



SEPTEMBER 2025 - AUGUST 2026

Dell Children's Health Plan

# CHIP and CHIP Perinate Newborn Member Handbook

1-855-921-6284 (TTY 7-1-1) | [DellChildrensHealthPlan.com](http://DellChildrensHealthPlan.com)

April 2026 | MS-0725-083



TEXAS  
Health and Human  
Services



## My information

Fill out this page to have all of your medical contact information in one place.

Name: \_\_\_\_\_ CHIP ID: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Main provider/clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist/clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

OB-GYN/clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

After-hours clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Urgent care clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital emergency department: \_\_\_\_\_ Phone: \_\_\_\_\_



Scan the QR code if you need help finding a provider, urgent care or after-hours clinic. You can also go to [DellChildrensHealthPlan.com](http://DellChildrensHealthPlan.com), or call the 24-hour Nurse Helpline at **1-855-712-6700 (TTY 7-1-1)**. If you think you are having a medical emergency call **9-1-1** or go to the nearest emergency room.

# Your Dell Children's Health Plan Member Handbook

## This member handbook is for CHIP members and CHIP Perinate Newborn members.

This handbook will help you understand your child's health plan and the CHIP benefits your child gets from us. Your Dell Children's Health Plan benefits are your CHIP benefits plus the value-added services your child gets for being our member.

When there are differences in the health plan between CHIP and CHIP Perinate Newborn members (like in the section on copays), we will explain those differences.

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

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, audio or in another language. The other side of this handbook is in Spanish.

For members who don't speak English, we can help you in many different languages and dialects, including Spanish. You may also get an interpreter for visits with your child's provider at no cost to you. Please let us know if you need an interpreter at least 24 hours before your appointment. Call Member Services at **1-855-921-6284 (TTY 7-1-1)** to learn more.

For members who are deaf or hard of hearing, call 7-1-1. Dell Children's Health Plan will set up and pay for a person who knows sign language to help you during your provider visits. Please let us know if you need an interpreter at least 24 hours before your appointment.

If you have questions after you read the handbook, call Member Services at **1-855-921-6284 (TTY 7-1-1)**. Member Services Representatives are available from 8 a.m. to 5 p.m. Central time Monday through Friday. Calls received from 5 p.m. to 8 a.m. will be directed to voicemail.

# 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 5 p.m. Central time, except for state-approved holidays. Calls received from 5 p.m. to 8 a.m. will be directed to voicemail. If our offices are closed, you can still speak to someone. If we can't help you right away, we will help you the next business day.

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 providers
- Transportation
- Getting services
- Cost-sharing information
- Healthy living
- Rights and responsibilities
- Provider appointments
- Healthcare benefits
- What to do in an emergency or crisis
- Well care
- Special kinds of health care
- Complaints and medical appeals

**Call 1-855-921-6284  
(TTY 7-1-1).**

### Dell Children's Health Plan 24-hour Nurse HelpLine

The 24-hour Nurse HelpLine is available to all members 24 hours a day, seven days a week. Call **1-855-712-6700 (TTY 7-1-1)** if you need advice on:

- How soon your child needs care
- What kind of care your child needs
- How you can care for your child before seeing the provider
- How you can get your child care

**1-855-712-6700  
(TTY 7-1-1)**

**If you have an  
emergency, call 9-1-1.**

### CHIP Program Help Line

**1-800-964-2777**

### Pharmacy services

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

1-855-921-6284

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

<b>What to do in an emergency</b> <b>If you have an emergency, you should call 9-1-1 or go to the nearest hospital emergency room right away.</b> If you need advice, call your child's primary care provider or our 24-hour Nurse HelpLine seven days a week at <b>1-855-712-6700 (TTY 7-1-1)</b> . 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 Member Services to find an urgent care clinic near you. Or call our 24-hour Nurse HelpLine seven days a week at <b>1-855-712-6700 (TTY 7-1-1)</b> for advice anytime, day or night.		<b>Call 9-1-1 in an emergency.</b>	
<b>Behavioral health and substance abuse services</b> The behavioral health and substance abuse services line is available to members 24 hours a day, seven days a week at <b>1-800-424-1764 (TTY 7-1-1)</b> . The call is free, and you can talk to someone in English or Spanish. For other languages, interpreter services are available. You can call the behavioral health and substance abuse services line for help getting services. <b>If your child has an emergency, you should call 9-1-1 or go to the nearest hospital emergency room right away.</b>		<b>24 hours a day, seven days a week at 1-800-424-1764.</b>	
<b>Service Coordination</b> Disease management and case management		<b>1-844-964-3015 (TTY 7-1-1)</b>	
<b>Special Delivery service coordination program</b>		<b>1-844-964-3015 (TTY 7-1-1)</b>	
<b>Extra help getting a ride</b>		<b>1-844-867-2742</b>	
<b>Vision</b>		<b>1-800-879-6901</b>	
<b>CHIP dental plans</b>	DentaQuest: <b>1-800-508-6775</b>	MCNA: <b>1-855-691-6262</b>	United Healthcare Dental: <b>1-877-901-7321</b>



1-855-921-6284

# Table of Contents

Welcome to Dell Children’s Health Plan! .....	6
Information about your new health plan .....	7
Your child needs to go to the provider now! .....	8
Your Dell Children’s Health Plan ID card.....	9
Primary care providers for CHIP members and CHIP Perinate Newborn members .....	10
Physician incentive plans .....	12
Changing health plans .....	12
Coverage for newborns .....	14
Benefits for CHIP and CHIP Perinate Newborn members.....	16
Service coordination.....	26
Health care and other services for CHIP and CHIP Perinate Newborn members .....	28
What are my rights and responsibilities? .....	45
Quality management .....	47
How we make decisions about your care .....	47
Complaint process .....	48
Process to appeal a CHIP adverse determination (denial) .....	50
Expedited appeals.....	51
Independent review organization process .....	52
Fraud, waste and abuse information.....	54
HIPAA notice of privacy practices .....	58
Race, ethnicity and language.....	62



# Welcome to Dell Children's Health Plan!

## Thank you for choosing Dell Children's Health Plan as your CHIP health plan.

It is our goal to make sure the children in our health plan get the best medical care available. This member handbook tells you how Dell Children's Health Plan works and the benefits of your health plan.

- We know your child's health is important, so when you have questions or need information, we're just a call or click away.
- Call Member Services at **1-855-921-6284 (TTY 7-1-1)** Monday through Friday from 8 a.m. to 5 p.m. Central time if you have benefit questions or need to reach us for any reason. Calls received from 5 p.m. to 8 a.m. will be directed to voicemail. If you need medical advice or want to speak to a licensed nurse, call our 24-hour Nurse HelpLine at **1-855-712-6700 (TTY 7-1-1)**, any time, day or night.
- You can search for providers in our health plan with our online provider directory tool. Visit [DellChildrensHealthPlan.com](https://DellChildrensHealthPlan.com) and click on the Find a Doctor link to search by provider name or specialty type. We make it easy to find a provider near you. If you need help finding a provider or would like a printed directory at no cost, call **1-855-921-6284 (TTY 7-1-1)**.

Thank you for picking Dell Children's Health Plan.

Sincerely,

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

# Information about your new health plan

## Things to do now that you are on Dell Children's Health Plan.

- 1 Choose a primary care provider.** We're committed to getting you the right care close to home. You'll get your health care through Dell Children's Health Plan. As a Children's Health Insurance Program (CHIP) member, you and your providers will work together to help you get everything your child needs, including checkups, immunizations, prescriptions and more.
- 2 Schedule a checkup.** CHIP members should get a checkup within 90 days of joining the plan or within the first 12 weeks of being pregnant. To find out about providers and hospitals in your area or to get assistance scheduling a provider visit, please go to [DellChildrensHealthPlan.com](http://DellChildrensHealthPlan.com) or call Member Services at **1-855-921-6284 (TTY 7-1-1)**.
- 3 If your child has 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 seven days a week at **1-855-712-6700 (TTY 7-1-1)**.
- 4 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. Go to the "What is urgent medical care?" section of this handbook to learn more. Call us to find an urgent care clinic near you, or call our 24-hour Nurse HelpLine seven days a week at **1-855-712-6700 (TTY 7-1-1)** for advice anytime, day or night.

# About Your Health Plan

## Your child needs to go to the provider now!

### When is it time for a well-child checkup?

Your child needs to have regular checkups. This way, your child's primary care provider can see if there is a problem before it becomes a bad problem. When your child becomes a Dell Children's Health Plan member, call his or her primary care provider and make the first appointment before the end of 90 days.

### Well-child checkups for children

Children need more well-care checkups than adults. Your child should get checkups at the times listed below.

Well-child checkup schedule	
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	24 months old
6 months old	30 months old
After age 2 <sup>1</sup> / <sub>2</sub> , your child should visit the provider every year. Dell Children's Health Plan encourages and covers annual checkups for members ages 3-18.	

Be sure to make these appointments and take your child to his or her provider 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 provider 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 aids, or dental care.

### What if my daughter becomes pregnant?

If you think your daughter is pregnant, call her provider or OB-GYN right away.

You don't need a referral to see an OB-GYN. Your child can see only one OB-GYN in a month, but your child can visit the same OB-GYN more than once during that month, if needed.

If you have any questions or need help making an appointment with your child's provider or OB-GYN, please call Dell Children's Health Plan Member Services at **1-855-921-6284 (TTY 7-1-1)**.


1-855-921-6284

## Your Dell Children's Health Plan ID card


### What does my child's Dell Children's Health Plan ID card look like?

If you don't have your child's ID card yet, you'll get it soon. Please carry it with you at all times. Show it to any provider, hospital or drug store you visit. You don't need to show your child's ID card before getting emergency care. Here is what your child's Dell Children's Health Plan ID card looks like:

### CHIP ID card

		<b>CHIP</b> MEMBER ID CARD / TARJETA DE MIEMBRO Plan Effective Date/Fecha efectiva del plan:		<p><b>In case of emergency, call 911 or go to the closest emergency room. After treatment, call your child's PCP within 24 hours or as soon as possible.</b></p> <p><i>En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP de su hijo dentro de 24 horas o tan pronto como sea posible.</i></p>
<b>Member Information/Información del Miembro</b> Member/Miembro: DOB/Fecha de nacimiento: ID no/Nro. de ID:		NAVITUS RxBIN: <b>610602</b> RxPCN: <b>MCD</b> RxGroup: <b>SHP</b>		
<b>PCP Information/Información del PCP</b> PCP/PCP: PCP Effective Date/Fecha efectiva: PCP Phone/Teléfono del PCP: Co-Payments/Co-Pagos		Pharmacy contact information: Información de contacto de farmacia: <b>1-855-921-6284</b> For pharmacies and prescribers only: <b>1-877-908-6023</b>		<b>Member Services 24-7/ Servicios para Miembros 24-7: 1-855-921-6284</b> <b>Nurse HelpLine 24-7/ Línea telefónica de enfermería 24-7: 1-855-712-6700</b> <b>Behavioral Health and Substance Abuse Services 24-7</b> <b>Servicios de Salud Mental y Abuso de Sustancias 24-7: 1-800-424-1764</b> <b>For Vision Services/ Servicios de Visión: 1-800-879-6901</b>
Office Visit/Visita de Oficina: Hospital/Hospital:		ER/Emergencia: Vision/Visión:		Eligibility, authorizations, benefits and claims: <b>Provider Services 1-844-781-2343</b> Send claims to: <b>Dell Children's Health Plan</b> <b>PO Box 37502</b> <b>Oak Park, MI 48237-0502</b> Payer ID: <b>38261</b>
Generic/Brand Genérico/Marca: Specialty/Especialidad:				For more information, visit us at <a href="http://DellChildrensHealthPlan.com">DellChildrensHealthPlan.com</a> MS-0622-002

### CHIP Perinate Newborn ID card

		<b>CHIP PERINATE NEWBORN</b> MEMBER ID CARD / TARJETA DE MIEMBRO Plan Effective Date/Fecha efectiva del plan:		<p><b>In case of emergency, call 911 or go to the closest emergency room. After treatment, call your child's PCP within 24 hours or as soon as possible.</b></p> <p><i>En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP de su hijo dentro de 24 horas o tan pronto como sea posible.</i></p>
<b>Member Information/Información del Miembro</b> Member/Miembro: DOB/Fecha de nacimiento: ID no/Nro. de ID:		NAVITUS RxBIN: <b>610602</b> RxPCN: <b>MCD</b> RxGroup: <b>SHP</b>		
<b>PCP Information/Información del PCP</b> PCP/PCP: PCP Effective Date/Fecha efectiva: PCP Phone/Teléfono del PCP: Co-Payments/Co-Pagos		Pharmacy contact information: Información de contacto de farmacia: <b>1-855-921-6284</b> For pharmacies and prescribers only: <b>1-877-908-6023</b>		<b>Member Services 24-7/ Servicios para Miembros 24-7: 1-855-921-6284</b> <b>Nurse HelpLine 24-7/ Línea telefónica de enfermería 24-7: 1-855-712-6700</b> <b>Behavioral Health and Substance Abuse Services 24-7</b> <b>Servicios de Salud Mental y Abuso de Sustancias 24-7: 1-800-424-1764</b> <b>For Vision Services/ Servicios de Visión: 1-800-879-6901</b>
No co-payments or cost sharing apply / No aplican co-pagos ni costos compartidos				Eligibility, authorizations, benefits and claims: <b>Provider Services 1-844-781-2343</b> Send claims to: <b>Dell Children's Health Plan</b> <b>PO Box 37502</b> <b>Oak Park, MI 48237-0502</b> Payer ID: <b>38261</b>
				For more information, visit us at <a href="http://DellChildrensHealthPlan.com">DellChildrensHealthPlan.com</a> MS-0622-003

### How do I read and use my child's Dell Children's Health Plan ID card?

The card tells providers and hospitals your child is a Dell Children's Health Plan member. It also says that Dell Children's Health Plan will pay for the medically needed benefits listed in the "Benefits for CHIP and CHIP Perinate Newborns" section of this handbook.

Your child's ID card lists your copay amounts and important phone numbers you need to know.

# About Your Health Plan

## **How do I replace my child's ID card if it is lost or stolen?**

If your child's ID card is lost or stolen, call Dell Children's Health Plan right away. We will send you a new one. You may also print a new ID card from our member portal at <https://dchp-member.com>. You'll need to register and log in to the website to access your child's ID card information.

## **Primary care providers for CHIP members and CHIP Perinate Newborn members**

### **What is a primary care provider?**

A primary care provider is the main provider who provides most of your child's regular health care. Your child's primary care provider must be in the Dell Children's Health Plan network. The primary care provider will provide a medical home. A medical home means your child's provider will get to know your child, understand his or her health history and help him or her get the best possible care. The primary care provider will also send you to other provider, specialists or hospitals when special care or services are needed.

When you joined Dell Children's Health Plan, you should have picked a primary care provider for your child. If you did not, we assigned one for you. We picked one who should be located close to you. The primary care provider's name and phone number are listed on the ID card.

### **What do I need to bring to my child's provider appointment?**

You should bring:

- Your child's Dell Children's Health Plan ID card
- Any medicines your child is taking
- Your child's vaccination records
- Any questions you want to ask the provider

### **Can a clinic be my child's primary care provider?**

Yes, Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) listed in the Dell Children's Health Plan CHIP provider directory can be primary care providers.

### **How can I change my child's primary care provider?**

You can change your child's primary care provider by calling Member Services.

# 1-855-921-6284

## **How many times can I change my child's primary care provider?**

There is no limit on how many times you can change 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 us at the address in the front of this book.

## **When will my child's primary care provider change become effective?**

We can change your child's primary care provider the same day you ask for the change. The change will start right away. Call the provider's office if you want to make an appointment. If you need help making an appointment, call Member Services. We'll help you.

## **Are there any reasons my request to change my child's primary care provider may be denied?**

You'll not be able to change your child's provider if:

- The provider you chose cannot take new patients
- The new provider is not a part of your plan

## **Can a primary care provider move my child to another primary care provider for non-compliance?**

Your primary care provider may ask that your child be changed to another primary care provider. Your provider may do this if:

- You don't follow his or her medical advice over and over again
- Your provider agrees that a change is best for your child
- Your provider doesn't have the right experience to treat your child
- You were assigned to the provider by mistake (like a child assigned to a provider who only treats adults)

## **What if I choose to go to a provider who is not my child's primary care provider?**

Talk to your child's primary care provider first about care needed from other providers. He or she can tell you about other providers in our plan and help coordinate all the care your child needs.

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

If your child needs urgent care after your child's primary care provider's office is closed, call the primary care provider phone number on your ID card. 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.

# About Your Health Plan

You may also call our Nurse HelpLine 24 hours a day, 7 days a week for advice or help finding an urgent care clinic near you. Go to the “What is urgent medical care?” section of this handbook to learn more about urgent care.

**If your child has an emergency, call 9-1-1 or go to the nearest emergency room right away.** If you aren't sure it's an emergency, read the section on “What is emergency medical care?” or call the 24-hour Nurse HelpLine.

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

If your child can't get a covered benefit from a provider in our health plan, we'll arrange for your child to get the service from a provider who's not in our plan. We'll pay the provider according to state rules. Call Member Services at **1-855-921-6284 (TTY 7-1-1)** to arrange this service.

You don't need to call us to get emergency care from a provider who's not in our plan.

## **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 child's primary care provider (main provider) 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 are allowed to make health plan changes:

- For any reason within 90 days of enrollment in CHIP
- For cause at any time
- If you move to a different service delivery area
- During your annual CHIP re-enrollment period

### **Who do I call?**

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

# 1-855-921-6284

## **How many times can I change health plans?**

You can change health plans for any reason within 90 days of enrollment in CHIP and for cause at any time. If your child is in the hospital, you will not be able to change health plans until your child has been discharged. You can also change health plans if you move to a different service delivery area and during your annual CHIP re enrollment period.

## **When will my health plan change become effective?**

If you call to change your child's 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 my child be dropped from the health plan for non-compliance?**

There are several reasons your child could be disenrolled or dropped from Dell Children's Health Plan. These reasons are listed below. If you or your child did something that may lead to disenrollment, we'll contact you. We'll ask you to tell us what happened.

Your child could be disenrolled from Dell Children's Health Plan if:

- Your child is no longer eligible for CHIP
- You let someone else use your child's Dell Children's Health Plan ID card
- You or your child tries to hurt a provider, a staff person or a Dell Children's Health Plan associate
- You or your child steals or destroys provider or Dell Children's Health Plan property
- You go to the emergency room over and over again when your child doesn't have an emergency
- You go to providers or medical facilities outside Dell Children's Health Plan over and over again
- You or your child tries to hurt other patients or makes it hard for other patients to get the care they need

If you have any questions about your child's enrollment, call Member Services at **1-855-921-6284 (TTY 7-1-1)**.

# About Your Health Plan

## **Coverage for newborns**

If your baby is eligible as a CHIP Perinate Newborn, he or she will get the same coverage as a CHIP member beginning at birth. Your baby will get 12 months of continuous coverage through his or her health plan, beginning with the month of enrollment in the CHIP Perinatal program as an unborn child. For example, if an unborn baby is enrolled when the mother is 3 months pregnant, the baby will have 6 months of prenatal care and 6 months of full CHIP benefits as a CHIP Perinate Newborn member after birth.

Enrollment fees and copays don't apply to CHIP Perinate Newborn members but will still apply for any siblings enrolled in the CHIP program. The family will receive a CHIP renewal form in the 10th month of the child's CHIP Perinate Newborn coverage. The renewal form must be completed and submitted to continue benefits.



**Member Benefits**

# Member Benefits

## Benefits for CHIP and CHIP Perinate Newborn members

### What are my child's CHIP or CHIP Perinate Newborn benefits?

The following list shows some of your child's healthcare benefits:

- Regular checkups and office visits
- Prescription drugs and vaccines
- Access to medical specialists and mental health care
- Hospital care and services
- Medical supplies, X-rays and lab tests
- Treatment for special health needs
- Treatment for pre-existing conditions

 **Coverage for CHIP and CHIP Perinate Newborn members is the same.**

### How do I get these services for my child?

Your child's primary care provider will provide most routine care. For specialty care or other care the primary care provider can't provide, he or she will refer you to a specialist or other provider in our plan. If you have a question or are not sure whether we offer a certain benefit, call Member Services for help.

### Are there any limits to covered services?

Yes. Covered services must be medically necessary and in some cases must be prior approved.

### What is prior approval?

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

# 1-855-921-6284

- Certain durable medical equipment, including prosthetics and orthotics
- Certain gastroenterology procedures
- Digital hearing aids
- 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 are the CHIP Perinate Newborn benefits? What benefits does my baby receive at birth?**

If your baby is eligible as a CHIP Perinate Newborn, he or she will get the same coverage as a CHIP member beginning at birth. Your baby will get 12 months of continuous coverage through his or her health plan, beginning with the month of enrollment in the CHIP Perinatal program as an unborn child. For example, if an unborn baby is enrolled when the mother is 3 months pregnant, the baby will have 6 months of prenatal care and 6 months of full CHIP benefits as a CHIP Perinate Newborn member after birth.

## **What services are not covered?**

For questions about services not covered by Dell Children's Health Plan, please call Member Services.

## **What are my child's prescription drug benefits?**

Your child can get as many prescriptions as are medically necessary. We use the Vendor Drug Program (VDP) list of drugs for your provider to choose from. Some prescriptions might have a copay. Read more about copays in the "What are copays?" section of this handbook. Some prescriptions will need prior approval.

You can go to any pharmacy in our plan to have your prescriptions filled. To find out more, call Member Services at **1-855-921-6284 (TTY 7-1-1)**.

# Member Benefits

## **What are copays?**

Copays are the amounts that a member has to pay for certain CHIP covered services. This is also known as cost sharing—the member shares the cost of some services. The amounts are based on family income and type of service. Some services don't have copays, like well-child or well-baby visits or immunizations. We offer preventive care and pregnancy-related benefits at no cost.

Your child's Dell Children's Health Plan ID card lists the copay amounts for your child. Show your child's ID card when you visit a provider or have a prescription filled. You don't have to show your child's ID card to get emergency care. If the cost of a covered service is less than the copay amount, you won't pay any more than the cost of the covered service.

## **How much are they and when do I have to pay them?**

The following table shows the CHIP copay, or cost sharing, schedule according to family income and type of service. You must pay the copay amount at the time of service.

Please note: Enrollment fees and copays don't apply for CHIP Perinate Newborn members and CHIP members who are Native Americans or Alaskan Natives. If your child is a Native American or an Alaskan Native and the ID card shows copay requirements, call Member Services to get a new ID card with the correct information.

Copays do not apply at any income level for well-baby and well-child care services, preventative services including immunizations, pregnancy-related services and CHIP Perinate Newborns. Dell Children's Health Plan is not responsible for payment of unauthorized non-emergency services provided to a CHIP member by an out-of-network provider. In such circumstances, the CHIP member will be responsible for all costs.

1-855-921-6284

**Co-pay (per visit)**

	<b>At or below 151% FPL</b>	<b>Above 151% up to and including 186% FPL</b>	<b>Above 186% up to and including 201% FPL</b>
<b>Enrollment fee</b>	\$0	\$35	\$50
<b>Annual cost sharing caps</b>	5% of family's income	5% of family's income	5% of family's income
<b>Office visit</b>	\$5  No co-pay is applied for MH/SUD office visits.	\$20  No co-pay is applied for MH/SUD office visits.	\$25
<b>Non-emergency ER</b>	\$5	\$75	\$75
<b>Facility stay, inpatient (per admission)</b>	\$35  No co-pay is applied for MH/SUD residential treatment services.	\$75  No co-pay is applied for MH/SUD residential treatment services.	\$125
<b>Prescription generic drug</b>	\$0	\$10	\$10
<b>Prescription brand drug</b>	\$5	\$25 for insulin  \$35 for all other drugs	\$25 for insulin  \$35 for all other drugs

**What are CHIP cost-sharing caps?**

The member guide you received from CHIP when you joined includes a tear-out form that you should use to track your CHIP expenses. To make sure you don't exceed your cost sharing limit, please keep track of your CHIP-related expenses on this form. The enrollment packet welcome letter tells you exactly how much you must spend before you're eligible to mail the form back to CHIP. If you have misplaced your welcome letter, please call CHIP at **1-800-964-2777** and they will tell you what your annual cost sharing limit is.

When you reach your annual cap, send the form to CHIP and they will notify Dell Children's Health Plan. We'll send you a new member ID card. This new card will show that no copays are due when your child gets services.

# Member Benefits

## When will I get an explanation of benefits?

There may be times when you'll need to pay a provider for all or part of the cost for a service your child gets. You may also have to pay part of the cost for a prescription. This will happen if you owe a copay. You must also pay a provider for services your child gets that are not benefits included under CHIP.

We'll send you an explanation of benefits (EOB) only if the service isn't a CHIP benefit. The EOB will tell you how much you owe the provider. It will explain why you owe the provider a payment. We'll also let the provider know how much you owe. You'll need to make a payment directly to the provider.

You won't get an EOB if you only have to pay a copay. This is because a copay should be paid at the time that you see the provider or get the prescription.

## What benefits does my child get as a member of Dell Children's Health Plan? How can I get these benefits for my child?

Your child gets extra benefits, called value-added services, just for being our member. These extra benefits are designed to make a difference in your child's life. We give your child these value-added services to help keep him or her healthy and to thank you for choosing Dell Children's Health Plan as your child's healthcare plan. The chart below explains how you can get these value-added services. Call Member Services to learn more about these value-added services or visit our website at [DellChildrensHealthPlan.com](http://DellChildrensHealthPlan.com).

Value-added service	How to get it
<b>24-hour Nurse HelpLine:</b> nurses are available 24 hours a day, seven days a week for your healthcare questions.	Call 1-855-712-6700 (TTY 7-1-1).
<b>Overnight summer and spring break camps at El Ranchito</b> for members ages 9 through 18. Annual checkup or physical required and vaccines must be current.	Register at <a href="http://elranchito.org">elranchito.org</a> or call 1-512-710-8313.
<b>GoManda learning app</b> for children members ages 2 to 8 who have autism or speech delay to help with vocabulary skills.	Call your child's service coordinator at 512-324-3015 (TTY 7-1-1) or toll-free at 1-844-964-3015 (TTY 7-1-1), or email <a href="mailto:qualitymanagement@ascension.org">qualitymanagement@ascension.org</a> .

1-855-921-6284

Value-added service	How to get it
<p><b>Help getting rides to:</b></p> <ul style="list-style-type: none"> <li>• Provider visits for members with chronic illnesses. Must be pre-approved.</li> <li>• Pregnancy and birthing classes for pregnant members.</li> <li>• WIC offices, food banks, grocery stores, Simply Safety Centers, when applying in person for Medicaid, food stamps, AABD, SSI, VA and state supplements, child day care, houses of worship, court-ordered exam or appointment, employment search, citizenship verification, local library and Member Advisory Group meetings.</li> </ul>	<p>Call MTM Health at 1-844-867-2742 (TTY 7-1-1) 24 hours a day, seven days a week, 365 days a year. Members can also use the MTM Link Member Mobile App, available on the App Store or Google Play. 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. Four trips per month for each of the following: child day care, employment search and local library. Two trips per month to houses of worship.</p>
<p><b>Extra vision benefits</b></p> <ul style="list-style-type: none"> <li>• Up to \$100 off the price of upgraded eyeglass lenses and frames every two years, including Medicaid benefit.</li> <li>• Up to \$100 for contact lenses in place of glasses every two years, including Medicaid benefit.</li> </ul>	<p>Call Superior Vision of Texas at 1-800-879-6901.</p>
<p>Members diagnosed with asthma and enrolled in the service coordination program are eligible to receive <b>one allergy-free pillow cover and one allergy-free mattress cover</b>, every 12 months. Mattress covers are available in sizes twin through king.</p>	<p>Call Service Coordination at 1-844-964-3015 (TTY 7-1-1) or 1-512-324-3015 (TTY 7-1-1).</p>
<p><b>One sports or school physical</b> every 12 months for members ages up to 18.</p>	<p>See your primary care provider.</p>
<p><b>Expert guidance for children with health conditions</b> in public schools needing IEP or 504 accommodations. Member must attend public school, be between the ages of Pre-K 3 through 12th grade, have a designated primary care provider and have had a checkup within the past 12 months.</p>	<p>Call Service Coordination at 1-844-964-3015 TTY 7-1-1) or 1-512-324-3015 (TTY 7-1-1).</p>
<p><b>Educational advocacy assistance</b> in PreK-12 public schools for individuals with health comorbidities and intellectual or developmental disabilities. Member must attend public school, be between the ages of Pre-K 3 through 12th grade, have a designated primary care provider and have had a checkup within the past 12 months.</p>	<p>Members must request services through Service Coordination or a Member Advocate.</p>

# Member Benefits

Value-added service	How to get it
<p><b>Membership at participating YMCA locations</b> for members through age 14.</p>	<p>Members must email <a href="mailto:DCHPMarketing@ascension.org">DCHPMarketing@ascension.org</a> or call Member Services. Members must use the YMCA at least every 30 days for us to continue paying for the YMCA membership.</p>
<p><b>Planet Fitness membership at participating locations,</b> for members 15 years old and older. Members ages 15 to 17 must have parent consent.</p>	<p>Members must email <a href="mailto:DCHPMarketing@ascension.org">DCHPMarketing@ascension.org</a> or call Member Services. Members must use Planet Fitness at least once every 30 days for us to continue paying for the Planet Fitness membership.</p>
<p><b>Member Rewards card for completing these healthy activities:</b></p> <ul style="list-style-type: none"> <li>• \$120 for completing six well-child checkups, for children ages 0-15 months.</li> <li>• \$50 for completing all timely well-child checkups at 18, 24 and 30 months.</li> <li>• \$20 each year your child gets a well-child checkup ages 3-18 years.</li> <li>• \$20 for new members ages 3-18 who complete a well-child checkup within 90 days of enrolling.</li> <li>• \$50 for getting a full series of the Immunizations for Adolescents (IMA). Full series of the HPV (human papillomavirus) vaccination, one dose of meningococcal vaccine and one Tdap vaccine for members from 9-13 years old.</li> <li>• \$75 for members who complete 5 of the Combo 10 vaccines. An additional \$125 reward for members who complete all of the Combo 10 vaccines by 24 months of age.</li> <li>• \$75 for getting a prenatal checkup in the 1st trimester or within 42 days of enrollment with the health plan in any trimester.</li> <li>• \$100 for members who get a postpartum checkup within 7 to 84 days after giving birth.</li> <li>• \$20 for members ages 6-12 newly diagnosed with ADHD and have a follow up visit with their prescribing provider within 30 days after starting their medication treatment.</li> <li>• \$25 for over-the-counter products for members ages 3 and older that receive the annual flu vaccine.</li> </ul>	<p>Call 1-877-527-6211 or 1-844-226-1433 or go to <a href="http://dchpmemberrewards.com">dchpmemberrewards.com</a>.</p>


1-855-921-6284

<b>Value-added service</b>	<b>How to get it</b>
<b>Home visits when pregnant and after delivery.</b> Doula services available during birth as well.	Call Service Coordination at 1-844-964-3015 (TTY 7-1-1) or 1-512-324-3015 (TTY 7-1-1) or contact Giving Austin Labor Support by calling 1-512-934-2171 or online <a href="http://givingaustinlaborsupport.org/gals-programs">givingaustinlaborsupport.org/gals-programs</a> .
<b>Convertible car seat</b> for members who complete six prenatal visits during pregnancy. One car seat per pregnancy per child.	Call 1-855-921-6284 (TTY 7-1-1).
<b>Pregnancy classes</b> to help members prepare for childbirth and to educate and inform about each trimester, delivery, and the postpartum period.	<p>Register online at <a href="http://anybabycan.org/programs/parenting-classes">anybabycan.org/programs/parenting-classes</a> or call 1-512-454-3743 to register for pregnancy classes available in English or Spanish.</p> <p>Self-Paced: To sign-up for the self-paced course, members must contact Dell Children's Health Plan by calling 1-855-921-6284 (TTY 7-1-1).</p>
<b>Fresh food, fruits, vegetables or prepared meals for pregnant members after delivery.</b> Limit to one shipment.	Call 1-855-921-6284 (TTY 7-1-1). Must request within 3 months of baby being born.
<b>Baby showers</b> for pregnant members with education, resources and giveaway items that may include: diapers, diaper bags and blankets.	Baby showers are posted on Dell Children's Health Plan Facebook page and Events web page: <a href="http://DellChildrensHealthPlan.com/events">DellChildrensHealthPlan.com/events</a> . Members may contact Dell Children's Health Plan by calling 1-512-324-DCHP (3247) or by emailing <a href="mailto:DCHPCommunityOutreach@ascension.org">DCHPCommunityOutreach@ascension.org</a> .
<b>Emergency food delivery</b> available due to significant life events, for example, new illness or diagnosis, recent job loss, natural disasters and are experiencing food insecurity.	Call 1-855-921-6284 (TTY 7-1-1) and ask to be connected with a Service Coordinator or a Member Advocate.

# Member Benefits

Value-added service	How to get it
<p><b>NeuroFlow is a free 24/7 secure online tool</b> accessible through web or mobile app to help members learn to reduce stress, anxiety, depression, burnout, chronic pain or substance use. For members 18 years old and older.</p>	<p>Members access NeuroFlow by logging into their account at <a href="http://Member.MagellanHealthcare.com">Member.MagellanHealthcare.com</a> or by downloading the NeuroFlow app on their mobile device..</p> <ol style="list-style-type: none"> <li>1. Click the "What's Your Health Plan?" dropdown.</li> <li>2. Type Dell and select Dell Children's Health Plan.</li> <li>3. Click the Next button.</li> <li>4. Once you arrive at the NeuroFlow registration page, enter your information and create a password.</li> <li>5. Review and agree to the Terms of Service and Privacy Policy.</li> </ol>
<p><b>Rewards for students between grades 9 and 12</b> are eligible for a \$25 reward card per semester for the following achievements by the end of the school year (limit two reward cards per school year):</p> <ul style="list-style-type: none"> <li>• A GPA of 3.0 or greater</li> <li>• Attendance record of 90% or higher</li> <li>• Member attends their IEP or 504 meeting</li> </ul>	<p>Members must email documentation to <a href="mailto:DCHPMarketing@ascension.org">DCHPMarketing@ascension.org</a>.</p>
<p><b>GED preparation</b> through online classes and coaching to prepare for the high school equivalency test (GED) covered to encourage the completion of high school-level education.</p>	<p>Email <a href="mailto:DCHPMarketing@ascension.org">DCHPMarketing@ascension.org</a>. For members 17 years and older.</p>
<p><b>General Education Diploma (GED) test</b> covered for members.</p>	<p>For members ages 17 to 20 email <a href="mailto:DCHPMarketing@ascension.org">DCHPMarketing@ascension.org</a>. For 21 years old and older, high school equivalency testing can be done for free through participating programs.</p>

1-855-921-6284

Value-added service	How to get it
<p><b>Spiritual care</b> 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.</p> 	<p><b>To speak to a chaplain online:</b></p> <ol style="list-style-type: none"> <li>1. Scan the QR code or go to <a href="https://bit.ly/3lfuBxi">bit.ly/3lfuBxi</a>.</li> <li>2. Complete the form to speak with a chaplain.</li> <li>3. Select "I am an: Insurance Member" and "Health plan: Dell Children's Health Plan".</li> <li>4. You'll receive a Zoom link via text and a chaplain will join the meeting within 10 minutes.</li> </ol> <p><b>To speak with a chaplain over the phone:</b> Chaplains can be reached via telephone Monday to Friday 8 a.m. to 4 p.m. Central time at 1-833-789-4487 (TTY 7-1-1).</p>
<p><b>Online spiritual wellness</b> resources available to members with practices and techniques to support overall well-being and spiritual health.</p>	<p><b>To access, log in or create an account on the member portal at <a href="https://dchp-member.com">https://dchp-member.com</a>.</b></p>

## 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
- 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.

# Member Benefits

## Service coordination

### What is service coordination?

Service coordination is a covered benefit for all CHIP members. It is a program for members who have a long-term health condition like diabetes, asthma, mental health or another condition that needs special care and attention. We help you get the care you (or your child) need, when you need it. You can be referred to service coordination by your healthcare provider, yourself or by meeting certain criteria. You can opt in or out of service coordination at any time.

### Service coordination can help members with:

- Complex case management
- Asthma
- Diabetes
- Behavioral health
- High-risk pregnancy
- Other chronic health care conditions

### What do service coordinators do?

- 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) provider to help you best manage your (or your child's) condition
- Follow your (or your child's) health condition and help to make sure you are getting the care you need
- Get medical supplies or equipment
- Work on school or education issues
- Work on other problems
- Teach you how to find and get other services
- Offer smoking cessation services

# 1-855-921-6284

## How can I talk to a service coordinator?

You don't need a referral from a provider to talk to a service coordinator. Call Service Coordination at **512-324-3015 (TTY 7-1-1)** or **1-844-964-3015 (TTY 7-1-1)** and ask to speak to one. Service coordinators 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.

## Members 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
- Former foster care children
- Pregnant women identified as high risk, including:
  - Pregnant members age 35 and older or 15 and younger;
  - Pregnant members diagnosed with preeclampsia, high blood pressure or diabetes;
  - Pregnant members with mental health or substance use disorder diagnosis;
  - Pregnant members with a previous pre-term birth, as identified on the perinatal risk report.
- Members with high-cost catastrophic cases or high service utilization, such as a high volume of ER or hospital visits
- Members who have a mental illness with substance abuse
- Members with a serious ongoing illness or chronic complex condition that is anticipated to last for a significant period such as:
  - Members who have been diagnosed with respiratory illness (chronic asthma, COPD or cystic fibrosis), diabetes, heart disease, kidney disease, HIV or AIDS
  - Child members receiving ongoing therapy services which may include physical therapy, speech therapy or occupational therapy (e.g. for longer than six months);
  - Members receiving private duty nursing or prescribed pediatric extended care center services

# Member Benefits

- Members with behavioral health issues that affect their physical health and ability to follow treatment plans

## Health care and other services for CHIP and CHIP Perinate Newborn members

### What does medically necessary mean?

Covered services for CHIP members, CHIP Perinate Newborn members, and CHIP Perinate members must meet the CHIP definition of medically necessary. A CHIP Perinate Member is an unborn child.

### Medically necessary means:

1. Health care services that are:
  - 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;
  - provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
  - consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
  - consistent with the member's diagnoses;
  - no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
  - not experimental or investigative; and
  - not primarily for the convenience of the member or provider; and
2. Behavioral health services that:
  - 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;
  - are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
  - are furnished in the most appropriate and least restrictive setting in which services can be safely provided;

# 1-855-921-6284

- are the most appropriate level or supply of service that can safely be provided;
- could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
- are not experimental or investigative; and
- are not primarily for the convenience of the member or provider

If you have questions regarding an authorization, a request for services or a denial of services, you can call Member Services at **1-855-921-6284 (TTY 7-1-1)**.

## **What is routine medical care?**

Routine care includes regular checkups, preventive care and treatment for minor injuries and illnesses. Your child sees a primary care provider when he or she is not feeling well, but that's only part of the primary care provider's job. The primary care provider takes care of your child before he or she gets sick. This is called well care.

## **How soon can I expect my child to be seen?**

Your child should be able to be seen by his or her primary care provider 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 aren't treated within 24 hours. Some examples are:

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

## **What should I do if my child needs urgent medical care?**

For urgent care, you should call your provider's office, even on nights and weekends. Your provider will tell you what to do. In some cases, your provider may tell you to go to an urgent care clinic. If your provider 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 CHIP.

For help finding a clinic that takes Dell Children's Health Plan CHIP, call us toll-free at **1-855-921-6284 (TTY 7-1-1)**. You also can call our 24-hour Nurse HelpLine at **1-855-712-6700 (TTY 7-1-1)** for help getting the care you need.

# Member Benefits

## **How soon can I expect my child to be seen?**

You should be able to see your provider within 24 hours for an urgent care appointment. If your provider tells you to go to an urgent care clinic, you don't need to call the clinic before going. You must use an urgent care clinic that accepts Dell Children's Health Plan CHIP.

## **What is emergency medical care?**

After routine and urgent care, the third type of care is emergency care. If you need help deciding whether to go to the emergency room, call our 24-hour Nurse HelpLine. The most important thing is to get medical care as soon as possible. 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 provider will give or arrange any follow-up care you need.

## **What is an emergency, an emergency medical condition and an emergency behavioral health condition?**

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

- Placing the member's health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or body part
- Serious disfigurement or
- In the case of a pregnant CHIP member, serious jeopardy to the health of the CHIP member or her unborn child

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

- Requires immediate intervention or medical attention without which the member would present an immediate danger to himself/herself or others, or
- Renders the member incapable of controlling, knowing, or understanding the consequences of his/her actions

## **What is emergency services or emergency care?**

Emergency services and emergency care means healthcare services provided in an in-network or out-of-network hospital emergency department, free-standing emergency medical facility, or other comparable facility by in-network or out-of-network physicians, providers, or facility staff to evaluate and stabilize

# 1-855-921-6284

emergency medical conditions or emergency behavioral health conditions. Emergency services also include any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an emergency medical condition or an emergency behavioral health condition exists.

Call your child's primary care provider within 24 hours after an emergency room visit. If you can't call, have someone else call for you. Your child's primary care provider will give or arrange any needed follow-up care.

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

Your child should be able to see a provider immediately for emergency care.

## 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 **1-855-921-6284 (TTY 7-1-1)**.

## What is post-stabilization?

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

## How soon can my child see a provider?

We know how important it is for your child to see a provider. We work with the providers in our plan to make sure our members are seen when needed. 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
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.

# Member Benefits

## Preventive health

Care type	Dell Children's Health Plan
Checkups for children age 6 months and older	Within 60 days of request
Checkups for children less than 6 months old	Within 14 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
After initial visit	Based on the provider's treatment plan

## Behavioral health

Care type	Dell Children's Health Plan
Non life-threatening emergency	Within 24 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 of request
Follow-up visit for routine care	Within 3 weeks of request

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

Except in the case of an emergency (see previous sections), you should always call your child's primary care provider first, before your child gets medical care. Help from your child's primary care provider is available 24 hours a day. 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. You may also call our 24-hour Nurse HelpLine to talk to a nurse anytime.

# 1-855-921-6284

**If you think your child needs emergency care, call 9-1-1 or go to the nearest emergency room right away. Check the “What is emergency medical care?” section of this handbook to help you decide if your child needs emergency care.**

## **What if my child gets sick when he or she is out of town or traveling?**

If your child needs medical care when traveling, call us toll-free at **1-855-921-6284 (TTY 7-1-1)** and we'll help you find a provider.

If your child needs emergency services while traveling, go to a nearby hospital. Then, call us toll-free at **1-855-921-6284 (TTY 7-1-1)**.

## **What if my child is out of the state?**

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

## **What if my child is out of the country?**

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

## **What if my child needs to see a special provider (specialist)?**

Your child's primary care provider can take care of most of his or her healthcare needs, but your child may sometimes need care from other kinds of providers. These providers are called specialists because they have training in a special area of medicine. Examples of specialists are:

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

We cover services from many different kinds of providers that provide specialist care. If your child's primary care provider cannot give needed care, he or she can tell you about specialists in the Dell Children's Health Plan network.

## **What is a referral?**

A referral is when your child's primary care provider sends him or her to another provider or service for care. The primary care provider may refer your child to a specialist in the Dell Children's Health Plan network if he or she can't give your child needed care.

# Member Benefits

## **What services don't need a referral?**

Dell Children's Health Plan doesn't require you to get a referral from your child's primary care provider in order to get other kinds of needed care. It's always best to talk to your primary care provider first about any additional care your child needs. Your primary care provider can give you information about other providers in our health plan and help coordinate all the care you receive.

## **How soon can I expect my child to be seen by a specialist?**

Your child will be able to see a specialist within 3 weeks from when you call the specialist's office.

## **How can I ask for a second opinion?**

You have the right to ask for a second opinion about the healthcare services your child needs. This does not cost you anything other than your copay. You can get a second opinion from a provider in our health plan. If a provider in our health plan isn't available for a second opinion, your child's primary care provider can submit a request to us to authorize a visit to a provider who is not in our plan.

## **How do I get help if my child has mental health, alcohol or drug problems?**

Sometimes, the stress of life can lead to depression, anxiety, family problems or alcohol and drug abuse. If your child is having these kinds of problems, call Member Services at **1-855-921-6284 (TTY 7-1-1)** for help finding a provider who will help. All services and treatment are strictly confidential.

## **Do I need a referral for this?**

You don't need a referral from your child's primary care provider to get help for mental health, alcohol or drug problems.

## **How do I get my child's medications?**

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

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

You may have to pay a copay for each prescription filled depending on your income. There are no copays required for CHIP Perinate Newborn members.

## **How do I find a network drug store?**

To find a drug store or a pharmacy that takes Dell Children's Health Plan:

- Go to our website at [DellChildrensHealthPlan.com](https://DellChildrensHealthPlan.com) and use our Find a Doctor search tool

# 1-855-921-6284

- Ask the pharmacist for help
- Call Member Services

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

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

## **What do I bring with me to the drug store?**

When you go to the drug store you should bring:

- Your child's written prescription(s) or medicine bottle(s)
- Your child's Dell Children's Health Plan ID card

## **What if I need my child's medications delivered to me?**

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

## **Who do I call if I have problems getting my child's 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 the drug store to make sure you get the medicine your child needs.

## **What if I can't get the medication my child's provider ordered approved?**

Some medicines require pre-approval from Dell Children's Health Plan. If your child's provider cannot be reached to approve a prescription, you may be able to get a 3-day emergency supply of your child's medication.

Call Dell Children's Health Plan at **1-855-921-6284 (TTY 7-1-1)** for help with your child's medications and refills.

## **What if my child's medication is lost?**

If your child's medicine is lost or stolen, have your pharmacist call Pharmacy Services at **1-877-908-6023**.

## **What if my child needs an over-the-counter medication?**

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

# Member Benefits

## **How do I find out what drugs are covered?**

Your child's provider can choose drugs from the Vendor Drug Program (VDP) list of drugs. It includes all medicines covered by CHIP.

To view the list, go to the Texas Formulary Drug Search at [www.txvendordrug.com/formulary/formulary-search](http://www.txvendordrug.com/formulary/formulary-search).

When there is a generic drug available, we'll cover it instead of the brand name drug if the generic drug is 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 child's prescriptions to a network drug store?**

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

- Call the nearest drug store in our network and give the needed information to the pharmacist, or
- Bring your prescription bottle to the new drug store and they will handle the rest.

## **How do I get my child's medicine if I am traveling?**

If your child needs a refill while on vacation, call his or her provider for a new prescription to take with you.

## **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, if the medicine is covered by CHIP. Please read "How do I find out what drugs are covered?" to find out what drugs are covered by CHIP. If you get medication from a drug store that's not part of our network, then you'll have to pay for that medication.

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 my child needs birth control pills?**

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

## **How do I get eye care services for my child?**

Your child gets vision benefits. You don't need a provider's referral for these. Please call Superior Vision of Texas at **1-800-879-6901** for help finding an eye provider (optometrist) in your area.

# 1-855-921-6284

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

Dell Children's Health Plan will pay for some emergency dental services in a hospital or ambulatory surgical center. Dell Children's Health Plan will pay for the following:

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

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

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

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

## **What is Early Childhood Intervention?**

Early Childhood Intervention (ECI) is a statewide program for families with children, from birth to age 3 with disabilities and developmental delays. ECI helps families support their children through developmental services. The Department of Assistive and Rehabilitative Services (DARS) is the state agency responsible for the ECI program.

A local ECI program will evaluate your child to see if he or she is eligible for services and determines what services are needed. Families and professionals work together to plan services based on the unique needs of the child and family. This is called an individual service plan.

ECI services are offered at no cost to you. Dell Children's Health Plan is responsible for paying for services that are part of your child's individual service plan.

## **Does my child need a referral for this?**

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

# Member Benefits

## 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://citysearch.hhsc.state.tx.us/>.

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 if my child can't use standard transportation to get to healthcare appointments?

Trouble getting to the provider should never stand between your child and his or her health. If your child has a medical condition that causes you to need an ambulance to get to healthcare appointments, your provider can send Dell Children's Health Plan a request. Call Member Services at **1-855-921-6284 (TTY 7-1-1)** to learn more about how your provider can send a request.

If you need an ambulance for an emergency, your provider doesn't need to send a request.

## Can someone interpret for me when I talk with my child's provider?

Interpreter services are available for visits with your child's provider at no cost to you.

## Who do I call for an interpreter?

Call Member Services at **1-855-921-6284 (TTY 7-1-1)** and we'll arrange one for you.

## How far in advance do I need to call?

Please let us know at least 24 hours before the 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 child's provider in the office.

## What if my daughter needs OB-GYN care? Does she have the right to choose an OB-GYN?

**ATTENTION MEMBERS:** You have the right to pick an OB-GYN for your daughter without a referral from your daughter's 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

# 1-855-921-6284

- Referral to special provider (specialist) within the network

Dell Children's Health Plan allows your daughter to pick an OB-GYN but this provider must be in the same network as your daughter's primary care provider..

## **How do I choose an OB-GYN?**

You aren't required to pick an OB-GYN. However, if your child is pregnant, she should have an OB-GYN take care of her pregnancy and prenatal needs. You can pick any OB-GYN listed in the Dell Children's Health Plan provider directory or by using the Find a Doctor tool on our website. If you need help choosing one, call Member Services at **1-855-921-6284 (TTY 7-1-1)**.

## **If I don't choose an OB-GYN, do I have direct access?**

If you don't want your child to go to an OB-GYN, your child's primary care provider may be able to treat her for female health-related needs. Ask the primary care provider if he or she can give OB-GYN care. If not, your child will need to see an OB-GYN. You don't need a referral and you can pick any OB-GYN in the Dell Children's Health Plan network. You can search for one on our website at [DellChildrensHealthPlan.com](http://DellChildrensHealthPlan.com) on the Find a Doctor page or look at the CHIP Provider Directory.

## **Will I need a referral?**

You don't need a referral to see an OB-GYN. Your child can see only one OB-GYN in a month, but your child can visit the same OB-GYN more than once during that month, if needed.

While your child is pregnant, her OB-GYN can be her primary care provider. The nurses on our 24-hour Nurse HelpLine can help you decide if she should see a primary care provider or an OB-GYN.

## **How soon can my daughter be seen after contacting an OB-GYN for an appointment?**

An OB-GYN should see your child within two weeks of the request.

## **Can my daughter stay with an OB-GYN who is not with Dell Children's Health Plan?**

Your daughter may have been seeing a provider who is not in our health plan for OB-GYN care. In some cases, she may be able to keep seeing this OB-GYN. Please call Member Services at **1-855-921-6284 (TTY 7-1-1)** to learn more.

## **What if my daughter is pregnant?**

If you think your daughter is pregnant, call her primary care provider or OB-GYN right away. You don't need a referral to see an OB-GYN.

# Member Benefits

## Who do I need to call?

Call us at **1-855-921-6284 (TTY 7-1-1)** as soon as you know your daughter is pregnant. She needs to apply right away for Medicaid services. If she joins Medicaid while she is pregnant, the baby can have Medicaid benefits from birth to age 1.

If your daughter does not join Medicaid while she is pregnant, she will have to apply for coverage for her newborn after the baby is born. Please note, there could be a gap in coverage for her baby. If she is a CHIP member when her baby is born, the baby will have CHIP benefits.

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

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](http://neighborhoodresource.findhelp.com). Please note: some community organizations may charge a fee for their programs.

## Text4Baby mobile tip program

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.

## Special Delivery pregnancy support program

Our Special Delivery program gives pregnant women health information and rewards for getting prenatal and postpartum care. You get a service coordinator to help you get the prenatal care and services you need during your pregnancy and up to your 6-week postpartum checkup. Your service coordinator may call to check on you during your pregnancy. They can also help you find prenatal resources in your community. To find out more about the Special Delivery program, call **512-324-3015 (TTY 7-1-1)** or **1-844-964-3015 (TTY 7-1-1)**.

# 1-855-921-6284

## **When do I need to see my provider when I'm pregnant?**

It is very important to see a provider or OB-GYN as soon as you know you are pregnant for prenatal care. When you're pregnant, you must go to your provider 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 provider or OB-GYN may want you to visit more often based on your health needs. Call Member Services at **1-855-921-6284 (TTY 7-1-1)** for help finding an OB-GYN and making an appointment.

## **What value-added services and education materials can I get when I'm pregnant and after I have had my baby?**

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

- Convertible car seat for members who complete six prenatal visits during pregnancy.  
One car seat per pregnancy per child.
- Pregnancy classes to help members prepare for childbirth and to educate and inform about each trimester, delivery and the postpartum period.
- Home visits when pregnant and after delivery. Doula services available during birth as well.
- Fresh food, fruits, vegetables or prepared meals for pregnant members after delivery.  
Limit to one shipment
- Baby showers for pregnant members with education, resources and giveaway items that may include: diapers, diaper bags and blankets.

\* These are some of the value-added services for members. Please refer to page 20 for details. Restrictions and limitations may apply.

## **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 case manager know about the baby's birth. We'll need to get information about the baby. You may have already picked a primary care provider for the baby before birth. If not, we can help you pick one.

## **Who do I call if my child has special healthcare needs and I need someone to assist me?**

Members with disabilities, special healthcare needs or chronic complex conditions have a right to direct access to a specialist. This specialist may serve as your child's primary care provider. Please call Member Services at **1-855-921-6284 (TTY 7-1-1)** to arrange specialist care, if appropriate.

# Member Benefits

## What is Head Start?

Head Start is a program to help your child, 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 [www.benefits.gov/benefit/1941](http://www.benefits.gov/benefit/1941).

## What if I get a bill from my child's provider? Who do I call?

Always show your child's Dell Children's Health Plan ID card when he or she sees a provider, goes to the hospital or has tests. Even if the provider told you to go, you must show the Dell Children's Health Plan ID card to make sure you don't get a bill for services covered by Dell Children's Health Plan. You don't have to show a Dell Children's Health Plan ID card before your child gets emergency care.

If you do get a bill, send the bill to:

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

Include a letter with your bill. Read the next section "What information do they need?" to find out what to include in the letter. You can also call Member Services at **1-855-921-6284 (TTY 7-1-1)** for help.

## What information do they need?

In the letter, tell us:

- Your child's name
- Your telephone number
- Your child's 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
- The date of service
- The provider's phone number
- The amount charged
- The account number, if known

# 1-855-921-6284

Send the letter to:  
Dell Children's Health Plan  
Attn: Member Advocate  
1345 Philomena St., Ste. 305  
Austin, TX 78723

You can also call Member Services at **1-855-921-6284 (TTY 7-1-1)** for help.

## **What do I have to do if my child moves?**

As soon as you have your new address, give it to the Health and Human Services Commission (HHSC) by calling 2-1-1 or updating your account on [YourTexasBenefits.com](http://YourTexasBenefits.com) and call Dell Children's Health Plan Member Services at **1-855-921-6284 (TTY 7-1-1)**. Before you get CHIP 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.

## **Recertify your child's CHIP benefits on time**

Don't lose your child's healthcare benefits! Every 12 months, you'll need to renew your child's benefits. If not, your child could lose those benefits even if he or she still qualifies. The Health and Human Services Commission (HHSC) will send you a packet about 60 days before your renewal date telling you it's time to renew your child's CHIP benefits. The packet will have instructions on how to renew. If you don't renew by the due date, you'll lose your child's healthcare benefits.

You can apply for and renew benefits online at [YourTexasBenefits.com](http://YourTexasBenefits.com). Visit the "Manage Your Account" page and set up an account to get easy access to the status of your child's 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, you can call 2-1-1, pick a language and then select option 2, or you can go to [YourTexasBenefits.com](http://YourTexasBenefits.com) and visit "Find an office" at the bottom of the page.

We want your child to keep getting healthcare benefits from us if he or she still qualifies. To renew, go to [YourTexasBenefits.com](http://YourTexasBenefits.com) and choose "Manage Your Account". Follow the directions to renew.



## **Rights and Responsibilities**

# 1-855-921-6284

## What are my rights and responsibilities?

### Member rights

- 1.** You have the right to get accurate, easy-to-understand information to help you make good choices about your child's health plan, providers, hospitals, and other providers.
- 2.** Your health plan must tell you if they use a "limited provider network." This is a group of providers and other providers who only refer patients to other providers who are in the same group. "Limited provider network" means you cannot see all the providers who are in your health plan. If your health plan uses "limited networks," you should check to see that your child's primary care provider and any specialist provider you might like to see are part of the same "limited network."
- 3.** You have a right to know how your providers are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know about what those payments are and how they work.
- 4.** You have a right to know how the health plan decides whether a service is covered or medically necessary. You have the right to know about the people in the health plan who decide those things.
- 5.** You have a right to know the names of the hospitals and other providers in your health plan and their addresses.
- 6.** You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.
- 7.** 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.
- 8.** If a provider says your child has special health care needs or a disability, you may be able to use a specialist as your child's primary care provider. Ask your health plan about this.
- 9.** Children who are diagnosed with special health care needs or a disability have the right to special care.
- 10.** If your child has special medical problems, and the provider your child is seeing leaves your health plan, your child may be able to continue seeing that provider for three months, and the health plan must continue paying for those services. Ask your plan about how this works.
- 11.** Your daughter has the right to see a participating obstetrician/gynecologist (OB-GYN) without a referral from her primary care provider and without first checking with your health plan. Ask your plan how this works. Some plans may make you pick an OB-GYN before seeing that provider without a referral.
- 12.** Your child has the right to emergency services if you reasonably believe your child's life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage

# Rights and Responsibilities

of emergencies is available without first checking with your health plan. You may have to pay a copayment depending on your income. Copayments do not apply to CHIP Perinatal Members.

- 13.** You have the right and responsibility to take part in all the choices about your child's health care.
- 14.** You have the right to speak for your child in all treatment choices.
- 15.** You have the right to get a second opinion from another provider in your health plan about what kind of treatment your child needs.
- 16.** You have the right to be treated fairly by your health plan, providers, hospitals, and other providers.
- 17.** You have the right to talk to your child's providers and other providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.
- 18.** You have the right to a fair and quick process for solving problems with your health plan and the plan's providers, hospitals and others who provide services to your child. If your health plan says it will not pay for a covered service or benefit that your child's provider thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your provider or the health plan was right.
- 19.** You have a right to know that providers, hospitals, and others who care for your child can advise you about your child's health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
- 20.** You have a right to know that you are only responsible for paying allowable copayments for covered services. Providers, hospitals, and others cannot require you to pay any other amounts for covered services.
- 21.** 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.

## Member responsibilities

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

- 1.** You must try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.
- 2.** You must become involved in the provider's decisions about your child's treatments.
- 3.** You must work together with your health plan's providers and other providers to pick treatments for your child that you have all agreed upon.
- 4.** If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.

# 1-855-921-6284

5. You must learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the provider's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. If your child has CHIP, you are responsible for paying your provider and other providers copayments that you owe them. If your child is getting CHIP Perinatal services, you will not have any copayments for that child.
8. You must report misuse of CHIP or CHIP Perinatal services by health care providers, other members, or health plans.
9. You must talk to your provider about your medications that are prescribed.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services toll-free at **1-800-368-1019**. You also can view information concerning the HHS Office of Civil Rights online at [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

## 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 also conduct an annual member satisfaction survey. This helps us learn how we can better serve you and make sure our providers are taking good care of you. If you receive a notice to fill out a satisfaction survey please take the time to fill it out.

We work with our network providers to help them care for you. You may get mailings from us about satisfaction surveys, 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 provider 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 child's care. Clinical practice guidelines are nationally recognized, scientifically proven standards of care. These guidelines are recommendations for physicians and other healthcare providers to diagnose and manage your child's specific condition. If you would like a copy of these guidelines, contact Member Services at **1-855-921-6284 (TTY 7-1-1)**.

# Rights and Responsibilities

## How we make decisions about your care

Sometimes, we need to make decisions about how we cover care and services. This is called Utilization Management (UM). All UM decisions are based on your medical needs and current benefits.

We don't encourage providers to underuse services. And we don't create barriers to getting health care. Providers don't get rewarded for limiting or denying care. Providers in our plan use clinical practice guidelines to determine necessary treatments and services.

When you or your provider asks for certain care that needs a pre-approval, our utilization review team decides if the service is medically necessary and one of your benefits. If you disagree with our decision, you or your provider can request an appeal.

To speak with someone on our utilization management team, call **1-855-962-4453 (TTY 7-1-1)** Monday through Friday from 8 a.m. to 5 p.m. Central time.

## Complaint process

### What should I do if I have a complaint? Who do I call?

We want to help. If you have a complaint, please call us 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 Representative or a Member Advocate can help you file a complaint. Most of the time, we can help you right away or at the most within a few days. Dell Children's Health Plan cannot take any action against you as a result of your filing a complaint.

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

Yes. A Dell Children's Health Plan 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 calendar days from the date we receive it.

### What are the requirements and timeframes for filing a complaint?

You can tell us about your complaint by calling us at **1-855-921-6284 (TTY 7-1-1)** or writing us at:

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

# 1-855-921-6284

We will send you a letter within 5 business days of getting your complaint. This means that we received your complaint and have started to look at it. The letter will contain the description of Dell Children's Health Plan's complaint process and timeframes for processing. **We will include a complaint form with our letter if your complaint was made by telephone. You must fill out this form and mail it back to us. If you need help filling out the complaint form, please call Member Services.**

Dell Children's Health Plan will investigate the complaint and will send you a resolution letter within 30 calendar days following the receipt of the complaint. This letter will tell you what we have done to address your complaint. The complaint resolution letter includes the process to appeal the decision when the member or member's representative is not satisfied with Dell Children's Health Plan response.

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 one business day from when we receive your complaint.

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

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

Texas Department of Insurance Consumer Protection-CP-CP  
PO Box 12030  
Austin, TX 78711-2030

If you can get on the Internet, you can send your complaint in an email at [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov).

## **Do I have the right to ask for 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: Complaints Specialist  
1345 Philomena St., Ste. 305  
Austin, TX 78723

When we get your request, we will send you a letter within 5 business days. This means that 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 will send you a letter within 30 calendar days of getting your written request. The letter will tell you the complaint appeal decision. This letter will also give you the information used to make the decision.

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

# Rights and Responsibilities

## Process to appeal a CHIP adverse determination (denial)

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

There may be times when Dell Children's Health Plan says we won't pay for all or part of the care your provider recommends. You have the right to ask for an appeal. An appeal is when you or a person acting on your behalf asks us to look again at the care your child's provider requested and we denied. You must file an appeal within 180 days from the date on our first denial letter (letter stating we won't pay for a service).

You can appeal our decision two ways:

- Call Member Services at **1-855-921-6284 (TTY 7-1-1)**
- Send us a letter to:  
Dell Children's Health Plan  
Attn: Appeals  
1345 Philomena St., Ste. 305  
Austin, TX 78723

You can have someone else help you with the appeal process. This person can be a family member, friend, your provider or any other person you choose.

### How will I find out if services are denied?

If we deny services, we'll send you a letter at the time the denial is made.

### What are the time frames for the appeal process?

You, or a person acting on your behalf, must file an appeal within 180 days of the date on the first letter from Dell Children's Health Plan saying we won't pay for all or part of the recommended care.

When we get your letter or call, we'll send you a letter within 5 business days. This letter will let you know we got your appeal. We'll also let you know if we need anything else to process your appeal. Dell Children's Health Plan will contact your child's provider if we need medical information about the service.

A provider who has not seen your case before will look at your appeal and make a decision. We'll send you a letter with the appeal decision within 30 calendar days of receiving your appeal request.

If you're not happy with the answer to your first appeal, your child's provider can ask us to look at the appeal again. This is called a specialty review. Your child's provider must send us a letter to ask for a specialty review within 10 business days of the date on the first appeal decision letter we sent.

When we get the provider's appeal request, we'll send you a letter within 5 business days. This letter will

# 1-855-921-6284

let you know we got the specialty review request. A provider specializing in the type of care your provider says your child needs will look at the case. We'll send you a decision letter within 15 business days of when we got the request. This letter is our final decision. If you don't agree with our decision, you may ask for an independent review from the state.

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

You must request an appeal within 180 days from the date on our first letter saying we won't pay for all or part of the service. If you, the person acting on your behalf or the provider are not happy with the answer to your first appeal, the provider must send us a letter to ask for a specialty review. This letter must be sent within 10 business days from the date on our letter with the answer to your first appeal.

If you file an appeal, Dell Children's Health Plan will not hold it against you. We'll still be here to help you get quality health care.

## **Does my request have to be in writing?**

No. You can request an appeal by calling Member Services at **1-855-921-6284 (TTY 7-1-1)**.

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

Yes. Call Member Services at **1-855-921-6284 (TTY 7-1-1)** if you need help filing an appeal.

## **Expedited appeals**

### **What is an expedited appeal?**

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

You can request an expedited appeal if you or your child's provider thinks your child needs the services for an emergency or life-threatening illness, or your child is in the hospital. You can also ask for an expedited appeal if we denied prescription drugs or intravenous infusions that your child was already receiving.

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

You can request an expedited appeal orally or in writing:

- You can call Member Services at **1-855-921-6284 (TTY 7-1-1)**
- You can send us a letter to:  
Dell Children's Health Plan  
Attn: Appeals  
1345 Philomena St., Ste. 305  
Austin, TX 78723

# Rights and Responsibilities

You can have someone else help you with the appeal process. This person can be a family member, friend, your provider or any other person you choose.

If your child has a life-threatening condition or we deny prescription drugs or intravenous infusions that are already being received, you or someone acting on your behalf or the provider can ask for an immediate review by an independent review organization. You don't have to go through the Dell Children's Health Plan internal appeal process first.

## **What are the time frames for an expedited appeal?**

After we get your letter or call and agree your appeal request should be expedited, we'll tell you our decision within 1 business day from when we get all the information needed to make a decision. We'll let you know by phone or electronically and written notice will also be sent within three business days.

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

If we don't agree that your request for an appeal should be expedited, we'll call you right away. We'll send you a letter within two calendar days to let you know how the decision was made and that 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)**.

## **Independent review organization process**

### **What is an independent review organization?**

An independent review organization (IRO) is an organization separate from Dell Children's Health Plan who can look at your appeal. If we deny requested care after the first appeal or specialty review, you, the person helping you or your provider can ask for an independent review by an IRO.

### **Can I ask for an independent review by an IRO before I exhaust the Dell Children's Health Plan internal appeal process?**

You don't have to exhaust our internal appeals process if:

- We fail to make an appeal decision in the required time frame.
- You have a life-threatening condition.
- We deny prescription drugs or intravenous infusions that are already being received.
- We decide to waive our internal appeal process requirements.

# 1-855-921-6284

## How do I ask for a review by an independent review organization?

Maximus Federal Services, Inc. is the independent review organization that will conduct the external review. You can use forms from Maximus to ask for an external review or send a written request, including any additional information for review. You can get the Maximus forms by calling Maximus Member Services at **1-888-975-1080**, or online at <https://externalappeal.cms.gov/ferportal/#/externalReviews>.

Fill out one or both of the Maximus forms based on who will ask for the external review. Complete:

- The HHS-Administered Federal External Review Request Form to request an external review yourself.
- Both the HHS-Administered Federal External Review Request Form and the Appointment of Representative Form if you want your provider or another person to ask for the external review for you. Both you and your authorized representative need to complete this form.

Or, send a written request with the following information:

- Name
- Address
- Phone
- Email address
- Whether the request is urgent
- Signature of member, parent or legal guardian, or authorized representative
- A short description of the reason you disagree with our decision

Send your forms or written request to us at:

Seton Health Plan Medical Management  
 1345 Philomena St., Ste. 305  
 Austin, TX 78723  
 Fax: 512-380-4253  
 Email: [SHP-Authorization@ascension.org](mailto:SHP-Authorization@ascension.org)

You can also send your request directly to Maximus by one of the ways below:

- **Online:** <https://externalappeal.cms.gov/ferportal/#/externalReviews> under the “Request a Review Online” heading
- **Mail:**  
 MAXIMUS Federal Services  
 3750 Monroe Ave., Ste. 708  
 Pittsford, NY 14534

# Rights and Responsibilities

- **Fax:** 1-888-866-6190

If you send additional information to Maximus for the review, it will be shared with Dell Children's Health Plan so that we can reconsider the denial. If you have questions during the external review process, contact Maximus at **1-888-975-1080** or go to <https://externalappeal.cms.gov/ferpportal/#/externalReviews>.

You can ask for an expedited external review:

- If you asked for an expedited appeal after our initial denial and waiting up to 72 hours would seriously jeopardize your life, health or ability to regain maximum function, you can request an expedited external review at the same time.
- When waiting up to 45 calendar days for a standard external review would seriously jeopardize your life, health or ability to regain maximum function.
- If the appeal decision is about an admission, availability of care, continued stay, or healthcare service for which emergency services were received but the member has not been discharged from the facility.

## How to request an expedited external review

- **Online:** you can select "expedited" when submitting the review request, or
- **Email:** [FERP@maximus.com](mailto:FERP@maximus.com), or
- **Call:** Federal External Review Process at **1-888-975-1080**.

If you file an appeal or ask for an external review, we will not hold it against you or your provider.

## What are the timeframes for this process?

The IRO will send you a letter with its decision:

- Within 45 days from the date the IRO received all information needed to make a decision.
- In the case of a life-threatening condition, the IRO will contact you with its decision by phone and send you written notification within 3 days of getting the request for an independent review.

## Fraud, waste and abuse information

### Do you want to report CHIP fraud, waste or abuse?

Let us know if you think a provider, dentist, pharmacist at a drugstore, other healthcare provider or a person getting CHIP benefits is doing something wrong. Doing something wrong could be fraud, waste or abuse, which is against the law.

# 1-855-921-6284

For example, tell us if you think someone is:

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

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

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

To report fraud, waste or abuse, gather as much information as possible.

- When reporting about a provider (a provider, 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 (provider, dentist, therapist, pharmacist, etc.)
  - Names and phone numbers of other witnesses who can help in the investigation
  - Dates of events
  - Summary of what happened
- When reporting about someone who 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 fraud, waste or abuse

# Rights and Responsibilities

We hope this handbook has answered most of your questions about Dell Children's Health Plan. For more information, you can call the Dell Children's Health Plan Member Services at **1-855-921-6284 (TTY 7-1-1)**.

## Member guide to managed care terms

<b>Term</b>	<b>Definition</b>
<b>Appeal</b>	A request for your managed care organization to review a denial or a grievance again.
<b>Complaint</b>	A grievance that you communicate to your health insurer or plan.
<b>Copayment</b>	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.
<b>Durable medical equipment (DME)</b>	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.
<b>Emergency medical condition</b>	An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.
<b>Emergency medical transportation</b>	Ground or air ambulance services for an emergency medical condition.
<b>Emergency room care</b>	Emergency services you get in an emergency room.
<b>Emergency services</b>	Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.
<b>Excluded services</b>	Health care services that your health insurance or plan doesn't pay for or cover.
<b>Grievance</b>	A complaint to your health insurer or plan.
<b>Habilitation services and devices</b>	Health care services such as physical or occupational therapy that help a person keep, learn or improve skills and functioning for daily living.
<b>Health insurance</b>	A contract that requires your health insurer to pay your covered health care costs in exchange for a premium.

1-855-921-6284

<b>Term</b>	<b>Definition</b>
<b>Home health care</b>	Health care services a person receives in a home.
<b>Hospice services</b>	Services to provide comfort and support for persons in the last stages of a terminal illness and their families.
<b>Hospitalization</b>	Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.
<b>Hospital outpatient care</b>	Care in a hospital that usually doesn't require an overnight stay.
<b>Medically necessary</b>	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.
<b>Network</b>	The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.
<b>Non-participating provider</b>	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.
<b>Participating provider</b>	A provider who has a contract with your health insurer or plan to provide covered services to you.
<b>Physician services</b>	Health care services a licensed medical provider (M.D.—Medical Doctor or D.O.—Doctor of Osteopathic Medicine) provides or coordinates.
<b>Plan</b>	A benefit, like Medicaid, which provides and pays for your health care services.
<b>Pre-authorization</b>	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.
<b>Premium</b>	The amount that must be paid for your health insurance or plan.
<b>Prescription drug coverage</b>	Health insurance or plan that helps pay for prescription drugs and medications.

# Rights and Responsibilities

<b>Term</b>	<b>Definition</b>
<b>Prescription drugs</b>	Drugs and medications that by law require a prescription.
<b>Primary care physician</b>	A provider (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.
<b>Primary care provider</b>	A provider (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.
<b>Provider</b>	A provider (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.
<b>Rehabilitation services and devices</b>	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.
<b>Skilled nursing care</b>	Services from licensed nurses in your own home or in a nursing home.
<b>Specialist</b>	A provider 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.
<b>Urgent care</b>	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.
- 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.

# 1-855-921-6284

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 providers, 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, providers, or the state, policies and procedures (called administrative) 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 providers, hospitals and others get you the care you need
- For payment, healthcare operations and treatment
  - To share information with the providers, 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, healthcare operations and treatment. If you do not want this, please visit [DellChildrensHealthPlan.com](http://DellChildrensHealthPlan.com) for more information.
- For healthcare 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

# Rights and Responsibilities

- 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 provider 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

## 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 provider 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 healthcare 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 provider not to share the information about that service with us

# 1-855-921-6284

## 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 5 p.m. Central time. Calls received from 5 p.m. to 8 a.m. will be directed to voicemail.

## 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

# Rights and Responsibilities

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](http://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.
- Create programs to improve health outcomes.
- Create and send health education information.
- Let providers 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:
  - Providers
  - 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.

# 1-855-921-6284

- We make sure your PI is kept safe.

This information is available for free in other languages. Please contact Member Services at **1-855-921-6284 (TTY 7-1-1)** Monday through Friday, 8 a.m. to 5 p.m. Central time.

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 a 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)

# Rights and Responsibilities

## Need help filing?

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

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](http://www.hhs.gov/ocr/office/file/index.html).