



Member Handbook

For the CHIP and CHIP Perinatal Programs



COMMUNITY FIRST
HEALTH PLANS

Member Services: 1-800-434-2347



WELCOME TO COMMUNITY FIRST



This handbook is for all CHIP and CHIP Perinatal Program members. Please read all of this member handbook. It explains the benefits you will receive. It also answers many of the questions you have about how to get those benefits. Most of the information in this handbook is for all members. When something applies just to one group of CHIP members, we point that out.

Community First Health Plans is a locally owned, non-profit health plan. Our doctors, hospitals and providers will make sure you or your child get the health care you need.

We are here to answer your questions about our health plan and the benefits for you or your child. Please call us at the number below if you have any questions.

Welcome!

WHAT IF I NEED HELP UNDERSTANDING OR READING THE MEMBER HANDBOOK?

Call Member Services for help. If you need the handbook in audio, larger print, Braille or in another language, just call! Our number is at the bottom of every page.

MEMBER SERVICES

Our Member Services Representatives can help you in many ways:

- Help you in English or Spanish, or find an interpreter who speaks your language
- Answer your questions about benefits or where to go for health care
- Help you find services you can get without a referral from your PCP, like vision, behavioral health, gynecology and dental
- Help you change your PCP
- Send you a new member ID card if it is lost or stolen
- Solve problems or complaints you may have
- Help you get into health education classes, such as CPR or quitting smoking



HOW TO REACH US



PHONE NUMBERS

Member Services (English and Spanish)

Local (210) 358-6300
Toll Free 1-800-434-2347

Local TDD
(for hearing impaired) (210) 358-6080
Outside Bexar County 1-800-390-1175

To access Behavioral Health &
Substance Abuse Services for
CHIP Members and CHIP Perinate
Newborn Members (210) 358-3508
Toll Free Crisis Hotline
(24-hour/7 days a week) 1-877-221-2226
In an emergency, dial 911 or
go to the nearest emergency room.

24-Hour Nurse Advice Line/
Answering Service (live person)
(after hours & weekend coverage)
(English and Spanish) (210) 358-6300
1-800-434-2347

For Language Interpreter Services: (210) 358-6300
Outside Bexar County 1-800-434-2347

IMPORTANT CHIP NUMBERS

CHIP Helpline 1-800-647-6558
Prescription Drugs 1-866-274-9154
Dental 1-866-561-5892
Eye Care (210) 358-6300
Emergency Services Dial 911 or go
to the nearest
emergency room!

MY PCP INFORMATION

PCP Name: _____

PCP Phone Number: _____

ADDRESS

Community First Health Plans
4801 NW Loop 410, Suite 1000
San Antonio, Texas 78229

Visit our Web site at: www.cfhp.com.

OFFICE HOURS

Regular Business Telephone Hours
are 8 A.M.–5 P.M., GST, Monday–Friday,
excluding state-approved holidays

Office lobby hours are 8:30 a.m. to 5:00 p.m.
Monday through Friday

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

WHAT IS A PRIMARY CARE PROVIDER (PCP)?

The PCP is your child's own doctor or clinic. The PCP will take care of your child's medical needs. If a specialist or tests are needed, the PCP will arrange it. Your child's PCP must be available, in person or by phone, or have another doctor on call, 24 hours a day, seven days a week. If your child has a very serious medical condition, you may ask for a specialist to be the PCP. The specialist must be approved by Community First. The specialist also must be willing to be your child's PCP.

CAN I GO TO A CLINIC SUCH AS MY/MY CHILD'S FEDERALLY QUALIFIED HEALTH CENTER TO RECEIVE MEDICAL CARE? CAN A CLINIC BE A PERINATAL PROVIDER? (LOCAL PUBLIC HEALTH CENTER, RURAL HEALTH CLINIC, FEDERALLY QUALIFIED HEALTH CENTER)

Yes. Choose one of the FQHC clinics from our CHIP Provider Directory.

WHAT DO I NEED TO BRING WITH ME TO MY/ MY CHILD'S DOCTOR/PERINATAL PROVIDER'S APPOINTMENT?

Bring your child's CHIP ID card. Also bring any other information about his or her health care needs. This includes any prescriptions for your child.

WHAT IF I CHOOSE TO GO TO ANOTHER DOCTOR WHO IS NOT MY/MY CHILD'S PCP?

If you choose to go to another doctor, you may be asked to pay the bill. Or, you also may be asked to sign a form that says you will pay the bill. It will be much better for you to go to your child's PCP.

HOW CAN I CHANGE MY/MY CHILD'S PCP?

Call Member Services at the number listed below. They will help you select a new PCP. You also can request a PCP change by visiting the Community First Web site at www.cfhp.com.

HOW MANY TIMES CAN I CHANGE MY/MY CHILD'S PCP?

You may change your child's PCP up to four times a year.

WHEN WILL A PCP CHANGE BECOME EFFECTIVE?

- If you ask to change by the 15th of any month, you can start seeing the new PCP the first day of the next month
- If you ask to change after the 15th of the month, you will have to wait until the first day of the second month
- Until then, your old PCP must approve any hospital or specialty care for you

Here is an example:

- If you change your PCP on or before August 15, you can start seeing the new PCP on September 1
- If you ask to change after August 15, you must wait until October 1 to see your new PCP



COMMUNITY FIRST MAY DENY YOUR PCP REQUEST IF:

- The PCP you chose does not specialize in the care you need
- You have already changed PCPs four times in one year
- The PCP you chose is no longer accepting new patients
- You are in the hospital at the time you make the request

CAN A PCP REQUEST THAT I/MY CHILD BE CHANGED TO ANOTHER PCP FOR NON-COMPLIANCE?

Yes, for these reasons:

- You miss three appointments in a row and don't call ahead of time
- You do not follow the doctor's recommended plan of care
- You are rude, abusive or don't cooperate with your child's PCP or the doctor's office staff

The PCP, however, must ask permission from HHSC and you have the right to appeal.

WHAT IF I WANT TO CHANGE HEALTH PLANS?

For CHIP Program Members

- Families can change health plans only once per year. For more information call CHIP toll-free at 1-800-647-6558.

For CHIP Perinatal Program Members

- Once you select a health plan for your unborn child, the child must remain in this health plan until the end of the CHIP Perinatal Program continuous eligibility period. The continuous eligibility period is a 12-month period that begins when your unborn child is enrolled in the CHIP Perinatal Program and continues after your child is born.

- If you live in an area with more than one CHIP Perinatal Program health plan and you do **not** select a plan within 15 calendar days of receiving the enrollment packet, your unborn child is defaulted into a health plan and you will be notified of the plan choice. When this occurs, you will have 30 days to select another health plan
- If your family includes members enrolled in the CHIP Program and CHIP Perinatal Program, the CHIP Program members will remain in the CHIP Program, but will be placed in the health plan providing CHIP Perinatal Program coverage. All family members enrolled in CHIP Program must remain in this health plan until the end of the CHIP Perinatal Program continuous eligibility period. At the first CHIP Program renewal, after the CHIP Perinatal Program eligibility ends, the family may choose a new health plan

Note:

The change of the CHIP Program Members from their health plan to the health plan providing the CHIP Perinatal Program coverage does not count as their one health plan change per year.

- You may request to change health plans for exceptional reasons or good cause
- For more information, call toll-free at 1-800-647-6558

CONCURRENT ENROLLMENT IN THE CHIP AND CHIP PERINATAL PROGRAMS

Children enrolled in the CHIP Program will remain in the CHIP Program, but will be moved to the health plan that is providing the CHIP Perinatal Program coverage. Co-payments, cost-sharing and enrollment fees still apply for children enrolled in the CHIP Program.

YOUR CHILD'S PCP



HOW DO I GET MEDICAL CARE AFTER MY/MY CHILD'S PCP'S OFFICE IS CLOSED? HOW DO I GET AFTER HOURS CARE?

Call your PCP's office first if your child has an urgent problem. The PCP must have his or her phone answered 24 hours a day, seven days a week. You also may call Community First's after-hours nurse advice line at (210) 358-6300 or toll-free, 1-800-434-2347. A nurse will talk to you. The nurse can send you to an urgent care center. Remember, in a true emergency go to the nearest emergency room!

HOW TO READ AND USE YOUR/ YOUR CHILD'S MEMBER ID CARD

- Each CHIP Program/CHIP Perinate/CHIP Perinate Newborn Member will have his or her own Community First CHIP Member Identification (ID) card
- Always carry your/your child's Member ID card with you and present at all provider appointments
- Your/your child's Member ID card has your/his/her name, member ID number, your/your child's PCP's name and effective date, address and phone number
- The card lists your co-payments
- The card lists what to do during an emergency
- The card lists how to contact Member Services
- The card lists how to get assistance in Spanish

WHAT IF MY CHILD'S ID CARD IS LOST OR STOLEN?

Call Community First Member Services and a member advocate will send you a new one. You also can request a new Member ID card on the Community First Web site, www.cfhp.com.

COMMUNITY FIRST HEALTH PLANS CHIP or CHIP Perinate Program

Name: John Public
Member No: 12345678 TX00012000 09/09/09
Primary Care Physician: **Joe Doctor MD**, effective 01/01/01
123 Doctora St.
(210) 123-2356

Co-payments: OV\$2 ER\$5 RX\$0/\$5, for CHIP Perinate Newborns, No Co-payment \$25/INPATIENT ADMISSION

For Prescription Drug Information: Call 1-866-274-9154.
Medicamentos recetados: Llame a la CHIP al 1-866-274-9154.
RX ID: X1234561201

Member/Miembro

- Please carry this card and your Medical Form at all times for all medical needs.
- Por favor lleve esta tarjeta todo el tiempo.
- Life threatening emergency: go to the nearest emergency room and call your Primary Care Provider.
- En caso de una emergencia verdadera, vaya al hospital más cercano y llame a su Proveedor de Cuidado Primario.
- For assistance, please call (210) 358-6300 or 1-800-434-2347, 24/7.
- Para asistencia, llame a la línea (210) 358-6300 o 1-800-434-2347, 24/7.
- For member information and instructions in Spanish, please call 1-800-434-2347
- Por información e instrucciones en español, por favor llame 1-800-434-2347

Notice to Hospitals and Physicians

- Possession of card does not guarantee eligibility.
- This card is for identification purposes only. Possession of this card does not confer any entitlement to benefits. Members must be actively enrolled at the time services are rendered.
- All inpatient admissions require preauthorization, except in case of emergency. Please call CFHP within 24 hours at (210) 358-6050 or fax to (210) 358-6040.

Member Services Department: Inside Bexar County (210) 358-6300, TDD (210) 358-6080
Out of Area 1-800-434-2347, TDD 1-800-390-1175

Submit Claims To: Community First – Claims 4801 N.W. Loop 410, Suite 1000 San Antonio, TX 78229 For electronic claims submit to THIN: Pager ID = COMMF	Hospital Facility Billing: • HESC Admin. Services Contractor's/ Claims Admin. Name (if 0-185% Federal Poverty Level) • Community First Health Plans (if 186-200% Federal Poverty Level)	Behavioral Health/ Salud Mental: Routine (210) 358-6100, 24/7 Crisis Hotline: 1-877-221-2226
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HOW DO I OBTAIN THESE SERVICES FOR MYSELF OR MY CHILD?

Your child has a PCP who will take care of his or her medical needs. If a specialist or tests are needed, the PCP will arrange it. Call your PCP first when your child needs medical care.

You do not need your child's PCP to refer your child to a behavioral health specialist or an OB/GYN. You can make the appointments yourself.

If you are pregnant, you will be cared for by a prenatal care provider. Call Member Services at the number below if you need help choosing a prenatal care provider. They are listed in the Community First CHIP Perinatal Program Provider Directory.

WHAT BENEFITS ARE NOT COVERED BY CHIP?

- Inpatient and outpatient infertility treatments or reproductive services other than prenatal care, labor and delivery, and care related to disease, illnesses or abnormalities related to the reproductive system
- Personal comfort items including, but not limited to, personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of patient and other articles, which are not required for the specific treatment of sickness or injury
- Experimental and/or investigational medical, surgical or other health care procedures or services, which are not generally employed or recognized within the medical community
- Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court
- Private duty nursing services when performed on an inpatient basis or in a skilled nursing facility
- Mechanical organ replacement devices including, but not limited to artificial heart
- Hospital services and supplies when confinement is solely for diagnostic testing purposes, unless otherwise pre-authorized by Health Plan
- Prostate and mammography screening
- Elective surgery to correct vision
- Gastric procedures for weight loss
- Cosmetic surgery/services solely for cosmetic purposes
- Out-of-network services not authorized by the Health Plan except for emergency care and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarean section
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity, except for the services associated with the treatment for morbid obesity as part of a treatment plan approved by the Health Plan
- Acupuncture services, naturopathy and hypnotherapy
- Immunizations solely for foreign travel
- Routine foot care such as hygienic care
- Diagnosis and treatment of weak, strained or flat feet and the cutting or removal of corns, calluses and toenails (this does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails)
- Replacement or repair of prosthetic devices and durable medical equipment due to misuse, abuse or loss when confirmed by the Member or the vendor
- Corrective orthopedic shoes
- Convenience items
- Orthotics primarily used for athletic or recreational purposes
- Custodial care (care that assists a child with the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation and medication supervision that is usually self-administered or provided by a parent. This care does not require the continuing attention of trained medical or paramedical personnel.) This exclusion does not apply to hospice.
- Housekeeping
- Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody of legal authorities
- Services or supplies received from a nurse, which do not require the skill and training of a nurse
- Vision training and vision therapy
- Reimbursement for school-based physical therapy, occupational therapy or speech therapy services are not covered except when ordered by a Physician/PCP
- Donor non-medical expenses
- Charges incurred as a donor of an organ when the recipient is not covered under this health plan

CHIP BENEFITS Q AND A



WHAT EXTRA BENEFITS DOES A MEMBER OF COMMUNITY FIRST GET?

Community First has these extra benefits for you:

- Your whole family can get discounts on prescription medications.
- A nurse advice line you can call 24 hours a day.
- Bus tokens for medical appointments or education classes.
- A newsletter will be mailed to you four times a year.

HOW CAN I GET THESE BENEFITS FOR MYSELF, MY CHILD OR MY UNBORN CHILD?

Call Member Services at the number listed below.

WILL I HAVE TO PAY FOR SERVICES THAT ARE NOT COVERED BENEFITS?

Yes.

WHAT ARE CO-PAYMENTS? HOW MUCH ARE THEY AND WHEN DO THEY APPLY? (FOR CHIP PERINATE NEWBORN MEMBER CO-PAYMENTS DO NOT APPLY.)

Co-payments for medical services or prescription drugs are paid at the time your child receives services. Some services have no co-payments. Your child's CHIP ID card lists his or her co-payments. Be sure to present the ID card when you seek services for your child. See the chart below.

HOW MUCH DO I HAVE TO PAY FOR MY UNBORN CHILD'S HEALTH CARE UNDER THE CHIP PERINATAL PROGRAM?

No co-payments and no cost-sharing.

Federal Level of Poverty	Office Visits	ER Visits	Inpatient Stay	Generic Drugs	Brand Drugs	Annual Reporting Caps
Native Americans	\$0	\$0	\$0	\$0	\$0	\$0
At or below 100%	\$3	\$3	\$10	\$0	\$3	1.25% family annual gross income
101% – 150%	\$5	\$5	\$25	\$0	\$5	1.25% family annual gross income
151% – 185%	\$7	\$50	\$50	\$5	\$20	2.5% cap of family annual gross income
186% – 200%	\$10	\$50	\$100	\$5	\$20	2.5% cap of family annual gross income



WHAT OTHER SERVICES/ACTIVITIES/HEALTH EDUCATION CLASSES DOES COMMUNITY FIRST OFFER?

Personal wellness means doing things in your life that will have a good effect on your health, every day. It means working to stay as healthy as possible, to help you live the best possible life. There are three parts to feeling well. They are your body health, your social health and your mental health. When these three are balanced, you can live a healthier life. Wellness is a choice. You have to take the time to know about good health and you have to make good choices. A healthy life can help cut down or stop those things that place us at risk for sickness and disease.

Community First refers members to community-based health education classes and provides many types of written information. These are a few of the topics available:

- CPR
- Asthma education
- Diabetes education:
 - What is diabetes?
 - Eating right with diabetes
 - How to take care of your feet
 - Nutrition
- Dangers of smoking
- Risks of second-hand smoke to children
- Children and alcohol abuse
- Inhalants, stimulants and other drugs
- Injury prevention
- Safe proofing your home
- Passenger safety
- Bicycle safety
- Gun safety

GET MOVING FOR BETTER HEALTH:

Exercise helps your heart and body get into shape. It helps your weight by cutting down the fat stored in your body. It also helps give you strong bones, gets your energy level up and helps your muscles tone up. People who exercise feel better about themselves. They do not get stressed or depressed as much as people who do not exercise. They also sleep better.

HAVE A ROUTINE:

You will stick with it if you make it a normal part of your day. Keep it simple, 20 to 30 minutes a day, 3 to 5 days each week. See your health care provider before you start. Be sure you are okay to exercise. Try walking, riding a bike, swimming, dancing or aerobics. For building your muscles, try lawn work, like pulling weeds, planting, mowing the lawn, and raking leaves. Park your car at the far end of the parking lot at the store and mall. Do arm curls with canned food while cooking. Housework like mopping, sweeping, vacuuming, dusting and washing windows is good exercise. Drink lots of water before and after you exercise.

HEALTHY EATING:

Healthy eating helps you cut down your risk of heart disease, diabetes and many types of cancer. It helps you get and keep a healthy body weight. Foods you eat can affect your energy level. The best diet is one that includes fruits, vegetables, meats and breads. Eat breakfast. Breakfast is the most important meal of the day. Eat smaller amounts and limit your second helping. Limit high-fat foods. Eat wheat breads and cereals, without added fat and sugar. Limit desserts, sweets and processed foods. Try fresh and frozen fruits and vegetables. Instead of a candy bar or chips and soda for a snack, try a piece of fruit, a bagel, pretzels, yogurt, carrot sticks, crackers or low-fat microwave popcorn. Use salt in moderation. Limit soft drinks and alcoholic beverages. Do not try fast weight-loss diets. Change your eating habits and work to lose only one-half to a pound a week.



SOCIAL/MENTAL HEALTH:

Your social and mental well-being is an important part of your health. People who feel mentally healthy feel good about themselves and are better able to deal with the challenges of our sometimes-hectic lifestyles. Make time to relax and enjoy things that make you feel good. Go to a movie. Watch a softball game. Exercise. Go for a walk. Sit in your favorite chair and read a good book. Pray. Daydream. Buy a tape and listen to it in a quiet, dark room. Start a hobby. Make it simple. Know when you need help and ask for it.

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

WHAT IS ROUTINE MEDICAL CARE?

Routine care is when you or your child goes to the doctor for a checkup. It also is means going when you or your child is sick. Immunizations are part of routine care. Your PCP or your child’s PCP will see him or her within two weeks after you call for a routine appointment.

WHAT IS URGENT MEDICAL CARE?

An urgent medical problem is when you or your child is sick or hurt and needs treatment as soon as possible. Call your or your child’s PCP first, any time night or day. You may be referred to an urgent care center. You or your child can expect to be seen for urgent care within 24 hours.

FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS:

WHAT IS AN EMERGENCY AND/OR EMERGENCY MEDICAL CONDITION?

Emergency care is a covered service. “Emergency” and/or “Emergency Medical Condition” means a medical condition of recent onset and severity, including, but not limited to, severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that the child’s condition, sickness, or injury is of such a nature that failure to get immediate care could result in:

- Placing the child’s health in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part;
- Serious disfigurement; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

WHAT IS EMERGENCY SERVICES AND/OR EMERGENCY MEDICAL CARE?

“Emergency Services” and/or “emergency medical care” means health care services provided in an in-network or out-of-network hospital emergency department or other comparable facility by in-network or out-of-network physicians, providers, or facility staff to evaluate and stabilize medical conditions. Emergency services also include, but are not limited to, any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an emergency condition exists.



FOR CHIP PERINATE MEMBERS: WHAT IS AN EMERGENCY AND/OR EMERGENCY MEDICAL CONDITION?

Emergency care is a covered service. An “emergency” and/or “Emergency Medical Condition” is a medical condition of recent onset and severity, including, but not limited to severe pain, that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that the condition, sickness, or injury is of such a nature that failure to get immediate care could result in:

- Placing the unborn child’s health in serious jeopardy;
- Serious impairment to bodily functions as related to the unborn child;
- Serious dysfunction of any bodily organ or part that would effect the unborn child; or
- Serious disfigurement to the unborn child.

WHAT IS EMERGENCY SERVICES AND/OR EMERGENCY MEDICAL CARE?

“Emergency Services” and/or “Emergency Medical Care” means health care services provided in an in-network or out-of-network hospital emergency department or other comparable facility by in-network or out-of-network physicians, providers, or facility staff to evaluate and stabilize medical conditions. Emergency services also include, but are not limited to, any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an Emergency Medical Condition related to the labor and/or delivery of the covered unborn child exist.

FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS: WHAT DOES MEDICALLY NECESSARY MEAN?

Covered services for CHIP Members and CHIP Perinate Newborn Members must meet the CHIP definition of “medically necessary.”

Medically Necessary means:

(1) Health Care Services that are:

- (a) reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, 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; and

(2) Behavioral Health Services that are:

- (a) reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain or prevent deterioration of functioning resulting from such a disorder;
- (b) in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
- (c) furnished in the most appropriate and least restrictive setting in which services can be safely provided;



- (d) 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) not experimental or investigative; and
- (g) not primarily for the convenience of the Member or Provider.

FOR CHIP PERINATE MEMBERS

Covered services for CHIP Perinate Members must meet the CHIP Perinate Program Definition of "Medically Necessary."

WHAT ARE MEDICALLY NECESSARY SERVICES?

Medically Necessary Services are health services that are:

(1) Physical:

- (a) reasonable and necessary to prevent illness or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical malformation or limitations in function, threaten to cause or worsen a Disability, cause illness or infirmity of an unborn child, or endanger life of the unborn child;
- (b) provided at appropriate facilities and at the appropriate levels of care for the treatment of an unborn child's medical conditions;
- (c) consistent with health care practice guidelines and standards that are issued by professionally recognized health care organizations or governmental agencies;
- (d) consistent with diagnoses of the conditions; and
- (e) no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness and efficiency.

Medically Necessary Services must be furnished in the most appropriate and least restrictive setting in which services can be safely provided and must be provided at the most appropriate level or supply of service which can safely be provided and which could not be omitted without adversely affecting the unborn child's physical health and/or the quality of care provided.

WHAT IF I OR MY CHILD GETS SICK WHEN I/HE/SHE IS OUT OF TOWN OR TRAVELING?

Community First pays for emergencies anywhere in the United States. If you get care while outside the U.S., it is not covered. If you have an emergency, you don't have to call your PCP first. Just get help. Call your PCP within 24 hours of the emergency. If you can't, call as soon as possible.

If you are away and have an urgent problem, you must call your PCP. You may also call the Community First after-hours Nurse Advice Line. You must call first before getting care. If you need follow-up care, your PCP will plan it. Please return to the CFHP service area if you can to get follow-up care. If you are too sick to travel back, call 1-800-434-2347 to let Community First know.

WHAT IS A REFERRAL?

A referral is when your PCP thinks you should see a specialist. It can also be when you need special treatment. This needs approval from Community First. Your PCP will arrange the services for you. It is important to wait until all the paperwork is complete. It must be done before you make an appointment for the referral.

Your PCP's office will usually make the appointments for you. If you have any questions about referrals, please call Member Services.



WHAT SERVICES DO NOT NEED A REFERRAL?

- Behavioral Health Services
- OB/GYN Services
- Vision—eye exams and eyewear

You must use doctors in the Community First plan for any of these services. If you need help to find a doctor, see your Provider Directory. You can also call Member Services for help.

WHAT IF I OR MY CHILD NEEDS TO SEE A SPECIAL DOCTOR (SPECIALIST)?

If you need to go to the hospital, your PCP will send you. If you need to see a special doctor, your PCP will send you. Your PCP will send you to someone in the Community First plan. Community First will not pay if your PCP does not send you. Community First will only pay for a true emergency.

WHAT IF I NEED SERVICES THAT ARE NOT COVERED BY THE CHIP PERINATAL PROGRAM?

Talk to your prenatal care provider about finding medical care that you can afford. You also can call our Member Services Department. They also can help you find medical care that you can afford.

HOW SOON CAN I EXPECT TO BE SEEN BY A SPECIALIST?

You should be seen within two weeks when you call for an appointment. If you have an urgent problem, you should be seen within 48 hours. Community First doctors must follow certain time frames. Call Member Services for help if you do not get an appointment in this time frame.

HOW DO I GET HELP IF I/MY CHILD HAS BEHAVIORAL (MENTAL) HEALTH OR DRUG PROBLEMS?

Call (210) 358-6100 if your child needs to be seen for a mental problem. You can call toll-free at 1-800-434-2347. You can also call if your child has a problem with drugs. You can take your child for behavioral health services. You do not need to call your child's PCP and a referral is not necessary.

HOW DO I GET MY/MY CHILD'S PRESCRIPTIONS?

Prescriptions are paid through the CHIP Prescription Drug Benefit (PDB). You must take the prescription to a pharmacy taking part in the CHIP PDB.

Take your child's Community First ID card with you when you go to the pharmacy. The pharmacy can make sure your child is a CHIP member. The pharmacy may ask for the ID card. You may have to pay a co-payment for the prescription. A prescription for a generic drug may cost you nothing or cost very little. The co-payment for a brand name drug will be more. If your doctor prescribes a drug for a whole month, you will make one co-payment for a 34-day supply. You cannot get more than a 34-day supply. The CHIP PDB does not offer drugs by mail order.

The CHIP PDB does not cover:

- Over-the-counter medicines
- Birth control used for birth control purposes
- Nutritional products
- Medical supplies or equipment, only insulin syringes
- Drugs that are given in a doctor's office or health care facility

Call the CHIP Pharmacy Hotline if you need help to find a pharmacy or if you have problems getting your/your child's prescriptions. Their phone number is 1-866-274-9154.



HOW DO I OR MY CHILD GET EYE CARE SERVICES?

Eye care services are covered. Glasses are covered if they are medically necessary. Your child can get one eye exam every year. Call Member Services if you have any questions.

HOW DO I OR MY CHILD GET DENTAL SERVICES?

Call Delta Dental if you have questions about dental services. You can also call if you need help to find a dentist in your neighborhood. You may contact them at:

Delta Dental

Customer Service Department
P.O. Box 537010
Sacramento, CA 95853-7010

Phone: 1-866-561-5892
Fax: 1-866-828-4122

Web site: www.deltadentalca.org/gov/

CAN SOMEONE INTERPRET FOR ME WHEN I TALK WITH MY/MY CHILD'S DOCTOR/PERINATAL PROVIDER?

Yes. Call Member Services and we will arrange for an interpreter to help you face-to-face during your visit. You need to call us at least 24 hours before your appointment.

WHAT IF I/MY DAUGHTER NEEDS OB/GYN CARE? DO I HAVE THE RIGHT TO CHOOSE AN OB/GYN? WILL I NEED A REFERRAL?

ATTENTION MEMBERS

You have the right to select an OB/GYN for yourself/your daughter without a referral from your/your daughter's PCP. The direct access to health care services of an OB/GYN includes:

- One well-woman checkup per year;
- Care related to pregnancy;
- Care for any female medical condition; and
- Referral to special doctor (specialist) within the Community First network

Community First **DOES NOT LIMIT** your selection of an OB/GYN for you/your daughter to your/your daughter's PCP's network.

IF I DON'T SELECT AN OB/GYN, DO I HAVE DIRECT ACCESS?

You have direct access to health care services of an OB/GYN.

CAN MY DAUGHTER STAY WITH HER OB/GYN IF THE DOCTOR IS NOT WITH COMMUNITY FIRST?

If your daughter is not pregnant, she will need to choose another OB/GYN from Community First. Remember, Community First does not limit your selection of an OB/GYN to your/your daughter's PCP's network. But you/she must choose an OB/GYN from Community First. Call us so we can help you/her choose a doctor.

HOW SOON CAN I/MY DAUGHTER BE SEEN AFTER CONTACTING AN OB/GYN FOR AN APPOINTMENT?

You/she should be able to get an appointment within two weeks of your/her request.

HOW DO I CHOOSE AN OB/GYN?

If you need help to find a doctor, see your Provider Directory. You can also call Member Services for help.



WHAT IF I/MY DAUGHTER IS PREGNANT?

Call Member Services at the number below. If she is in her third trimester, she may get special permission to see her doctor who is not with Community First.

If your daughter sees a Community First OB/GYN, she does not need to check first with Community First. She does not need a referral from her PCP.

Call Member Services so we can help her choose a doctor. She should be able to get an appointment within two weeks. Community First has a special prenatal program. There are gifts for women who complete education classes. Call Member Services for more information.

Newborns of CHIP members are automatically enrolled in the mother's health plan at birth. Eligibility for the newborn will continue until the coverage of the mother ends. At that time the eligibility of the mother and child will be redetermined.

WHAT IF I NEED SERVICES THAT ARE NOT COVERED BY THE CHIP PERINATAL PROGRAM?

Talk to your prenatal care provider about finding medical care that you can afford. You also can call our Member Services Department. They also can help you find medical care that you can afford.

WHO DO I CALL IF I/MY CHILD HAS SPECIAL HEALTH CARE NEEDS AND NEED SOMEONE TO ASSIST ME?

Community First offers services to members with special health care needs. Call Member Services and we will help you find a case manager to help you.

WHAT IF I GET A BILL FROM MY DOCTOR/PERINATAL PROVIDER?

Call us at the number below. You should not get a bill for any services covered under CHIP. You might get a bill if you go to a doctor who is not with Community First. You might also get a bill if you receive treatment in an emergency room if it is not an emergency. Member Services can help you figure out what to do. Be sure to have a copy of the bill in front of you when you call.

WHAT DO I HAVE TO DO IF I/MY CHILD MOVES?

Call us if you change your address or phone number. Our phone number is 1-800-434-2347. If you move, call HHSC to tell them your new address. Their phone number is 1-800-647-6558. You must call if there are any changes in your income. You must call if you have other insurance.

If you are going to move, call HHSC and Community First as soon as you know.

HOW DO I CHOOSE A PERINATAL PROVIDER?

We have a provider directory just for you and your new baby. You will choose a prenatal care provider for yourself. You will choose a PCP for your baby. If you need help choosing a doctor or clinic, call Member Services at the number below. They can help you choose.

HOW SOON CAN I BE SEEN AFTER CONTACTING A PERINATAL PROVIDER FOR AN APPOINTMENT?

You can expect to be seen within two weeks to begin your prenatal care.

CAN I STAY WITH A PERINATAL PROVIDER IF THEY ARE NOT WITH COMMUNITY FIRST?

You will need to choose a doctor with Community First. Call us at the number listed below so we can help you choose a doctor.



FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS

MEMBERS HAVE THE RIGHT TO:

1. Have to get accurate, easy-to-understand information to help you make good choices about your child's health plan, doctors, hospitals and other providers.
2. Your health plan must tell you if they use a "limited provider network." This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. Meaning, you cannot see all the doctors who are in your health plan. If your health plan uses "limited networks," you should check to see that your child's primary care provider and any specialist doctor you might like to see are part of the same "limited network."
3. You have a right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know about what those payments are and how they work.
4. You have a right to know how the health plan decides about whether a service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
5. You have a right to know the names of the hospitals and other providers in your health plan and their addresses.
6. You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.
7. If your child is confirmed to have special health care needs or a disability, you may be able to use a specialist as your child's primary care provider. Ask your health plan about this.
8. Children who are confirmed to have special health care needs or a disability have the right to special care.
9. If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months, and the health plan must continue paying for those services. Ask your plan about how this works.
10. Your daughter has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from her primary care provider and without first checking with your health plan. Ask your plan how this works. Some plans may make you pick an OB/GYN before seeing that doctor without a referral.
11. You have a right to emergency services when your child needs them if you reasonably believe your child's life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a co-payment in the CHIP Program, depending on your income. Co-payments do not apply to the CHIP Perinatal Program.
12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to speak for your child in all



- treatment choices.
14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
 15. You have the right to be treated fairly by your health plan, doctors, hospitals and other providers.
 16. You have the right to talk to your child's doctors and other providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.
 17. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals and others who provide services to your child. If your health plan says it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.

You and your health plan both have an interest in seeing your child's health improve. You can help by assuming these responsibilities.

1. Try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.
2. Become involved in the doctor's decisions about your child's treatments.
3. Work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with your health plan, try first to resolve it using the health plan's complaint process.
5. Learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. If your child is in the CHIP Program, you are responsible for paying your doctor and other providers co-payments that you owe them. If your child is in the CHIP Perinatal Program, co-payments do not apply.
8. Report misuse of the CHIP Program or CHIP Perinatal Program by health care providers, other members or health plans.



FOR CHIP PERINATE MEMBERS

MEMBER RIGHTS:

1. You have a right to get accurate, easy-to-understand information to help you make good choices about your unborn child's health plan, doctors, hospitals and other providers.
2. You have a right to know how the perinatal providers are paid. Some may get a fixed payment no matter how often you visit. Others get paid based on the services they provide for your unborn child. You have a right to know about what those payments are and how they work.
3. You have a right to know how the health plan decides whether a perinatal service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
4. You have a right to know the names of the hospitals and other perinatal providers in the health plan and their addresses.
5. You have a right to pick from a list of health care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
6. You have a right to emergency perinatal services when your unborn child needs them if you reasonably believe your unborn child's life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with the health plan.
7. You have a right and responsibility to take part in all the choices about your unborn child's health care.
8. You have a right to speak for your unborn child in all treatment choices.
9. You have a right to be treated fairly by the health plan, doctors, hospitals and other providers.

10. You have a right to talk to your perinatal provider in private and to have your medical records kept private. You have the right to look over and copy your medical records and to ask for changes to those records.
11. You have the right to a fair and quick process for solving problems with the health plan and the plan's doctors, hospitals and others who provide perinatal services for your unborn child. If the health plan says it will not pay for a covered perinatal service or benefit that your unborn child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.

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

1. Try to follow healthy habits. Stay away from tobacco and eat a healthy diet.
2. Become involved in the decisions about your unborn child's care.
3. If you have a disagreement with the health plan, try first to resolve it using the health plan's complaint process.
4. Learn about what your health plan does and does not cover. Read your CHIP Perinatal Program Handbook to understand how the rules work.
5. Try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
6. Report misuse of the CHIP Perinatal Program by health care providers, other members or health plans.

OTHER IMPORTANT INFORMATION



WHEN DOES COVERAGE UNDER THE CHIP PERINATAL PROGRAM END?

You and your baby are eligible for 12 months of benefits. Benefits will start with the month you enroll yourself in the CHIP Perinatal Program. Your newborn baby's benefits will end 12 months from when you first enrolled.

WILL THE STATE SEND ME ANYTHING WHEN THE CHIP PERINATAL PROGRAM COVERAGE ENDS?

Yes. In the 10th month of coverage, your newborn baby will receive a CHIP renewal packet.

HOW DOES RENEWAL WORK?

You will need to complete the renewal application. Then you will mail it to the enrollment address. If your baby is eligible, he or she will become a traditional CHIP member.

DOES MY BABY RECEIVE BENEFITS AT BIRTH?

Yes. You will need to pick a PCP for your baby.

CAN I PICK MY BABY'S PRIMARY CARE PROVIDER (PCP) BEFORE HE OR SHE IS BORN?

Yes. It is best to pick your baby's PCP before he or she is born.

WHO DO I CALL? WHAT INFORMATION DO THEY NEED?

Call Community First's Member Services Department. The number is listed below. They can help you choose a PCP for your baby. Tell them either your due date or the baby's date of birth. If you do not choose a PCP for your baby, we will choose one for him or her.

WHAT SHOULD I DO IF I HAVE A COMPLAINT? WHO DO I CALL?

If you have a complaint, call us. Call us at (210) 358-6300. Or, you can call toll free at 1-800-434-2347.

CAN SOMEONE FROM COMMUNITY FIRST HELP ME FILE A COMPLAINT?

Yes. A Member Services Advocate from Community First can help you.

HOW LONG WILL IT TAKE TO PROCESS MY COMPLAINT?

If you call to file a complaint, we will mail you a letter within five days to tell you we received your complaint. We will also send you a complaint form.

WHAT ARE THE REQUIREMENTS AND TIME FRAMES FOR FILING A COMPLAINT?

After you return the complaint form, we will mail you a letter within 5 days to tell you we received it. We will mail you our decision within 30 days.

Send your complaint to:

Member Services
Community First Health Plans
4801 NW Loop 410, Suite 1000
San Antonio, TX 78229

DO I HAVE THE RIGHT TO MEET WITH A COMPLAINT APPEAL PANEL?

If you are not happy with our answer, you can file a complaint appeal in writing. Call our Member Services Advocates.

If you file a complaint appeal, we will mail you a letter within 5 days to tell you we received it. We will schedule an Appeal Panel hearing. Five days before the hearing, you will receive a letter with important information about your appeal rights. You may appear before the Appeal Panel.

After the Appeal Panel hearing, we will send you our answer. We will mail the letter within 30 days from when we received your written appeal.

OTHER IMPORTANT INFORMATION



IF I AM NOT SATISFIED WITH THE OUTCOME, WHO ELSE CAN I CONTACT?

If you are still not happy, you can file a complaint with the Texas Department of Insurance (TDI). You can contact TDI at:

Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
1-800-252-3439

You can file a complaint with TDI at any time.

WHAT CAN I DO IF COMMUNITY FIRST DENIES OR LIMITS MY DOCTOR'S REQUEST FOR A COVERED SERVICE?

Community First may deny health care services, if they are not medically necessary. If you are not happy with the decision, you can appeal by phone or by mail.

WHEN DO I HAVE THE RIGHT TO REQUEST AN APPEAL?

You have the right to request an appeal any time health care services are denied as not medically necessary.

HOW WILL I BE NOTIFIED IF SERVICES ARE DENIED?

You will receive a letter telling you about the decision, with an appeal form.

DOES MY REQUEST HAVE TO BE IN WRITING?

You can submit a request orally or in writing.

CAN SOMEONE FROM COMMUNITY FIRST HELP ME FILE AN APPEAL?

Send in the appeal form, or call us. A Community First Member Services Advocate can help you. Just call (210) 358-6300 or toll free at 1-800-434-2347.

WHAT ARE THE TIME FRAMES FOR THE APPEAL PROCESS?

A letter will be mailed to you within 5 days to tell you we received your appeal. We will mail you our decision within 30 days.

WHAT IF THE SERVICES I NEED ARE FOR AN EMERGENCY OR I AM IN THE HOSPITAL?

For emergencies or hospital admissions, you can request an Expedited Appeal.

WHAT IS AN EXPEDITED APPEAL?

This is when a decision is needed right away because your life or health is in danger.

WHAT ARE THE TIME FRAMES FOR AN EXPEDITED APPEAL?

If we have all the information we need, we will have an answer within one working day.

HOW DO I REQUEST AN EXPEDITED APPEAL? WHO CAN ASSIST ME IN FILING AN APPEAL?

Call us at the number below. Our Member Service Advocates can help you.

DOES MY REQUEST HAVE TO BE IN WRITING?

You can submit a request orally or in writing.

WHAT IF COMMUNITY FIRST DENIES THE REQUEST FOR AN EXPEDITED APPEAL?

We will notify you. Your request will be moved to the regular appeal process and mail you our decision within 30 days.

WHAT IF I AM NOT HAPPY WITH THE ANSWER TO MY APPEAL?

Call us to request a review by an IRO. You can also request it in writing.

WHAT IS AN IRO?

An IRO is an Independent Review Organization. This is a group of doctors, who are not employees of Community First. A specialist will review your appeal and make a final decision.

OTHER IMPORTANT INFORMATION



WHAT ARE THE TIME FRAMES FOR THIS PROCESS?

We will mail you the final decision within 15 days from when we received your request for an IRO.

WHAT IF I AM NOT HAPPY WITH THE FINAL DECISION?

If you are still not happy, you can contact the Texas Department of Insurance (TDI). You can contact TDI at:

Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
1-800-252-3439

HOW DO I REPORT SOMEONE WHO IS MISUSING/ABUSING THE PROGRAM?

Reporting provider or recipient waste, abuse or fraud in CHIP:

If you suspect a client (a person who receives benefits) or a provider (e.g., doctor, dentist, counselor, etc.) has committed waste, abuse or fraud, you have a responsibility and a right to report it.

Reporting provider/clients waste abuse and fraud:

You can report provider/clients directly to your health plan at:

Community First Health Plans
Director of Member Services
4801 NW Loop 410, Suite 1000
San Antonio, TX 78229
1-800-434-2347

Or, if you have access to the Internet go to HHSC OIG Web site at <http://www.hhs.state.tx.us> and select "Reporting Waste, Abuse and Fraud." The site provides information on the types of waste, abuse and fraud to report. If you do not have Internet access and prefer to talk to a person, call the Office of Inspector General (OIG) Fraud Hotline at 1-800-436-6184, or you may send a written statement to the following OIG addresses.

To report providers, use this address:

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

To report clients, use this address:

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

OTHER IMPORTANT INFORMATION



To report waste, abuse or fraud, gather as much information as possible. When reporting a provider (e.g., doctor, dentist, counselor, etc.) provide the following:

- Name, address and phone number of provider;
- Name and address of the facility (hospital, nursing home and home health agency, etc.
- Medicaid number of the provider and facility is helpful;
- Type of provider (physician, physical therapist and pharmacist, etc.);
- Names and number of other witnesses who can aide in the investigation;
- Dates of events; and
- Summary of what happened.

When reporting a client (a person who receives benefits) provide the following:

- The person's name;
- The person's date of birth, social security number or case number if available;
- The city where the person resides; and
- Specific details about the waste, abuse or fraud.

NOTES

