dell children's Health Plan

SEPTEMBER 2026 - AUGUST 2027

Dell Children's Health Plan

CHIP Member Handbook

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

CHIP | TEXAS Health and Human Services

MS-0526-107

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Scan the QR code if you need help finding a provider, urgent care or after-hours clinic. You can also go to DellChildrensHealthPlan.com, or call the 24-hour Nurse Advice Line 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.

Welcome to Dell Children's Health Plan!

Information about your health plan

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

Your Dell Children's Health Plan member handbook

This handbook will help you understand your health plan and will give you important information for CHIP, CHIP Perinate and CHIP Perinate Newborn members.

When there are differences in the health plan between CHIP, CHIP Perinate 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 Perinate member. References to "your child/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 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. except for state-approved holidays. Calls received from 5 p.m. to 8 a.m. will be directed to voicemail.

Important Phone Numbers

All numbers are toll-free

Member Services If you have any questions about your or 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 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.	**Call 1-855-921-6284 (TTY 7-1-1).** Member Services can help you with: • Your child's providers • Provider appointments • Your perinate providers • Transportation • Healthcare benefits • Getting services • What to do in an emergency or crisis • Cost-sharing information • Well care • Healthy living • Special kinds of health care • Rights and responsibilities • Complaints and medical appeals
What to do in an emergency **If you have an emergency, you should call 9-1-1 or go to the nearest hospital emergency room right away.** If you need advice, call your or your child's primary care provider or our 24-hour Nurse Advice Line seven days a week at **1-855-712-6700 (TTY 7-1-1).** For urgent care, you should call your or 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 9-1-1 in an emergency.**
24-hour Nurse Advice Line The 24-hour Nurse Advice Line is available to all members 24 hours a day, seven days a week. Call if you need advice on: • How soon you or your child needs care • What kind of care is needed for an illness or injury • How you can care for yourself or your child before seeing the provider • How you can get your child care • How and where to get urgent care services • How to treat a cold	**1-855-712-6700 (TTY 7-1-1)**
Service Coordination Disease management and case management	**1-844-964-3015 (TTY 7-1-1)**
Special Delivery pregnancy program	**1-844-964-3015 (TTY 7-1-1)**
Pharmacy	**1-855-921-6284 (TTY 7-1-1)**

1-855-921-6284

Vision			**1-800-879-6901**
Dental plans	DentaQuest: **1-800-516-0165**	MCNA: **1-855-691-6262**	United Healthcare Dental: **1-877-901-7321**
Behavioral health and substance use services* The behavioral health and substance use services line is available to members 24 hours a day, seven days a week at **1-800-424-1764 (TTY 7-1-1).** 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 use services line for help getting services. If you or your child has an emergency, you should call 9-1-1 or go to the nearest hospital emergency room right away.			**24 hours a day, seven days a week at 1-800-424-1764 (TTY 7-1-1).** ***Not available for CHIP Perinate members.**
Non-emergency medical transportation	Call **1-844-867-2742 (TTY 7-1-1)** 24 hours a day, seven days a week, 365 days a year, except for state-approved holidays. You can talk to someone in English or Spanish. For other languages, interpreter services are available. You can pick the "Where's My Ride?" option to find out the status of your ride between 5 a.m. to 7 p.m. Central time Monday through Saturday when you are waiting for a scheduled ride.		
Members with Special Health Care Needs (MSHCN)			**1-844-964-3015 (TTY 7-1-1)**
Texas Enrollment Broker Helpline			**1-800-964-2777**
Ombudsman Managed Care Assistance Team			**1-866-566-8989**
Texas Early Childhood Intervention Program			**1-800-628-5115**
Texas Department of Insurance Consumer Protection			**1-800-252-3439**
Women, Infants and Children (WIC) Program			**1-800-942-3678**
Information and referral line for State of Texas Residents Find resources for food, health, housing and other services			**2-1-1**
Texas Health and Human Services Commission			**1-866-566-8989**
Texas Department of State Health Services (DSHS) Family and Community Health Services Help and Referral Line			**1-800-422-2956**

1-855-921-6284

Table of Contents

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

We are glad you chose us for your family's healthcare needs. Whether you are a CHIP member, a pregnant CHIP Perinate member or the parent of a CHIP Perinate Newborn, helping you and your family live a healthy life is our top priority. It is our goal to make sure you and 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 and your family'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 Advice Line 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 your providers:** We're committed to getting you the right care close to home. You or your child will receive health care through Dell Children's Health Plan:
   - CHIP and CHIP Perinate newborns: Select an in-network provider to serve as your child's medical home. If you don't choose one, we will assign a provider close to you.
   - CHIP Perinate members: Choose an in-network OB-GYN or perinatal specialist to manage your care throughout your pregnancy.

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.
   - CHIP Perinate/pregnant 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 or 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 Advice Line seven days a week at 1-855-712-6700 (TTY 7-1-1).

4. **For urgent care*,** you should call your or 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 Advice Line seven days a week at 1-855-712-6700 (TTY 7-1-1) for advice anytime, day or night.
   *Not available for CHIP Perinate members unless for medical issues directly related to the pregnancy or the health of the unborn child.

About Your Health Plan

Your Dell Children's Health Plan ID card

When you sign up to become a Dell Children's Health Plan member, you will receive a member ID card for each member.

The four types of ID cards

Because Dell Children's Health Plan coordinates several programs, the specific text on the front of your card tells providers exactly what program you or your child are enrolled in. The layout typically features the Dell Children's Health Plan logo at the top, along with one of these four program labels:

- CHIP ID card: Issued for children enrolled in the standard health insurance program.
- CHIP Perinate Newborn ID card: Issued to babies who were covered under the prenatal program and have now transitioned to newborn care after birth.
- CHIP Perinate ID card (Category A): Specifically for pregnant mothers who meet the primary low-income guidelines for prenatal care.
- CHIP Perinate ID card (Category B): For pregnant mothers who fall into a slightly different eligibility bracket under state guidelines, ensuring specific prenatal services.

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

If you don't have your or 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 Dell Children's Health Plan ID cards look like:

CHIP ID card


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CHIP

MEMBER ID CARD / TARJETA DE MIEMBRO

Plan Effective Date/*Fecha efectiva del plan:*

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

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

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

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

Co-Payments/Co-Pagos

Office Visit/*Visita de Oficina:*
Hospital/*Hospital:*
ER/*Emergencia:*
Vision/*Visión:*
Generic/Brand
Genérico/Marca:
Specialty/*Especialidad:*

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.
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.

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

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

For more information, visit us at DellChildrensHealthPlan.com
MS-0622-002

1-855-921-6284

CHIP Perinate Newborn ID card

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

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

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

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

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

Co-Payments/Co-Pagos

No co-payments or cost sharing apply / *No aplican co-pagos ni costos compartidos*

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.
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.

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

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

For more information, visit us at DellChildrensHealthPlan.com MS-0622-003

CHIP Perinate ID Card: Category A

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

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

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

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

Co-Payments/Co-Pagos

No co-payments or cost sharing apply / *No aplican co-pagos ni costos compartidos*

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.

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**

Eligibility, authorizations, benefits and claims: **Provider Services 1-844-781-2343**

Send Hospital Facilities Claims to:
Texas Medicaid & Healthcare Partnership Claims
P.O. Box 200555
Austin, TX 78720-0555

Send Professional/Other Services to:
Dell Children's Health Plan
PO Box 37502
Oak Park, MI 48237-0502
Payer ID: **38261**

For more information, visit us at DellChildrensHealthPlan.com MS-0622-004

CHIP Perinate ID Card: Category B

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

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

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

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

Co-Payments/Co-Pagos

No co-payments or cost sharing apply / *No aplican co-pagos ni costos compartidos*

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.

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**

Eligibility, authorizations, benefits and claims: **Provider Services 1-844-781-2343**

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**

For more information, visit us at DellChildrensHealthPlan.com MS-0622-005

About Your Health Plan

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

The card tells providers and hospitals you or 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.

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

If your or 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 and CHIP Perinate members

What is a primary care provider?

A primary care provider is the main provider who provides most of your or 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 providers, specialists or hospitals when special care or services are needed.

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.

Who serves as your provider?

Because this handbook covers multiple programs, your main provider depends on who is enrolled and their stage of life:

- For CHIP and CHIP Perinate Newborn Members: Your provider is a pediatrician, general practitioner or family doctor who provides most of your child's regular healthcare, sick visits and well-child checkups.
- For CHIP Perinate Unborn Members: While you are pregnant, your primary care provider is your OB-GYN. They provide your prenatal care, monitor your unborn baby's growth and handle your delivery at the hospital.

1-855-921-6284

When you joined Dell Children's Health Plan, you should have picked a primary care provider for you and 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. An important step for pregnant members: Your OB-GYN acts as your primary provider during your pregnancy. However, before your baby is born, you should choose a pediatrician or family provider to be your baby's provider. This ensures your baby is assigned to a provider and ready for their first newborn checkup just a few days after birth.

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 1/2, 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.

About Your Health Plan

What do I need to bring to my or my child's appointment?

You should bring:

- Your Dell Children's Health Plan ID card
- Any medicines you or your child is taking
- Your health care records or your child's vaccination records. If you are a pregnant CHIP Perinate member, bring any prenatal records from previous providers
- Any questions you want to ask the provider

Can a clinic be a primary care or 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 primary care providers or perinate care providers.

How can I change my or my child's primary care or perinate provider?

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

How many times can I change my or my child's primary care provider or my perinate care provider?

There is no limit on how many times you can change your or your child's primary care provider or your perinate provider. You can change providers by calling us toll-free at **1-855-921-6284 (TTY 7-1-1)**.

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

We can change your or 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 won't 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

1-855-921-6284

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 you or your child
- Your provider doesn't have the right experience to treat you or 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 or my perinate care provider's office is closed? How do I get after-hours care?

If you or your child needs urgent care after your child's primary care provider's office is closed or your perinate care provider's office is closed, call the primary or perinate care provider phone number on your ID card. If you call the 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. *Please note: CHIP Perinate coverage does not include routine after-hours or urgent care.

You may also call our Nurse Advice Line 24 hours a day, seven 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 you or 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 Advice Line.

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

If you or your child can't get a covered benefit from a provider in our health plan, we'll arrange for your or 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.

About Your Health Plan

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).**

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 doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can call **1-855-921-6284 (TTY 7-1-1)** to learn more about this..

Changing health plans

For CHIP Perinate members

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 my child's 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.

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 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.

1-855-921-6284

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.**

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. For CHIP Perinatal members, there is no limit on how many times you can change health plans.

When will my health plan change become effective?

If you call to change your or 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 I or my child be dropped from the health plan for non-compliance?

There are several reasons you or 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.

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

- You or your child are no longer eligible for CHIP
- You let someone else use your or 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

About Your Health Plan

- 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 you or your child doesn't have an emergency
- You or your child 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).**

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 or my child's CHIP or CHIP Perinate Newborn benefits?

The following list shows some of your and 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.

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 primary care provider (or your OB-GYN if you are pregnant) 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.

1-855-921-6284

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 use.

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, please visit **DellChildrensHealthPlan.com/for-members/how-your-plan-works/**.

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.

Member Benefits

If you have a question or are not sure whether we offer a certain benefit, call Member Services for help. Your perinate provider will help you get your healthcare benefits.

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 or your child's provider can provide them. This is called prior approval. Your or 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 use services (except routine outpatient and emergency services)
- Certain prescriptions
- 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.

1-855-921-6284

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).**

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 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.

How much are copays 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.

Member Benefits

Co-pay (per visit)

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

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.

1-855-921-6284

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

You and your family get extra benefits, called value-added services, just for being our member. These extra benefits are designed to make a difference in your lives. We give you and your family these value-added services to help keep you healthy and to thank you for choosing Dell Children's Health Plan as your 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**.

Items with (*) are not available for CHIP Perinate members.

24-Hour Nurse Line

Nurse Advice Line Registered nurses are available 24/7 to answer health questions, provide care guidance, and help members decide where to seek care, including ER visits.	**Members can call Carenet at 1-855-712-6700 (TTY 7-1-1).** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**

Behavioral Health – Online Mental Health Resources

Behavioral health mobile app* 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.	**Members access NeuroFlow by logging into their account at Member.MagellanHealthcare.com or by downloading the NeuroFlow app on their mobile device.** **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.**

Member Benefits

Extra Vision Services

Expanding vision allowance* Get up to $100 every two years for glasses or contacts, in addition to standard vision benefits.	**Members can access services by visiting a participating Superior Vision provider.** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**

Extra help with Getting a Ride (when state services are not available)

Transportation assistance Transportation assistance when not available through NEMT or state programs. Includes WIC, pregnancy classes, applications, health plan events, NICU visits (approval required). Limits may apply.	**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 App, available on the App Store or Google Play.** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**

Sports and School Physicals

One sports or school physical per year* Ages 6 up to 18: One sports or school physical every 12 months with a contracted provider to support school sports participation	**Members can self-refer to a contracted provider for sports or school physicals.** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**

Help for Members with Asthma

Allergy-free pillow cover* One allergy-free pillow cover every 12 months for members diagnosed with asthma enrolled in the asthma management program.	**Members can request these items by contacting Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance and will be referred to the asthma service coordination program.**
Allergy-free mattress cover* One allergy-free mattress cover every 12 months for members with asthma enrolled in the asthma management program. Mattress covers are available in sizes twin through king.	**Members can request these items by contacting Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance and will be referred to the asthma service coordination program**.

1-855-921-6284

Extra Help for Pregnant Women and New Moms

Prenatal visit reward $75 reward (750 points) for completion of a prenatal visit within 42 days of enrollment with the health plan, in any trimester.	**Members can access the value-added service by completing the eligible activity and meeting reward criteria. Rewards are issued through the Finity website: DCHPMemberRewards.com.** **Members may also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**
Postpartum checkup reward $100 reward (1,000 points) for completion of a postpartum checkup 7–84 days after delivery.	**Members can access the value-added service by completing the eligible activity and meeting reward criteria. Rewards are issued through the Finity website: DCHPMemberRewards.com.** **Members may also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**
Pregnancy classes Pregnancy classes covering trimester care, delivery, postpartum and postpartum depression. Available as live or self-paced online (choose one per pregnancy).	**Members can register online at anybabycan.org/programs/parenting-classes.** **For online self-paced, members can contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**
Convertible car seat Complete 6 prenatal visits and receive a voucher for 1 convertible car seat. Limit 1 per pregnancy per child. Use voucher within 3 months.	**Qualifying members can receive a voucher by email or mail to redeem at Simply Safety Centers at Dell Children's Medical Center locations.** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**
Postpartum food delivery One-time delivery of fresh produce or prepared meals for postpartum members after delivery. Request within 3 months of delivery.	**Members can request in-home food delivery by calling GA Foods at 1-800-852-2211.** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**
Doula support services* Home visits during pregnancy and for up to 3 months after birth. Includes doula support during labor and up to 2 postpartum visits. *Postpartum visits are not available to CHIP Perinate members.	**Members can access services by contacting Giving Austin Labor Support at givingaustinlaborsupport.org or by calling 1-512-934-2171.** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**

Member Benefits

Baby showers Attend a health plan baby shower and complete a pregnancy notification form to receive a diaper pack; includes education, resources and giveaways.	**Members can view events on Dell Children's Health Plan website, our Facebook page, call 512-324-DCHP (3247) or email DCHPCommunityOutreach@ascension.org.** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**

Healthy Play and Exercise Programs

YMCA gym membership* YMCA membership for ages 0 through 14. Must enroll at a contracted location and use at least once every 30 days.	**Members can show proof of coverage at YMCA of Hays locations to enroll. Membership ends if coverage changes and requires use at least every 30 days to remain active.** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**
Summer and spring camp experience* Ages 9 through 18: Sponsored overnight camp promoting outdoor activity and development. Subject to eligibility and medical clearance.	**Eligible members can register at elranchito.org/register-for-camp and complete required application, screening, and health forms, including medical clearance.** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**
Planet Fitness membership Monthly membership to participating Planet Fitness centers, for members ages 15 through 65 to support physical activity and overall wellness.	**Members can enroll by calling Member Services at 1-855-921-6284 (TTY 7-1-1). Once activated, members will receive instructions to complete registration at a selected Planet Fitness location. Members must use the membership monthly to remain eligible.**

Extra Help for Individuals with Intellectual or Developmental Disabilities

Education advocacy support* Help with IEP or 504 plans, school accommodations and education rights for members with health or developmental needs.	**Members can request support through Service Coordination and will be referred to LaChance School Health Strategies, who will contact the member directly. A Legally Authorized Representative may submit a request on behalf of a member with intellectual or developmental disabilities.** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**

1-855-921-6284

Autism and speech development app* Mobile learning app for members ages 2 through 8 with autism or speech delay diagnosis to support development and communication skills.	**Members with a provider diagnosis of autism or speech delay can contact Dell Children's Health Plan or their Service Coordinator for access. Eligible members will receive a secure GoManda link by email at no cost.** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**

Health and Wellness Services

Emergency food assistance Short-term food delivery during a qualifying life event, such as illness, job loss or disaster. Approval required.	**Members can request emergency in-home food delivery by contacting Member Services at 1-855-921-6284 (TTY 7-1-1). Once approved, member information is shared with GA Foods, who will contact the member to coordinate dietary needs, shipping details and delivery timing.**
Spiritual care and wellness support Spiritual care supports coping with illness, loss, grief or pain and promotes emotional well-being. Includes online resources for overall wellness.	**To speak to a chaplain online:** **5. Scan the QR code or go to bit.ly/3lfuBxi.** **6. Complete the form to speak with a chaplain.** **7. Select "I am an: Insurance Member" and "Health plan: Dell Children's Health Plan".** **8. You'll receive a Zoom link via text and a chaplain will join the meeting within 10 minutes.** **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)** **Members can also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.**

GED Support

GED preparation course* Online GED classes and coaching to help you pass the GED test. For members ages 17-65. If not used for 30 days, service must be restarted.	**Members may request GED assistance by calling Member Services at 1-855-921-6284 (TTY 7-1-1).**

Member Benefits

GED test cost support Cost of the GED test covered for members ages 17 through 20. One-time benefit.	**Members may request GED assistance by calling Member Services at 1-855-921-6284 (TTY 7-1-1). Voucher details are emailed within two business days after processing.**

Gift Programs

Members can earn reward points by completing healthy activities. Then, use your points to shop in the online rewards store and choose from hundreds of items!

Behavioral health follow-up reward*

$20 reward (200 points) per visit for completing a behavioral health follow-up within 7 days of discharge. Limit 2 rewards per year.

Well-child annual checkup reward*

(Ages 3-11): $20 reward (200 points) for members ages 3–11 who complete a timely well-child checkup. Limit 1 reward per year and 1 reward per visit.

(Ages 12-18): $50 reward (500 points) for members ages 12–18 who complete an annual well-child checkup. If multiple rewards apply, only the highest-value reward is given. One reward per visit.

Well child checkups reward (First 15 months of life)*

$120 reward (1,200 points) after completing all 6 well-child checkups from birth through 15 months on the state-approved schedule. Available after all 6 checkups are completed.

Infant checkups reward (15–30 months)*

$50 reward (500 points) for completion of infant well-child checkups at 18, 24, and 30 months.

Early childhood vaccines reward*

$75 reward (750 points) for completion of 5 Combo 10 vaccines; additional $125 reward (1,250 points) for completion of all 10 vaccines. One-time benefit.

ADHD follow up reward*

$20 reward (200 points) for members ages 6 through12 for a follow-up visit within 30 days of starting an ADHD medication. Limit 1 reward per member.

Members can access the value-added service by completing the eligible activity and meeting reward criteria.

Rewards are issued through the Finity website: DCHPMemberRewards.com.

Members may also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.

Adult doctor visit reward*

$20 reward (200 points) for completion of one annual ambulatory visit with a contracted provider. Excludes ER and urgent care. Limit 1 reward per year.

High school educational achievement reward*

Earn $25 reward (250 points) per semester for a 3.0+ GPA, 90%+ class attendance or attending an IEP/504 meeting. Submit proof within 90 days.

Members can access the value-added service by completing the eligible activity and meeting reward criteria.

Rewards are issued through the Finity website: DCHPMemberRewards.com.

Members may also contact Member Services at 1-855-921-6284 (TTY 7-1-1) for assistance.

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.

Service coordination

What is service coordination?

Service coordination is a covered benefit for all CHIP and CHIP Perinate 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 health care provider, yourself or by meeting certain criteria. You can opt in or out of service coordination at any time.

Member Benefits

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 or your child's 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

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 **1-512-324-3015 (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
- Is a child with special health care needs like developmental delays, diabetes or asthma, or a member with a high risk pregnancy

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, or an infectious disease requiring treatment to prevent transmission to the infant, including human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV) and syphilis;
    - Pregnant members with mental health or Substance Use Disorder diagnoses; and
    - Pregnant members with a previous pre-term birth .
- Members with high-cost catastrophic cases or high service utilization, such as a high volume of ER or hospital visits.
- Members with mental illness and co-occurring Substance Use Disorder diagnoses.
- Members with serious ongoing illness or a chronic complex condition that is anticipated to last for a significant period and requires ongoing therapeutic intervention and evaluation, such as:
    - Members diagnosed with respiratory illness (such as COPD, chronic asthma, or cystic fibrosis), diabetes, heart disease, kidney disease, sickle cell 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 identified by the MCO as having Behavioral Health issues, including Substance Use Disorders, or serious emotional disturbance or serious and persistent mental illness, that may affect their physical health or treatment compliance.

Health care and other services for CHIP and CHIP Perinate members

What does medically necessary mean?

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

Member Benefits

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;
- 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).**

1-855-921-6284

How is new technology evaluated?

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

- Medical procedures
- Behavioral health procedures
- Medicines
- Devices

We review scientific information and government approvals to find out if the treatment works and is safe. We 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 checkups, prenatal checkups, prenatal care, preventive care and treatment for minor injuries and illnesses. Your child or newborn baby 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 or my child expect to be seen?

You should be able to see your perinate provider within two weeks for routine care. Your child or newborn baby should be able to be seen by their primary care provider within two 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
- High fevers
- Ongoing vomiting or diarrhea
- Headaches

Member Benefits

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

If you or your child needs urgent care, you should either call your provider's office or your perinate provider, 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 accepts members of the Dell Children's Health Plan CHIP or CHIP Perinate programs.

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

How soon can I expect my child or me to be seen?

You or your child should be able to see a provider within 24 hours for an urgent care appointment. If your provider tells you or your child 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.

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 Advice Line. 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.

For CHIP members and CHIP Perinate Newborn members

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. This also includes specific labor, delivery or pregnancy-related emergencies. 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

1-855-921-6284

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

For CHIP Perinate Members

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.

For CHIP Perinate members, emergency care is provided for the following conditions and services:

- 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 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 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 or your perinate 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 or your perinate provider will give or arrange any needed follow-up care.

Member Benefits

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

You or 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 I or my child see a provider?

We know how important it is for both you and 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 business days of request
Routine specialty care	Within 3 weeks of request
After-hours care	Primary care or perinate 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 or my perinate care provider's office is closed?" section of this handbook.

Preventive health

Care type	Dell Children's Health Plan
Checkups for children age 6 months and older	Within 15 business days of request

Checkups for children less than 6 months old	Within 14 business days of request

Prenatal care

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

Behavioral health

Care type	Dell Children's Health Plan
Urgent care	Within 24 hours of request
Initial visit for routine care	10 business days (This requirement does not apply to CHIP Perinate).
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 or my perinate care provider's office is closed?

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

If you think you or 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.

Member Benefits

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

If you or 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 you or 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 or I are out of the state?

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

What if my child or I are out of the country?

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

What if my child or I need 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 or your child's primary care provider or your perinate care provider sends you or your child to another provider or service for care. The primary care provider may refer you or your child to a specialist in the Dell Children's Health Plan network if he or she can't give your child needed care.

What services don't need a referral?

Dell Children's Health Plan doesn't require you to get a referral from your provider or 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. Additionally, the following services do not require a referral:

- 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.

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.

Member Benefits

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** and use our Find a Doctor search tool
- 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.

1-855-921-6284

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**.

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 or my child's prescriptions to a network drug store?

If you need to transfer your or 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. 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 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.

Member Benefits

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.

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**.

1-855-921-6284

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 perinatal provider or 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 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).

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:

Member Benefits

- One well-woman checkup per year
- Care related to pregnancy
- Care for any female medical condition
- 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** 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 Advice Line 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 I stay stay with my perinatal provider if they aren't with Dell Children's Health Plan?

You or your daughter may have been seeing a provider who is not in our health plan for OB-GYN care. In some cases, you 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.

1-855-921-6284

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**. 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

The Special Delivery program gives extra support to members with high-risk pregnancies. If you are eligible, you will have a service coordinator to help you get the care and services you need during your pregnancy and through your 6-week checkup after your baby is born.

Your service coordinator will call you during your pregnancy to see how you are doing, answer your questions, help you get the care you need, and connect you with local programs and services.

Member Benefits

To find out more about the Special Delivery program, call **1-512-324-3015 (TTY 7-1-1)** or **1-844-964-3015 (TTY 7-1-1).**

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 23 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.

1-855-921-6284

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**.

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 you or your child 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 receiving 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 name or your child's name
- Your telephone number
- The 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

Member Benefits

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 I move or 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** and call Dell Children's Health Plan Member Services at **1-855-921-6284 (TTY 7-1-1)**. Before you or your child gets CHIP or CHIP Perinate 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.

For CHIP Perinate members:

CHIP Perinatal covers care during pregnancy and two doctor visits within 60 days after the pregnancy ends.

- The Mother: Coverage for the mother ends on the last day of the month that the baby is born (following delivery, the mother is eligible for two postpartum care visits).
- The Baby: The baby continues to receive full benefits through the end of that original 12-month period. Before the baby's 12-month continuous enrollment ends, HHSC will send a packet to help you renew or transition your baby into regular CHIP benefits.

You can apply for and renew benefits online at **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** and visit "Find an office" at the bottom of the page.

We want you and your child to keep getting healthcare benefits from us if he or she still qualifies. To renew, go to **YourTexasBenefits.com** and choose "Manage Your Account". Follow the directions to renew.

Rights and Responsibilities

Member Benefits

CHIP members

What are my rights and responsibilities?

CHIP 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 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.

CHIP 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.

Rights and Responsibilities

4. If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
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**.

CHIP Perinate members

What are my rights and responsibilities?

CHIP Perinate 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.

CHIP Perinate 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.

Rights and Responsibilities

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**.

Quality Management

What does Quality Management do for you?

The Dell Children's Health Plan Quality Management program is here to make sure you and your family 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 or 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).**

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 or your child's benefits. If you disagree with our decision, you, your provider or a person acting on your behalf 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.

1-855-921-6284

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.

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.

Rights and Responsibilities

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

If you are a CHIP/CHIP Perinatal member, once you have gone through the Dell Children's Health Plan complaint process, and 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, MC:CO-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**. Or completing the complaint form found at **www.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.

Process to appeal a CHIP or CHIP Perinate adverse determination (denial)

What can I do if my provider asks for a service or medicine for me or 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. If you do not agree with our decision, you have the right to ask for an appeal. An appeal is when you, your provider or a person acting on your behalf asks us to look again at the care we denied or limited. 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).

1-855-921-6284

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 and your provider 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 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

Rights and Responsibilities

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 or your child's health, and taking the time for a standard appeal could jeopardize your or your child's life or health.

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

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.

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 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.

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**.

Rights and Responsibilities

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:

- Dell Children's Health Plan
  Appeals Team
  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

1-855-921-6284

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**, 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 or CHIP Perinate 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 or CHIP Perinate services that weren't given or necessary
- Not telling the truth about a medical condition to get medical treatment

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- Letting someone else use their CHIP or CHIP Perinate ID
- Using someone else's CHIP or CHIP Perinate 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

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).**

1-855-921-6284

Member guide to managed care terms

Term	Definition
Appeal	A request for your managed care organization to review a denial or a grievance again.
Complaint	A grievance that you communicate to your health insurer or plan.
Copayment	A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.
Durable medical equipment (DME)	Equipment ordered by a health care provider for everyday or extended use. Coverage for DME may include but is not limited to: oxygen equipment, wheelchairs, crutches, or diabetic supplies.
Emergency medical condition	An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.
Emergency medical transportation	Ground or air ambulance services for an emergency medical condition.
Emergency room care	Emergency services you get in an emergency room.
Emergency services	Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.
Excluded services	Health care services that your health insurance or plan doesn't pay for or cover.
Grievance	A complaint to your health insurer or plan.
Habilitation services and devices	Health care services such as physical or occupational therapy that help a person keep, learn or improve skills and functioning for daily living.
Health insurance	A contract that requires your health insurer to pay your covered health care costs in exchange for a premium.
Home health care	Health care services a person receives in a home.

Rights and Responsibilities

Term	Definition
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.
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 provider (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.

Term	Definition
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 physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.
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.

Rights and Responsibilities

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** 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:

- 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.

Rights and Responsibilities

- 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.
- 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

1-855-921-6284

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.
- 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.

Rights and Responsibilities

- 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.

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)
- Email: **DCHPcomplaints@ascension.org**

1-855-921-6284

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:

- **Office for Civil Rights Complaint Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf**.
- **By mail:**
  HHSC Civil Rights Office
  701 W. 51st Street
  Mail Code W206
  Austin, Texas 78751
- **By phone:** Toll Free (888) 388-6332 or (512) 438-4313 (TTY: (877) 432-7232
- **By Fax:** (512)-438-5885

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