



JULY 2025

CHIP MEMBER HANDBOOK

INCLUDING CHIP PERINATE AND CHIP PERINATE NEWBORN

www.CommunityHealthChoice.org

713.295.2294

1.888.760.2600

Community Health Choice Texas, Inc.



IMPORTANT PHONE NUMBERS

1.877.635.6736	General Information 8:00 a.m. – 6:00 p.m., Monday – Friday, excluding state-approved holidays	713.295.2222
1.888.760.2600	Member Services 8:00 a.m. – 6:00 p.m., Monday – Friday, excluding state-approved holidays. Access your Member account online 24 hours a day, seven days a week. Information is available in English and Spanish. Call us to get an interpreter. In case of an emergency, call 9-1-1 or go to the nearest hospital. Also call for pharmacy and dental information.	713.295.2294
7-1-1 1.800.518.1655	Relay Texas	
1.888.332.2730	24-Hour Medical Advice line	
1.800.647.6558	CHIP Helpline www.chipmedicaid.org	
1.888.760.2600	Pharmacy Community Health Choice Member Services 8:00 a.m. – 6:00 p.m., Monday – Friday, excluding state-approved holidays.	
1.800.516.0165	CHIP Dental DentaQuest	
1.800.494.6262	MCNA Dental	
1.800.822.5353	United Healthcare Dental Plan	
1.877.343.3108	Behavioral Health/Substance Abuse Services Community Health Choice Crisis Hotline: 24 hours a day, seven days a week. Information is available in English and Spanish. Call us to get an interpreter.	
1.844.433.6881	Eye Care Envolve Vision	VisionBenefits.EnvolveHealth.com

Write or visit us at:
Community Health Choice Texas, Inc.
4888 Loop Central Drive, Suite 600, Houston, TX 77081
www.CommunityHealthChoice.org

In an emergency call 9-1-1 or go
to the nearest hospital.

Welcome to Community Health Choice

If you have special needs, have trouble seeing or speak another language, please call our Member Services Department toll-free at 1.888.760.2600. We will send you this information in a way that you can read it. If you need an interpreter to help you understand this handbook, we can provide you oral or written interpreter help. If you need help with sign language, Community offers Sign Share. If you have trouble hearing or speaking, please call the TTY/TDD line at 7-1-1 or toll-free at 1.800.735.2989. If you need auxiliary aids and services, including getting materials in alternative formats like large print or Braille, please call the HHSC Eligibility Office toll-free at 1.855.827.3748 or our Member Services Department toll-free at 1.888.760.2600.

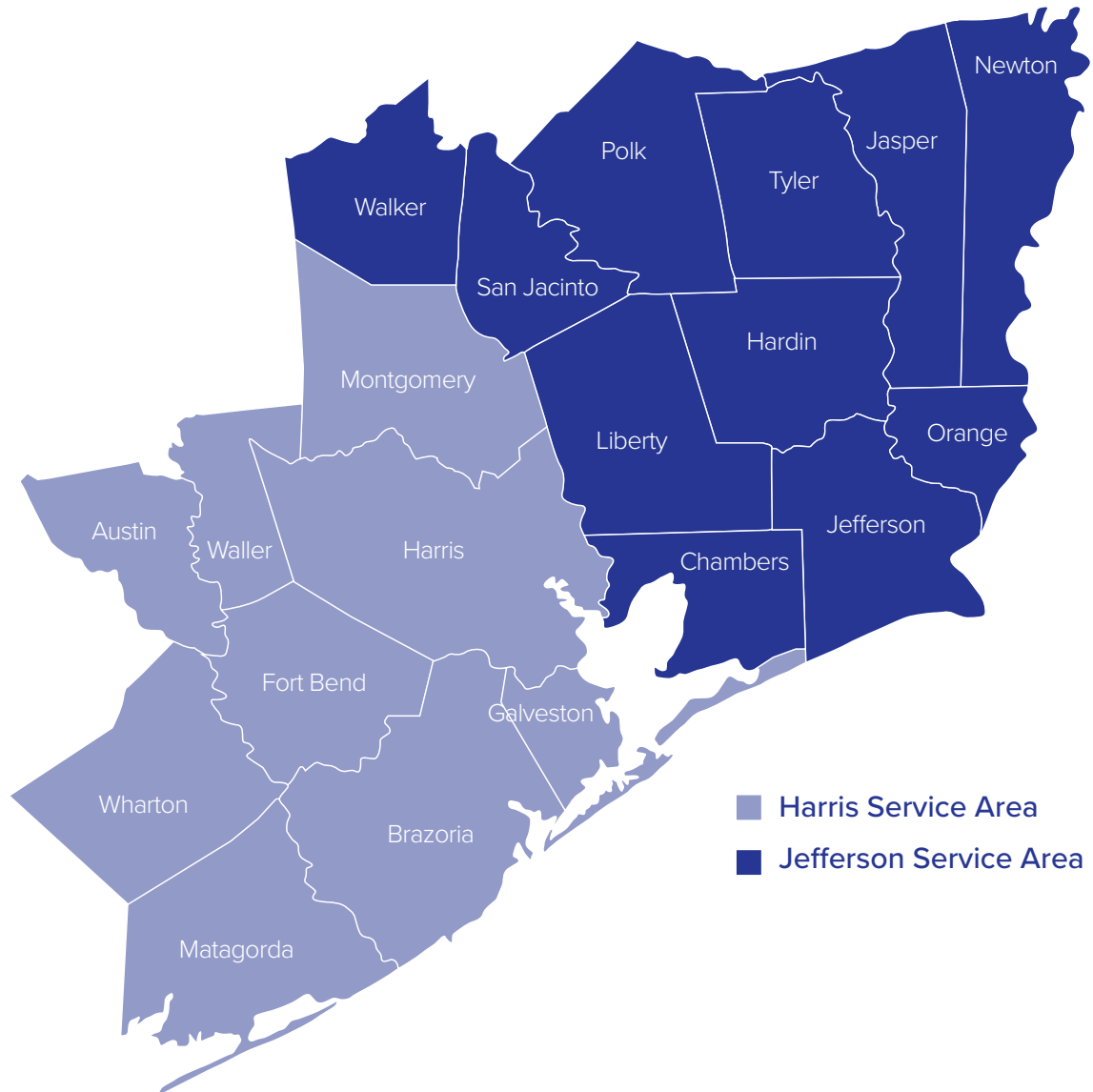
Need help? Call 8:00 a.m. - 6:00 p.m., Monday - Friday, excluding state-approved holidays. Access your Member account online 24 hours a day, seven days a week.

How to Read this Book

This book is for all CHIP Members:

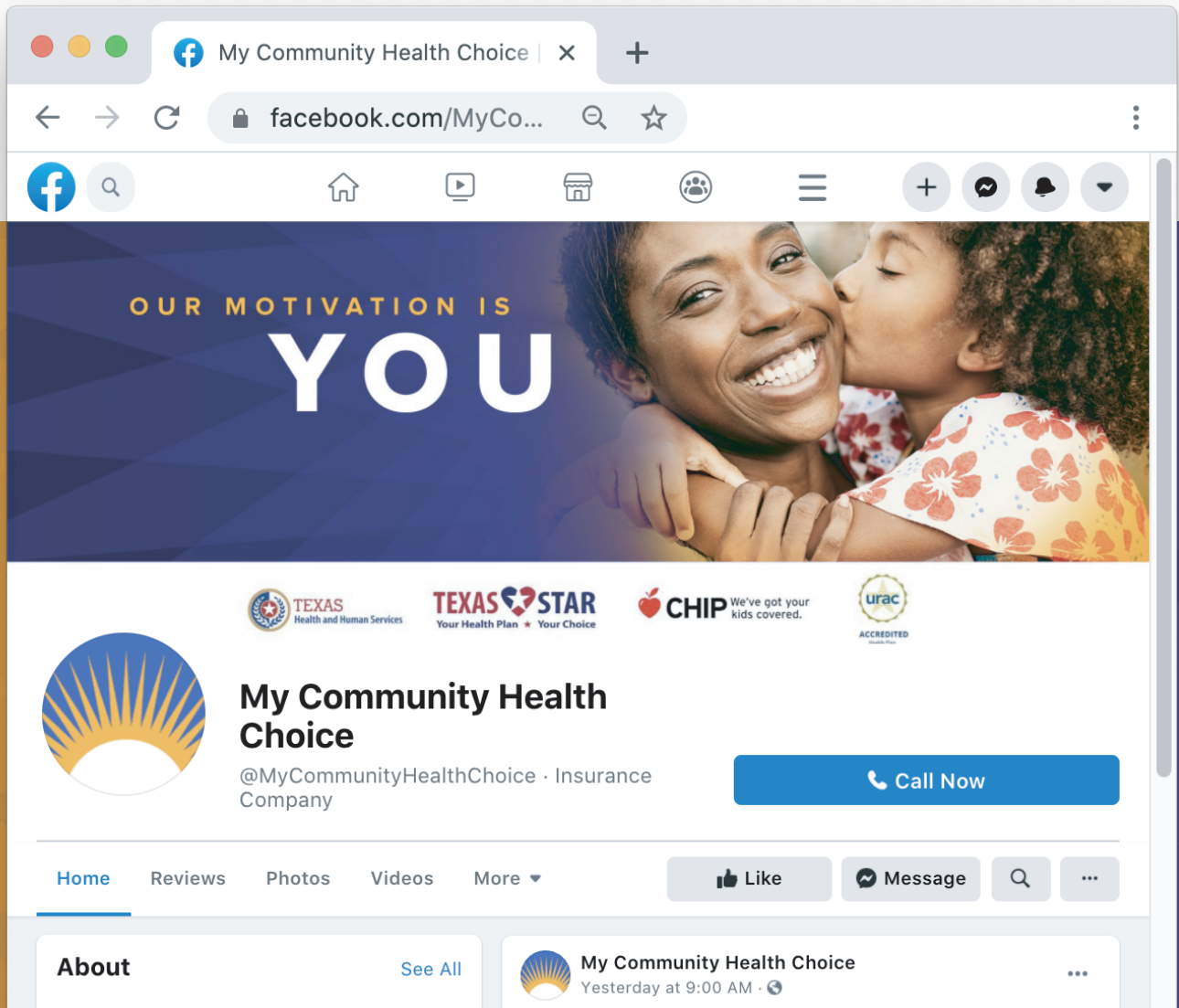
- CHIP
- CHIP Perinate Newborn
- CHIP Perinate

Service Area Map



MY COMMUNITY HEALTH CHOICE

A Facebook Page Just for You!



Community Health Choice has a Facebook page just for our Medicaid and CHIP Members! **My Community Health Choice** will post about:

- Member Events
 - How To Use Your Benefits
 - Health Education
 - Social Services in Your Neighborhoods
 - Fun Activities
 - Informational and Fun Community Now Videos
- And Much More!**

Follow My Community Health Choice today.

<https://www.facebook.com/MyCommunityHealthChoice>

CareerReady SCHOLARSHIP PROGRAM

Community offers high school seniors and pregnant women the opportunity to earn a job certification to jumpstart their careers. Each person accepted is called a CareerReady Scholar!

Every CareerReady Scholar has a Life Coach to support them along the journey. The CareerReady scholarship covers your tuition, fees, and books needed to complete a job certification at Houston Community College, San Jacinto College or with a job training partner.

Pregnant Women are eligible to apply if:

- ✓ You or your baby is a current member of Community Health Choice on STAR/Medicaid or CHIP Health Plans
- ✓ You are between 18 and 30 years old
- ✓ You have a high school diploma or GED

High School Seniors are eligible to apply if:

- ✓ You are a current member of Community Health Choice on STAR/Medicaid or CHIP Health Plans
- ✓ You are a high school senior

Questions?

Contact LifeServices@CommunityHealthChoice.org



CareerReady
High School



CareerReady
Pregnant
Member



Scholarship Opportunity

"I successfully completed the Welding Technician program, and I am currently enrolled in Automotive Mechanic; I'm still working towards my goals and plan to have a successful future thanks to CareerReady."

– JOSE, 2020 CAREERREADY SCHOLAR



Scholarship Opportunity

"With the help of the CareerReady program, I was able to complete my Cosmetology Certificate and now I'm looking forward to a successful future."

– SAVANNAH, 2021 CAREERREADY SCHOLAR



The Sun

Blog for CHIP & STAR (Medicaid) Members



The Sun Blog

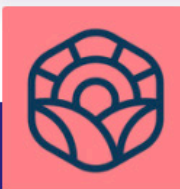
This blog is specifically for our **CHIP and STAR (Medicaid) Members**. We hope you enjoy these updates and resources.

Click on a Member Resource story to read more.

- Subscribe to our YouTube channel
- Follow Us on Facebook
- Visit our Life Services page
- Visit our Wellness page
- Visit our Texas STAR (Medicaid) benefits page
- Visit our Texas CHIP benefits page

RESOURCES

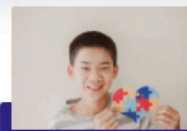
Community Wellness Community Now Care Management Member Services Life Services Behavioral Health



Community Based Organizations – The Source for Women



Vaccines Protect Against Disease



What is Autism?



Community Based Organizations – Northwest Assistance Ministries



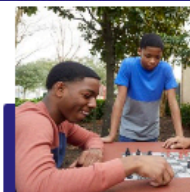
Community Based Organizations – Memorial Assistance Ministries



Everyone Needs Mental Health Resources



Community Based Organizations – Care Net Pregnancy Center



Tips to Keep your Children Healthy



Hello, Beaumont Community!



web_thesun_0521

Follow Us to a Healthy Future



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

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

- Information about network Providers – at a minimum, primary care doctors, specialists, and hospitals in our service area. This information will include names, addresses, telephone numbers, and languages spoken (other than English) for each network Provider, plus identification of Providers that are not accepting new patients, and, when applicable, professional qualifications, specialty, medical school attended, residency completion and board certification status.
- Any limits on your freedom of choice among network Providers
- Your rights and responsibilities
- Information on complaint, appeal, and independent review organization (IRO) procedures
- Information about benefits available under the CHIP Program, including amount, duration, and scope of benefits. This is designed to ensure you understand the benefits to which you are entitled.
- How to get benefits, including authorization requirements
- How to get benefits from out-of-network Providers and/or limits to those benefits
- How you get after-hours and emergency coverage and/or limits to those kinds of benefits, including:
 - What makes up emergency medical conditions, emergency services, and post-stabilization services
 - The fact that you do not need prior authorization from your Primary Care Provider for emergency care services
 - How to get emergency services, including instructions on how to use the 9-1-1 telephone system or its local equivalent
 - The addresses of any places where Providers and hospitals furnish emergency services covered by CHIP
 - A statement saying you have a right to use any hospital or other settings for emergency care
 - Post-stabilization rules
 - Policy on referrals for specialty care and for other benefits you cannot get through your Primary Care Provider
 - Community Health Choice's practice guidelines

Important Things to Remember

If you need a copy of this handbook in hard copy, please log on to your My Member Account and request one at no cost. You will receive the Handbook within five business days. You can also call Member Services toll-free at 1.888.760.2600.

Here are some important things to remember:

- Read this handbook. If you have any questions about this handbook, call Member Services toll-free at 1.888.760.2600.
- Read your Rights and Responsibilities as a plan Member in this handbook.

- Find a Primary Care Provider in our online Provider Directory. If you need help finding a Provider, call Member Services toll-free at 1.888.760.2600. When you pick your Provider, you must call us so we can assign that Provider to you. You can also create a My Member Account at www.CommunityHealthChoice.org > Member Login and choose your Primary Care Provider.
- You will receive your Community Health Choice Member ID card within 5-7 business days after you have told us who you have chosen to be your Primary Care Provider. Review your information on the card. If there are any errors, contact us immediately.
- Show your Community Health Choice Member ID card every time you go to the doctor's office, clinic, hospital or drug store to get your prescription filled.
- If you have special healthcare needs, we can help! We can enroll you in one of our Care Management Programs or refer you to Case Management for Children and Pregnant Women.
- Always carry your Community Health Choice Member ID card with you.
- Keep this handbook in a safe place for future use.

Remember, we are here to help. Call Member Services toll-free at 1.888.760.2600 for assistance.

In addition to these, Community Health Choice believes you have the following rights and responsibilities:

Rights

1. A right to receive information about the organization, its services, its practitioners and Providers, and Member rights and responsibilities.
2. You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. That includes the right to:
 - a. Be treated fairly and with respect.
 - b. Know that your medical records and discussions with your Providers will be kept private and confidential.
3. A right to participate with practitioners in making decisions about your health care.
4. A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
5. A right to voice complaints or appeals about the organization or the care it provides.
6. A right to make recommendations regarding the organization's Member rights and responsibilities policy.
7. A right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
 - a. Work as part of a team with your Provider in deciding what health care is best for you.
 - b. Say yes or no to the care recommended by your Provider.
8. 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.

Responsibilities

8. A responsibility to supply information (to the extent possible) that the organization and its practitioners and Providers need in order to provide care.
9. A responsibility to follow plans and instructions for care that you have agreed to with their practitioners.
10. A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

You have a right to tell us what you think of the rights and responsibilities offered to you. Tell us what you think at 1.888.760.2600.

New Technology Assessment

We provide for care that is shown to be safe and useful. We review new healthcare treatments. We review new procedures. The review uses up-to-date health data. This is called new Technology Assessment. We decide whether to pay for these things. This review means we pay when safety and value is clear. You may ask us to review new technology. The Texas Vendor Drug Program reviews medications. They decide which medications are on the formulary.

Utilization Management Decisions

Community follows guidelines to determine what healthcare services we cover. This is called utilization management. We know how important it is that we make the right decisions for your care. Community follows three principles when we make these decisions:

1. Our decisions are based only on whether or not:
 - The care and services are appropriate.
 - It is a covered benefit.
2. We do not reward doctors or anyone else for denying coverage.
3. We do not give incentives to doctors or anyone else to encourage them to make decisions that would mean you would get less care than you need.
4. If Community denies your request for services, you can get an independent external review. An independent review is when someone not employed by Community reviews your request for services. This is called an Independent Review Organization (IRO).

Quality Improvement

Our Quality Improvement Department helps Community give you the best clinical care and service possible.

If you want more information about our Quality Improvement Program, please contact Member Services toll-free at 1.888.760.2600.

Moral or Religious Objections

Community Health Choice does not exclude access to any services because of moral or religious objections.

How Community Health Choice Works

References to “you,” “my” or “I” apply if you are a CHIP Member. References to “your child/my child” apply if your child is a CHIP Member or a CHIP Perinate Newborn Member.

Benefits of Joining Community Health Choice

We have a big network of doctors, hospitals, and other health Providers. Our Member Services Department is here to help you! You can call Member Services 8:00 a.m. – 6:00 p.m., Monday – Friday, excluding state-approved holidays. We speak English and Spanish or can get you an interpreter who speaks your language.

Our Member Services staff can help you:

- Answer questions about benefits
- Choose a Perinatal Provider or Primary Care Provider (Doctor)
- Change your Perinatal Provider, your Primary Care Provider, and your newborn’s Primary Care Provider
- Get a new CHIP Member Identification (ID) Card if yours is lost or stolen
- Get a new CHIP Perinatal Member Identification (ID) Card if your/your newborn’s ID card is lost or stolen
- Solve complaints or problems
- Answer pharmacy questions

You can also access your Member account online 24 hours a day, seven days a week to:

- Check your eligibility
- Change your address, phone number or Primary Care Provider
- Find out if you are due for an exam
- Ask us a question

Member Identification (ID) Card

Information about the CHIP and CHIP Newborn Member Identification (ID) Cards

Every eligible Member of your family will get their own CHIP Member ID Card. Carry it with you at all times. Show your CHIP Member ID Card to the doctor or healthcare Provider before the CHIP Member gets care. You will get your Member ID card within 3 - 5 business days of your enrollment date.

CHIP ID Card:

	
Name	PCP Effective Date
Member ID	
PCP Name	
PCP Phone	
PCP Address	
Co-Payment:	Office Visit ER Generic/Brand Specialty
For more information about your plan, log in to your Member Account at / Para más información sobre su plan, ingrese a su cuenta de Miembro en CommunityHealthChoice.org .	
TDI	

Helpful numbers | Números útiles

Member Services 24/7 | Servicios para Miembros 24/7
1.888.760.2600 (toll-free | gratis) **Talk to a nurse 24/7 | Hable con una enfermera 24/7**
1.888.332.2730

Behavioral Health 24/7 | Servicios para salud mental 24/7
1.877.343.3108

In case of emergency, call 9-1-1 or go to the closest emergency room. After treatment, call your Primary Care Provider within 24 hours or as soon as possible.
En caso de emergencia, llame al 9-1-1 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al Proveedor de Cuidado Primario dentro de 24 horas o tan pronto como sea posible.

Provider Services

Eligibility, authorizations, benefits and claims:
[Provider: CommunityHealthChoice.org](http://Provider.CommunityHealthChoice.org) | 713.295.2295

Send claims to: Community Health Choice, P.O. BOX 301404 Houston TX 77230

Electronic claims: Payer ID 48145
Pharmacy: Navitus Health Solutions
1.877.908.6023 BIN: 610602 PCN: MCD RXGroup: CHC

How to Read the ID Card

Check the ID Card to make sure it is correct. It should have:

- Member's name
- Member's ID Number
- Member's Primary Care Provider's name, address, and telephone number

How to Use the ID Card


It is important that you:

- Have the Member ID Card ready when you call Member Services
- Bring the Member ID Card to all medical appointments
- Do not let other people use the Member ID Card

How to Replace the CHIP Member ID Card

Call Member Services if you lose or misplace the ID Card.

CHIP Newborn ID Card:



COMMUNITY
HEALTH CHOICE

Name


Member ID

Assigned Doctor Name

Assigned Doctor Phone

Assigned Doctor Address

Co-Payment: No co-payment or cost sharing /
No hay copagos o reparto de gastos



For more information about your plan, log in to your Member Account at /
Para más información sobre su plan, ingrese a su cuenta de Miembro en
CommunityHealthChoice.org.

TDI

Helpful numbers | Números útiles

Member Services 24/7 | Servicios para Miembros 24/7
1.888.760.2600 (toll-free | gratis)

Talk to a nurse 24/7 | Hable con una enfermera 24/7
1.888.332.2730

Behavioral Health 24/7 | Servicios para salud mental 24/7
1.877.343.3108

In case of emergency, call 9-1-1 or go to the closest emergency room. After treatment, call your Primary Care Provider within 24 hours or as soon as possible.
En caso de emergencia, llame al 9-1-1 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al Proveedor de Cuidado Primario dentro de 24 horas o tan pronto como sea posible.

Provider Services

Eligibility, authorizations, benefits and claims:
Provider: CommunityHealthChoice.org | 713.295.2295
Send claims to: Community Health Choice, P.O. BOX 301404 Houston TX 77230
Electronic claims: Payer ID 48145
Pharmacy: Navitus Health Solutions
1.877.908.6023 BIN: 610602 PCN: MCD RXGroup: CHC

Information about the CHIP Perinatal Member Identification (ID) Card

When you enroll with Community, you will get a CHIP Perinatal Member ID Card for your unborn child. Your newborn baby will get a CHIP Perinatal Newborn Member ID Card. Carry your/your newborn’s CHIP Perinatal Member ID Card with you at all times. Show your CHIP Perinatal Member ID Card to your Perinatal Provider and your newborn’s Primary Care Provider or healthcare Provider before getting care. You will get your Member ID card within 3 - 5 business days of your enrollment date.

CHIP Perinatal Member ID Card



CHIP Perinate

COMMUNITY
HEALTH CHOICE

Name

Member ID

Coverage Effective Date

Co-Payment: No co-payment or cost sharing | No hay copagos o reparto de gastos

Covered benefits include prenatal care, labor with delivery and two (2) postpartum visits. |
Los beneficios cubiertos incluyen el cuidado prenatal, el parto, y dos (2) visitas postnatales.



For more information about your plan, log in to your Member Account at /
Para más información sobre su plan, ingrese a su cuenta de Miembro en
CommunityHealthChoice.org.

TDI

Helpful numbers | Números útiles

Member Services 24/7 | Servicios para Miembros 24/7
1.888.760.2600 (toll-free | gratis)

Talk to a nurse 24/7 | Hable con una enfermera 24/7
1.888.332.2730

Behavioral Health 24/7 | Servicios para salud mental 24/7
1.877.343.3108

In case of emergency, call 9-1-1 or go to the closest emergency room. After treatment, call your Primary Care Provider within 24 hours or as soon as possible.
En caso de emergencia, llame al 9-1-1 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al Proveedor de Cuidado Primario dentro de 24 horas o tan pronto como sea posible.

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Electronic claims: Payer ID 48145
Pharmacy: Navitus Health Solutions
1.877.908.6023 BIN: 610602 PCN: MCD RXGroup: CHC

How to Read the CHIP Perinatal Member ID Card

Check your unborn child’s CHIP Perinatal Member ID Card to make sure it is correct. It should have:

- Your name
- Your CHIP Perinatal Member ID Number
- Very important information for your doctors and healthcare Providers about payment

On the back of the card, it says to call your Perinatal Provider before going for health care, except in an emergency. In an emergency, call 9-1-1 or go straight to the nearest hospital emergency room. If your emergency care is not related to labor with the birth of your child, you will have to apply for Emergency Medicaid or pay for the services yourself.

How to Use your CHIP Perinatal Member ID Card

It is important that you:

- Always carry your CHIP Perinatal Member ID Card issued to you for your unborn child and your newborn
- Always have your CHIP Perinatal Member ID Card ready when you call Member Services
- Bring your CHIP Perinatal Member ID Card to all medical appointments
- Do not let other people use your CHIP Perinatal Member ID Cards issued to you for your unborn child and your newborn

How to Replace the CHIP Perinatal Member ID Card

Call Member Services if you lose your CHIP Perinatal Member ID Card issued to you for your unborn child or your newborn.

Primary Care Providers for CHIP Members and CHIP Perinate Newborn Members

References to “you,” “my” or “I” apply if you are a CHIP Member. References to “your child/my child” apply if your child is a CHIP Member or a CHIP Perinate Newborn Member.

What do I need to bring to my/my child’s doctor’s appointment?

When you/your child goes to see the doctor, take your/your child’s:

- List of problems you/your child is having
- Your/your child’s shot record
- CHIP Member ID Card or CHIP Perinate Newborn ID Card

EXCEPT IN AN EMERGENCY, CALL YOUR CHILD’S PRIMARY CARE PROVIDER FIRST BEFORE GOING FOR HEALTH CARE.

What is a Primary Care Provider?

Your/your child’s Primary Care Provider is an important part of the Member’s healthcare team. Your/your child’s Primary Care Provider will follow-up with the specialist or hospital or when you/your child receives care from someone else. You/your children need to see your child’s Primary Care Provider regularly for checkups and care.

Your/your child’s Primary Care Provider should be the “medical home” for all of the Member’s medical records. The Primary Care Provider needs to know everything about the Member’s past and present healthcare needs. Make sure the Primary Care Provider has all of the Member’s medical records. If the Member is a new patient, help the Primary Care Provider get the Member’s medical records from the Member’s previous doctor. You may need to sign a form giving permission for the Member’s medical records to be sent to the new Primary Care Provider.

You can pick any Primary Care Provider in the Community Health Choice network to be your doctor. You should pick a Primary Care Provider within an office location and office hours that are convenient for you.

If you like the Primary Care Provider that you see now, you can continue to see them if they are listed in the directory.

Once you pick your Primary Care Provider, please call Member Services toll-free at 1.888.760.2600. We will assign your selected Primary Care Provider as your main doctor.

For a current directory, go to www.CommunityHealthChoice.org > Find a Doctor >CHIP/CHIP Perinatal> Enter your information > Search. You can find a doctor by Provider's specialty, by Provider's name or by Provider's county.

It is important that you get to know your Primary Care Provider, and your Primary Care Provider get to know you. It is not good to wait until you are sick to pick and meet your Primary Care Provider.

We can help you schedule your first checkup and get transportation to your doctor's office. Call Member Services toll-free at 1.888.760.2600.

How can I change my/my child's Primary Care Provider?

Call Member Services at 713.295.2294 or toll-free at 1.888.760.2600. You can also change it online at www.CommunityHealthChoice.org. When you change the Member's Primary Care Provider, we will send the Member a new Community Health Choice Member ID Card. It will list the new Primary Care Provider's name, address, and phone number.

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

Yes. An RHC or FQHC can be your Primary Care Provider.

An RHC provides healthcare services in rural, underserved areas. A FQHC provides healthcare services in both rural and urban underserved areas.

Who else can be my Primary Care Provider?

You may choose:

- Pediatricians (for children and adolescents)
- Family doctors
- General Practice doctors
- Internal Medicine doctors
- Advanced Nurse Practitioners (APNs)

How many times can I change my/my child's Primary Care Provider?

There is no limit on how many times you can change your or your child's Primary Care Provider. You can change your Primary Care Provider by:

Calling us toll-free at **1.888.760.2600**. Creating an account and changing it online at www.CommunityHealthChoice.org. Writing us at:

Community Health Choice Texas, Inc.
Attention: Member Services
4888 Loop Central Drive, Suite 600
Houston, TX 77081
www.CommunityHealthChoice.org

When will a Primary Care Provider change become effective?

When you call us to change your Primary Care Provider, we will make the change in our computer system while you are on the phone. The change will be made effective the same date of your call or request. We will also send you a new Member ID Card right away.

Are there any reasons why a request to change a Primary Care Provider may be denied?

Here are reasons why your request to change your Primary Care Provider may be denied:

- Primary Care Provider you picked is not seeing new patients
- Primary Care Provider you picked is not in our network

Go to www.CommunityHealthChoice.org or your Provider Directory to find another Primary Care Provider. Or call Member Services for help.

Can a Primary Care Provider move me or my child to another Primary Care Provider for non-compliance?

Yes, for these reasons:

- You do not follow the Member Responsibilities listed in this Member Handbook
- You do not follow the Primary Care Provider's healthcare recommendations
- The CHIP Member misses three appointments within six months, and you do not call the Primary Care Provider ahead of time
- You are rude, abusive or do not cooperate with the CHIP Member's Primary Care Provider or the office staff
- The CHIP Member's Primary Care Provider no longer accepts CHIP patients

Our Member Services will call you and help you get a new Primary Care Provider for you/your child.

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

Except in emergencies, always call your/your child's Primary Care Provider before you go to another doctor or to the hospital. You can call your/your child's Primary Care Provider or back-up doctor 24 hours a day, seven days a week. If you/your child goes to another doctor who is not the Primary Care Provider, you may need to pay the bill while you are there or you may have to sign a form that says you will pay the bill.

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

Call your/your child's Primary Care Provider office. You can reach your/your child's Primary Care Provider or a back-up doctor 24 hours a day, seven days a week. Or you may call our 24-Hour Medical Advice line at 1.888.332.2730. Our nurses can help you/your child get the right health care. In an emergency, call 9-1-1 or go to the nearest emergency room.

How do I get after hours care?

You can reach your Primary Care Provider or a back-up doctor 24 hours a day, seven days a week. In an emergency, call 9-1-1 or go to the nearest emergency room.

Physician Incentive Plan information

Community Health Choice cannot make payments under a physician incentive plan if the payments are designed to induce Providers to reduce or limit Medically Necessary Covered Services to Members. You have the right to know if your Primary Care Provider (main doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can call 1.888.760.2600 to learn more about this.

Providers for CHIP Perinate Members

What do I need to bring to a Perinatal Provider's appointment?

Please take:

- Your CHIP Perinatal Member ID Card
- A list of problems you are having
- A list of all drugs or herbal medications you are taking

Can a clinic be a Perinatal Provider? (Rural Health Clinic, Federally Qualified Health Center)

Yes. An RHC or FQHC can be a Perinatal Provider.

An RHC provides healthcare services in rural, underserved areas. A FQHC provides healthcare services in both rural and urban underserved areas.

How do I get after hours care?

Call your Primary Care Provider's office. You can reach your Primary Care Provider or a back-up doctor 24 hours a day, seven days a week. Or you may call our 24-Hour Medical Advice line at 1.888.332.2730. Our nurses can help you get the right health care. In an emergency, call 9-1-1 or go to the nearest emergency room.

Changing Health Plans

What if I want to change health plans? How many times can I change health plans?

For CHIP Members

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; and
- during the annual CHIP re-enrollment period.

Who do I call?

For more information, call CHIP toll-free at 1.800.964.2777.

For CHIP Perinatal 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 Perinatal requirements. Your baby will get 12 months of continuous CHIP Perinatal coverage through his or her health plan, beginning with the month of enrollment as an unborn child.

What if I want to change health plans?

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

The children must remain with the same health plan until the end of the CHIP Perinatal Member's enrollment period, or the end of the other children's enrollment period, whichever happens last. At that point, you can pick a different health plan for the children.

You can ask to change health plans:

for any reason within 90 days of enrollment in CHIP Perinatal; if you move into a different service delivery area; and for cause at any time.

Who do I call?

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

When will my health plan change become effective?

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

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

Can Community Health Choice ask that I get dropped from their health plan for non-compliance, etc.?

Yes. We can request that you be disenrolled if you:

- Move out of our service area
- Enter a hospice or long-term care facility
- Are not eligible for Medicaid
- Enroll in another plan

We might also request HHSC to end your membership after letting you know if you:

- Miss three appointments in a row over six months
- Do not follow our policies and procedures
- Allow your Member ID Card to be misused
- Are disruptive, abusive or do not cooperate with our staff or doctors or other Providers

Concurrent Enrollment of Family Members in CHIP and CHIP Perinatal and Medicaid Coverage for Certain Newborns

If you receive CHIP Perinatal benefits and have other children enrolled in the CHIP Program, they will be moved to Community Health Choice. Copayments, cost-sharing, and enrollment fees still apply for those children enrolled in the CHIP Program. Copayments do not apply to the CHIP Perinatal benefits.

An unborn child who receives CHIP Perinatal benefits will be moved to Medicaid for 12 months of continuous Medicaid coverage beginning on the date of birth if the child lives in a family with an income at or below the Medicaid eligibility threshold.

An unborn child will continue to receive coverage through the CHIP Program as a “CHIP Perinate Newborn” after birth if the child is born to a family with an income above the Medicaid eligibility threshold.

Benefits for CHIP Members and CHIP Perinate Newborn Members

References to “you,” “my” or “I” apply if you are a CHIP Member. References to “your child/my child” apply if your child is a CHIP Member or a CHIP Perinate Newborn Member.

What are my CHIP benefits?

You can review your “CHIP Evidence of Coverage (EOC)” that explains what benefits are and are not covered. You can find a copy of the EOC by visiting our website. To request a copy, you may call Member Services toll-free at 1-888-760-2600 or by logging into your My Member Account.

How do I get these services/how do I get these services for my child?

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

Are there limits to any covered services? What benefits are not covered?

You can review your “CHIP Evidence of Coverage (EOC)” that explains what benefits are and are not covered. You can find a copy of the EOC by visiting our website. To request a copy, you may call Member Services toll-free at 1-888-760-2600 or by logging into your My Member Account.

What are copayments? How much are they, and when do I have to pay for them?

Copayment: The amount that YOU are required to pay when your CHILD uses certain Covered Health Services within the Health Benefit Plan. Once the Copayment is made, YOU are not required to make further payment for these Covered Health Services.

YOU should not have to pay any amount for Covered Health Services except for Copayments or Deductibles. If YOU receive a bill from a Physician or Provider that is more than your authorized Copayment or Deductible amounts, contact Community Health Choice.

CHIP Perinatal Members are exempt from all cost-sharing obligations, including enrollment fees and co-pays.

CHIP Members who are American Indian or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays. If you are American Indian or Alaskan Native and your ID card shows a co-pay requirement, call Member Services Department toll-free at 1.888.760.2600 to have this corrected.

All CHIP Members are exempt from the co-pays on benefits for well-baby and well-child checkups, preventive services or pregnancy-related assistance.

Show the ID card when you/your child goes to an office visit or the emergency room or to have a prescription filled.

CHIP Cost-Sharing	
	Effective July 1, 2022
* <u>Enrollment Fees (for 12-month enrollment period):</u>	
	Charge
<u>At or below 151% of FPL*</u> or otherwise exempt from cost-sharing.	\$0
<u>Above 151% up to and including 186% of FPL</u>	\$35
<u>Above 186% up to and including 201% of FPL</u>	\$50
<u>Co-Pays (per visit):</u>	
<u>At or below 151% FPL</u>	Charge
Office Visit (non-preventative) No Co-Pay is applied for MH/SUD Office Visits.	\$5
Non-Emergency ER	\$5
Generic Drug	\$0
Brand Drug	\$5
Facility Co-pay, Inpatient (per admission) No Co-Pay is applied for MH/SUD residential treatment services.	\$35
Cost-sharing Cap	5% (of family's income)**
<u>Above 151% up to and including 186% FPL</u>	Charge
Office Visit (non-preventative) No Co-Pay is applied for MH/SUD Office Visits.	\$20
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$25 for insulin, \$35 for all other drugs***
Facility Co-pay, Inpatient (per admission) No Co-Pay is applied for MH/SUD residential treatment services.	\$75
Cost-sharing Cap	5% (of family's income)**
<u>Above 186% up to and including 201% FPL</u>	Charge
Office Visit (non-preventative) No Co-Pay is applied for MH/SUD Office Visits.	\$25
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$25 for insulin, \$35 for all other drugs***
Facility Co-pay, Inpatient (per admission) No Co-Pay is applied for MH/SUD residential treatment services.	\$125
Cost-sharing Cap	5% (of family's income)**

*The federal poverty level (FPL) refers to income guidelines established annually by the federal government.

**Per 12-month term of coverage.

***Copays for insulin cannot exceed \$25 per prescription for a 30-day supply, in accordance with Section 1358.103 of the Texas Insurance Code.

What are the CHIP Perinate Newborn benefits?

You can review your “CHIP Perinate Newborn Evidence of Coverage (EOC)” that explains what benefits are and are not covered.

How do I get these services for my child?

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

What benefits does my baby receive at birth?

Depending upon your family income, your newborn’s first hospital stay may or may not be a covered CHIP Perinatal benefit. Once your newborn is discharged from the initial hospital admission, your baby receives full CHIP benefits or Medicaid benefits.

What services are not covered?

You can review your “CHIP Evidence of Coverage (EOC)” that explains what benefits are and are not covered. You can find a copy of the EOC by visiting our website. To request a copy, you may call Member Services toll-free at 1-888-760-2600 or by logging into your My Member Account.

What are my prescription drug benefits?

Community follows the Texas Vendor Drug Formulary for Medicaid and CHIP. Updates to the formulary are managed by the Texas Vendor Drug Program.

Here is how to search:

- Visit the formulary at <https://www.txvendordrug.com/formulary/formulary-search>.
- Enter the name of your drug.

This search will tell you:

- If the drug is on the formulary
- If the drug requires a prior authorization

Drugs are listed as “preferred” and “non-preferred.” If you need a “non-preferred” drug, your doctor will need to submit a special request to get the “non-preferred” drug by calling Member Services toll-free at 1.888.760.2600.

What extra benefits does a Community Health Choice Member get?

How can I get these benefits/how can I get these benefits for my child?

Value-Added Services are effective September 1, 2024 to August 31, 2025. Limitations may apply. If you have any questions, call Member Services toll-free at 1.888.760.2600.

24-Hour Advice Hotline

Nurse Help Line for all Members 24 hours per day to help Members decide where to go to get the care needed. The nurses also provide health education, nurse-initiated follow-up, and network referrals.

Transportation Services

Help getting a ride to a doctor’s visit.

Extra Vision Services

Eligible members may elect to opt-out of the standard eyewear benefit and utilize \$120 to use towards the purchase of non-standard eyeglasses OR contact lenses, including disposables and contact lens fitting fees every twelve (12) months, with the benefit period measured from the date of service. This is a total eyewear allowance that may be applied to the Member's choice of eyeglass frame/lenses/lens options or to contact lenses in lieu of eyeglasses. Eyewear must have a prescription of at least + 0.50 diopter in at least one eye in order to qualify for coverage. Members who elect to purchase eyewear with a retail value greater than the \$120 allowance are financially responsible for paying the participating provider's usual and customary (retail) cost of the difference between the cost of the eyewear selected and the \$120 allowance.

Sports and School Physicals

One each year for Members age 4 through 19

Help for Members with Asthma

Asthma educational materials and one allergy-free pillowcase and mattress cover each year to Members enrolled in our Asthma Care Management Program. Member gets one of each per year based on when Member received one before.

Health and Wellness Services

Up to \$100 allowance towards an annual Baker Ripley membership in the Harris Service Area

Healthy Play and Exercise Programs

\$40 gift card each year for school-aged members up to grade 12 who are in a school-sponsored extracurricular sports (athletic) program to pay for program fees, supplies or uniforms.

Healthy Play and Exercise Programs

\$50 gift card each year for members up to grade 12 who participates in a youth sports league (apart from extra-curricular, school sponsored activities).

Healthy Play and Exercise Programs

Members age 6 years through 17 years who live in the Harris Service Area may join a participating location of the Boys and Girls Club in the Greater Houston area for free.

What health education classes does Community Health Choice offer?

The goal of our Health Education Program is to help our Members learn to stay healthy. Our Health Education Program offers health fairs and wellness screenings.

Complex Case Management Program

Community's Complex Case Management Program helps coordinate care for Members who have complex medical conditions. Our Complex Case Managers help our Members with health care and other community services as needed. These services and the Complex Case Management Program is free to all members and all information obtained is confidential. Our Complex Case Managers will speak with you and assess your healthcare needs as well as your social determinants of health.

Areas of assistance includes the following:

- Education about your medical condition
- Help obtaining medical supplies or equipment
- Developing a plan with you and your primary care provider to meet your medical needs

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

You may contact a Complex Case Manager Monday to Friday, 8:00 a.m. - 5:00 p.m. by calling Community Health Choice at 832.242.2273.

Care Management Program

Our Care Management Program helps you manage your healthcare needs. We focus on asthma, diabetes, heart failure, high risk pregnancy, and Members with complex medical conditions.

We will contact you if you:

- Meet the criteria for any of the programs we offer at Community Health Choice
- Are at risk for having your baby early

We will help you:

- Get care after your baby is born
- Manage your healthcare needs
- Coordinate your care

Call our Care Management Department at 832.CHC.CARE (832.242.2273) or toll-free at 1.844.297.4450.

Take charge of your health! Take our Health Risk Assessment online to see if you have any potential health issues. Go to www.CommunityHealthChoice.org > Members. We will review it and contact you if we see any potential issues. Share your results with your doctor.

Benefits for CHIP Perinatal Members

What are my unborn child's CHIP Perinatal benefits?

You can review the "CHIP Perinate Unborn Evidence of Coverage (EOC) for your covered benefits. It explains what benefits are covered. It explains the limits to covered benefits. It also explains what benefits are not covered. You can find a copy of the EOC by visiting our website. To request a copy, you may call Member Services toll-free at 1-888-760-2600 or by logging into your My Member Account.

How do I get these services?

Your OB/GYN will provide these services. Search our Provider Find at www.CommunityHealthChoice.org or look in your Provider Directory to find a Provider in your area.

What services are not covered?

You can review the "CHIP Perinate Unborn Evidence of Coverage (EOC) for your covered benefits. It explains what benefits are not covered. You can find a copy of the EOC by visiting our website. To request a copy, you may call Member Services toll-free at 1-888-760-2600 or by logging into your My Member Account.

What are my unborn child's prescription drug benefits?

Community follows the Texas Vendor Drug Formulary for Medicaid and CHIP. Updates to the formulary are managed by the Texas Vendor Drug Program.

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- Visit the formulary at <https://www.txvendordrug.com/formulary/formulary-search>.
- Enter the name of your drug.

This search will tell you:

- If the drug is on the formulary
- If the drug requires a prior authorization

Drugs are listed as “preferred” and “non-preferred.” If you need a “non-preferred” drug, your doctor will need to submit a special request to get the “non-preferred” drug by calling Member Services toll-free at 1.888.760.2600.

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

All CHIP Perinatal Members are exempt from the co-pays and cost sharing on benefits for preventive services or pregnancy-related assistance.

Show your ID card when you go to an office visit or the emergency room or to have a prescription filled.

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

Yes. CHIP pays for benefits covered under the program. If you get services that are not covered, you may have to pay for these services.

What extra benefits does a Community Health Choice CHIP Perinatal Unborn Member get? How can I get these benefits for my unborn child?

Value-Added Services are effective September 1, 2024 to August 31, 2025. Limitations may apply. If you have any questions, call Member Services toll-free at 1.888.760.2600.

24-Hour Advice Hotline

Nurse Help Line for all Members 24 hours per day to help Members decide where to go to get the care needed. The nurses also provide health education, nurse-initiated follow-up, and network referrals.

Transportation Services

Extra help with getting a ride to a doctor’s visit

Health and Wellness Services

Up to \$100 allowance towards an annual Baker Ripley membership in the Harris Service Area

What health education classes does Community Health Choice offer?

The goal of our Health Education Program is to help our Members learn to stay healthy. Our Health Education Program offers health fairs and wellness screenings.

Care Management Program

Our Care Management Program helps you manage your healthcare needs. We focus on asthma, diabetes, heart failure, high risk pregnancy, and Members with complex medical conditions.

We will contact you if you:

- Meet the criteria for any of the programs we offer at Community Health Choice
- Are at risk for having your baby early

We will help you:

- Get care after your baby is born
- Manage your healthcare needs
- Coordinate your care

Call our Care Management Department at 832.CHC.CARE (832.242.2273) or toll-free at 1.844.297.4450.

Take charge of your health! Take our Health Risk Assessment online to see if you have any potential health issues.

Go to www.CommunityHealthChoice.org > Member Resources.

We will review it and contact you if we see any potential issues. Share your results with your doctor.

Complex Case Management Program

Community's Complex Case Management Program helps coordinate care for Members who have complex medical conditions. Our Complex Case Managers help our Members with health care and other community services as needed. These services and the Complex Case Management Program is free to all members and all information obtained is confidential. Our Complex Case Managers will speak with you and assess your healthcare needs as well as your social determinants of health.

Areas of assistance includes the following:

- Education about your medical condition
- Help obtaining medical supplies or equipment
- Developing a plan with you and your primary care provider to meet your medical needs
- Help with finding community resources such as transportation, housing, food, child care, and personal care services

You may contact a Complex Case Manager Monday to Friday, 8:00 a.m. - 5:00 p.m. by calling Community Health Choice at 832.242.2273.

Health Care and Other Services for CHIP Members and CHIP Perinate Newborn Members

References to “you,” “my” or “I” apply if you are a CHIP Member. References to “my child” or “my daughter” apply if your child is a CHIP Member or a CHIP Perinate Newborn Member.

What does “Medically Necessary” mean?

FOR CHIP MEMBERS AND CHIP PERINATAL MEMBERS

Covered services for CHIP Members, CHIP Perinate Newborn Members, and CHIP Perinate Members must meet the CHIP definition of “Medically Necessary.” A CHIP Perinate Member is an unborn child.

Medically Necessary means:

1. Healthcare services that are:
 - a. reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a Member or endanger life;
 - b. provided at appropriate facilities and at the appropriate levels of care for the treatment of a Member’s health conditions;
 - c. consistent with healthcare practice guidelines and standards that are endorsed by professionally recognized healthcare organizations or governmental agencies;
 - d. consistent with the Member’s diagnoses;
 - e. no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
 - f. not experimental or investigative; and
 - g. not primarily for the convenience of the Member or Provider; and
2. Behavioral Health Services that:
 - a. are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain or prevent deterioration of functioning resulting from such a disorder;
 - b. are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
 - c. are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
 - d. are the most appropriate level or supply of service that can safely be provided;
 - e. could not be omitted without adversely affecting the Member’s mental and/or physical health or the quality of care rendered;
 - f. are not experimental or investigative; and
 - g. are not primarily for the convenience of the Member or Provider.

What is routine medical care?

Routine medical care is when you/your child visits their Primary Care Provider to make sure they are in good health. Routine medical care includes regular Well-Child checkups, immunizations, treatment for illnesses, and follow-up care.

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

You/your child should be able to see your Primary Care Provider within two weeks of your call to the Provider.

What is urgent medical care?

An urgent problem is when you/your child is sick or hurt and needs treatment right away to keep you from getting worse. If your problem is urgent (but not an emergency), go to your Primary Care Provider.

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

You/your child should expect to be seen for an urgent problem, including urgent specialty care within 24 hours. Call the Primary Care Provider first if you/your child has a problem like one of these:

- Medication refills
- Fever
- Earache
- Toothache or baby teething
- Rash
- Colds, cough, sore throat, flu or sinus problems
- Minor sun burn
- Chronic back pain
- Minor headache
- Broken cast
- Stitches needing to be removed

What is emergency medical care?

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. “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 part;

- serious disfigurement; or
- in the case of a pregnant CHIP Member, serious jeopardy to the health of the CHIP Member or her unborn child.

“Emergency Behavioral Health Condition” means any condition, without regard to the nature or cause of the condition, that in the opinion of an individual possessing average knowledge of health and medicine:

- requires immediate intervention or medical attention without which the Member would present an immediate danger to himself/herself or others; or
- renders the Member incapable of controlling, knowing or understanding the consequences of his/her actions.

What is Emergency Services or Emergency Care?

“Emergency Services” and “emergency care” mean 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.

How soon can I expect to be seen/how soon can I expect my child to be seen?

You/your child should be seen as soon as possible. The emergency room staff or provider will decide based on you/your child’s condition.

Does my coverage include hospitals?

Community Health Choice offers in-network hospitals that are close and convenient. You can view our network of hospitals at www.communityhealthchoice.org. Ask your doctor where he or she has privileges to practice. Ask your doctor about which hospital is best for your condition. It is important to use an in-network hospital when seeking care. In case of an emergency, go to the nearest hospital emergency room.

What should a CHIP or CHIP Perinate Newborn Member do in an emergency?

- Go to the nearest hospital emergency room.
- Call 9-1-1 if you/your child needs help getting to the hospital.
- Call your/your child’s Primary Care Provider within 24 hours, or as soon as possible, to let them know and so they can give you/your child follow-up care.

Are Emergency Dental Services covered?

Community Health Choice will pay for some emergency dental services provided in a hospital, urgent care center or ambulatory surgical center setting, such as services for:

- Treatment of a dislocated jaw
- Treatment of traumatic damage to teeth and supporting structures
- Removal of cysts

- Treatment of oral abscess of tooth or gum origin
- Treatment for craniofacial anomalies
- Drugs for any of the above conditions

Community Health Choice also covers other dental services your child gets in a hospital, urgent care center or ambulatory surgical center setting. This includes services from the doctor and other services your child might need, like anesthesia.

FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS

What do I do if I need/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 1.888.760.2600.

What is post-stabilization?

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

How do I/my child get medical care after the Primary Care Provider's office is closed? How do I get after-hours care?

You should call your/your child's Primary Care Provider office. You can reach your/your child's Primary Care Provider or a back-up doctor 24 hours a day, seven days a week. Or you may call our 24-Hour Medical Advice Line at 1.888.332.2730. Our nurses can help you/your child get the right health care. In an emergency, call 9-1-1 or go to the nearest emergency room.

What if I get sick when I am out of town or traveling/what if my child gets sick when he or she is out of town or traveling?

If you/your child needs medical care when traveling, call us toll-free at 1.888.760.2600 and we will help you find a doctor.

If you/your child needs emergency services while travelling, go to a nearby hospital and then call us toll-free at 1.888.760.2600.

What if I am/my child is out of the state?

If you/your child needs medical care when out of state, call us at 713.295.2294 or toll-free at 1.888.760.2600, and we will help you find a doctor. If you/your child needs emergency services when out of state, go to a nearby hospital, then call us at 713.295.2294 or toll-free at 1.888.760.2600. You/your child will need to return to our service area for follow-up care when well enough. We cover care for true emergencies anywhere you/your child go inside the United States. You do not need to call your/your child's Primary Care Provider before getting emergency care but do call your/your child's Primary Care Provider and our Member Services within 24 hours of the emergency or as soon as possible.

What if I am/my child is out of the country?

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

What if I need/my child needs to see a special doctor (specialist)?

Your/your child's Primary Care Provider can treat most problems. Sometimes you/your child may need care from a specialist, and the Primary Care Provider will help you find one. You/your child may also need non-emergency hospital care, and the Primary Care Provider will refer you to a hospital if needed.

CHIP Members with disabilities, special healthcare needs, and chronic or complex conditions may have direct access to a specialist.

What is a referral?

A referral is a consultation for evaluation and/or treatment of a patient requested by one doctor to another doctor.

How soon can I expect to be seen by a specialist/how soon can I expect my child to be seen by a specialist?

The specialist will see you as soon as possible, usually within eight to 10 weeks. Of course, if it is urgent, the specialist may see you within 24 hours of your request. If you need help or cannot wait that long, call Member Services and we may be able to find another specialist you can visit sooner.

What services do not need a referral?

Community Health Choice does not require referrals, but some services may require a Prior Authorization (PA). Talk to your/your child's doctor about services that do and do not require a PA.

How can I ask for a second opinion?

Please call Member Services if you want a second opinion. You can get a second opinion from a network Provider or an out-of-network Provider if a network Provider is not available. You may want to ask for a second opinion if:

1. You received a diagnosis or instructions from your Provider that you don't feel are correct or complete
2. Your Provider says you need surgery
3. You have done what the doctor asked, but you are not getting better

When you go for a visit, tell the doctor you are there for a second opinion.

How do I get help if I/my child has behavioral (mental) health or drug problems?

If you/your child has a problem with drugs, alcohol or mental health or needs urgent care, call Community Health Choice toll-free at 1.877.343.3108, 24 hours a day, 7 days a week.

Do I need a referral for this?

No. You do not/your child does not need to see the Primary Care Provider first or get a referral. Community Health Choice follows the Mental Health Parity and Addiction Equity Act (MHPAEA). We review to make sure that requirements for mental health benefits are the same and not more restrictive than medical benefits.

FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS

How do I get my/my child's medications?

CHIP covers most of the medicine your/your child's doctor says you need. Your/your child's doctor 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 copayment for each prescription filled depending on your income. There are no co-payments required for CHIP Perinate Newborn Members.

How do I find a network drug store?

You can look in our Provider Directory, call Member Services toll-free at 1.888.760.2600 or look on our Web site at www.CommunityHealthChoice.org.

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

We have a lot of drug stores in our network. Please look on our Web site at CommunityHealthChoice.org > Find a Provider > Products > Pharmacy for a complete list. You can also call Member Services at 713.295.2294 or toll-free at 1.888.760.2600 for help. If you do go to a drug store that is not in our network, your prescription will not be covered by us, and you will have to pay full price.

What do I bring with me to the drug store?

Bring your:

- Prescription
- Member ID card
- Copayment (CHIP Members only)

What if I need my medications delivered to me?

Some pharmacies in our network will deliver to your home. Please look on our Web site at www.CommunityHealthChoice.org > Find a Provider > Products > Pharmacy to see which ones will deliver. You can also call Member Services at 713.295.2294 or toll-free at 1.888.760.2600 for help.

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

Call Member Services at 713.295.2294 or toll-free at 1.888.760.2600. We can help you find a drug store in our network that is close to you.

What if I can't get my/my child's prescription approved?

If your/your child's doctor cannot be reached to approve a prescription, you/your child may be able to get a three-day emergency supply of your/your child's medication. Please call Community Health Choice Member Services toll-free at 1.888.760.2600 for help with your medications and refills.

What if I lose my/my child's medication?

Please call Member Services at 713.295.2294 or toll-free at 1.888.760.2600 for help.

What if I/my child needs an over-the-counter medication?

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

What if I/my child needs birth control pills?

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

How do I get eye care services/how do I get eye care services for my child?

Call Member Services for a list of eye care Providers for you/your child. Call toll-free at 1.888.760.2600. You/your child can get an eye exam and glasses every 12 months. You/your child must get eye care services from our eye care Providers. You/your child may get contact lenses instead of glasses one time per year. The maximum cost is \$120. You may get eyewear every 12 months.

What is Early Childhood Intervention (ECI)?

Early Childhood Intervention (ECI) is a statewide program for families with children, birth to three years of age, with disabilities and developmental delays. If you are worried about how your baby is growing and learning, ECI can help you. ECI supports families to help their children reach their potential through developmental services.

Where do I find an ECI provider?

You can find an ECI provider near you by calling the Health and Human Services Office of the Ombudsman toll-free at 1.877.787.8999 (TDD 7-1-1) or visiting the Early Childhood Intervention Services Web page at <https://hhs.texas.gov/services/disability/early-childhood-intervention-services>. If you go to an ECI Provider, please remember to tell your child's Primary Care Provider about the ECI care your child receives so that your provider may ensure continuity of care.

Do I need a referral for this?

No. Referrals can be based on professional judgment or a family's concern. A medical diagnosis or a confirmed developmental delay is not required for ECI services. Families may self-refer by visiting the Early Childhood Intervention Services Web page at <https://hhs.texas.gov/services/disability/early-childhood-intervention-services> or by calling toll-free 1.877.787.8999.

How do I get dental services for my child?

Community Health Choice will pay for some emergency dental services in a hospital or ambulatory surgical center. Community Health Choice will pay for the following:

- Treatment of a dislocated jaw
- Treatment of 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

Community Health Choice covers hospital, physician, and related medical services for the above conditions. This includes services from the doctor 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.

Can someone interpret for me when I talk with my/my child's doctor?

Yes.

Who do I call for an interpreter?

Call Community Health Choice Member Services toll-free at 1.888.760.2600 to schedule an interpreter.

How far in advance do I need to call?

You must call at least three working days before your appointment.

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

Call Community Health Choice Member Services toll-free at 1.888.760.2600 to schedule an interpreter.

What if I/my daughter needs OB/GYN care?

FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS

You/your daughter may receive prenatal care without a referral. The OB/GYN must notify us of pregnancy care visits. If you/your daughter is pregnant, call the CHIP Member's CHIP case worker, and our Member Services right away.

Attention Members:

You have the right to pick an OB/GYN for yourself/your daughter without a referral from your/your daughter's Primary Care Provider. An OB/GYN can give you:

- One well-woman checkup each year
- Care related to pregnancy
- Care for any female medical condition
- Referral to a special doctor (specialist) within the Community Health Choice network

Community Health Choice allows you/your daughter to pick an OB/GYN, whether that doctor is in the same network as you/your daughter's Primary Care Provider.

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

Your OB/GYN must see you within 14 days from your request. Prenatal care must be provided within 14 days of request, except for high-risk pregnancies or new Members in the third trimester, for whom an appointment must be offered within five days, or immediately, if an emergency exists.

You do not need a referral. Your OB/GYN must request Prior Authorization for some tests and procedures.

Can I/my daughter stay with our OB/GYN if the OB/GYN is not with Community Health Choice?

Yes. If you became eligible for CHIP in the last three months of your pregnancy, you are allowed to see your current OB/GYN. If your OB/GYN is not a part of our network, please let us know so we can try to work with the Provider to ensure that you are able to continue to see the Provider. You may only see doctors and midwives who are Texas CHIP Providers.

What if I am pregnant/what if my daughter is pregnant?

You/your daughter may receive prenatal care without a referral. The OB/GYN must request Prior Authorization for some tests and procedures. The OB/GYN must notify Community Health Choice of pregnancy care visits.

Who do I need to call?

Please call 2-1-1.

A CHIP Member who is determined to be eligible for Medicaid must apply for Medicaid. If a CHIP Member is not eligible for Medicaid, HHSC will extend the CHIP Member's eligibility period to ensure that you continue coverage during your pregnancy and through the end of the second full month following the month of the baby's birth. Newborns of CHIP Members are automatically enrolled in the mother's health plan at birth. Infants who are Medicaid-eligible are NOT eligible for CHIP.

What other services/activities/education does Community Health Choice offer pregnant women?

We can help you find a childbirth class. Call our Care Management Department at 832.CHC.CARE (832.242.2273) or toll-free at 1.844.297.4450.

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

Please call Member Services toll-free at 1.888.760.2600. You may also contact your/your child's Primary Care Provider to assist you in getting or learning about services available to you or your baby. Members with special healthcare needs have direct access to our in-network specialists.

What if I get a bill from my doctor?

You might get a bill if you go to a doctor who is not with Community Health Choice. You might also get a bill if you received treatment in an emergency room if it was not an emergency. If you get bills for services that are not covered, the CHIP Program will NOT pay these bills.

Always show your CHIP/CHIP Perinatal Member ID Card when you/your child gets medical services from a doctor who is with Community Health Choice.

Who do I call?

If you get a bill for covered services, call the Provider and give them the information on your CHIP/CHIP Perinatal Member ID Card.

What information will they need?

They will need information that is on Your Member ID Card and information on the bill. If you still have a problem, call Member Services.

What do I have to do if I/my child moves?

As soon as you have your new address, give it to HHSC by calling 2-1-1 or updating your account on YourTexasBenefits.com and call Community Health Choice Member Services Department toll-free at 1.888.760.2600. Before you get CHIP services in your new area, you must call Community Health Choice, unless you need emergency services. You will continue to get care through Community Health Choice until HHSC changes your address.

Member Rights and Responsibilities

What are my rights and responsibilities?

FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS

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, doctors, hospitals and other Providers.
2. Your health plan must tell you if they use a "limited Provider network." This is a group of doctors and other Providers who only refer patients to other doctors who are in the same group. "Limited Provider network" means you cannot see all the doctors 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 doctor you might like to see are part of the same "limited network."
3. You have a right to know how your doctors 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 and/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 healthcare Providers that is large enough so that your child can get the right kind of care when your child needs it.
7. If a doctor says your child has special healthcare needs or a disability, you maybe able to use a specialist as your child's Primary Care Provider. Ask your health plan about this.
8. Children who are diagnosed with special healthcare needs or a disability have the right to special care.

9. If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months, and the health plan must continue paying for those services. Ask your plan about how this works.
10. 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 doctor without a referral.
11. 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.)
12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to speak for your child in all treatment choices.
14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
15. You have the right to be treated fairly by your health plan, doctors, hospitals, and other Providers.
16. You have the right to talk to your child's doctors 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.
17. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, 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 doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
18. You have a right to know that doctors, 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.
19. You have a right to know that you are only responsible for paying allowable copayments for covered services. Doctors, hospitals, and others cannot require you to pay any other amounts for covered services.

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 doctor's decisions about your child's treatments.
3. You must work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
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 doctor'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 doctor 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

Health Care and Other Services for 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.

Medically Necessary means:

1. Healthcare services that are:
 - a. reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a Member or endanger life;
 - b. provided at appropriate facilities and at the appropriate levels of care for the treatment of a Member's health conditions;
 - c. consistent with healthcare practice guidelines and standards that are endorsed by professionally recognized healthcare organizations or governmental agencies;
 - d. consistent with the Member's diagnoses;
 - e. no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
 - f. not experimental or investigative; and
 - g. not primarily for the convenience of the Member or Provider; and
2. Behavioral Health Services that:
 - a. are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain or prevent deterioration of functioning resulting from such a disorder;
 - b. are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;

- c. are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- d. are the most appropriate level or supply of service that can safely be provided;
- e. could not be omitted without adversely affecting the Member's mental and/or physical health or the quality of care rendered;
- f. are not experimental or investigative; and
- g. are not primarily for the convenience of the Member or Provider.

What is routine medical care?

Routine medical care is when you visit your CHIP Perinatal Provider to make sure your unborn child is in good health. Routine medical care includes regular prenatal checkups and follow-up care.

How soon can I expect to be seen?

You should be able to see the Perinatal Provider or Primary Care Provider within two weeks of your call.

What is urgent medical care?

An urgent problem is when you need treatment right away for your unborn child. If your problem is urgent but not an emergency, go to your CHIP Perinatal Provider.

How soon can I expect to be seen?

You should expect to be seen for an urgent problem within 24 hours. Call your CHIP Perinatal Provider first if you have a problem with your unborn child.

What is an Emergency and an Emergency Medical Condition?

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

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

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

What is Emergency Services or Emergency Care?

"Emergency Services" or "Emergency Care" are covered inpatient and outpatient services furnished by a Provider who is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition, including post-stabilization care services related to labor and delivery of the unborn child.

Does my coverage include hospitals?

Community Health Choice offers in-network hospitals that are close and convenient. You can view our network of hospitals at www.communityhealthchoice.org. Ask your doctor where he or she has privileges to practice. Ask your doctor about which hospital is best for your condition. It is important to use an in-network hospital when seeking care. In case of an emergency, go to the nearest hospital emergency room.

What should a CHIP Perinatal Member do in an emergency?

- Go to the nearest hospital emergency room.
- Call 9-1-1 if you need help getting to the hospital.
- Call your CHIP Perinatal Provider within 24 hours, or as soon as possible, to let them know and so they can give you follow-up care.

If your emergency care is not related to labor with the birth of your child, you will have to apply for Emergency Medicaid or pay for the services yourself.

How soon can I expect to be seen?

Emergency Services must be provided when you arrive at the service delivery site, including at non-network and out-of-area facilities.

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

You should call your/your child's Primary Care Provider office. You can reach your/your child's Primary Care Provider or a back-up doctor 24 hours a day, seven days a week. Or you may call our 24-Hour Medical Advice Line at 1.888.332.2730. Our nurses can help you/your child get the right health care. In an emergency, call 9-1-1 or go to the nearest emergency room.

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

If you/your child needs medical care when out of town or out of state, call us at 713.295.2294 or toll-free at 1.888.760.2600, and we will help you find a doctor.

If you/your child needs emergency services when out of town or out of state, go to a nearby hospital, then call us at 713.295.2294 or toll-free at 1.888.760.2600.

You/your child will need to return to our service area for follow-up care when well enough. We cover care for true emergencies anywhere you/your child go inside the United States. You do not need to call your/your child's Perinatal Provider or Primary Care Provider before getting emergency care, but do call your/your child's Perinatal Provider or Primary Care Provider and Member Services within 24 hours of the emergency, or as soon as possible.

What if I am/my child is out of the country?

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

What is a referral?

A referral is a consultation for evaluation and/or treatment of a patient requested by one doctor to another doctor.

What services do not need a referral?

1. Emergency care for CHIP Perinatal Members: Emergency services and/or emergency medical care are covered services only if it is labor resulting in delivery of your baby. If your emergency care is not related to labor with the birth of your child, you will have to apply for Emergency Medicaid or pay for the services yourself.
2. OB/GYN care
3. Prenatal care: You may receive prenatal care without a referral. Your CHIP Perinatal Provider must request referral authorization for some tests and procedures and must notify us of pregnancy care visits.
4. Behavioral (mental) health services or drug and alcohol treatment.

How can I ask for a second opinion?

Please call Member Services if you want a second opinion. You can get a second opinion from a network Provider or an out-of-network Provider if a network Provider is not available. You may want to ask for a second opinion if:

1. You received a diagnosis or instructions from your Provider that you don't feel are correct or complete
2. Your Provider says you need surgery
3. You have done what the doctor asked, but you are not getting better

When you go for your visit, tell the doctor you are there for a second opinion.

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

We will not pay the cost of non-emergency hospital care, medical equipment or a non-emergency specialist for you/your unborn child/your child unless the CHIP Member's Perinatal Provider or Primary Care Provider gives a referral.

How do I get my medications?

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

There are no copayments required for CHIP Perinate Members.

How do I find a network drug store?

You can look in our Provider Directory, call Member Services toll-free at 1.888.760.2600 or look on our Web site at www.CommunityHealthChoice.org.

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

If you do go to a drug store that is not in our network, your prescription will not be covered by us, and you will have to pay full price.

We have a lot of drug stores in our network. Please look on our Web site at www.CommunityHealthChoice.org > Find a Provider > Products > Find a Pharmacy for a complete list. You can also call Member Services at 713.295.2294 or toll-free at 1.888.760.2600 for help.

What do I bring with me to the drug store?

Bring your:

- Prescription
- Member ID card

What if I need my medications delivered to me?

Some pharmacies in our network will deliver to your home. Please look on our Web site at www.CommunityHealthChoice.org > Provider Find > Find a Pharmacy to see which ones will deliver. You can also call Member Services at 713.295.2294 or toll-free at 1.888.760.2600 for help.

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

Call Member Services at 713.295.2294 or toll-free at 1.888.760.2600. We can help you find a drug store in our network that is close to you.

What if I can't get my/my child's prescription approved?

If your/your child's doctor cannot be reached to approve a prescription, you/your child may be able to get a three-day emergency supply of your/your child's medication. Please call Community Health Choice Member Services toll-free at 1.888.760.2600 for help with your medications and refills.

What if I lose my medication?

Please call Member Services at 713.295.2294 or toll-free at 1.888.760.2600 for help.

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

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

Can someone interpret for me when I talk with my perinatal Provider?

Yes.

Who do I call for an interpreter?

Call Community Health Choice Member Services toll-free at 1.888.760.2600 to help you schedule an interpreter.

How far ahead of time do I need to call?

You must call at least three working days before your appointment.

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

Call Community Health Choice Member Services toll-free at 1.888.760.2600 to help you schedule an interpreter.

How do I choose a perinatal Provider?

Every CHIP Member of your family may have their own Primary Care Provider. Follow these steps to choose:

- Check our Web site at www.CommunityHealthChoice.org or your Community Health Choice CHIP Provider Directory for a list of our Primary Care Providers near you.
- Call Community Health Choice Member Services at 713.295.2294 or toll-free at 1.888.760.2600.

Will I need a referral?

No.

How soon can I be seen after contacting a perinatal Provider for an appointment?

You should be able to see your Perinatal Provider within two weeks of your call.

Can I stay with my perinatal Provider if they are not with Community Health Choice?

If you enrolled with Community in the last three months of your pregnancy, you can continue to see your perinatal provider if Community and the perinatal provider can set up approval for care.

What if I get a bill from a perinatal Provider?

You might get a bill if you go to a doctor who is not with Community Health Choice. You might also get a bill if you received treatment in an emergency room if it was not an emergency. If you get bills for services that are not covered, the CHIP Program will NOT pay these bills.

Always show your CHIP Perinatal Member ID Card when you get medical services from a doctor who is with Community Health Choice.

Who do I call?

If you get a bill for covered services, call the Provider and give them the information on your CHIP Perinatal Member ID Card. If you still have a problem, call Member Services. Give our Member Services the Member ID Number and tell them who sent you the bill.

What information will they need?

They will need information that is on your Member ID Card. If you still have a problem, call Member Services.

What do I have to do if I move?

As soon as you have your new address, give it to HHSC by calling 2-1-1 or updating your account on YourTexasBenefits.com and call Community Health Choice Member Services Department toll-free at 1.888.760.2600. Before you get CHIP services in your new area, you must call Community Health Choice, unless you need emergency services. You will continue to get care through Community Health Choice until HHSC changes your address.

MEMBER RIGHTS AND RESPONSIBILITIES

What are my rights and responsibilities?

FOR CHIP PERINATE MEMBERS

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, doctors, hospitals, and other Providers.
2. You have a right to know how the Perinatal 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 Perinatal 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 Perinatal Providers in the health plan and their addresses.
5. You have a right to pick from a list of healthcare Providers that is large enough so that your unborn child can get the right kind of care when it is needed.
6. You have a right to emergency Perinatal 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.
7. You have the right and responsibility to take part in all the choices about your unborn child's health care.
8. You have the right to speak for your unborn child in all treatment choices.
9. You have the right to be treated fairly by the health plan, doctors, hospitals, and other Providers.
10. You have the right to talk to your Perinatal 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.
11. You have the right to a fair and quick process for solving problems with the health plan and the plan's doctors, hospitals and others who provide Perinatal services for your unborn child. If the health plan says it will not pay for a covered Perinatal service or benefit that your unborn child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
12. You have a right to know that doctors, hospitals, and other Perinatal 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.

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 Perinatal Program Handbook to understand how the rules work.
5. You must try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
6. You must report misuse of CHIP Perinatal services by healthcare Providers, other Members or health plans.
7. You must talk to your Provider about your medications that are prescribed.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 1.800.368.1019. You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

When does CHIP Perinatal coverage end?

Your baby will continue to receive CHIP Perinatal benefits if you meet the requirements. Your baby will get 12 months of continuous CHIP Perinatal benefits, beginning with the month of enrollment as an unborn child. If you do not meet CHIP Perinatal benefit requirements, your baby will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth.

Will the state send me anything when my CHIP Perinatal coverage ends?

Yes, the state will send you a letter telling you when your coverage ends.

How does renewal work?

In the 10th month of coverage, you will receive a CHIP renewal form. You must fill it out and send it to the state. The state will determine if your child is eligible for Medicaid or CHIP. Call us for help filling out your renewal application. Community offers application and recertification assistance out in the community. Call Member Services to find the assistance site closest to you.

Can I choose my baby's Primary Care Provider before my baby is born?

Yes.

Who do I call?

Look in your CHIP Provider Directory or online at www.CommunityHealthChoice.org. You can also call Member Services at 713.295.2294 or toll-free at 1.888.760.2600.

What information do they need?

If you have already chosen a Provider, please give Member Services your Provider's name and phone number.

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

Please contact Member Services for any information on special healthcare needs. You may also contact your Primary Care Provider to assist you in obtaining or learning about services available to you or your baby.

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

If you have not named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you. Because those people may not all agree with what to do with your care, it is helpful if you say in advance what you want to happen if you can't speak for yourself.

What are advance directives?

Advance directives are legal papers that allow you to say if you would accept or refuse medical treatment if you become too ill to speak for yourself. These papers can help your family decide what to do for you to relieve them of the stress of making the decision for you. It also helps the doctor care for you according to your wishes.

How do I get an advance directive?

Ask your doctor for the form(s) for advance directives. Call Member Services Department toll-free at 1.888.760.2600 if you need more information.

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 1.888.760.2600 to tell us about your problem. A Community Health Choice Member Services Advocate can help you file a complaint. Just call 1.888.760.2600. Most of the time, we can help you right away or at the most within a few days. Community Health Choice cannot take any action against you as a result of your filing a complaint.

You can also write a letter or you can call Member Services to ask to complete a "Complaint Form." We will mail you the form. The Complaint Form must be returned to us for prompt resolution. We will accept your complaint verbally.

We will send you a letter along with a Complaint Form within five business days from the date of receipt of your Complaint telling you that we received your Complaint. We will send you a Resolution Letter within 30 calendar days from the date of receipt of your Complaint.

Your Complaint concerning an Emergency or denial of continued stay for hospitalization will be resolved in one business day of receipt of your Complaint. The investigation and resolution will be concluded in accordance with the medical immediacy of the case.

Can someone from Community Health Choice help me file a Complaint?

Yes. A Community Health Choice Member Advocate can help you file a complaint. Just call us toll-free at 1.888.760.2600. Most of the time, we can help you right away or at most within a few days. You can also write a letter or you can call Member Services to complete a "Complaint Form." We will accept your complaint verbally.

Send your Complaint letter to the address below:

**Community Health Choice Texas, Inc.
Service Improvement
4888 Loop Central Drive, Suite 600
Houston, TX 77081**

How long will it take to process my Complaint?

We will send you a letter within five business days from the date we get your Complaint. This will let you know we got it. We will send you a resolution letter within 30 calendar days from the date we get your Complaint. We answer complaints about emergency care in one business day. We answer complaints about denials of continued hospital stays in one business day. The investigation and resolution will be concluded in accordance with the medical immediacy of the case.

What are the requirements and time frames for filing a Complaint?

You can file a complaint at any time.

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

If you are not satisfied with the answer to your complaint, you can also complain to the Texas Department of Insurance by calling toll-free to 1.800.252.3439. If you would like to make your request in writing send it to:

**Texas Department of Insurance
Consumer Protection
P.O Box 149091
Austin, Texas 78714-9091**

If you can get on the Internet, you can send your complaint in an e-mail to <http://www.tdi.texas.gov/consumer/complfrm.html>.

Do I have the right to meet with a Complaint Appeal Panel (CAP)?

If the Complaint is not resolved to your satisfaction, you have the right to appear in person before a Complaint Appeal Panel (CAP), where the Member normally receives healthcare services, unless another site is agreed to by you, or to address a written appeal to the CAP. The CAP will have equal numbers of:

- Our staff
- Providers and
- Members

Members of the CAP cannot have been a part of the Complaint in any way. Providers will have expertise in area of care that is in the Complaint. CHIP Members on the CAP cannot also be employees of Community Health Choice.

Information given to Members about CAP:

No later than five business days before the CAP is to meet, unless you agree otherwise, we will give the complainant or their representative:

- Any information to be shown to the CAP by Community Health Choice
- The type of Provider asked to help
- The name and job title of each Community Health Choice staff person on the CAP

Rights of Complainant at CAP Meeting:

A Member or his/her representative, if the Member is a minor or is disabled, has the right to:

- Meet in person before the CAP
- Have other expert testimony
- Ask for any person involved in making the decision that caused the Complaint to be at the meeting and to question them

We will send you a letter within five business days of the date of receipt of your request for an appeal telling you that we received your appeal. We will send you a resolution letter within 30 calendar days of the date of receipt of your request for an appeal.

Investigation and resolution of appeals relating to ongoing emergencies or denial of continued stays for hospitalization will be concluded in accordance with the medical immediacy of the case but in no event to exceed one business day after your request for appeal. Due to the ongoing emergency or continued Hospital stay, and at your request, we will provide, in lieu of a Complaint Appeal Panel, a review by a physician or Provider who has not previously reviewed the case and is of the same or similar specialty as typically manages the medical condition, procedure or treatment under discussion for review of the Appeal.

Process to Appeal a CHIP Adverse Determination

What can I do if my doctor asks for a service for me/my child that is covered but Community Health Choice denies or limits it?

We may deny services if they are not medically necessary. You can request an appeal of a covered or non-covered service orally or in writing. If you request an oral appeal, the oral request will need to be followed by your submission of the one-page Community Medical Appeals Form. You will find the Member Appeal Form in the attachments you received with your denial letter notification from Community Health Choice. Include on the Member Appeal Form the reason you are requesting the appeal in the space provided and the reference number of your denial.

You may mail your Medical appeal to the address below:

Community Health Choice Texas, Inc.
Attention: Medical Affairs-Medical Appeals Department
4888 Loop Central Drive, Suite 600
Houston, TX 77081
Phone: 713.295.2294 or toll-free at 1.888.760.2600
Fax: 713.295.7033

You may mail your Behavioral Health appeal to the address below:

Community Health Choice Texas, Inc.
Attention: Medical Affairs-BH Appeals
P.O. Box 301411
Houston, TX 77230
713.295.2294 or toll-free at 1.888.760.2600 or TTY 7-1-1
Fax: 713.576.0394/ Attention: BH Appeals Coordinator

How will I find out if services are denied?

You and your doctor will receive a letter telling you about the decision.

What are the time frames for the standard appeal process?

You have 60 days from the determination of denial of medical services to appeal a denied service to you or your children. To continue services, you must request an extension of the services within 10 days of the date of the determination of the denial letter. If you request an extension, the time frame may be extended while the appeal is pending. We will notify you of our decision within 30 days.

If we need more information and can show how the delay is in the Member's best interest, the time frame can be extended up to 14 calendar days. The Member must be notified in writing regarding the reason for delay. If we need additional information, we will send you or your doctor a request.

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

If you disagree with Community Health Choice's answer or if you believe we made a mistake, you have 60 days from the denial determination to appeal a denied service to you or your children.

Does my request have to be in writing?

No. But you must also send in a written and signed Member Appeal Form. It can be submitted by the Member or a representative for the Member. Community Health Choice must get it within five calendar days unless an expedited appeal is requested. Community must get the Member Appeal Form with **"EXPEDITED"** written on the form within 24 hours of the verbal request. You can call Member Services at 713.295.2294 or toll-free at 1.888.760.2600 for help.

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

Yes. A Community Health Choice Member Advocate can help you file an appeal for denied medical services. Just call us toll-free at 1.888.760.2600 or 713.295.2294.

What if I do not agree with the Appeal decision?

You have the right to file a grievance if you disagree with the decision of your appeal. To file a grievance please call 1.888.760.2600 or mail or fax your grievance in writing to:

**Community Health Choice Texas, Inc.
Service Improvement
4888 Loop Central Drive, Suite 600
Houston, TX 77081
Fax: 713.295.7036**

Expedited MCO 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 health, and taking the time for a standard appeal could jeopardize your life or health.

How do I ask for an Expedited Appeal?

You may ask for an Expedited Appeal from Community Health Choice orally or in writing. Do this if you believe that taking the time for a standard appeal resolution could seriously jeopardize the Member's life or health or ability to attain, maintain or regain maximum function.

**Send your Medical expedited appeal request via fax to:
Community Health Choice Texas, Inc.
Attention: Medical Appeals Department-Medical Affairs
Fax: 713.295.7033**

**Send your Behavioral Health expedited appeal request via fax to:
Community Health Choice Texas, Inc.
Attention: Behavioral Health Appeals Department-Medical Affairs
Fax: 713.576.0394**

You may mail your Medical appeal to the address below:

**Community Health Choice Texas, Inc.
Attention: Medical Affairs-Medical Appeals Department
4888 Loop Central Drive, Suite 600
Houston, TX 77081
Phone: 713.295.2294 or toll-free at 1.888.760.2600
Fax: 713.295.7033**

You may mail your Behavioral Health appeal to the address below:

Community Health Choice Texas, Inc.
Attention: Medical Affairs-BH Appeals
P.O. Box 301411
Houston, TX 77230
713.295.2294 or toll-free at 1.888.760. 2600 or TTY 7-1-1
Fax: 713.576.0394/ Attention: BH Appeals Coordinator

Does my request have to be in writing?

No.

What are the time frames for an Expedited Appeal Review?

If your appeal request is determined to meet the criteria for an expedited review, Community Health Choice must complete an expedited appeal request review within 72 hours from the date and time of receipt that we have all of the information we need to review the appeal. Community Health Choice will tell you our decision over the phone within 72 hours day from the date that we have all of the information we need to review the appeal. We will mail you our decision within three business days after determination is made.

What happens if Community Health Choice denies the request for an Expedited Appeal?

If we deny the request for an expedited appeal, we will notify you verbally and via written letter within two calendar days. Then, your request will be moved to the standard medical appeal review process, and we will mail you our decision within 30 calendar days.

Who can help me file an Expedited Appeal?

Call Member Services toll-free at 1.888.760.2600 to speak with a Member Advocate who will help you with an appeal or an expedited appeal.

Independent Review Organization Process

What is an Independent Review Organization (IRO)?

If you disagree with our appeal decision, you have the right to an IRO review. Community is contracted with an Independent Reviewer to process your IRO request. The Independent Reviewer makes decisions on medical necessity and whether your care is appropriate.

How do I request an IRO review?

Call Member Services and ask for an “Independent Review Organization Form.” Call 713.295.2294, toll-free at 1.888.760.2600 or TDD: 1.800.518.1655. You may also request an independent review by faxing your completed, signed independent review request form and all documents related to your Independent Review request to the Medical Appeals Apartment at 713.295.7033.

You may also submit your request directly to the External Independent Reviewer. You may fax the completed form to 1.888.866.6190 or mail it to:

**HHS Federal External Review Request
MAXIMUS Federal Services
3750 Monroe Avenue, Ste. 705
Pittsford, NY 14534**

Please complete the HHS-Administered Federal External Review Request Form.

You may call MAXIMUS at 1.888.866.6205 or email ferpa@maximus.com with questions or concerns during the process.

When can I request an IRO?

You can request an IRO review within 4 months of receiving a final internal adverse benefit determination notice.

What are the time frames for this process?

We will immediately notify the Community contracted external reviewer of your request within 1 business day of the request receipt. If the IRO reviewer requests any additional information, we must provide the information within 3 business days. For a Standard External Review, the IRO reviewer must reach a decision within 45 days. In cases involving life-threatening conditions, the IRO must reach a decision within 72 hours.

When is an IRO review not available?

An IRO review is not available if:

- your policy doesn't cover the denied service, or
- Texas law doesn't require your plan to participate in the IRO process.

Abuse, Neglect, and Exploitation

You have the right to respect and dignity, including freedom from Abuse, Neglect, and Exploitation.

What are Abuse, Neglect, and Exploitation?

Abuse is mental, emotional, physical, or sexual injury or failure to prevent such injury.

Neglect results in starvation, dehydration, over medicating or under medicating, unsanitary living conditions, etc. Neglect also includes lack of heat, running water, electricity, medical care, and personal hygiene.

Exploitation is misusing the resources of another person for personal or monetary gain. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

Reporting Abuse, Neglect, and Exploitation

The law requires that you report suspected Abuse, Neglect, or Exploitation, including unapproved use of restraints or isolation that is committed by a provider.

Call 9-1-1 for life-threatening or emergency situations.

Report by phone (non-emergency) 24 hours a day, 7 days a week, toll-free

Report to the Department of Aging and Disability Services (DADS) by calling 1.800.647.7418 if the person being abused, neglected or exploited lives in or receives services from a:

- Nursing facility;
- Assisted living facility;
- Adult day care center;
- Licensed adult foster care provider; or,
- Home and Community Support Services Agency (HCSSA) or Home Health Agency,

Suspected Abuse, Neglect or Exploitation by a HCSSA must also be reported to the Department of Family and Protective Services (DFPS).

Report all other suspected abuse, neglect or exploitation to DFPS by calling 1.800.252.5400.

Report electronically (non-emergency)

Go to <https://txabusehotline.org>. This is a secure website. You will need to create a password-protected account and profile.

Helpful information for filing a report

When reporting abuse, neglect, or exploitation, it is helpful to have the names, ages, addresses, and phone numbers of everyone involved.

Fraud Information

Do you want to report CHIP Fraud, Waste or Abuse?

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

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

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

- Call the OIG Hotline toll-free at 1.800.436.6184;
- Visit <https://oig.hhsc.state.tx.us/> and click the red "Report Fraud" box to complete the online form; or
- You can report directly to your health plan:

Community Health Choice Texas, Inc.
Chief Compliance Officer or Director SIU
Corporate Compliance & Risk Management
4888 Loop Central Drive, Suite 600
Houston, TX 77081
Toll-free at 1.877.888.0002

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

- When reporting about a Provider (a doctor, dentist, counselor, etc.) include:
 - Name, address, and phone number of Provider
 - Name and address of the facility (hospital, nursing home, home health agency, etc.)
 - Medicaid number of the Provider and facility, if you have it
 - Type of Provider (doctor, dentist, therapist, pharmacist, etc.)
 - Names and phone numbers of other witnesses who can help in the investigation
 - Dates of events
 - Summary of what happened
- When reporting about someone who gets benefits, include:
 - The person's name
 - The person's date of birth, Social Security Number or case number, if you have it
 - The city where the person lives
 - Specific details about the waste, abuse, or fraud

Privacy Notice

Notice of Privacy Practices

Effective: April 14, 2003

Updated: December 2017

Last Review Date: September 2022

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact Community Health Choice (Community) Privacy Officer.

This Notice of Privacy Practices is given to you as part of the Health Insurance Portability and Accountability Act (HIPAA). It says how we can use or share your Protected Health Information (PHI) and Sensitive Personal Information (SPI). It tells you how to get a copy of or edit your information. It ensures that any oral, written, and electronic information you share with us is confidential and secure. You can allow or not allow us to share specific details unless needed by law.

Our Responsibility to you Regarding Protected Health Information

“Protected Health Information” and “Sensitive Personal Information” (PHI/SPI) is information that identifies a person or patient. This data can be your age, address, e-mail address, and medical facts. It can be about your past, present or future physical or mental health conditions. It also can be about sensitive healthcare services and other personal facts.

By law, Community must:

- Make sure that your PHI/SPI is kept private.
- Give you this notice of our legal duties and privacy practices. It describes the use and disclosure of your PHI/ SPI. Follow the terms of the notice in effect now.
- Tell you about any changes in the notice.
- Notify you that your health information (PHI/SPI) created or received by Community is subject to electronic disclosure.
- Give you an electronic copy of your record within 15 days after you ask in writing. We can also give this to you another way if you ask for it. There are some exceptions to this rule.
- With exceptions, not sell any PHI/SPI.
- Disclose any breach of unencrypted PHI/SPI we think an unauthorized person might have made.
- Train employees about our privacy practices. Training is no later than 60 days after their first day and at least every two years after.

We have the right to change this notice. The effective date is on the bottom of each page. You can get a copy from our Web site: www.CommunityHealthChoice.org. You can also call Member Services toll-free at 1.888.760.2600 and ask for a copy to be mailed to you.

How Community can Use or Disclose your Protected Health Information without your Authorization

Here are some examples of allowed uses and disclosures of your PHI/SPI. These are not the only ones.

Treatment — Community will use and share your PHI/SPI to provide, coordinate or manage your health care and other services. We might share it with doctors or others who help with your care. In emergencies, we will use and share it to get you the care you need. We will only share what is needed.

Payment — We can use and share your PHI/SPI to get paid for the healthcare services that you received.

Healthcare Operations — We can use or share your PHI/SPI in our daily activities. For example:

- To call you to remind you of your visit.
- To conduct or arrange other healthcare activities.
- To send you a newsletter.
- To send news about products or services that might benefit you.
- To give you information about treatment choices or other benefits.

Business Associates — We can share your PHI/SPI with our business associates. They must also protect it. They must follow HIPAA privacy and security rules, HITECH rules and Texas Privacy Laws. They can face fines and penalties. They have to report any breaches of unencrypted PHI/SPI.

Required by Law — By law, sometimes we must use or share your PHI/SPI. Here are some examples:

- Public Health Authorities
- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report problems with medicines or other products
- To notify authorities if we believe a patient has been the victim of abuse, neglect or domestic violence

Communicable Diseases — We can share your PHI/SPI to tell a person they might have been exposed to a disease. We can tell a person they might be at risk for getting or spreading a disease or condition.

Health Oversight Agencies & U.S. Food and Drug Administration — We will share your PHI/SPI when health oversight agencies ask for it.

Legal Proceedings — We will share your PHI/SPI for legal matters. We must receive a legal order or other lawful process.

Law Enforcement & Criminal Activity — We will share your PHI/SPI if we believe it helps solve a crime. We will share it to stop or reduce a serious threat. We can also share it to help law enforcement officers find or arrest a person.

Coroners, Funeral Directors, and Organ Donations — We share PHI/SPI with coroners, medical examiners, and funeral directors. We can also share it to help manage organ, eye or tissue donations.

Research — If Community agrees to be part of an approved research study, we will make sure that your PHI/SPI is kept private.

Military Activity and National Security — We can share PHI/SPI of Armed Forces personnel with the government.

Workers' Compensation — We will share your PHI/SPI to follow workers' compensation laws and similar programs.

Inmates — We can use or share your PHI/SPI if you are a correctional facility inmate and we created or received your PHI/SPI while providing your care.

Disclosures by the Health Plan — We will share your PHI/SPI to get proof that you are able to get health care. We will work with other health insurance plans and other government programs.

Parental Access — We follow Texas laws about treating minors. We follow the law about giving their PHI/SPI to parents, guardians or other person with legal responsibility for them.

For People Involved in Your Care or Payment for Your Care — We will share your PHI/SPI with your family or other people you want to know about your care. You can tell us who is allowed or not allowed to know about your care. You must fill out a form that will be part of your medical record.

Restrictions on Marketing — The HITECH Act does not let Community receive any money for marketing communications.

Other Laws that Protect Health Information — Other laws protect PHI/SPI about mental health, alcohol and drug abuse treatment, genetic testing and HIV/AIDS testing or treatment. You must agree in writing to share this kind of PHI/SPI.

Your Privacy Rights with Respect to your Health Information

Right to Inspect and Copy Your Health Information — In most cases, you have the right to look at your PHI/SPI. You can get a printed copy of the record we have about you. It can also be given to you in electronic form. There might be a charge for copying and mailing.

Right to Amend Your Health Information — You can ask Community to change facts if you think they are wrong or not complete. You must do this in writing. We do not have to make the changes. If we deny your request, we will do so within 60 days.

Right to an Accounting of Disclosures — You can ask for a list of certain disclosures of your PHI/SPI. The list will not include PHI/SPI shared before April 14, 2003. You cannot ask for more than six years. The list can only go back three years for electronic PHI/SPI. There are other limits that apply to this list. You might have to pay for more than one list a year.

Right to Ask For Restrictions — You can ask us to not use or share part of your PHI/SPI for treatment, payment or health care operations. You must ask in writing. You must tell us (1) the PHI/SPI you want restricted; (2) if you want to change our use and/or disclosure; (3) who it applies to (e.g., to your spouse); and (4) expiration date.

If we think it is not best for those involved, or cannot limit the records, we do not have to agree. If we agree, we will only share that PHI/SPI in an emergency. You can take this back in writing at any time.

If you pay in full for an item or service, you can ask a Provider to not share PHI/SPI with Community for payment or operations purposes. These are the main reasons we would need it. This does not apply if we need the PHI/SPI for treatment purposes.

Right to Receive Confidential Communications — You can tell us where and how to give you your PHI/SPI. You can ask us to only call at a certain number. You can also give us another address if you think sending mail to your usual address will put you in danger. You must be specific and put this in writing.

Right to Choose Someone to Act for You — If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has this authority and can act for you before we take any action.

Right to a Copy of this Notice — You can ask for and get a copy of this Notice at any time, even if you have received this Notice previously or agreed to receive this Notice electronically.

Right to Withdraw an Authorization for Disclosure — If you have let us use or share your PHI/SPI, you can change your mind at any time. You must tell us in writing. In some cases, we might have already used or shared it.

Right to be Notified of Breach — You will be told if we find a breach of unsecured PHI/SPI. The breach could be from either Community or a Business Associate of Community.

Federal Privacy Laws

This Notice of Privacy Practices is given to you as part of HIPAA. There are other privacy laws that also apply. Those include the Freedom of Information Act; Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act; the Health Information Technology for Economic and Clinical Health Act (HITECH) and the Texas Privacy Law, Health and Safety Code, Section 181 et al.

Complaints

You can file a complaint if you believe your privacy rights have been violated. You can call Community's Privacy Officer toll-free at 1.888.760.2600. You can also file a complaint with the Department of Health and Human Services, Office of Civil Rights. Please refer to the Office of Civil Rights contact information at the end of this Notice. We urge you to tell us about any privacy concerns. You will not be retaliated against in any way for filing a complaint.

Authorization to Use or Disclose Health Information

Other than as stated above, we will not use or share your PHI/SPI without your written agreement. You can change your mind about letting us use or share your PHI/SPI at any time. You must tell us in writing.

The HITECH Act makes Community limit uses, disclosures, and requests of your PHI/SPI. We cannot ask for or share more than is needed.

Effective Date

This notice took effect on April 14, 2003, and was updated on December 2017. It was last reviewed in September 2022. It will stay in effect until it is replaced by another notice.

Contact Information

If you have any questions or complaints:

**Community Health Choice Texas, Inc.
Chief Compliance Officer
4888 Loop Central Drive, Suite 600
Houston, TX 77081
Toll-free at 1.877.888.0002**

**Texas Office of Civil Rights
Health and Human Services Commission
701 W. 51st Street, MC W206
Austin, TX 78751
1.888.388.6332 or 1.512.438.4313 or the relay service of your choice.**

For more information, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Texas Law on Medical Treatment of Minors and Related Consent Issues

Community follows federal and state law and guidelines on issues of consent to medical treatment. Generally, minors cannot consent to medical treatment. As a general rule, Community must obtain consent from a minor child's parent prior to authorizing medical treatment.

There are certain exceptions to the general rule. For example, a minor child who has been "emancipated" or legally declared an "adult" by the courts can make their own medical decisions. Other exceptions include but are not limited to: (1) emergency situations; (2) active duty with the armed forces; (3) consent for treatment of infectious diseases reportable to the Texas Department of State Health Services; (4) unmarried pregnant minors consenting to treatment for pregnancy; (5) treatment for drug and alcohol abuse; (6) counseling for abuse, suicide prevention, or drug addiction; and (7) other exceptions as permitted by law.

If you have any questions about these exceptions, please contact Community at 1.888.760.2600.

Managed Care Terminology

Appeal - A request for your managed care organization to review a denial or a grievance again.

Complaint - A grievance that you communicate to your health insurer or plan.

Copayment - A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment (DME) - Equipment ordered by a health care provider for everyday or extended use. Coverage for DME may include but is not limited to: oxygen equipment, wheelchairs, crutches, or diabetic supplies.

Emergency Medical Condition - An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.

Emergency Medical Transportation - Ground or air ambulance services for an emergency medical condition.

Emergency Room Care - Emergency services you get in an emergency room.

Emergency Services - Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services - Health care services that your health insurance or plan doesn't pay for or cover.

Grievance - A complaint to your health insurer or plan.

Habilitation Services and Devices - Health care services such as physical or occupational therapy that help a person keep, learn, or improve skills and functioning for daily living.

Health Insurance - A contract that requires your health insurer to pay your covered health care costs in exchange for a premium.

Home Health Care - Health care services a person receives in a home.

Hospice Services - Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization - Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

Hospital Outpatient Care - Care in a hospital that usually doesn't require an overnight stay.

Medically Necessary - Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network - The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Non-participating Provider - A provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider instead of a participating provider. In

limited cases, such as when there are no other providers, your health insurer can contract to pay a non-participating provider.

Participating Provider - A Provider who has a contract with your health insurer or plan to provide covered services to you.

Physician Services - Health-care services a licensed medical physician (M.D. -Medical Doctor or D.O. -Doctor of Osteopathic Medicine) provides or coordinates.

Plan - A benefit, like Medicaid, which provides and pays for your health-care services.

Pre-authorization - A decision by your health insurer or plan that a health-care service, treatment plan, prescription drug, or durable medical equipment that you or your provider has requested, is medically necessary. This decision or approval, sometimes called prior authorization, prior approval, or pre-certification, must be obtained prior to receiving the requested service. Pre-authorization isn't a promise your health insurance or plan will cover the cost.

Premium - The amount that must be paid for your health insurance or plan.

Prescription Drug Coverage - Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs - Drugs and medications that by law require a prescription.

Primary Care Physician - A physician (M.D. -Medical Doctor or D.O. -Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health-care services for a patient.

Primary Care Provider - A physician (M.D. -Medical Doctor or D.O. -Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health-care services.

Provider - A physician (M.D. - Medical Doctor or D.O. -Doctor of Osteopathic Medicine), health-care professional, or health-care facility licensed, certified, or accredited as required by state law.

Rehabilitation Services and Devices - Health-care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Skilled Nursing Care -Services from licensed nurses in your own home or in a nursing home.

Specialist - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Urgent Care - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

LANGUAGE ASSISTANCE

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



NON-DISCRIMINATION STATEMENT (HHS)

Community Health Choice, Inc. (Community) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Community does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Community provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Community provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Community Member Services Department at 1.888.435.2850. If you believe that Community has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance.

You can file a grievance in person or by mail, fax or email:

Service Improvement Department

4888 Loop Central Drive, Suite. 600
Houston, TX 77081

Phone: 1.888.435.2850

Fax: 713.295.7036

Email: ServiceImprovement@CommunityHealthChoice.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 TTY 7-1-1

LANGUAGE ASSISTANCE

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



- Chinese** 本通知有重要信息。本通知包含關於您透過Community Health Choice提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或費用補貼。您有權免費以您的母語得到本訊息和幫助。請撥電話1.888.435.2850。
- French** Cet avis contient d'importantes informations. Cet avis contient d'importantes informations concernant votre demande ou votre couverture avec Community Health Choice. Consultez les dates figurant dans le présent avis car il est possible que vous ayez à prendre certaines mesures avant ces dates pour conserver votre assurance santé ou profiter de meilleurs coûts. Vous êtes en droit de recevoir ces informations et de bénéficier gratuitement d'une aide dans votre langue. Appelez le 1.888.435.2850.
- Gujarati** આ નોટિસમાં મહત્વની માહિતી છે. આ નોટિસમાં Community Health Choice દ્વારા તમારી અરજી અને કવરેજ વર્ણિ મહત્વની જાણકારી છે. આ નોટિસમાં મહત્વની તારીખો માટે જુઓ. તમારા આરોગ્ય કવરેજને રાખવા અથવા ખર્ચ બાબતે મદદ કરવા માટે અમુક ચોક્કસ મુદત સુધી પગલાં લેવાની તમારે જરૂર પડી શકે છે. તમને કોઈ પણ ખર્ચ વિના તમારી ભાષામાં આ જાણકારી અને મદદ મેળવવાનો અધિકાર છે. 1.888.435.2850 પર કોલ કરો.
- Japanese** こと通知には必要な情報が含まれています。この通知にはCommunity Health Choiceの申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。1.888.435.2850までお電話ください。
- Laotian** ທັງສີແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນ. ທັງສີແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໜັບສະໜູ່ການຄຸ້ມຄອງຂອງທ່ານໂດຍຜ່ານ Community Health Choice. ໃຫ້ຊອກຫາຂໍ້ມູນວັນທີທີ່ສໍາຄັນໃນທັງສີແຈ້ງການນີ້ ທ່ານຄວນຈະຕ້ອງປະຕິບັດພາຍໃນກໍານົດເວລາເພື່ອທີ່ຈະຮັກສາການຄຸ້ມຄອງສຸຂະພາບຂອງທ່ານພາຍຫຼັງການຊ່ວຍເຫຼືອໃນເລື່ອງຄ່າໃຊ້ຈ່າຍ. ມັນເປັນສິດທິຂອງທ່ານທີ່ຈະໄດ້ຮັບຂໍ້ມູນສໍາຄັນນີ້ແລະການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທລະສັບ: 1.888.435.2850.
- Russian** Настоящее уведомление содержит важную информацию. Настоящее уведомление содержит важную информацию о вашем заявлении или страховом покрытии, предоставляемым Community Health Choice. Обратите внимание на основные даты, указанные в настоящем уведомлении. Возможно, будет необходимо предпринять действия до наступления конечного срока для сохранения страхового полиса или для получения помощи в оплате расходов. Вы имеете право на бесплатное получение этой информации и помощи на вашем языке. Звоните по телефону: 1.888.435.2850.
- Tagalog** Ang Notisyang ito ay naglalaman ng Importanteng Impormasyon. Maayroon itong importanteng impormasyon tungkol sa inyong aplikasyon o pagpapaseguro sa pamamagitan Community Health Choice. Hanapin ang mga importanteng petsa sa notisyang ito. Maaaring may kailangan kayong gawin bago ang mga itinakdang deadline para manatiling nakaseguro o para matulungan kayo sa mga kailangang babayaran. Kayo ay may karapatang makatanggap nitong impormasyon at makatanggap ng pagsasalin sa inyong wika na wala kayong babayaran. Tawagan ang 1.888.435.2850.
- Vietnamese** Thông báo này có Thông Tin Quan Trọng. Thông báo này có thông tin quan trọng về mẫu đơn của bạn hoặc bảo hiểm qua chương trình Community Health Choice. Xem những ngày quan trọng trong thông báo này. Bạn có thể cần phải thực hiện trong thời gian nhất định để giữ bảo hiểm sức khỏe của bạn hay giúp đỡ chi phí. Bạn có quyền được thông tin này và giúp đỡ trong ngôn ngữ của mình miễn phí. Xin gọi 1.888.435.2850.

Arabic

يتضمن هذا الإشعار معلومات مهمة. وتتعلق هذه المعلومات الهامة في الإشعار بخصائص صوبك أو التغطية تحت التأمين الصحي Community Health Choice. ابحث عن التواريخ الهامة في هذا الإشعار. تدقحتج اتخاذنا إجراءات تبيل موانئ محددة للحفاظ لمى تأمينك الصحي أو مستدعائك في دفع التاكلفي. ليدك الحق في الحصول لوى هذه المعلومات والمسلة بدعافتك دون فلكزة. اتصل لى 1.888.435.2850.

English

This Notice has Important Information. This notice has important information about your application or coverage through Community Health Choice. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1.888.435.2850.

German

Diese Mitteilung enthält wichtige Informationen. Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag auf Krankenversicherung bzw. Ihren Versicherungsschutz mit Community Health Choice. Achten Sie auf wichtige Termine in dieser Mitteilung. Eventuell müssen Sie zu bestimmten Stichtagen Maßnahmen ergreifen, um die Beibehaltung Ihres Versicherungsschutzes bzw. finanzieller Unterstützung in Ihrer Sprache. Rufen Sie an unter 1.888.435.2850.

Hindi

इस सूचना में महत्वपूर्ण जानकारी है। इस सूचना में आपके आवेदन या Community Health Choice द्वारा कवरेज के बारे में महत्वपूर्ण जानकारी है। इस सूचना में महत्वपूर्ण तारीखों के लिए खोजें। आपको अपने स्वास्थ्य के कवरेज रखने के लिए या लागत की मदद के लिए निश्चित समय सीमा से कार्रवाई करने की ज़रूरत हो सकती है। आपको अपनी भाषा में यह जानकारी और सहायता निःशुल्क प्राप्त करने का अधिकार है। 1.888.435.2850 पर कॉल कीजिए।

Korean

이 통지서는 중요한 정보를 담고 있습니다. 이 통지서는 Community Health Choice를 통한 귀하의 신청이나 보험보장에 대해 중요한 정보를 담고 있습니다. 이 통지서에서 주요 날짜를 확인하십시오. 귀하의 건강보험 보장을 유지하거나 비용에서 도움을 받기 위해서는 일정한 마감일까지 조치를 취해야 할 수 있습니다. 귀하에게는, 이러한 정보를 받고 무료로 귀하의 언어로 도움을 받을 권리가 있습니다. 1.888.435.2850 로 연락하십시오.

Persian

این اطلاعیه حاوی اطلاعات مهمی می باشد. این اطلاعیه حاوی نکات مهمی درباره تقاضانامه و پوشش بیمه ای شما توسط **Community Health Choice** می باشد. به تاریخ های ذکر شده در این اطلاعیه توجه نمایید. به منظور برقرار نگه داشتن پوشش بیمه ای با دریافت کمک هزینه، ممکن است نیاز باشد که تا مهلت های مقرر، اقداماتی را انجام دهید. حق شماست که این اطلاعات و کمک را بطور رایگان به زبان خودتان دریافت نمایید. با شماره تلفن **1.888.435.2850** تماس بگیرید.

Spanish or Spanish Creole

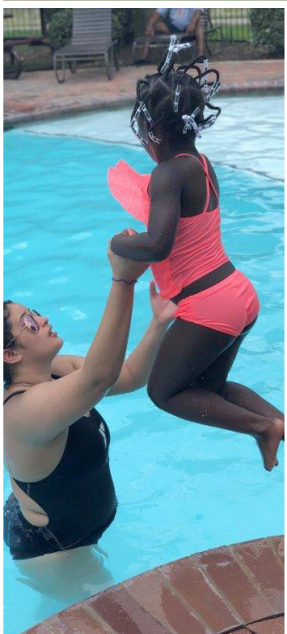
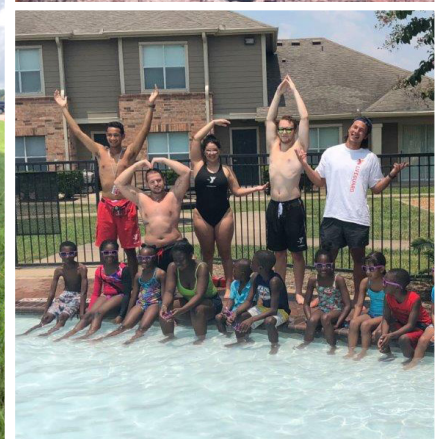
Este aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Community Health Choice. Preste atención a las fechas clave que se incluyen en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al teléfono 1.888.435.2850.

Urdu

[illegible]

Member Events

Community is always planning great events, big and small, for our Members in the Houston and Beaumont areas! **Do you have an event suggestion?** Email it to CommunityAffairs@CommunityHealthChoice.org.



Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

