
Nicotine recovery support program online through web or mobile app. Personalized support and interactive tools for all stages of recovery from nicotine including smoking, vaping, and smokeless tobacco. For members ages 13 and older.	**1.** Visit mystrength.com or download the myStrength mobile app. **2.** Select Sign up. **3.** Use access code: DCHP **4.** Complete a brief **myStrength** Wellness Assessment and personal profile.

Member Benefits

Value-added benefit	How to get it
Secure web and mobile tools you can use 24/7 to help improve your mental and emotional health. Learn to reduce stress, anxiety, depression, chronic pain or substance abuse. For members ages 13 and older.	**1.** Visit mystrength.com or download the myStrength mobile app. **2.** Select Sign up. **3.** Use access code: DCHP **4.** Complete a brief **myStrength** Wellness Assessment and personal profile.
Pregnancy and early parenting program online 24/7 through web or mobile app to support expecting and new parents For members ages 13 and older.	**1.** Visit mystrength.com or download the myStrength mobile app. **2.** Select Sign up. **3.** Use access code: DCHP **4.** Complete a brief **myStrength** Wellness Assessment and personal profile.
Pregnancy classes to help members get ready for childbirth and to educate and inform about each trimester, delivery, and the postpartum period. Baby showers are hosted for groups of pregnant members and include pregnancy education and giveaway items.	**Call 1-855-921-6284 (TTY 7-1-1).**
Rewards for students. Members between the school grades 9 and 12 are eligible for a $25 reward card per semester for either of the following achievements by the end of the school year (limit 2 reward cards per school year): • A GPA of 3.5 or greater. • Attendance record of 95% or higher.	**To request the high school achievements benefit, members must email documentation to DCHPCommunityOutreach@ascension.org**
GED preparation. Members can get online preparation classes and coaching to prepare for the high school equivalency test (GED) covered to encourage the completion of high school-level education.	**Email DCHPCommunityOutreach@ascension.org. For members 17 years and older.**

1-855-921-6284

Value-added benefit	How to get it
General Education Diploma (GED) test. We will cover the fee for your GED test. For members ages 17 to 20.	**Email DCHPCommunityOutreach@ascension.org. Members ages 17-20.** For 21 years old and older, high school equivalency testing can be done for free through: Austin Community College AEL Program, call (512) 223-5123 or Community Action of Central Texas AEL Program in San Marcos, (512) 392-1161 ext. 313
Spiritual care to help with members' spiritual needs as they cope with illness, loss, grief or pain and to help them heal emotionally regaining a sense of spiritual well-being.	**To access services directly online 24/7/365:** **1.** Go to ascensiononlinecare.org to start a web visit, or download the app from Google Play or the Apple Store **2.** Enroll or login to Ascension Online Care **3.** Click "+ Add a Service Key", then click "Add My Clinic" and then enter "Dell" in the pop-up screen. **4.** Select the "Spiritual Care" box. **5.** Select an available chaplain to get the spiritual care you need.

What health education classes does Dell Children's Health Plan offer?

We work to help keep you healthy by holding educational events in your area and by helping you find community health education programs close to you. These events and community programs may include:

- Dell Children's Health Plan services and how to get them
- Childbirth

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- Infant care
- Parenting
- Pregnancy
- Other classes or events about health topics

For help finding a community program, call Member Services or dial 2-1-1. Please note: Some community organizations may charge a fee for their programs.

What is Disease management?

Disease management is a service offered by Dell Children's Health Plan that helps you get the care you (or your child) need, when you need it. It is a program for people who have a health condition that needs special care and attention. Your case manager at Dell Children's Health Plan can help in many ways.

Your case manager can:

- Listen to you to understand your specific needs
- Work with community agencies that will help you (or your child) get the extra care that you need
- Help you get important facts to help you better understand your (or your child's) illness or condition
- Make a plan of care with your help and the help of your (or your child's) doctor
- Follow your (or your child's) health condition and help to make sure you are getting the care you need

We also offer smoking cessation services.

If you have any questions or would like to enroll, call Dell Children's Case Management at 1-844-564-5212 or (512) 324-3015.

What is a Member with Special Health Care Needs (MSHCN)?

A Member with Special Health Care Needs (MSHCN) is someone who both:

- Has a serious ongoing illness, a chronic or complex condition, or a disability that will likely last for a long period of time
- Requires regular, ongoing treatment and evaluation for the condition by appropriate health care personnel

MSHCN include:

- Early Childhood Intervention (ECI) program participants
- Farmworker's children

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- Former foster care children
- Pregnant women who have a high risk pregnancy such as a multiple pregnancy, history of preterm delivery with past pregnancy, or current preterm labor
- People who have a mental Illness with substance abuse
- People with serious ongoing illness or chronic complex condition that is anticipated to last for a significant period
- People who have been diagnosed with respiratory illness (chronic asthma, COPD, or cystic fibrosis), diabetes, heart disease, kidney disease, HIV or AIDS
- People with behavioral health issues that affect their physical health and ability to follow treatment plans
- Adoption Assistance and Permanency Care Assistance (AAPCA) program members

We have a system for identifying and contacting members who have special health care needs. If you believe you or your child has special health care needs, you may call us at the number listed below. You may also request an assessment to find out if you meet the criteria for MSHCN.

What is service management for Members with Special Health Care Needs?

Service management for MSHCN is when you work with a case manager to help you get covered care and services to treat a health condition. A case manager is a licensed nurse or social worker who will work with you to develop a service plan and make sure all your care and services work together. Your case manager will work with you and your doctors to make sure you get the care and services you need. You may also have a specialist serve as your primary care provider.

What will a case manager do for me?

They'll help you get the services you need by:

- Identifying your health care needs through an assessment
- Creating a service plan to meet those needs
- Discussing the service plan with you, your family, and your representative (if needed) to make sure you understand and agree with it
- Helping you get needed services
- Working as a team with you and your doctors
- Making sure all health care and other services you can get outside of Dell Children's Health Plan are coordinated

How can I get service management?

Call Member Services at 1-855-921- 6284 (TTY 7-1-1), and ask to speak to one. Case managers are available Monday through Friday from 8 a.m. to 6 p.m. Central time. If one isn't available, you can leave a

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confidential voicemail.

How can I talk with a case manager?

You don't need a referral from a doctor to talk to a case manager. Call Case Management at 512-324-3015; 1-844-564-5212 (TTY 7-1-1) and ask to speak to one. Case managers are available Monday through Friday from 8 a.m. to 5 p.m. Central time. If you need to leave a message, they have confidential voicemail available 24 hours a day.

What is case management?

If you don't qualify for MSHCN service management, we also have a case management program.

Through this program, we have case managers who can help you manage critical events and health issues that may last for a while. A case manager will help you manage your health care needs. To contact a case manager, call Case Management at 512-324-3015 or 1-844-564-5212 (TTY 7-1-1). and ask to speak to one. They're available Monday through Friday from 8 a.m. to 5 p.m. Central time. If you need to leave a message, they have confidential voicemail available 24 hours a day.

What other services can Dell Children's Health Plan help me get?

We can help you with services covered by fee-for-service Medicaid instead of Dell Children's Health Plan. Listed below are agencies and programs that provide other services. You don't need a referral from your doctor to get these services. You can call Member Services at 1-855-921-6284 (TTY 7-1-1) for help. Fee-for-service Medicaid benefits include:

Texas Health Steps dental (including orthodontia)—Medicaid members age 20 and younger can get dental benefits through a managed care organization	Texas Health Steps dental checkups are recommended every 3-6 months, starting at 6 months of age. The different types of dental health services offered for children and young adults who have Medicaid are: preventative services (including exams and cleaning), treatment services (including fillings and crowns), and emergency dental services. **Call 1-877-847-8377 (1-877-THSteps)**

1-855-921-6284

Texas Health Steps environmental lead investigation (ELI)	Environmental lead investigations (ELIs) are a benefit of Texas Medicaid through the Texas Health Steps program for clients age 20 and younger and who have an elevated blood lead level. Blood lead screening is mandatory for all children during the Texas Health Steps medical checkups at 12 and 24 months of age, or if there is no evidence of a previous blood lead screen for the client. A blood lead screen is the only definitive method to detect recent or ongoing exposure to lead. **Call 1-877-847-8377 (1-877-THSteps)**
Texas Health Steps Personal Care Services for members birth through age 20	PCS is a Medicaid benefit that assists eligible clients who require assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) because of a physical, cognitive, or behavioral limitation related to their disability, physical, or mental illness or chronic condition. ADL services include assistance with bathing, dressing, eating, personal hygiene, and mobility. IADL services include assistance with grocery shopping, cleaning, laundry, meal preparation, and transportation to medical appointments.
Early Childhood Intervention (ECI) case management/service coordination	Service coordinators help families get the services, resources, and support they need to support their child's development. Support includes helping the child and family transition to special education services as appropriate for children exiting ECI at age 3. ECI programs provide comprehensive case management for all members of the child's family as their needs relate to the child's growth and development.
Early Childhood Intervention (ECI) Specialized Skills Training	ECI provides developmental services by coaching families on infant and toddler development and behavior. This includes assisting families with challenging behaviors such as tantrums, biting, picky eating, and sleep issues. ECI professionals understand how infants and toddlers learn, socialize, and how developmental areas are connected. **Call 1-800-628-5115**

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Case Management for Children and Pregnant Women	Case management services provided to Medicaid-eligible children with a health condition or pregnant women with a high-risk condition during pregnancy. **Call 1-855-921-6284**
Texas School Health and Related Services (SHARS)	Current services include: assessment, audiology, counseling, school health services, medical services, occupational therapy, physical therapy, psychological services, speech therapy, special transportation, and personal care services. **Call 512-463-9414**
Department of Assistive and Rehabilitative Services Blind Children's Vocational Discovery and Development Program	A Blind Children's Program Specialist—an expert in providing services to children with visual impairments—works with each child and family to create a Family Service Plan. The plan is tailored to the child's unique needs and circumstances, is flexible and will develop along with the child. **Call 1-800-628-5115**
Tuberculosis (TB) services provided by Department of State Health Services (DSHS)-approved providers (directly observed therapy and contact investigation)	Network providers coordinate with the local TB control program to ensure that all members with confirmed or suspected TB have a contact investigation and receive directly observed therapy (DOT). **Call 1-888-963-7111**
Community First Choice (CFC) services	CFC is a state plan option that allows states to provide home and community-based attendant services and supports to eligible Medicaid enrollees under their state plan.
Other state and local agencies and programs such as food stamps, and the Women, Infants, and Children's (WIC) program	WIC is the special supplemental nutrition program for pregnant women, new mothers, and young children. Participants learn about nutrition and how to stay healthy, and receive benefits to purchase healthy foods. Services are free to those who are enrolled in Medicaid. **Call 2-1-1**

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Health care and other services

What does medically necessary mean?

Your doctor will help you get the services you need that are medically necessary as defined below.

Medically necessary means:

1. For members from birth through age 20, the following Texas Health Steps services:

a. Screening, vision, and hearing services

b. Other health care services, including behavioral health services, that are necessary to correct or ameliorate a defect or physical or mental illness or condition. A determination of whether a service is necessary to correct or ameliorate a defect or physical or mental illness or condition:
i) Must comply with the requirements of the Alberto N., et al. v. Traylor, et al. partial settlement agreements, and
ii) May include consideration of other relevant factors, such as the criteria described in parts (2)(b — g) and (3)(b — g) of this definition

2. For members over age 20, non-behavioral health-related health care services that are:

a. Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a 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 health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;

d. Consistent with the diagnoses of the conditions;

e. No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness and efficiency;

f. Not experimental or investigative; and

g. Not primarily for the convenience of the member or provider; and

3. For members over age 20, behavioral health services that:

a. Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;

b. Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;

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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.

If you have questions regarding an authorization, a request for services or a utilization management question, you can call us at 1-855-921-6284 (TTY 7-1-1).

What is routine medical care?

Routine care includes regular check-ups, preventive care and appointments for minor injuries and illnesses. Your primary care provider sees you when you're not feeling well, but that's only part of his or her job. He or she also takes care of you before you get sick. This is called well care. See the What services are offered by Texas Health Steps? and When should adults get checkups? sections of this handbook to learn more.

How soon can I expect to be seen?

You should be able to see a doctor within 2 weeks for routine care.

What is urgent medical care?

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

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

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

For urgent care, you should call your doctor's office, even on nights and weekends. Your doctor will tell you what to do. In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes Dell Children's Health Plan Medicaid. For help, call us toll-free at 1-855-921-6284. You also can call our 24-hour Nurse HelpLine at 1-855-712-6700 for help with getting the care you need.

1-855-921-6284

How soon can I expect to be seen?

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

What is emergency medical care?

After routine and urgent care, the third type of care is emergency care. If you have an emergency, you should call 9-1-1 or go to the nearest hospital emergency room right away. If you want medical advice, call your primary care provider or our 24-hour Nurse HelpLine 7 days a week at 1-855-712-6700. Please get medical care as soon as possible.

Emergency medical care

Emergency medical care is provided for emergency medical conditions and emergency behavioral health conditions.

Emergency medical condition means:

A medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

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

Emergency behavioral health condition means:

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

1. Requires immediate intervention and/or medical attention without which the member would present an immediate danger to themselves or others
2. Which renders the member incapable of controlling, knowing or understanding the consequences of their actions

Emergency services and emergency care means:

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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 and/or emergency behavioral health condition, including post-stabilization care services.

How soon can I expect to be seen?

You should be able to see a doctor immediately for emergency care.

What is post-stabilization?

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

Are emergency dental services covered by the health plan?

Dell Children's Health Plan covers limited emergency dental services in a hospital or ambulatory surgical center, including payment for the following:

- Treatment for dislocated jaw
- Treatment for traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin
- Hospital, physician, and related medical services such as drugs for any of the above conditions

What do I do if 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 1-855-712-6700 or call 9-1-1.

How soon can I see my doctor?

We know how important it is for you to see your doctor. We work with the providers in our plan to make sure you can see them when you need to. Our providers are required to follow the access standards listed below.

Emergency, Urgent, Routine and After-hours care

Care type	Dell Children's Health Plan
Emergency services	As soon as you arrive at the provider for care
Urgent care	Within 24 hours of request
Routine primary care	Within 14 days of request

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Routine specialty care	Within 3 weeks of request
After-hours care	Primary care providers are available 24/7 directly or through an answering service. Refer to the "How do I get medical care after my child's primary care provider's office is closed?" section of this handbook.

Preventive Health

Care type	Dell Children's Health Plan
Children (new member)	New members birth through age 20, as soon as possible and no later than 90 days after enrollment
Children less than 6 months old	Within 14 days of request
Members age 6 months through 20 years	Within 60 days of request

Prenatal Care

Care type	Dell Children's Health Plan
Initial visit	Within 14 days of request
Initial visit for high risk or 3rd trimester	Within 5 days of request or immediately, if an emergency exists
Follow-up visit	Based on the provider's treatment plan

Behavioral Health

Care type	Dell Children's Health Plan
Non life-threatening emergency	Within 6 hours of request
Urgent care	Within 24 hours of request
Initial visit for routine care	The earlier of 10 business days or 14 calendar days from request
Follow-up visit for routine care	Within 3 weeks of request

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You should call your primary care provider within 24 hours after you visit the emergency room. If you can't call, have someone else call for you. Your doctor will give or arrange any follow-up care you need. These services are covered by Medicaid.

How do I get medical care when my primary care provider's office is closed?

Help from your primary care provider is available 24 hours a day. If you call your primary care provider's office when it's closed, leave a message with your name and a phone number where you can be reached. Someone should call you back within 30 minutes to tell you what to do. You may also call our 24-Hour Nurse HelpLine to talk to a nurse anytime.

If you think you need emergency care, call 9-1-1 or go to the nearest emergency room right away. Refer to the What is emergency medical care? section of this handbook to help you decide if you need emergency care.

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

If you need medical care when traveling, call us toll-free at 1-855-921-6284 (TTY 7-1-1) and we will help you find a doctor. If you need emergency services while traveling, go to a nearby hospital, and then call us toll-free at 1-855-921-6284 (TTY 7-1-1).

What if I am out of the state?

If you are outside of Texas and need medical care, please call us toll-free at 1-855-921-6284 (TTY 7-1-1). If you need emergency care, go to the nearest hospital emergency room or call 9-1-1.

What if I am out of the country?

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

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

Your primary care provider can take care of most of your health care needs, but you may also need care from other kinds of doctors. These doctors are called specialists because they have training in a special area of medicine. Examples of specialists are:

- Allergists (allergy doctors)
- Dermatologists (skin doctors)
- Cardiologists (heart doctors)
- Podiatrists (foot doctors)

We cover services from many different kinds of doctors who provide specialist care. If your primary care provider can't give you needed care, he or she can refer you to a specialist in our plan.

If you have disabilities, special health care needs, or chronic complex conditions, you can have a specialist as your primary care provider. Please call Member Services so we can arrange this for you.

1-855-921-6284

What is a referral?

A referral is when your primary care provider sends you to another doctor or service for care. Your primary care provider may refer you to a specialist in our plan if he or she can't give you the care you need.

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

You'll be able to see the specialist within 3 weeks from when you call the specialist's office.

What services do not need a referral?

You don't need a referral from your primary care provider in order to get needed care from providers in our plan. It's always best to talk to your primary care provider first about any additional care you need. Your primary care provider can tell you about other doctors in our plan and help coordinate all the care you receive.

How can I ask for a second opinion?

You have the right to ask for a second opinion about the health care services you need. This doesn't cost you anything. You can get a second opinion from a doctor in our plan. If one isn't available for a second opinion, your primary care provider can submit a request to us to authorize a visit to a non-network provider.

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

Sometimes the stress of life can lead to depression, anxiety, marriage and family problems, or alcohol or drug abuse. If you or your child is having these kinds of problems, we have doctors who can help. Call 1-800-424-1764 for help finding a doctor who will help you. All services and treatment are strictly confidential.

Do I need a referral for this?

You don't need a referral to get help for behavioral health, alcohol or drug problems.

What should I do in a behavioral health emergency?

Call 9-1-1 if you or your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room.

What if I'm already in treatment?

If you or your child is already getting behavioral health care when you enroll in the Dell Children's Health Plan, ask your doctor if he or she is in our health plan. If the answer is yes, you don't need to do anything. If the answer is no, call Dell Children's Health Plan Member Services at 1-855-921-6284 (TTY 7-1-1). We'll work with your doctor to keep caring for you or your child until you can get a doctor in our health plan.

Member Benefits

What are Mental Health Rehabilitative Services and Mental Health Targeted Case Management?

Mental Health Rehabilitative Services help you stay independent in your home and the community, such as:

- Medication training and support
- Psychosocial rehabilitative services
- Skills training and development
- Crisis intervention
- Day program for acute needs

Mental Health Targeted Case Management helps you access medical, social, educational and other services and supports that can help improve your health and your ability to function.

These services are available if you need them based on an appropriate standardized assessment by a mental health professional.

How do I get these services?

If you or a family member has been diagnosed with or has shown signs of this type of condition, we have doctors who can help. Call 1-800-424-1764 (TTY 7-1-1) to get the name of a doctor near you.

How do I get my medications?

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

You or your children can get as many prescriptions as medically necessary. You may go to any drug store in the Dell Children's Health Plan network to have your prescription filled, unless you're in the Medicaid Lock-in program.

You should use the same drug store each time you need medicine. This way, your pharmacist will know all the drugs you're taking. He or she can tell you about drug interactions and side effects. If you use another drug store, you should tell the pharmacist about any other medicines you're taking.

How do I find a network drug store?

To find a drug store in our plan, go to our website at DellChildrensHealthPlan.com and go to the Find a Doctor page. You can also ask the pharmacist or call Member Services for help.

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

The pharmacist will explain that they don't accept Dell Children's Health Plan. You'll need to take your prescription to a drug store in our plan.

1-855-921-6284

What do I bring with me to the drug store?

When you go to the drug store, you should bring:

- Your prescription(s) or medicine bottle(s)
- Your Dell Children's Health Plan ID card
- Your Texas Benefits Medicaid card

What if I need my medications delivered to me?

Many drug stores provide delivery services. Ask your pharmacist if they can deliver to your home.

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

If you have problems getting your Dell Children's Health Plan-covered medications, please call us at 1-855-921-6284 (TTY 7-1-1). We can work with you and your drug store to make sure you get the medicine you need.

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

Some medicines require our preapproval. If your doctor cannot be reached to approve a prescription, you may be able to get a 3-day emergency supply of your medication. Call us at 1-855-921-6284 (TTY 7-1-1) for help with your medications and refills. Ask your pharmacist to dispense a 3-day supply.

What if I lose my medications?

If your medicine is lost or stolen, have your pharmacist call Member Services at 1-855-921-6284.

How do I find out what drugs are covered?

Dell Children's Health Plan uses the state Vendor Drug Program (VDP) list of drugs your doctor can choose from. It includes all medicines covered by Medicaid.

To view this list, go to the Texas Formulary Drug Search at www.txvendordrug.com/formulary/index.asp.

When there is a generic drug available, we'll cover it instead of the brand-name drug if it's on the Vendor Drug Program (VDP) formulary. Generic drugs are equal to brand-name drugs as approved by the Food and Drug Administration (FDA).

How do I transfer my prescriptions to a plan drug store?

If you need to transfer your prescriptions, all you need to do is:

- Call the nearest network drug store and give the needed information to the pharmacist, or
- Bring your prescription container to the new drug store and they'll handle the rest.

Member Benefits

Will I have a copay?

Medicaid members do not have copays.

How do I get my medicine if I am traveling?

If you need a refill while on vacation, call your doctor for a new prescription to take with you. If you get medication from a drug store that's not in our health plan, then you'll have to pay for that medication. If you pay for medication, you may submit a request for reimbursement. Call us at 1-855-921-6284 (TTY 7-1-1) to get information on how to get a reimbursement form and submit a claim.

What if I paid out of pocket for a medicine and want to be reimbursed?

If you had to pay for a medicine, you may submit a request for reimbursement. Call us at 1-855-921-6284 (TTY 7-1-1) to get a reimbursement form and submit a claim.

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

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

Call 1-855-921-6284 (TTY 7-1-1) for more information about these benefits.

How do I get family planning services?

Dell Children's Health Plan will arrange for counseling and education about planning a pregnancy or preventing pregnancy. You can call your primary care provider for help or go to any Medicaid family planning provider. A doctor can't require parental consent for minors to receive family planning services and must keep family planning use confidential.

Your doctor will bill Medicaid for family planning services.

Do I need a referral for this?

No. You don't need a referral from your doctor.

Where do I find a family planning services provider?

You can find the locations of family planning providers near you online at www.healthytexaswomen.org/family-planning-program, or you can call Dell Children's Health Plan at 1-855-921-6284 (TTY 7-1-1) for help in finding a family planning provider.

1-855-921-6284

What is case management for children and pregnant women?

Case management for children and pregnant women

Need help finding and getting services? You might be able to get a case manager to help you.

Who can get a case manager?

Children, teens, young adults (birth through age 20) and pregnant women who get Medicaid and:

- Have health problems or
- Are at a high risk for getting health problems

What do case managers do?

A case manager will visit with you and then:

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

What kind of help can you get?

Case managers can help you:

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

How can you get a case manager?

Call Dell Children's Health Plan at 1-855-921-6284 and ask to speak to a case manager for children and pregnant women.

What is Early Childhood Intervention (ECI)?

ECI is a statewide program for families with children birth to age 3 with disabilities and developmental delays. ECI helps families support their children through developmental services. ECI evaluates and assesses, at no cost to families, to see if they are eligible and what services they'll need. Families and professionals work together to plan services based on the unique needs of the child and family.

Member Benefits

The Department of Assistive and Rehabilitative Services (DARS) is the state agency responsible for ECI. A local ECI program will determine if a child can get ECI services, and it will develop a child's individual service plan. Dell Children's Health Plan is responsible for paying for the services in the plan.

Do I need a referral for this?

You don't need a referral from your child's doctor to get these services.

Where do I find an ECI provider?

To get information about ECI services and other resources, call the DARS Inquiries Line at 1-800-628-5115. You can also search online for an ECI program near you.
Go to https://dmzweb.dars.state.tx.us/prd/citysearch.

Participation in an ECI program is voluntary. If you choose not to use a local ECI program, Dell Children's Health Plan must provide medically necessary services for your child. Call us at 1-855-921-6284 (TTY 7-1-1) if you need help getting these services.

What is Head Start?

Head Start is a program to help children age 5 or younger get ready for school. This program can help with:

- Language
- Literacy
- Social and emotional development

To find a Head Start program near you, call toll-free 1-866-763-6481 or go to http://www.benefits.gov/benefits/benefit-details/1941.

What is Texas Health Steps?

What services are offered by Texas Health Steps?

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

Texas Health Steps gives your child:

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

1-855-921-6284

Texas Health Steps checkups:

- Find health problems before they get worse and are harder to treat
- Prevent health problems that make it hard for children to learn and grow like others their age · Help your child have a healthy smile

When to set up a checkup:

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

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

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

Call Dell Children's Health Plan Member Services at 1-855-921-6284 (TTY 7-1-1) or Texas Health Steps at 1-877-847-8377 (1-877-THSTEPS) toll-free if you:

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

If you can't get your child to the checkup, Medicaid may be able to help. Children with Medicaid and their parent can get free rides to and from the doctor, dentist, hospital, or drug store. Call 1-844-867-2742 to schedule non-emergent medical transportation.

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

The first well-child visit will happen in the hospital right after your baby is born. For the next 6 visits,

Member Benefits

you must take your baby to his or her doctor's office. Children need these checkups even when they're healthy. Your child needs to have checkups at these ages.

Texas Health Steps medical checkups schedule for your child	
Birth	9 months old
3-5 days	12 months old
By 1 month old	15 months old
2 months old	18 months old
4 months old	2 years old
6 months old	2 1/2 years old
After age 2 1/2, your child should visit the doctor every year. Dell Children's Health Plan encourages and covers annual checkups for children ages 3 through 20.	

Be sure to make these appointments. Take your child to his or her doctor when scheduled.

Does my doctor have to be part of the Dell Children's Health Plan network?

Your child can see any Texas Health Steps doctor for these checkups. The Texas Health Steps doctor doesn't have to be in our plan.

Do I have to have a referral?

No. Your child can get Texas Health Steps care without a referral.

What if I need to cancel an appointment?

If you're unable to keep your appointment, you must call your doctor and cancel. You can make a new appointment when you call.

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

If you're out of town and your child is due for a Texas Health Steps visit, call your doctor's office or Member Services for help.

What If I have moved and my child is due for a Texas Health Steps checkup?

You can go to any Texas Health Steps provider. It is important that you take your Dell Children's Health

1-855-921-6284

Plan ID card with you to your checkup. You need to tell Medicaid that you have moved. You can call 2-1-1 for the local Health and Human Services Commission (HHSC) office.

If you can't get your child to the checkup, Medicaid may be able to help. Kids with Medicaid and their parents can get free rides to and from the doctor, dentist, hospital, or drug store. Call 1-844-867-2742.

What if I am a traveling farmworker?

Traveling farmworkers move to different places to follow seasonal farm work. They could work on farms; in fields; as a food processor or packer; or with dairy products, poultry or livestock during certain times of the year. Your child can get your checkups sooner if you are leaving the area. If you call us and tell us you're a farmworker, we'll:

- Help you find doctors and clinics and help you set up appointments
- Let doctors know you need to be seen quickly because you may have to leave the area to go to your next job

When should adults get checkups?

Staying healthy means getting regular checkups. Use the chart below to make sure you're up-to-date with your yearly well-care exams.

Exam type	Who needs it?	How often?
Well-care visit	Age 21 and over	Every year
Pelvic exam	Women age 18 and over	Every year
Pap smear	Women ages 21-29	Pap smear only—every 3 years
	Women ages 30-65	Pap smear only—every 3 years Pap smear/human papillomavirus (HPV) co-testing—every 5 years
Clinical breast exam	Women age 20-39	Every 3 years
	Age 40 and over	Every year

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Breast self-exam	Women age 20 and over	Once a month
Mammograms (breast X-ray)	Women age 40 and over	Every year
Fecal blood occult test	Age 50 and over	Every year
Sigmoidoscopy and DRE/PSA or colonoscopy and DRE/PSA	Age 50 and over	Every 5 years

If I miss my well-care visits or my child's Texas Health Steps checkup, what do I do?

If you or your child doesn't get a well-care visit on time, make an appointment with your doctor as soon as you can. If you need help setting up the appointment, call Member Services. If your child hasn't visited his or her doctor on time, we'll send you a postcard reminding you to make your child's Texas Health Steps appointment.

Non-emergency Medical Transportation (NEMT) Services

What are NEMT services?

NEMT services provide transportation to non-emergency health care appointments for members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy and other places you receive Medicaid services. These trips do NOT include ambulance trips.

What services are part of NEMT services?

- Passes or tickets for transportation such as mass transit within and between cities or states, including by rail or bus.
- Commercial airline transportation services.
- Demand response transportation services, which is curb-to-curb transportation in private buses, vans, or sedans, including wheelchair-accessible vans, if necessary.
- Mileage reimbursement for an individual transportation participant (ITP) for a verified completed trip to a covered health care service. The ITP can be you, a responsible party, a family member, a friend, or a neighbor.
- If you are 20 years old or younger, you may be able to receive the cost of meals associated with a long-distance trip to obtain health care services. The daily rate for meals is $25 per day for the member and $25 per day for an approved attendant.
- If you are 20 years old or younger, you may be able to receive the cost of lodging associated with a long-distance trip to obtain health care services. Lodging services are limited to the overnight stay and do not include any amenities used during your stay, such as phone calls, room service, or laundry

service.

- If you are 20 years old or younger, you may be able to receive funds in advance of a trip to cover authorized NEMT services.

If you need an attendant to travel to your appointment with you, NEMT services will cover the transportation costs of your attendant.

Children 14 years old and younger must be accompanied by a parent, guardian, or other authorized adult. Children 15-17 years old must be accompanied by a parent, guardian or other authorized adult or have consent from a parent, guardian, or other authorized adults on file to travel alone. Parental consent is not required if the health care service is confidential in nature.

Who do I call?

Call Member Services at 1-855-921-6284 or Access2Care at 1-844-867-2742

How to get a ride?

Dell Children's Health Plan will provide you with information on how to request NEMT services. You should request NEMT services as early as possible, and at least two business days before you need the NEMT service. In certain circumstances, you may request the NEMT service with less notice.

These circumstances include being picked up after being discharged from a hospital, trips to the pharmacy to pick up medication or approved medical supplies, and trips for urgent conditions.

An urgent condition is a health condition that is not an emergency but is severe or painful enough to require treatment within 24 hours.

You must notify Dell Children's Health Plan prior to the approved and scheduled trip if your medical appointment is canceled.

Member responsibilities while using NEMT services:

1. When requesting NEMT services, you must provide the information requested by the person arranging or verifying your transportation.
2. You must follow all rules and regulations affecting your NEMT services.
3. You must return unused advanced funds. You must provide proof that you kept your medical appointment prior to receiving future advanced funds.
4. You must not verbally, sexually, or physically abuse or harass anyone while requesting or receiving NEMT services.
5. You must not lose bus tickets or tokens and must return any bus tickets or tokens that you do not use. You must use the bus tickets or tokens only to go to your medical appointment.

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6. You must only use NEMT services to travel to and from your medical appointments.
7. If you have arranged for an NEMT service but something changes and you no longer need the service, you must contact the person who helped you arrange your transportation as soon as possible.

How do I get eye care services?

You get eye care benefits. You do not need a referral from your doctor for these benefits. Please call Superior Vision of Texas at 1-800-879-6901 for help finding a network eye doctor (optometrist) in your area.

Eye care services are different for adults and kids:

- If you're 21 or older, you can get an eye exam and glasses every 2 years. You can't get your glasses replaced if you break or lose them.
- If you are age 20 or under, you can get an eye exam and glasses once a year. You can also get your glasses replaced if you lose or break them.
- Under certain conditions, you may get an exam or new glasses more often. For more information, call Superior Vision of Texas at 1-800-879-6901.

What dental services does Dell Children's Health Plan cover for children?

Dell Children's Health Plan covers emergency dental services in a hospital or ambulatory surgical center, including, but not limited to, payment for the following:

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

Dell Children's Health Plan covers hospital, physician, and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other drugs.

Dell Children's Health Plan is also responsible for paying for treatment and devices for craniofacial anomalies.

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

- DentaQuest: 1-800-516-0165
- MCNA Dental: 1-800-494-6262
- UnitedHealthcare Dental: 1-877-901-7321

Can someone interpret for me when I talk with my doctor? Who do I call for an interpreter?

1-855-921-6284

Call Member Services at 1-855-921-6284 (TTY 7-1-1) to tell us if you need an interpreter at least 24 hours before your appointment. This service is also available for visits with your doctor at no cost to you.

How far in advance do I need to call?

Please let us know at least 24 hours before your appointment if you need an interpreter.

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

Call Member Services if you need an interpreter when you talk to your provider at his or her office.

What if I need OB/GYN care?

Female members can see any Dell Children's Health Plan network obstetrician or gynecologist (OB/GYN) for female health care needs.

ATTENTION FEMALE MEMBERS: Dell Children's Health Plan allows you to pick an OB/GYN but this doctor must be in the same network as your primary care provider.

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

You have the right to pick an OB/GYN without a referral from your primary care provider. An OB/GYN can give you:

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

How do I choose an OB/GYN?

You're not required to pick an OB/GYN. However, if you're pregnant, you should pick one to care for you. You can pick any OB/GYN listed in the Dell Children's Health Plan provider directory. If you need help choosing one, call Member Services at 1-855-921-6284 (TTY 7-1-1).

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

If you don't want to go to an OB/GYN, your primary care provider may be able to treat you for female health care needs. Ask your primary care provider if he or she can give you OB/GYN care. If not, you need to see an OB/GYN. You will find a list of OB/GYNs in the Dell Children's Health Plan provider directory. You can also search for one on our website at DellChildrensHealthPlan.com on the Find a Doctor page.

Will I need a referral?

You don't need a referral. You can see only 1 OB/GYN in a month, but you can visit the same one more

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than once during that month, if needed.

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

Your OB/GYN should see you within 2 weeks. We can help you find an OB/GYN in our plan, if needed.

Can I stay with my OB/GYN if he or she is not with Dell Children's Health Plan?

In some cases, you may be able to keep seeing an OB/GYN who isn't in our plan. Please call Member Services to learn more.

What if I am pregnant? Who do I need to call?

If you think you're pregnant, call your primary care provider or OB/GYN right away. You don't need a referral from your primary care provider.

What other services/activities/education does Dell Children's Health Plan offer pregnant women?

It is very important to see a doctor or OB/GYN for care during pregnancy. This kind of care is called prenatal care. It can help your child have a healthy baby. Prenatal care is always important even if you've already had a baby.

We work to help keep you and your baby healthy by holding educational events in your area and by helping you find community health education programs close to you. These events and community programs may include:

- Dell Children's Health Plan services and how to get them
- Childbirth
- Infant care
- Parenting
- Pregnancy
- Other classes or events about health topics

For help finding a community program, call Member Services or dial 2-1-1. You can also find programs online at neighborhoodresource.findhelp.com. Please note: some community organizations may charge a fee for their programs.

Our Mother Baby Support program gives pregnant women health information and rewards for getting prenatal and postpartum care. You get a care manager to help you get the prenatal care and services you need during your pregnancy and up to your 6-week postpartum checkup. Your care manager may call to check on you and answer questions. They can also help you find prenatal resources in your community. To find out more about the our Mother Baby Support program, call Case Management at 512-324-3015 or toll free 1-844-564-5212.

When you're pregnant, Dell Children's Health Plan will send you pregnancy education materials and other helpful tools during your pregnancy, including*:

- A letter welcoming you to the Mother Baby Support Program and information about each trimester of your pregnancy

1-855-921-6284

- A self-care book for tips on care during pregnancy, after completing a prenatal checkup within 42 days of enrolling or within the first trimester
- A book on caring for yourself and your baby, after completing a Health Risk Assessment or prenatal visit
- A breastfeeding support kit, closer to your delivery date on request

Other services include*:

- Doula services, which includes home visits
- Pregnancy classes to get ready for childbirth and the postpartum period
- Convertible car seat for completing 6 prenatal visits
- Fresh fruit and produce or prepared meals for pregnant members after having a baby

After you deliver your baby, Dell Children's Health Plan will send you postpartum education materials, including:

- A congratulations letter and information about the postpartum period
- A newborn care kit that may include items such as a diaper bag, baby blanket, digital thermometer or baby monitor (1 per delivery)

* These are some of the value-added services for members. Please refer to page 19 for details. Restrictions and limitations may apply.

While you're pregnant, it's especially important to take care of your health. You may be able to get healthy food from the Women, Infants, and Children (WIC) program. Member Services can give you the phone number for the WIC program close to you. Just call us.

When you're pregnant, you must go to your doctor or OB/GYN at least:

- Every 4 weeks for the first 6 months
- Every 2 weeks for the 7th and 8th months
- Every week during the last month

Your doctor or OB/GYN may want you to visit more often based on your health needs.

Text4Baby is a free mobile tip program for all pregnant women. This program gives pregnant women and new moms tips to help them care for their health and give their babies the best start in life that they can.

If you sign up for this service, you will get free SMS text messages each week, timed to your due date or your baby's first birthday. You can sign up for the service by just texting BABY to 511411 (or BEBE for Spanish messages). You can use this service from the time you find out you are pregnant through your baby's first birthday.

Where can I find a list of birthing centers?

Please call us at 1-855-921-6284 (TTY 7-1-1) to find out which birthing centers are in our health plan.

Can I pick a primary care provider for my baby before the baby is born?

Yes, you can pick a primary care provider for your baby before the baby is born.

When you have a new baby

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When you deliver your baby, you and your baby may stay in the hospital at least:

- 48 hours after a vaginal delivery
- 96 hours after a cesarean section (C-section)

You may stay in the hospital for less time if your doctor and the baby's doctor see that you and your baby are doing well. If you and your baby leave the hospital early, your doctor may ask you to have an office or in-home nurse visit within 48 hours.

How and when can I switch my baby's primary care provider?

To switch your baby's primary care provider, go to the Find a Doctor link at DellChildrensHealthPlan.com. While there, you can search for a new one in our plan and change your primary care provider. To make the change online, you'll need to register first. Once you register, login and update your primary care provider.

You can also call Member Services if you need help finding a new one. We can change your child's primary care provider on the same day you ask for the change. The change will be effective immediately. Call the primary care provider's office if you want to make an appointment. If you need help making an appointment, call Member Services.

Can I switch my baby's health plan?

For at least 90 days from the date of birth, your baby will be covered by the same health plan that you are enrolled in. You can ask for a health plan change before the 90 days is up by calling the STAR Program Helpline at 1-800-964-2777.

You cannot change health plans while your baby is in the hospital.

How do I sign up my newborn baby?

The hospital where your baby is born should help you start the Medicaid application process for your baby. Check with the hospital social worker before you go home to make sure the application is complete.
You should also call 2-1-1 to find your local Health and Human Services Commission (HHSC) office to make sure your baby's application has been received. If you're a Dell Children's Health Plan member when you have your baby, your baby will be enrolled with Dell Children's Health Plan on his or her date of birth.

How and when do I tell Dell Children's Health Plan?

Remember to call Dell Children's Health Plan Member Services as soon as you can to let your care manager know you had your baby. We will need to get information about your baby, too. You may have already picked a primary care provider for your baby before he or she was born. If not, we can help you pick a primary care provider for him or her.

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

After your baby is born, you may lose Medicaid coverage. You may be able to get some health care services through the Healthy Texas Women Program and the Department of State Health Services

1-855-921-6284

(DSHS). These services are for women who apply for the services and are approved.

Healthy Texas Women Program

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

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

Healthy Texas Women Program
P.O. Box 14000
Midland, TX 79711-9902
Phone: 1-800-335-8957
Website: www.texaswomenshealth.org
Fax: (toll-free) 1-866-993-9971

DSHS Primary Health Care Program

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

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

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

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

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

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

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- **Website:** www.dshs.state.tx.us/phc
- **Phone:** 512-776-7796
- **Email:** PPCU@dshs.state.tx.us

DSHS Expanded Primary Health Care program

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

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

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

- **Website:** www.dshs.state.tx.us/ephc/Expanded-Primary-Health-Care.aspx
- **Phone:** 512-776-7796
- **Fax:** 512-776-7203
- **Email:** PPCU@dshs.state.tx.us

DSHS Family Planning Program

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

To find a clinic in your area visit the DSHS Family and Community Health Services Clinic Locator at txclinics.com.

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

- **Website:** https://www.healthytexaswomen.org/family-planning-program
- **Phone:** 512-776-7796
- **Fax:** 512-776-7203
- **Email:** PPCU@dshs.state.tx.us

How and when do I tell my caseworker?

After you have your baby, call your HHSC benefits office to tell them your baby was born. The hospital will also tell Medicaid about the baby's birth. Call your caseworker by calling 2-1-1 after your baby is born. You DO NOT have to wait until you get your baby's Social Security number to get your baby signed up.

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

1-855-921-6284

Members with disabilities, special health care needs, or chronic complex conditions have a right to direct access to a specialist. This specialist may serve as your primary care provider. Please call Member Services at 1-855-921-6284 (TTY 7-1-1) so this can be arranged.

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

You can have someone make decisions on your behalf if you're too sick to make decisions for yourself. Please call Member Services at 1-855-921-6284 (TTY 7-1-1) if you would like more information about the forms you need.

What are advance directives?

Emancipated minors and members age 18 and over have rights under advance directive laws. An advance directive talks about making a living will. A living will says you may not want medical care if you have a serious illness or injury and may not get better. To make sure you get the kind of care you want if you're too sick to decide for yourself, you can sign a living will. This is a type of advance directive. It's a paper telling your doctor and your family what kinds of care you don't want if you're seriously ill or injured.

How do I get an advance directive?

You can get an advance directive form from your doctor or by calling Member Services. Dell Children's Health Plan associates can't offer legal advice or serve as a witness. According to Texas law, you must either have two witnesses or have your form notarized. After you fill out the form, take it or mail it to your doctor. Your doctor will then know what kind of care you want to get.

You can change your mind any time after you've signed an advance directive. Call your doctor to remove the advance directive from your medical record. You can also make changes in the advance directive by filling out and signing a new one.

You can sign a paper called a durable power of attorney, too. This paper will let you name a person to make decisions for you when you can't make them yourself. Ask your doctor about these forms.

Recertify your Medicaid benefits on time

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

Don't lose your health care benefits! You could lose your benefits even if you still qualify. Every 12 months you need to renew your benefits. The Health and Human Services Commission (HHSC) will send you a letter telling you it's time to renew your Medicaid benefits. The letter will have instructions to tell you how to renew. If you don't renew by the date in the letter, you'll lose your health care benefits.

You can apply for and renew benefits online at www.yourtexasbenefits.com. Click on Manage Your Account and set up an account to get easy access to the status of your benefits.

Member Benefits

If you have any questions, you can call 2-1-1, pick a language, and then select option 2 or visit the HHSC benefits office near you. To find the office nearest your home, call 2-1-1, pick a language, and then select option 2 or you can go to www.yourtexasbenefits.com and click on Find an Office at the bottom of the page.

We want you to keep getting your health care benefits from us if you still qualify. To renew, go to YourTexasBenefits.com and click on Manage your account. Follow the directions there to renew.

What happens if I lose my Medicaid coverage?

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

If you're no longer eligible for Medicaid based on income, your children may be eligible for the Children's Health Insurance Program (CHIP). To find out more, call 2-1-1, pick a language, and select option 2.

What if I get a bill from my doctor? Who do I call? What information will they need?

Always show your Dell Children's Health Plan ID card and Your Texas Benefits (YTB) Medicaid card when you see a doctor, go to the hospital, or go for tests. Even if your doctor told you to go, you must show your Dell Children's Health Plan ID card and current YTB Medicaid card to make sure you're not sent a bill for services Dell Children's Health Plan covers. You don't have to show your Dell Children's Health Plan ID card before you get emergency care. If you do get a bill, send the bill with a letter saying you have been sent a bill to:

Dell Children's Health Plan
Attn: Member Advocates
1345 Philomena St., Ste.305
Austin, TX 78723

In the letter, include:

- Your name
- Your telephone number
- Your Dell Children's Health Plan ID number

If you can't send the bill, be sure to include in the letter:

- The name of the provider you got services from
- The date of service
- The provider's phone number
- The amount charged
- The account number, if known

1-855-921-6284

You can call us at 1-855-921-6284 (TTY 7-1-1) for help.

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 Dell Children's Health Plan Member Services department at 1-855-921-6284 (TTY 7-1-1). Before you get Medicaid services in your new area, you must call Dell Children's Health Plan, unless you need emergency services. You will continue to get care through Dell Children's Health Plan until HHSC changes your address.

What if I need to update my address or phone number and I'm in the Adoption Assistance and Permanency Care Assistance Program?

The adoptive parent or permanency care assistance caregiver should contact the Department of Family and Protective Services (DFPS) regional adoption assistance eligibility specialist assigned to his or her case. If the parent or caregiver doesn't know who the assigned eligibility specialist is, they can contact the DFPS hotline, 1-800-233-3405, to find out. The parent or caregiver should contact the adoption assistance eligibility specialist to assist with the address change.

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

Medicaid and private insurance

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

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

You can call the hotline toll-free at 1-800-846-7307.

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

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

Rights and Responsibilities

1-855-921-6284

What are my rights and responsibilities?

Member rights

1. You have the right to respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:
    - Be treated fairly and with respect
    - Know that your medical records and discussions with your providers will be kept private and confidential
2. You have the right to a reasonable opportunity to choose a health care plan and primary care provider. This is the doctor or health care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
    - Be told how to choose and change your health plan and your primary care provider
    - Choose any health plan you want that is available in your area and choose your primary care provider from that plan
    - Change your primary care provider
    - Change your health plan without penalty
    - Be told how to change your health plan or your primary care provider
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
    - Have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated
    - Be told why care or services were denied and not given
    - Be given information about your health, plan, services, and providers.
    - Be told about your rights and responsibilities.
4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
    - Work as part of a team with your provider in deciding what health care is best for you
    - Say yes or no to the care recommended by your provider

Rights and Responsibilities

5. You have the right to use each Complaint and appeal process available through the Managed Care Organization and through Medicaid, and get a timely response to complaints, appeals, External Medical Reviews and State Fair Hearings. That includes the right to:

- Make a Complaint to your health plan or to the state Medicaid program about your health care, your Provider, or your health plan.
- Get a timely answer to your complaint.
- Use the plan's appeal process and be told how to use it.
- Ask for an External Medical Review and State Fair Hearing from the state Medicaid program and get information about how that process works.
- Ask for a State Fair Hearing without an External Medical Review from the state Medicaid program and receive information about how that process works.

6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:

- Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need
- Get medical care in a timely manner
- Be able to get in and out of a health care provider's office; this includes barrier-free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act
- Have interpreters, if needed, during appointments with your providers and when talking to your health plan; interpreters include people who can speak in your native language, help someone with a disability or help you understand the information
- Be given information you can understand about your health plan rules, including the health care services you can get and how to get them

7. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do or is to punish you.

8. You have a right to know that doctors, hospitals and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.

1-855-921-6284

9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals and others cannot require you to pay copayments or any other amounts for covered services.

Member responsibilities

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
    - Learn and understand your rights under the Medicaid program
    - Ask questions if you do not understand your rights
    - Learn what choices of health plans are available in your area
2. You must abide by the health plan's and Medicaid's policies and procedures. That includes the responsibility to:
    - Learn and follow your health plan's rules and Medicaid rules
    - Choose your health plan and a primary care provider quickly
    - Make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan
    - Keep your scheduled appointments
    - Cancel appointments in advance when you cannot keep them
    - Always contact your primary care provider first for your nonemergency medical needs
    - Be sure you have approval from your primary care provider before going to a specialist h. Understand when you should and should not go to the emergency room
3. You must share information about your health with your primary care provider and learn about service and treatment options. That includes the responsibility to:
    - Tell your primary care provider about your health
    - Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated
    - Help your providers get your medical records

Rights and Responsibilities

4. You must be involved in decisions relating to service and treatment options, make personal choices and take action to keep yourself healthy. That includes the responsibility to:
    - Work as a team with your provider in deciding what health care is best for you
    - Understand how the things you do can affect your health
    - Do the best you can to stay healthy
    - Treat providers and staff with respect
    - Talk to your provider about all of your medications

Additional Member Responsibilities while using Access2Care

1. When requesting NEMT services, you must provide the information requested by the person arranging or verifying your transportation.
2. You must follow all rules and regulations affecting your NEMT services.
   You must return unused advanced funds. You must provide proof that you kept your medical appointment prior to receiving future advanced funds.
3. You must not verbally, sexually, or physically abuse or harass anyone while requesting or receiving NEMT services.
4. You must not lose bus tickets or tokens and must return any bus tickets or tokens that you do not use. You must use the bus tickets or tokens only to go to your medical appointment.
5. You must only use NEMT Services to travel to and from your medical appointments.
6. If you have arranged for an NEMT Service but something changes, and you no longer need the service, you must contact the person who helped you arrange your transportation as soon as possible.

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.

You and your doctors can get a copy of these rights and responsibilities by mail, fax or email. Call Member Services at 1-855-921-6284 (TTY 7-1-1), and ask for a copy. You can also download a copy from our website by going to DellChildrensHealthPlan.com/members and choose Member Rights and Responsibilities.

1-855-921-6284

Complaint process

What should I do if I have a complaint?

We want to help. If you have a Complaint, please call us toll-free at 1-855-921-6284 (TTY 7-1-1) to tell us about your problem. A Dell Children's Health Plan Member Services advocate can help you file a complaint. Just call 1-855-921-6284 (TTY 7-1-1)). Most of the time, we can help you right away or at the most within a few days. Once you have gone through the Dell Children's Health Plan complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free 1-866-566-8989. If you would like to make your Complaint in writing, please send it to the following address: Texas Health and Human Services Commission Ombudsman Managed Care Assistance Team P.O. Box 13247 Austin, Texas 78711-3247 If you can get on the Internet, you can submit your complaint at: hhs.texas.gov/managed-care-help.

Can someone from Dell Children's Health Plan help me file a complaint?

Yes, a Member Advocate or a Member Services Representative can help you file a complaint with us or the appropriate state program. Please call Member Services at 1-855-921-6284 (TTY 7-1-1).

How long will it take to process my complaint?

Dell Children's Health Plan will answer your complaint within 30 days from the date we get it.

What are the requirements and timeframes for filing a complaint?

You can tell us about your complaint by calling us or writing us. We'll send you a letter within 5 business days of getting your complaint. This means that we have your complaint and have started to look at it.

We'll send you a letter within 30 days of when we get your complaint. This letter will tell you what we have done to address your complaint.

If your complaint is about an ongoing emergency or hospital stay, it will be resolved as quickly as needed for the urgency of your case and no later than 1 business day from when we receive your complaint.

How do I file a complaint with the Health and Human Services Commission once I have gone through the Dell Children's Health Plan complaint process?

Once you have gone through the Dell Children's Health Plan complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free 1-866-566-8989. If you would like to make your complaint in writing, please send it to the following address:

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

Rights and Responsibilities

If you can get on the Internet, you can send your complaint in an email to hpm_complaints@hhsc.state.tx.us.

If you file a complaint, Dell Children's Health Plan won't hold it against you. We'll still be here to help you get quality health care.

Do I have the right to a complaint appeal?

Yes. If you're not happy with the answer to your complaint, you can ask us to look at it again. You must ask for a complaint appeal in writing. Write to us at:

Dell Children's Health Plan
Attn: Member Advocates
1345 Philomena St., Ste. 305
Austin, TX 78723

When we get your request, we'll send you a letter within 5 business days. This means we have your request and started to work on it. You can also call us at 1-855-921-6284 (TTY 7-1-1) to ask for a complaint appeal.

We'll send you a letter within 30 days of getting your request. The letter will tell you the final decision. This letter will also give you the information used to make the decision.

Appeals process

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

There may be times when we say we will not pay for all or part of the care that has been recommended. You have the right to ask for an appeal. An appeal is when you or your designated representative asks Dell Children's Health Plan to look again at the care your doctor asked for and we said we will not pay for. A designated representative can be a family member, your provider, an attorney, a friend, or any person you choose.

If you ask someone (a designated representative) to file an appeal for you, you must also send a letter to Dell Children's Health Plan to let us know you have chosen a person to represent you. Dell Children's Health Plan must have this written letter to be able to consider this person as your representative. We do this for your privacy and security.

You can appeal our decision two ways:

- You can call Member Services at 1-855-921-6284 (TTY 7-1-1), Monday through Friday, 8 a.m. to 6 p.m. Central time.
- You can send us a letter and any information you want us to look at to:

1-855-921-6284

Dell Children's Health Plan
Attn: Appeals
1345 Philomena St., Ste. 305
Austin, TX 78723

How will I find out if services are denied?

Dell Children's Health Plan will send you a letter if a requested service is denied or limited. If you disagree with the decision, you may file an appeal for all the services or part of the services denied.

What are the time frames for the appeals process?

You or a designated representative can file an appeal. You must do this within 60 days of the date of the first letter from Dell Children's Health Plan saying we won't pay for or cover all or part of the recommended care.

When we receive your letter or call, we will send you a letter within five business days. This letter will let you know we received your appeal. We will also let you know if we need any other information to process your appeal. Dell Children's Health Plan will contact your doctor if we need medical information about the service.

A doctor who has not seen the case before will look at your appeal. They will decide how we should handle the appeal.

We will send you a letter with the answer to your appeal. We will do this within 30 calendar days from when we receive your appeal unless we need more information from you or the person you asked to file the appeal for you. If we need more information, we may extend the appeals process for 14 days if the delay is in your best interest. If we extend the appeals process, we will let you know in writing the reason for the delay. You may also ask us to extend the process if you know more information we should consider.

How can I continue receiving services that were already approved?

To continue receiving services that had already been approved by Dell Children's Health Plan but may be part of the reason for your appeal, you must file the appeal on or before the later of:

- 10 business days after we send the notice to you to let you know we will not pay for or cover all or part of the care, or
- The date the notice says the service will end

If the decision on your appeal upholds our first decision, you may be asked to pay for the services you received during the appeals process.

If the decision on your appeal reverses our first decision, Dell Children's Health Plan will pay for the services you received while your appeal was pending.

Rights and Responsibilities

Can someone from Dell Children's Health Plan help me file an appeal?

Yes, a Member Advocate or Member Services Representative can help you file an appeal with Dell Children's Health Plan or with the appropriate state program. Please call Member Services at 1-855-921-6284 (TTY 7-1-1), Monday through Friday, 8 a.m. to 6 p.m. Central time.

Can I request a state fair hearing?

Yes. You can ask for a state fair hearing after the Dell Children's Health Plan internal appeal process is complete. See the next sections, Expedited appeals and State fair hearings, to learn more.

Expedited appeals

What is an emergency appeal?

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

How do I ask for an emergency appeal? Does my request have to be in writing?

You or the person you ask to file an appeal for you (a designated representative) can request an expedited appeal. You can request an expedited appeal orally or in writing, either:

- Call Member Services at 1-855-921-6284 (TTY 7-1-1), Monday through Friday, 8 a.m. to 6 p.m. Central time.
- Send a letter to:
  Dell Children's Health Plan
  Attn: Appeals
  1345 Philomena St., Ste. 305
  Austin, TX 78723

What are the time frames for an emergency appeal?

If you feel your health will be seriously harmed by waiting for a decision on your health plan appeal, you or your doctor can ask for an emergency health plan appeal. We'll review your case and determine if you qualify for an emergency health plan appeal. We must decide to approve or deny your appeal within 72 hours of your request. If you do not qualify for an emergency appeal, we will let you know. We will process your appeal according to the standard timeframe detailed below. You can file a complaint if you do not agree with our decision to deny your request for an emergency health plan appeal.

1-855-921-6284

After we receive your letter or call and agree your request for an appeal should be expedited, we will send you a letter with the answer to your appeal. We will do this within 72 hours from receipt of your appeal request.

If your appeal is about an ongoing emergency or hospital stay, we will call you with an answer within one business day or 72 hours, whichever is shorter. We will also send you a letter with the answer to your appeal within 72 hours.

What happens if Dell Children's Health Plan denies the request for an emergency appeal?

If we do not agree your request for an appeal should be expedited, we will call you right away. We will send you a letter within two calendar days to let you know how the decision was made and your appeal will be reviewed through the standard review process.

Who can help me file an expedited appeal?

A Member Advocate or Member Services Representative can help you file an expedited appeal. Please call Member Services at 1-855-921-6284 (TTY 7-1-1), Monday through Friday, 8 a.m. to 6 p.m. Central time.

External medical review information

Can I ask for an external medical review?

If a member, as a member of the health plan, disagrees with the health plan's internal appeal decision, the member has the right to ask for an external medical review. An external medical review is an optional, extra step the member can take to get the case reviewed before the state fair hearing occurs.
The member may name someone to represent them by contacting the health plan and giving the name of the person the member wants to represent him or her. A provider may be the member's representative. The member or the member's representative must ask for the external medical review within 120 days of the date the health plan mails the letter with the internal appeal decision. If the member does not ask for the external medical review within 120 days, the member may lose his or her right to an external medical review. To ask for an external medical review, the member or the member's representative may either:

- Fill out the 'State Fair Hearing and External Medical Review Request Form' provided as an attachment to the member notice of internal appeal decision letter and mail or fax it to Dell Children's Health Plan by using the address or fax number at the top of the form;
- Call Dell Children's Health Plan at 512-324-3013 or 1-855-962-4453 (TTY 711); or
- Email Dell Children's Health Plan at dchp-UM@ascension.org

Rights and Responsibilities

If the member asks for an external medical review within 10 days from the time the member gets the appeal decision from the health plan, the member has the right to keep getting any service the health plan denied, based on previously authorized services, at least until the final state fair hearing decision is made. If the member does not request an external medical review within 10 days from the time the member gets the appeal decision from the health plan, the service the health plan denied will be stopped.

The member may withdraw the member's request for an external medical review before it is assigned to an independent review organization or while the independent review organization is reviewing the member's external medical review request. An independent review organization is a third-party organization contracted by HHSC that conducts an external medical review during member appeal processes related to adverse benefit determinations based on functional necessity or medical necessity. An external medical review cannot be withdrawn if an independent review organization has already completed the review and made a decision.

Once the external medical review decision is received, the member has the right to withdraw the state fair hearing request. If the member continues with the state fair hearing, the member can also request the independent review organization be present at the state fair hearing. The member can make both of these requests by contacting Dell Children's Health Plan or the HHSC Intake Team at EMR_Intake_Team@hhsc.state.tx.us.

If the member continues with a state fair hearing and the state fair hearing decision is different from the independent review organization decision, it is the state fair hearing decision that is final. The state fair hearing decision can only uphold or increase member benefits from the independent review organization decision.

Can I ask for an emergency external medical review?

If you believe that waiting for a standard external medical review will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you, your parent or your legally authorized representative may ask for an emergency external medical review and emergency state fair hearing by writing or calling Dell Children's Health Plan. To qualify for an emergency external medical review and emergency state fair hearing review through HHSC, you must first complete Dell Children's Health Plan's internal appeals process.

State fair hearing

Can I ask for a state fair hearing?

If you, as a member of the health plan, disagree with the health plan's internal appeal decision, you have the right to ask for a state fair hearing. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A provider may be your representative. If you want to challenge a decision made by your health plan, you or your representative

must ask for the state fair hearing within 120 days of the date on the health plan's letter with the internal appeal decision. If you do not ask for the state fair hearing within 120 days, you may lose your right to a state fair hearing. To ask for a state fair hearing, you or your representative should contact us by:

- **Writing to:**
  Dell Children's Health Plan
  1345 Philomena St., Ste. 305
  Austin, TX 78723
- **Calling us:** 512-324-3013 or 1-855-962-4453 (TTY 7-1-1), Monday through Friday, 8 a.m. to 6 p.m. Central time
- **Emailing us:** at dchp-UM@ascension.org.

You have the right to keep getting any service the health plan denied or reduced based on previously authorized services, at least until the final state fair hearing decision is made if you ask for a state fair hearing by the later of: (1) 10 calendar days following the date the health plan mailed the internal appeal decision letter, or (2) the day the health plan's internal appeal decision letter says your service will be reduced or end. If you do not request a state fair hearing by this date, the service the health plan denied will be stopped. If you ask for a state fair hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most state fair hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied. HHSC will give you a final decision within 90 days from the date you asked for the hearing.

Can I ask for an emergency state fair hearing?

If you believe that waiting for a state fair hearing will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you or your representative may ask for an emergency state fair hearing by:

- **Writing to:**
  Dell Children's Health Plan
  1345 Philomena St., Ste. 305
  Austin, TX 78723
- **Call us:** 512-324-3013 or 1-855-962-4453 (TTY 7-1-1), Monday through Friday, 8 a.m. to 6 p.m. Central time
- **Email us:** at dchp-UM@ascension.org.

To qualify for an emergency state fair hearing through HHSC, you must first complete Dell Children's Health Plan's internal appeals process.

Rights and Responsibilities

Fraud, waste and abuse information

Do you want to report waste, abuse or fraud?

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

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

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184
- Visit https://oig.hhsc.state.tx.us and click the red "Report Fraud" box to complete the online form
- Report directly to your health plan:
  Dell Children's Health Plan
  Attn: Compliance Officer
  1345 Philomena St., Ste. 305
  Austin, TX 78723
  1-855-921-6284

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

1-855-921-6284

When reporting someone who receives 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

Quality management

What does quality management do for you?

The Dell Children's Health Plan Quality Management program is here to make sure you are being cared for. We look at services you have received to check if you are getting the best preventive health care. If you have a chronic disease, we check if you're getting help managing your condition.

The quality management department develops programs to help you learn more about your health care. We have member outreach teams to help you schedule appointments for the care you need and arrange transportation if you need it. These services are free because we want to help you get and stay healthy.

We work with our network providers to help them care for you. You may get mailings from us about taking preventive health steps or managing an illness. We want you to help us improve by telling us what we can do better. Please tell us how happy you are with your doctor and with us. To learn more about our Quality Management program, please call Member Services at 1-855-921-6284 (TTY 7-1-1).

What are clinical practice guidelines?

Dell Children's Health Plan uses national clinical practice guidelines for your care. Clinical practice guidelines are nationally recognized, scientific, proven standards of care. These guidelines are recommendations for physicians and other health care providers to diagnose and manage your specific condition. If you would like a copy of these guidelines, call Member Services at 1-855-921-6284 (TTY 7-1-1).

Information that must be available once a year

As a member of Dell Children's Health Plan, you can ask for and get the following information each year.

Information about network providers—at a minimum, primary care doctors, specialists, and hospitals in our service area; this information will include names, addresses, telephone numbers, and languages spoken (other than English) for each network provider, plus identification of providers that are not accepting new patients

- Any limits on your freedom of choice among network providers
- Your rights and responsibilities

Rights and Responsibilities

- Information on complaint, appeal, and fair hearing procedures
- Information about benefits available under the Medicaid program, including amount, duration, and scope of benefits; this is designed to make sure you understand the benefits to which you are entitled
- How you get benefits, including authorization requirements
- How you get benefits, including family planning services, from out-of-network providers, and/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 Medicaid
    - A statement saying you have a right to use any hospital or other settings for emergency care
    - Post stabilization rules
- Policy on referrals for specialty care and for other benefits you cannot get through your primary care provider
- The Dell Children's Health Plan practice guidelines

How is new technology evaluated?

The Dell Children's Health Plan Medical Director and our providers look at advances in medical technology and new ways to use existing medical technology. We look at advances in:

- Medical procedures
- Behavioral health procedures
- Medicines
- Devices

We review scientific information and government approvals to find out if the treatment works and is safe. We'll consider covering new technology only if it provides equal or better outcomes than the existing covered treatment or therapy.

1-855-921-6284

Member guide to managed care terms

Term	Definition
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)	Equipment ordered by a health care provider for everyday or extended use. Coverage for DME may include but is not limited to: oxygen equipment, wheelchairs, crutches, or diabetic supplies.
Emergency medical condition	An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.
Emergency medical transportation	Ground or air ambulance services for an emergency medical condition.
Emergency room care	Emergency services you get in an emergency room.
Emergency services	Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.
Excluded services	Health care services that your health insurance or plan doesn't pay for or cover.
Grievance	A complaint to your health insurer or plan.
Habilitation services and devices	Health care services such as physical or occupational therapy that help a person keep, learn or improve skills and functioning for daily living.
Health insurance	A contract that requires your health insurer to pay your covered health care costs in exchange for a premium.
Home health care	Health care services a person receives in a home.
Hospice services	Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Rights and Responsibilities

Term	Definition
Hospitalization	Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.
Hospital outpatient care	Care in a hospital that usually doesn't require an overnight stay.
Medically necessary	Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.
Network	The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.
Non-participating provider	A provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider instead of a participating provider. In limited cases, such as when there are no other providers, your health insurer can contract to pay a non-participating provider.
Participating provider	A provider who has a contract with your health insurer or plan to provide covered services to you.
Physician services	Health care services a licensed medical physician (M.D.—Medical Doctor or D.O.—Doctor of Osteopathic Medicine) provides or coordinates.
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.

1-855-921-6284

Term	Definition
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 coordinates a range of health care services for a patient.
Primary care provider	A physician (M.D.—Medical Doctor or D.O.—Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.
Provider	A physician (M.D.—Medical Doctor or D.O.—Doctor of Osteopathic Medicine), health care professional, or health care facility licensed, certified, or accredited as required by state law.
Rehabilitation services and devices	Health care services such as physical or occupational therapy that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled.
Skilled nursing care	Services from licensed nurses in your own home or in a nursing home.
Specialist	A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.
Urgent care	Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

HIPAA notice of privacy practices

The original effective date of this notice was April 14, 2003. The most recent revision date is March 2021.

Please read this notice carefully. This tells you:

- Who can see your protected health information (PHI).
- When we have to ask for your OK before we share your PHI.

Rights and Responsibilities

- When we can share your PHI without your OK.
- What rights you have to see and change your PHI.

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you are a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children's Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs, and hospitals so we can OK and pay for your health care.

Federal law says we must tell you what the law says we have to do to protect PHI that is told to us, in writing or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
    - Lock our offices and files.
    - Destroy paper with health information so others cannot get it.
- Saved on a computer (called technical), we:
    - Use passwords so only the right people can get in.
    - Use special programs to watch our systems.
- Used or shared by people who work for us, doctors, or the state, we:
    - Make rules for keeping information safe.
    - Teach people who work for us to follow the rules.

When it is OK for us to use and share your PHI

We can share your PHI with your family or a person you choose who helps with or pays for your health care if you tell us it is OK. Sometimes, we can use and share it without your OK:

- For your medical care
    - To help doctors, hospitals and others get you the care you need
- For payment, health care operations and treatment
    - To share information with the doctors, clinics, and others who bill us for your care—When we say we will pay for health care or services before you get them (called prior authorization or pre-approval)
    - To find ways to make our programs better, as well as support you and help you get available benefits and services. We may get your PHI from public sources, and we may give your PHI

to health information exchanges for payment, health care operations and treatment. If you do not want this, please visit DellChildrensHealthPlan.com for more information.

- For health care business reasons
    - To help with audits, fraud and abuse prevention programs, planning and everyday work to find ways to make our programs better
- For public health reasons
    - To help public health officials keep people from getting sick or hurt
- With others who help with or pay for your care
    - With your family or a person you choose who helps with or pays for your health care, if you tell us it is OK
    - With someone who helps with or pays for your health care, if you cannot speak for yourself and it is best for you

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research, or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We cannot take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

Other ways we can—or the law says we have to—use your PHI:

- To help the police and other people who make sure others follow laws
- To report abuse and neglect
- To help the court when we are asked
- To answer legal documents
- To give information to health oversight agencies for things such as audits or exams
- To help coroners, medical examiners or funeral directors find out your name and cause of death
- To help when you asked to give your body parts to science
- For research
- To keep you or others from getting sick or badly hurt
- To help people who work for the government with certain jobs
- To give information to worker's compensation if you get sick or hurt at work

Rights and Responsibilities

Your rights

- You can ask to look at your PHI and get a copy of it. We will have 30 days to send it to you. If we need more time, we have to let you know. We do not have your whole medical record, though. If you want a copy of your whole medical record, ask your doctor or health clinic.
- You can ask us to change the medical record we have for you if you think something is wrong or missing. We will have 60 days to send it to you. If we need more time, we have to let you know.
- Sometimes, you can ask us not to share your PHI. But we do not have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
- You can ask us to tell you all the times over the past six years we shared your PHI with someone else. This will not list the times we shared it because of health care, payment, everyday health care business, or some other reasons we did not list here. We will have 60 days to send it to you. If we need more time, we have to let you know.
- You can ask for a paper copy of this notice at any time, even if you asked for one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us

What we have to do

- The law says we must keep your PHI private except as we said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we will do in this notice.
- We must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, such as if you are in danger.
- We must tell you if we have to share your PHI after you asked us not to.
- If state laws say we have to do more than what we said here, we will follow those laws
- We have to let you know if we think your PHI has been breached.

Contacting you

We, along with our affiliates and vendors, may call or text you using an automatic telephone dialing

system or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we will not contact you in this way anymore. Or you may call 1-855-921-6284 (TTY 7-1-1) toll-free to add your phone number to our Do Not Call list.

What to do if you have questions

If you have questions about our privacy rules or want to use your rights, please call Member Services toll free at 1-855-921-6284 (TTY 7-1-1) Monday through Friday, 8 a.m. to 6 p.m. Central time.

What to do if you have a complaint

We are here to help. If you feel your PHI has not been kept safe, you may call Member Services or contact the Department of Health and Human Services. Nothing bad will happen to you if you complain.

You may write to or call the Department of Health and Human Services:

- Office for Civil Rights
  U.S. Department of Health and Human Services
  1301 Young St., Ste. 1169
  Dallas, TX 75202
- **Phone:** 800-368-1019
- **TDD:** 800-537-7697
- **Fax:** 214-767-0432

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we will tell you about the changes in a letter. We also will post them on our website, DellChildrensHealthPlan.com.

Race, ethnicity and language

We get race, ethnicity and language information about you from state agencies for Medicaid and the Children's Health Insurance Program. We protect this information as described in this notice.

We use this information to:

- Make sure you get the care you need.

Rights and Responsibilities

- Create programs to improve health outcomes.
- Create and send health education information.
- Let doctors know about your language needs.
- Provide interpretation and translation services.

We do not use this information to:

- Issue health insurance.
- Decide how much to charge for services.
- Determine benefits.
- Share with unapproved users.

Your personal information

We may ask for, use, and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It is often taken for insurance reasons.

- We may use your PI to make decisions about your:
    - Health.
    - Habits.
    - Hobbies.
- We may get PI about you from other people or groups such as:
    - Doctors.
    - Hospitals.
    - Other insurance companies.
- We may share PI with people or groups outside of our company without your OK in some cases.
- We will let you know before we do anything where we have to give you a chance to say no.
- We will tell you how to let us know if you do not want us to use or share your PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

This information is available for free in other languages. Please contact Member Services toll free at 1-855-921-6284 (TTY 7-1-1) Monday through Friday, 8 a.m. to 6 p.m. Central time.

1-855-921-6284

Dell Children's Health Plan follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- Color
- National origin
- Age
- Disability
- Sex or gender identity

That means we won't exclude you or treat you differently because of these things.

Communicating with you is important

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call the Member Services number on your ID card. Or you can call our Member Advocate at 1-855-921-6284 (TTY 7-1-1).

Your rights

Do you feel you didn't get these services or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, email or phone:

- Dell Children's Health Plan
  Attn: Member Advocate
  1345 Philomena St., Ste. 305
  Austin, TX 78723
- **Phone:** 1-855-921-6284 (TTY 7-1-1)

Need help filing?

Call a Member Advocate at the number above. You can also file a civil rights complaint with the U.S.

Rights and Responsibilities

Department of Health and Human Services, Office for Civil Rights:

- **On the Web:** https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **By mail:**
  U.S. Department of Health and Human Services
  200 Independence Ave. SW
  Room 509F, HHH Building
  Washington, D.C. 20201
- **By phone:** 1-800-368-1019 (TTY/TDD 1-800-537-7697)

For a complaint form, visit www.hhs.gov/ocr/office/file/index.html.