BlueCross BlueShield of Texas

TEXAS STAR Kids Your Health Plan ★ Your Choice | TEXAS Health and Human Services

Central and Travis Service Areas



STAR Kids Member Handbook

Customer Advocate Department: **1-877-688-1811**; TTY **711**

www.bcbstx.com/medicaid

Effective September 2026

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Welcome!

Welcome to Blue Cross and Blue Shield of Texas (BCBSTX). Thank you for choosing our health plan. It is our goal to provide care to all members in a culturally competent manner regardless of gender, sexual orientation or gender identity. As a valued member, you and your child are getting this book with information to help you get the most from your health plan.

If you need this book in another format or language, such as audio CD, large print, Braille or languages other than English and Spanish, please call the Customer Advocate Department toll-free at **1-877-688-1811**. If you need a printed copy of our member handbook, provider directory or other materials that will help you better understand your benefits, please call the Customer Advocate Department. Requests in English and Spanish will be fulfilled at no cost within five business days. Fulfillment of materials in other languages may need additional time for translation. BCBSTX complies with all applicable federal and state laws.

Please read this handbook to learn how your plan works. You must have an OK* from us before some types of care will be covered.

BCBSTX has a network of providers for acute care (Medical and Behavioral Health Services) and Long-Term Services and Supports (LTSS). We are continuously adding to the network. If you feel that no providers listed in our network can give your child the care they need, you should notify your Service Coordinator at **1-877-301-4394**.

If you have other health plan coverage, such as commercial insurance or Medicare, you may continue to use your non-Medicaid primary care provider (PCP) that you have an existing relationship with. If you do not have a PCP, we can help you choose a new in-network PCP.

You do not need an OK for in-network PCPs or other providers. You can contact your child's service coordinator for help or call the Customer Advocate Department. Emergency or urgent care does not require authorization. You do not need an OK from us or need a referral** from your PCP to see a family planning care provider.

*Throughout this book we use the term "OK" to mean prior authorization.

**Throughout this book when we use the term "referral," it is defining a process that one provider uses to recommend a member to see another provider or specialist. BCBSTX does not require documentation of these referrals.

The phone numbers for the Customer Advocate Department and the 24/7 Nurseline are available at the bottom of every page of this book.

We look forward to serving you.

Blue Cross and Blue Shield of Texas

'You' refers to the member, parent or Legally Authorized Representative (LAR)

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Part 1

Important phone numbers and information

Questions? Call our toll-free numbers

1-877-688-1811.....Customer Advocate Department
711.....Customer Advocate TTY (line for hearing or speech loss)
1-855-497-0857.....Member Outreach/Member Advocate Central Service Area
1-877-375-9097.....Member Outreach/Member Advocate Travis Service Area
1-855-802-4614.....24/7 Nurseline
1-877-688-1811.....Behavioral Health Services
1-877-301-4394.....Service Coordination
www.bcbstx.com/medicaid.....Medicaid website

211 Texas

211

Information and referral to state services

24/7 Nurseline

1-855-802-4614

The 24/7 Nurseline is staffed 24 hours a day, seven days a week with registered nurses who can help you get answers to your health questions. This line is available in English and Spanish. Interpreter services are available. In an emergency, call **911** (TTY* **711**).

Suicide & Crisis Lifeline

988

Call or text **988** to receive support for anyone experiencing a mental health or substance use crisis. A trained crisis counselor is available 24/7 to provide free, confidential support.

Customer Advocate Department

1-877-688-1811

Access information on all covered services, Monday – Friday, 8 a.m. to 5 p.m. (Central time), excluding state-approved holidays.

For after-hours and weekend coverage, an answering service or other similar mechanism, that allows callers to obtain information from a live person, may be used. If you have a non-urgent question, you may leave a message. Your call will be returned the next business day. Help is offered in English and Spanish. Interpreter services are available. In an emergency or crisis, call **911**.

Customer Advocate Department TTY* **711** (After hours and on weekends, call Texas Relay at **1-800-735-2989**.)

Member Outreach and Member Advocate

1-855-497-0857 (Central Service Area)

1-877-375-9097 (Travis Service Area)

1-512-349-4867 Fax

*TTY lines are only for members with hearing or speech loss.

Coalition of Texans with Disabilities

1-512-478-3366

Dental Information

Dentaquest

1-800-516-0165

MCNA Dental

1-800-494-6262

Maximus Enrollment Broker

1-800-964-2777

Department of Assistive and Rehabilitative Services

1-800-628-5115

Behavioral Health and Substance Use Crisis Line

1-877-688-1811

This toll-free number is available in English and Spanish, 24 hours a day, seven days a week. Interpreter services are available. In an emergency, call **911**.

TTY: **711**

Maximus Enrollment Broker

1-800-964-2777

National Maternal Mental Health Hotline

1-833-TLC-MAMA (**1-833-852-6262**) TTY: **711**

Call or text to receive support from a professional counselor before, during or after pregnancy if you are feeling overwhelmed or depressed. The hotline is available 24/7 and they can provide resources, referrals and other information.

Non-Emergency Medical Transportation (NEMT) and Extra Help Getting a Ride as a Value-Added Service

Reservation Line

1-866-824-1565 (TTY: **711**) Call MTM Health to schedule NEMT rides to and from non-emergency medical visits to the doctor, dentist, pharmacy or other health provider appointment.

Where's My Ride Line

1-866-824-1565 (TTY: **711**) Call MTM Health to:

- Schedule rides to and from non-emergency medical visits to the doctor, dentist, pharmacy or other health provider appointment
- Schedule rides to urgent care
- Make changes to your reservation
- Cancel a ride
- Ask questions about a ride that has already been scheduled

Agents are available 24 hours a day, seven days a week to help you with your rides. Help is offered in English and Spanish. Interpreter services are available for other languages. In an emergency, call **911**.

Texas Health and Human Services Commission (HHSC) Office of the Ombudsman Managed Care Assistance Team

1-866-566-8989

TDD/TTY* **1-866-222-4306**

*TTY lines are only for members with hearing or speech loss.

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.

National Poison Control Center
1-800-222-1222

Calls are routed to the office closest to you.

STAR Kids Service Coordination Line
1-877-301-4394

Hours: Monday - Friday, 8 a.m. to 5 p.m., Central time, excluding state-approved holidays. We work with you, the plan and your care providers to make sure you get the care you need.

Special Beginnings Pregnancy Program
1-888-421-7781

STAR Kids Program Help Line
1-800-964-2777

Texas Department of State Health Services (DSHS)
Maternal and Child Health

1-512-776-7373

Texas Immunization Registry Help Desk
1-800-348-9158

Immunization Division
1-800-252-9152

Texas Health Steps
1-877-847-8377

Texas Relay Service or 711*
1-800-735-2989

Vision (Eye Care)
1-877-688-1811

Women, Infants and Children Program
1-800-942-3678

Your Texas Benefits Medicaid Card
1-855-827-3748 or **211**

Texas Parent to Parent
1-866-896-6001 or **1-512-458-8600**

Tobacco Cessation Program
1-877-937-7848 (TTY: **711**)

Call to join the Tobacco Cessation Program if you need help to quit smoking. Support, advice and education are provided throughout the program.

*TTY lines are only for members with hearing or speech loss.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Members should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice. The relationship between the Blue365 vendors and BCBSTX is that of independent contractors.

DentaQuest and MCNA Dental are independent companies that provide dental benefits for children on Texas Medicaid or CHIP. The state of Texas contracts directly with these dental providers. These providers do not offer Blue products or services and are solely responsible for the products and services that they provide.

Learn to Live provides educational behavioral health programs. Members considering further medical treatment should consult with a physician. Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Texas.

MTM Health is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide non-emergency transportation for members with coverage through BCBSTX.

Hearing services are provided by Start Hearing, Beltone™, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis Vision℠, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers, and LasikPlus®.

Walgreens Mail Service, a central specialty and home delivery pharmacy, is contracted to provide mail pharmacy services to members of BCBSTX.

BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.

Part 2

Important things to do for your child

- **Keep your child's BCBSTX member ID card with you at all times.** Show it each time your child needs health care services. Do not let anyone else use the card.
- **Check that the doctor on the ID card is the one you want for your child.** The ID card lists your child's primary care provider (PCP). A PCP is your child's main health care provider. If you want a different PCP, let us know right away.
- **Set up a Texas Health Steps checkup.** Your child should be seen within 90 days of joining the plan to have a Texas Health Steps medical checkup. A newborn should be seen by a doctor within 14 days after birth. During the first exam, the PCP learns about patients' health care needs to help them stay healthy.
- **Call your child's PCP before you get medical care, unless it is an emergency.** The PCP's office will help you make an appointment. If you and your child need a ride to and from non-emergency medical visits, call MTM Health at **1-866-824-1565**. If MTM Health cannot cover your ride through Texas Medicaid, you can ask for help with a ride through the VAS program. See Chapter 8 for more information about the transportation VAS. If you have hearing or speech loss, you may call MTM Health at **711**.
- **In case of an emergency, get help right away.** Call **911** or go to the nearest emergency room (ER) for medical care. You do not need an OK from us or your child's PCP for emergency care. It does not matter if you are inside or outside our service area. You will be covered for emergency services in the U.S. even if the emergency services provider is not part of the BCBSTX network.
- **If your child has a health problem, you can call the toll-free 24/7 Nurseline.** Have your child's BCBSTX ID card ready when you call. The nurse will ask for your child's ID card number.

You and your child are important to us.

We want to help you get the health care you need.

Thank you for choosing BCBSTX.

Part 3

Your Member ID Card

Your BCBSTX ID Card

How to read and use your BCBSTX ID card:

Show your child's BCBSTX ID card to your doctor, hospital, pharmacy or other provider when your child goes for health care services.

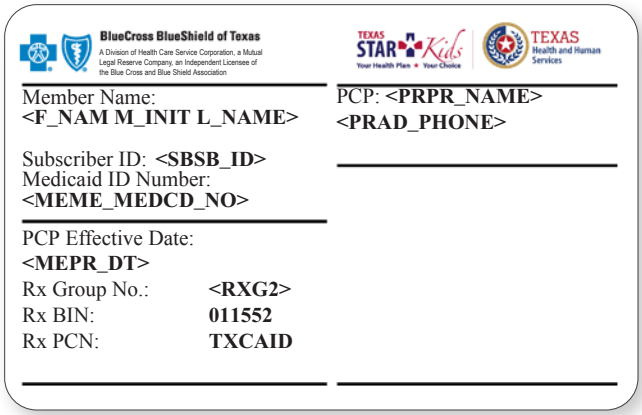
The 'Customer Service' department name, printed on the back of your member ID card, is the same department as 'Customer Advocate' that is mentioned throughout this member handbook.

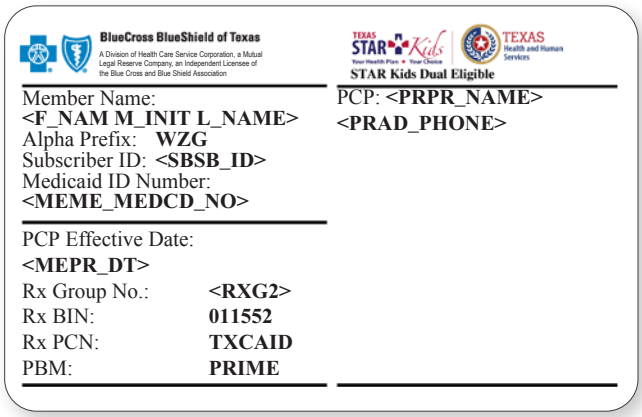
Your BCBSTX ID card has these important details:

- Your child's name
- Your child's Medicaid member ID number
- BCBSTX name and address
- The toll-free Customer Service/Advocate Department phone number and TTY line
- Your child's PCP's name and phone number
- Your child's subscriber ID number
- The date your child's PCP was assigned (effective date)
- What to do in an emergency
- The phone number for the 24/7 Nurseline, the toll-free nurse help line
- The phone number for behavioral health and prescriptions

You will get a new BCBSTX ID card if:

- You change your child's PCP
- Your child's PCP's address or phone number changes
- You lose your ID card



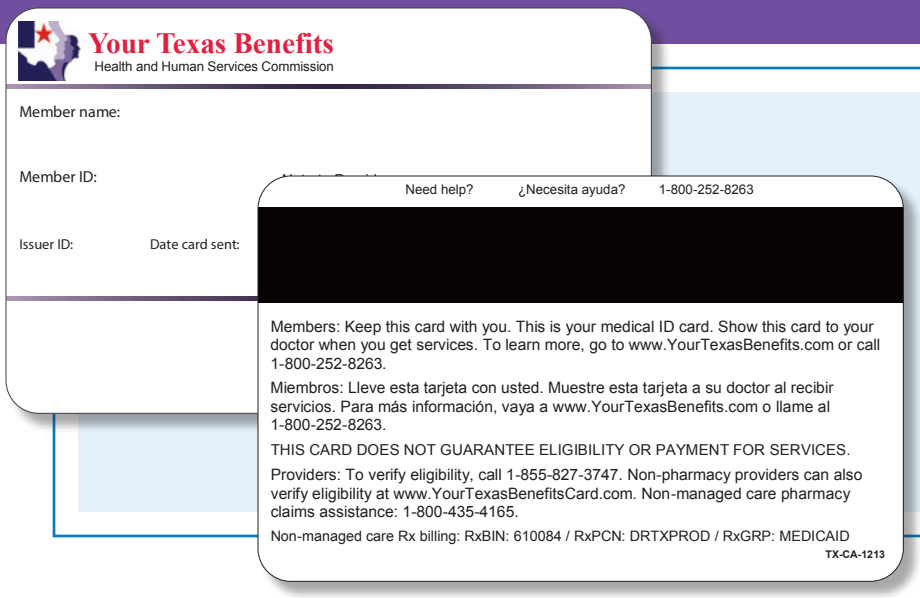


How to replace your child's BCBSTX ID card if it is lost:

If your child's BCBSTX ID card is lost, call the Customer Advocate Department at **1-877-688-1811** (TTY: **711**).

You can request a new BCBSTX ID card and print a temporary card by logging into our Blue Access for Members℠, secure member portal. To access BAM℠, visit **www.bcbstx.com/medicaid**. Click on the Log In link that appears in the upper right corner.

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.



The back of the *Your Texas Benefits* Medicaid card has a website you can visit (**www.YourTexasBenefits.com**) and a phone number you can call (**1-800-252-8263**) if you have questions about the new card.

Your Texas Benefits Medicaid Card

When you are approved for Medicaid, your child will get a *Your Texas Benefits* (YTB) Medicaid card. This plastic card will be an everyday Medicaid card. You should carry and protect it just like your driver's license or credit card. The doctor can use the card to find out if your child has Medicaid benefits when you go for a visit.

You will be issued only one card and will receive a new card only if your card is lost or stolen. If your child's Medicaid ID card is lost or stolen, you can get a new one by calling toll-free at **1-800-252-8263** or by going online to order or print a temporary card at **www.YourTexasBenefits.com**.

If you are not sure if your child is covered by Medicaid, you can find out by calling toll-free at **1-800-252-8263**. You can also call **211**. First pick a language and then pick option 2.

Your health information is a list of medical services and drugs that your child has gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care your child needs. If you do not want your doctors to see your child's health history through the secure online network, call toll-free at **1-800-252-8263** or opt out of sharing your health information at **www.YourTexasBenefits.com**.

The YTB Medicaid card has these facts printed on it:

- Child's name and Medicaid ID number
- The date the card was sent to you
- The name of the Medicaid program your child is in if you get:
  - Medicare (QMB, MQMB)
  - Healthy Texas Women
  - Hospice
  - STAR Health
  - Emergency Medicaid or
  - Presumptive Eligibility for Pregnant Women (PE)
- Facts your drugstore will need to bill Medicaid
- The name and phone number of your child's doctor and pharmacy if your child is in the Medicaid Lock-In Program

If you forget your card, your child's doctor, dentist or pharmacy can use the phone or the internet to make sure you get Medicaid benefits.

The YourTexasBenefits.com Medicaid Client Portal

You can use the Medicaid Client Portal to see all of the following for yourself or anyone whose medical or dental information you are allowed to access:

- Your medical and dental plans
- Your benefit information
- STAR Texas Health Steps alerts
- Broadcast alerts
- Diagnoses and treatments
- Vaccines
- Prescription medicines

You can also use the portal to view, print and order a YTB Medicaid card and choose whether to let Medicaid doctors and staff see your available medical and dental information.

To access the portal, go to **www.YourTexasBenefits.com**.

- Click **Log In**
- Enter your user name and password. If you do not have an account, click **Create a new account**.
- Click **Manage**.
- Go to the **Quick links** section.
- Click **Medicaid & CHIP Services**.
- Click **View services and available health information**.

Note: The **YourTexasBenefits.com** Medicaid Client Portal displays information for active clients only. A legally authorized representative may view the information of anyone who is a part of their case.

Temporary Medicaid Eligibility Verification Form (Form 1027-A)

If you lose the *Your Texas Benefits* Medicaid card and need quick proof of eligibility, you must ask for a Temporary Medicaid Eligibility Verification Form (Form 1027-A). You can request a new card by calling the Texas Health and Human Services Benefit Office at **1-800-252-8263**. You can also go online to order new cards or print temporary cards. You can also print proof of coverage through BAM.

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.

Part 4

Your Primary Care Provider

Choosing a PCP

Your child's BCBSTX ID card will have the name and phone number of the PCP you chose or the PCP assigned if you did not choose one.

Note: If you are covered by Medicare or commercial insurance and want to keep your non-Medicaid PCP, the ID card will show a Medicaid PCP was not assigned.

What is a PCP?

A PCP is your main health care provider. A PCP can be a:

- Pediatrician
- Family or general practitioner
- Internist
- Obstetrician/gynecologist (OB/GYN)
- Nurse Practitioner)NP) or Physician Assistant (PA)

Can a clinic be my PCP?

Yes, clinics such as Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can also be PCPs.

Can a specialist ever be considered a PCP?

Yes, a member may select a specialist as a PCP. We can help you find a PCP. Call your service coordinator at **1-877-301-4394** for help getting a specialist listed as your child's PCP.

Our providers are given practice guidelines to help make sure your child gets quality care. If we give you the name of a provider to see and you are not able to make an appointment, call the Customer Advocate Department so we can help get those services for your child. Call the Customer Advocate Department if you would like a copy of the practice guidelines.

Making an appointment with your child's doctor

Call your child's PCP for an appointment. Tell the PCP's office your child is a Medicaid member with BCBSTX. Have your child's BCBSTX ID card and *Your Texas Benefits* Medicaid card with you when you call. You may be asked for the ID numbers on the cards.

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

Take your child's BCBSTX Medicaid ID card and *Your Texas Benefits* Medicaid card to your child's doctor appointment.

Be on time for your child's appointment. Call the doctor's office as soon as possible if:

- You will be late.
- You cannot keep your appointment.

This will help shorten everyone's time in the waiting room. Your child's PCP may not be able to see your child if you are late.

Texas Health Steps Checkup for children and first PCP visit

Your child's first meeting with a new PCP is important. All new members who see their PCP within 90 days of joining BCBSTX will get a gift card reward. Your child's PCP will ask about your child's medical history, give your child a physical exam and give you the results.

What if I need to cancel an appointment?

If you cancel your child's appointment, your PCP's office can help you set up a new one.

How do I get medical care after my child's PCP's office is closed?

Call your child's PCP before you get any medical care, unless it is an emergency. You can reach your PCP 24 hours a day at the PCP number on your card. After regular business hours, leave your child's name and phone number with the answering service. Either your PCP or an on-call doctor will call you back. If you have an emergency, call **911** or go to the nearest ER. You can also call the 24/7 Nurseline or call the Customer Advocate Department.

Physician Incentive Plan

BCBSTX cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to members. Right now, BCBSTX does not have a physician incentive plan.

Changing your PCP

How can I change my child's PCP?

Call the Customer Advocate Department.

If you need help getting an out-of-network PCP, a PCP from a commercial or Medicare plan or a specialist as a PCP, call your child's service coordinator at **1-877-301-4394**.

How many times can I change my/my child's PCP?

There is no limit on how many times you can change a PCP. You can change a PCP by calling us toll-free at **1-877-688-1811** or TTY **711** for members with hearing or speech loss. Or, you can write to:

Blue Cross and Blue Shield of Texas
PO Box 201166
Austin, Texas 78720-9919

Are there any reasons why a request to change a PCP may be denied?

Your request to change your child's PCP may be denied if:

- You choose a PCP who is not taking new patients
- The PCP is not in your network
- The PCP is outside your service area

It is important to know that when you change PCPs often, your child's health care may not be as good as it could be. If you choose to change, have your child's medical records sent to the new PCP.

Can my child's PCP move my child to another PCP for non-compliance?

We or your PCP, may ask you to change your child's PCP if:

- The PCP is no longer with BCBSTX and a single case agreement is not completed.
- You keep missing appointments or you are often late to appointments.
- You are rude or abusive or disrupt the PCP's office.

When will the PCP change become effective?

Your child's PCP change will be effective on the date the change is made.

You will get a new ID card with your child's new PCP's name and contact details in seven to 10 calendar days.

What if I choose to go to another doctor who is not my child's PCP?

If you choose to go to a doctor who is not your child's PCP, call us first. Services given by a doctor who is not your child's PCP may not be covered by us. If you see a doctor who is not your child's PCP without an OK from us first, you may have to pay for the services your child gets.

Provider Directory/Provider Finder

Look in the Provider Directory or on Provider Finder on the STAR Kids plan website to choose a PCP for:

- **Your child** under Family Practice, Pediatrics or General Practice.
- **A pregnant member** under Obstetrics and Gynecology, Family Practice, Internal Medicine or General Practice.

It is important to find the right PCP for your child. When choosing one, you may have questions such as:

- What language does the PCP speak?
- Is the PCP's office open on weekends?
- Is this PCP able to service my child with special needs?

You can also find these details in the Provider Directory or on Provider Finder. If you need a Provider Directory or need help choosing a PCP who is right for your child, call the Customer Advocate Department. Or, print a Provider Directory at **www.bcbstx.com/medicaid**.

If you would like to learn more about a PCP or a specialist, such as the doctor's specialty, medical school, residency training or board certifications, visit these websites:

- American Medical Association **www.ama-assn.org**
- The Texas Medical Board **www.tmb.state.tx.us**

BCBSTX works hard to keep our provider information up-to-date so you know which providers and pharmacies your child can use. Provider information can change. If you are not able to find a provider or you are not able to make an appointment, please call the Customer Advocate Department.

We can help you find a provider who has the experience you are looking for and is as close to you as possible.

What is a Health Home?

A Health Home can also be called a Medical Health Home or a Patient-Centered Medical Home (PCMH). A Medical Home gives a member:

- Care that is personalized to help meet the patient's personal and medical needs
- A team approach to providing care
- Care that is focused on quality and safety

What is a Prescribed Pediatric Extended Care Center (PPECC)?

Prescribed Pediatric Extended Care Centers (PPECCs) allow minors from birth through age 20 who have medically complex conditions, to get daily medical care in a non-residential setting.

When prescribed by a doctor, minors can go to a PPECC up to a maximum of 12 hours per day to get medical, nursing, psychosocial, therapeutic and developmental services appropriate to their medical condition and developmental status.

PART 5

Access to Care

Out-of-Area Care

What if my child gets sick when out of town or traveling?

If you need medical care when traveling, call the Customer Advocate Department toll-free at **1-877-688-1811** and we will help you find a doctor.

If your child needs emergency services while traveling, go to a nearby hospital, then call us toll-free at **1-877-688-1811**. Members with hearing or speech loss may call our TTY line at **711**.

What if my child is out of the state?

If your child needs medical care when you are out of the state, call the Customer Advocate Department and we will help you find a doctor.

What if my child is out of the country?

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

Prior Authorizations

PRIOR AUTHORIZATION (An OK from BCBSTX)

Your child's PCP will get an OK from BCBSTX for some services to make sure they are covered. This means that both BCBSTX and your PCP (or specialist) agree that the services are medically necessary. '*Medically necessary*' generally refers to services that:

- Protect life
- Keep you from getting seriously ill or disabled
- Reduce severe pain by finding out what is wrong or treating the disease, illness or injury

For more information about medically necessary services, see **Part 6: Routine, Urgent and Emergency Services**.

Getting an OK will take no more than three business days or if expedited, no more than three calendar days. Your PCP can tell you more about this.

We may ask your child's PCP why your child needs special care. We may not OK the service you or your child's PCP requested. We will send you and your child's PCP a letter stating why we would not cover the service. It will tell you how to appeal our decision. Your child's provider can call the Customer Advocate Department. You may also write to us at:

Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
PO Box 660717
Dallas, Texas 75266-0717

If your child gets services from a provider that is not part of the BCBSTX network, before you get the OK you need from us, we may not pay for the service.

Specialty Care

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

Your child's PCP may send you to a different provider, including a specialist, for special care or treatment. A referral to an in-network specialist is not needed. You can see out-of-network Medicaid specialists for medically necessary services. When the provider is out-of-network, you can work with your service coordinator to get an OK.

- Your child's PCP's office can help you make the appointment.
- Tell your child's PCP as much as you can about your child's health so both of you can decide what is best.
- Your child's PCP will choose a specialist to give you the care you need.
- Your child's PCP must send an OK to the out-of-network specialist before you get services.
- A specialist may treat your child for as long as he or she thinks it is needed.

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

Your child will get an appointment within 30 days of the request. Out-of-network services are not covered unless you get an OK from us before you get the service.

Referrals

What is a referral?

A referral is when one provider recommends a member see another provider or a specialist.

What services do not need a referral?

Many types of care do not need an OK from your child's PCP, such as:

- Family planning
- OB/GYN services
  - You must choose providers in your child's health plan's network.
- Emergency care
- Texas Health Steps medical checkup appointment
- Early Childhood Intervention (ECI)
- Sexually transmitted infections (STI)/HIV
- Case management
- Behavioral health and substance use services

Second Opinions

How can I ask for a second opinion for my child?

You may have questions about care your child's PCP or doctor recommends. You may want a second opinion to:

- Diagnose an illness.
- Make sure the treatment plan is right for your child.

You should speak to your child's PCP if you want a second opinion. The PCP will send you to a doctor who:

- Also works with BCBSTX.
- Is an in-network specialist.

If we do not have a doctor in-network who meets your needs, your PCP may refer you to an out-of-network provider at no additional cost. You must get an OK to see an out-of-network provider.

You can call the Customer Advocate Department or your child's service coordinator for help getting a second opinion.

Members with Special Health Care Needs

Who do I call if my child has special health care needs and I need someone to help me?

BCBSTX allows members with special health care needs to have direct access to the right specialists for their conditions and identified needs. This includes a standing referral to a specialty doctor or having a specialist as a PCP if needed at no extra cost.

PART 6

Routine, Urgent and Emergency Services

Medically Necessary

What does Medically Necessary mean?

1 For members birth through age 20, the following Texas Health Steps services:

- **a** Screening, vision and hearing services; and
- **b** Other Health Care Services, including Behavioral Health Services that are necessary to correct or ameliorate a defect or physical or mental illness or condition. A determination of whether a service is necessary to correct or ameliorate a defect or physical or mental illness or condition:
  - **i** Must comply with the requirements of the Alberto N., et al. v. Traylor, et al. partial settlement agreements; and
  - **ii** May include consideration of other relevant factors, such as the criteria described in numbers 2 and 3.

2 For members over age 20 with non-behavioral health related health care services that are:

- **a** Reasonable and necessary to prevent illnesses or medical conditions or provide early screenings, interventions and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member or endanger life;
- **b** Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
- **c** Consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
- **d** Consistent with the diagnoses of the conditions;
- **e** No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness and efficiency;
- **f** Not experimental or investigative; and
- **g** Not primarily for the convenience of the member or provider.

3 For members over age 20 with behavioral health services that:

- **a** Are reasonable and necessary for the diagnosis or treatment of a mental health or substance use disorder or to improve, maintain or prevent deterioration of functioning resulting from such a disorder;
- **b** Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
- **c** Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- **d** Are the most appropriate level or supply of service that can safely be provided;

e Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;

f Are not experimental or investigative; and

g Are not primarily for the convenience of the member or provider.

Routine Medical Care

What is routine medical care?

Routine care is the regular care members get from their PCP to help stay healthy, such as regular checkups. You can call your child's PCP to make an appointment for routine care.

How soon can my child expect to be seen?

You should be able to see your PCP within 14 days from the date you call to make your child's appointment.

Do not use the ER for routine care. If you do so, you will have to pay for those services. We do not cover ER visits for routine care.

Urgent Medical Care

What is urgent medical care?

Another type of care is urgent care. There are some injuries and illnesses that are probably not emergencies, but can turn into emergencies if they are not treated within 24 hours. Some examples are:

- Minor burns or cuts
- Ear aches
- Sore throat
- Muscle sprains/strains

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

For urgent care, you should call your doctor's office, even on nights and weekends. Your doctor will tell you what to do. In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you do not need to make an appointment with the clinic before going. You need to go to a clinic that takes BCBSTX Medicaid. For help finding a clinic that takes Medicaid, call us toll-free at **1-877-688-1811**, TTY **711**. You can also call our 24/7 Nurseline at **1-855-802-4614** for help with getting the care you need.

How soon can my child expect to be seen?

Your child should be able to see the doctor within 24 hours for an urgent care appointment. If your doctor tells you to go to an urgent care clinic, you do not need to call the clinic before going. The urgent care clinic must take BCBSTX Medicaid.

Emergency Medical Care

What is emergency medical care?

Emergency medical care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions.

Emergency Medical Condition means:

A medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part;
4. Serious disfigurement; or
5. In the case of a pregnant person, serious jeopardy to the health of that person or the unborn child.

Emergency Behavioral Health Condition means:

Any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent layperson, possessing average knowledge of medicine and health:

1. Requires immediate intervention or medical attention without which the member would present an immediate danger to themselves or others; or
2. Which renders the member incapable of controlling, knowing or understanding the consequences of their actions.

Call **988** if you or someone you know is having a mental health or substance use crisis.

Emergency Services and Emergency Medical Care means:

Covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an emergency medical condition or emergency behavioral health condition, including post-stabilization care services.

What to do in an emergency

Call **911** or go to the nearest ER for emergency medical care.

You should go to the ER if you:

- May die.
- Have chest pains.
- Cannot breathe or are choking.
- Have passed out or are having a seizure.
- Are sick from poison or a drug overdose.
- Have a broken bone.
- Are bleeding a lot.
- Are about to deliver a baby.
- Have a serious injury.
- Have a severe burn.
- Have a severe allergic reaction.
- If you feel you are dangerous to yourself or others.

Go to the nearest hospital for any of these problems or other emergencies. You may call **911** for help getting to the ER. If you need help deciding if you should call your doctor, visit the ER or urgent care or treat the problem yourself, call the 24/7 Nurseline.

How soon can my child expect to be seen?

You will be seen as soon as possible. You will be covered for emergency services even if the provider is not part of your network.

You should call your child's PCP after any emergency so the doctor can plan follow-up care.

Call **911** for emergency transport. You do not need an approval from BCBSTX for emergency care transport.

Type of Care	When can my child expect to be seen?
Routine Medical Care	Within 14 days
Urgent Medical Care	Within 24 hours
Emergency Medical Care	As soon as possible

Emergency Dental Care

Are emergency dental services for children covered by the health plan?

BCBSTX covers limited emergency dental services in a hospital or ambulatory surgical center, including payment for the following:

- Treatment for dislocated jaw
- Treatment for traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin
- Hospital, physician and related medical services such as drugs for any of the above conditions.

What do I do if I/my child needs emergency dental care?

During normal business hours, call your/your child's main dentist to find out how to get emergency services. If your child needs emergency dental services after the main dentist's office has closed, call us toll-free at **1-877-688-1811** or call **911**. Members with hearing or speech loss may call the TTY line at **711** or call **911**.

Post-Stabilization

What is post-stabilization?

Post-stabilization care services are services covered by Medicaid that keep your child's condition stable following emergency medical care.

PART 7

Covered Services

What are my child's health care benefits?

BCBSTX offers health care benefits and access to care to help your child stay well. We also cover all medically necessary care that Medicaid covers.

How do I get these services for my child?

Your child's PCP will order any medically necessary services and must get an OK from BCBSTX before some services or care is received. We only pay for covered services.

What number do I call about these services?

Call the Customer Advocate Department.

Are there any limits to any covered services?

Yes. All services must be medically necessary. Some services are not covered by BCBSTX but may be covered by state agencies or your child's waiver program. They are described in **Part 10: Additional Services for STAR Kids Members**.

Some covered services may need an OK from us first. If you have questions about a covered service and whether it needs an OK first, call the Customer Advocate Department or talk to your service coordinator.

What services are not covered?

Below are some examples of benefits and services that BCBSTX and the STAR Kids program do not cover. If you are unsure if your treatment options are a covered benefit, speak with your service coordinator. We will pay only for those services we OK and that are considered to be medically necessary.

Services not covered include, but are not limited to:

- Services, supplies and medical equipment that are not medically necessary.
- Procedures that are new or still are being tested
- Cosmetic surgeries that are not medically necessary
- Weight loss drugs or diet aids
- Any services received outside of the United States

Covered Services

The chart below tells you about the benefits and services covered by this plan. All services must be medically necessary.

This includes:

- Visits to PCPs, specialists (with an OK ahead of time for out-of-network providers) or other providers
- Routine physicals for children from birth through age 20

Some covered services may need an OK from us first. If you have questions about a covered service and whether it needs an OK first, call the Customer Advocate Department or talk to your Service Coordinator.

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.

Covered benefit or service	Details and/or limitations
Ambulance services (Emergency and non-emergency)	Includes services from a licensed ambulance or air ambulance company in an emergency only. An OK from us is not needed for emergency ambulance support.
Audiology services	The Texas Health Steps program gives audiology services and hearing aids from birth through age 20.
Behavioral Health Services	• Inpatient mental health services. BCBSTX may provide these services in a free-standing psychiatric hospital instead of an acute care inpatient hospital setting. • Outpatient mental health services • Psychiatry services • Collaborative Care Model services • Outpatient substance use disorder treatment services, including: – Assessment – Withdrawal Management – Counseling treatment – Medication-assisted therapy • Residential services, which may be given in a substance use disorder treatment facility instead of an acute care inpatient hospital setting, including: – Withdrawal Management – Substance use disorder treatment
Birthing services given by a licensed birthing center	Birthing services given by a physician, certified nurse midwife (CNM), nurse practitioner (NP), clinical nurse specialists (CNS) and physician assistant (PA) in a licensed birthing center
Cancer screening, diagnostic and treatment service	Tests are used to detect cancer when no symptoms are present. If cancer is diagnosed, your provider will talk to you about treatment options.
Chiropractic services	Covers services that help keep the spine and other body structures straight. You do not need an OK from us to see a chiropractor in your network.
Day Activity and Health Services (DAHS)	Licensed facilities that provide daytime services to individuals with chronic medical conditions. Services address physical, mental, medical and social needs and are available at least 10 hours per day, Monday through Friday.

Covered benefit or service	Details and/or limitations
Dialysis	• Must be medically necessary • Within the limits of what is covered by Medicaid • Needs an OK from us
Drugs and biologicals given in an inpatient setting	• Must be medically necessary • Must be on the Texas Medicaid Vendor Drug Program (VDP) formulary list
Durable medical equipment (DME) and supplies (medical equipment given for use in the home)	• Must be medically necessary • Within the limits of what is covered by Medicaid • Needs an OK from us
Early Childhood Intervention (ECI) services	See **PART 10** for more information.
Emergency Services	• Emergency room • Ambulance services • An OK is not needed
Family Planning Services	• Medical visits for birth control • Marriage and family planning, education and counseling services • Birth control medications, including long acting reproductive contraception (LARC)
Home health care services	• Some services are covered at your home when medically necessary • Services include: – Home health aid services – Speech therapy – Physical therapy visits – DME – Medical supplies that are thrown away after use – Needs an OK from us
Hospital services, inpatient and outpatient	Your PCP can send you to any BCBSTX hospital. Look in the Provider Directory to find a hospital. Needs an OK from us.
Laboratory services	Covered services include: • Doctor services • All medically necessary lab services • Cervical cancer tests

Covered benefit or service	Details and/or limitations
Mastectomy, breast reconstruction and related follow-up procedures	• Including inpatient services; outpatient services given at an outpatient hospital and ambulatory health care center as clinically appropriate; and physician and professional services provided in an office, inpatient or outpatient setting for: – all stages of reconstruction on the breast(s) on which medically necessary mastectomy procedure(s) have been performed; – surgery and reconstruction on the other breast to produce symmetrical appearance; – treatment of physical complications from the mastectomy and treatment of lymphedemas; and – prophylactic mastectomy to prevent the development of breast cancer. – external breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed.
Medical checkups and Comprehensive Care Program (CCP) Services through the Texas Health Steps Program	Including: • private duty nursing • Prescribed Pediatric Extended Care Center (PPECC) services • Certified respiratory care practitioner services • Therapies (speech, occupational, physical) • Medically necessary diagnosis and treatment
Mental health rehabilitation services	• Age-appropriate services that support independence in the home and community. Covered when medically necessary.
Mental health targeted case management	• Assistance with medical, social and educational services and supports. Covered when medically necessary.
OB/GYN services	• Care that has to do with pregnancy • Care for any OB/GYN-related medical condition • One well-check per year
Oral evaluation and fluoride varnish in the Medical Home	In conjunction with Texas Health Steps medical checkup for children six months through 35 months of age
Optometry, glasses and contact lenses, if medically necessary	• An eye exam every 12 months • Glasses • Contact lenses

Covered benefit or service	Details and/or limitations
Orthotics/prosthetics	Parts needed such as man-made arms or legs and the parts needed to attach them • Orthotic braces, splints or ankle and foot supports • Covered when medically necessary • These services need an OK from us
Outpatient drugs and biologicals	Including pharmacy-dispensed and provider-administered outpatient drugs and biologicals
Personal Care Services (PCS)	Services considered medically necessary for: • Activities of daily living (ADLs) • Health maintenance activities (HMAs) for physical, cognitive or behavioral limitations related to the member's disability or chronic health condition. This needs a practitioner statement of need (PSON) for approval.
Podiatry	Covered services include: • Medical problems of the feet • Medical or surgical treatment of disease, injury or defects of the foot
Pregnancy and Maternity care	• Pregnancy • After-delivery care when medically necessary • Newborn exams
Prescribed pediatric extended care center (PPECC) services	Member must be medically dependent or technologically dependent. These services require prior authorization and are intended as an alternative to PDN.
Prescription Drugs	• BCBSTX uses Medicaid/CHIP Vendor Drug Program's (VDP) preferred drug list • Most generic and some over-the-counter drugs are covered • If a member requires a drug that is not on the VDP drug list, it will still be covered if it is medically necessary and there are no other available drugs on the formulary to meet this need. • Some drugs including brand name drugs need an OK from us
Primary care services	• Well exams are included

Covered benefit or service	Details and/or limitations
Private Duty Nursing (PDN) services	For members who medically require individualized, continuous, skilled care beyond the level of skilled nursing (SN) visits normally authorized under Texas Medicaid Home Health SN and Home Health Aide (HHA) services.
Radiology, imaging and X-rays	Testing and X-rays that are: • not invasive • done to find out what is wrong • ordered and done by (or under the guidance of) your provider • CT, MRI, MRA, PET and SPECT need an OK from us
Specialty physician services	Members with disabilities, special health care needs and chronic or complex conditions, have the right to designate a specialist as their PCP. The specialist must agree.
Telemonitoring	Remote monitoring of a patients health by sending health data electronically
Telehealth	Medical care given by a provider using the phone or digital video
Texas Health Steps Medical Check-Ups	• Routine shots • Lab tests • Comprehensive Care Program services for members 20 years and under • DME • Home health and other medically necessary services
Therapies – physical, occupational and speech	These services are covered when ordered by a doctor and are part of a written plan of care
Transplantation of organs and tissues	• Human organ and tissue transplants that are not still being tested • All corneal, bone marrow and peripheral stem cell transplants that are not still being tested
Video Conferencing Details and/or limitations:	Contact your service coordinator for more information.
Vision services	An eye exam every 12 months

Service Coordination

What is service coordination?

Service coordination is a big part of the STAR Kids program. The service coordinators are trained to make sure the right STAR Kids benefits are used, services are coordinated and community resources are provided to members.

Service coordination helps you plan acute and Long Term Services and Support for your child if eligible. These services include private duty nursing and personal care services If you need LTSS, you can work with your child's BCBSTX service coordinator to:

- Assess your child's health needs.
- Create a care plan.
- Organize all your child's services.
- Monitor progress toward health care goals.
- Help ensure your child gets access to services needed.

If you are a new member and currently seeing an out-of-network provider, we will allow you to see that provider for up to 90 days. We will then transition you to an in-network provider. If an in-network provider cannot provide the services you need, your service coordinator may create a Single Case Agreement with the out-of-network provider. This will allow you to continue seeing your current provider within the following timeframes: (1) up to 90 Days after you switch from another health plan, (2) until the end of the current authorization period or (3) until BCBSTX has appropriately evaluated and administered the STAR Kids Screening and Assessment Process and issued or denied a new authorization.

What will a service coordinator do for my child?

Your BCBSTX service coordinator will:

- Call you and get to know your child's health care, long-term care and behavioral health needs.
- Help you find services that are not regular Medicaid benefits. This could be physical therapy with the school or getting food or electricity from community resources.
- Help schedule your child's doctor visits.
- Help set up transportation to medical provider or therapy appointments.
- Help find resources for special health care needs.
- Help caregivers deal with stress caused by illness, money or family problems.

The service coordination process will include a telephonic Health Risk Screening (HRS), completion of the STAR Kids Screening and Assessment Instrument (SAI) and development of a Comprehensive Person-centered Individual Service Plan (ISP). Once your child's SAI and ISP are completed by the service coordinator, the completed documents can be found on the secure member portal, BAM. You can access BAM at **www.bcbstx.com/medicaid**. The link to the portal is available at the bottom of the homepage, in the 'Member Tools and Features' section.

How can I talk with a service coordinator? How can I get Service Coordination?

If you are assigned a service coordinator, you will get your service coordinator's name and phone number in the mail. You can also find out who your BCBSTX service coordinator is by calling Service Coordination toll-free at **1-877-301-4394**. Service Coordination can assist you and even connect you to your service coordinator, if you were assigned one.

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.

The name of your child's service coordinator and the coordinator's phone number can be found by logging into BAM at **www.bcbstx.com/medicaid**. This has the latest information about your child's covered benefits through STAR Kids, your current PCP and which providers your child has seen.

Health Risk Screening

BCBSTX will do an initial Health Risk Screening (HRS) by phone with the member, parent or Legally Authorized Representative (LAR). The HRS helps us learn basic physical and behavioral health information about your child and helps us plan for transition of care. This HRS also helps the service coordinator to decide the level of service your child needs. We will attempt to reach all new BCBSTX STAR Kids members, by phone within five (5) business days from the date of joining our plan to complete your child's initial HRS.

During the HRS, all BCBSTX STAR Kids members will be given:

1. A description of service coordination
2. A phone number to contact or to report problems with a service coordinator.
3. The name, phone number and email address of their service coordinator, if assigned one.
4. The minimum number of contacts you will get each year.
5. How you will be contacted and how to request more service coordination help at any time.
6. How to contact a member advocate if you have complaints about a service coordinator.

If the service coordinator changes, BCBSTX will let you know the name and phone number of the new service coordinator within five (5) business days.

STAR Kids Screening and Assessment Instrument (SAI)

Once the HRS is completed, you will be contacted by the assigned service coordinator to plan a face-to-face full screening and assessment. The SAI will take place in the member's home unless you ask to meet at another location. The SAI will be completed by a BCBSTX service coordinator. The SAI core module will be used to:

- Find out member preferences for how they would like to be contacted
- Identify follow-up assessment needs
- Help decide service coordination level
- Inform the development of the member's individual service plan

Contacting Service Coordination

BCBSTX will give members and providers access to a service coordinator through a toll-free telephone number Monday through Friday, 8 a.m. to 5 p.m., Central time.

Each service coordinator can be reached directly by telephone during regular business hours. After hours, voicemail is available. All messages should be returned within 48 hours or within two (2) business days.

A language interpreter service is available for the service coordinators to communicate with members and/or their LARs using the member's primary spoken language.

The service coordinator will talk to you about your visual and hearing needs, how you prefer to be contacted and if you have any preferences and/or other physical limitations. TTY services are available for members with special communication needs.

Individual Service Plan (ISP)

When you complete your SAI, your service coordinator will develop a person-centered ISP for you. Each member's ISP will include a combination of these:

- Assessment findings, short-and long-term goals and member preferences
- A summary with recommended service needs
- Covered services you receive
- Covered services you may need
- A description of non-covered services that could benefit you
- A plan for coordinating and integrating care between providers and covered and non-covered services

Each member's ISP will be updated:

1. At least once a year
2. Following a major change in health condition that impacts service needs
3. Upon request from the member, parent or the member's LAR
4. At the recommendation of the member's PCP
5. Following a change in life event
6. Following the STAR Kids Screening and Assessment process or re-assessment process

BCBSTX will give a printed or electronic copy of the ISP to you, your parent or LAR once a year or following any of the major changes listed above. The current ISP and SAI is available on Blue Access for Members. You may request that a copy of the ISP or SAI be given to your child's doctors or other providers by calling the Service Coordinator phone number.

What are my acute care benefits? How do I get these services? What number do I call to find out about these services?

Acute care services are those services that are needed for the short-term treatment of an injury or episode of illness or surgery. For example, visits to your PCP or a specialist, prescription drugs and laboratory services are all considered acute care benefits. Contact your service coordinator for help understanding your acute care benefits.

LTSS Benefits

What are my Long-Term Services and Supports (LTSS) benefits?

Long Term Services and Supports (LTSS) are covered benefits that provide assistance with everyday tasks such as eating, bathing and taking medicine to people with chronic medical and mental illnesses and disabilities. LTSS can be provided in the home, in a community-based setting or in a nursing facility. Your service coordinator will work with you to determine your child's level of medical need and how to get the services that will benefit you the most.

How do I get these services?

BCBSTX allows members with special health care needs to have direct access to LTSS services, without a referral, based on their health conditions and identified needs. Contact your service coordinator for help getting medically necessary services.

What number do I call to find out about these services?

Call BCBSTX Service Coordination at **1-877-301-4394**.

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.

Community First Choice (CFC) Services

Community First Choice is a Medicaid benefit that provides home and community-based attendant and support services to members with disabilities. The state provides many services to members who would otherwise qualify for care in a nursing facility.

In order to qualify for CFC, you must:

- Be a STAR Kids member not currently receiving LTSS through a 1915(c) waiver (you may be currently on the interest list for a waiver)
- Meet the eligibility requirements to qualify for care in a nursing facility, an ICF/IDD or an Institution for Mental Diseases (IMD)

CFC Services include:

- Personal Care Services
- Acquisition, maintenance and enhancement of skills
- Emergency Response Services
- Support Management

Medically Dependent Children Program (MDCP) Services

Children and young adults on the MDCP Waiver will receive their acute care services and LTSS from BCBSTX STAR Kids. This includes:

- Respite Care
- Supported Employment
- Financial Management Services
- Adaptive Aids
- Employment Assistance
- Flexible Family Support Services
- Minor home modifications
- Transition Assistance Services

Service Delivery Options

As a CFC or MDCP STAR Kids member, you have three service delivery options that give you more choice and control over some of the long term support services you get.

These options are:

1 **Consumer Directed Services (CDS)**
Consumer Directed Services (CDS) lets you become the employer of the people who deliver services to your child. As the employer, you can hire, direct and fire (if needed) your employees. With CDS you will contract with a Financial Management Services Agency (FMSA) who will help you get started. The FMSA will do your payroll, file your taxes and provide additional support if needed.

2 **Service Related Option (SRO)**
Service Related Option (SRO) lets you pick the people who provide services to your child but you are not the employer. A Home and Community Support Services Agency (HCSSA) is the employer and manages the attendant or nurse delivering services to you. In SRO you choose an in-network attendant or nurse and have a say in your child's schedule. You can supervise and train the person delivering services to your child or have the HCSSA do that for you.

3 **Agency**
In the Agency option, a HCSSA is the employer and takes care of all administrative functions such as payroll and taxes. The HCSSA will also provide a back-up attendant, nurse or respite provider if the person you usually see is unavailable.

Contact your service coordinator to find out more about your service delivery options and choose one that is right for you. You can call BCBSTX Service Coordination at **1-877-301-4394**.

Other Services

Behavioral Health Services

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

You do not need a referral for behavioral health or substance use treatment services. Your child may have a Behavioral Health Service Coordinator assigned, if needed. You can get assistance by calling your Service Coordinator or the BCBSTX Customer Advocate Department.

Does my child need a referral for this?

Mental health/substance use services do not need a PCP referral or an OK from BCBSTX to see a BCBSTX network provider. You do need to see a BCBSTX network provider or get an OK from us for an out-of-network provider. Call your/your child's Service Coordinator or the Customer Advocate Department.

Mental Health Rehabilitation and Targeted Case Management

What are mental health rehabilitation services and targeted case management?

BCBSTX offers mental health rehabilitation services and targeted case management to STAR Kids members. If you are an adult or if you have a child who has a mental illness or emotional needs, this benefit can help you or your child learn how to function better day to day. BCBSTX providers can help you with:

- Support managing medicine to reduce symptoms
- Managing medicine so your child can be more independent
- Training to help you talk to your family, friends and teachers about how you can work together to control your child's symptoms
- One-on-one help dealing with a mental or emotional crisis
- A day program when you need more help to control your child's symptoms

Case management services help members who have one or more chronic mental disorders get the care and services they need.

How do I get these services for my child?

Call the BCBSTX Customer Advocate Department toll-free for help with mental health or drugs and alcohol treatment

What is an In-Lieu-Of Service?

ILOSs are optional services and settings offered by BCBSTX as a substitute for the standard hospital stay that is offered by Medicaid. This type of care offers choices designed to give members the right care in a setting that best fits the member's needs.

Who is Eligible?

ILOSs are available to all STAR Kids plan members, but as a BCBSTX member, you can choose not to use these services in place of a covered inpatient service.

Which services will be offered?

Inpatient Services in an Institution of Mental Disease (IMD): Members can choose to get treatment for sudden mental health needs at a special mental health center instead of at a standard hospital. This treatment option is available to members ages 21 to 64 for a stay of up to 15 calendar days per month.

Partial Hospitalization Services: may also be called day programs where you do not have to sleep at the hospital. These services

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.

offer support for mental health or substance use disorders or both. You can join a daytime program and get the same type of structured and intense therapy that you would get during a short hospital stay.

Intensive Outpatient (IOP) Services: IOPs are programs to help people with mental health or substance use problems. You do not have to live at the center or stay all day. These programs offer groups, counseling, education and life skills classes for a few hours a day.

Coordination Specialty Care (CSC) Services: CSC is designed for people who have early onset of psychosis which can make it difficult for them to tell the difference between what is real and what is not. A team works with the person to make a care plan that fits their exact needs. This program is for people ages 15 to 30 who have received a diagnosis of psychosis within the last two years and live near a CSC provider.

How do I get these services and settings?

Call the Service Coordination at **1-877-301-4394** (TTY: **711**) to ask about these services.

Tobacco Cessation Program

A service coordinator can connect you with resources to help you stop smoking. Call the Tobacco Cessation Line at **1-877-937-7848** (TTY **711**). You can also visit **www.YesQuit.org**.

Dental Services

What dental services does BCBSTX cover for children?

BCBSTX covers emergency dental services in a hospital or ambulatory surgical center, including, but not limited to, payment for the following:

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

BCBSTX covers hospital, physician and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other drugs.

BCBSTX is also responsible for paying for treatment and devices for craniofacial anomalies.

Your child's Medicaid dental plan provides all other dental services including services that help prevent tooth decay and services that fix dental problems. Call your child's Medicaid dental plan to learn more about the dental services they offer. The phone numbers for these companies are at the front of this handbook.

How do I find a dentist?

To find a dentist, call your dental plan. If you do not know what dental plan you have, call Maximus at **1-800-964-2777**.

Disease Management

The Disease Management program will focus on members with these chronic diseases:

- Diabetes
- Asthma

BCBSTX will ensure that all members identified for disease management are enrolled into a disease management program, with the chance to opt out within 30 days while still maintaining access to all other covered services.

Minor Consent Services

STAR Kids members between 12 and 18 years of age can see a doctor without consent from their parents or guardians for these services:

- Family planning including birth control
- Services that have to do with pregnancy
- Sexually transmitted infection testing and treatment
- HIV/AIDS testing
- Sexual assault treatment
- Drug and alcohol use treatment
- Outpatient mental health care for sexual or physical abuse
- When you hurt yourself or others

Your child does not need an OK from their PCP to get these services. For help finding a doctor or clinic giving these services, you can call the 24/7 Nurseline.

The doctor your child sees may give the parent an opinion of what is in the child's best interest. We are not responsible for providers outside of the network keeping your child's medical records private.

STAR Kids Members in a Nursing Facility

Will my STAR Kids benefits change if I am in a nursing facility?

No. Your STAR Kids benefits will not change if you are in a nursing facility. Your BCBSTX service coordinator can help you to understand what is covered by BCBSTX and what is covered by state agencies. Call BCBSTX Service Coordination at **1-877-301-4394**.

Will I continue to receive STAR Kids benefits if I go into a Nursing Facility?

Yes. A STAR Kids member who enters a nursing facility or intermediate care facility for individuals with intellectual disabilities will remain a STAR Kids member. BCBSTX must provide service coordination and any covered services that occur outside of the nursing facility or intermediate care facility for individuals with intellectual disabilities when a STAR Kids member is a nursing facility or ICF/IID resident. Throughout the duration of the nursing facility or ICF/IID stay, BCBSTX must work with the member and the member's LAR to identify Community-Based Services and LTSS programs to help the member return to the community.

Texas Health Steps

What services are offered by Texas Health Steps?

Texas Health Steps is Medicaid health-care for STAR Kids children, teens and young adults, from birth through age 20.

Texas Health Steps gives your child:

- Free regular medical checkups starting at birth.
- Free dental checkups starting at six months of age.
- A case manager who can find out what services your child needs and where to get these services.

Texas Health Steps checkups:

- Find health problems before they get worse and are harder to treat.
- Prevent health problems that make it hard for children to learn and grow like others their age.
- Help your child have a healthy smile.

When to set up a checkup:

- You will get a letter from Texas Health Steps telling you when it is time for a checkup. Call your child's doctor to set up the checkup.

- Set up the checkup at a time that works best for your family.

If the doctor or dentist finds a health problem during a checkup, your child can get the care he or she needs, such as:

- Eye tests and eyeglasses
- Hearing tests and hearing aids
- Dental care
- Other health care
- Treatment for other medical conditions

Call the BCBSTX Customer Advocate Department at 1-877-688-1811 or Texas Health Steps at 1-877-847-8377 (1-877-THSTEPS) toll-free if you:

- Need help finding a doctor or dentist
- Need help setting up a checkup
- Have questions about checkups or Texas Health Steps
- Need help finding and getting other services

If you cannot get your child to the checkup, Medicaid may be able to help. Children on Medicaid and their parent can get rides to and from the doctor, dentist, hospital or drugstore at no cost. Call MTM Health at **1-866-824-1565**.

Call the BCBSTX Customer Advocate Department at **1-877-688-1811** to help you pick a Texas Health Steps doctor or go to our Provider Directory/Provider Finder feature on the member website at **www.bcbstx.com/medicaid**.

Texas Health Steps services include:

- Medical checkups
- A general physical exam and assessment of your child's growth and development
- Assessment of your child's mental/behavioral health
- Assessment of your child's nutrition
- Lab tests for:
  - Anemia
  - Lead
  - Urine
  - TB
- Vaccines when due
- Tips to help keep your child healthy
- Referrals for other medically necessary services
- Comprehensive Care Provider (CCP) Services for children 20 years old and younger, includes but is not limited to:
  - Durable Medical Equipment (DME)
  - Private duty nursing
  - Therapies

Your child may be eligible to receive a gift card for getting a Texas Health Steps checkup. See **Part 8: Value-Added Services** for more information.

How and when do I get Texas Health Steps medical and dental checkups for my child?

Texas Health Steps medical checkups begin at birth. Ask your child's PCP when to bring your child in for the next checkup. Texas Health Steps dental checkups begin at six months old with your child's PCP. Your child can have a dental checkup starting at age six months and should have a dental checkup every six months.

- If you have a problem getting a checkup, call the Customer Advocate Department or Service Coordination toll-free at **1-877-301-4394** (TTY **711**).
- Texas Health Steps will send a reminder letter when your next medical checkup is due.

Does my child's doctor have to be part of the BCBSTX network?

Texas Health Steps services are given by BCBSTX Texas Health Steps providers. It does not have to be your child's PCP

but the provider must be in the BCBSTX network. You can find a Texas Health Steps doctor at **www.bcbstx.com/medicaid**.

Do I have to have a referral for my child?

You do not need an OK from your child's PCP to get Texas Health Steps medical or dental checkups.

What if I need to cancel an appointment? What if I am out of town and my child is due for a Texas Health Steps Checkup?

Call your child's PCP as soon as you know that your child will not be able to go to a Texas Health Steps checkup for any reason, including being out of town. If you need help making a new appointment, call Member Outreach. If you live in the Central service area, call **1-855-497-0857** (TTY: **711**). If you live in the Travis service area, call **1-877-375-9097** (TTY **711**)

What if I am a Migrant Worker?

If you are a migrant farmworker your child may get an appointment for a checkup sooner if your family is leaving the area.

Who is a Migrant Farmworker?

You are considered a migrant farmworker, if you are a migratory agricultural worker. As a rule, a Farm Worker is defined as a person:

- Whose main work is in agriculture on a seasonal basis;
- Who has been so employed within the last 24 months;
- Who does any activity that has to do with the production of or processing of crops, dairy products, poultry or livestock for initial commercial sale or as the main means of personal subsistence;
- Who sets up a temporary place to live for the purpose of working a seasonal agricultural job.

Reminders for Texas Health Steps Checkups are sent in the mail at the address the Health and Human Services Commission has on file for your family and by reminder calls.

Women's Health Care Services

ATTENTION FEMALE MEMBERS: What if I need OB/GYN care? Do I have the right to choose an OB/GYN?

BCBSTX allows you to pick an OB/GYN but this doctor must be in the same network as your primary care provider.

You have the right to pick an OB/GYN without a referral from your primary care provider. An OB/GYN can give you:

- One well-check each year.
- Care related to pregnancy.
- Care for any OB/GYN related medical condition.
- Referral to a special doctor within the network.

If I do not choose an OB/GYN for my child, do I have direct access?

Your child can go to an OB/GYN as a PCP. Your child can also go to an in-network OB/GYN any time that type of doctor is needed. You do not need an OK.

How soon can my child be seen after contacting an OB/GYN for an appointment?

Your child should be seen within 14 calendar days from the date you call to schedule the appointment.

Will I need a referral?

No. You will not need a referral or prior-authorization to see an in-network OB/GYN.

Can my child stay with my OB/GYN if that doctor is not with BCBSTX? Will my child need a referral?

Your child can see out-of-network OB/GYN providers for medically necessary services.

Notify a service coordinator if your child is going to see an out-of-network OB/GYN.

How do I choose an OB/GYN for the same child?

You can look in the BCBSTX Provider Directory or Provider Finder to choose an OB/GYN.

If your child is pregnant, call the Customer Advocate Department. We can help your child get the care needed and help you choose a PCP for the baby.

Family Planning Services

How do I get family planning services for my child?

Your child may want to start a family or need to know how to be healthy before getting pregnant. Or, you may want your child to know how to avoid getting pregnant or how to protect against diseases.

Family planning can teach your child how to:

- Be as healthy as they can before becoming pregnant.
- Keep your child or your child's partner from getting pregnant.
- Keep your child from getting diseases.

Covered family planning services include:

- Medical visits for birth control
- Marriage and family planning, education and counseling
- Birth control including long acting reproductive contraception (LARC)
- Pregnancy tests
- Lab tests
- Tests for sexually transmitted infections (STIs)
- Sterilization

Does my child need a referral for this?

Your child does not need an OK from your PCP to get family planning help. You may use any qualified:

- Clinic
- OB/GYN
- PCP
- Certified nurse midwife
- Certified Women's Health Care Nurse Practitioner. The provider does not need to be part of BCBTX network but must accept Medicaid.

Limits

Some services are not covered:

- Surgery to reverse sterilization
- Fertility treatments
  - Artificial insemination
  - In vitro fertilization

Where do I find a family planning services provider?

You can find the locations of family planning providers near you online at **www.healthytexaswomen.org/find-doctor** or you can call the BCBSTX Customer Advocate Department at **1-877-688-1811** for help in finding a family planning provider. If you have hearing or speech loss, you may call the TTY line at **711**.

Prenatal Care

Pregnancy care

What if my child is pregnant? Who do I need to call?

When you know your child is pregnant call your service coordinator at **1-877-301-4394** or call Special Beginnings at **1-888-421-7781**.

We can help you find an OB/GYN and a hospital that is in network.

You can work with your child's service coordinator to find a specialist if your child is pregnant and has special health care needs. The service coordinator will help coordinate a letter of agreement for providers outside of our network if needed. Call your service coordinator at **1-877-301-4394**.

If your child is pregnant, you will get the following information:

- How to take care of your pregnant child
- Details about our prenatal program, Special Beginnings. Special Beginnings provides guidance on prenatal care, education on possible pregnancy risks and support through each stage of pregnancy. The program provides specialized nurses who contact patients to monitor their progress and ensure they are following the plans of care set by their doctors. Please see **Part 11: Programs to Help Keep You Well** for more information about Special Beginnings.
- Tests that are needed, such as ultrasounds
- HIV testing, treatment and counseling (you can refuse to take an HIV test)
- Services by nurse-midwives, who can also be the member's PCP
- Case-by-case Value Added Services

When should I get an appointment with my child's OB/GYN? How soon can my child be seen after contacting my OB/GYN for an appointment?

Set up your first prenatal care visit:

- As soon as you think your child is pregnant, but no later than 42 days after enrollment in the plan or the first three months of pregnancy.
- Within 14 calendar days from the date you call if your child is in the first three months of pregnancy.
- Within seven calendar days from the date you call if your child is in the second three months of pregnancy.
- Within five business days from the date you call if your child is in the last three months of pregnancy.

Call your child's OB/GYN and ask to set up an appointment right away if you have an emergency. Also, call your OB/GYN if you think your child has a high-risk condition that has to do with the pregnancy.

What other services, activities or education does BCBSTX offer pregnant members?

We will send you mailings that include:

- Tips about caring for your child and your child's new baby.
- Perinatal and breastfeeding news.
- A form to choose a PCP for your child's baby.

Value-Added Services for pregnant members are offered on a case-by-case basis. You should work with your service coordinator to see what services are available.

Where can I find a list of birthing centers?

Your child's doctor will help you find a place to deliver the baby. You can also go online to find birthing centers on our Provider Finder, visit **https://www.hhs.texas.gov/providers/health-care-facilities-regulation/birthing-centers**, or call the Customer Advocate Department to find a hospital to deliver your child's baby.

Enrolling a newborn baby

How and when do I tell my child's caseworker?

It is important that you call your child's HHSC caseworker immediately after the baby is born.

How do I sign up my child's newborn?

Call **211** to report that the baby was born. HHSC will let you know if the baby is eligible for any programs.

What if a member on STAR Kids becomes pregnant? How and when do I tell the health plan?

Call the Customer Advocate Department as soon as you know the member is pregnant. We will work with you to get access to an OB/GYN in your area. We will also offer case-by-case value added pregnancy related services once the member becomes pregnant. Call the Customer Advocate Department for more details.

Transitioning out of STAR Kids

What is a transition specialist? What will a transition specialist do for me? How can I talk with a transition specialist?

Your transition specialist is responsible for:

- Supporting service coordinators in helping you transition out of STAR Kids.
- Counseling and educating you and others in your support network about transition resources.
- Identifying and developing relationships with community agencies that support the transition process.
- Helping you/your child transition from the STAR Kids program to the STAR+PLUS program and from STAR Kids pediatric providers to STAR+PLUS adult providers.
- You can find out who your child's transition specialist is by calling Service Coordination at **1-877-301-4394** (TTY **711**).

Vision Services

How do I get eye care services?

Call the Customer Advocate Department for eye doctors in your area.

Case-by-Case Services

BCBSTX will offer case-by-case services based on medical necessity, cost-effectiveness and wishes of the member/family for improving health status. Work with your child's BCBSTX service coordinator for more information on case-by-case services.

PART 8

Value-Added Services

Value-Added Services (VAS) offered by BCBSTX

What extra benefits do I get as a BCBSTX STAR Kids member?

BCBSTX has many VAS to help members stay healthy. These services are offered at no cost to you. VAS include:

- Extra Help Getting a Ride: Free rides to member events and meetings, VAS services and approved health classes.
- Upgrade to Eyewear or Contact Lenses for Kids
- Extra Help for Parents: Respite care for parents/LARs
- Infant Texas Health Steps Gift Card
- Child and Adolescent Checkup Gift Card
- Sports and Camp Physicals
- Health and Wellness Activity Reward
- Online Prenatal, Postpartum and Grief Classes
- Prenatal Visit Gift Card
- Postpartum Visit Gift Card
- Breastfeeding Education through our Special Beginnings Program
- In-Home delivery meal services after a Qualifying Hospitalization
- Online Behavioral Health (BH) Resources
- Blue365 Health and Wellness Discounts



How do I get my reward if I've earned a gift card as a VAS?

When you earn a gift card reward as a VAS for making a healthy choice, you will have to register for Healthy Rewards.

You will need your member ID card, date of birth and email address to set up your account at **BCBSTX.com/WellnessRewards** to get started. You can also call us at **1-877-860-2837** (TTY/TDD: **711**) for help signing up for Healthy Rewards.

Once registered, you will receive an email letting you know that your account is set up. Then you're ready to start earning rewards!

How can I get these benefits for my child?

For more information on VAS, call Member Outreach. For a Member Advocate in the Central service area, call **1-855-497-0857**. If you are in the Travis service area, call **1-877-375-9097**.

Restrictions and limitations may apply.

What are the gift card restrictions?

These restrictions apply to ALL gift card VAS. You must be an active member on the plan and the member/parent/guardian must register through the Wellness Rewards gift card program portal to receive the gift card. The gift card will not automatically be mailed if the member is not registered.

Gift card awards are based on claims your doctor will send to BCBSTX after the checkup is completed. Once your doctor sends BCBSTX the claim, it could take up to two months for you to get the gift card after the required health action is completed.

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.

The gift card will be sent to the address you have listed as your mailing address with HHSC. If you have moved, be sure to update your address with HHSC within 10 days. Gift cards will not be re-issued if the mailing address is listed incorrectly with HHSC.

Extra Help Getting a Ride

STAR Kids members can schedule free rides to medical appointments and other related services through MTM Health at **1-866-824-1565**. This is a covered benefit through Texas Medicaid. See **PART 10** of this handbook, **Additional Services for STAR Kids Members**, for more information about NEMT. If MTM Health cannot cover your ride through NEMT, you can ask for Extra Help Getting a Ride through the BCBSTX VAS program.

BCBSTX STAR Kids members may be eligible to use the VAS if the type of ride requested is not covered through the NEMT program. This includes VAS services such as approved health classes, special member events and meetings and transportation for covered services where the parent needs to bring more than one child.

Out-of-area and out-of-state services require at least 48 hours notice and an OK from BCBSTX before you schedule a ride. You may also be able to get reimbursement for mileage for scheduled trips, but this must get an OK before the trip is taken. Please call MTM Health to schedule your ride.

How do I get transportation benefits?

STAR Kids members should first call our transportation vendor, MTM Health, at **1-866-824-1565** to see if you qualify for a ride through NEMT. If you do not qualify for NEMT, ask if you qualify for a ride through VAS transportation.

Have the following information ready before you call MTM Health to schedule your ride:

- Member's full name, current address and phone number
- BCBSTX member ID number
- Date and time of the appointment
- Name, address and phone number of where you are going
- Type of appointment you are going to
- If you need a wheelchair van or some other kind of help during your trip

You can download the MTM Link Member Mobile App to schedule, change or review your ride. Search 'MTM Link Member' on either Google Play® or in the Apple App Store® to download. Make sure to have an email address handy to create your account.

Limitations: This VAS is for use by STAR Kids members and their legally authorized representative (LAR) when transportation to a service is not covered by the Texas Medicaid Medical Transportation program. VAS transportation requires prior authorization.

Members can get free rides to approved services not covered by Medicaid such WIC visits, BCBSTX member events and meetings, approved health classes or for covered services such as non-emergency doctor visits, therapy, pharmacy where the parent needs to bring more than one child.

Approved transportation in the service area and less than 75 miles require and prior authorization and two business days advance notice. Trips with less than two business days advance notice will be approved on a case-by-case basis.

Trips to out of area and out of state services, including VAS Transportation greater than 75 miles with a request for lodging and food allowances requires five business days advance notice.

Requests for overnight lodging and transport may be approved in less than five business days on a case-by-case basis. This service does not include emergency transportation benefits, which are a covered benefit.

BCBSTX reserves the right to determine the best mode of transportation appropriate for the ride request. Vehicles may include ride-share services, bus, train or other public transportation available, vans, taxi or other car services.

Transportation reimbursement will be utilized if trips are pre-approved and validated, to approved transport drivers. No emergency transportation.

How do I get reimbursement for transportation costs?

You can get reimbursement for transportation costs though MTM Health if you the trip approved before your appointment. You must complete an Individual Transportation Participant (ITP) Agreement. You can download a copy from **https://www.mtm-inc.net/texas/members/** or call MTM Health to ask for the packet at **1-866-824-1565** (TTY: **711**) between 8 a.m. and 5 p.m. Central time, Monday through Friday.

Return the completed documents by mail, fax, or email to the following:

Mail: MTM Health ITP Claims
16 Hawk Ridge Circle
Lake St. Louis, MO 63367

Email: **TXPayee@mtm-inc.net**

Fax: **1-844-239-5971**

You cannot get reimbursed if you do not get approval first.

Limitations: BCBSTX will confirm the trip and the driver must be approved before the trip is taken. You cannot get reimbursed if you do not get approval first. The transportation VAS is for members when NEMT is not available.

Enhanced Eyewear for Kids

STAR Kids members ages 0 through 20 can get one upgrade to eyewear such as one pair of stylish frames (upgraded from basic frames), an upgrade to lenses, contact lenses or an extra pair of glasses, up to $150 in value, every year after they complete an eye exam. Call the Customer Advocate Department for more information.

Limitations: The upgrade may not go above a $150 value each year. This VAS must be fulfilled by an in-network Davis Vision provider. This VAS applies after coverage has been provided by primary and secondary insurances. This benefit is only applicable to routine and specialty eyewear, upgrades to eyewear and an additional pair of eyewear and cannot be converted to cash. Vanity contact lenses are not covered.

The member will receive the VAS when the request is made by the provider and the member appointment is completed. The member will still receive the VAS benefit if they are still enrolled on the date of service on which the request was made.

Extra Help for Parents: Respite Care for Parents/LAR

BCBSTX offers a respite care VAS for STAR Kids members in the Medically Dependent Children Program (MDCP). The VAS provides an extra eight hours per month, in addition to the covered benefit of respite services. Members can use their existing respite care provider. This allows STAR Kids members to work with a provider that already understands their health care needs.

Limitations: This service is for STAR Kids MDCP members only. A parent or LAR must work with BCBSTX service coordinators to get the respite care VAS and to select the appropriate respite care

provider. Parents and LARs will be limited to eight hours of respite care per month with their existing or selected respite care provider.

Members new to the program will work with their Service Coordinator to select an appropriate respite provider and get authorized.

This VAS does not count against any covered respite benefits. The member must be current on their service coordination plan to be eligible. This service is limited to between 6 a.m. to 8 p.m., Central time; not intended for overnight use. Respite care providers must be willing to bill BCBSTX by invoice for members to get this service.



Child and Adolescent Checkup Gift Card Incentive

Child and adolescent STAR Kids members ages two to 20 can earn a $25 gift card when they visit their PCP or OB/GYN for a yearly Texas Health Steps checkup.

Limitations: Parents or guardians of child members ages 2 through 20 years must ensure their child completes their well child checks by the defined criteria. Members must be active on the plan and register on BCBSTX Wellness Rewards to qualify for and receive the $25 gift card. Check-ups must be performed by an in-network PCP. Members are eligible for one gift card award each calendar year. We will not replace gift cards that were sent to the wrong address due to incorrect information provided by the member upon online registration.

Sports and Camp Physicals

Members ages 3 through 20 can get one free sports and camp physical each calendar year.

Limitations: Sports and Camp physicals will be available from contracted providers. This value-added service is limited to one physical each calendar year for members ages 3 through 20.



Health and Wellness Activity Reward

All STAR Kids members can receive a $40 gift card reward for participating in a Health and Wellness program such as a sports, music, art or camp recreation activities to encourage children to maintain a healthy mind and body.

Limitations: Health and wellness classes and activities include but are not limited to a sport, swimming, music or camp of the member's choice. The activity does not need to be approved prior to enrolling. The members is responsible for submitting a receipt for reimbursement for this VAS.

Online Prenatal, Postpartum and Grief Classes

What health education classes does BCBSTX offer?

BCBSTX offers online prenatal, breastfeeding, diet and nutrition, how to make a birth plan, postpartum care and grief classes to pregnant STAR Kids members, at no cost. Classes are available in English or 17 other languages.
Visit the STAR Kids member website at **www.bcbstx.com/medicaid** to find out more about online classes and other resources for pregnant members. Call Special Beginnings to register for an online class.

Limitations: Members must be pregnant to be eligible to begin prenatal classes. Classes are available online by computer or mobile app in English and 17 other languages. Classes are available to pregnant members and up to 90 days after the expected due date. Members must remain active on the plan during the 90 days following the expected due date.

What will you learn?

Pregnancy

- How your body changes
- How baby grows and changes
- Taking care of yourself
- Aches and pains of pregnancy
- Your checkups and tests
- Knowing signs of early labor

Labor and Birth

- Your birth plan
- Birthing choices
- Breathing and pushing skills
- C-section birth
- Pain relief choices
- Recovery and postpartum care
- How to deal with grief after loss

Baby Care and Breastfeeding

- New baby care and safety
- Umbilical cord and circumcision care
- Choosing your baby's doctor
- How to know if your baby is sick
- Breastfeeding
  - Expressing and storing milk
  - Going back to work
  - Feeding positions

Guide to Grief

- Grief Support
- Maternal Infant Health Resources
- Information about local support groups and resources

Limitations: STAR Kids members must be pregnant to be eligible to begin prenatal classes.Classes are available online by computer or mobile app in English and 17 other languages. Suggested classes include, but are not limited to: prenatal, breastfeeding, postpartum emotional changes and grief. Classes are available to pregnant members and up to 90 days after the expected due date. Members must remain active on the plan during the 90 days following the expected due date.



Prenatal Visit Gift Card

Pregnant STAR Kids members are eligible to receive a $50 gift card when they complete their first prenatal visit within the first trimester of pregnancy or within 42 days of enrollment with BCBSTX.

Limitations: Pregnant members must complete their first prenatal visit by the timelines listed above. Member must be active on the plan and registered on the BCBSTX Wellness Rewards website to qualify for the gift card. Members must register on the rewards website each calendar year. We will not replace gift cards that were sent to the wrong address due to incorrect information provided by the member upon online registration. Review the, 'What are the gift card restrictions?' section.



Postpartum Incentive Gift Card

STAR Kids members can earn a $50 gift card for completing a postpartum visit within seven to 84 days after having a baby.

Limitations: Members who have recently delivered a baby must complete a postpartum visit within seven to 84 days after delivery, be active on the BCBSTX plan when the visit is completed. We will not replace gift cards that were sent to the wrong address due to incorrect information provided by the member upon online registration. Review the, 'What are the gift card restrictions?' section.

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.

Breastfeeding Education through our Special Beginnings Program

Members who register for the Special Beginnings maternity program will have access to breastfeeding education information provided by Special Beginnings nurses.

The Special Beginnings maternity program can help you better understand and manage your pregnancy. When you register for Special Beginnings, you will get a Special Beginnings Service Coordinator. This is a specially trained nurse who will talk to you about how you and your baby are doing and will continue to call you up to six weeks after your baby is born.

They can teach you how to make healthy choices for you and your baby, find pregnancy-related resources if you need them and work with your doctor if you have any special health needs during your pregnancy. If you are pregnant and would like to register for Special Beginnings, please call us toll-free at **1-888-421-7781** (TTY **711**) or email Special Beginnings at **TXSBMedicaid@bcbstx.com**.

Limitations: Members must join the Special Beginnings program to receive access to assistance from Special Beginnings Nurses about breastfeeding and maternal health education support all the way from the start of the member's pregnancy until six weeks after the child is born.

In Home Meal Delivery Services After a Hospital Discharge

STAR Kids members who have been discharged from the hospital after a qualifying medical or mental health inpatient stay, while on our plan, can qualify to receive up to 14 meals delivered to their home. Meal choices are delivered frozen and include lunch and dinner options. If you have questions, please call your service coordinator or the Customer Advocate Department. You can order up to 14 meals from the meal services provider for one incident per year.

Limitations: Members who have been discharged from the hospital with a date of service while effective on our plan, may order up to 14 prepared meals from the meal services provider. In-home meal delivery will only be available for one hospitalization per year for a maximum of 14 meals per year. Parents or LARs must work through their Service Coordinator to determine eligibility and to order the meals via online registration. Meals will be shipped to the address provided to the vendor at time of order. The request for meals must be made within 30 days of discharge. Meals will not be replaced due to incorrect address.

Blue365® Health and Wellness Discounts

Our Blue365 program offers discounts on a variety of health and wellness related services and items. The program is available to all STAR Kids members at **www.blue365deals.com/BCBSTX**.

Discount types include:

- Apparel and Footwear
- Fitness
- Hearing and Vision
- Home and Family
- Nutrition
- Personal Care

This VAS excludes benefits covered by STAR Kids.

Limitations: Members ages 0 through 64 get free membership to Blue365, a program which offers discounts for health and wellness products and services.Members who have limited or no access to the internet, those who have vision impairment or members who have questions about how to access information on Blue365 can call member outreach or their member advocate for assistance in locating resources and information on Blue365.Members must register on the **Blue365deals.com** site for Texas. The information required for the registration process includes name,

Learn to Live: Online Behavioral Health (BH) Platform

Learn to Live is a no cost online health program. It is offered to members 13 and older and their caregivers. Learn to Live gives self-paced mental health solutions, plus access to 24/7 member coaches. It can help with common challenges like stress, anxiety, depression, insomnia and substance use. To start, register at **https://www.learntolive.com/welcome/BCBSTXMedicaid** (Access Code: **TXMED**).

Limitations: Members must be aged 13 through 64 to use this VAS. Members must have login information to utilize this service as provided by Case Management and are in control of the frequency of their utilization and selecting the tools provided.

PART 9

Prescription and Pharmacy Benefits

How to fill your prescriptions

To find out if a drug is covered, please call the Customer Advocate Department.

Network pharmacies can be found on Provider Finder at **www.bcbstx.com/medicaid**.

Where can I get a list of my child's prescriptions?

Log into BAM and click on 'Pharmacy' under 'Find Care' to get a list of past and present prescription information. Prescriptions will only be listed if we have gotten a claim for it. You can also find out how many refills are left on the medicine. BAM will also send you a reminder three days before prescription refill due date.

Prescription Drug Benefits

What are my child's prescription drug benefits?

Your child's benefits include coverage for selected prescription and over-the-counter drugs and medical supplies.

In order to be covered, a drug should be included on the Vendor Drug Program's (VDP)preferred drug list. The Drug List includes generic, brand and over-the-counter drugs that require a prescription, such as prenatal vitamins and certain minerals, as well as some limited medical supplies.

If a member requires a drug that is not on the VDP drug list, it will still be covered if it is medically necessary and there are no other available drugs on the formulary to meet this need.

You pay nothing ($0) for the items on the Drug List. Those items will be covered as long as:

- Your child has a medical need for them
- Your child has a prescription for them from your doctor (including for OTC drugs)
- You fill the prescription at a network pharmacy
- You follow the plan rules

Most generic and some OTC drugs are covered. If your child is pregnant, OTC prenatal vitamins are covered. Ask your child's OB to write a prescription.

Certain drugs on the Drug List, including most brand name drugs, need an OK. Your doctor will need to request approval before these drugs can be prescribed. Without approval, the drugs are not covered. Some drugs may have limits on the amount that will be covered. You can find out if your drug has any conditions or limits by looking at the Drug List.

If your doctor wants your child to have a drug that is not on the list, he or she can request approval for that drug. We will let your doctor know if Ok'd within 24 hours. If we get the request after hours, we will let your doctor know on the next business day. Your pharmacist can ask for a 72-hour supply of the drug if we get the request after hours. If we say no to your request, you will get a letter that tells you the medical reasons why.

To find out if a drug is on our list, please call the Customer Advocate Department or visit **www.bcbstx.com/medicaid**.

To protect your child's health, make sure your doctor and pharmacist know all the medicines your child is taking, including OTC drugs.

This plan does not cover cannabis.

Cannabis means all parts of the plant genus Cannabis containing delta-9-tetrahydrocannabinol (THC)

as an active ingredient, whether growing or not, the seeds of the plant, the resin extracted from any part of the plant, and every cannabis-derived compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or its resin. Cannabis with THC as an active ingredient may be called marijuana.

How do I get my child's medications?

Medicaid pays for most medicine your child's doctor says is needed. The doctor will write a prescription so you can take it to the drugstore or may be able to send the prescription to the drugstore for you.

How do I get my child's medications if he or she is in a nursing facility?

The nursing facility will give your child the medications.

What if I cannot get the medication my child's doctor ordered/approved?

Some medications require your doctor to call in or fax a prior authorization to the pharmacy before you can get the medication. If your child's doctor cannot be reached to approve a prescription, you may be able to get a three-day emergency supply from the pharmacist at an in-network, walk-in pharmacy.

Call the BCBSTX Customer Advocate Department for help with your child's medications and refills. Members with hearing or speech loss may call the TTY line at **711**.

Can I file an appeal for an medication or DME that was not approved?

You can file an appeal by calling the Customer Advocate Department. Learn more about filing an appeal in **Part 14: How to Resolve a Problem with BCBSTX**.

What if I lose my child's medication(s)?

Call the Customer Advocate Department for help if you lose your child's medications. We will help you get replacement medication(s).

Finding a Network Pharmacy

How do I find a network drugstore?

To find a list of pharmacies, use our Provider Finder at **www.bcbstx.com/medicaid** or call the Customer Advocate Department.

What if I go to a drugstore not in the network?

If you go to a drugstore that is not in the network, ask the drugstore staff to call the Customer Advocate Department to find another network pharmacy.

What do I bring with me to the drugstore?

Make sure to take your child's BCBSTX ID card, your prescription and *Your Texas Benefits* Medicaid ID card.

Mail Order Pharmacy

What if I need my child's medications delivered to me? Which pharmacies offer this service?

Walgreens Mail Service offers home delivery at no cost to you. You can get a 90-day supply of your long-term medicines delivered to your home. Long-term medical drugs are the type you take regularly for more than three months. Long-term drugs may treat chronic conditions such as high cholesterol or high blood pressure, as well as asthma, depression and anxiety. Reach out to Walgreens Mail Service to learn more about their home delivery services.

- Call Walgreens Mail Service toll-free at **1-877-357-7463** (TTY **711**) or visit **WalgreensMailService.com**.

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

If you have problems getting a prescription, call **1-877-688-1811**.

Non-Emergency Medical Transportation Services

How do I get transport benefits for my child?

The VAS transportation services are available for you to use when you have a prescription to pick up.

You should first try to access NEMT through MTM Health. Call MTM Health at **1-866-824-1565** to see if you can get a ride to the pharmacy. If they are unable to schedule a ride for you, you may use VAS transportation. MTM Health will set up a ride through the VAS if you have:

- No other way to get a ride to services that are medically necessary.
- An OK ahead of time from BCBSTX.

If you have difficulty getting transportation through NEMT, ask MTM Health if you qualify for the transportation VAS.

What if I need durable medical equipment (DME) or other products normally found in a drugstore?

Some durable medical equipment (DME) and products normally found in a drugstore are covered by Medicaid. For all Members, BCBSTX pays for nebulizers, ostomy supplies and other covered supplies and equipment if they are medically necessary. For children birth through age 20. BCBSTX also pays for medically necessary prescribed over-the-counter drugs, diapers, formula and some vitamins and minerals. Call the BCBSTX Customer Advocate Department for more information about these benefits.

Limited Home Health Supplies

You can now get some home health supplies from BCBSTX pharmacies. Many standard diabetic supplies are included, such as insulin syringes and needles, lancets, blood glucose monitors and test strips and more. OneTouch® products are the preferred diabetes monitor, test strips and supplies for BCBSTX. If you need a new monitor your doctor can write a prescription and you can pick it up at the pharmacy.

Other home health goods, like aerosol holding chambers oral electrolytes and saline solutions are also available.

Medicaid members are able to get these services through a pharmacy or a DME provider. If you have questions, ask your pharmacist or call the BCBSTX Customer Advocate Department.

Medicaid Lock-In Program

What is the Medicaid Lock-In Program?

You and your child may be put in the Lock-In Program if you do not follow Medicaid rules. It checks how you use Medicaid drug store services. Your Medicaid benefits remain the same. Changes to a different health plan will not change the Lock-In status.

To avoid being put in the Medicaid Lock-In Program:

- Pick one drugstore at one location to use all the time.
- Be sure your main doctor, main dentist or the specialists they refer you to are the only doctors that give you prescriptions.
- Do not get the same type of medicine from different doctors.

To learn more, call the BCBSTX Customer Advocate Department.

Dual-Eligible Members

What if I also have Medicare?

Members who are eligible for both Medicare and Medicaid (dual eligible) will have most of their drugs covered by their Medicare Prescription Drug (Part D). BCBSTX will pay for some drugs not covered by Medicare Part D, including:

- Over-the-counter drugs
- Cough and cold products
- Vitamin and mineral products
- Limited home health supplies

Medicare's Limited Income Newly Eligible Transition (LI NET)program provides temporary Part D prescription drug coverage for Low Income Subsidy (LIS) beneficiaries not yet enrolled in a Medicare drug plan. The LI-NET also provides retroactive coverage for new dual eligibles (those eligible for both Medicare and Medicaid).

If you have not enrolled in a Part D prescription drug plan or have issues obtaining your Medicare drugs, contact the LI-NET program at **1-800-783-1307** for help.

PART 10

Additional Services for STAR Kids Members

Medicaid covers some services that BCBSTX does not. Some services may be limited or need an OK ahead of time.

Call the BCBSTX Customer Advocate Department. We will help set up these services for you.

Early Childhood Intervention (ECI)

What is Early Childhood Intervention (ECI)?

ECI is a statewide program that helps children from birth to age 3 with disabilities or developmental problems. Your selected ECI Provider will provide case management and service recommendations on the individual and family service plan. BCBSTX STAR Kids will provide all therapies ordered on the plan. To learn more, call **1-800-628-5115** or visit the ECI website at **https://hhs.texas.gov/services/disability/early-childhood-intervention-services**.

Do I need a referral for ECI?

No, you do not need a medical diagnosis or a doctor's referral to access ECI services.

Where do I find an ECI provider?

Go to **https://citysearch.hhsc.state.tx.us/** or call your BCBSTX service coordinator at **1-877-301-4394**.

How and when do I get Texas Health Steps dental checkups for my child?

Starting at six months of age, Texas Health Steps covers routine dental services for members.

You will get reminders when your child needs a checkup. Call your dental plan with questions.

Case Management for Children and Pregnant Members

What is case management for children and pregnant women?

If you need help finding and getting services, you might be able to get a case manager to help you.

Who can get a case manager?

Children, teens, young adults (birth through age 20) and pregnant women who get Medicaid and:

- Have health problems or
- Are at a high risk for getting health problems

What do case managers do?

A case manager will visit with you and:

- Find out what services your child needs.
- Find services near where you live.
- Teach you how to find and get other services.
- Make sure you get the services you need for your child.

What kind of help can you get?

Case managers can help you:

- Get medical and dental services, supplies and equipment.
- Work on school or education issues.
- Work on other problems.

How can you get a case manager?

You can reach a service coordinator at **1-877-301-4394** (TTY: **711**) between 8 a.m. and 5 p.m. or call Texas Health Steps at **1-877-847-8377** (TTY: **711**) between 8 a.m. and 8 p.m.

You can also visit **https://www.bcbstx.com/medicaid**.

Texas School Health and Related Services

These services are offered at school for members under 21 years of age with certain disabilities. They are given through a partnership of HHSC and the Texas Education Agency. Services include:

- Assessment
- Hearing
- Counseling
- Medical services
- School health services
- Occupational therapy
- Physical therapy
- Speech therapy
- Special transport
- Psychological services

To learn more about SHARS, contact the Texas Education Agency at **1-512-463-9734**.

The Department of Assistive and Rehabilitation Services

DARS helps disabled members in these areas:

- Independent living
- Communication
- Mobility
- Social skills

DARS also helps children with delays in development:

- DARS tests to find out if the child has vision problems that will harm the their development.
- Any child with a vision problem may go to the Blind Children's Vocational Discovery and Development Program.

To learn more about DARS:

Phone: Toll-free **1-800-628-5115**
Email: **DARS.Inquiries@dars.state.tx.us**
Fax: **1-512-424-4730**
Mail: DARS Inquiries Unit
4800 N. Lamar
MC 1416
Austin, Texas 78756

Non-Emergency Medical Transportation (NEMT) Services

What are NEMT Services?

NEMT services provide transportation to non-emergency health care appointments for members who have no other

transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy and other places you get Medicaid services. These trips do NOT include ambulance trips.

What services are part of NEMT Services?

- Passes or tickets for transportation such as mass transit within and between cities or states, including by rail or bus.
- Commercial airline transportation services.
- Demand response transportation services, which is curb-to-curb transportation: in private buses, vans or sedans, including wheelchair-accessible-vans, if necessary.
- Mileage reimbursement for an individual transportation participant (ITP) to a covered health care service. The ITP can be you, a responsible party, a family member, a friend or a neighbor.
- If you are 20 years old or younger, you may be able to receive:
  - the cost of meals associated with a long-distance trip to get health care services. The daily rate for meals is $25 per day, per person
  - the cost of lodging associated with a long-distance trip to get health care services. Lodging services are limited to the overnight stay and do not include amenities such as phone calls, room service or laundry service, used during the stay,
  - funds in advance of a trip to cover authorized non-emergency medical transportation services.

If you need an attendant to travel to your appointment with you, NEMT services will cover the transportation costs of your attendant.

Children 14 years old and younger must be accompanied by a parent, guardian or other authorized adult. Children 15-17 years old must be accompanied by a parent, guardian or other authorized adult or have consent from a parent, guardian or other authorized adults on file to travel alone. Parental consent is not required if the health care service is confidential in nature.

How do I get a ride? Who do I call for a ride to a medical appointment?

Call **1-866-824-1565** (TTY: **711**) to request NEMT services between 8 a.m. and 5 p.m. Central time, Monday through Friday. You should request NEMT services as early as possible and at least 48 hours before you need the NEMT service. In certain circumstances you may request the NEMT service with less than 48 hours notice. These circumstances include being picked up after being discharged from a hospital; trips to the pharmacy to pick up medication or approved medical supplies; and trips for urgent conditions. An urgent condition is a health condition that is not an emergency but is severe or painful enough to require treatment within 24 hours.

You must notify MTM Health prior to the approved and scheduled trip if your medical appointment is cancelled.

All requests for transportation services should be made within two to five business days of your appointment. If you cannot get a ride through the NEMT program, call MTM Health at **1-877-688-1811** (TTY: **711**) to arrange a ride through BCBSTX VAS transportation.

How do I get money to cover transportation costs?

You can get reimbursement for transportation costs to approved appointments through our VAS transportation vendor, MTM Health if the trip is approved before your appointment.

You must complete an Individual Transportation Participant (ITP) Agreement. You can download a copy from **https://www.mtm-inc.net/texas/members** or call MTM Health to ask for the packet at **1-866-824-1565** (TTY: **711**) between 8 a.m. and 5 p.m. Central time, Monday through Friday. Return the completed documents by mail, fax or email to the following:

Mail: MTM Health ITP Claims
16 Hawk Ridge Circle
Lake St. Louis, MO 63367

Email: **TXPayee@mtm-inc.net**

Fax: **1-844-239-5971**

What are the steps to get reimbursement for mileage?

Call MTM Health at **1-866-824-1565** (TTY: **711**) to register for the MTM Currency program. You must register with the program and get the trip approved ahead of time to qualify for funds to pay for gas for your trip.

- A member or a caregiver should ask for mileage reimbursement when they call MTM Health to get the trip approved. The MTM Health representative will ask for the driver's information.
- You will get a trip number on or before the day you take your trip. You will not be able to get reimbursement if you take the trip without getting a trip number.

MTM Health will mail the Cardholder Packet registration paperwork with the Focus Card for gas and instructions to the member. The packet will tell you how to activate and use your card.

- The member or caregiver must complete the registration with MTM Health and must provide a driver's valid driver's license number and car insurance information to qualify for mileage reimbursement.
- You can schedule your gas mileage reimbursement trips in one of three ways:
  - Call **1-866-824-1565** (TTY **711**).
  - Use the MTM Link Member Portal.
  - Use the MTM Link Member mobile app.

  If you submit your claim using the MTM Link mobile app, you do not need to submit a paper trip log.
- You can ask for gas mileage reimbursement on the day of your appointment as long as it is before your appointment time. If you are also asking for meals and lodging, you should call MTM Health at least five business days before the appointment.

MTM Health can answer any other questions you have about reimbursement when you call to make your reservation.

Who do I call if I have questions, want to make reservations or need to make changes to my scheduled ride?

Call the Where's My Ride line at MTM Health 24 hours a day, seven days a week at **1-866-824-1565** (TTY: **711**) to:

- make changes to your reservation, cancel a trip or ask questions about a ride that has already been scheduled
- schedule a return ride home after a medical appointment if a return was not scheduled before your visit
- report a ride that is more than 15 minutes late
- get a ride home after a hospital discharge
- get a ride to an urgent care center after hours

What if I have a complaint about NEMT?

If you have a complaint about your ride, call MTM Health at **1-866-824-1565** (TTY: **711**).

MTM Health Mobile App

As a member, you can also download the MTM Link Member Mobile App to schedule medical rides whenever and wherever you like. All you need to do is search 'MTM Link

Member' on either Google Play® or the Apple App Store® to download. Make sure to have an email address handy to create your account. The MTM Link Member Mobile App gives you access to:

- Booking, changing or cancelling rides
- Live ride tracking
- Driver 's real-time location and estimated time of arrival
- Text or calling the driver to ensure trips aren't missed
- Contacting support within the app to talk to a live agent

Nursing Facility Services

If a member is approved to be in a nursing home or a facility that provides nursing home level of care, the member may go to the nursing home or be supported to live in the community with a variety of long-term services and supports.

Licensed nurses give these services on a regular basis to members with some types of conditions. To learn more, call the BCBSTX Customer Advocate Department. We will help you get more information about these services.

Tuberculosis Services

Medicaid covers TB treatment, including Directly Observed Therapy and Contact Investigation. To learn more, call the BCBSTX Customer Advocate Department. We will help you get more information about these services.

Hospice Services

Medicaid gives hospice services to members who are not expected to live more than six months. These services include medical and social support services. To learn more, call the BCBSTX Customer Advocate Department. We will help you get more information about these services.

Waivers

Some members are eligible for additional services through waivers from state agencies.

I am in the Medically Dependent Children's Program (MDCP). How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) as well as all MDCP services will be delivered through BCBSTX. Please contact your child's service coordinator if you need assistance with accessing these services.

I am in the Youth Empowerment Services waiver (YES). How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through BCBSTX. Your YES waiver services will be delivered through the Department of Health and Human Commission Services. Please contact your child's service coordinator if you need assistance with accessing these services. You can also contact your LMHA case manager for questions specific to YES waiver services.

I am in the Community Living Assistance and Support Services (CLASS) waiver. How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through BCBSTX. Your CLASS waiver services will be delivered through the Department of Health and Human Services. Please contact your BCBSTX

Service Coordinator if you need assistance with accessing these services. You can also contact your CLASS case manager for questions specific to CLASS waiver services.

I am in the Deaf Blind with Multiple Disabilities (DBMD) waiver. How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through BCBSTX. Your DBMD waiver services will be delivered through the Health and Human Services Commission. Please contact your BCBSTX service coordinator if you need assistance with accessing these services. You can also contact your DBMD case manager for questions specific to DBMD waiver services.

I am in the Home and Community-based Services (HCS) waiver. How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through BCBSTX. Your HCS waiver services will be delivered through the Health and Human Services Commission. Please contact your BCBSTX service coordinator if you need assistance with accessing these services. You can also contact your HCS service coordinator at your local intellectual and developmental disability authority (LIDDA) for questions specific to HCS waiver services.

I am in the Texas Home Living (TxHmL) waiver. How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through BCBSTX. Your TxHmL waiver services will be delivered through the Health and Human Services Commission. Please contact your BCBSTX service coordinator if you need assistance with accessing these services. You can also contact your TxHmL service coordinator at your local intellectual and developmental disability authority (LIDDA) for questions specific to TxHmL waiver services.

PART 11

Programs to Help Keep You Well

For your peace of mind:

The 24/7 Nurseline allows you to talk to a nurse 24 hours a day, seven days a week.

Each member has special needs at every stage of life. We have services to help you stay healthy and manage illness.

You do not have to pay to join these programs. We give them at no cost to our members. You can call the Customer Advocate Department to learn more. We hope you and your family use them. We want you to be well and stay that way.

Health Education

What health education classes does BCBSTX offer?

Through our Disease Management program, BCBSTX offers health education opportunities in a one-on-one setting. You can learn how to:

- Manage and control asthma.
- Manage and control diabetes.
- Keep your heart healthy.
- Control high blood pressure and cholesterol.
- Prevent pregnancies that are not planned.
- Get information on parenting skills to keep your children safe and healthy.
- Prevent the need for drugs and alcohol.
- Live healthy.
- Help manage weight, eat better and stay with an exercise program.

Pregnancy and Family Planning Education to help you:

- Stay healthy when pregnant.
- Have a healthy pregnancy. Call us about childbirth tips at no cost to you.
- With prenatal services.
- With breastfeeding support: A nurse will answer questions and get your child the support to breastfeed the baby. Call the 24/7 Nurseline.
- Get well tips about healthy behaviors and the need for routine exams, mammograms and cervical cancer screenings.
- With family planning to teach you:
  - To prevent pregnancies that are not planned.
  - How to prepare your body for pregnancy.
  - How to prevent sexually transmitted infections (STIs) such as HIV/AIDS.

For managing illnesses:

- The Asthma Management Program can help manage your child's medications and asthma care plan with your doctor.
- The Diabetes Management Program helps with nutritional counseling, screenings and referrals to specialists to help manage and control diabetes.

To learn more about our Disease Management Program, call **1-877-214-5630**.

Special Beginnings®

Special Beginnings is a program that helps pregnant mothers and their babies by providing health education before and after pregnancy.

If your child is pregnant, Special Beginnings can help you better understand and manage your child's pregnancy. You should enroll as soon as you know your daughter is pregnant. You will also get personal and private phone calls from an experienced nurse throughout pregnancy until six weeks after the child is born.

Once in the program, your child gets:

- A list of pregnancy-related questions to point out any problems during pregnancy.
- Information on nutrition, newborn care and other topics.
- Special care based on your child's needs.
- A book about pregnancy and infant care.
- Special Beginnings staff who talk to your child's doctor about any needs.

If your child is pregnant and would like to sign up for Special Beginnings, please call **1-888-421-7781**.

What other services can BCBSTX help me get?

Women, Infants and Children (WIC) Program

The WIC program gives healthy food to pregnant women and mothers of young children. WIC will also give you free news about foods that are good for you and your child. If you have questions about WIC services, call **1-800-942-3678**.

How to Get Other Services

You may want services that BCBSTX does not cover. Call the Customer Advocate Department if you think these programs can help your child.

PART 12

Help with Special Services

Need help with languages or other communications? BCBSTX offers services and programs that meet many language and cultural needs and gives you access to quality care.

Help in Other Languages

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

BCBSTX ensures interpreter services are available for you when you call our Customer Advocate Department, talk with your child's service coordinator or visit your child's PCP. BCBSTX does not encourage use of family, friends or children to serve as interpreters due to the different words used for medical information. If you need help with interpreters or need any of our member materials in a different language, please contact the Customer Advocate Department. We want you to get the right services and we offer:

- Health education materials in English and Spanish.
- Customer Advocate staff who can speak English and Spanish.
- 24-hour phone interpreter services.
- Sign language and face-to-face interpreter services.
- Providers who speak more than one language.

- If you do not speak English or Spanish, BCBSTX also provides a multilingual interpreter service for more than 140 languages.

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

If you need help in a language other than English (one your child's doctor does not speak) during your medical visit you can ask for a face-to-face or phone interpreter at no cost. Our STAR Kids Provider Directory tells you what languages the doctors speak. Also, BCBSTX offers interpretation via telephone and video conferencing.

Who do I call for an interpreter?

For help getting an interpreter, call the Customer Advocate Department.

How far in advance do I need to call?

If you need someone to translate for you while you are at your child's PCP's office, ask your PCP to call us at least 72 hours (3 days) in advance. We will be glad to help. You do not have to use a family member or a friend to translate for you unless that is your choice.

Help for Members with Hearing/Speech Loss

BCBSTX has a toll-free number for members who have hearing or speech loss. Call the Customer Advocate Department TTY line from 8 a.m. to 5 p.m., Monday through Friday, excluding state-approved holidays. For help after hours and on weekends, call the Texas Relay Service at **1-800-735-2989** or dial **711** to get the help you need.

How can I get these materials in other languages or formats?

We offer this book and other important information in other languages and formats including Braille, large print and audio for members with vision or hearing loss. Call the Customer Advocate Department for more information.

Americans with Disabilities Act

We follow the rules of the Americans with Disabilities Act of 1990. This law protects you from being treated in a different way by us because of a disability. If you feel you have been treated in a different way because of a disability, call the Customer Advocate Department.

Members with Special Health Care Needs

BCBSTX offers special services for members with special health needs at no cost. These services are:

- Care coordination to help your child get the right care.
- A child's specialist visit without a referral. Your child's specialist can act as your PCP

If you would like to speak to a service coordinator, please call **1-877-301-4394** between 8 a.m. to 5 p.m.

PART 13

How to Resolve a Problem with BCBSTX

Complaints

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

We want to help. If you have a Complaint, please call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY **711**) to tell us about your problem.

We also have a bilingual A bilingual BCBSTX Member Advocate can help you file a complaint. Just call **1-877-375-9097**. If you do not speak English we will get a translator to help you file your complaint. Most of the time, we can help you right away or at the most within a few days.

You can file a complaint in writing with BCBSTX by downloading the Complaint Form located on the Forms and Documents page at **www.bcbstx.com/medicaid** or call the Customer Advocate Department to have one mailed to you. Send the completed form to:

Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
PO Box 660717
Dallas, Texas 75266-0717
Fax: **1-855-235-1055**
GPDTXMedicaidAG@bcbsnm.com

How do I file a complaint with HHSC after I have gone through the BCBSTX process?

Once you have gone through the complaint process, you can file a complaint with the Health and Human Services Commission (HHSC) by calling toll-free **1-866-566-8989**. If you would like to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission
Office of the Ombudsman, MC H-700
PO Box 13247
Austin, Texas 78711-3247

If you can get on the internet, you can submit your complaint at:
hhs.texas.gov/managed-care-help

If you do not have access to the internet, you can call Member Outreach at **1-877-375-9097** (TTY: **711**) if your complaint has to do with:

- Access to health care services.
- Provider care and treatment.
- Administrative issues.

Can someone from BCBSTX help me file a complaint?

A Member Advocate can help you file a complaint. You can reach a Member Advocate at **1-855-497-0857** if you live in the Central Service Area or call **1-877-375-9097** if you live in the Travis service area. You should also talk to your PCP if you have questions or concerns about your care. No member will be treated differently for filing a complaint.

If you want to file a complaint for any reason, complete a complaint form or tell us about the problem in a letter. Clearly tell us who is involved in the complaint, what happened, when and where it happened and why you are not happy with your health care services.

Attach any documents that will help us look into the problem. You can find complaint forms on our website, **www.bcbstx.com/medicaid**.

You or someone acting on your behalf can also call the Customer Advocate Department to ask for a complaint form or for help filing your complaint.

Send your completed complaint form or letter by mail or fax to:

Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
PO Box 660717
Dallas, Texas 75266-0717
Fax: **1-855-235-1055**

How long will it take to process my complaint? What are the requirements and timeframes for filing a complaint?

We will send you an acknowledgement letter within five business days after we get your complaint.

We will send you a complaint resolution letter within 30 calendar days after we get your complaint. The letter will:

- Describe your complaint.
- Tell you what will be done to solve your problem.
- Tell you how to ask for a second review of your complaint with BCBSTX.
- Tell you how to ask for an internal appeal of our decision.
- Tell you how you can contact HHSC if you are not satisfied with the outcome of your complaint after you finish the entire BCBSTX complaints process.

Appeals

What can I do if my child's doctor asks for a service or medicine for my child that is covered but the health plan denies it or limits it?

If we do not approve coverage for a service or medicine your child's doctor suggests, we will send your child's doctor a letter to explain the reason for our denial. You will also get a letter that explains the reason for our denial. This is called a Notice of Action letter. It will tell you how to appeal.

When does a member have the right to ask for an appeal?

If you are not happy with a decision BCBSTX made about your care, you can file a health plan appeal. You may be able to keep your services during your appeal. If you want to continue receiving your services, you must make your appeal request by 10 days from the date of this notice.

When you file an appeal, BCBSTX will take another look at your case to see if there is something else we can do to solve your problem. You may use the Health Plan Appeal Request Form or call our Customer Advocate Department at **1-877-688-1711** (TTY **711**).

Your doctor can also appeal a denial of coverage for a medical service or payment for service, in whole or in part. You must file a request for an appeal with us within 60 days after you get the Notice of Action letter.

You may be able to keep getting your services during the health plan appeal process. You can ask for this by checking

"Yes" where it says, "Do you want your services to continue?" on the Health Plan Appeal Request Form. You can also call BCBSTX at **1-877-688-1711** and say you want to keep your services during your appeal if the appeal is about a course of treatment that:

- Has ended
- Has been stopped for a while
- Has been reduced
- If the services were ordered by an approved doctor
- If the first amount of time covered by the approval has not ended
- You ask for the benefits to last longer

You or your doctor acting on your behalf, must ask for the appeal within 10 calendar days from the date on the notice of action stating that the service you asked for was not approved. BCBSTX must complete the entire standard Appeal process within 30 days after receipt of the initial written or oral request for Appeal. If you lose your health plan appeal, you may have to pay BCBSTX back for services provided to you during your appeal. BCBSTX cannot ask you to pay us back for services you received without first asking permission from HHSC.

Can someone from BCBSTX help me file an appeal? Does my request have to be in writing?

You or someone you choose to represent you, may ask for an appeal in writing or by calling the Customer Advocate Department. You may ask for an appeal for reasons such as:

- A denial of a claim in whole or in part
- A limited authorization
- The type or level of service and the denial

A BCBSTX Member Advocate can help you file an appeal. Every oral internal BCBSTX appeal must be confirmed by a written appeal signed by you or your Legally Authorized Representative (LAR), unless it is a BCBSTX Internal expedited (rush) appeal.

What if BCBSTX needs more information to make a decision on my appeal? What if I want to give more information about my case to BCBSTX to support my appeal?

BCBSTX might need 14 more days to decide on your appeal if we believe that the extra time will help us make a better decision on your standard or emergency appeal. Members or Legally Authorized Representatives can ask for 14 extra days if they feel like more time is needed to get BCBSTX information that can help us make a decision.

If the timeframe is extended and you did not ask for the delay, we will give you written notice of the reason for the delay. You can give us proof or any claims of fact or law that support your appeal, in person or in writing.

How will I find out if services are denied after I request an appeal?

You will get a letter that tells you our final decision within 30 days of your request. For an emergency appeal, we will call you within 72 hours after we get your request. You will also get a letter with our decision.

Pharmacy Appeals

To request a pharmacy appeal you can:

Call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**), Monday through Friday, 8 a.m. to 5 p.m., Central Time.

Mail a written appeal to:

Blue Cross and Blue Shield of Texas
Attn: Prime Therapeutics Appeals Department
2900 Ames Crossing Road
Eagan, MN 55121

Fax a written appeal to **1-855-212-8110**.
Have your doctor submit online at **MyPrime.com** or **CoverMyMeds.com**.

In-Lieu-Of Services Appeal

You have the right to ask for an appeal if you have received a Notice of Action for a change to your In-Lieu-Of Services and Settings in whole or in part.

To request an appeal for In-Lieu-Of Services and Settings:

1. Call the Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**), Monday through Friday, 8 a.m. to 5 p.m., Central Time.
2. Mail a written appeal to:
   Blue Cross and Blue Shield of Texas
   Attn: Complaints and Appeals Department
   PO Box 660717
   Dallas, Texas 75266-0717
3. Fax a written appeal to **1-855-212-8110**

You have the right to keep getting any service the health plan denied or reduced, based on previously authorized services, at least until the final appeal decision is made. If you lose your health plan appeal, you may have to pay BCBSTX back for services provided during your appeal. You must file your appeal within:

1. Ten calendar days following the date the BCBSTX mailed the Notice of Action letter; or
2. By the day BCBSTX says your denial, partial denial, reduction, suspension or termination will be effective.

Emergency Health Plan or Pharmacy Appeals

What is an emergency BCBSTX appeal?

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

How do I ask for a emergency appeal? Does my request have to be in writing?

You have the right to give written comments, documents or other information, for your appeal either by calling or in writing.

Who can help me file an Emergency Health Plan appeal with BCBSTX?

Call the Customer Advocate Department or a Member Advocate if you need help filing an emergency health plan appeal. If we deny a request for an emergency appeal, we must:

- Transfer the appeal to the standard timeframe to resolve it.
- Make a reasonable effort to give you quick oral notice of the denial.
- Follow up within two calendar days with a written notice.

What is the timeframe for an emergency appeals process?

If your request for an emergency appeal is approved, we give you our decision within 72 hours. We will call you to tell you our decision and we will also send a letter.
If your request for a faster appeal is about an emergency that keeps occurring or denial of a hospital stay while you are still in the hospital, we will look at your case and tell you our decision within one (1) working day.

If we do not approve the emergency appeal after we look at your case, then your appeal will go through the standard appeal steps. We will call you and send a letter to let you know what has been decided within two (2) calendar days.

How will I find out if services are denied after I request an emergency appeal?

You will get a letter that tells you our final decision within 30 days of your request. For an emergency appeal, we will call you within 72 hours after we get your request. You will also get a letter with our decision.

What happens if BCBSTX denies the request for an emergency appeal?

If we do not approve the emergency appeal after we look at your case, then your appeal will go through the standard appeal steps.

State Fair Hearing

Can I ask for a State Fair Hearing?

If you, as a member of the health plan, disagree with the health plan's internal appeal decision, you have the right to ask for a State Fair Hearing. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A provider may be your representative.

If you want to challenge a decision made by your health plan, you or your representative must ask for the State Fair Hearing within 120 days of the date on the health plan's letter with the internal appeal decision.
If you do not ask for the State Fair Hearing within 120 days, you may lose your right to a State Fair Hearing. To ask for a State Fair Hearing, you or your representative should send a letter to BCBSTX at:

Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
PO Box 660717
Dallas, Texas 75266-0717
or call BCBSTX at **1-877-688-1811** (TTY **711**).

You have the right to keep getting any service the health plan denied or reduced, based on previously authorized services, at least until the final State Fair Hearing decision is made if you ask for a State Fair Hearing by the later of: (1) 10 calendar days following the date the health plan mailed the internal appeal decision letter, or (2) the day the health plan's internal appeal decision letter says your service will be reduced or end. If you do not request a State Fair Hearing by this date, the service the health plan denied will be stopped.
If you ask for a State Fair Hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most State Fair Hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied. HHSC will give you a final decision within 90 days from the date you asked for the hearing.

Can I ask for an emergency State Fair Hearing?

If you believe that waiting for a State Fair Hearing will seriously jeopardize your life or health or your ability to attain, maintain or regain maximum function, you or your representative may ask for an emergency State Fair Hearing by writing or calling BCBSTX. To qualify for an emergency State Fair Hearing through HHSC, you must first complete BCBSTX's internal appeals process.

External Medical Review Information

Can a member ask for an External Medical Review?

If a member, as a member of BCBSTX, disagrees with BCBSTX's internal appeal decision, the member has the right to ask for an External medical Review. An External Medical Review is an optional, extra step the member can take to get the case reviewed before the State Fair Hearing occurs.

The member may name someone to represent them by contacting the health plan and giving the name of the person the member wants to represent him or her. A provider may be the member's representative. The member or the member's representative must ask for the External Medical Review within 120 days of the date the health plan mails the letter with the internal appeal decision.

If the member does not ask for the External Medical Review within 120 days, the member may lose his or her right to an External Medical Review. To ask for an External Medical Review, the Member or the Member's representative may either:

- Fill out the 'State Fair Hearing and External Medical Review Request Form' provided as an attachment to the Member Notice of the Internal Appeal Decision letter and mail or fax it to BCBSTX by using the address on the form;
- Fax it to the number at the top of the form;
- Call **1-877-688-1811** (TTY **711**)
- Email at **GPDTXMedicaidAG@bcbsnm.com**.

If the member asks for an External Medical Review within 10 days from the time the member gets the appeal decision from the health plan, the member has the right to keep getting any service the health plan denied, based on previously authorized services, at least until the final State Fair Hearing decision is made.

If the member does not request an External Medical Review within 10 days from the time the member gets the appeal decision from the health plan, the service the health plan denied will be stopped.

The member may withdraw the request for an External Medical Review before it is assigned to an Independent Review Organization or while the Independent Review Organization is reviewing the member's External Medical Review request.

An Independent Review Organization is a third-party organization contracted by HHSC that conducts an External Medical Review during member appeal processes related to Adverse Benefit Determinations based on functional necessity or medical necessity. An External Medical Review

cannot be withdrawn if an Independent Review Organization has already completed the review and made a decision.

Once the External Medical Review decision is received, the member has the right to withdraw the State Fair Hearing request. The Member may withdraw a State Fair Hearing request orally or in writing by contacting the hearings officer listed on Form 4803, Notice of Hearing.

If the member continues with a State Fair Hearing and the State Fair Hearing decision is different from the Independent Review Organization decision, it is the State Fair Hearing decision that is final. The State Fair Hearing decision can only uphold or increase member benefits from the Independent Review Organization's decision.

You may be able to keep getting your services during the State Fair Hearing process. You can ask for this by checking "Yes" where it says, "Do you want your services to continue?" on the Health Plan Appeal Request Form. You can also call the Customer Advocate Department and tell them you want to keep your services. If you lose your State Fair Hearing or External Medical Review, you may have to pay BCBSTX back for services provided to you during your appeal. BCBSTX cannot ask you to pay us back for services you received without first asking permission from HHSC.

Can I ask for an emergency External Medical Review?

If you believe that waiting for a standard External Medical Review will seriously jeopardize your life or health or your ability to attain, maintain or regain maximum function, you, your parent or your legally authorized representative may ask for an emergency External Medical Review and emergency State Fair Hearing by writing or calling BCBSTX.

To qualify for an emergency External Medical Review and emergency State Fair Hearing review through HHSC, you must first complete BCBSTX's internal appeals process.

PART 14

State Medicaid Resources

If We Can No Longer Serve You

We may not cover you if you:

- Move out of the BCBSTX service area permanently.
- No longer have Medicaid.

Sometimes BCBSTX or your PCP can no longer serve you.

Your child's BCBSTX coverage is effective as of the date shown on the front of your BCBSTX ID card. It ends on the date given to BCBSTX by the Texas Health and Human Services Commission HHSC:

- Decides the eligibility and enrollment for health plan members.
- Decides if a member is kept out of or disenrolled from, the plan.

To learn more, please call the HHSC Medicaid Hotline at **211** or **1-866-566-8989**.

Can BCBSTX ask that my child be dropped from their plan for non-compliance?

BCBSTX may ask to disenroll your child from our health plan if you:

- Let someone else use your child's BCBSTX ID card
- Are verbally abusive to your child's PCP, the office staff or other members
- Disrupt BCBSTX operations
- Make it a habit to use the ER for routine care
- Commit fraud
- Misrepresent your child
- Negatively affect BCBTX's ability to give or arrange services for your child or other members
- Negatively impact a provider's ability to give services to other patients.

If you have a complaint about the BCBSTX request to disenroll you, see **Part 14: How to Resolve a Problem with BCBSTX**.

If you would like to cancel your child's plan with BCBSTX, please call Maximus at **1-800-964-2777**. If you are canceling because you are not happy, please call the Customer Advocate Department. We would like the chance to fix the problem.

What happens if I lose my Medicaid coverage?

If you lose your child's Medicaid coverage but get it back again within six (6) months you will get your child's Medicaid services from the same health plan you had before losing your Medicaid coverage. You will also have the same primary care provider you had before.

How can I receive health care after my child is born (and I am no longer covered by Medicaid)?

After your baby is born you may lose Medicaid coverage. You may be able to get some health care services through the Healthy Texas Women program and the Department of State Health Services (DSHS). These services are for people who apply for the services and are approved.

Healthy Texas Women Program

The Healthy Texas Women program provides family planning exams, related health screenings and birth control to women ages 18 to 44 whose household income is at or below the program's income limits (185 percent of the federal poverty

level). You must submit an application to find out if you can get services through this program.

To learn more about services available through the Healthy Texas Women program, write, call or visit the program's website:

Healthy Texas Women
PO Box 14000
Midland, Texas 79711-9902
Phone: **1-800-335-8957**
Website: **www.healthytexaswomen.org**
Fax: (toll-free) **1-866-993-9971**

HHSC HHS Primary Care Program

The HHSC HHS Primary Health Care Program serves women, children and men who are unable to access the same care through insurance or other programs. To get services through this program, a person's income must be at or below the program's income limits (200 percent of the federal poverty level). A person approved for services may have to pay a copayment, but no one is turned down for services because of a lack of money.

Primary Health Care focuses on prevention of disease, early detection and early intervention of health problems. The main services provided are:

- Diagnosis and treatment
- Emergency services
- Family planning
- Preventive health services, including vaccines (shots) and health education, as well as laboratory, X-ray, nuclear medicine or other appropriate diagnostic services.

Secondary services that may be provided are nutrition services, health screenings, home health care, dental care, rides to medical visits, medicines your doctor orders (prescription drugs), durable medical supplies, environmental health services, treatment of damaged feet (podiatry services) and social services.

You will be able to apply for Primary Health Care services at certain clinics in your area. To find a clinic where you can apply, visit the Family and Community Health Services Clinic Locator at **http://txclinics.com/**.

To learn more about services you can get through the HHSC Primary Health Care program, email, call or visit the program's website:

Website:
https://www.hhs.texas.gov/services/health/primary-health-care-services-program
Phone: **1-512-776-7796 211**
Email: **PPCU@dshs.state.tx.us**
PrimaryHealthCare@hhs.texas.gov

HHSC Expanded Primary Health Care Program

The Expanded Primary Health Care program provides primary, preventive and screening services to women age 18 and above whose income is at or below the program's income limits (200 percent of the federal poverty level). Outreach and direct services are provided through community clinics under contract with HHSC. Community health workers will help make sure women get the preventive and screening services they need. Some clinics may offer help with breast feeding.

You can apply for these services at certain clinics in your area. To find a clinic where you can apply, visit the Family and Community Health Services Clinic Locator at **http://txclinics.com/**.

To learn more about services you can get through the HHSC Expanded Primary Health Care program, visit the program's website, call or email:

Website:
https://www.healthytexaswomen.org/
Phone: **1-512-776-7796**
Fax: **1-512-776-7203**
Email: **PPCU@dshs.state.tx.us**

HHS Family Planning Program

The Family Planning Program has clinic sites across the state that provide quality, low-cost and easy-to-use birth control for women and men.

To find a clinic in your area visit the HHSC Family and Community Health Services Clinic Locator at **http://txclinics.com/**.

To learn more about services you can get through the Family Planning program, visit the program's website, call or email:

Website:
https://www.healthytexaswomen.org/
Phone: **1-512-776-7796**
Fax: **1-512-776-7203**
Email: **PPCU@dshs.state.tx.us**

Changing Your Health Plan

What if I want to change health plans?

You can change your child's health plan by calling Texas STAR Kids Program Helpline at **1-800-964-2777**. You can change your child's health plan as often as you want.

When will my child's health plan change become effective?

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

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

Who do I call?

Call the STAR Kids Program Helpline at **1-800-964-2777**.

How many times can I change my child's health plans?

- You can change your child's health plan once a month.
- It may take 30 to 45 days to change your child's health plan.
- If your child is in the hospital, you cannot change health plans until the child is discharged.

If your child is in the hospital or a residential setting, your child will not be able to change health plans until discharge.

What do I have to do if I move?

As soon as you have your new address, give it to the local HHSC benefits office and call the BCBSTX Customer Advocate Department at **1-877-688-1811** (TTY: **711**). Before you get Medicaid services in your new area, you must call BCBSTX unless you need emergency services. You will continue to get care through BCBSTX until HHSC changes your address.

We can help you find providers near your new home in your new area. You can also find a list of providers in Provider Finder on our website at **www.bcbstx.com/medicaid**. If you have any questions, please call the Customer Advocate Department or the 24/7 Nurseline.

How to Renew

What do I have to do if I need help with completing my child's renewal application?

Don't lose your child's health-care benefits. Your child could lose benefits even if he or she still qualifies if you do not complete the renewal application. Every 12 months, you will need to renew your child's benefits.

1. The Health and Human Services Commission (HHSC) will send you a packet about 60 days before the due date telling you it's time to renew Medicaid benefits. The packet will have instructions to tell you how to renew. If you don't renew by the due date, you'll lose your child's health-care benefits.
2. You can apply for and renew benefits online at **www.YourTexasBenefits.com**. Click on 'Manage your account' and set up an account to get easy access to the status of your benefits.

If you have any questions, you can call **211**, pick a language and then select option 2.

BCBSTX will make sure:

- You are aware of renewal timeframes
- You update your contact information with the Social Security Administration (SSA) and Office of Social Services (OSS).
- You respond to requests made by the SSA and OSS to ensure no lapses in coverage.
- You are connected with appropriate eligibility offices that help the member to understand request/forms.

Families can also apply for standard Medicaid but must also apply for Social Security Income (SSI) if they have not applied.

Completing the Renewal Process

When children still qualify for coverage in their current program, HHSC will send the family a letter showing the start date for the new coverage period. If your child qualifies for STAR Kids, you will be notified by HHSC with information on the new plan.

STAR Kids renewal is done when the family signs and sends to HHSC the appropriate Enrollment/Transfer Form if the family picks a new medical or dental plan.

PART 15

Other Things You May Need to Know

You may have questions that have not been answered in this book.

Look through this section for the answers.

Contacting the BCBSTX Customer Advocate Department

Our staff is trained to help you understand your child's health plan. We can give you details about these:

- Eligibility
- Benefits
- Getting services
- Choosing or changing your PCP
- Your health plan
- Vision services for your children
- How to get prescription drugs
- Transportation
- Complaints and appeals

How to get help after normal office hours

The BCBSTX Customer Advocate line is open Monday through Friday from 8 a.m. to 5 p.m. You can leave a message after hours, Monday through Friday and on weekends. We will call you back the next business day.

Can I contact the Customer Advocate Department online?

BCBSTX offers Two-Way Secure Messaging which allows members to contact our customer support team directly and receive responses in our secure member portal, BAM. Log into your BAM account and click on 'Messages' to begin.

You may also visit our website and member portal to see if the information you are looking for is online. Visit **www.bcbstx.com/medicaid**.

Abuse, Neglect and Exploitation

How do I report suspected abuse, neglect or exploitation?

You have the right to respect and dignity, including freedom from abuse, neglect and exploitation.

What are abuse, neglect and exploitation?

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

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

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

Reporting abuse, neglect and exploitation

The law requires that you report suspected abuse, neglect or exploitation, including unapproved use of restraints or isolation that is committed by a provider. Call **911** for life-threatening or emergency situations.

Report by phone (non-emergency)

24 hours a day, seven days a week, toll-free. Report to HHSC by calling **1-800-458-9858** if the person being abused, neglected or exploited lives in or receives services from a:

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

Suspected abuse, neglect or exploitation by a HCSSA must also be reported to the Department of Family and Protective Services (DFPS).

Report all other suspected abuse, neglect or exploitation to DFPS by calling **1-800-252-5400**.

Report Electronically (nonemergency)

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

Helpful Information for Filing a Report

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

Fraud and Abuse

Do you want to report waste, abuse or fraud?

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

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

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

- Call the OIG Hotline at **1-800-436-6184**;
- Visit **https://oig.hhs.texas.gov/**. In the box labeled 'What We Do', click 'Report Fraud' to complete the online 'OIG Fraud Reporting Form'; or
- You can report directly to your health plan:
  - You can report it directly to BCBSTX:

    Blue Cross and Blue Shield of Texas
    PO Box 660044
    Dallas, Texas 75266-9506
  - Call BCBSTX's Special Investigations Hotline toll-free at **1-800-543-0867**. The hotline is available 24 hours a day, seven days a week to report waste, abuse or fraud confidentially.

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

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

New Medical Treatments

BCBSTX reviews new medical treatments. A group of PCPs, specialists and medical directors check to see if the treatment:

- Has been approved by the government.
- Has shown how it affects patients in a reliable study.
- Will help patients as much as or more than, treatments used now.
- Will improve a patient's health.

After review, the group decides if the treatment is medically necessary.

If your child's doctor asks us about a treatment that the review group has not looked at yet, the reviewers will learn about the treatment and make a decision. They will let your doctor know if the treatment is approved.

Quality Improvement

We want to make your health plan better. To do this, we have a Quality Improvement (QI) Program. Through this program, we:

- Evaluate our health plan in order to improve it.
- Track how happy you are with your doctor.
- Track how happy you are with us.
- Use the information we learn to make a plan to improve our services.
- Take action on our plan to make your health care services better.

For details about our QI program, call the Customer Advocate Department or visit the STAR Kids member website under the Forms and Documents section.

Members with Medicaid and Medicare (dual eligible)

If your child has both Medicare and Medicaid coverage, there are two kinds of medical coverage. Your STAR Kids benefits will not reduce or change any of your Medicare benefits. Your child's PCP will be the doctor you have chosen through your child's Medicare plan. You do not have to choose another PCP for STAR Kids services. Make sure your child's service coordinator knows the name of your Medicare PCP.

Please call your service coordinator at **1-877-301-4794** to discuss your child's Medicare and Medicaid benefits. Please let the service coordinator know what providers your child visits using the Medicare benefit.

Medicaid and Private Insurance

What if I have other health insurance in addition to Medicaid?

You are required to tell Medicaid staff about any private health insurance you have. You should call the Medicaid Third Party Resources hotline and update your Medicaid case file if:

- Your private health insurance is canceled.
- You get new insurance coverage.
- You have general questions about third-party insurance.

You can call the hotline toll-free at **1-800-846-7307**.

If you have other insurance or waiver coverage, your child may still qualify for Medicaid. When you tell Medicaid staff about your other health insurance, you help make sure Medicaid only pays for what your other health insurance does not cover.

IMPORTANT: Medicaid providers cannot turn you down for services 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.

What if I get a bill from my child's doctor?

In most cases, you should not get a bill from a BCBSTX Medicaid provider that covers STAR Kids acute care or Long Term Services and Supports. If you do, call the Customer Advocate Department. You may have to pay for charges if:

- You agree to pay for services that are not covered or OK'd by BCBSTX
- You agree to pay for services from a provider who does not work with BCBSTX and you did not get an OK ahead of time for the services.

Can my Medicare provider bill me for services or supplies if my child is in both Medicare and Medicaid?

You cannot be billed for Medicare 'cost-sharing,' which includes deductibles, coinsurance and copayments that are covered by Medicaid.

Who do I call?

If you get a bill and do not think you should have to pay the charges, call the Customer Advocate Department.

What information will they need?

Have the bill with you when you call us. Sometimes a provider may send you a statement that is not a bill. We will tell you if you have to pay it. Give us these details:

- Date of service
- Amount you were charged
- Why you were billed

Advance Directives (living wills)

What are advance directives?

A living will is a legal document that states how you want to be treated if you cannot talk or make decisions.

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

You can name your spouse or an official guardian as the person who will make decisions for you about your child's health care if you are too sick to do so.

You may want to list the types of care you do or do not want. For instance, some people do not want to be put on life-support machines if they go into a coma. Your PCP will note your living will in your medical records. That way, your doctor will know what you want.

You have the right to set up papers with these details for your child's PCP and other health care providers to use. These are called advance directives for health care. Ask your family, your child's PCP or someone you trust to help you. You may change or take back your child's living will at any time.

How do I get an advance directive for my child?

Most of the time, they can be found at a lawyer's office. You can also download forms at **https://www.hhs.texas.gov/formas/advance-directives**. If you have more questions about a living will, call the Customer Advocate Department.

Deductibles and Copays

You do not have to pay any deductibles or copays for covered services. There are no out-of-pocket expenses for members.

Your Medical Records

Federal and state laws allow you to see your medical records. Ask for your child's records from your PCP first. If you have a problem getting your medical records from your PCP, call the Customer Advocate Department.

Privacy Policies

We have the right to get information from anyone giving you care. We use this information so we can pay for and manage your health care. We keep this information private between you, your health care provider and us, except as the law allows. Refer to the HIPAA Notice of Privacy Practices or call the Customer Advocate Department for a copy. You can also get a copy at **https://www.bcbstx.com/pdf/hipaa/medicaid-hipaa-notice-tx.pdf**

Program Changes

BCBSTX services may change if the Medicaid program makes changes. Sometimes BCBSTX providers move, retire or leave the network. We will let you know about these changes at least 30 days before the change is effective.

Information Available to Members

As a member, you can ask for and get the following information each year:

- Information about network providers - at a minimum, primary care doctors, specialists and hospitals in our service area. This information will include names, addresses, telephone numbers and languages spoken (other than English) for each network provider, plus identification of providers that are not accepting new patients and, when applicable, professional qualifications, specialty, medical school attended, residency completion and board certification status.
- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint, appeal, External Medical Review and State Fair hearing procedures.
- Information about benefits available under the Medicaid program, including amount, duration and scope of benefits. This is designed to make sure you understand the benefits to which you are entitled.
- Information about In-Lieu-Of Services and Settings, if offered by your MCO, including amount, duration and scope of benefits and the policy on referrals.
- How you get benefits including authorization requirements.
- How you get benefits, including family planning services from out-of-network providers and the limits to those benefits.
- How you get after hours and emergency coverage and limits to those kinds of benefits, including:
  - What makes up emergency medical conditions, emergency services and post-stabilization services.
  - The fact that you do not need prior authorization from your primary care provider for emergency care services.
  - How to get emergency services, including instructions on how to use the **911** telephone system or its local equivalent.
  - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
  - A statement saying you have a right to use any hospital or other settings for emergency care.
  - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your primary care provider.
- The BCBSTX practice guidelines.

Electronic Visit Verification (EVV)

EVV is required for certain Medicaid funded services and is monitored by HHSC and managed care organizations (MCOs). EVV is a computer-based system that electronically documents and verifies service delivery information, such as date, the time the visit starts and ends, service type and location for certain Medicaid service visits. This system is state required and is a part of the Cure's act. The Cure's act covers personal care services and home health care services. It lets us know when you had a service visit and keeps an electronic record of when the service

visit starts and ends. The purpose of EVV is to show that members are getting their approved services that BCBSTX is being billed. EVV was implemented to replace paper-based attendant timesheets.

Will there be long-distance calling charges if my Service Attendant or CDS Employee uses my landline phone?

The phone number that your Service Attendant(s) or CDS Employee will call when they clock in and clock out is toll-free. There will not be any charges to your phone when the Service Attendant(s) or Consumer Directed Services (CDS) Employee makes a call into the EVV vendor system or EVV Proprietary System Operator (PSO).

What if I do not have a landline phone in my home or if I don't want the Service Attendant(s) or CDS Employee to use my phone?

If you do not have a home landline phone or if you do not want your Service Attendant(s) or CDS Employee to use your home landline phone, the provider agency can order a Alternative Device (AD). The AD will be installed in your home for the attendant(s) to use when clocking in and out.
Until the AD is installed in your home, the attendant(s) should contact their provider agency or FMSA to find out how their time needs to be recorded. The provider agency or FMSA may call you to verify the Service Attendant provided services until the AD is placed in your home.

Does my Service Attendant(s) or CDS Employee have to use EVV?

Yes. Service Attendants or CDS Employees are required to use the EVV system to clock in and out. EVV keeps an electronic service record of when the service visit starts and ends. This allows your Provider Agency or FMSA to see the service records in real time so they can make sure you are getting all the services that were approved for you.

How does EVV work?

There are three approved options available for your Service Attendant or CDS Employee to use to clock in and clock out of the EVV system.

- Home Landline Telephone:
  - The Service Attendant or CDS Employee can use your landline phone in your home if you allow it.
  - The Service Attendant or CDS Employee will call an EVV Vendor or EVV Propriety System Operator's toll-free phone number to clock in when services begin and clock out when services end.
- Alternative Device (AD):
  - Your Provider Agency or FMSA can order an AD that will be placed in your home for your Service Attendant(s) or CDS Employee to use to clock in when services begin and clock out when services end. The AD must remain in your home at all times.

- GPS Mobile Method (Smart phone or tablet) Application (App):
  - Another option is the GPS Mobile Method App. Your Service Attendant(s) or CDS Employee can use a personal cell phone and download the GPS Mobile Method App for clocking in and clocking out of the EVV system. Your EVV Vendor or EVV PSO, if applicable, will supply a downloadable application for use on a smart phone or device with Internet connectivity. The Service Attendant or CDS Employee may use the mobile method to clock in and clock out in the home or in the community. provider agency can help the attendant(s) get set up to use the GPS Mobile Method App. You do not have to have a landline or AD if your attendant(s) use the GPS Mobile Method App for clocking in and out.

Where can I get a copy of the EVV Form?

You can download a copy of the EVV form at **www.bcbstx.com/medicaid**.

HIPAA Notice of Privacy Practices

Blue Cross and Blue Shield of Texas needs to give you a HIPAA Notice of Privacy Practices as well as a State Notice of Privacy Practices. The HIPAA Notice of Privacy Practices talks about how BCBSTX can use or give out your protected health information and your rights to that information under federal law. The State Notice of Privacy Practices talks about how BCBSTX can use or give out your nonpublic private financial information and your rights to that data under state law. Please take a few minutes and review these notices. You can sign up to receive these notices by email through Blue Access for Members at **www.bcbstx.com/medicaid**. You can find the link to BAM at the bottom of the homepage, in the 'Member Tools and Features' section. Our contact information is found at the end of the notices.

YOUR RIGHTS

When it comes to your health information, you have certain rights.

This section talks about your rights and some of the things we can do to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your child's health and claims records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice.
- We will give you a copy or outline of your health and claims records within 30 days of the request unless we ask for more time. We may charge a small fee.

Ask us to fix health and claims records

- You can ask us to fix your health and claims records if you think they are not right. Ask us how to do this by using the contact information at the end of this notice.
- We may say “no” to your request to fix your records. We will tell you why in writing within 60 days.

Ask for private communications

- You can ask us to reach you in a certain way or to send mail to another address. Ask us how to do this by using the contact information at the end of this notice.
- We will provide a response to all requests. We will say “yes” if you tell us you would be in danger if we do not. Ask us what not to use or share.
- You can ask us not to share or use certain health information. Ask how to do this by using the contact information at the end of this notice.
- We do not have to agree with your request and we may say “no” if it would affect your care.

Get a list of those with whom we have shared data

- You can ask us for a list of when we shared your information, who we shared it with and why during the last six years. Ask us how to do this by using the contact information at the end of this notice.
- We will provide this information to you; however, we will not provide you information about your care payment. We will provide you this information one time a year for free – we may charge a small, cost-based fee if you ask again within 12 months.

Get a copy of this notice

- You can ask for a paper copy of this notice at any time, even if you are OK with getting the notice by mail. To get a copy of this notice, use the contact information at the end of this notice and we will send you one.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can also request information and make decisions for you.
- We will make sure that these individuals are allowed to get information about you before we make it available.

File a complaint if you feel your rights are violated

- If you feel we have not done the right thing with your information, you can complain to us. Use the contact information found at the end of the notice.
- You can also complain to the U.S. Department of Health and Human Services Office for Civil Rights by calling **1-888-388-6332**; or by visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/** or by sending a letter to them at:

  Civil Rights Office
  Health and Human Services Commission
  701 W. 51st Street
  MC W206
  Austin, Texas 78751.
- You have a right to complain and if you complain, we will not hold it against you.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

If you know how you want us to share your information in the times described below, tell us and we will follow your orders. Use the contact information at the end of this notice.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care
- Share information in a bad situation and help you fix the problem
- Reach you for fundraising efforts

If there is a reason you cannot tell us who we can share information with, we may share it if we believe it is best for you. We may also share information for health or safety reasons.

We never sell or use your information for promotional purposes unless you give us your written OK.

INFORMATION USE AND SHARING

How do we use or share your health information?

We use or share your health information in the following ways.

Help you with the health care treatment you get

- We can use your health information and share it with doctors or health staff who treat you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange more services.

Run our operations

- We can use and give out your information to support and improve our operations.

Example: We use health information to create better services for you.

We cannot use your genetic information to decide whether we will give you care except for long-term care plans.

Pay for your health services

- We can use and give out your health information to your health plan sponsor for plan administration purposes.

Example: We share information about you with your dental plan to make a payment for your dental work.

Administer your plan

- We may give out your health information to your health plan sponsor for plan administration purposes.

Example: We may provide certain information to the sponsor of your health plan to explain how we charge for our services.

How else can we use or share your health information?

We also can share your information in order to help the public good; for example, public health and research. We have to meet many laws before we can share your information for these reasons. For more information go to: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**

Help with public health and safety issues

- We can share your health data in order to:
  - Stop diseases
  - Help with product recalls
  - Show bad reactions to drugs
  - Show suspected harm, neglect or home violence
  - Stop or lessen a threat to someone's health or safety

Do research

- We can use or share your information for health research.

Follow the law

- We share information about you when a state or federal law says we have to; for example, we may share information with the Department of Health and Human Services so that they can check to see that we follow privacy laws.

Answer organ/tissue donation requests and work with certain experts

- We can share your health information with an organization that helps with organ or tissue donation.
- We can share your information with a medical examiner, coroner or funeral director.

Address workers' compensation, police and other government requests

- We can use or share your health information:
  - For workers' compensation claims
  - For police purposes or with a law enforcement official
  - With health oversight firms for activities approved by law
  - For special government functions such as military, national security and presidential protective services or with prisons regarding inmates.

Answer to lawsuits and legal actions

- We can share your information in response to a court order or in response to a request to show up in court.

Certain health information

- State laws may ask us to be extra careful with information about certain health conditions or diseases.

For example, the law may stop us from sharing or using data about HIV/AIDS, mental health, alcohol or drug use and genetic data without your OK. In these situations, we follow what state law says.

OUR DUTIES

When it comes to your information, we have certain duties.

- We must keep your health information safe and secure.
- We must let you know if your information has been shared or used by someone that could have a bad effect on you.
- We must follow the privacy practices that are described in this notice and make sure that you can get a copy of the notice.
- We will not use or share your information except as described here unless you tell us we can in writing.

You may change your mind at any time. Let us know in writing if you change your mind.

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

State Notice of Privacy Practices

Blue Cross and Blue Shield of Texas collects nonpublic private information about you from your health plan, your health care claims, your payment information and other types of reporting firms. BCBSTX agrees to:

- Not give out your information even if you stop being a customer to any non-affiliated third parties except with your OK or according to the law.
- Limit the workers who can see your information to those who perform jobs needed to run our business and give care to our customers.
- Have security and privacy practices that protect your information from unauthorized use.
- Use your information only to process your claims, to bill you and to provide you with customer service.
- Use your information according to the law.

BCBSTX is able to share your information with certain third parties who either perform jobs or services for us.

Here are some examples of third parties that we can share your data with:

- Our affiliates
- Clinical and other business partners that offer services on our behalf
- Insurance brokers or agents, financial services firms, stop-loss carriers
- Regulatory and other governmental groups including the police

- Your group health plan

You have a right to ask us what nonpublic financial information we have about you and ask for a copy of this information.

CHANGES TO THESE NOTICES

We have the right to change the terms of these notices and the changes we make will apply to all the information we have about you. If we make changes, the law requires that we mail you a copy of this notice.

CONTACT INFORMATION

You can get a copy of the notice at any time by:

1. Going to the website at **https://www.bcbstx.com/medicaid/pdf/medicaid-hipaa-notice-tx.pdf** or
2. Calling us at the toll-free number found on the back of your ID card.

If you have any questions about your rights or these notices, contact us in one of these ways:

1. Call us at **1-877-361-7594** or
2. Write us at Privacy Office

   Divisional Vice President
   Blue Cross and Blue Shield of Texas
   PO Box 804836
   Chicago, IL 60680-4110

PART 16

Your Health Care Rights and Responsibilities

Member Rights and Responsibilities

What are my rights and responsibilities?

Member Rights

1. You have the right to respect, dignity, privacy, confidentiality and nondiscrimination.That includes the right to:
   - **a.** Be treated fairly and with respect.
   - **b.** Know that your medical records and discussions with your providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health care plan and primary care provider. This is the doctor or health care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
   - **a.** Be told how to choose and change your health plan and your primary care provider.
   - **b.** Choose any health plan you want that is available in your area and choose your primary care provider from that plan.
   - **c.** Change your primary care provider.
   - **d.** Change your health plan without penalty.
   - **e.** Be told how to change your health plan or your primary care provider.
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
   - **a.** 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.
   - **b.** Be told why care or services were denied and not given.

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.

   c. Be given information about your health, plan,services and providers.
   d. Be told about your rights and responsibilities.

4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
   a. Work as part of a team with your provider in deciding what health care is best for you.
   b. Say yes or no to the care recommended by your provider.

5. BCBSTX offers In-Lieu-Of Services and Settings, you have the right to:
   a. Be given information about the In-Lieu-Of Services and Settings you can get and how to request them.
   b. Be told why any In-Lieu-Of Services and Settings were reduced or denied.
   c. Choose to refuse to receive In-Lieu-Of Services and Settings instead of other Covered Services.

6. You have the right to use each complaint and appeal process available through the managed care organization and through Medicaid and get a timely response to complaints, appeals and fair hearings. That includes the right to:
   a. Make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan.
   b. Get a timely answer to your complaint.
   c. Use the plan's appeal process and be told how to use it.
   d. Ask for an External Medical Review and State Fair Hearing from the state Medicaid program and get information about how that process works.
   e. Ask for a State Fair Hearing without an External Medical Review from the state Medicaid program and receive information about how that process works.

7. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
   a. Have telephone access to a medical professional 24 hours a day, seven days a week to get any emergency or urgent care you need.
   b. Get medical care in a timely manner.
   c. Be able to get in and out of a health care provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
   d. 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, help someone with a disability or help you understand the information.
   e. Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.

8. You have the right to not be restrained or secluded when it is for someone else's convenience or is meant to force you to do something you do not want to do or is to punish you.

9. You have a right to know that doctors, hospitals and others who care for you can advise you about your health status, medical care and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.

10. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals and others cannot require you to pay copayments or any other amounts for covered services.
11. You have the right to make recommendations regarding the health plan's member rights and responsibilities policy.
12. A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
13. A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
14. You have a right to be treated with respect and recognition of your dignity and your right to privacy.
15. You have a right to participate with practitioners in making decisions about your health care.
16. You have a right to voice complaints or appeals about the organization or the care it provides.
17. You have the right to be free from any from of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

Member Responsibilities

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
   - **a.** Learn and understand your rights under the Medicaid program.
   - **b.** Ask questions if you do not understand your rights.
   - **c.** Learn what choices of health plans are available in your area.
2. You must abide by the health plan's and Medicaid's policies and procedures. That includes the responsibility to:
   - **a.** Learn and follow your health plan's rules and Medicaid rules.
   - **b.** Choose your health plan and a primary care provider quickly.
   - **c.** Make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan.
   - **d.** Keep your scheduled appointments.
   - **e.** Cancel appointments in advance when you cannot keep them.
   - **f.** Always contact your primary care provider first for your non-emergency medical needs.
   - **g.** Be sure you have approval from your primary care provider before going to a specialist.
     * This means to make sure your PCP is aware of the specialty care your child is receiving. No referral is required.
   - **h.** Understand when you should and should not go to the emergency room.

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.

3. You must share information about your health with your primary care provider and learn about service and treatment options. That includes the responsibility to:
   a. Tell your primary care provider about your health.
   b. Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
   c. Help your providers get your medical records.
4. You must be involved in decisions relating to service and treatment options, make personal choices and take action to keep yourself healthy. That includes the responsibility to:
   a. Work as a team with your provider in deciding what health care is best for you.
   b. Understand how the things you do can affect your health.
   c. Do the best you can to stay healthy.
   d. Treat providers and staff with respect.
   e. Talk to your provider about all of your medications.
5. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
6. A responsibility to follow plans and instructions for care that they have agreed to with their providers.
7. A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Additional Member Responsibilities while using NEMT Services

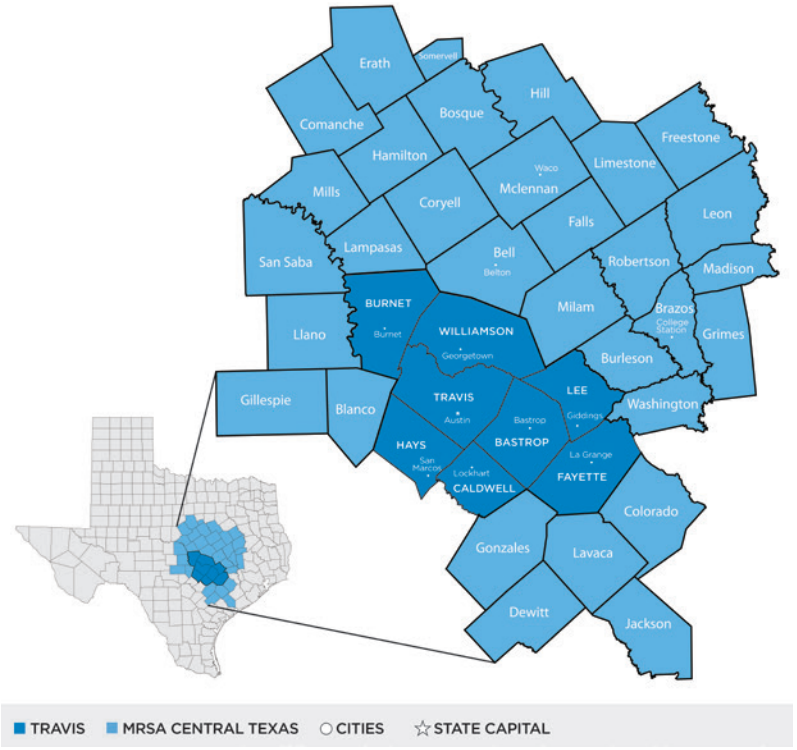
1. When requesting NEMT Services, you must provide the information requested by the person arranging or verifying your transportation.
2. You must follow all rules and regulations affecting your NEMT services.
3. You must return unused advanced funds. You must provide proof that you kept your medical appointment prior to receiving future advanced funds.
4. You must not verbally, sexually or physically abuse or harass anyone while requesting or receiving NEMT services.
5. You must not lose bus tickets or tokens and must return any bus tickets or tokens that you do not use. You must use the bus tickets or tokens only to go to your medical appointment.
6. You must only use NEMT services to travel to and from your medical appointments.
7. If you have arranged for an NEMT Service but something changes and you no longer need the service, you must contact the person who helped you arrange your transportation as soon as possible.

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

PART 17

BCBSTX Service Area

You may be eligible to enroll with BCBSTX in the STAR Kids Program if you live in one of these counties:



BCBSTX Service Areas

TRAVIS

BASTROP COUNTY	HAYS COUNTY
BURNETT COUNTY	LEE COUNTY
CALDWELL COUNTY	TRAVIS COUNTY
FAYETTE COUNTY	WILLIAMSON COUNTY

MRSA CENTRAL TEXAS

BELL COUNTY	HILL COUNTY
BLANCO COUNTY	JACKSON COUNTY
BOSQUE COUNTY	LAMPASAS COUNTY
BRAZOS COUNTY	LAVACA COUNTY
BURLESON COUNTY	LEON COUNTY
COLORADO COUNTY	LIMESTONE COUNTY
COMANCHE COUNTY	LLANO COUNTY
CORYELL COUNTY	MADISON COUNTY
DEWITT COUNTY	MCLENNAN COUNTY
ERATH COUNTY	MILAM COUNTY
FALLS COUNTY	MILLS COUNTY
FREESTONE COUNTY	ROBERTSON COUNTY
GILLESPIE COUNTY	SAN SABA COUNTY
GONZALES COUNTY	SOMERVELL COUNTY
GRIMES COUNTY	WASHINGTON COUNTY
HAMILTON COUNTY	

If you have questions, call the BCBSTX Customer Advocate Department toll-free at **1-877-688-1811** (TTY: **711**) or the 24/7 Nurseline at **1-855-802-4614**.

PART 18

Definitions

Here are some of the terms used in this book:

Acute Care is care needed on a short-term basis. Contact your service coordinator and they will help you understand your acute care benefits.

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

Approval by BCBSTX means you got an OK ahead of time from BCBSTX for services as explained in Part 6: Access to Care.

Benefits are the health care services and drugs ordered by your doctor covered under this plan.

Care Coordinator is the main person who works with you, the health plan and with your care providers to make sure you get the care you need.

Complaint is a grievance that you communicate to your health insurer or plan.

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

Cosmetic Surgery is done to change or reshape normal body parts so they look better.

Disenroll means to stop using the health plan because you lose eligibility or change your health plan.

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

Emergency is a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

- Placing the patient's health in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.
- Serious disfigurement.
- In the case of a pregnant person, serious jeopardy to the health of that person or the unborn child.

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

Emergency Medical Transportation is ground or air ambulance services for an emergency medical condition.

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

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

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

Farm Worker is a migratory agricultural worker, often defined as a person whose main job is in agriculture on a seasonal basis; who has been so employed within the last 24 months; who does any activity that has to do with the production or processing of crops, dairy products, poultry or livestock for initial commercial sale or as the main means of personal subsistence; and who sets up a temporary house due to that job.

Grievance is a complaint to your health insurer or plan.

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

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

Health Plan is a group that offers managed care health insurance plans.

Home Health Agencies and visiting nurse associations give skilled nursing care and other services in your home.

Home Health Care refers to health care services a person receives in a home.

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

Hospital is a place for inpatient and outpatient care from doctors and nurses.

Hospitalization is care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

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

Inpatient care is when you have to stay in a hospital or other place overnight for the medical care you need.

Long-Term Services and Supports are covered benefits that are provided to people with chronic medical and mental illness and disabilities. These services can be provided in the home, nursing facilities and intermediate care facilities.

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

Medicaid Provider refers to a provider who is attested with HHSC to provide services to Medicaid clients and is considered enrolled with HHSC as a Medicaid payable provider.

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

Outpatient Care is when you do not have to stay overnight in a hospital or other place for the medical care you need.

Non-Participating Provider is a provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider instead of a participating provider. In limited cases, such as when there are no other providers, your health insurer can contract to pay a non-participating provider.

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

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

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

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

Premium is the amount that must be paid for your health insurance or plan.

Prescription Drug Coverage is health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs are drugs and medications that by law require a prescription.

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

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

Prior Authorization Prior authorization is when both BCBSTX and your provider agree ahead of time that the service or care you ask for is medically necessary.

Throughout this book we use the term "OK" to mean prior authorization. This process is also used to obtain information needed to load into our system for claims payment from out- of-network providers.

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

Types of health care providers include:

- **Audiologist -** provider who tests your hearing.
- **Certified nurse midwife -** registered nurse certified to care for you during pregnancy and childbirth.
- **Certified registered nurse anesthesiologist -** registered nurse certified to give you anesthesia.
- **Chiropractor -** provider who treats conditions of the spine or other body structures.
- **Dentist -** doctor who takes care of your teeth and mouth.
- **Family practitioner -** doctor who treats general medical conditions.
- **General practitioner -** doctor who treats general medical conditions.
- **Licensed vocational nurse -** licensed nurse who works with your doctor.

- **Licensed professional counselor -** person who is trained to treat mental and emotional conditions.
- **Licensed social worker -** trained therapist who assesses, diagnoses and treats mental and emotional conditions and addictions.
- **Marriage, family and child counselor -** person who helps you with family problems.
- **Nurse practitioner or physician's assistant -** clinicians who can take care of you, find out what is wrong with you and treat you.
- **Obstetrician/gynecologist (OB/GYN) -** doctor who takes care of OB/GYN related health issues (this includes care when you are pregnant or give birth).
- **Occupational therapist -** provider who helps you regain daily life skills and activities after an illness or injury.
- **Ophthalmologist -** provider who takes care of medical diseases of the eye.
- **Optometrist -** provider who performs routine eye exams.
- **Orthotist -** doctor who provides a range of splints, braces and special footwear to aid movement, fix a deformity and relieve discomfort.
- **Pediatrician -** doctor who treats children from birth to the teen years.
- **Physical therapist -** provider who helps you build your physical strength after an illness or injury.
- **Podiatrist or chiropodist -** doctor who takes care of your feet.
- **Psychiatrist -** doctor who treats mental health problems and prescribes medicine.
- **Psychologist -** provider with doctorate degree who treats mental health problems.
- **Registered nurse -** nurse with more training than a licensed vocational nurse and who is licensed to perform certain complex duties with your doctor.
- **Respiratory therapist -** provider who helps you with your breathing.
- **Speech pathologist -** provider who helps you with your speech.
- **Surgeon -** doctor who operates on patients.

Reconstructive Surgery is done when there is something wrong with a part of your body. This problem could be caused by a birth defect, disease or injury. It is medically necessary to make that part look or work better.

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

Service Coordination assists in coordinating acute and long-term care services for your child if eligible. These services include private duty nursing and personal care services.

Skilled Nursing Care are services from licensed nurses in your own home or in a nursing home.

Skilled Nursing Facility is a place that gives you 24-hour-a-day nursing services that only trained health professionals may give.

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

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

Urgent Medical Condition is NOT an emergency, BUT needs medical care within 24 hours.

Part 19

Texas Health Steps Checkup

Look at the sections below and find the one for your child's age. They will tell you when to take your child to each Texas Health Steps Checkup.

Birth to 9 Months

- Babies need checkups when they are 3 to 5 days old, 2 weeks old, then at 2, 4, 6 and 9 months old.
- During a checkup, the doctor will look at your baby from head to toe, checking for health problems. The doctor may do tests to check for other problems.
- Babies can also get free vaccines at a checkup to protect them from disease.
- Dental checkups start at the age of 6 months and then every three to six months.
- The dentist or doctor might put fluoride on your child's teeth during a dental or medical checkup.

1 to 4 Years

- Children need medical checkups at 12, 15 and 18 months old and at 2, 2 1/2, 3 and 4 years old.
- During a checkup, the doctor may do tests to check for other problems.
- Toddlers can also get free vaccines at a checkup to protect them from disease.
- During the checkup, the doctor will ask questions about what children are learning to do and how they are getting along with others.
- Children need dental checkups every 3 to 6 months unless the dentist needs to see them more often.

5 to 10 Years

- Children need medical checkups at 5, 6, 7, 8, 9 and 10 years old.
- Children will get vaccines to help protect them from disease.
- During a checkup, the doctor may do tests to check for other problems.
- Children need dental checkups every six months.
- Dentists can put special coatings on children's teeth (called sealants) that help protect their teeth.

11 to 20 Years

- Teens and young adults need to have a checkup each year.
- During a checkup, the doctor may do tests to check for other problems.
- During checkups, doctors talk to teens about eating habits, exercise, ways to prevent injury and how to have a healthy lifestyle.
- During a medical checkup, the doctor will ask if your teen has any worries that may cause problems with mental or physical health. This medical checkup is not the same as a sports physical exam.
- Your teen will need to see the dentist every six months.

If the doctor or dentist finds a health problem during a checkup, your child can get the care he or she needs, such as:

- Eye tests and eyeglasses
- Hearing tests and hearing aids
- Other health and dental care
- Treatment for other medical conditions

To get auxiliary aids and services, or to get written or oral interpretation to understand the information given to you, including materials in alternative formats such as large print, braille or other languages, please call the BCBSTX Customer Advocate Department at the number on the back of your member ID card.

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at **1-855-710-6984**.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: **1-855-664-7270** (voicemail)
TTY/TDD: **1-855-661-6965**
Fax: **1-855-661-6960**
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: **1-800-368-1019**
TTY/TDD: **1-800-537-7697**
Complaint Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms: https://www.hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at
https://www.bcbstx.com/medicaid/pdf/medicaid-non-discrimination-tx.pdf

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-855-710-6984** (TTY: **711**) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **1-855-710-6984** (TTY: **711**) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **1-855-710-6984** (TTY: **711**) أو تحدث إلى مقدم الخدمة الخاص بك.

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **1-855-710-6984** (TTY: **711**) 或咨询您的服务提供商。
Français French	ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **1-855-710-6984** (TTY: **711**) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie **1-855-710-6984** (TTY: **711**) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે બીજી ભાષા બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક મદદ અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. **1-855-710-6984** (TTY: **711**) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **1-855-710-6984** (TTY: **711**) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: Se parli italiano, puoi usufruire gratuitamente di servizi di assistenza linguistica. Sono inoltre disponibili, senza costi, strumenti e servizi ausiliari per ricevere informazioni in formati accessibili. Chiama il numero **1-855-710-6984** (TTY: **711**) o rivolgiti a un assistente.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **1-855-710-6984** (TTY: **711**)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHÓÓ: Diné Bizaad k'ehjí éí dinits'á'go, t'áá nizaad k'ehjí níká a'doo wołgo bohónéedzą. Łahgo bee ata' hodoonigo áádóó éí doodago ałtaa át'éego níka a'doowołgo t'áá jiik'e nábee ahoot'i'. **1-855-710-6984** (TTY: **711**) jį' hodíílni éí doodago nits'íís náyaa áhályánii bich'į' hadíídzi.
فارسي Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و تماس خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با **1-855-710-6984** (TTY: **711**) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **1-855-710-6984** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **1-855-710-6984** (TTY: **711**) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **1-855-710-6984** (TTY: **711**) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت زبان کی مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاونامداد اور خدمات بھی مفت دستیاب ہیں۔ **1-855-710-6984** (TTY: **711**) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں.
Tiếng Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số **1-855-710-6984** (TTY: **711**) hoặc trao đổi với người cung cấp dịch vụ của bạn.