



SEPTEMBER 2025 - AUGUST 2026

Dell Children's Health Plan

CHIP Perinate Member Handbook

1-855-921-6284 (TTY 7-1-1) | DellChildrensHealthPlan.com

April 2026 | MS-0725-084





My information

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

Name: _____ CHIP ID: _____

Emergency contact: _____ Relationship: _____ Phone: _____

OB-GYN/clinic: _____ Phone: _____

Maternal-fetal medicine specialist /clinic: _____ Phone: _____

Main provider/clinic: _____ Phone: _____

Specialist/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](https://www.dellchildrenshealthplan.com), or call the 24-hour Nurse Helpline at **1-855-712-6700**. If you think you are having a medical emergency call **9-1-1** or go to the nearest emergency room.

1-855-921-6284

Your Dell Children's Health Plan Member Handbook

This member handbook is for CHIP Perinate members.

This member handbook will help you understand your Dell Children's Health Plan benefits. If you have questions or need help understanding or reading your member handbook, call Member Services at **1-855-921-6284 (TTY 7-1-1)**. 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 perinate 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.

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 health plan, you can call Member Services 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.

If you have an emergency, you should call 9-1-1 or go to the nearest hospital emergency room right away.

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

These are some of the things Member Services can help you with:

- This member handbook
- Member ID cards
- Your perinate providers
- Provider appointments
- Healthcare benefits
- Getting an interpreter for provider visits
- Getting services
- What to do in an emergency and/or crisis
- Healthy living
- Complaints and medical appeals
- Rights and responsibilities

**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 toll-free at **1-855-712-6700 (TTY 7-1-1)** if you need advice on:

- How soon you need care for an illness
- What kind of health care you need
- What to do to take care of yourself before you see your provider
- How you can get the care that is needed

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

1-855-921-6284

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

<p>Pharmacy services If you need help finding a pharmacy or if you have problems getting prescriptions filled, call Dell Children's Health Plan at 1-855-921-6284 (TTY 7-1-1).</p>	<p>1-855-921-6284 (TTY 7-1-1)</p>
<p>Members with Special Health Care Needs (MSHCN)</p>	<p>1-844-964-3015 (TTY 7-1-1)</p>
<p>Special Delivery pregnancy service coordination program</p>	<p>1-844-964-3015 (TTY 7-1-1)</p>
<p>Your Texas Benefits</p>	<p><u>YourTexasBenefits.com</u></p>
<p>CHIP Program Help Line If you have questions about eligibility, call CHIP at 1-800-964-2777. If you need to contact CHIP about other questions, dial 2-1-1, pick a language and then press 2.</p>	<p>1-800-964-2777</p>
<p>Women, Infants, and Children (WIC) Program</p>	<p>1-800-942-3678</p>
<p>2-1-1 information and referral line for State of Texas services Includes food, housing, senior services, health care, SNAP, Medicaid and CHIP.</p>	<p>2-1-1</p>
<p>Texas Health and Human Services Commission</p>	<p>1-866-566-8989</p>
<p>Texas Department of State Health Services Family and Community Health Services Help and Referral Line</p>	<p>1-800-422-2956</p>



1-855-921-6284

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Welcome to Dell Children's Health Plan!

We're glad you chose us for your CHIP Perinate care.

At Dell Children's Health Plan, helping you have a healthy pregnancy and a healthy baby is our priority. This member handbook will help you get what you need for yourself and your baby. It tells you how Dell Children's Health Plan works, how we can help you have a healthy baby, and get prenatal and postpartum care.

We know your baby'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 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 an OB-GYN.** We're committed to getting you the right care close to home. You'll get your prenatal, delivery and postpartum care through Dell Children's Health Plan. As a Children's Health Insurance Program (CHIP) Perinate member, you and your perinate providers will work together to help you have a healthy baby.
- 2 Schedule prenatal visit.** CHIP Perinate members should set up an initial visit with an OB-GYN provider within 42 days of joining the plan, as soon as you know you're pregnant or within your 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 or call Member Services at **1-855-921-6284 (TTY 7-1-1)**.
- 3 If you have an emergency, call 9-1-1.** If you have a health problem or question that is not an emergency, you can call the 24-Hour Nurse HelpLine toll-free at **1-855-712-6700 (TTY 7-1-1)**. Have your Dell Children's Health Plan ID card ready when you call. The nurse will ask for your member ID number. They will help you get the care you need.

About Your Health Plan


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 Dell Children's Health Plan ID card yet, you'll get it soon. Please carry it with you at all times. Take this card with you whenever you receive health care services and show it to any provider, hospital or drug store you visit.

Here's what your Dell Children's Health Plan ID card looks like:

CHIP Perinate ID Card: Category A

 <p>CHIP PERINATAL MEMBER ID CARD / TARJETA DE MIEMBRO Plan Effective Date/Fecha efectiva del plan:</p>	<p>NAVITUS RxBIN: 610602 RxPCN: MCD RxGroup: SHP</p>	<p>In case of emergency, call 9-1-1 or go to the closest emergency room. En caso de emergencia, llame al 9-1-1 o vaya a la sala de emergencia mas cercana.</p>
		<p>Member Services 24-7 Servicios para Miembros 24-7: 1-855-921-6284 Nurse HelpLine 24-7 Línea telefónica de enfermería 24-7: 1-855-712-6700</p>
<p>Member Information/Información del Miembro Member/Miembro: DOB/Fecha de nacimiento: ID no/Nro. de ID: Member's category/Categoría del miembro: Category A Category A: 0% to 198% Federal Poverty Level (FPL) Categoría A: 0% al 198% del Nivel de Pobreza Federal</p>	<p>Pharmacy contact information: Información de contacto de farmacia: 1-855-921-6284 For pharmacies and prescribers only: 1-877-908-6023</p>	<p>Eligibility, authorizations, benefits and claims: Provider Services 1-844-781-2343</p>
<p>Co-Payments/Co-Pagos No co-payments or cost sharing apply / No aplican co-pagos ni costos compartidos</p>	<p>Send Hospital Facilities Claims to: Texas Medicaid & Healthcare Partnership Claims P.O. Box 200555 Austin, TX 78720-0555</p>	<p>Send Professional/Other Services to: Dell Children's Health Plan PO Box 37502 Oak Park, MI 48237-0502 Payer ID: 38261</p>
	<p>For more information, visit us at DellChildrensHealthPlan.com</p>	<p>MS-0622-004</p>

CHIP Perinate ID Card: Category B

 <p>CHIP PERINATAL MEMBER ID CARD / TARJETA DE MIEMBRO Plan Effective Date/Fecha efectiva del plan:</p>	<p>NAVITUS RxBIN: 610602 RxPCN: MCD RxGroup: SHP</p>	<p>In case of emergency, call 9-1-1 or go to the closest emergency room. En caso de emergencia, llame al 9-1-1 o vaya a la sala de emergencia mas cercana.</p>
		<p>Member Services 24-7 Servicios para Miembros 24-7: 1-855-921-6284 Nurse HelpLine 24-7 Línea telefónica de enfermería 24-7: 1-855-712-6700</p>
<p>Member Information/Información del Miembro Member/Miembro: DOB/Fecha de nacimiento: ID no/Nro. de ID: Member's category/Categoría del miembro: Category B Category B: above 198% Federal Poverty Level (FPL) Categoría B: más del 198% del Nivel de Pobreza Federal</p>	<p>Pharmacy contact information: Información de contacto de farmacia: 1-855-921-6284 For pharmacies and prescribers only: 1-877-908-6023</p>	<p>Eligibility, authorizations, benefits and claims: Provider Services 1-844-781-2343</p>
<p>Co-Payments/Co-Pagos No co-payments or cost sharing apply / No aplican co-pagos ni costos compartidos</p>	<p>Send Hospital Facilities Claims and Professional/Other Services to: Dell Children's Health Plan PO Box 37502 Oak Park, MI 48237-0502 Payer ID: 38261</p>	
	<p>For more information, visit us at DellChildrensHealthPlan.com</p>	<p>MS-0622-005</p>

1-855-921-6284

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

The card tells providers and hospitals you're 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 Perinate unborn members" section of this handbook. You do not need to show your ID card before you get emergency care. Your Dell Children's Health Plan ID card lists important phone numbers you and your providers need to know.

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

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

Providers for CHIP Perinate unborn members

What is a perinate care provider?

A perinate care provider is the main provider who provides most of your health care while you're pregnant. Your perinate care provider must be in the Dell Children's Health Plan network. The perinate care provider will also send you to other providers, specialists or hospitals when special care or services are needed for the health of your unborn child.

When you enrolled in Dell Children's Health Plan, you should have picked a perinate care provider. If you didn't, we assigned one for you. We picked one who should be located close to you.

What do I need to bring to a perinate provider appointment?

You should bring:

- Your Dell Children's Health Plan ID card
- Any medicines you're taking
- Your health care records
- Any questions you want to ask the provider

Can a clinic be a perinate 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 perinate care providers.

About Your Health Plan

How can I change my perinate care provider?

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

How many times can I change my perinate care provider?

There is no limit to the number of times you can change your perinate care provider. You can change perinate 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.

How do I get medical care after my perinate care provider's office is closed? How do I get after-hours care?

If you need urgent care after your perinate care provider's office is closed, call your perinate care provider, even on nights and weekends. If you call the perinate 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 can also call our Nurse HelpLine 24 hours a day, seven days a week for advice.

If you have 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 "What is emergency medical care?" section in this handbook or call the 24-hour Nurse HelpLine.

Changing health plans

Attention: If you meet certain income requirements, your baby will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth.

Your baby will continue to receive services through the CHIP program if you meet the CHIP Perinate requirements. Your baby will get 12 months of continuous CHIP Perinate coverage through his or her health plan, beginning with the month of enrollment as an unborn child.

What if I want to change health plans?

Once you pick a health plan for your unborn child, the child must stay in this health plan until the child's CHIP Perinate coverage ends. The 12-month CHIP Perinate coverage begins when your unborn child is enrolled in CHIP Perinate and continues after your child is born.

If you do not pick a plan within 15 days of getting the enrollment packet, HHSC will pick a health plan for your unborn child and send you information about that health plan. If HHSC picks a health plan for your unborn child, you will have 90 days from your effective date of coverage to pick another health plan if you are not happy with the plan HHSC chooses.

1-855-921-6284

Children enrolled in CHIP in the same family will remain in the CHIP program, but will be moved to the health plan that is providing CHIP Perinatal coverage. The children must remain in with the same health plan until the end of the CHIP Perinate member's enrollment period, or the other children's enrollment, whichever happens last. At that point, you can pick a different health plan for the children.

You can ask to change health plans:

- For any reason within 90 days of enrollment in CHIP Perinate
- If you move to a different service delivery area
- For cause at any time

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

How many times can I change health plans?

There is no limit on how many times you can change health plans.

Who do I call about changing health plans?

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

When will my health plan change become effective?

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

For example:

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

Can Dell Children's Health Plan ask that I get dropped from their health plan for non-compliance?

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

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

- You're no longer eligible for CHIP
- You let someone else use your Dell Children's Health Plan ID card

About Your Health Plan

- You try to hurt a provider, a staff person or a Dell Children's Health Plan associate
- You steal or destroy property of a provider or Dell Children's Health Plan
- You go to the emergency room over and over again when you do not have an emergency
- You go to providers or medical facilities outside of the Dell Children's Health Plan network over and over again
- You try to hurt other patients or make it hard for other patients to get the care they need
- You interfere with the care plan that is being provided

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

Medicaid coverage for newborns

The benefits a newborn will get depend on the family's income.

If the child lives in a family with an income at or below the Medicaid eligibility threshold, an unborn child who is enrolled in the CHIP Perinate program will be moved to Medicaid and get 12 months of Medicaid benefits, starting on the date of birth.

If the CHIP Perinate member (unborn child) is in a family with an income above the Medicaid eligibility threshold, then he or she will continue to get healthcare benefits through the CHIP Perinate program after birth. If your baby is eligible as a CHIP Perinate Newborn, he or she will get the same coverage as a CHIP member starting the day of birth, except that copays will not apply until the newborn coverage period expires. Other children covered by CHIP in the same family will still have copays.



Member Benefits

Member Benefits

Benefits for CHIP Perinate unborn members

What are my unborn child's CHIP Perinate benefits?

CHIP Perinate benefits include:

- A perinate care provider you choose in your own community
- Providers and hospitals nearby in our plan
- Access to perinate specialists when referred by your perinate care provider
- Up to 20 prenatal visits
- Prescriptions and prenatal vitamins
- Labor and delivery
- Two postpartum visits for the mother after the baby is born
- Regular checkups, immunizations and prescriptions for the baby after the baby is born

Labor and delivery includes hospital and other costs related to the delivery of the baby. Costs from labor that does not result in a birth and false labor are not covered.

How do I get these services?

Your perinate provider will help you get your healthcare benefits.

What benefits does my baby receive at birth?

It depends on your income. If your income is at or below the Medicaid eligibility threshold, then your baby will get 12 months of Medicaid healthcare benefits starting on the day of birth.

If your income is above the Medicaid eligibility threshold, your baby is eligible as a CHIP Perinate Newborn for the same benefits as a CHIP member from the date of birth. Your baby will get a total of 12 months of healthcare benefits, beginning with the month of enrollment as an unborn child. For example, if your baby is enrolled when you are 3 months pregnant, your baby will have 6 months of prenatal care and 6 months of full CHIP benefits after birth.

What services are not covered?

Some of the services not covered include:

- A mother's hospital visit for services not related to labor with delivery, such as a broken arm or false labor (you can apply for emergency Medicaid to cover your hospital visit, but you must meet the income limits)
- Specialty treatment for the mother, such as care for asthma, heart conditions, mental health or substance abuse.

1-855-921-6284

What are my unborn child's prescription drug benefits?

Under CHIP, Dell Children's Health Plan pays for most medicine your provider says you need for your unborn child. We use the Vendor Drug Program (VDP) list of drugs for your provider to choose from. Your prenatal vitamins are included. Medication for behavioral health is not included. Some prescriptions will need to be approved before you can fill them.

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

How much do I have to pay for my unborn child's health care under CHIP Perinate?

There is no cost to members who get CHIP Perinate benefits from Dell Children's Health Plan. You don't have to pay any enrollment fees, copays or cost sharing.

Will I have to pay for services that are not covered benefits?

Yes. Dell Children's Health Plan only pays for benefits in your healthcare plan. If you get services that are not covered, you'll be responsible for payment.

For a complete listing of benefits that are not covered, please see the Evidence of Coverage and Schedule of Benefits and Exclusions in Attachment A in this packet.

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

Dell Children's Health Plan gives you extra healthcare benefits just for being our CHIP Perinate member. These extra benefits are also called value-added services. We give you these value-added services to help keep you and your baby healthy. Call Member Services to learn more about these value-added services, visit our website at DellChildrensHealthPlan.com.

Value-added service	How to get it
24-hour Nurse HelpLine nurses are available 24 hours a day, seven days a week for your healthcare questions.	Call 1-855-712-6700 (TTY 7-1-1) .
Up to \$500 for dental checkups, X-rays, cleanings, fillings and extractions each year for pregnant members age 19 and older.	Call DentaQuest at 1-800-508-6775 (TTY 7-1-1) .
Convertible car seat 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) .
Emergency food delivery 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>Member Rewards card for completing these healthy activities:</p> <ul style="list-style-type: none"> • \$100 for receiving post-partum checkup 7 to 84 days after giving birth. • \$75 for receiving prenatal checkup in the 1st trimester or within 42 days of enrollment with the health plan in any trimester. • \$25 for over-the-counter products for members ages 3 and older that receive the annual flu vaccine. • \$20 for new members ages 3-18 who complete a well-child checkup within 90 days of enrolling. 	<p>Call 1-877-527-6211 (TTY: 1-844-226-1433) or go to dchpmemberrewards.com.</p>
<p>Pregnancy classes to help members prepare for childbirth and to educate and inform about each trimester, delivery and the postpartum period.</p>	<p>Register online at anybabycan.org/programs/parenting-classes 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>
<p>Baby showers for pregnant members with education, resources and giveaway items that may include: diapers, diaper bags and blankets.</p>	<p>Baby showers are posted on Dell Children's Health Plan Facebook page and Events web page: DellChildrensHealthPlan.com/events. Members may contact Dell Children's Health Plan by calling 1-512-324-DCHP (3247) or by emailing DCHPCommunityOutreach@ascension.org.</p>
<p>Home visits when pregnant. Doula services available during birth as well.</p>	<p>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 givingaustinlaborsupport.org/gals-programs.</p>

1-855-921-6284

Value-added service	How to get it
<p>NeuroFlow is a free 24/7 secure online tool 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 Member.MagellanHealthcare.com or by downloading the NeuroFlow app on their mobile device.</p> <ol style="list-style-type: none"> 1. Click the What's Your Health Plan? dropdown. 2. Type Dell and select Dell Children's Health Plan 3. Click the Next button. 4. Once you arrive at the NeuroFlow registration page, enter your information and create a password. 5. Review and agree to the Terms of Service and Privacy Policy.
<p>Help getting rides to:</p> <ul style="list-style-type: none"> • Provider visits for members with chronic illnesses. Must be pre-approved. • Pregnancy and birthing classes for pregnant members. • 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. 	<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>Planet Fitness membership at participating locations, for members 15 years old and older. Members ages 15 to 17 must have parent consent.</p>	<p>Members must email DCHPMarketing@ascension.org or call Member Services. Members must use Planet Fitness at least once every 30 days for us to continue paying for the Planet Fitness.</p>
<p>Rewards for students between the school grades 9 and 12 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"> • A GPA of 3.0 or greater. • Attendance record of 90% or higher. • Member attends their IEP or 504 meeting. 	<p>Members must email documentation to DCHPmarketing@ascension.org.</p>

Member Benefits

Value-added service	How to get it
<p>GED preparation 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 DCHPmarketing@ascension.org to sign up. For members 17 years and older.</p>
<p>General Education Diploma (GED) test covered for members.</p>	<p>For members ages 17 to 20 email DCHPmarketing@ascension.org. For 21 years old and older, high school equivalency testing can be done for free through participating programs.</p>
<p>Expert guidance for children with health conditions 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 512-324-3015 (TTY 7-1-1).</p>
<p>Educational advocacy assistance 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>
<p>Spiritual care to help with members' spiritual needs as they cope with illness, loss, grief or pain and to help them heal emotionally regaining a sense of spiritual well-being.</p> 	<p>To speak to a chaplain online:</p> <ol style="list-style-type: none"> 1. Scan the QR code or go to bit.ly/3lfuBxi. 2. Complete the form to speak with a chaplain. 3. Select "I am an: Insurance Member" and "Health plan: Dell Children's Health Plan". 4. You'll receive a Zoom link via text and a chaplain will join the meeting within 10 minutes. <p>To speak with a chaplain over the phone: 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>Online spiritual wellness resources available to members with practices and techniques to support overall well-being and spiritual health.</p>	<p>To access, log in or create an account on the member portal at https://dchp-member.com.</p>

1-855-921-6284

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. 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.

Women, Infants, and Children (WIC) program

WIC is the special supplemental nutrition program for pregnant women, new mothers, and children younger than 5. Participants learn about nutrition and how to stay healthy and receive benefits to purchase healthy foods. Services are free to those who are enrolled in Medicaid. Call **1-800-942-3678** or visit www.texaswic.org for information.

Special Delivery pregnancy service coordination 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)**.

Member Benefits

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.

Members with Special Health Care Needs (MSHCN)

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

A Member with Special Health Care Needs (MSHCN) is a child with special health care needs like developmental delays, diabetes or asthma, or a member with a high risk pregnancy.

Dell Children's Health Plan has a service coordination program that offers families with help with their special needs. The services range from simple outreach and information to intense care coordination. They also involve social services and other community resources to help families with transportation and basic living needs. Your or your child's information will be given to a service coordinator. The service coordinator is a licensed nurse, social worker or community health worker. They will work with you to develop a service plan. You can decline or opt out of service coordination at any time.

We have a system for identifying and contacting members who have special health care needs to offer service management. If you believe you or your child has special health care needs, you may also call us at **512-324-3015 (TTY 7-1-1)** or **1-844-964-3015 (TTY 7-1-1)**.

What will a service coordinator do for me or my child?

- Learn about you or your child's medical condition
- Work with you to create a service plan to ensure you or your child are getting needed care and services
- Make sure you, your family and your representative (if you have one) understand and agree with your service plan
- Arrange and coordinate needed care and services with your providers and other providers, even those outside our plan when needed
- Explain covered benefits and services
- Work with you or your child's providers to get medically necessary care

How can I talk with a service coordinator?

You don't need a referral from a provider to talk to a service coordinator. Call Service Coordination at

1-855-921-6284

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.

Health care and other services for CHIP Perinate unborn members

What does medically necessary mean?

Covered services for CHIP Perinate members must meet the CHIP definition of medically necessary. A CHIP Perinate member is an unborn child.

Medically necessary means:

Non-behavioral healthcare 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 healthcare practice guidelines and standards that are endorsed by professionally recognized healthcare 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
- 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)**.

How is new technology evaluated?

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

- Medical procedures
- Behavioral health procedures
- Medicines
- Devices

We review scientific information and government approvals to find out if the treatment works and is safe.

Member Benefits

We will consider covering new technology only if the technology provides equal or better outcomes than the existing covered treatment or therapy.

What is routine medical care?

Routine care includes regular prenatal checkups and prenatal care. These visits will cover most minor illnesses and injuries that directly relate to your pregnancy. This type of care is known as routine care.

How soon can I expect to be seen?

You should be able to see your perinate provider within 2 weeks for routine care.

What is urgent medical care?

The second type of care is urgent care. There are some injuries and illnesses related to your pregnancy that are not emergencies but can turn into an emergency if they are not treated within 24 hours. Some examples are:

- Throwing up
- Headaches
- Fever over 101 degrees

What should I do if I need urgent medical care?

For urgent care, you should call your perinate provider, even on nights and weekends. Your provider will tell you what to do. He or she may tell you to go to his or her office right away or you may be told to go to some other office to get immediate care. You should follow your perinate provider's instructions. In some cases, he or she may tell you to go to the emergency room at a hospital for care. See "What is emergency medical care?" to learn more. You can call our 24-hour Nurse HelpLine at **1-855-712-6700 (TTY 7-1-1)** for help with getting the care you need.

How soon can I expect to be seen?

You should be able to see a provider within 24 hours for an urgent care appointment.

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 at **1-855-712-6700 (TTY 7-1-1)**. The most important thing is to get medical care as soon as possible.

What is an emergency and an emergency medical condition?

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

1-855-921-6284

emergency medical conditions:

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

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

What is emergency services or emergency care?

“Emergency services” or “Emergency care” are covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an emergency medical condition, including post-stabilization care services related to labor and delivery of the unborn child.

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

How soon can I expect to be seen?

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

How soon can I see my provider?

Dell Children's Health Plan is always finding ways to get you the care you need. Our ability to provide quality access depends on your ability to see plan providers. 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 specialty care	Within 3 weeks of request

Member Benefits

After-hours care	Perinate care providers are available 24/7 directly or through an answering service. Refer to the “How do I get medical care after my perinate care provider’s office is closed?” and “How do I get after-hours care?” sections of this handbook.
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Prenatal care

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

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

If you need medical care when traveling, call us toll-free at **1-855-921-6284 (TTY 7-1-1)** and we will help you find a provider. You can also call the 24-hour Nurse HelpLine at **1-855-712-6700 (TTY 7-1-1)**.

If you need emergency care while traveling, go to a nearby hospital, then call us toll-free at **1-855-921-6284 (TTY 7-1-1)**.

What if I am out of the state?

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

What if I am out of the country?

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

What is a referral?

A referral is when your perinate care provider sends you to another provider or service for care for your unborn child that he or she cannot provide. This may be to a specialist or other provider in Dell Children’s Health Plan.

What services don’t need a referral?

The following services do not require a referral:

1-855-921-6284

- Emergency care
- Obstetrical/gynecological care

What if I need services that are not covered by CHIP Perinate?

You'll have to pay for any service you get that is not covered by Dell Children's Health Plan or CHIP Perinate.

You can apply for emergency Medicaid to cover a hospital visit not related to your pregnancy. To qualify for Medicaid, you must meet the income limits.

What is prior approval?

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

- Most surgeries, including some outpatient surgeries
- All elective and non-urgent inpatient services and admissions
- Certain prescriptions
- Out-of-area or out-of-network care except in an emergency
- Advanced imaging (things like MRAs, MRIs, CT scans and CTA scans)

Prior approval is not needed for emergency services directly related to the delivery of the unborn child (CHIP Perinate member) until birth.

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

How do I get my medications?

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

There are no copayments for CHIP Perinate members.

How do I find a network drug store?

To find a drug store or a pharmacy that takes our health plan, you can:

- Go to our website at DellChildrensHealthPlan.com and use our Find a Doctor search tool. Under the section "What kind of provider are you looking for?" select Pharmacy
- Ask the pharmacist for help
- Call Member Services at **1-855-921-6284 (TTY 7-1-1)**

Member Benefits

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

The pharmacist will explain that they do not accept Dell Children's Health Plan. You will need to take your prescription to a drug store that accepts Dell Children's Health Plan.

To find a drug store that takes Dell Children's Health Plan, you can go to our website at DellChildrensHealthPlan.com and use our Find a Doctor search tool. Under the section "What kind of provider are you looking for?" select Pharmacy.

Before you go to a drug store, call the drug store and ask if they accept 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 prescription(s) or medicine bottle(s)
- Your Dell Children's Health Plan ID card

What if I need my medications delivered to me?

Many drug stores provide delivery services. Call and ask your pharmacist if they can deliver to your home.

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

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

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

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

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

What if I lose my medications?

If your medicine is lost or stolen, have your pharmacist call Member Services at **1-855-921-6284 (TTY 7-1-1)**.

What if I need an over-the-counter medication?

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

1-855-921-6284

How do I find out what drugs are covered?

Your 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.

Your medication may be available as a generic drug. A generic drug has the same FDA indication as the corresponding brand-name drug and is approved by the FDA. This means both drugs are approved for treatment of the same conditions. Your pharmacy will usually give you the generic drug if it's on the Vendor Drug Program (VDP) formulary. If your prescription says you need the brand-name drug, we will cover the brand name drug instead of giving you a generic.

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

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

- Call the nearest drug store in our plan 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 medicine if I am traveling?

If you need a refill while on vacation, call your provider for a new prescription to take with you. If you get medication from a pharmacy that's not in Dell Children's Health Plan, then you'll have to pay for that medication. If you pay for medication, you may submit a request for reimbursement. Call us at **1-855-921-6284 (TTY 7-1-1)** to get information on how to get a reimbursement form and submit a claim.

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

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

Can someone interpret for me when I talk with my perinate provider?

Yes. You can get an interpreter for visits with your perinate 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)** for more information.

How far in advance do I need to call?

Please call Member Services at least 24 hours before your appointment if you need an interpreter.

Member Benefits

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

Call Member Services if you need an interpreter when you talk to your provider in the office.

How do I choose a perinate provider and make an appointment?

You can choose a perinate care provider by:

- Calling Member Services
- Visiting the Find a Doctor page or viewing the CHIP Perinate provider directory on our website at DellChildrensHealthPlan.com

It's easy to make an appointment with your perinate provider. Call the provider's office during regular business hours. When you call, let the person you talk to know what you need (for example, a checkup or a follow-up visit). Also, tell the provider's office if you are not feeling well. This will let the provider's office know how soon you need to be seen. It may also shorten the wait before you see the provider.

If you need help making an appointment or choosing a perinate provider, call Member Services.

Will I need a referral?

You don't need a referral to see a perinate provider that is in our plan's network.

How soon can I be seen after contacting a perinate provider for an appointment?

You will be able to see the provider for an initial visit within 2 weeks after you talk to your perinate provider and set up an appointment.

Can I stay with a perinate provider if the provider is not with Dell Children's Health Plan?

In some cases, yes, you may be able to keep seeing this provider for care while you pick a new perinate provider in Dell Children's Health Plan. This could happen if you were getting care from a perinate provider who is not in our health plan when you joined Dell Children's Health Plan.

Please call us to find out more about this. Dell Children's Health Plan will make a plan with you and your providers so we all know when you need to start seeing your new Dell Children's Health Plan perinate provider.

What if I get a bill from a perinate provider? Who do I call?

Always show your Dell Children's Health Plan ID card when you see a provider, go to the hospital, or go for tests. Even if your provider told you to go, you must show your 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 do not have to show your Dell Children's Health Plan ID card before you get emergency care.

If you do get a bill, send the bill to a Member Advocate. A Member Advocate can be reached at

1-855-921-6284

1-855-921-6284 or by mail. 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 us at **1-855-921-6284 (TTY 7-1-1)** for help.

What information do they need?

In the letter, tell us:

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

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

- The name of the provider
- The date of service
- The provider’s phone number
- The amount charged
- The account number, if known send the letter to:

Member Advocate

Dell Children’s Health Plan

1345 Philomena St., Ste. 305

Austin, TX 78723

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

What do I have to do if I move?

As soon as you have your new address, give it to HHSC by calling 2-1-1 or updating your account on YourTexasBenefits.com and call 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.



Rights and Responsibilities

1-855-921-6284

What are my rights and responsibilities?

Member rights

1. You have a right to get accurate, easy-to-understand information to help you make good choices about your unborn child's health plan, providers, hospitals, and other providers.
2. You have a right to know how the perinate providers are paid. Some may get a fixed payment no matter how often you visit. Others get paid based on the services they provide for your unborn child. You have a right to know about what those payments are and how they work.
3. You have a right to know how the health plan decides whether a perinate service is covered or medically necessary. You have the right to know about the people in the health plan who decide those things.
4. You have a right to know the names of the hospitals and other perinate providers in the health plan and their addresses.
5. 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.
6. You have a right to pick from a list of health care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
7. You have a right to emergency perinate services if you reasonably believe your unborn child's life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with the health plan.
8. You have the right and responsibility to take part in all the choices about your unborn child's health care.
9. You have the right to speak for your unborn child in all treatment choices.
10. You have the right to be treated fairly by the health plan, providers, hospitals, and other providers.
11. You have the right to talk to your perinate provider in private, and to have your medical records kept private. You have the right to look over and copy your medical records and to ask for changes to those records.
12. You have the right to a fair and quick process for solving problems with the health plan and the plan's providers, hospitals and others who provide perinate services for your unborn child. If the health plan says it will not pay for a covered perinate service or benefit that your unborn 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.
13. You have a right to know that providers, hospitals, and other perinate providers can give you information about your or your unborn child's health status, medical care, or treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
14. 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.

Rights and Responsibilities

Member responsibilities

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

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

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

When does CHIP Perinate coverage end?

Coverage for your unborn child ends on the last day of the month your baby is born. You should still go to your two perinate provider visits after you have your baby. Your child can keep getting his or her healthcare benefits from us through Medicaid or CHIP.

If your income is at or below the Medicaid eligibility threshold, then your baby is eligible for 12 months of Medicaid healthcare benefits starting on the date of birth.

If your income is above the Medicaid eligibility threshold, your baby can get CHIP benefits through the CHIP program for as long as he or she qualifies.

Will the state send me anything when my CHIP Perinate benefits end?

Yes. HHSC will send you information telling you what programs your child may be eligible for before CHIP Perinate benefits end. Please be sure to complete and mail back any forms you receive in the mail.

How does renewal work?

There is no renewal process for CHIP Perinate. Your child can keep getting healthcare benefits from us if he or she still qualifies for CHIP or Medicaid.

1-855-921-6284

Can I choose my baby's primary care provider before the baby is born?

Yes.

Who do I call?

Call Member Services at **1-855-921-6284 (TTY 7-1-1)** for help choosing a primary care provider for your baby.

What information do they need?

Have your Dell Children's Health Plan ID card ready when you call Member Services.

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 perinate 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.

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 received 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:

Rights and Responsibilities

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

We will send you a letter within 5 business days of getting your complaint. This means that we have your complaint and have started to look at it. The letter will contain the description of Dell Children's Health Plan's complaint process and timeframes. **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?

Once you have gone through the Dell Children's Health Plan complaint process, if you are not satisfied with the answer to your complaint, you can file a complaint with the Texas Department of Insurance by calling toll-free **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.

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'll 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)**.

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.

1-855-921-6284

Process to appeal a CHIP adverse determination (denial)

What can I do if my 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 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 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 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 provider can ask us to look at the appeal again. Your provider must 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 let you know we got the specialty review request. A provider specializing in the type of care that your provider says you need 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.

Rights and Responsibilities

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 appeal

What is an expedited appeal?

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

You can request an expedited appeal if you or your provider thinks you need the services for an emergency or life-threatening illness, or you're in the hospital. You can also ask for an expedited appeal if we denied prescription drugs or intravenous infusions that you were 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 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.

If you have a life-threatening condition or we deny prescription drugs or intravenous infusions you're already receiving, 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.

1-855-921-6284

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 3 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 2 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

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/ferpportal/#/externalReviews>.

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

Rights and Responsibilities

- 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

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

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

What are the timeframes for this process?

The IRO will send you a letter with its decision:

1-855-921-6284

- 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.

Can I ask for an expedited external review?

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, 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.

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.

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:

Rights and Responsibilities

- Call the OIG Hotline at **1-800-436-6184**
- Visit 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

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

Term	Definition
Appeal	A request for your managed care organization to review a denial or a grievance again.
Complaint	A grievance that you communicate to your health insurer or plan.
Copayment	A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

1-855-921-6284

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

Rights and Responsibilities

Term	Definition
Medically necessary	Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.
Network	The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.
Non-participating provider	A provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider instead of a participating provider. In limited cases, such as when there are no other providers, your health insurer can contract to pay a non-participating provider.
Participating provider	A provider who has a contract with your health insurer or plan to provide covered services to you.
Physician services	Health care services a licensed medical physician (M.D.—Medical Doctor or D.O.—Doctor of Osteopathic Medicine) provides or coordinates.
Plan	A benefit, like Medicaid, which provides and pays for your health care services.
Pre-authorization	A decision by your health insurer or plan that a health care service, treatment plan, prescription drug, or durable medical equipment that you or your provider has requested, is medically necessary. This decision or approval, sometimes called prior authorization, prior approval, or pre-certification, must be obtained prior to receiving the requested service. Pre-authorization isn't a promise your health insurance or plan will cover the cost.
Premium	The amount that must be paid for your health insurance or plan.
Prescription drug coverage	Health insurance or plan that helps pay for prescription drugs and medications.
Prescription drugs	Drugs and medications that by law require a prescription.
Primary care physician	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.
Primary care provider	A provider (M.D.—Medical Doctor or D.O.—Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or provider assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.

1-855-921-6284

Term	Definition
Provider	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.
Rehabilitation services and devices	Health care services such as physical or occupational therapy that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled.
Skilled nursing care	Services from licensed nurses in your own home or in a nursing home.
Specialist	A 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.
Urgent care	Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

HIPAA notice of privacy practices

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

Please read this notice carefully. This tells you:

- Who can see your protected health information (PHI).
- When we have to ask for your OK before we share your PHI.
- When we can share your PHI without your OK.
- What rights you have to see and change your PHI.

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

We get information about you from state agencies for Medicaid and the Children's Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your 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:

Rights and Responsibilities

- 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 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
 - 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:

1-855-921-6284

- 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.

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.

Rights and Responsibilities

- If state laws say we have to do more than what we said here, we will follow those laws
- We have to let you know if we think your PHI has been breached.

Contacting you

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

What to do if you have questions

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

What to do if you have a complaint

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

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

Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young St., Ste. 1169
Dallas, TX 75202

Phone: 800-368-1019

TDD: 800-537-7697

Fax: 214-767-0432

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

Race, ethnicity and language

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

We use this information to:

- Make sure you get the care you need.
- Create programs to improve health outcomes.

1-855-921-6284

- 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.
- 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. Calls received from 5 p.m. to 8 a.m. will be directed to voicemail.

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

- Race
- Color
- National origin
- Age

Rights and Responsibilities

- 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)**

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.