

STAR Medicaid

Member Handbook



COMMUNITY FIRST
HEALTH PLANS

TEXAS  STAR
PROGRAM
Your Health Plan ■ Your Choice

 **University
Health System**
www.UniversityHealthSystem.com

Member Services
(210) 358-6060
1-800-434-2347





How To Reach Us

Regular Business Telephone Hours (English and Spanish):
8 a.m.–5 p.m., CST, Monday–Friday, excluding state-approved holidays. For after-hours and weekend coverage our Nurse Line will be able to help you.

Local:	(210) 358-6060
Outside Bexar County (toll-free):	1-800-434-2347
Local TDD (for hearing impaired):	(210) 358-6080
Outside Bexar County:	1-800-390-1175
STAR Program Helpline:	1-800-964-2777
STAR Program Helpline TDD:	1-866-222-4306

Behavioral Health (BH) & Substance Abuse Services Crisis Hotline (24-hour, 7-day-a-week, toll-free number, English and Spanish): **1-877-221-2226**

24-hour Nurse Advice Line (English and Spanish): **(210) 358-3000**
1-800-950-5803

For Language Interpreter Services: **(210) 358-6060**
1-800-434-2347

Medical Transportation Program (TxDOT): **(210) 949-2020**
1-877-MED-TRIP
(1-877-633-8747)

Nurse Line: **(210) 358-6060**
Eye Care: **(210) 358-6060**
1-800-434-2347

Medicaid Managed Care Helpline: **1-866-566-8989**

In an emergency or crisis dial 911!

Office Hours
8:30 a.m.–5:00 p.m.

Community First Health Plans
1410 Avenida Guadalupe
San Antonio, Texas 78207
www.cfhp.com

A Guide to Your New Medical Home



As a member of Community First Health Plans you can ask for and receive the following information each year:

- A provider directory. It will list primary care doctors and special doctors in your service area. It will also list hospitals in your service area. It will have their names, addresses, telephone numbers, and languages they speak. It will also tell you which doctors do not accept new patients.
- Restrictions on your freedom of choice among network providers
- Member rights and responsibilities
- Information on how to file a complaint, an appeal and request a fair hearing
- Detailed information on benefits that are available to you
- How to get benefits, including what is needed for an authorization
- How you may get benefits from out-of-network providers and/or limits to those benefits, including family planning services
- How after hours and emergency coverage are provided and/or limits to those benefits, including:
 - What makes up emergency medical conditions, emergency services and post-stabilization services
 - How prior authorization is not required for emergency care services
 - How to obtain emergency services, including use of the 911 telephone system or its local equivalent
 - The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services covered by your benefits
 - Your right to use any hospital or other settings for emergency care
 - Post-stabilization rules
- Policy on referrals for specialty care and for other benefits not furnished by your primary care doctor
- Community First's practice guidelines



A Guide to Your New Medical Home

What if I need help understanding or reading the Member Handbook?

A Member Services Advocate can explain any part of this book to you. Just call! If you need the book in a different format such as audio, larger print, Braille, or in a language other than English and Spanish, please call Member Services with your request. Our number is at the bottom of every page.

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How Community First Works



What is Community First?

Community First Health Plans is a Medicaid Managed Care Program. Our doctors, hospitals and providers will help you get all the health care you need. We are locally owned and managed. We are the only non-profit health plan available to you.

Community First Health Plans is committed to meet your needs. We provide services to people of all backgrounds. We do this in a way that recognizes, values, affirms and respects your worth. We help protect your personal dignity.

What services do I get with Community First?

- Your own personal doctor, called a Primary Care Provider, or PCP. He or she will see you every time you need medical care. This is what we call a “medical home.”
- High quality hospitals and specialists.
- Caring Member Services Advocates who answer your questions and help you get health care.

What can a Member Services Advocate do for me?

All Community First Member Services Advocates work to help you. They can help you in ways such as:

- Help you in English or Spanish, or connect you with an interpreter who speaks your language. Just call Member Services.
- Help you choose a Primary Care Provider. You can get a different doctor for each member in your family if you want.
- Answer your questions about benefits, where to go for health care, and more.
- Help you find health care services that you can get without having to see your PCP first, like family planning or counseling.
- Help you change PCPs.
- Send you a new Member ID card if it is lost or stolen.
- Solve problems or complaints you may have about your medical care or about Community First.



How Community First Works

How do I obtain the services I need?

Your PCP will provide most of your health care needs. If you need care from a specialist or a hospital, your PCP will take care of that. He or she will refer you to other services, and will give you follow up care when you go to other doctors or hospitals. To get more information on how to get other services and benefits, just call your Member Services Department.

Medicaid Identification Form (Form 3087)

You will get a Medicaid form in the mail each month as long as you are eligible for Medicaid. The Medicaid form tells providers about you and the services that you can get each month. Because you are now on the STAR Program, the form will look different than your regular Medicaid form. You will see the STAR Program logo (Texas STAR) on the top right hand side of your form. This will tell providers that you are part of the STAR Program.

The form has a “Good Through” date in the top right hand box. This means the Medicaid form is good through the last day of the month printed in this box. It will also list your name and the names of any other family members who are part of your Medicaid case.

As a member of the STAR Program, your Medicaid form will show a health plan name below each name listed on the form. If you are under 21, you will also see a reminder under your name if you have a Texas Health Steps (THSteps) checkup due. You will need to call your PCP or health plan to arrange for a checkup.

The Medicaid form also shows that adults 21 years and older can get more than three prescriptions each month. Be sure to take your Medicaid form to the pharmacy when you need to get a prescription filled.

How Community First Works



In addition, the form has the following information:

Date Run	This is the date the form was printed.
BIN	This information is used for pharmacy services.
BP	This is a code that tells where you live.
TP	This is the type program for your case.
Cat	This is your case category.
Case No.	This is your case number.
ID No.	This is your Medicaid number.
Name	This is your full name as listed with Medicaid.
Date of Birth	This is your birth date listed with Medicaid by month, day and year.
Sex	This shows if you are female (F) or male (M).
Eligibility Date	This is the beginning date of your eligibility.
TPR	This shows if you have other insurance. A "P" means you have private insurance, and an "M" means you are eligible for Medicare.
Medicare No.	This is your Medicare Number, if you have one.

Be sure to read the back of the Medicaid form. It also gives you more information about the form. There is also a box that has specific information for providers.

You **must** take your Medicaid form and your health plan ID card with you when you get any health care services. You will need to show your Medicaid form and health plan ID card each time you need services.

If you lose your Medicaid form, contact your local HHSC Eligibility Office for another one.

How Community First Works



Sample Medicaid Identification Form (Form 3087)

<p>FOR THE CLIENT: About Your Medicaid ID Form</p> <p>This is your MEDICAID IDENTIFICATION form. When you get any health care services, you must have this form with you as your ID.</p> <p>WHEN IS THE FORM GOOD? It is good through the date in the box marked "GOOD THROUGH." This box is on the other side of this page, in the top right corner. The other side of this page also tells some of the services you can get. If you are under age 21, it will also tell you if it is time for your medical and dental check-ups.</p> <p>WHEN DO I GET A NEW FORM? You will get this form in the mail each month when you have Medicaid. When you get the form, you can be sure you are covered by Medicaid.</p> <p>WILL I HAVE TO PAY FOR SERVICES? Medicaid clients do not have to pay bills that Medicaid should pay. It is very important that you tell your doctor, hospital, drugstore, and other health care providers right away that you have Medicaid. If you do not tell them you have Medicaid, you may have to pay these bills. NOTE: Family planning clinics and other providers give free physical exams, lab tests, birth control methods (including sterilization), and contraceptive counseling.</p> <p>WHAT IF I GET A BILL? If you get a bill from a doctor, hospital, or other health care provider, ask the provider why they are billing you. If you still get a bill, call the Medicaid hotline at 1-800-252-8263 for help. If Medicaid will not pay the bill, you have the right to ask for a fair hearing. You may ask for a fair hearing in writing or by calling 1-800-252-8263.</p> <p>WHAT IF THE SERVICES REQUESTED FOR ME ARE DENIED? You have the right to ask for a fair hearing. You may ask in writing or by calling. The address and telephone number will be listed on the letter that you get.</p> <p>WHAT IF I NEED MEDICINE? Medicaid will pay for no more than three prescription drugs for you each month. You must pay for any prescriptions that you need beyond three. IMPORTANT: Family planning drugs and supplies do NOT count as one of the three allowed prescriptions. Medicaid will pay for more than three prescriptions each month for any Medicaid client who is under age 21, or lives in a nursing facility, or has the STAR Program, or gets services through the CLASS, CBA, HCS, HCS-O, DBMD, MRLA and other non-SSI community-based waiver programs. STAR-PLUS clients age 21 and over who do not join the same HMO for Medicare and Medicaid are limited to three (3) prescriptions per month.</p> <p>CAUTION: If you accept Medicaid benefits (services or supplies), you give and assign to the state of Texas your right, as well as the right of anyone for whom you have the right to accept benefits, to receive payments for those services or supplies from other insurance companies and other liable sources, up to the amount needed to cover what Medicaid spent.</p> <p>QUESTIONS? Call 1-800-252-8263.</p>	<p>PARA EL CLIENTE: Información Sobre la Forma de Identificación para Medicaid</p> <p>Esta es su IDENTIFICACIÓN DE MEDICAID. Cuando vaya a pedir cualquier servicio médico, tiene que tener esta forma a mano, porque sirve como su identificación.</p> <p>¿CUÁNDO ES VÁLIDA LA FORMA? Es válida hasta la fecha que aparece en la caja que dice "VÁLIDA HASTA". La caja aparece al otro lado de esta hoja, arriba, en la esquina de la derecha. Al otro lado de esta hoja también hay información sobre otros servicios que puede obtener. También le dice cuando le toca ir a sus chequeos médicos y dentales, si tiene menos de 21 años.</p> <p>¿CUÁNDO ME DAN UNA FORMA NUEVA? Usted recibirá esta forma por correo cada mes que tenga Medicaid. Cuando reciba la forma, puede estar seguro que tiene cobertura de Medicaid.</p> <p>¿TENGO QUE PAGAR LOS SERVICIOS? El cliente de Medicaid no tiene que pagar las cuentas que Medicaid debe pagar. Es muy importante que usted diga inmediatamente a su médico, hospital, farmacia y otro proveedor de servicios médicos que usted recibe Medicaid. Si no les avisa, puede que usted tenga que pagar estas cuentas. NOTA: Las clínicas de planificación familiar y otros proveedores dan gratis exámenes médicos, análisis, anticonceptivos (incluida la esterilización) y consejería sobre los métodos anticonceptivos.</p> <p>¿QUÉ HAGO SI RECIBO UNA CUENTA? Si usted recibe una cuenta de un doctor, un hospital u otro proveedor de servicios médicos, pregúntele al proveedor por qué le mandó la cuenta. Si todavía le manda una cuenta, llame a la línea directa de Medicaid al 1-800-252-8263 para pedir ayuda. Si Medicaid no va a pagar, usted tiene derecho a pedir una audiencia imparcial. Puede pedir una audiencia imparcial por escrito o por teléfono, llamando 1-800-252-8263.</p> <p>¿QUÉ PASA SI ME NIEGAN LOS SERVICIOS PEDIDOS EN MI NOMBRE? Tiene derecho a pedir una audiencia imparcial por escrito o por teléfono. La dirección y el número de teléfono se darán en la carta que recibe.</p> <p>¿QUÉ HAGO SI NECESITO MEDICINAS? Medicaid pagará un máximo de tres medicinas de receta al mes. Usted tiene que pagar las medicinas de receta adicionales si necesita más de tres. IMPORTANTE: Si necesita medicinas y artículos para la planificación familiar, estos NO cuentan como una de las tres medicinas de receta permitidas. Medicaid pagará más de tres recetas al mes por el cliente de Medicaid que tiene menos de 21 años, o vive en una casa para convalecientes, o tiene el Programa STAR, o recibe servicios por medio de CLASS, CBA, HCS, HCS-O, DBMD, MRLA y otros programas opcionales en la comunidad no relacionados con SSI. Los clientes de STAR-PLUS de 21 años o mayores que no se inscriben en el mismo HMO para Medicare y Medicaid tienen un límite de tres (3) recetas por mes.</p> <p>ADVERTENCIA: Si usted acepta beneficios de Medicaid (servicios o artículos), da y otorga al Estado de Texas el derecho de cualquiera por quien usted pueda aceptar beneficios y su derecho de recibir pagos por aquellos servicios o artículos de otras compañías de seguros y otras fuentes responsables, hasta cobrar la cantidad que se necesite para cubrir lo que Medicaid haya gastado.</p> <p>¿TIENE PREGUNTAS? Llame al 1-800-252-8263.</p>
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<p>FOR THE PROVIDER/PARA EL PROVEEDOR</p> <p>PLEASE NOTE: Payment for Family Planning Services is available without the consent of the client's parent or spouse. Confidentiality is required. Family Planning drugs, supplies, and services are exempt from the prescription drug and "LIMITED" restrictions.</p> <p>KEY TO TERMS THAT MAY APPEAR ON THIS FORM:</p> <p>TPR-Before filing with Medicaid, claims must be filed with a Third Party Resource: either P (Private Insurance) or M (Medicare). When P is indicated, dental, pharmacy and nursing home providers should bill Medicaid first.</p> <p>LIMITED-Except for family planning services and for Texas Health Steps (EFSO) medical screening, dental, and hearing aid services, this form indicates whether the client is limited to seeing a specific doctor. This form also indicates whether the client is limited to using a specific pharmacy for drugs obtained through the Vendor Drug Program. The doctor and/or pharmacy are named on the form. EXCEPTION: In the event of an emergency medical condition as defined below, appropriate medical attention should be provided.</p> <p>EMERGENCY-The client is limited to coverage for an emergency medical condition. This means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson (who possesses an average knowledge of health and medicine) would think that the absence of immediate medical attention could reasonably be expected to result in (1) placing the</p>	<p>patient's health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.</p> <p>HOSPICE-The client is in hospice and waives the right to receive services related to the terminal condition through other Medicaid programs. If a client claims to have canceled hospice, call local hospice agency or DHS to verify.</p> <p>OMB-The Medicaid agency is providing coverage of Medicaid premiums, deductibles, and co-insurance liabilities, but the client is not eligible for regular Medicaid benefits.</p> <p>MQMB-The Medicaid agency is providing regular Medicaid coverage as well as coverage of Medicare premiums, deductible, and co-insurance liabilities.</p> <p>PE-Medicaid covers only family planning, and medically necessary outpatient services.</p> <p>STAR Program and STAR+PLUS Program-The client is enrolled in the Medicaid Managed Care Program and is assigned to the provider, FQHC, or HMO named on the form.</p>
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DHS Form 3087/Page 2/12-99

What if I don't have my Medicaid Identification Form 3087?

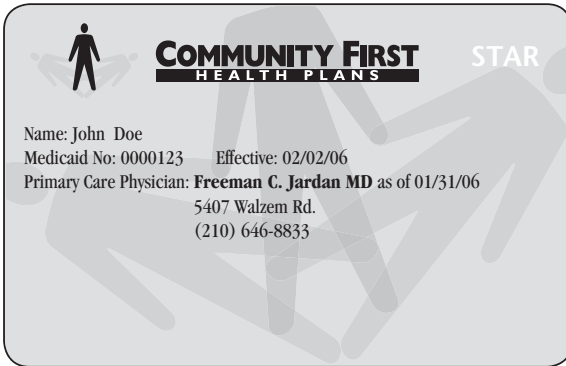
If you lose your Form 3087 you may ask the HSE eligibility office for a Form 1027-A as a temporary Medicaid ID. You also may ask for Form 1027-A if you need medical services before your Form 3087 comes in the mail.



How Community First Works

Community First Member ID Card

- Each Person in your family who receives Medicaid benefits will get their own ID card.
- Always have your Community First Member ID Card and your Medicaid form with you when you go to get health care services.
- For prescriptions, you need only your Medicaid form.
- Make sure your Community First ID card has the following information on it:
 - Your name
 - Your Medicaid number
 - Your effective date
 - Your PCP's name, address and phone number



<p>Members</p> <ul style="list-style-type: none"> • Please carry this card at all times for all medical needs. • Life threatening emergency; go to the nearest emergency room and call your Primary Care Provider. • For assistance, please call (210) 358-6060 or 1-800-434-2347. <p>Notice to Hospital and Other Providers/ Aviso para hospitales y otros proveedores</p> <ul style="list-style-type: none"> • Possession of this 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 pre-authorization, except in the case of emergency. Please call GHP within 24 hours at (210)358-6050 or fax to (210)358-6040. <p>Member Services Department (24 hours/7days a week) Inside Bexar County (210) 358-6060, TDD (210) 358-6080 Toll-Free 1-800-434-2347, TDD 1-800-390-1175</p> <p>Departamento de Servicios para Miembros (las 24 horas del día, los 7 días de la semana) Dentro del condado de Bexar 210-358-6060, Línea TDD 210-358-6080</p> <p>Submit Claims To: Gratis 1-800-434-2347, Línea TDD 1-800-390-1175</p> <p>Community First – Claims Behavioral Health/Servicios de salud mental y abuso sustancias: 12238 Silicon Drive, Suite 100 Crisis Hotline (Toll-Free/ San Antonio, TX 78249 Línea directa en caso de crisis (gratis): 1-877-221-2226 For electronic claims submit to Availity; Payer ID = COMMF (24 hours/7days a week/ (las 24 horas del día, los 7 días de la semana)</p>	<p>Miembros</p> <ul style="list-style-type: none"> • Favor lleve esta tarjeta en todo momento para todas las necesidades médicas. • Emergencias que ponen en peligro la vida: vaya a la sala de emergencias más cercana y llame a su Proveedor de Cuidado Primario. • Para obtener ayuda, por favor, llame al 210-358-6060 o al 1-800-434-2347.
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What if my Community First Member ID card is lost or stolen?

Call Community First Member Services and a member advocate will send you a new one.

Receiving Care From Your Primary Care Provider



How do I choose a Primary Care Provider (PCP)?

- See the Community First Provider Directory for a list of PCPs and clinics with offices near you.
- Visit Community First's Web site at www.cfhp.com and use the provider search link.
- Call a Member Services Advocate.
- Be sure to choose a PCP for each member of your family enrolled in the Texas STAR Program.

Can a clinic be my PCP (RHC/FQHC)?

Yes, all you have to do is choose the clinic where your PCP practices that is listed in our Provider Directory as a Federally Qualified Health Center (FQHC).

Can I pick a PCP for my baby before the baby is born?

Yes. It will be much easier if you do.

How do I sign up my newborn baby?

If you are pregnant and have a baby while you are a member of Community First STAR Health Plan, you should select a PCP for your baby before the baby is born. Just call Member Services to get help.

You also must tell your Medicaid caseworker. Call your caseworker on the phone as soon as possible. That way, the baby can get a Medicaid number and benefits right away.

How and when can I switch my baby's PCP?

The rules for infants are the same as for other children. Just call Member Services and if you make the request before the 15th of the month, the change will be made for the first of the next month. Requests made after the 15th of the month will be effective the first of the month following the next month.



Receiving Care From Your Primary Care Provider

Can I switch my baby's health plan?

Your baby will be assigned to the same health plan that you are enrolled with for at least 90 days from date of birth. You can request a plan change prior to the 90 days if both health plans agree with transfer. If your baby is in the hospital, plan changes are not permitted until your baby is discharged.

How do I get the best medical care from my PCP?

- Call your PCP before going for health care
- Tell your PCP about true emergencies
- Schedule regular checkups
- Talk freely and honestly with your PCP
- Call ahead of time if you need to cancel an appointment

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

Bring your Community First ID card and your Medicaid identification form (Form 3087). Be sure to bring any other information about your medical needs, including prescriptions.

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

You should not go to another doctor who is not your PCP. If you do this to receive services your PCP would normally provide, it is possible that you may be asked to sign a form making you pay for the bill. Your PCP is in charge of managing your health care, so it makes no sense to go to another doctor.

What is routine medical care, and how soon can I expect to be seen?

Routine medical care includes regular checkups and treatment for illnesses. It also includes follow-up care when you have medical tests or receive prescriptions. For routine appointments, your PCP will see you within two weeks. Your PCP is available 24 hours a day, 7 days a week.

Receiving Care From Your Primary Care Provider



What is a referral?

A referral is when your PCP decides that you either need to see a specialist or need special treatment. It requires permission from Community First. Your PCP will arrange this for you. It is important to wait until all the paperwork has been completed before you make an appointment for the referral.

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

What about hospitals and special doctors?

If you need to see a special doctor, your PCP will refer you. If you need to go to the hospital, your PCP will send you to a hospital in our network. Community First will not pay the cost of hospital or special doctors if your PCP does not send you. You may go to the hospital without a referral from your PCP if you have a true emergency.

What services do not need a referral?

- Behavioral Health Services
- Pregnancy and Delivery Services—as described on page 24
- Vision—eye exams for all members and eyewear for members under 21 years of age
- Texas Health Steps—medical and dental checkups
- Family Planning Services

For OB/GYN, behavioral health and vision services, you must use providers in our network. See your Provider Directory or call member services for help finding a provider.

How do I get family planning services?

You can go to any provider that accepts Medicaid for these services. You do not need a referral from your PCP. Please see a list of providers beginning on page 45.



Receiving Care From Your Primary Care Provider

How soon can I expect to be seen by a specialist?

You should be seen within two weeks by a specialist when you call for an appointment. This includes prenatal care. If you have an urgent situation, then the specialist should see you within 48 hours. Community First has standards for doctors to follow. If you cannot get an appointment within these time frames, call Community First Member Services for assistance.

Can I get a second opinion?

You may get a second opinion. The second doctor must be in our network. If a network doctor is not available, we will help you find another doctor. It may be an out-of-network doctor for your second opinion.

Who do I call if I have special health care needs and need someone to assist me?

Community First offers case management services to members with special health care needs. Call Member Services, who can help you get in touch with a case manager who can look at your needs.

What is Case Management for Children and Pregnant Women (CPW)?

These are services for children with a health problem or a health risk. Children must be between zero and 20 years old. High-risk pregnant women of any age can also get help. This program will help you find low-cost health and health-related care. You and your family will work with a case manager. He or she will help you see if you qualify to receive medical and social services. You may also receive educational and other medically necessary services. To request Case Management Services, call the Texas Health Steps Outreach and Informing Hotline at 1-877-THSTEPS (1-877-847-8377). Or, if you have access to the Internet, go to the Texas Department of State Health Services Web site at <http://www.dshs.state.tx.us/caseman/>.

Receiving Care From Your Primary Care Provider



What is emergency medical care?

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 women, serious jeopardy to the health of a woman or her unborn child.

What do I do in case of a true emergency?

- Go to the nearest Medicaid provider or hospital emergency room, even if they are not part of Community First.
- Do not stop to call your PCP or Community First. Call 911 if you need help getting to the hospital.
- Call your PCP within 24 hours or as soon as possible so they can give you follow-up care.

How soon can I expect to be seen for emergency care?

Emergency room staff will see you as soon as possible. It will depend on your medical condition. If you have a life-threatening injury, you should receive care right away.

What is post-stabilization?

Post-stabilization care services are Medicaid covered services that you receive following emergency medical care in order to keep your condition stable.



Receiving Care From Your Primary Care Provider

What is urgent medical care, and how soon can I expect to be seen?

An urgent problem is when you are sick or hurt and need help as soon as possible to keep you from getting worse. There are situations when you need to call your PCP first:

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

Your PCP is available 24 hours a day, 7 days a week. You can expect to be seen for an urgent problem within 24 hours.

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

If you have an urgent problem, call your PCP's office first. Your PCP has agreed to have his or her phone answered 24 hours a day, 7 days a week. Or, you may call Community First's after-hours Nurse Advice Line at (210) 358-6060 within Bexar County, or toll-free, 1-800-434-2347.

A nurse will take your call. The nurse may refer you to a hospital, emergency room or an urgent care center. In a true emergency go to the nearest emergency room!

Receiving Care From Your Primary Care Provider



What if I get sick when I am out of town or traveling?

We cover true emergencies anywhere in the U.S. The Medicaid program does not cover health services provided outside the U.S. In case of emergency, just get help. You don't have to call your PCP first. Call your PCP within 24 hours of the emergency. Or call as soon as possible.

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

How do I get my prescriptions?

Your prescriptions must be filled by a pharmacy that has a contract with the Texas Health and Human Services Commission to accept Medicaid. If you have problems getting your prescriptions filled, call us at 1-800-434-2347. A member advocate will help you get in touch with the Texas Drug Vendor Program.

What if I can't get my prescription approved?

If your doctor cannot be reached, the pharmacy must give you a three-day emergency supply.

How can I change my Primary Care Provider (PCP)?

Call us at the number listed below. We will help you select a new PCP if you wish to change to another doctor on our plan. You also can request to change your PCP by visiting our Web site at www.cfhp.com.

How many times can I change my PCP?

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



Receiving Care From Your Primary Care Provider

When will my PCP change become effective?

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

For example: If you ask to change PCPs on or before August 15th, you can start seeing the new PCP on September 1st. If you ask for the change on or after August 16th you must wait until October 1st to see your new PCP.

Your new Community First Member ID card will list the new PCP's name, address and phone number. If you need medical care before you receive your new Member ID card, call Member Services and they will help you make an appointment with a PCP.

Community First may deny your PCP request if:

- The PCP you chose may ask us to change you to another PCP that specializes in the care you need.
- The PCP asks us to change you if you were enrolled with that PCP in error.
- You have already changed PCPs four times in one year.
- Your PCP is no longer accepting new patients.

Can my PCP request that I be changed to another PCP for non-compliance?

Yes, for the following reasons:

- You miss three appointments in a row during a six-month period, without calling ahead of time.
- You do not follow a recommended plan of health 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.

Benefits & Services for STAR Medicaid Members



What are my health care benefits?

Community First covers all the benefits Medicaid covers, including:

- Regular checkups, vision tests, hearing tests, dental referrals, nutrition evaluations and shots
- Office visits to your provider, including shots, X-rays, tests, outpatient surgery and checkups
- Visits to clinics known as Federally Qualified Health Centers (FQHCs)
- Visits to specialists or surgeons, including anesthesia
- X-rays, laboratory tests and other services your hospital provides, like room and board, whole blood and maternity and newborn baby care in the hospital
- Doctor services in the hospital
- Ambulance services
- Mental health services
- Chiropractic services
- Emergency care
- Health education services from your PCP or Community First
See page 29 for more information.
- Hearing tests (all members) and hearing aids (under 21 years of age)
- Home health care services, including nursing care supervised by a registered nurse. These services have to be a part of a treatment plan approved by Community First.
- Hospice services for all members who are certified as terminally ill (six months or less to live) by a doctor
- Maternity care before and after delivery
- Services of a podiatrist
- Preventive health services like annual physical exams, annual Pap smears, mammograms and other tests
- Radiation therapy
- Transplant services, including organ, bone marrow, cornea and peripheral stem cell



Benefits & Services for STAR Medicaid Members

How do I obtain these services?

Your PCP will coordinate your care. Your PCP does not have to coordinate OB/GYN, family planning, vision and behavioral health services. You may access these services yourself. Call us if you have any questions about your benefits.

Are there any limits to any covered services?

Important changes were made to the Medicaid Managed Care Program that started September 1, 2003. These changes were the result of new Texas state laws. The changes affect people who apply for Medicaid. They also affect members over the age of 21. [Please note: These changes do not apply if you are under the age of 21, if you receive Qualified Medicare Beneficiary (QMB) or Medicaid Qualified Medicare beneficiary (MQMB) benefits.]

What services are not covered benefits?

- Abortions not covered by federal and state regulations
- Acupuncture
- Autopsies
- Cosmetic or plastic surgery that is not medically necessary
- Custodial care
- Experimental surgery
- Eye surgery to correct nearsightedness, farsightedness or blurred vision
- Infertility treatment, including artificial insemination, in-vitro fertilization and services associated with surrogate parenting
- Personal convenience items such as television, telephones or grooming supplies, unless medically necessary
- Reversal of voluntary sterilization
- Out-of-area routine care
- Services provided outside the United States
- Services not approved by your PCP or Community First
- Services such as cooking, cleaning, bathing, feeding, which are provided by your employer or a family member
- Sex-change surgery

Benefits & Services for STAR Medicaid Members



What extra benefits do I get?

Community First offers the following value-added benefits to all our Medicaid members, SSI included:

- 24-hour Nurse Advice Line
- Gifts for completion of prenatal classes
- Asthma Education Program
- Bus tokens for medical appointments or education classes
- Quarterly Member Newsletter
- Your entire family has access to discounted prescriptions with the free RX Family Discount Card

We also offer flexible behavioral health services.

How can I get these benefits?

Call us to ask about any of these special services.



Benefits & Services for STAR Medicaid Members

What if I need OB/GYN care?

ATTENTION FEMALE MEMBERS

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

You have the right to select an OB/GYN without a referral from your PCP. The 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 within the network.

Can I stay with my OB/GYN if they aren't with Community First?

You will have to choose a new OB/GYN from the Provider Directory if you are not pregnant and your OB/GYN is not in our network. If you are pregnant and your OB/GYN is not in our network, call us for assistance.

What if I am pregnant?

Call us and we can help you choose an obstetrician. It is very important to start your prenatal care right away. You should be able to get an appointment within two weeks of your request. We have a special prenatal program. You can earn gifts if you complete education courses. Call us and we can give you more information about this program.

Benefits & Services for STAR Medicaid Members



What does Medically Necessary mean?

Medically Necessary means:

1. Acute care services, other than behavioral health 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.

2. Behavioral Health Services that:
 - a) Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
 - b) Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
 - c) Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
 - d) Are the most appropriate level or supply of service that can safely be provided;
 - e) Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
 - f) Are not experimental or investigative; and
 - g) Are not primarily for the convenience of the member or provider.



Benefits & Services for STAR Medicaid Members

How do I get help if I have Behavioral Health (mental) or drug problems?

Behavioral Health services cover care for mental or emotional problems. They also cover care for drug or alcohol disorders. If you have a problem because of drugs, alcohol or mental illness, please call 1-800-434-2347. You can call 24 hours a day, 7 days a week. Someone will be there to help. There are professionals located near you. They can see you right away and help you get treatment for your problems. Some mental health or substance abuse problems like severe depression or threatening to do bodily harm to yourself may require urgent care. You don't have to see your PCP first. You do not have to have a referral for the first visit. You can call for help yourself.

Freedom of Choice Services

"Freedom of choice" means you can go to any provider that accepts Medicaid for the services on the list below. You do not need a referral from your PCP.

Prescription Drugs

Medicaid will cover prescription drugs approved by your PCP or another doctor working with your PCP. You can fill your prescriptions at any pharmacy that accepts Medicaid forms. If you have problems filling a prescription, call us for assistance.

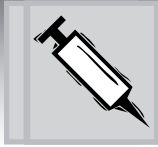
Family planning services, which means:

An annual visit, counseling and tests. We also cover drugs and supplies that prevent pregnancy. We cover sterilization and treatment of sexually transmitted diseases. Members may go to any provider who takes Medicaid for these services.

How do I get eye care services?

Community First provides all members with vision exams. Glasses are available to members under 21 years of age if medically necessary. This service is provided for you through OptiCare. Ages 0-20 years of age receive one vision exam yearly. Members over 21 receive one vision exam every two years. Call us for questions about benefits and eyewear information.

Benefits & Services for STAR Medicaid Members



What is Texas Health Steps?

Texas Health Steps (THSteps) is a free Medicaid program for your child. It provides regular medical and dental checkups, and shots to keep your child healthy. THSteps provides these services to members who have Medicaid. They must be between 0–21 years of age. You may use any THSteps medical and dental provider close to where you live. You do not need a referral from your PCP. If you need help to find a doctor, call us.

Dental Checkups - Your child can get care if he or she is under 21 years of age. Your child can see any dentist who takes Medicaid. Your child can get dental checkups every 6 months when he or she turns 1. If there is a problem, the dentist can treat the problem in a follow-up visit. You do not need a referral for dental care. You will need to call Community First before the dentist does any treatment at the hospital or some place that is not his/her office.

- Exam and teeth-cleaning once every 6 months
- Emergency care
- Fluoride treatments to prevent cavities
- Fixing cavities
- Braces (except for cosmetic reasons)
- Other services as needed

Ask your dentist about dental sealants for your child. A dental sealant is a plastic material put on the back teeth that can help prevent tooth decay.



Benefits & Services for STAR Medicaid Members

THSteps Medical Checkups - Call us to see if your PCP does THSteps medical checkups. If so, you can call your PCP to make an appointment. If your PCP does not do THSteps medical checkups, call us to find out where you can go. We can help you find a doctor close to your home. These are some of the things done in a THSteps medical checkup:

- Physical exam, measuring height and weight
- Hearing and eye check
- Checking for a good diet
- Shots (when needed)
- Blood tests (when needed)
- TB test

Please call your doctor or dentist as soon as possible if you cannot make your child's THSteps medical or dental appointment. They can help you reschedule the appointment. If you made arrangements with the Medical Transportation Program for a ride, please call 1-877-633-8747 to cancel the trip.

If you have moved or are out of town when your child's THSteps exam is due, call us for help.

The chart on the back of your member ID card shows when your child should get his or her shots. The shots your child needs are given at the time of a medical checkup. Keep your child up-to-date on shots by getting medical checkups on a regular basis.

What if I am a migrant farmworker?

You can receive your checkup sooner if you are leaving the area.

What other services can I get with Community First?

In addition to your other program benefits, Community First provides:

- School and sports physicals
- \$125 allowance on prescription lenses and frames
- 24-hour Nurse Advice Line
- Prescription discount card that the whole family can use
- Bus tokens for doctor or hospital appointments

Benefits & Services for STAR Medicaid Members



What Health Education classes does Community First offer?

Personal wellness means doing things in your life that will help you have good health, every day. It means working to stay as healthy as possible. This is so you can 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 can help you find health education classes. We can also give you many types of written information. We have information on:

- Prenatal education:
 - Maternity classes that include the importance of seeing your maternity doctor
 - What will happen at your prenatal visits?
 - Taking care of your body and eating well
 - How to include your family in your pregnancy
 - Breast-feeding
- CPR
- Asthma education
- Diabetes education:
 - What is diabetes?
 - Eating right with diabetes
 - How to take care of your feet
 - Nutrition
- Nutrition education:
 - Taking care of your heart
 - Losing weight
 - Bringing down your blood pressure
- Want to quit smoking?



Benefits & Services for STAR Medicaid Members

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.

Benefits & Services for STAR Medicaid Members



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.

See Your Doctor:

Regular visits to your PCP and talking to your doctor will help you have good health. A physical exam is a good way to find out about your health and what some risks are. Some diseases like diabetes and high blood pressure may be hard to notice in the early stages. A visit with your PCP can detect these.

If I do not have a car, how do I get a ride to the doctor's office?

You can call the Medical Transportation Program (MTP) if you need help to get to your doctor appointment. They are part of the Texas Department of Health (TDH). Their toll-free number is 1-877-633-8747. If you are in Bexar County, you can call (210) 949-2020. Their office hours are 8:00 a.m. to 5:00 p.m., Monday – Friday. You must call 48 hours before your appointment. Call TDH to find out if there are any restrictions on their services. You also should contact them if you have a complaint about the transportation service.

If someone drives you to your appointment, the MTP also can help with money for gas. These drivers can be your family members, neighbors, or other volunteers. Please call the MTP at 1-877-633-8747 for more information.

Community First will provide bus tokens to you if you cannot get to your appointment. Call Member Services if you need help with the bus fare.



Benefits & Services for STAR Medicaid Members

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

You can give directions about your future medical care before you get sick. These are called “Advance Directives.” They are written instructions to your family about what to do if you become very sick. Community First has a booklet about Advance Directives. We will be happy to send you one. It will help you understand how to get an Advance Directive done for your future medical care. Call us to ask for the booklet.

If I don't feel comfortable speaking English, can Community First help me communicate in my language?

Yes. Community First will help you get someone to speak to you in English, Spanish or another language. Just call Member Services or Nurse Advice Line. We can call an interpreter service for you. Interpreters are available to you 24 hours a day, 7 days a week (holidays, weekends, and after hours).

Can someone go with me and interpret for me when I talk with my doctor?

Yes. Call Member Services and a representative will find an interpreter to help you during your visit. You need to call at least 24 hours before your appointment.

What happens if I lose my Medicaid eligibility?

If you lose Medicaid eligibility but become eligible again within six (6) months or less, you will automatically be re-enrolled in the same health plan you were enrolled in prior to losing your Medicaid eligibility.

You will also be re-enrolled with the same PCP you had before.

Benefits & Services for STAR Medicaid Members



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

Medicaid and Private Insurance

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

Having other insurance does not affect whether or not you qualify for Medicaid. Reporting other insurance is necessary to ensure that Medicaid remains the payer of last resort.

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



Benefits & Services for STAR Medicaid Members

What are my rights and responsibilities as a member?

MEMBER RIGHTS:

1. To respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:
 - a. Be treated fairly and with respect; and
 - b. Know that your medical records and discussions with your providers will be kept private and confidential.
2. To a reasonable opportunity to choose a health care plan and primary care provider (the doctor or health care provider you will see most of the time and who will coordinate your care) and to change to another health plan or provider in a reasonably easy manner. That includes the right to:
 - a. Be informed of 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 health plan;
 - c. Change your primary care provider;
 - d. Change your health plan without penalty; and
 - e. Be educated about how to change your health plan or your primary care provider.
3. 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; and
 - b. Be told why care or services were denied and not given.
4. To consent 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; and
 - b. Say yes or no to the care recommended by your provider.

Benefits & Services for STAR Medicaid Members



5. To utilize each available complaint and appeal process through the health plan and through Medicaid, receive 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. Access the health plan's appeal process and the procedures for doing so; and
 - d. Request a fair hearing from the state Medicaid program and request information about the process for doing so.
6. 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, 7 days a week in order to obtain any needed emergency or urgent care;
 - b. Get medical care in a timely manner,
 - c. Be able to get in and out of a health care provider's office, including barrier free access for persons with disabilities or other conditions limiting mobility, in accordance with the Americans with Disabilities Act;
 - 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, assist with a disability, or help you understand the information; and
 - e. Be given an explanation you can understand about your health plan rules, including the health care services you can get and how to get them.
7. To not be restrained or secluded when doing so is for someone else's convenience or is meant to force you into doing something you do not want to do or to punish you.



Benefits & Services for STAR Medicaid Members

MEMBER RESPONSIBILITIES:

1. To 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; and
 - c. Learn what choices of health plans are available in your area.
2. To abide by the health plan and Medicaid policies and procedures. That includes the responsibility to:
 - a. Learn and follow your health plan 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; and
 - h. Understand when you should and should not go to the emergency room.
3. To share information relating to your health status with your primary care provider and become fully informed 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; and
 - c. Help your providers get your medical records.
4. To actively participate in decisions relating to service and treatment options, make personal choices, and take action to maintain your health. That includes the responsibility to:
 - 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; and
 - d. Treat providers and staff with respect.

Benefits & Services for STAR Medicaid Members



What if I get a bill from my doctor?

You should not get a bill from your doctor for any services covered under Medicaid. You might receive a bill if you go to a doctor who is not in the Community First network. You might get a bill if you receive treatment in an emergency room for a problem that is not an emergency. We 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 should I do if I have a complaint?

We want to help. If you have a complaint, please call us toll-free at 1-800-434-2347 to tell us about your problem. A Community First Health Plans Member Services Advocate can help you file a complaint; just call 1-800-434-2347. Most of the time, we can help you right away or at the most within a few days.

Once you have exhausted the Community First Health Plans complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free at 1-800-252-8263. If you would like to make your request in writing, please send it to the following address:

**Texas Health and Human Services Commission
Health Plan Operations – H-320
P.O. Box 85200
Austin, TX 78708-5200
ATTN: Resolution Services**

How long will it take to process my complaint?

You can file a complaint with Community First at any time. If you file a complaint verbally or in writing, we will mail you a letter within 5 days to tell you we received your complaint. Then we will mail you our decision within 30 days.

You can file a complaint with HHSC at any time.



Benefits & Services for STAR Medicaid Members

What can I do if the health plan denies or limits my doctor's request for a covered service?

Community First may deny health care services, if it is not medically necessary. You will receive a letter telling you about this. You will also get an appeal form.

You can appeal if you are not happy with the decision. You can do this by phone or by mail. You may also request an appeal if Community First denied payment of services in whole or in part. Send in the appeal form, or call us. A Member Services Advocate can help you. Just call (210) 358-6060 or toll free at 1-800-434-2347. If you appeal by phone, you or your representative will need to send us a written signed appeal. You do not need to do this if an Expedited Appeal is requested.

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. You have the option to request an extension up to 14 days.

If Community First needs more information, we may request an extension. If we need an extension, we will notify you in writing. We will tell you the reason for the delay and how this will help you.

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?

An Expedited Appeal is when Community First is required to make a decision quickly based on your health status, and taking the time for a standard appeal could jeopardize your life or health.

Benefits & Services for STAR Medicaid Members



How can I request an Expedited Appeal?

Call us. Our Member Service Advocates can help you. You can also request an Expedited Appeal in writing. If we have all the information we need, we will call your doctor with an answer within one business day.

You have the right to continue any service you are now receiving. This will be the final decision of your appeal. You must request the appeal within 10 days from the mailing date of our letter. Or it must be within 10 days of the intended effective date of a proposed action.

What if Community First denies my request for an Expedited Appeal?

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

What if I am not happy with the answer to my appeal?

Call us to request a Fair Hearing.

What is a Fair Hearing?

A Fair Hearing is a review of your appeal request by the Health and Human Services Commission (HHSC). You can request a State Fair Hearing at any time. It may be during or after Community First's Appeal process.



Benefits & Services for STAR Medicaid Members

Can I ask for a State Fair Hearing?

If the Member disagrees with the health plan's decision, the Member has the right to ask for a Fair Hearing. The Member may appoint, in writing, a representative. A provider may be a Member's representative. The Member or Member's representative must ask for the Fair Hearing within 90 days of the date on the health plan's letter. If the Member does not ask for the Fair Hearing within 90 days, the Member may lose his/her right to a Fair Hearing. To request a Fair Hearing, the Member or Member representative contacts the health plan either in writing at Community First Health Plans, 12238 Silicon Drive, Suite 100, San Antonio, TX 78249 or by telephone at (210) 358-6060.

The Member has the right to continue any service he/she is now receiving until the final hearing decision if the Member requests the Fair Hearing within 10 days from receipt of the hearing notice from the health plan. If a Fair Hearing is not requested within 10 days from receipt of the hearing notice, the services being appealed will be discontinued.

The Member does not have a right to a Fair Hearing if Medicaid does not cover the service requested.

If the Member asks for a Fair Hearing, the Member will get a packet of information letting the Member know the date, time and location of the hearing. Most Fair Hearings are held by telephone, and the Member or the Member's representative may tell why he/she asked for the service.

HHSC will give the Member a final decision within 90 days from the date the Member asked for the hearing.

Other Important Information



Fraud and Abuse

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 the responsibility and a right to report it.

Reporting Provider/Client Waste, Abuse and Fraud

To report waste, abuse or fraud, gather as much information as possible. You can report providers/clients directly to your health plan at:

Community First Health Plans
12238 Silicon Drive, Suite 100, San Antonio, TX 78249
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

When reporting a provider (e.g., doctor, dentist, counselor, etc.) provide the following:

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



Other Important Information

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 and fraud.

What do I have to do if I move?

Report your new address as soon as possible to the local HHSC Eligibility Office and Community First Health Plans Member Services Department at 1-800-434-2347. You must call Community First Health Plans **before** getting any services in your new area unless it is an emergency. You will continue to get care through Community First Health Plans until the address is changed unless you have moved out of the service delivery area.

Can Community First request that I be disenrolled from their health plan?

We can request you to be disenrolled if you do any of these things:

- You move out of our service area
- You are not eligible to receive Medicaid
- You enter a hospice or long-term care facility
- You enroll in another plan

After warning you, your membership can end if:

- You miss three appointments in a row during a six-month period, without calling ahead of time
- You do not follow Community First policies and procedures
- You let someone else use your Community First Member ID card
- You do not follow a recommended plan of health care
- You are rude, abusive or don't cooperate with Community First staff, PCPs or other providers

We must first ask the Texas Health and Human Services Commission before ending your membership. You will have the right to appeal our decision.

Other Important Information



What about Physician Incentive Plans?

At the present time, Community First does not offer a Physician Incentive Plan to any of our providers.

What if I want to change health plans?

If you are not in the hospital, you can change your health plan by calling the Texas STAR Program Helpline at 1-800-964-2777. You can change plans as many times as you want, but not more than once a month. If you are in the hospital, you will not be able to change health plans until you have been discharged.

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

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



Other Important Information

Information that must be made available on an annual basis

As a member of Community First Health Plans you can ask for and receive the following information each year:

- Names, addresses, telephone numbers, and languages spoken (other than English) by network providers, and identification of providers that are not accepting new patients. The information provided will be, at a minimum, on primary care physicians, specialists, and hospitals in the member's service area.
- Any restrictions on the member's freedom of choice among network providers.
- Member rights and responsibilities.
- Information on complaint, appeal and fair hearing procedures.
- The amount, duration, and scope of benefits available under the Medicaid program in sufficient detail to ensure that members understand the benefits to which they are entitled.
- How to get benefits including authorization requirements.
- How to get benefits, including family planning services, from out-of-network providers and/or limits to those benefits.
- How after hours and emergency coverage are provided and/or limits to those benefits, including:
 - What makes up emergency medical conditions, emergency services and post-stabilization services;
 - The fact that prior authorization is not required for emergency care services;
 - How to obtain emergency services, including use of the 911 telephone system or its local equivalent.
 - The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services covered under the contract;
 - The member has a right to use any hospital or other settings for emergency care; and
 - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits not furnished by the member's primary care provider.
 - Community First Health Plan's practice guidelines.

Family Planning Providers



ATASCOSA

Atascosa Health Center, Inc.

310 W. Oaklawn Rd.
Pleasanton, TX 78064
Phone: (830) 569-2527
Fax: (830) 569-8574
M-F 8-5

BEXAR

CentroMed Somerset Clinic

7315 S. Loop 410 W
Somerset, TX 78069
Phone: (210) 924-3045
Fax: (830) 429-3584
M, F 8-5; T-Th 9-6

University Health System – Eastside

210 N. Rio Grande St.
San Antonio, TX 78205
Phone: (210) 358-3525
Fax: (210) 271-0767
M-F 8-4:30

University Health System – Westend

1226 NW 18th St.
San Antonio, TX 78207
Phone: (210) 207-2437
Fax: (210) 207-8798
M-F 8-4:30

CentroMed South Park Medical Center

6315 S. Zarzamora St.
San Antonio, TX 78207
Phone: (210) 924-5148
Fax: (210) 977-9326
M-Th 8-7; F 8-5; Sa 8-1

University Health System Family Planning Program

527 N. Leona St.
San Antonio, TX 78207
Phone: (210) 358-3525
Fax: (210) 358-9918
M-F 8-5

University Health System – Zarzamora

4503 S. Zarzamora St.
San Antonio, TX 78211
Phone: (210) 921-6500
Fax: (210) 927-4369
M-F 8-4:30

University Health System – Kenwood

302 Dora St.
San Antonio, TX 78212
Phone: (210) 736-1536
Fax: (210) 737-0042
M-F 8-4:30

Family Planning Associates of San Antonio – Planned Parenthood of Ashby Family Planning

120 W. Ashby Pl.
San Antonio, TX 78212
Phone: (210) 736-2244
Fax: (210) 736-0011
M, W-F 8-5; T 10-7; Sa 9-1

University Health System – Naco-Perrin

4020 Naco-Perin Blvd.
San Antonio, TX 78217
Phone: (210) 207-5000
Fax: (210) 207-5086
M-F 8-4:30

CentroMed Walzem Clinic

5253 Walzem Rd.
Windcrest, TX 78218
Phone: (210) 651-1050
Fax: (210) 590-8970
M-F 8-5



Family Planning Providers

University Health System – Pecan Valley

802 Pecan Valley Dr.
San Antonio, TX 78220
Phone: (210) 337-7511
Fax: (210) 359-7269
M–F 8-4:30

CentroMed Southside Clinic

910 SW Military Dr.
San Antonio, TX 78221
Phone: (210) 923-4646
Fax: (210) 923-4131
M–F 8-5

CentroMed Palo Alto Clinic

9011 Poteet Jourdanton
San Antonio, TX 78224
Phone: (210) 921-6010
Fax: (210) 921-6188
M-F 8-5

University Health System – South Flores

7902 S. Flores St.
San Antonio, TX 78229
Phone: (210) 924-2552
Fax: (210) 927-4365
M–F 8-4:30

Family Planning Associates of San Antonio – Planned Parenthood

Las Palmas Family Planning

803 Castroville Rd.
San Antonio, TX 78237
Phone: (210) 736-2244
Fax: (210) 736-0011
M, T, Th–F 8-5; W 10-7; Sa 9-1

University Health System – Ricardo Salinas

630 S. General McMullen Dr.
San Antonio, TX 78237
Phone: (210) 435-9771
Fax: (210) 432-5861
M–F 8-4:30

University Health System – Old Hwy. 90

911 Old Hwy. 90
San Antonio, TX 78237
Phone: (210) 433-3279
Fax: (210) 436-0907
M–F 8-4:30

GUADALUPE

Community Health Centers of South Texas, Inc.

Seguin Community Health Center

1201 W. Court St.
Seguin, TX 78155
Phone: (830) 379-9797
Fax: (830) 379-0248
M, W-F 8-5; T 8-8

Family Planning Providers



MEDINA

South Texas Rural Health Services, Inc./Devine Clinic

1010 W. Hondo Ave.
Devine, TX 78016
Phone: (830) 663-5450
Fax: (830) 879-2940
M, Th 9-6; T 8-5; W 8-6; F 9-5

South Texas Rural Health Services, Inc./Hondo Clinic

2912 Ave. E
Hondo, TX 78861
Phone: (830) 426-5288
Fax: (830) 879-2940
M,Th 9-6; T 8-5; W 8-6; F 9-5

WILSON

**Atascosa Health Center, Inc.
Wilson Community Health Center**

540 10th St., Suite 140
Floresville, TX 78114
Phone: (830) 569-2527
Fax: (830) 569-8574
M, W-F 8-5; T 8-8



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