A Consumer Guide to Better Health Care

2007 Edition

Your Guide to Understanding the Health Care System in Texas.

TEXAS
Health and Human Services Commission

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

ALBERT HAWKINS
COMMISSIONER

Dear Health Care Consumer,

The enclosed Consumer Guide to Better Health Care explains the services provided by Medicaid, Medicaid Managed Care, the Children's Health Insurance Program (CHIP), and Children's Medicaid as well as how to access those programs and services.

We encourage you to:

- See a primary care provider regularly for routine and urgent care;
- Seek preventive care, especially for your children;
- Take your prescription medicine according to your doctor's instructions;
- Use the emergency room only for "true" emergencies; and
- Make healthy choices for yourself and your family.

As in any publication, information is always changing. Please use the toll-free numbers in this guide to make sure that any information you are using is still correct.

The Health and Human Services Commission (HHSC) hopes that you will find this guide helpful in getting the health care that you need for yourself and your family.

Sincerely,

Albert Hawkins

P. O. Box 13247 • Austin, Texas 78711 • 4900 North Lamar, Fourth Floor, Austin, Texas 78751

A Consumer Guide to Better Health Care

Nothing is more important than your health or the health of your children.

Use this guide to get services and stay healthy.

IMPORTANT NOTE: The policies and information in this guide may change after printing. For updates, please refer to the Texas Health and Human Services Commission (HHSC) webpage at www.hhsc.state.tx.us/medicaid/cs/cs_resources.html.

Contents

Introduction

Getting the Health Care You Need for Your Family

Medical care through the Medicaid program is available at no cost to many low-income families, as well as to people who are elderly or who have a disability. Depending on your income, the county you live in, and other factors, you or your children may qualify for one of following Medicaid programs:

- Traditional Medicaid (For more information, go to page 5.)
- Medicaid Managed Care (For more information, go to page 19.)
  - State of Texas Access Reform (STAR) Program
  - Primary Care Case Management (PCCM) Program
  - NorthSTAR
  - STAR+PLUS

If you do not qualify for Medicaid, your children may qualify for the Children's Health Insurance Program (CHIP). CHIP is designed for families who earn too much money to qualify for Medicaid yet cannot afford to buy private insurance for their children. For more information about CHIP, go to page 30.

This guide describes each of these health care programs. If you do not qualify for Medicaid or CHIP, you may qualify for health benefits through programs in your local community or your employer.

Always remember, you can ask for help or directions by using the **Resources** in the back of this guide or by calling the phone numbers provided throughout this guide.

Prepare Yourself

When applying for one of Texas' health care programs, you may need to show some identification or other information. You may not need all of this information for every program, but it is best to be prepared.

1) **Have an identification (ID) card** for yourself and legal resident papers for all family members who are applying for benefits.
2) Have proof of all family members' **monthly income** and resources (for example: money you have in the bank, paycheck stubs, and the make, model, and year of your cars, trucks, vans, or other vehicles).
3) Have the **Social Security numbers** for all persons applying for benefits. Social Security numbers are not required of parents applying for their children.

Remember to:

- Ask questions and **get answers that make sense to you!** Ask for a supervisor, if needed.
- Get the names and telephone numbers of every person with whom you speak.
- Get rules, decisions, and answers in writing. Keep a copy for your records.

I. Medicaid Program

This section describes the Texas Medicaid Program and its benefits.

What is Medicaid?

Medicaid is a program that offers health care services to persons who have limited income, are pregnant, and/or persons with disabilities.

To qualify for Medicaid, you or your children must:

- Be a Texas resident
- Be a U.S. citizen or a legal resident
- Meet certain resource and income limits
- Fit into one of these groups:
  - Families and children with limited income
  - Children
  - Pregnant women
  - Non-U.S. citizen needing emergency medical services
  - Children or pregnant women who are medically needy due to high medical bills
  - People who get Supplemental Security Income (SSI) from Social Security Administration
  - Persons having low-income and needing long-term services and supports or help with daily activities (see page 13)

Once you are enrolled in Medicaid, the state will send you a Medicaid ID form (Form H3087). Keep this form in a safe place! You have to show this every time you see your doctor or fill a prescription using Medicaid.

IMPORTANT: If you change addresses or phone numbers:

1) Call your local Texas Health and Human Services Commission (HHSC) office or the Texas Information line (**2-1-1** Texas) so that you can continue to receive your Medicaid ID form every month (see the **Resources** section for HHSC telephone numbers in your area).
2) If you receive SSI, call your local Social Security office when you need to make changes.

How Do I Apply for Medicaid?

There are different ways to apply for Medicaid:

- If you are a person with a disability or a person over 65 years of age with limited income and receive Supplemental Security Income (SSI), you do not have to apply for Medicaid. You will receive Medicaid automatically when you receive SSI. Go to your local Social Security Administration office to apply for SSI.
- Applications for children (age 18 and younger) for CHIP or Children's Medicaid can be done over the phone, by mail, or by fax. You can get an application from the CHIP/Children's Medicaid website at www.chipmedicaid.org, or by calling **1-877-543-7669**.
- All other persons must apply for Medicaid through the local HHSC office or a HHSC caseworker in a hospital or clinic.

When you apply for services, you will need to take or mail (if available) the following documents:

- **Pay stubs** or other papers to show all family members' monthly income.
- **Social Security numbers** for all individuals who want Medicaid (not required for children under 6 months of age).
- Papers that show your **resources** for all individuals who want Medicaid (for example: bank records, make, model, and year of your vehicles). This is not needed if you are applying because you are pregnant or if you are applying only for children (age 18 or younger).
- **Legal resident papers** if you are not a U.S. citizen and you want Medicaid for yourself.
- **Proof of residence** (for example: gas, electric, or water bill, letter from your landlord). This is not needed if you are applying only for children (age 18 and younger).

NOTE: You may ask a friend or other person you choose to be your "authorized representative" to apply for you. You may also ask for a language or a sign interpreter to help you apply. Ask for an interpreter when you call to set up an appointment.

For more information or to locate the nearest HHSC Office, call the HHSC Office of the Ombudsman at 1-877-787-8999 (toll-free), or the Texas Information line at 2-1-1.

For people with hearing or speech impairments, call the TDD number at 1-888-425-6889 (toll-free).

To locate a Social Security Administration office near you, call 1-800-772-1213 (toll-free). For people with hearing and speech impairments, call the TDD number at 1-800-325-0778 (toll-free).

Medicaid Services

Medicaid gives you many services that will help you and your children stay healthy.

Below is a listing of some, but not all, Medicaid services:

- Ambulance services
- Attendant/personal assistance services
- Behavioral (mental) health services
- Case management for persons with chronic mental illness; persons with mental retardation/related conditions; women with high-risk pregnancies and infants; children with health risks or health conditions
- Chemical dependency treatment for children (under 21 years of age)
- Chiropractic services
- Clinic visits
- Day activity and health services
- Dental care for children (under 21 years of age)
- Dialysis
- Doctor visits (including psychiatrists)
- Emergency medical services
- Family planning services
- Glasses and contact lenses
- Hearing aid services
- Home and community-based services
- Home health services, including durable medical equipment, such as wheelchairs
- Hospice care
- Hospital services: inpatient and outpatient
- Medicines prescribed by your doctor
- Nursing home services
- Optometry
- Physical, occupational, and speech therapy
- Podiatry
- Pregnancy and birthing services
- Prenatal care
- Psychiatric inpatient hospital services for children (under 21 years of age)
- Rehabilitative services for mental illness, psychiatrist's services, and inpatient medical stabilization for chemical dependency in a general acute hospital
- Rehabilitative services for people with severe mental illness
- Services in intermediate care facilities for persons with mental retardation (ICF-MR)
- Transportation
- X-rays

The state of Texas may limit some of these services.

For more information about Medicaid Services, contact the Medicaid Hotline at 1-800-252-8263 (toll-free) or visit your local HHSC Office.

For people with hearing or speech impairments, call TDD Relay Texas at 1-800-735-2989 (toll-free).

Important Facts About Medicaid

Families and Children with Limited Income

Many single and two-parent families with dependent children may qualify for monthly cash assistance through the Temporary Assistance for Needy Families (TANF) Program and/or Medicaid if their income is limited. Children may also qualify for TANF when a child lives with a relative other than their legal parent. Qualifying income requirements change every year. To get these income requirements, you may call HHSC at **1-888-834-7406** (toll-free), or go to www.YourTexasBenefits.com.

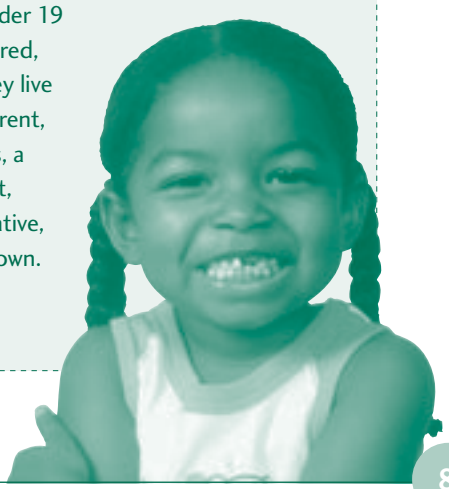
IMPORTANT INFORMATION:

- If you receive TANF, you may automatically receive Medicaid for yourself and your children.
- If you do not want to receive TANF, but your income is low enough to qualify, you may still get Medicaid for yourself and your children.
- If you stop getting cash assistance through TANF because your earnings increase, your children may still qualify for Medicaid or your household may still qualify for Medicaid for 12 more months.

Children

Children under the age of 19 years may qualify for Medicaid benefits, if:

- They are in a family with income below the federal income guidelines, and their family meets special resource limits for children.
- Children under age 6 can come from families with higher incomes (above the federal income guidelines), and infants under age 1 can have even higher family income.
- Children under 19 can be covered, whether they live with one parent, two parents, a grandparent, another relative, or on their own.



Pregnant Women

Early prenatal care is important for you and your baby. If you are pregnant, it is much easier and faster to qualify for Medicaid benefits.

IMPORTANT: In getting Medicaid, you will receive all Medicaid services during your pregnancy and up to two months following the birth of your child. You will be able to select a health care provider to give care to you during your pregnancy. Once born, your child may also qualify for Medicaid benefits up to 1 year of age or even longer.

> Make sure you apply for Medicaid as soon as you find out that you are pregnant.

If you are pregnant, on Medicaid, and live in one of the Medicaid Managed Care areas, you will have 15 days to pick your health plan and primary care provider. You can call the STAR Helpline at **1-800-964-2777** (toll-free) to help you select a health plan that includes your current prenatal care provider or to help you choose an OB/GYN care provider that can meet your needs.

IMPORTANT: If you are in Medicaid Managed Care and do not choose a health plan and primary care provider within 15 days, one will be chosen for you. It is important that you choose your own health plan and health care provider who can give you the care you need to keep yourself and your baby healthy.

Once you are enrolled in a health plan, someone from that health plan will contact you to see if you have an appointment scheduled or to help you make your first prenatal appointment. You should have your first appointment with your doctor scheduled within two weeks.

Don't wait. It is important to the health of you and your baby.

If you need help finding a prenatal care provider who accepts Medicaid, call the Medicaid Hotline at 1-800-252-8263 (toll-free). For people with hearing or speech impairments, call TDD Relay Texas at 1-800-735-2989 (toll-free).

Medically Needy Due to High Medical Bills

The Medically Needy Program provides Medicaid benefits to children younger than age 19, and pregnant women whose families make too much money for regular Medicaid. This means that the pregnant woman or child may qualify for the Medically Needy Program if they have high medical bills and they do not have enough monthly income to pay these bills. The pregnant woman or child can qualify for this program on a month-to-month basis. Some of these bills may include:

- Doctor's visits
- Prescriptions
- Past medical bills
- Medical insurance charges

NOTE: The Medically Needy Program is not for people who qualify for any other Medicaid program.

For questions about the Medically Needy Program, please call 1-800-335-8957 (toll-free).

If you receive medical services through the regular Medicaid Program and are receiving a bill from a medical provider, please call the Texas Medicaid & Healthcare Partnership (TMHP) at 1-800-335-8957 (toll-free).

Services for Non-Citizens

If you are not a U.S. citizen, you may still qualify for Medicaid benefits.

- All U.S. citizen children (all children born in the U.S.) can qualify for Medicaid regardless of the immigration status of the parents.
- Many legal immigrants qualify for Medicaid benefits:
  - If you came to the U.S. before August 22, 1996, you may qualify for Medicaid; **or**
  - If you are a refugee or asylee, you may get Medicaid benefits.

IMPORTANT EMERGENCY SERVICES: You may still qualify to have Medicaid pay for emergency medical treatments, including labor and delivery, if:

- You are a legal immigrant who came to the U.S. after August 22, 1996.
- You are in your first five years in the U.S.
- You are an undocumented immigrant, temporary worker, student, or other non-U.S. citizen who does not meet Medicaid's citizenship requirements.

Medicaid Buy-In

Effective September 1, 2006, HHSC implemented the Medicaid Buy-In program, which allows people of any age who have a disability and are working to receive Medicaid by paying a monthly premium. The monthly premium is based on earned and unearned income. To be eligible:

- A person's earnings and FICA contributions must be enough in a calendar quarter to count as a Social Security Administration "qualifying quarter." For 2006, this amount is $970 a quarter.
- A person must meet the disability criteria for Social Security's Supplemental Security Income without consideration of earned income.
- A person's countable resources must be equal to or less than the Supplemental Security Income resource limit, currently, $2,000.
- A person's countable earned income must be less than 250 percent of the federal poverty level. For 2006, this amount is $2,042 a month.

Monthly premium amounts are determined by examining both unearned and earned income. The unearned income premium amount is all unearned income over the Supplemental Security Income federal benefit rate, which is currently $603 a month. Individuals whose gross earned income minus mandatory payroll deductions exceeds 150 percent of the federal poverty limit are required to pay an amount between $20 and $40 a month.

Eligibility is not established until the first premium is paid. The applicant will receive a notice containing the amount of the premium and the premium due date. Ongoing monthly premium payments are due by the 20th of each month.

Accident-Related Services

If Medicaid has paid for medical care you may have received as a result of an accident or injury, you must notify the TMHP Third Party Recovery (TPR) Unit at **1-800-846-7307** (toll-free) or by mail to the following address:

TMHP/TORT
PO Box 202948
Austin, TX 78720-2948

You must provide the following information:

- Medicaid client name
- Medicaid ID number
- Date of accident/injury

You must also provide the name, address, and phone number of the attorney/casualty insurance company if any of the following applies to your situation:

- You have an attorney representing you
- There is a casualty insurance company involved
- You have filed a claim for this incident

You must also report lawsuits for injuries to you or your family members including the name, and address of the attorney or insurance company representing you.

IMPORTANT: Failure to cooperate or report this information could cause you to lose your Medicaid benefits.

Medicaid Renewal

Most people must renew their Medicaid every six months. HHSC will mail a notice to you when it is time, so it is very important to let them know if your address changes. If you do not renew when notified, your Medicaid may be stopped.

Adults:

- To renew your Medicaid you will need to provide to HHSC most of the same information you gave them when you first applied (see list on page 6).

Children:

- For children (age 0-18), you can renew through the mail in most cases. If your children are not up-to-date on their Texas Health Steps (THSteps) check-ups, you may have to go to the HHSC office in person.
- Your children get Medicaid for a full six months, even if your income goes up. When you renew coverage for children, if your income goes up too much for Medicaid, your children may be able to stay insured through CHIP (see page 30).
- When you enroll a child in Medicaid for the first time, you will need to get a "Health Care Orientation" to tell you how Medicaid works and the importance of THSteps check-ups for your child. You should do this as soon as possible so you can renew through the mail. Call the THSteps Program at **1-877-847-8377** (toll-free) for this meeting.

Important Medicaid Benefits

Texas Health Steps

The Texas Health Steps (THSteps) Program is a Medicaid program for children from birth through age 20. Your child's doctor may be able to provide this care or refer you to another provider enrolled in THSteps. In this program, your child will receive:

- Initial medical history and discussion of the history with the doctor
- A complete physical examination
- Review of nutritional, developmental, and mental health needs
- Laboratory tests
- Routine immunizations
- Health education
- Vision and hearing screening, with eyeglasses and hearing aids if needed
- Referrals to other health care providers as needed
- Dental emergency care, check-ups, preventive care, and treatment for problems
- Medicine your doctor prescribes for your child
- Case management to assist with accessing needed services.

The THSteps Program is very important for your children and helps them receive the health care they need to stay healthy.

IMPORTANT THINGS FOR YOU TO KNOW:

- Under THSteps, you do not pay for any Medicaid services.
- Medicaid pays for medically necessary services, including dental services. Medicaid makes this payment decision based on its review of the documentation and information submitted by your child's doctor.
- It is important to make sure your children get the regular check-ups THSteps recommends. Parents whose children are not up-to-date on check-ups may be required to have an appointment with an HHSC Caseworker to renew their children's coverage. Parents who are getting Temporary Assistance for Needy Families (TANF) could lose their monthly cash assistance if their children are too far behind on their check-ups.

THSteps–Comprehensive Care Program

Texas Health Steps-Comprehensive Care Program (THSteps-CCP) is an extension of the THSteps Program. THSteps-CCP clients may receive medically necessary services that are not usually covered by Medicaid or that exceed Medicaid limits. Requests for services must be supported by documentation of medical necessity. Some services that THSteps-CCP may pay for are:

- Inpatient rehabilitation
- Private duty nursing
- Inpatient psychiatric services
- Diapers for children under 4 years of age
- Special pediatric beds or cribs
- Special car seats
- Specialized equipment not available through the home health benefit
- Orthopedic shoes
- Orthotics and prosthetics
- Durable Medical Equipment (DME)
- Dental care, including orthodontic care

These services must be prior authorized by the CCP Unit. Your child's health care provider **must** fax a request for these services to **1-512-514-4241** with supporting documentation. THSteps-CCP also pays for:

- Occupational therapy
- Physical therapy
- Speech-language pathology services

Therapy services must be prior authorized, except for therapy evaluations/re-evaluations. Therapy goals include improving, maintaining, or slowing the deterioration of function. There are no preset limits on the number of sessions that may be provided per week; however, documentation must show that the number of sessions requested is medically necessary.

If your children are having difficulty getting the health care services or check-ups they need, call THSteps at 1-877-847-8377 (toll- free). Have your Medicaid ID Number or Social Security Number available when you call. For people with hearing or speech impairments, call TDD Relay Texas at 1-800-735-2989 (toll-free).

Transportation

The Medical Transportation Program (MTP) is a free service provided to you through Medicaid when you or your children have no other way to get to appointments with Medicaid-enrolled doctors, dentists, or other health care services (including pharmacies) covered by Medicaid.

MTP offers free rides by bus, van, taxi, or airplane to appointments and back home. You can also receive a ride in a private vehicle driven by an Individual Driver Registrant (IDR).

MTP can provide free transportation only to persons who have a scheduled health care appointment or to a responsible adult who is traveling with a child who is under 15 years of age who has a scheduled health care appointment.

Adult clients may request an attendant to travel with them if there is a medical need or a need for language translation or sign language interpretation. A friend, neighbor, or relative can take you and your family to a medical appointment and be reimbursed for travel, when pre-approved.

Children under 21 years of age may qualify for money in advance for their transportation. They may also qualify for meals and lodging when they, and/or the adult responsible for them, must stay overnight at a medical facility such as a hospital.

Children under 15 years of age must travel with a responsible adult. Children ages 15-17 may travel alone, with their parent's or their guardian's written permission.

How to Get a Ride

Call at least two working days or more before you need a ride. If you are traveling out of town or a long distance, call at least five working days or more before you need a ride. If you need same or next day service, call MTP. They will try to help but cannot guarantee a ride. When you call, you must give MTP:

- The nine-digit Medicaid ID number or Social Security number of the person needing the ride.
- The address where you want to be picked up and a phone number, if any, where you can be reached.
- The name, address, and phone number of the doctor, dentist, hospital, or pharmacy where you or your children need a ride.
- The date and time of your health care appointment and any special services you will need.
- Be sure to tell them if you or your children have any special needs (for example: wheel chair access, a car seat, or if you are diabetic).

Call 1-877-MED-TRIP (1-877-633-8747 [toll-free]) between 8 a.m. and 5 p.m. Central Standard Time, Monday-Friday.

For people with hearing or speech impairments, call TDD Relay Texas at 1-800-735-2989 (toll-free).

Long-Term Services and Supports in Medicaid

The Medicaid program also offers long-term services and supports if you need help with day-to-day living activities. These services are offered either in a facility or in your home. Some of these services include:

- Community care services for older adults and persons with disabilities, including personal attendant services, meals, and day activity and health services.
- Long-term care waiver services (listed below) may not be available in all areas of the state. They provide community-based care as an alternative to institutions:
  - Community Based Alternatives (CBA) – serves adults who require nursing home level of care in the home.
  - Consolidated Waiver Program (CWP) – serves people with physical or developmental disabilities; operates only in Bexar County.
  - Community Living Assistance and Support Services (CLASS) – serves people with developmental disabilities like cerebral palsy, spina bifida, etc.
  - Home and Community Services (HCS) – serves people with mental retardation.
  - Medically Dependent Children's Program (MDCP) – serves children who require nursing home level of care in the home.
  - Deaf Blind Multiple Disabilities (DBMD) Services – serves adults who are deaf, blind and have a third disability.
- Nursing home care, including dental care.
- State schools and intermediate care facilities for persons with mental retardation, including dental care.
- Program of All-Inclusive Care for the Elderly (PACE) – serves adults age 55 and older who need nursing home level of care. This program is available in El Paso and is under development in Amarillo.

Prescription Benefits

In Medicaid, the prescription benefit is different for adults and children. For all Medicaid recipients, your doctor may need to get prescriptions pre-approved for certain drugs or medicine before you can pick them up at the pharmacy. If you are not sure if your pharmacy accepts Medicaid, ask them before you get your prescriptions filled. If you are required to participate in the Limited Program, you may be assigned one pharmacy to fill all of your prescriptions (see pages 14).

For Adults:

- Most adults are limited to three prescriptions per month. This applies to prescriptions your doctor orders for you. Adults who receive their care through a Medicaid HMO are not limited to three prescriptions a month.
- Adults get unlimited prescriptions while living in a hospital or nursing home.
- Adults enrolled in home and community-based waivers get unlimited prescriptions.
- Adults may receive unlimited prescriptions for their family planning needs.

For Children:

- Children under the age of 21 get unlimited prescriptions.

Medicaid Client Limited Program

The Limited Program helps to make sure that the care you get is coordinated and medically necessary. Coordinated care is very important to continued good health. The Limited Program looks at how you use medical services provided by Medicaid providers, clinics, and emergency rooms, as well as how you use your pharmacy benefits.

It looks to see:

- That one Medicaid primary care provider is coordinating your care and sends you to other Medicaid providers you need to see.
- That the care you get is appropriate.
- That different health care providers do not repeat the care you get.
- That you have a condition that matches the care you receive.
- That the condition you are treated for in the emergency room requires emergency room care.
- How many different drug stores you use.
- How many different health care providers you get prescriptions from.
- If you are getting prescription drugs from health care providers other than your primary care provider and from providers whom you were sent to by your primary care provider.
- If you are receiving the same type drug from more than one provider.
- If you have a condition that matches the need for the drugs you are getting.
- If the provider prescribing drugs for you is a Medicaid provider and/or if the provider is part of your Medicaid Managed Care health plan.
- If you are paying cash for your health care services and having Medicaid pay for prescriptions written by that provider.
- If another person used your Medicaid ID form.

Based on what the Limited Program finds, you may be limited to one primary care provider and/or pharmacy for 36 months or more while receiving Medicaid.

NOTE: Traditional Medicaid clients that are placed in the Limited Program may be assigned to a designated primary care provider and/or primary pharmacy. Medicaid Managed Care clients may be assigned to a designated pharmacy.

The name of your primary care provider and/or pharmacy will be on your Medicaid ID form. You must show your Medicaid ID form when you want Medicaid services.

A special message to all providers may also be printed on your Medicaid ID form, telling providers to check identification before providing services. The special message will be on your Medicaid ID form for 36 months or more while receiving Medicaid.

IMPORTANT:

- The Medicaid Limited Program looks at your use of Medicaid services including your prescription drug use.
- The Medicaid Limited Program will contact you if you are going to be placed in this program.
- The Medicaid Limited Program does not stop or reduce your Medicaid benefits.

Tips to follow if you do not want to be in the Limited Program:

- If you are in the STAR or STAR+PLUS Program, always go to the primary care provider you picked in STAR or STAR+PLUS when you need care, unless you have been referred to another physician by your primary care provider.
- If you are on traditional Medicaid, pick one primary care provider to see when you need care.
- Your primary care provider will send you to other health care providers you need to see.
- Pick one pharmacy to use all the time. When you get all of your drugs at one pharmacy, the pharmacist can make sure that the different drugs you take will not hurt you.
- Be sure your primary care provider or the providers your primary care provider sends you to are the only health care providers who give you prescriptions (with the exception of family planning providers).

If you do these things, you may lower your chances of being placed in the Limited Program.

Medicaid and Medicare are Different Programs

Some people get both Medicaid and Medicare. Medicare is a health insurance program paid for by the federal government, not by the state of Texas. If you receive both Medicaid and Medicare, show your Medicare card and your Medicaid ID form for medical visits, so your doctor will have the right billing information.

You may be receiving Medicare if any of the following apply to you:

- You are 65 years or older
- You have a disability and are under 65 years of age and receive Social Security Disability Income (SSDI)
- You have end-stage renal disease

IMPORTANT: If you have limited income and you are receiving Medicare, HHSC may assist in paying your Medicare premiums, coinsurance, and deductibles through Medicaid.

Qualified Medicare Beneficiary (QMB)

- Deductibles: Both Medicare Part A and Part B have deductibles that you must meet before Medicare pays its part of the bill. Medicaid can pay the amount applied to your deductible.
- Coinsurance: After Medicare pays, there is often a "coinsurance" amount left that is usually your responsibility to pay. If you are a Medicare client, Medicaid may pay your coinsurance if the services are a benefit of Medicare.
- Copays: Medicaid now pays for some copay expenses that you are required to pay. Your providers should bill Medicaid directly for these services.

  NOTE: Not all copayments are reimbursed by Medicaid.

Medicaid Qualified Medicare Beneficiary (MQMB)

- Deductibles: Both Medicare Part A and Part B have deductibles that you must meet before Medicare pays its part of the bill. Medicaid can pay the amount applied to your deductible.
- Coinsurance: Medicaid may pay the coinsurance amount even for services not usually covered by Medicaid if you have QMB or MQMB coverage.
- Copays: Medicaid now pays for some copay expenses that you are required to pay. Your providers should bill Medicaid directly for these services.

  NOTE: Not all copayments are reimbursed by Medicaid.
- Additional Services: If you have MQMB, there are some services that Medicaid pays for that are not covered by Medicare, like routine eye exams. Your providers should bill Medicaid directly for these services.

EXCEPTION: Medicaid will not pay for deductibles and/or coinsurance amounts for services provided in an inpatient psychiatric hospital for clients age 22-64. This does not apply to inpatient psychiatric care provided in a general hospital. Medicaid will cover coinsurance and deductible amounts of Medicare inpatient facility bills only if the Medicare payment is less than the Medicaid payment.

Medicare Prescription Drug Plans (Medicare Part D)

Prescription drug benefits are covered under Medicare. Medicaid clients that also have Medicare must enroll in one of the Medicare drug plans before they can get medicines that their doctor prescribes for them. Medicaid no longer pays for medications for clients enrolled in both Medicare and Medicaid.

For more information about Medicare, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227 [toll- free]). For people with hearing or speech impairments, call the TDD number at 1-877-486-2048 (toll-free).

Medicaid and Private Insurance

As a condition of Medicaid eligibility, you must report all other medical insurance information to the program, including prescription insurance. If your private health insurance is canceled, if you have obtained new insurance coverage, or if you have general questions regarding third party insurance you should call the Medicaid Third Party Resources (TPR) hotline so that you can update your records and answer your questions. You can call the TPR hotline at **1-800-846-7307** (toll-free).

IMPORTANT: Medicaid providers cannot refuse to see you because you have private health insurance as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your private health insurance company.

Having other insurance does not affect whether or not you qualify for Medicaid.

Medicaid Health Insurance Premium Payment Program

The Health Insurance Premium Payment Program (HIPP) is a program that enrolls Medicaid clients in a group health plan offered by the client's employer. When you have access to private health insurance through your employer or can get medical coverage for a family member through your employer, Medicaid may be able to reimburse you for the premiums deducted from your paycheck. You can call the HIPP line at **1-800-440-0493** (toll-free) for more information.

Family Planning Medicaid Services

If you want help to plan a pregnancy or prevent a pregnancy, family planning services can help you. Some of the family planning services you can get are:

- A physical exam by a doctor or a nurse practitioner
- Counseling and education about all birth control methods
- Birth control
- Pregnancy tests
- Tests for sexually transmitted diseases
- Counseling and screening for general good health

You can go to a doctor or nurse who takes part in the Medicaid program for family planning services or you can go to a clinic that provides family planning services.

If you have trouble finding a family planning clinic near you, call the Texas Department of State Health Services Family Health Information and Referral Line at 1-800-422-2956 (toll-free) or call the Texas Department of State Health Services Family Planning Division at 1-512-458-7796.

Urgent and Emergency Care

Urgent Care

What is *Urgent Care?* A medical need is *Urgent* if you or your child need to see a doctor soon, *but* the condition is not life-threatening.

Some examples of *Urgent* medical needs are:

- Earache
- Low-grade fever
- Cold, cough, sore throat, flu
- Backache
- Broken cast
- Stitches needing to be taken out
- Severe toothache

What Do I Do when My Child or I Has an Urgent Medical Need?

1) Call your health care provider or your child's health care provider. Tell the staff what symptoms you or your child has and that you or your child needs urgent care. Ask them for an appointment as soon as possible. If the primary care provider decides that you or your child needs immediate attention, you will be referred to a hospital. Even if it is after hours or on a weekend, call your health care provider or your child's health care provider's office. Someone should answer the phone.

   OR

2) Call the Nurse Hotline at your or your child's health plan if you are in Medicaid Managed Care. The number is in your or your child's health plan's member handbook. Ask for the nurse. Tell the nurse you or your child has an urgent medical need. The nurse will give you advice on what to do.

Emergency Care

What is *Emergency Care?* A medical need is an *Emergency* if you think you or your child's condition is life-threatening; if you or your child has serious pain; or if serious harm could come to you or your child without immediate medical attention. Some examples of emergency medical needs are:

- Bad chest pains
- Unable to breathe
- Choking
- A seizure
- Poisoning or a drug overdose
- A broken bone
- Severe bleeding
- Physical attack (raped, stabbed, shot, beaten)
- Labor and delivery
- Serious injury to the arm, leg, hand, foot, mouth, or head
- Severe burn
- Severe allergic reaction
- An animal bite
- Uncontrollable behavior that without treatment is dangerous to self or others
- Infant with a fever

Go to the nearest hospital if you think you have any of these problems. You may call **9-1-1** for assistance in getting to the hospital emergency room.

REMEMBER: If you are in Medicaid Managed Care your health plan has a nurse hotline staffed by nurses who are available 24 hours a day, 7 days a week to help you. Call them to get help.

Your Medicaid Rights

Use your rights and put your needs first to get the services you need:

- The right to make your own decisions about your health care.
- The right to be treated with respect and dignity by your health care providers.
- The right to receive dental services that meet or exceed the standards of care established by the laws relating to the practice of dentistry and the rules and regulations of the Texas State Board of Dental Examiners.
- The right to receive information following a dental examination regarding the dental diagnosis; scope of proposed treatment, including alternatives and risks; anticipated results; and the need for administration of sedation or anesthesia, including risks.
- The right to full participation in the development of the treatment plan and the process of giving informed consent.
- The right to a second opinion when you have a concern about your provider's recommendation.
- The right to freedom from physical, mental, emotional, sexual, or verbal abuse or harm from the provider or his/her staff.
- The right to freedom from overly aggressive treatment in excess of that required to address documented medical necessity.
- The right to receive information about your medical care and copies of your medical records.
- The right to keep your health care needs and information private and expect providers to keep information private.
- The right to have reasonable accommodations for easy access into your provider's office or facility if you have a physical disability.
- The right to a language or sign interpreter when you apply for Medicaid, visit your doctor, or other health care provider. If you need an interpreter when you apply for Medicaid, call your local HHSC caseworker before your appointment. If you need an interpreter when you visit your health care provider, call your provider before your appointment, so that they can get an interpreter for you.
- The right to select and receive services from any Medicaid-enrolled family planning provider or change providers.
- The right to receive emergency care from the emergency room nearest you.
- The right to be free from discrimination based on disability, race, or national origin.
- The right to complain, to get your complaint heard, and to get the problem fixed.
- The right to a Medicaid Fair Hearing if you are denied Medicaid or if a service requiring prior authorization is denied or modified. You can bring a friend, family member, advocate, or attorney to help you with your appeal.

REMEMBER: For assistance with your rights, call the Medicaid Hotline at **1-800-252-8263** (toll-free). For TDD you may call **1-800-735-2989** (toll-free).

Things You Should Do

- When applying for Medicaid, provide accurate information in the application, during interviews, and at renewal regarding all income and resources of all family members applying for Medicaid. Failure to provide accurate information could result in prosecution or repayment to the state or federal government for any benefits issued incorrectly.
- Report all changes in your family member's income, resources, and addresses, as well as those living with you, within ten working days of the date you move.
- Prevent others from using your Medicaid Identification (ID) form, as well as your family members forms. Allowing someone else to use your family's Medicaid ID forms could result in prosecution or repayment to the state or federal government for any benefits issued incorrectly.
- Report a client (a person who receives benefits) or heath care provider (doctor, dentist, or counselor) you suspect has committed waste, abuse, or fraud (see page 36).

II. Medicaid Managed Care

This section describes the various Medicaid Managed Care programs and their benefits.

What is Medicaid Managed Care?

The Texas Medicaid Managed Care program is a health care delivery system that provides you and your family with Medicaid services, but in a different way.

The different Medicaid Managed Care Programs are:

- The State of Texas Access Reform (STAR) Program - for more information, go to page 20.
- Primary Care Case Management (PCCM) - for more information go to page 23.
- The NorthSTAR Program - for more information go to page 25.
- The STAR+PLUS Program - for more information go to page 26.

STAR Program Services

In the STAR Program you are enrolled in a health maintenance organization (HMO). An HMO is an organization that provides health services to its members. It is also called a health plan.

As a STAR client you:

- Get regular Texas Medicaid services and benefits.
- Choose a health care provider, called your primary care provider.
- Get referrals to a specialist, if needed.
- May be assigned to use one pharmacy where you will obtain all of your prescriptions (see page 14).
- May be offered "value-added" services (such as well checks for adults), in addition to regular Medicaid benefits. Before you enroll, find out what value-added services the health plans offer. This may help you select the health plan best for you.
- Get a health plan ID card and a client handbook that explains your benefits.

Who Has to Be in the STAR Program?

You may choose to enroll in the STAR Program or choose to stay in regular Medicaid if:

- You are receiving Supplemental Security Income (SSI).

  EXCEPTIONS: Persons who live in a STAR+PLUS Service Delivery Area (see page 26) and receive SSI must participate in the STAR+PLUS Program.

You **or your child may be** enrolled in the STAR Program if you live in a STAR Service Delivery Area, and you receive Medicaid because any of the following applies to you:

- You receive cash assistance (TANF).
- You are pregnant.
- You or your children have limited income.

You or your child will not be enrolled in STAR if:

- You are receiving Medicare.
- Your child is in foster care.
- You live in a long term care facility (i.e., nursing home or group home).
- You are enrolled in the Medically Needy Program (see page 9).

IMPORTANT: Even though you will be getting services through the STAR Program, you are still on Medicaid. Keep your Medicaid ID form and show it when you have a health care appointment.

How to Choose and Enroll in a Health Plan

Clients must choose a STAR health plan. To do so, follow these steps:

1) Review the enrollment packet of information you received in the mail. This will give you information about each of the health plans in your area and instructions on how to enroll.
2) Look for the blue sheet in your packet. It provides phone numbers for each plan and a list of their 'value-added' services.
3) Look at the provider directories for each plan. Find the doctors and/or hospitals that you want to use. If your doctor or hospital is not listed, call the Enrollment Helpline at **1-800-964-2777** (toll-free).
4) Choose a health care provider from the list of primary care providers in the provider directory furnished by the health plan.
5) Enroll in the STAR Program. There are four ways to enroll:
   a) Mail the enrollment form in the envelope provided
   b) Call the Enrollment Helpline
   c) Attend an enrollment event
   d) Meet with an outreach counselor at a local HHSC office
6) Make sure you choose a health plan and health care provider that is right for you and your family. If you do not choose a doctor and health plan, one will be chosen for you.

Once you have chosen and enrolled in a health plan, you will receive a client handbook from your health plan. This handbook will provide you with information about basic covered services offered by your health plan and other information on how to get services.

If you have selected a plan that offers its clients an ID card, you will receive the ID card with your handbook. Be sure to take both your ID card and your Medicaid ID form to doctor, pharmacy, and hospital visits.

If you do not receive your health plan member ID card and member handbook, call the member services department of your health plan and ask for this information

IMPORTANT: Remember to keep the provider directory from the enrollment packet of the health plan you choose along with your other important papers.

To find out about the managed care program or health plans available in your area, call the Enrollment Helpline at 1-800-964-2777 (toll-free). Have your Medicaid ID number or Social Security number ready when you call. For persons with hearing or speech impairments, call the TDD number at 1-800-267-5008 (toll-free).

Commonly Asked Questions about the STAR Program

Where is the STAR Program?
You will find the STAR Program in these areas:

- **El Paso** (El Paso County)
- **Lubbock** (Lubbock, Lamb, Hale, Floyd, Crosby, Garza, Lynn, Terry, Hockley Counties)
- **San Antonio** (Atascosa, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson, Counties)
- **Dallas** (Dallas, Ellis, Kaufman, Rockwall, Hunt, Collin, Navarro Counties)
- **Houston** (Harris, Fort Bend, Montgomery, Waller, Brazoria, Galveston Counties)
- **Fort Worth** (Tarrant, Wise, Denton, Parker, Hood, Johnson Counties)
- **Austin** (Travis, Burnet, Hays, Caldwell, Bastrop, Lee, Williamson Counties)
- **Nueces** (Aransas, Bee, Calhoun, Jim Wells, Kleberg, Nueces, Refugio, San Patricio, Victoria Counties)

How do I change my primary care provider?
You can change your primary care provider up to four times a year. Call your health plan and tell them you want to change your primary care provider.

How do I change my health plan?
While frequent plan changes are not encouraged, you can change your managed care health plan when you need to, as often as every 30 days. Call the Enrollment Helpline at **1-800-964-2777** (toll-free) to make health plan changes. It may take 30-45 days to change your health plan.

Where do my children receive their dental services?
If your child is on Medicaid and under 21 years of age, she/he is also in the THSteps Program. The THSteps Program includes dental services for children. You can take your child to any Medicaid dentist. To find a dental provider in your area, call THSteps at **1-877-847-8377** (toll-free). Sometimes health plans offer "value-added" dental services for adults. Call your health plan for more information on these services.

What if I move out of a STAR Medicaid Managed Care area?
Call your local HHSC Office and your health plan, and let them know if you move or change your phone number. Your health plan must continue to provide your health care until your Medicaid case is transferred to your new address. If you are on

SSI, let the Social Security Administration (SSA) know if you move or change your phone number. Call **1-800-772-1213** (toll-free) for an SSA office nearest you.

Are there any services in STAR that do not require a referral?
Yes, there are some services that do not require a referral from your primary care provider. These services are:

- Family planning
- Obstetrician or gynecology (OB/GYN) services
- THSteps medical check-ups or immunizations
- Emergency care
- Behavioral health (mental health, drug, and/or alcohol dependency) services

NOTE: For OB/GYN, behavioral health-mental health, drug, and/or alcohol dependency services, you must choose providers in your health plan's network.

How do I get a referral for specialty care?
You must get a referral for a specialist from your primary care provider.

What if my children or I need transportation to a health care appointment?
Call the Medical Transportation Program (see page 12) at **1-877-633-8747** (toll-free).

What if I am pregnant?
If you need help selecting a health plan that includes your current prenatal provider call the Enrollment Helpline at **1-800-964-2777** (toll-free).

What should I do if I receive medical bills?
In most cases, you should not be receiving medical bills. If you are enrolled with a health plan, call the toll-free phone number listed on the back of you Medicaid ID form, or in your health plan's member handbook.

What if I Have Problems with My Health Plan?
You may occasionally have problems with your health plan. Discuss your problem with your primary care provider. He or she may be able to help you get what you need. If your primary care provider cannot help you, contact the member or customer services department at your health plan. Explain the problem and ask for help. If your problem is not fixed, file a complaint with your health plan. Your member handbook should tell you how to file a complaint. If you have tried these steps and are still having problems getting the medical services you need, call the Medicaid Hotline at **1-800-252-8263** (toll free), or call the DANSA Ombudsman at **1-877-653-6363** (toll-free) if you are enrolled in NorthSTAR. They can help you if you are not sure what your next step should be. Although it is recommended that you appeal to the health plan first, you may request a Medicaid Fair Hearing with HHSC instead of, or in addition to your appeal with the health plan. (See page 34 for more information.)

For STAR areas, if you need more information, or have not received an enrollment packet, call the Enrollment Helpline at 1-800-964-2777 (toll-free). The staff is trained to help you in selecting a health plan and your primary care provider. For persons with hearing or speech impairments, call the TDD number at 1-800-267-5008 (toll-free). For general questions, problems, or concerns about Medicaid Managed Care or the STAR Program, call STARLink at 1-866-566-8989. For persons with hearing or speech impairments, call the TDD number at 1-866-222-4306 (toll-free).

PCCM Program Services

The Primary Care Case Management (PCCM) Program is a group of doctors, nurses, clinics, health centers, and hospitals that provide care for you and your family. PCCM is not a health maintenance organization (HMO).

As a PCCM client you:

- Get regular Texas Medicaid services and benefits.
- Choose a health care provider, called your primary care provider.
- Get your medicine from any pharmacy that takes Medicaid.
- Get referrals to a specialist, if needed.
- Get reminders about your children's check-ups and shots.
- Can call and talk with a nurse about your health problems anytime. The nurse helpline at **1-800-304-5468** (toll-free) is available 24 hours a day, 7 days a week, 365 days a year.
- Get a handbook that explains your benefits.

Who Has to Enroll in PCCM?

If you live in a PCCM Expansion area, PCCM is the only choice available.

You must enroll in PCCM if you receive Medicaid and if any of the following applies to you:

- You receive cash assistance (TANF)
- You are pregnant
- You or your children have limited income
- You are age 21 or older and receive Supplemental Security Income (SSI) benefits

Clients under age 21 who receive SSI benefits may choose to enroll in PCCM or stay in traditional Medicaid.

You cannot enroll in PCCM if you:

- Receive Medicare
- Are in a foster home
- Live in a long term care facility (nursing home or group home)
- Are enrolled in the Medically Needy Program (see page 9)

IMPORTANT: Even though you will be getting services through the PCCM Program, you are still on Medicaid. Keep your Medicaid ID form and show it when you have a health care appointment.

How to Enroll in PCCM and Change Primary Care Providers

Clients who live in a PCCM Expansion county are automatically enrolled in PCCM and given a primary care provider when approved for Medicaid.

To change your primary care provider, follow these simple steps:

- Look at the PCCM Primary Care Provider and Hospital List
- Look at the provider list to see what languages the primary care providers' speak
- Look at the primary care providers' addresses to find one close to you
- Pick the primary care provider that best meets your needs
- Call the PCCM Client Helpline at **1-888-302-6688** for assistance in changing your primary care provider, or
- Complete and mail a Primary Care Provider Selection Form (available on the TMHP website at www.tmhp.com/PCCMClients) to:

  TMHP
  PO Box 202978
  Austin, TX 78720-0978

- Your primary care provider's office may have the form available. Ask your primary care provider next time you are in the office. If your primary care provider's office does not have the forms available, you can go to the website.

If you need a PCCM Primary Care Provider and Hospital List, or need help picking a primary care provider call PCCM at 1-888-302-6688 (toll-free).

Commonly Asked Questions about the PCCM Program

What is a Primary Care Provider?
Your primary care provider is where you will get most of your medical care. Your primary care provider could be a:

- Family practice doctor
- Pediatrician (children's doctor)
- Internal medicine doctor
- OB/GYN (doctor for women's health)
- Clinic
- Specially-trained nurse

What if I need to see a specialist or go to the hospital?
Your primary care provider refers you to specialists when you need them. Your primary care provider will coordinate most of your medical care needs, admit you to the hospital, and help you find special care (such as an obstetrician, pediatrician, or other specialist for your or your children's special health needs). For certain services, you are free to choose from any Medicaid provider without asking your primary care provider first. Examples include:

- 24-hour emergency care from an emergency room
- THSteps medical check-ups
- Immunizations
- OB/GYN (doctor for women's health services)
- Family planning services and supplies
- Behavioral health (mental health and substance abuse services)

Can I change my Primary Care Provider?
Yes, you may change your primary care provider. You have a choice in PCCM. Choose the primary care provider you want from the *Primary Care Provider and Hospital List*. The doctor or clinic listed on your Medicaid ID Form does not need to give you an okay for you to change.

If you change your primary care provider:

- You will not lose your Medicaid
- Your Medicaid benefits will not change

You can change your primary care provider up to four times a year.

What do I do to change my primary care provider?
You can ask for a change by calling the PCCM Client Helpline at **1-888-302-6688**. You can also ask for a change by completing and mailing a Primary Care Provider Selection Form to:

TMHP
PO Box 202978
Austin, TX 78720-0978

What are my Medicaid services in PCCM?
You get all the regular Medicaid services. With PCCM, you have a primary care provider who makes sure you get the Medicaid services you need. Adults 21 years of age and older who are limited to three prescription medicines a month can ask their doctor for a longer supply of the medicine. This can help you get other medicines you need next month. If a fourth medicine is needed in any month, ask your doctor about affordable generic prescriptions. Children have no limits on necessary prescriptions.

Will I still get my Medicaid Identification Form (Form H3087)?
Yes, you will still get your Medicaid Identification Form. Carry your Medicaid Identification Form with you at all times. The Health and Human Services Commission sends you a Medicaid ID Form each month to show that you have Medicaid. This form lists the name of your primary care provider and tells the providers that you are a part of PCCM. It also tells providers about you and the services that you can get each month.

If you need help with PCCM services or benefits, refer to your PCCM handbook or call the PCCM Client Helpline at 1-888-302-6688 (toll-free) for more information. The helpline is available 7 a.m. to 7 p.m., Central Time, Monday through Friday. If you have questions regarding your health problems, call the nurse helpline at 1-888-304-5468 (toll-free). The nurse helpline is available 24 hours a day, 7 days a week. For persons with hearing or speech impairments, call the TDD number at 1-888-735-2989 (toll-free).

NorthSTAR Services

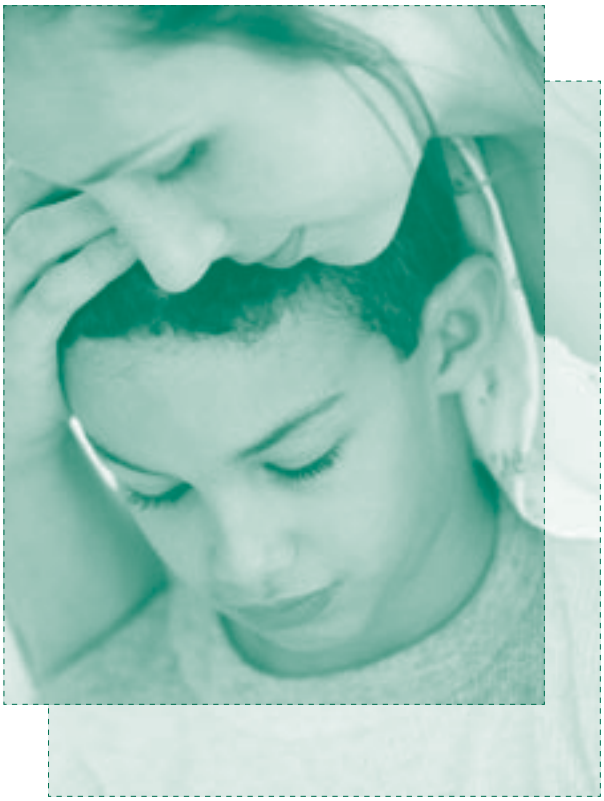
NorthSTAR is for most people on Medicaid and people with low income needing services for mental health and/or substance abuse, called behavioral health services. Copayments may be required for certain services (for non-Medicaid clients).

NorthSTAR is required for most Medicaid clients in Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties who live in the community and who are not permanent residents of an institution.

As a NorthSTAR client you:

- Get services from a special organization called a behavioral health organization (BHO).
- Get needed behavioral health services even if you lose Medicaid and you meet financial eligibility requirements.
- Get special help through an ombudsman who works with you if you have problems accessing services.

If you are enrolled in NorthSTAR, you need to get non-emergency services from a NorthSTAR network provider. The BHO can tell you which providers are in the network and who can best serve you.



Services in NorthSTAR include:

- Assessment and Treatment Planning
- Psychiatric Services
- Crisis Stabilization
- Medication Monitoring
- Case Management
- Inpatient Hospitalization
- Outpatient Rehabilitation
- Psychology Services
- Day Treatment
- Community Skills Training
- Medications/New Generation Medications
- Employment/Supported Employment
- Respite Services
- Supported Housing
- Outpatient and Residential Substance Abuse Services

IMPORTANT: Remember your physical health needs will be provided by a STAR or regular Medicaid provider.

For more information about NorthSTAR or to obtain NorthSTAR services, call the NorthSTAR BHO, Value Options at 1-888-800-6799 (toll-free). Persons with hearing or speech impairments may call 1-888-800-6792 (toll-free). If you experience difficulty accessing services or have other questions, please call the Dallas Area NorthSTAR Authority (DANSA) Ombudsman at 1-877-653-6363 (toll-free). For persons with hearing or speech impairments, call TDD Relay Texas at 1-800-735-2989 (toll-free).

STAR+PLUS Services

STAR+PLUS:

- Is a Texas Medicaid managed care program for people who have disabilities or who are elderly (over age 65). This means you will choose an HMO, also called a health plan, to get your Medicaid services.
- Provides long-term services and supports in your home, such as help with daily activities, home modifications, and personal assistance services.
- Enrollment is required for most adults who get supplemental security income (SSI). Children with SSI may choose to enroll in STAR+PLUS or may remain in traditional Medicaid.
- Does not include residents of nursing facilities.
- Includes service coordination, which provides a person or team to work with you, your doctor, and your health plan to get all of the services you need.

STAR+PLUS and Medicare:

- Enrollment in Medicare does not affect eligibility for STAR+PLUS.
- STAR+PLUS does not affect the way you receive Medicare services.
- People who qualify for both Medicare and Medicaid (also known as "dual eligibles") and participate in STAR+PLUS will continue to see their Medicare doctor.
- STAR+PLUS is like a long-term care insurance policy. If you ever need long-term services and supports, you will get them through your Medicaid STAR+PLUS health plan.

Service Coordination – the Major Feature of STAR+PLUS

- In STAR+PLUS, you will be assigned a service coordinator to help you get the health care services you need.
- Service coordination provides a person or team who works with health plan members, family members, and providers to develop a plan of care that identifies the needs of the member. They will make sure the member receives the appropriate health, long-term, and other community support services.
- The service coordinator makes sure that members' services are as flexible as possible to meet their needs.

Who are Service Coordinators?

Service coordinators help STAR+PLUS members, and offer:

- Knowledge of Medicaid, Medicare, and other community services.
- Experience working with persons with disabilities and elderly citizens.

Where is STAR+PLUS?

Through December 31, 2006, STAR+PLUS is only available to residents of Harris County. As of January 1, 2007, if you live in any of the following areas, you may qualify for STAR+PLUS.

- **Austin** (Bastrop, Burnet, Caldwell, Hays, Lee, Travis, and Williamson Counties)
- **Houston** (Brazoria, Fort Bend, Galveston, Harris, Montgomery, and Waller Counties)
- **San Antonio** (Atascosa, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson Counties)
- **Nueces** (Aransas, Bee, Calhoun, Jim Wells, Kleberg, Nueces, Refugio, San Patricio, and Victoria Counties)

For STAR+PLUS areas, if you need more information or have not received an enrollment packet, call the STAR Helpline at 1-800-964-2777 (toll-free). The staff is trained to help you in selecting a health plan. For persons with hearing and speech impairments, call the TDD number at 1-800-267-5088 (toll-free)

If you have problems with your Managed Care health plan, please contact the Customer Service department of that health plan. If you are not satisfied with their response to your problem, call the Medicaid Hotline at 1-800-252-8263 (toll-free). For NorthSTAR call the DANSA Ombudsman at 1-877-653-6363 (toll-free). For persons with hearing or speech impairments, call the TDD number at 1-866-222-4306 (toll-free). Have your Medicaid ID number or Social Security number ready when you call!

For general questions, problems, or concerns about Medicaid Managed Care or the STAR+PLUS Program, call STARLink at 1-866-566-8989. For persons with hearing or speech impairments, call the TDD number at 1-866-222-4306 (toll-free).

Your Medicaid Managed Care Responsibilities

A responsibility is something you need to do. Your responsibilities include learning about the plan, following the rules, telling your doctor your information, and making decisions about your health care. Below is a list of your responsibilities.

You have the responsibility to:

- Learn and understand each right you have under the Medicaid program. That includes the responsibility to:
  - Learn and understand your rights under the Medicaid program.
  - Ask questions if you do not understand your rights.
  - Learn what choices of health plans are available in your area.
- Follow the health plan and Medicaid policies and procedures. That includes the responsibility to:
  - Learn and follow your health plan rules and Medicaid rules.
  - Choose your health plan and a primary care provider quickly.
  - Make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan.
  - Keep your scheduled appointments.
  - Cancel appointments in advance when you cannot keep them.
  - Always contact your primary care provider first for non-emergency medical needs.
  - Be sure you have approval from your primary care provider before going to a specialist.
  - Understand when you should and should not go to the emergency room.
- Share information relating to your health status with your primary care provider and get informed about service and treatment options. That includes the responsibility to:
  - Tell your primary care provider about your health.
  - Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
  - Help your providers get your medical records.
- Actively participate in decisions relating to service and treatment options, make personal choices, and take action to maintain your health. That includes the responsibility to:
  - Work as a team with your provider in deciding what health care is best for you.
  - Understand how the things you do can affect your health.
  - Do the best you can to stay healthy.
  - Treat providers and staff with respect.

Your Medicaid Managed Care Rights

In addition to your Medicaid rights (page 18), you have additional rights in Medicaid Managed Care. Make sure you know your rights!

You have the right to:

- Change your primary care provider up to four times per year.
- Change your managed care health plan when you need to—as often as every 30 days. Please note that it may take 30-45 days to change your health plan.

You also have the right to:

- Respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:
  - Be treated fairly and with respect.
  - Know that your medical records and discussions with your providers will be kept private and confidential.
- A reasonable opportunity to choose a health care plan and primary care provider (the doctor or health care provider you will see most of the time and who will coordinate your care) and to change to another plan or provider in a reasonably easy manner. That includes the right to:
  - Be informed of how to choose and change health plans and primary care providers.
  - Choose any health plan that is available in your area and choose a primary care provider from that plan.
  - Change your primary care provider.
  - Change your health plans without penalty.
  - Be educated about how to change your health plan or your primary care provider.
- Ask questions and get answers about anything you don't understand. That includes the right to:
  - Have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated.
  - Be told why care or services were denied and not given.
- Consent to or refuse treatment and actively participate in treatment decisions. That includes the right to:
  - Work as part of a team with your provider in deciding what health care is best for you.
  - Say "yes" or "no" to the care recommended by your provider.
- Utilize the available complaint processes through the managed care organization and through Medicaid, receive a timely response to complaints and receive a fair hearing. That includes the right to:
  - Make a complaint to your health plan or to the state Medicaid program about your health care, provider, or health plan.
  - Get a timely answer to your complaint.
  - Request a fair hearing from the state Medicaid program about your complaint.
- Timely access to care that does not have any communication or physical access barriers. That includes the right to:
  - Have telephone access to a medical professional 24 hours a day, 7 days a week in order to obtain any needed emergency or urgent care.
  - Get medical care in a timely manner.
  - Be able to get in and out of a health care provider's office, including barrier free access for persons with disabilities or other conditions limiting mobility, in accordance with the Americans with Disabilities Act.
  - Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, assist with a disability, or help you understand the information.
  - Be given an explanation you can understand about your health plan rules, including the health care services you can get and how to get them.
- Not be restrained or secluded when doing so is for someone else's convenience, or is meant to force you to do something you don't want to do or to punish you.

You also have more rights under other federal laws:

- **Physical access** – If you have a disability, you have the right to be able to enter and use new buildings, buildings paid with government funding, or buildings meant to serve the public (for example: doctors' offices).
- **Communication** – You have the right to have information made available to you in Braille, audio cassette, or other formats if you have a disability. You have the right to have an interpreter no matter what language you speak, including sign language. If you need an interpreter, call your health care provider. Ask your provider to call your health plan for assistance with interpreters.
- **Enrollment Without Discrimination** – You have the right to be free from discrimination based on your health status, disability, or ethnicity when you enroll in a health plan.
- **Emergency Care** – You have the right to access emergency services, if needed. If a sensible person who is not a medical expert thinks that they (or another individual) may be harmed if not treated right away, or death may result, then they have the right to receive emergency care. See page 16 for more emergency care information.
- **Continuity of Care** – You have the right to continue to see your doctor and/or specialist for at least 90 days when: (1) you enroll in a health plan in the middle of treatment for a sudden short-term illness or condition; (2) your doctor or specialist leaves your health plan and you are a person with a disability or chronic condition, in the middle of treatment for a sudden short-term illness or condition; or (3) you are pregnant past the 24th week of pregnancy.
- **Freedom of Information** – You have the right to full information about your health care needs from your health plan and health providers.
- **Complaints** – You have the right to complain to the health plan if you are not receiving the right services or have a problem with any part of the health plan. The health plan is required to educate you about their complaint process, take your complaint, log and report your complaint to the state, and resolve your problem when possible.
- **Appeals of Adverse Actions** – The health plan is required to notify you in writing of any adverse action (denial, termination, suspension, or reduction of a Medicaid service). You have the right to ask the health plan for a formal appeal of an adverse action. You also have the right to request a Medicaid Fair Hearing of the health plan's adverse action through HHSC.
- **Legal Recourse** – You have the right to sue your health plan for medical malpractice if you believe you were harmed because medically necessary services were not given to you.

III. CHIP and Children's Medicaid

This section describes the Children's Health Insurance Program (CHIP) and Children's Medicaid.

About CHIP and Children's Medicaid

Texas families with uninsured children may be eligible for health insurance through CHIP (Children's Health Insurance Program) or Children's Medicaid. Both programs provide a wide range of benefits, including regular check-ups and dental care to keep kids healthy.

Any adult who lives with an uninsured child and provides care for that child can apply. This includes parents, step-parents, grandparents, other relatives, legal guardians, or adult brothers or sisters.

To qualify for CHIP or Children's Medicaid, a child must be under age 19, a Texas resident, and a U.S. citizen or legal permanent resident. The citizenship or immigration status of the parents does not affect the children's eligibility and is not reported on the application form.

A family's size, income, and assets determine whether the children qualify for CHIP or Children's Medicaid.

CHIP is health insurance designed for families who earn too much money to qualify for Medicaid, yet cannot afford to buy private health insurance. CHIP enrollment fees and co-payments are based on the number of people in the family and the family's income and assets. Enrollment fees do not exceed $50 for each six-month term of eligibility and most co-payments for doctor visits and prescription drugs range from $3 to $10.

Children's Medicaid is health insurance provided at no cost to the children of families who qualify. Coverage begins as soon as the application is approved. To qualify for Children's Medicaid, the child must be living in a family with assets below established levels. Assets do not include the family's home or personal property. In determining income eligibility, deductions for work-related expenses and dependent care expenses are allowed.

NOTE: Other Non-U.S. Citizens Who May Qualify for CHIP: A refugee; asylee; person granted withholding of deportation/removal; Amerasian immigrant; Cuban/Haitian immigrant, or a qualified immigrant who physically entered the U.S. before August 22, 1996, or who physically entered the U.S. on or after August 22, 1996, and has been in a "qualified" immigrant status for at least five years or a victim of trafficking.

IMPORTANT: CHIP will not share any information that you provide with the Bureau of Citizenship and Immigration Services (BCIS), previously called the Immigration and Naturalization Service (INS). The BCIS cannot use the application or the enrollment of your children in CHIP to deny you admission to the U.S., to harm your permanent residence status, or to deport you.

How to Apply for CHIP or Children's Medicaid

You can apply for CHIP or Children's Medicaid over the phone, by mail, or by fax. You can get a CHIP/Children's Medicaid application by going to www.chipmedicaid.org, or by calling **1-877-KIDS-NOW** (1-877-543-7669). An application and instructions on how to fill it out will be mailed to you along with a postage-paid return envelope.

Call toll-free **1-877-543-7669** (1-877-KIDS-NOW) Monday through Friday between 8 a.m. and 8 p.m., Central Time (except federal holidays). People who speak English, Spanish, and other languages are available to help. If you have a speech and hearing impairment, please call **1-800-735-2988** (Relay Texas). We can start your application over the phone and send it to you for your signature. All you have to do is sign it and mail it back with copies of your information. It's that easy.

Mail your completed application and copies of required information to:

Texas Health and Human Services Commission (HHSC)
PO Box 14200
Midland, TX 79711-9901

You can fax your completed and signed application and required information to our toll-free fax number, **1-877-542-5951**.

For more help call 1-877-KIDS-NOW (1-877-543-7669) for the name and phone number of an organization in your area where you can get free help filling out your application.

How to Enroll in CHIP

HHSC will send an enrollment packet to you if your children qualify for CHIP.

NOTE: Some families will have to pay an enrollment fee.

You will then have to:

- Select a health plan and a primary care provider for your child. If you are asked to select a primary care provider for your child and you do not do so, your child's health plan will select your child's primary care provider for you.
- Mail back your signed enrollment form to:

  HHSC
  PO Box 14400
  Midland, TX 79711-9904

- Mail in your enrollment fee, if required, to:

  CHIP
  PO Box 660287
  Dallas, Texas 75266-9792

- Pay a copayment between $3 and $10 per office visit or between $3 and $20 per prescription, depending on your income and whether the prescription is written for a generic or name brand drug. Some families will not have to pay a copay for office visits and generic drugs depending on their income.

How to Renew CHIP Coverage

It's important to renew your CHIP/Children's Medicaid coverage every six months to prevent a lapse in coverage. If you do not renew and you let your coverage expire, if you apply again your family may be subject to the 90-day waiting period.

In your fourth month of coverage you will be mailed a renewal packet that contains an application with some of your information already filled in.

Update information as needed. Make sure to:

- Fill in all the questions that have been left blank.
- Send in copies of at least one paycheck stub or other papers showing each family member's income and expenses.
- Sign and date the application then send it in using the postage-paid return address envelope.

Missing information or documents may cause a delay in processing your application.

Call 1-877-KIDS-NOW (1-877-543-7669) to get help renewing your coverage.

CHIP and Children's Medicaid Benefits

When you enroll you children in CHIP or Children's Medicaid, your children will receive a wide range of benefits including:

- Choice of doctors
- Regular check-ups and office visits
- Prescription drugs and medical supplies
- Dentist visits, cleanings and fillings
- Access to medical specialists
- Shots and immunizations
- Hospital care and services
- X-rays and lab tests
- Mental health care
- Coverage for special health needs
- Coverage for pre-existing conditions
- Eye exams and glasses

What to Do if You are Not Satisfied with CHIP Decisions

1) If you are denied CHIP, disenrolled from CHIP, or your copayment increases:

You have 30 working days from the date HHSC notified you to send an appeal to CHIP. Send a letter to:

CHIP
PO Box 14400
Midland, TX 79711-9904

HHSC will review your account and respond to you in writing within 10 working days from the date it received your letter.

2) If you disagree with HHSC's response to your appeal:

You have 15 working days from the date of HHSC's letter to appeal the decision to the Texas Health and Human Services Commission (HHSC). Your letter will give you steps to follow.

HHSC requires 15 business days from the receipt date to review and notify you of their decision in writing.

Commonly Asked Questions About CHIP

Is there a waiting period before children start receiving CHIP benefits?

Most children will have to wait three months before they can use CHIP benefits. Families who complete the renewal process on time and remain eligible for CHIP will not have to wait three months. The exceptions to the enrollment waiting period are children:

- Who lost insurance coverage because:
  - Their parent's employment was terminated due to a layoff, reduction in force, or the closure of a business.
  - Their insurance benefits under the *Consolidated Omnibus Budget Reconciliation Act* (COBRA) of 1985 were terminated.
  - Their parents' marital status has changed.
  - They are no longer covered by insurance provided by the Texas Employees Retirement System (ERS) or CHIP in another state.
- Whose previous health insurance coverage cost more than 10 percent of the family's gross income.
- Who no longer qualify for Medicaid but qualify for CHIP, as determined by the Texas Health and Human Services Commission.
- Who are added to a family with other children already enrolled in CHIP, including newborns.
- Who are disenrolled from CHIP for failure to renew, but who successfully complete their renewal by the deadline for processing renewals in the month after their sixth month of coverage.

How long should I expect to wait to receive my enrollment packet?

HHSC will mail you an enrollment packet one month before your child's coverage begins.

How do I pick a health plan and doctor in CHIP?

You will write your first and second health plan choice on your enrollment form. If you do not select a primary care provider for your child, your health plan will select one for you. If you live in an urban area, you will pick a health maintenance organization (HMO) and a doctor that is a provider in the HMO network. If you live in a rural area, your child will be enrolled in an exclusive provider organization (EPO) and can see any doctor in their network. Your enrollment packet will give you the information that you need to help make your choice.

What happens if I don't select a health plan?

If you don't select a health plan, your child will not be enrolled in CHIP and cannot receive services. Unlike Medicaid, a health plan will not be selected for your child.

How do I get more information if I do not speak English?

Call CHIP at **1-800-647-6558** (toll-free). The staff is well trained and able to provide translation services for all languages.

Does CHIP have an assets test like Medicaid?

Yes. Families with higher incomes will have to pass an assets test for their children to qualify for CHIP. New applicants and renewing families with higher incomes may be asked for additional information about their assets.

There is a $5,000 limit in assets (cash value of bank accounts, stocks, bonds, saving certificates, cash on hand) combined with excess vehicle value. Some vehicles are exempt.

IV. Fair Hearings

This section describes the Fair Hearing Process.

Requesting a State Medicaid Fair Hearing

You have the right to ask for a fair hearing when a state action is taken to deny, reduce, suspend, or terminate a service. You or someone you ask to help you can request a fair hearing from your local HHSC office when:

- You are told you don't qualify for Medicaid services.
- You apply for Medicaid services and your request is not acted upon promptly.
- You are told your Medicaid services have been suspended or stopped.
- You are told your Medicaid services have been reduced.

Here are some examples of when you might request a fair hearing:

- You get a letter that says you are not eligible for Medicaid.
- You or your doctor get a letter denying a prior authorized service.
- You get a letter that says a service was denied because it is not "medically necessary," but you or your doctor think you need the service.

What is a Fair Hearing?

A fair hearing is an informal, orderly, and readily available proceeding held before an impartial HHSC hearing officer. At the hearing, an appellant or representative, including legal counsel, may present the case as he wishes to show that any action, inaction, or agency policy affecting the case should be corrected. The decision by the hearing officer is final and binding on the agency. The appellant will receive the final written decision.

- You have 90 days from the date on the notification letter to request a fair hearing. If you do not request a hearing within 90 days, you will lose your right to a hearing.
- If you are in a STAR or STAR+PLUS Medicaid Managed Care health plan, you can file an appeal with your health plan and/or ask for a fair hearing from the state. You may file a request for a fair hearing through the Medicaid caseworker or the Medicaid Client Hotline at the same time you are appealing with your health plan.
- The hearing officer has 90 days from the date you request a fair hearing to conduct the hearing and send you a decision in writing.

IMPORTANT: Always keep copies of any denial or notification letters. Keep copies of any other letters you receive from the state, your health plan, or your doctors. Keep notes of your conversations and be sure to write down the names of persons you talk to and the date you talked to them.

Additional Help and Resources for Fair Hearings

Legal Organizations

Advocacy, Incorporated
7800 Shoal Creek Boulevard, Suite 171-E
Austin, Texas 78757
1-512-454-4816 or 1-800-252-9108
Website: www.advocacyinc.org

Texas Lawyers Care
c/o Texas State Bar
1414 Colorado Street, Suite 604
Austin, Texas 787011
1-800-204-2222 ext. 2155 (Referral Services)
Website: www.texasbar.com

Texas Legal Services Center
815 Brazos Street, Suite 1100
Austin, Texas 78701
1-800-622-2520
Website: www.tlsc.org

Additional Resource
The Texas Information and Referral Network has developed local access sites throughout the state. These sites may have additional information about community health resources. To find the site nearest you, check the following website: www.hhs.state.tx.us/tirn/tirnhome.shtml.

Federal Resource

If you have a complaint about physical access or communication under the *Americans with Disabilities Act,* write to:

U.S. Department of Justice
Civil Rights Division
PO Box 661188
Washington, DC 20035-6118
or call: 1-202-514-0301
TDD: 1-202-514-0381

If you need help, want to file a complaint, or want to ask for a Medicaid Fair Hearing, call your Medicaid caseworker or the Medicaid Client Hotline at 1-800-252-8263 (toll-free).

For people with hearing or speech impairments, call TDD Texas Relay at 1-800-735-2989 (toll-free).

IV. Waste, Abuse, and Fraud

This section describes Medicaid waste, abuse, and fraud.

How to Report Waste, Abuse, and Fraud

You can refer a client or provider you suspect of waste, abuse, and fraud by:

- Using the Internet www.hhs.state.tx.us and pick "Reporting Waste, Abuse and Fraud";
- Calling the Office of Inspector General (OIG) Hotline at **1-800-436-6184** (toll-free), if you do not have Internet access; or
- Sending a written statement that describes waste, abuse and fraud to the following addresses:

To report providers, use this address:

Office of Inspector General
Medicaid Provider Integrity/Mail Code 1361
PO Box 85200
Austin, TX 78708-5200

To report clients, use this address:

Office of Inspector General
General Investigations/Mail Code 1362
PO Box 85200
Austin, TX 78708-5200

If you are a member of a STAR or STAR+PLUS health plan and your health plan's name is listed on your Medicaid form, you have the right to report client or provider waste, abuse and fraud to your health plan and the OIG. Your health plan's hotline number is located on your plan card or in the member handbook.

When reporting a Medicaid Provider, have the following information available:

- Name, address, and phone number
- Name and address of the hospital, nursing home, home health agency, or other
- Medicaid number
- What type of service they do
- Names and phone numbers of other people who can give information
- When the misuse happened

When reporting a client, have the following information available:

- Person's name, address, and birth date
- Person's social security number or case number
- Why you think they should be checked

V. Resources

This section lists the telephone numbers and addresses of agencies and organizations that can help you stay healthy.

Helpful Toll-Free Phone Numbers

DANSA- Dallas Area NorthSTAR Authority
1-877-653-6363 (TDD 1-800-735-2989) for information about NorthSTAR and behavioral health services.

Medical Transportation Program
1-877-633-8747 (TDD 1-800-735-2989) for information about medical transportation in the Medicaid and Medicaid Managed Care programs.

Medicare Hotline
1-800-633-4227 for policy and benefit information.

TMHP Medicaid Hotline
Texas Medicaid & Healthcare Partnership
1-800-335-8957 for information about the Medically Needy Program or Medicaid billing questions.

Social Security Administration
1-800-772-1213 (TDD 1-800-325-0778) for information about Social Security Supplemental Income or to locate the Social Security Office nearest to you.

STAR Helpline
1-800-964-2777 (TDD 1-800-267-5008) for information about enrollment in a STAR or STAR+PLUS Managed Care health plan and general information about Medicaid Managed Care.

STARLink
1-866-566-8989 (TDD 1-866-222-4306) for problems or concerns about the STAR or STAR+PLUS Programs, or general Medicaid Managed Care.

Medicaid Hotline
1-800-252-8263 (TDD 1-800-735-2989) for information about Medicaid services, pharmacy issues, Medicaid rights, and Medicaid complaints and fair hearings.

Texas Health Steps (THSteps) and Case Management for Children and Pregnant Women
1-877-847-8377 (TDD 1-800-735-2989) for information about the Texas Health Steps Program and case management for children under 21 years of age.

Texas Health and Human Services Commission Ombudsman Office
1-888-877-787-8999 (TDD 1-888-425-6889) for information about qualifying for Medicaid, ID forms, and address changes, programs for elders and persons with disabilities offered, or to locate the local Texas Health and Human Services Commission office nearest you.

Consumer Rights for Mental Health and Mental Retardation
1-800-252-8154 (TDD 1-800-735-2989) for information about consumer services, rights, and protections.

State Agencies Involved in Medicaid and CHIP

The following state agencies can connect you with their regional/local offices in your area of the state:

Texas Health and Human Services Commission – STAR+PLUS Program
4900 W. 49th St., Mail Code: H-312
Austin, TX 78751
(800) 411-9929 STAR+PLUS Managed Care Division
(512) 685-3185 or (512) 794-6838
Website: www.hhsc.state.tx.us

Texas Department of State Health Services
Attention: Texas Health Steps
1100 West 49th St.
Austin, TX 78756
(512) 458-7745
Website: www.dshs.state.tx.us

Texas Health and Human Services Commission Regional Managed Care Coordinators

Travis County Service Area
2408 South 37th Street • Temple, TX 76504
(254) 778-6744 ext. 2804

Harris County Service Area
5425 Polk Suite J • Houston, TX 77023
(713) 767-3214

Southeast Service Area
5425 Polk Suite J • Houston, TX 77023
(713) 767-3214

Bexar County Service Area
7430 Louis Pasteur • San Antonio, TX 78229
(210) 949-2040

Tarrant County Service Area
1301 S. Bowen, Suite 200 • Arlington, TX 76013
(817) 264-4810

Dallas Service Area
1301 S. Bowen, Suite 200 • Arlington, TX 76013
(817) 264-4811

Lubbock Service Area
1109 Kemper • Lubbock, TX 79403
(806) 767-0445

El Paso Service Area
401 E. Franklin, Suite 210 • El Paso, TX 79901
(915) 834-7752

Central Office – Regional Manager
1100 W. 49th St, Mail Code: H 200
Austin, TX 78756
(512) 794-6852

Texas Health and Human Services Commission Regional Coordinators

Public Health Region 1
1109 Kemper • Lubbock, TX 79403
(806) 767-0445

Public Health Region 2
4601 S. 1st St., Suite L • Abilene, TX 79605
(325) 695-5750

Public Health Region 3
1301 South Bowen Road #200
Arlington, TX 76013
(817) 264-4810

Public Health Region 4/5N
1517 West Front • Tyler, TX 75702
(903) 533-5300

Public Health Region 5S
3420 Fannin Street, Suite 200
Beaumont, TX 77701
(409) 838-7157

Public Health Region 6
5425 Polk, Suite J • Houston, TX 77023
(713) 767-3195

Public Health Region 7
2408 South 37th Street • Temple, TX 76504
(254) 778-6744 ext. 2804

Public Health Region 8
7430 Pasteur Drive • San Antonio, TX 78229
(210) 949-2040

Public Health Region 9
622 South Oakes, Suite H • San Angelo, TX 76903
(915) 659-7856

Public Health Region 10
401 East Franklin, Suite 210 • El Paso, TX 79901
(915) 834-7752

Public Health Region 11
601 Sesame Drive • Harlingen, TX 78550
(956) 423-0130

The following agencies can help you with CHIP HMO complaints if you tried to resolve the complaint with your child's HMO first and you are still not satisfied:

Texas Department of Insurance HMO or Consumer Complaint Division
PO Box 149091 • Austin, TX 78714
(512) 322-4266 HMO Division
(512) 305-6745 HMO Complaint
(512) 463-6500 Consumer Division
(800) 252-3439 Consumer Complaint

Consumer Organizations Working on Medicaid and CHIP Issues

Center for Public Policy Priorities
900 Lydia Street • Austin, TX 78702
(512) 320-0222
Website: www.cppp.org

Consumers Union
1300 Guadalupe St., Ste 7 • Austin, TX 78701
(512) 477-4431
Website: www.consumersunion.org

Disability Consumer Organizations

These organizations have contacts in many areas of the state. Call them to locate the office near you.

ADAPT/Institute for Disability Access
1339 Lamar Square Drive, Suite 101
Austin, TX 78704
(512) 442-0252

Advocacy, Incorporated
7800 Shoal Creek Boulevard, Suite 171-E
Austin, TX 78757
(512) 454-4816 or 1/800-252-9108
Website: www.advocacyinc.org

Any Baby Can
3423 Guadalupe Street, Suite 100
Austin, TX 78705
(512) 454-3743 (Austin Office)
(210) 377-0222 (San Antonio Office)
Website: www.abcaus.org

The ARC of Texas (formerly Association for Retarded Citizens)
1600 West 38th Street, Suite 200
Austin, TX 78731
(512) 454-6694 or 1-800-252-9729
Website: www.main.org/arc/index.html

Association of Texas Centers for Independent Living
5555 North Lamar Boulevard, Suite J-125
Austin, TX 78751
(512) 832-6349

Brain Injury Association of Texas
1339 Lamar Square Dr., Suite C
Austin, TX 78704
(512) 326-1212 or 1-800-392-0040
Website: www.biatx.org

Coalition of Texans with Disabilities
316 West 12th Street, Suite 405
Austin, TX 78701
(512) 478-3366 or 1-800-998-3363
Website: www.cotwd.org

Epilepsy Coalition of Texas
2650 Fountain View, Suite 316
Houston, TX 77057
(713) 789-6295
Website: www.efset.org

Mental Health Association in Texas
8401 Shoal Creek Boulevard • Austin, TX 78757
(512) 454-3706
Website: www.mhatexas.org

National Alliance for the Mentally Ill (NAMI-TX)
3710 Cedar Street, Ste. 229, Box 23
Austin, TX 78705
(800) 633-3760
(512) 420-9810
Website: www.nami.org

Texas Mental Health Consumers
7701 North Lamar Boulevard, Suite 500
Austin, TX78752
(512) 451-3191 or 1-800-860-6057
Website: www.tmhc.org

Texas Council for Developmental Disabilities
6201 East Oltorf, Suite 600 • Austin, Texas 78741
(512) 437-5432 or 1-800-262-0334
Website: www.txddc.state.tx.us

Texas Center on Disability Studies
Texas Technology Access Project
University of Texas at Austin
SZB 252-D5100
Austin, TX 78712
(512) 232-0740 or 1-800-828-7839
Website: www.edb.utexas.edu/coe/depts/sped/tatp/tatp.html

United Cerebral Palsy of Texas
5555 North Lamar, Ste L139 • Austin, TX 78751
1-800-798-1492
Website: www.ucpa.org