

# STAR Medicaid

## Member Handbook



**COMMUNITY FIRST**  
HEALTH PLANS

Sponsored by



TEXAS  STAR  
PROGRAM  
Your Health Plan ■ Your Choice

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

CFP14043-0710



# How To Reach Us

**For Emergency Services dial 911 or go to the nearest emergency room!**

Business phone hours: 8 a.m. - 5 p.m., Central Time

Monday to Friday, except state-approved holidays.

After hours and on weekends, nurses answer the phone to help you.

## Phone Numbers

Member Services (English and Spanish)

Local	(210) 358-6060
Outside Bexar County (toll-free)	1-800-434-2347
Local TTY (for hearing impaired)	(210) 358-6080
Outside Bexar County TTY (toll-free)	1-800-390-1175
For Language Interpreter Services	(210) 358-6060
24-Hour Nurse Advice Line (English and Spanish)	(210) 358-6060
Outside Bexar County (toll free)	1-800-434-2347
Eye Care	(210) 358-6060

## Behavioral Health & Substance Abuse Services

**Crisis Hotline: Toll-free number: 1-877-221-2226**

- 24-hour, 7 days a week
- English & Spanish
- Interpreter services available
- If you have an emergency, dial 9-1-1

## Other Helpful Numbers

Medical Transportation Program	(210) 949-2020
Toll-free	1-877-MED-TRIP (1-877-633-8747)
Medicaid Managed Care Helpline	1-866-566-8989
Medicaid Managed Care Helpline TDD	1-866-222-4306
STAR Program Helpline	1-800-964-2777
Texas Health Steps Outreach and Information Hotline	1-877-847-8377

## Addresses

**Community First Health Plans has two offices where we can help you:**

Administrative Office at The Oaks  
12238 Silicon Drive, Suite 100  
San Antonio, Texas 78249

Community Office at Avenida Guadalupe  
1410 Guadalupe Street, Suite 222  
San Antonio, Texas 78207

## Office Hours

Office hours are 8:30 a.m. to 5 p.m.

Monday to Friday, except state-approved holidays.

Visit our website at: [www.cfhp.com](http://www.cfhp.com)

**Member Services • (210) 358-6060 • 1-800-434-2347 • TDD (210) 358-6080 • 1-800-390-1175**

# Welcome to Community First!



## Welcome to Community First Health Plans. We are happy you chose us.

We are the only local, non-profit health plan in this area's STAR Medicaid Program. Our employees live and work here. We can help you find doctors, hospitals and providers. We can help you or your children get the health care services you need.

We serve people of all backgrounds. We work hard to understand and respect your needs. We work hard to make sure your personal information is secure at Community First. We want you to be satisfied with your health plan.

Please read this handbook for information about your benefits.

## What if I need help understanding or reading the member handbook?

### You can ask to get a handbook

- with larger print
- in Braille
- in another language
- on an audio cassette or CD.

Our Member Services Advocates can answer your questions about the handbook. Call us for help.

## What can a Member Services Advocate do for me?

We can help you in many ways. We can:

- Speak to you in English or Spanish or we can get an interpreter who speaks your language.
- Answer your questions about benefits or where to go for services.
- Help you find services that don't need a referral from your primary care provider, like vision, behavioral health and family planning.
- Help you pick or change your primary care provider. You can choose a different doctor for each member in your family, if you want.
- Send you a new member ID card if it is lost or stolen.
- Help you solve problems or complaints.



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# About Your Health Plan



## About Your Health Plan

### What services do I get with Community First?

- Your own personal doctor, called a primary care provider
- A large network of quality specialists and hospitals
- Caring Member Services Advocates to help you get health care

### How do I get the services I need?

Your personal doctor will take care of most of your health care needs. If you need to see a specialist or go to the hospital, your personal doctor will send you.

### Here is what you will need to visit your personal doctor: 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 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 side of the form. This means the Medicaid form is good through the last day of the month printed in this box. It will also show 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 note under your name if you are due for a Texas Health Steps checkup. You will need to call your primary care provider or health plan to set up 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.

In addition, the form has the following information:

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



# How Community First Works

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

You must take both 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, call or visit your local HHSC Benefits Office to get another one. You can ask the HHSC eligibility office for a Form 1027-A as a temporary Medicaid ID. Dial 2-1-1 on your phone and select option 2 to get the location of your closest HHSC office.





# How Community First Works

## Sample Medicaid Identification Form (Form 3087)

### FOR THE CLIENT: About Your Medicaid ID Form

This is your Medicaid IDENTIFICATION form. When you get any health care services, you must have this form with you as your ID.

**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.

**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.

**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.

**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.

**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.

**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, WRLA 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.

**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.

**QUESTIONS?** Call 1-800-252-8263.

### PARA EL CLIENTE: Información Sobre la Forma de identificación para Medicaid

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.

**¿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.

**¿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.

**¿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 (incluso la esterilización) y consejería sobre los métodos anticonceptivos.

**¿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.

**¿QUÉ PASA SI ME NEGAN 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.

**¿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, WRLA 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.

**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.

**¿TIENE PREGUNTAS?** Llame al 1-800-252-8263.

### FOR THE PROVIDER/PARA EL PROVEEDOR

**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.

#### KEY TO TERMS THAT MAY APPEAR ON THIS FORM:

**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.

**LIMITED**-Except for family planning services and for Texas Health Steps (EPS3) 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.

**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

patient's health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.

**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.

**OMB**-The Medicaid agency is providing coverage of Medicare premiums, deductible, and coinsurance liabilities, but the client is not eligible for regular Medicaid benefits.


**MOB**-The Medicaid agency is providing regular Medicaid coverage as well as coverage of Medicare premiums, deductible, and coinsurance liabilities.

**PE**-Medicaid covers only family planning and medically necessary outpatient services.

**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.

# How Community First Works





**COMMUNITY FIRST**  
HEALTH PLANS

**STAR**

Name: John Doe  
Medicaid No: 0000123      Effective: 02/02/06  
Primary Care Physician: **Freeman C. Jardan MD** as of 01/31/06  
5407 Walzem Rd.  
(210) 646-8833

<p style="text-align: center;"><b>Members</b></p> <ul style="list-style-type: none"><li>• Please carry this card at all times for all medical needs.</li><li>• Life threatening emergency: go to the nearest emergency room and call your Primary Care Provider.</li><li>• For assistance, please call (210) 358-6060 or 1-800-434-2347.</li></ul> <p><b>Notice to Hospital and Other Providers/ Aviso para hospitales y otros proveedores</b></p> <ul style="list-style-type: none"><li>• Possession of this card does not guarantee eligibility.</li><li>• 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.</li><li>• All inpatient admissions require pre-authorization, except in the case of emergency. Please call CFHP within 24 hours at (210)358-6060 or fax to (210)358-6040.</li></ul> <p><b>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</b> <b>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</b></p> <p><b>Submit Claims To:</b>      <b>Gratis 1-800-434-2347, Línea TDD 1-800-390-1175</b></p> <p>Community First – Claims      <b>Behavioral Health/Servicios de salud mental y abuso sustancias:</b> 12238 Silicon Drive, Suite 100      <b>Crisis Hotline (Toll-Free)/</b> San Antonio, TX 78249      <b>Línea directa en caso de crisis (gratis): 1-877-221-2226</b> <b>For electronic claims submit</b>      <b>(24 hours/7days a week)/</b> <b>to Availity: Payer ID = COMMF</b>      <b>(las 24 horas del día, los 7 días de la semana)</b></p>	<p style="text-align: center;"><b>Miembros</b></p> <ul style="list-style-type: none"><li>• Favor lleve esta tarjeta en todo momento para todas las necesidades médicas.</li><li>• Emergencias que ponen en peligro la vida: vaya a la sala de emergencias más cercana y llame a su Proveedor de Cuidado Primario.</li><li>• Para obtener ayuda, por favor, llame al 210-358-6060 o al 1-800-434-2347.</li></ul>
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## Community First Member ID Card

- Each person in your family who has STAR Medicaid benefits will get their own ID card.
- Make sure your Community First ID card has the following information on it:
  - Your name
  - Your Medicaid number
  - Your start date
  - Your primary care provider's name, address and phone number

## What if my ID is lost or stolen

Call member services and we will send you a new one. You can also ask for a new member ID card on the Community First website, [www.cfhp.com](http://www.cfhp.com).



# About Your Primary Care Provider

## **What happens if I lose my Medicaid coverage?**

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

## **What do I have to do if I move?**

As soon as you have your new address, give it to the local HHSC benefits office and Community First Health Plans Member Services Department at 1-800-434-2347. Before you get Medicaid services in your new area, you must call Community First Health Plans, unless you need emergency services. You will continue to get care through Community First Health Plans until HHSC changes your address.

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

If you have an emergency, get help at any emergency room. You don't have to call your personal doctor first, but call your doctor right away or as soon as possible.

## **What if I am out of the state?**

We cover true emergencies anywhere in the United States.

## **What if I am out of the country?**

The Medicaid program does not cover health services provided outside the United States.

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

Bring to every visit:

- Your Community First member ID card
- Your Medicaid identification Form 3087
- Any medicines you are taking

## **Can a clinic (RHC/FQHC) be my primary care provider?**

Yes. You may pick one of the FQHC or RHC clinics from our STAR Provider Directory.

# About Your Primary Care Provider



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

Yes. Member Services will get someone to speak to you in your language.

### • Who do I call for an interpreter?

Call Member Services. Interpreters can help you 24 hours a day, 7 days a week. This includes holidays and weekends.

### • How do I get a face-to-face interpreter in the provider's office?

Call Member Services and we will get an interpreter to help you during your visit.

### • How far in advance do I need to call?

You need to call at least 24 hours before your medical visit.

## How do I get medical care after my primary care provider's office is closed?

If you have an urgent problem, call your doctor's office first. Your doctor's phone is answered 24 hours a day, 7 days a week. You can also call Member Services. We have nurses to help you 24 hours a day, 7 days a week. The nurse might refer you to an urgent care center or to the hospital emergency room. The nurse might also give you home advice.

## What if I choose to go to another doctor who is not my primary care provider?

For routine care, you should not go to another doctor who is not your primary care provider. If you do this, you might be asked to sign a form that say you **will pay the bill**. You may go to a different doctor for Texas Health Steps checkups or family planning services.

## How can I change my primary care provider?

Call Member Services. An Advocate can help you pick a new primary care provider. You can also ask to change your primary care provider on Community First's website at [www.cfhp.com](http://www.cfhp.com).

### • How many times can I change my primary care provider?

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



# About Your Primary Care Provider

## • **When will my primary care provider change become effective?**

**Here is an example:**

- If you change by May 15, you can see your new doctor on June 1.
- If you change after May 15, you have to wait until July 1 to see your new doctor. Until then, your old doctor can see you.

## **Are there reasons why my request to change primary care provider may be denied?**

Community First might deny your primary care provider request if:

- The doctor you chose does not take patients with your needs.
- You have already changed primary care providers four times in one year.
- The doctor you chose does not accept new patients.
- You are in the hospital when you make the request.

## **Can my primary care provider move me to another primary care provider?**

**Yes, for these reasons:**

- You miss three appointments in a row during a six-month period and do not call ahead of time.
- You do not follow the doctor's advice.
- You are rude, abusive, or do not work with your doctor or the doctor's staff.

# About Your Benefits and Services



## What are my health care benefits?

Here are many of the benefits Medicaid covers:

- Ambulance services
- Audiology services, including hearing aids for adults and children (non-capitated)
- Behavioral health services, including:
  - Inpatient and outpatient mental health services for adults and children
  - Psychiatry services
  - Counseling services for adults (21 years of age and older)
  - Clinical assessment services for substance use disorder  
You do not need a referral from your personal doctor or an authorization from Community First for an assessment.
  - Residential and outpatient detoxification
  - Substance use disorder treatment in residential (including room and board) and non-residential settings
  - Medication-assisted therapy
  - Outpatient individual and group chemical dependency counseling
- Chiropractic services
- Dialysis
- Durable medical equipment and supplies
- Emergency services
- Family planning
- Home health care
- Hospital services, inpatient and outpatient
- Laboratory
- Medical and dental checkups and Comprehensive Care Program (CCP) services for children (under age 21) through the Texas Health Steps Program
  - Oral evaluation and fluoride varnish for children 6 months through 35 months old as part of a Texas Health Steps checkup
- Medically necessary X-rays and Imaging tests requested by your doctor
- Podiatry care
- Prenatal care
- Preventive services including an annual adult well check for patients 21 years of age and older.
- State-required vaccinations
- Transplantation of organs and tissues
- Urgent medical care
- Vision exams and eye-glasses  
(contact lenses only when medically necessary)

## Are there any limits to any covered services?

Member Services • (210) 358-6060 • 1-800-434-2347 • TDD (210) 358-6080 • 1-800-390-1175



# About Your Benefits and Services

There may be limits to some covered services based on your age. Call Member Services at 1-800-434-2347 if you have a question about limits.

## What services are not covered?

Some services are not covered, such as --

- Out-of-area routine care
- Services outside the United States
- Experimental surgery or procedures
- Eye surgery to correct nearsightedness, farsightedness or blurred vision
- Abortions not covered by federal and state regulations
- Acupuncture
- Infertility treatments, including artificial insemination and in-vitro fertilization
- Reversal of voluntary sterilization
- Custodial care such as cooking, cleaning, bathing, and feeding, which are not medically necessary
- Personal convenience items such as a television, phone or grooming supplies, which are not medically necessary
- Cosmetic or plastic surgery that is not medically necessary
- Sex-change surgery
- Autopsies

## What is Texas Health Steps? What services are offered by Texas Health Steps?

Texas Health Steps is a free Medicaid program for your child. It offers regular medical and dental checkups, and vaccines to keep your child healthy. These services are for children from birth to age 20.

### • Does the Texas Health Steps doctor have to be part of the Community First network?

You can use any Texas Health Steps provider in the state.

### • Do I need to have a referral?

You do not need a referral from your personal doctor. If you need help to find a doctor, call us.

# About Your Benefits and Services



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

**Medical Checkups** Call us to see if your personal doctor does Texas Health Steps medical checkups. If so, you can call your doctor to make an appointment. If your doctor does not do Texas Health Steps medical checkups, call us to find out where you can go. We can help you find a doctor close to your home.

**In a Texas Health Steps checkup, your child will receive the following:**

- Physical exam, measuring height and weight
- Health and developmental history
- Hearing and eye check
- Checking for a good diet
- Vaccines (when needed)
- Blood tests (when needed)
- TB (tuberculosis) screening

Your doctor can tell you when you your child is due for a Texas Health Steps medical checkup.

**Dental Checkups** Your child can begin to get dental checkups every 6 months when he or she turns 1. The age limit is 20 years old. Your child can see any dentist who takes Medicaid. You do not need a referral for dental care.

- Exam and teeth-cleaning once every 6 months
- Emergency care
- Fluoride treatments to prevent tooth decay
- Fixing tooth decay
- Braces (but not for cosmetic reasons)
- Other services as needed

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

These are services the dentist will provide in his or her office. The dentist may need to provide services in a hospital or some other place that is not his or her office. You will need approval from Community First for those added services.

## What if I need to cancel an appointment?

Please call your doctor or dentist as soon as possible if you cannot make your child's Texas Health Steps medical or dental visit. They can help you reschedule the appointment.



## About Your Benefits and Services

### **What if I am out of town and my child is due for a Texas Health Steps checkup?**

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

### **What if I am a Migrant Farmworker?**

Your child is eligible for Texas Health Steps checkups. You can get your checkup sooner if you are leaving the area.

### **What is Case Management for Children and Pregnant Women (CPW)? What types of services would my child or I get?**

These are services for children with a health problem or a health risk. Children must be age birth to 20 years old. High-risk pregnant women of any age can also get help. You and your family will work with a case manager. You may be able to get help with medical, social, educational, and other needed services.

To ask for CPW, case management services, call the Texas Health Steps Outreach and Information Hotline at 1-877-847-8377. On the Internet, go to [www.dshs.state.tx.us/caseman](http://www.dshs.state.tx.us/caseman).

# Extra Benefits and Educational Information



What extra benefits do I get as a member of Community First? Community First offers the following extra benefits to our Medicaid members:

- \$125 allowance on prescription lenses and frames
- Sports and school physicals
- A prescription discount card your whole family can use
- Weight management program for teens
- Smoking cessation services
- 24-hour nurse advice line
- Bus tokens for medical visits and health education classes

## How can I get these benefits?

Call Member Services to ask about any of these special services.

## What other services can Community First help me get (non-capitated services)?

Community First can help you with a referral for non-capitated services. Some of these services include:

- Personal care services for people under 21
- Audiology services and hearing aids for children under 21
- DSHS mental health rehabilitation

If you have questions about these or other non-capitated services, call Member Services.

## What health education classes does Community First offer?

We can help you find health education classes to help you stay healthy. We can also send you many types of information. Call Member Services with your questions. You will also get health education at all of your Texas Health Steps checkups.



# How Do I Get These Services?

## What is routine medical care?

### Routine medical care is:

- Regular checkups
- Treatment when you are sick
- Follow-up care when you have medical tests
- Prescriptions

## How soon can I expect to be seen?

For routine visits, your personal doctor will see you within two weeks.

## What is urgent medical care?

### Urgent medical care is:

- When you are sick or hurt, and need help as soon as possible to keep from getting worse

### How soon can I expect to be seen?

You can expect to be seen for an urgent problem within 24 hours. You can also call Member Services for help. Nurses are available 24 hours a day, 7 days a week.

## Here are examples of when you need to call your personal doctor or our nurse advice line first before going to an urgent care center:

- 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 to be removed
- Medication refills

# How Do I Get These Services?



## 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:

- Placing the patient's health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part
- Serious disfigurement
- In the case of a pregnant 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 emergency room
- Call 9-1-1 if you need help to get to the hospital
- Call your personal doctor as soon as possible after your emergency care
- Your personal doctor will give you follow-up care

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

You will be seen as soon as possible. You might have to wait if your condition is not serious. If you have a life-threatening condition, you will get care right away.

## What is post-stabilization?

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

## What if I need to see a special doctor (specialist)?

Your personal doctor will send you to see a specialist if you need more care or different services.

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

You should be seen within two weeks. If you have an urgent problem, the specialist should see you within 48 hours. If you cannot get an appointment within these time frames, call Member Services for help.



# How Do I Get These Services?

## Can I get a second opinion?

You can get a second opinion. The second doctor must be in our network. Call Member Services for help finding another doctor.

## What is a referral?

When your doctor thinks you need more care, you will be sent to a specialist. You may need approval from Community First. Your personal doctor will take care of the paperwork and can help you make the appointment. If you need more help, call Member Services.

## What services do not need a referral?

Here are some services that do not need a referral:

- Behavioral health services
- Pregnancy and delivery services
- Eye exams for all members
- Glasses for members under 21 years of age
- Texas Health Steps checkups from any Medicaid provider
- Family planning services from any Medicaid provider

## How do I get family planning services? Do I need a referral for this? Where do I find a family planning services provider?

You can go to any provider that accepts Medicaid. You do not need a referral from your primary care provider. Please see a list of providers beginning on page 40 .

## 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

# How Do I Get These Services?



- 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) are not experimental or investigative
- (g) are not primarily for the convenience of the member or provider

## (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
- (g) not primarily for the convenience of the member or provider

## How do I get my prescriptions? Who do I call if I have problems getting my prescriptions?

Your prescription must be filled by a drug store that takes Medicaid. If you have problems getting your prescriptions filled, call us at 1-800-434-2347. A Member Services Advocate will help you.

### • 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 of the drug on the prescription.

### • What is the Medicaid Limited Program?

You may be put in the Limited Program if you do not follow Medicaid rules. It checks how you use Medicaid pharmacy services. Your Medicaid benefits remain the same. Medicaid pharmacy rules to follow:



## How Do I Get These Services?

- Pick one pharmacy at one location to use all the time
- Be sure your main doctor or the specialists he or she refers you to are the only doctors that give you prescriptions
- Do not get the same type of medicine from different doctors

**To learn more call 1-800-436-6184, option 4.**

### How do I get eye care services?

OptiCare provides eye care services to our members. Call Member Services at 210-358-6060 or toll-free, 1-800-434-2347 for help finding an OptiCare provider near you.

- Ages 0-20 years of age receive one vision exam yearly
- Members 21 and over receive one vision exam every two years
- Members under 21 years of age can get prescription eye-glasses

If you need non-surgical services from an ophthalmologist or therapeutic optometrist, you do not need a referral from your primary care provider. These providers are listed as specialists in the STAR Provider Directory. You can find them in the provider look-up on our website at [www.cfhp.com](http://www.cfhp.com).

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

We offer case management services to members with special health care needs. Member Services can help you get in touch with a case manager.

### How do I get help if I have mental or drug problems?

Medicaid behavioral health benefits cover:

- Care for mental or emotional problems
- Care for substance use disorder or alcohol problems

### Do I need a referral for this?

You do not need a referral for this. If you have a problem because of mental illness, alcohol, or drugs, please call 1-800-434-2347. You can call 24 hours a day, 7 days a week. Someone will be there to help you find professionals close to you.

Call the Community First Behavioral Health Hotline at 1-887-221-2226 if you have an urgent problem like severe depression or threatening to harm yourself. You can call for help yourself.

# About OB/GYN Care



## ATTENTION FEMALE MEMBERS

### What if I need OB/GYN care?

Community First allows you to pick any OB/GYN, whether that doctor is in the same network as your primary care provider or not.

### Do I have the right to choose an OB/GYN?

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

- One well-woman checkup per year.
- Care related to pregnancy.
- Care for any female medical condition.
- Referral to special doctor within the network.

### How do I choose an OB/GYN?

You can find a list of available OB/GYN doctors from the STAR provider directory. Or you can view our website at [www.cfhp.com](http://www.cfhp.com).

You can also call us so we can help you pick a doctor.

### If I don't choose an OB/GYN, do I have direct access?

Yes, you still have direct access if you don't pick an OB/GYN.

#### Will I need a referral?

You do not need a referral from your personal doctor. You do not need to check first with Community First.

### Can I stay with my OB/GYN if they are not with Community First?

You will have to pick a new OB/GYN from the STAR 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? Who do I need to call?

Call us and we can help you pick an obstetrician. It is very important to start your prenatal care right away.

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

You should be able to get an appointment within two weeks of the request.



## About OB/GYN Care

### **What other services/activities/education does the health plan offer pregnant women?**

Community First has a special prenatal program. There are gifts for women who complete education classes. Call Member Services to learn more.

### **What is Case Management for Children and Pregnant Women (CPW)? What types of services would my child or I get?**

These are services for children with a health problem or a health risk and women with a high-risk pregnancy. Children must be age birth to 20 years old. High-risk pregnant women of any age can also get help. You and your family will work with a case manager.

You may be able to get help with medical, social, educational, and other needed services.

To ask for CPW call the Texas Health Steps Outreach and Information Hotline at 1-877-847-8377. On the Internet, go to [www.dshs.state.tx.us/caseman](http://www.dshs.state.tx.us/caseman).

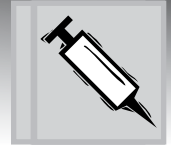
### **Can I choose a primary care provider for my baby before the baby is born?**

Yes. It will be much easier if you do.

- **How and when can I switch my baby's primary care provider?**

The rules for infants are the same as for other children. Just call Member Services and if you ask 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.

# About OB/GYN Care



## **Can I switch my baby's health plan?**

For at least 90 days from the date of birth, your baby will be covered by the same health plan that you are enrolled in. You can ask for a health plan change before the 90 days is up if both your current health plan and your new health plan agrees with the transfer. **You cannot change health plans while your baby is in the hospital.**

## **How do I sign up my newborn baby?**

### **How and when do I tell Community First**

You should pick a primary care provider for your baby before the baby is born. Just call Member Services for help.

### **How and when do I tell my caseworker?**

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

## **After my baby is born, how do I get family planning services? Do I need a referral for this? Where do I find a family planning services provider?**

You can go to any provider that accepts Medicaid. You do not need a referral from your primary care provider. Please see a list of providers beginning on page 40.



# About Your Rights and Responsibilities

## What are my rights and responsibilities as a member?

### MEMBER RIGHTS:

1. You have the right to respect, dignity, privacy, confidentiality and nondiscrimination.  
That includes the right to:
  - a. Be treated fairly and with respect.
  - b. Know that your medical records and discussions with your providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health care plan and primary care provider. This is the doctor or health care provider you will see most of the time and who will coordinate your care. You have the right to change to another health plan or provider in a reasonably easy manner. That includes the right to:
  - a. Be told how to choose and change your health plan and your primary care provider.
  - b. Choose any health plan you want that is available in your area and choose your primary care provider from that plan.
  - c. Change your primary care provider.
  - d. Change your health plan without penalty.
  - e. Be told how to change your health plan or your primary care provider.
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
  - a. Have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated.
  - b. Be told why care or services were denied and not given.
4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
  - a. Work as part of a team with your provider in deciding what health care is best for you.
  - b. Say yes or no to the care recommended by your provider.
5. You have the right to utilize each complaint and appeal process available through the managed care organization and through Medicaid, and get a timely response to complaints, appeals and fair hearings. That includes the right to:

# About Your Rights and Responsibilities



- a. Make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan.
  - b. Get a timely answer to your complaint.
  - c. Use the plan's appeal process and be told how to use it.
  - d. Ask for a fair hearing from the state Medicaid program and get information about how that process works.
6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
- a. Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
  - b. Get medical care in a timely manner.
  - c. Be able to get in and out of a health care provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
  - d. Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.
  - e. Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.
7. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.
8. You have a right to know that doctors, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals and others cannot require you to pay copayments or any other amounts for covered services.



# About Your Rights and Responsibilities

## MEMBER RESPONSIBILITIES:

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

## Other Questions You May Have



If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 1-800-368-1019. You can also view information concerning the HHS Office of Civil Rights online at [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

### **If I do not have a car, how do I get a ride to a doctor's office? Who do I call for a ride to a medical appointment?**

We can give you bus tokens. Call Member Services if you need help with bus fare.

You can also call Medical Transportation Services. Call toll-free at 1-877-633-8747. If you are in Bexar County you can call (210) 949-2020.

- **How far in advance do I need to call?**

You must call 48 hours before your medical visit.

- **Who do I call if I have a complaint about the service or staff?**

You should contact HHSC if you have a complaint about the transportation service. Their toll-free phone number is 1-877-633-8747.

- **What are the hours of operation and limits for transportation services?**

Their office hours are 8:00 a.m. to 5:00 p.m., Monday to Friday. Children under the age of 14 must ride with an adult.

- **Can someone I know give me a ride to my appointment and get money for mileage?**

Yes. The Medical Transportation Program can help with money for gas. Call them at 1-877-633-8747.

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

You can give instructions about your future medical care before you get sick. These are called "advance directives."



## Other Questions You May Have

### **What are advance directives? How do I get an advance directive?**

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. Call us to ask for the booklet.

### **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.

- **Who do I call? What information will they need?**

Call Member Services. 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 about Physician Incentive Plans?**

Right now, Community First Health Plans does not offer a Physician Incentive Plan to any of our providers.

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

#### **Medicaid and Private Insurance**

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

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

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



# About Complaints and Appeals

## **If you have other insurance you may still qualify for Medicaid.**

When you tell Medicaid staff about your other health insurance, you help make sure Medicaid only pays for what your other health insurance does not cover.

**IMPORTANT:** Medicaid providers cannot turn you down for services because you have private health insurance as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your private health insurance company.

## **What if I want to change health plans? Who do I call?**

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 health 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.

## **Can Community First ask that I get dropped from their health plan (for non-compliance, etc.)?**

We can ask to drop you if you do any of these things:

- Move out of our service area
- You are not able to get Medicaid
- Enter a hospice or long-term care facility
- You do not follow Community First policies and procedures
- Let someone else use your Community First Member ID card
- You are rude, abusive or you do not work with Community First staff, primary care providers or other providers



# About Complaints and Appeals

## COMPLAINTS

### **What should I do if I have a complaint? Can someone from Community First help me file 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 Member Services Advocate can help you file a complaint. Just call 210-358-6060 or toll-free, 1-800-434-2347. Most of the time, we can help you right away or at the most within a few days.

### **How long will it take to process my complaint?**

You can file a complaint with Community First at any time. We will mail you a letter within 5 business days to tell you we received your complaint. Then we will mail you our decision within 30 business days.

### **What if I want to file a complaint with HHSC, once I have gone through the Community First complaint process?**

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

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

If you can get on the Internet, you can send your complaint in an email to [HPM\\_Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us).

## APPEALS

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

Community First might deny a health care service if it is not medically necessary.

### **How will I find out if services are denied?**

You will receive a letter telling you about this. You will also get an appeal form.

# About Complaints and Appeals



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

You can appeal if you are not happy with the decision. Just call (210) 358-6060 or toll-free, 1-800-434-2347. We will send you an appeal form to fill out and send back to Community First.

## **Can someone from Community First help me file an appeal?**

Yes, we can help you file an appeal. If you call to request an appeal, we will send you an appeal form to fill out and send back to Community First. We must receive a signed, written appeal form from you to begin processing your appeal, unless you are requesting an expedited appeal.

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 right to ask for an extension up to 14 days.

If Community First needs more information, we might ask for an extension. If we need an extension, we will tell you in writing. We will tell you the reason for the delay and how this will help you. You have the right to keep getting any current medical services Community First already approved while we process your appeal if you file your appeal on or before:

- 10 days from the date you received our decision letter
- The date our decision letter says your medical services will be reduced or end

## **What if I am not happy with the answer to my appeal? Can I request a State Fair hearing?**

Call us to ask for a State Fair Hearing. You can ask for a State Fair Hearing at any time. It can be during or after Community First's appeal process.

## **EXPEDITED APPEAL**

### **What is an Expedited Appeal?**

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

### **How do I ask for an Expedited Appeal?**

Call us. We can help you file an Expedited Appeal. We can take your request over the phone. You can also ask for 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.



# About Complaints and Appeals

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

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

## **Who can help me file an Expedited Appeal?**

Call us for help or have your doctor call us for you. We will help you file the Expedited Appeal.

## **STATE FAIR HEARING**

### **Can I ask for a State Fair Hearing?**

If you, as a member of the health plan, disagree with the health plan's decision, you have the right to ask for a fair hearing. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A doctor or other medical provider may be your representative. If you want to challenge a decision made by your health plan, you or your representative must ask for the fair hearing within 90 days of the date on the health plan's letter with the decision. If you do not ask for the fair hearing within 90 days, you may lose your right to a fair hearing. To ask for a fair hearing, you or your representative should either send a letter to the health plan at 12238 Silicon Drive, Suite 1000, San Antonio, TX 78249 or call 1-800-434-2347.

You have the right to keep getting any service the health plan denied or reduced at least until the final hearing decision is made if you ask for a fair hearing by the later of: (1) 10 days from the date you get the health plan's decision letter, or (2) the day the health plan's letter says your service will be reduced or end. If you do not request a fair hearing by this date, the service the health plan denied will be stopped.

If you ask for a fair hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most fair hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied.

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



# About Fraud and Abuse

## **How do I report someone who is misusing/abusing the programs or services?**

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

## **Reporting Waste, Abuse or Fraud by a Provider or Person Who Receives Benefits**

You can report directly to your health plan any providers or persons who receive benefits you suspected of waste, abuse, or fraud:

### **Community First Health Plans**

Attn: Member Services  
12238 Silicon Drive, Suite 100  
San Antonio, TX 78249  
1-800-434-2347

Or if you can get on the Internet, go to [www.hhsc.state.tx.us](http://www.hhsc.state.tx.us) and select the "Reporting Waste, Abuse and Fraud" tab on the left side of the screen. The site tells you about the types of waste, abuse and fraud to report. If you cannot get on the Internet and you would rather talk to a person, call the HHSC Office of Inspector General Fraud Hotline at 1-800-436-6184. You can also send a note or letter to the following 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 someone who receives benefits, use this address:**

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

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



## About Fraud and Abuse

**When reporting a provider (a doctor, dentist, counselor, etc.) include:**

- Name, address, and phone number of provider
- Name and address of the facility (hospital, nursing home, home health agency, etc.)
- Medicaid number of the provider and facility, if you have it
- Type of provider (doctor, dentist, therapist, pharmacist, etc.)
- Names and phone numbers of other witnesses who can help in the investigation
- Dates of events
- Summary of what happened

**When reporting someone who receives benefits, include:**

- The person's name
- The person's date of birth, Social Security Number, or case number if you have it
- The city where the person lives
- Specific details about the waste, abuse or fraud

# Information That Must Be Made Available on An Annual Basis



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

- Information about network providers - at a minimum primary care doctors, specialists, and hospitals in our service area. This information will include names, addresses, telephone numbers, and languages spoken (other than English) for each network provider, plus identification of providers that are not accepting new patients.
- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint, appeal and fair hearing procedures.
- Information about benefits available under the Medicaid program, including amount, duration and scope of benefits. This is designed to make sure you understand the benefits to which you are entitled.
- How you get benefits including authorization requirements.
- How you get benefits, including family planning services, from out-of-network providers and/or limits to those benefits.
- How after hours and emergency coverage and/or limits to those kinds of benefits, including:
  - What makes up emergency medical conditions, emergency services and post-stabilization services.
  - The fact that you do not need prior authorization from your primary care provider for emergency care services.
  - How to get emergency services, including instructions on how to use of the 911 telephone system or its local equivalent.
  - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
  - A statement saying you have the right to use any hospital or other settings for emergency care.
  - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your primary care provider.
- Community First Health Plan's practice guidelines.



# Family Planning Providers

## ATASCOSA

### **Atascosa Health Center, Inc.**

310 W. Oaklawn Rd.  
Pleasanton, TX 78064  
Phone: (830) 569-8940  
Fax: (830) 569-8527  
Hours: Mon - Fri, 8 - 5; Wed 5 - 8

## BEXAR

### **CentroMed Somerset Family Clinic**

7315 S. Loop 410 West  
Somerset, TX 78069  
Phone: (210) 429-3582  
Fax: (830) 429-3584  
Hours: Mon, Fri, 8 - 5; T - Th, 9 - 6

### **University Health System - Eastside**

210 N. Rio Grande  
San Antonio, TX 78202  
Phone: (210) 224-7981  
Fax: (210) 271-0767  
Hours: Mon - Fri, 8 - 4:30

### **University Health System Family Planning Program**

527 N. Leona  
San Antonio, TX 78207  
Phone: (210) 358-3698  
Fax: (210) 358-9918  
Hours: Mon - Fri, 8 - 4:30

### **University Health System - Westend**

1226 NW 18th Street  
San Antonio, TX 78207  
Phone: (210) 207-2437  
Fax: (210) 207-8798  
Hours: Mon - Fri, 8 - 4:30

### **University Health System - Zarzamora**

4503 S. Zarzamora  
San Antonio, TX 78211  
Phone: (210) 921-6500  
Fax: (210) 927-4369  
Hours: Mon - Fri, 8 - 4:30

### **CentroMed South Park Medical Center**

6315 S. Zarzamora  
San Antonio, TX 78211  
Phone: (210) 924-9254  
Fax: (210) 977-9326  
Hours: Mon - Thur, 8 - 7; Fri, 8 - 5;  
Sat, 8 - 1

### **University Health System - Kenwood**

302 Dora  
San Antonio, TX 78212  
Phone: (210) 736-1536  
Fax: (210) 737-0042  
Hours: Mon - Fri, 8 - 4:30

### **Family Planning Associates of San Antonio Planned Parenthood of Ashby Family Planning**

120 West Ashby  
San Antonio, TX 78212  
Phone: (210) 736-2244  
Fax: (210) 736-0011  
Hours: Mon, Wed, Thur, Fri, 8 - 5;  
Tue 10 - 7; Sat, 9 - 1

### **University Health System - Naco-Perrin**

4020 Naco-Perrin  
San Antonio, TX 78217  
Phone: (210) 207-5000  
Fax: (210) 207-5086  
Hours: Mon - Fri, 8 - 4:30



**CentroMed Walzem Clinic**

5253 Walzem Road  
Windcrest, TX 78218  
Phone: (210) 651-1050  
Fax: (210) 590-8970  
Hours: Mon - Fri, 8 - 5

**CentroMed Southside Medical**

3750 Commercial Avenue  
San Antonio, TX 78221  
Phone: (210) 334-3750  
Fax: (210) 923-4131  
Hours: Mon - Fri, 8 - 5

**University Health System -  
South Flores**

7902 South Flores  
San Antonio, TX 78221  
Phone: (210) 924-2552  
Fax: (210) 927-4365  
Hours: Mon - Fri, 8 - 4:30

**University Health System -  
Women's Health**

**Services Southeast**  
1055 Ada  
San Antonio, TX 78223  
Phone: (210) 358-5233  
Fax: (210) 358-5238  
Hours: Mon - Fri, 8 - 4:30

**CentroMed Palo Alto Clinic**

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

**University Health System -  
Women's Health**

**Services Southwest**  
2121 SW 36th Street  
San Antonio, TX 78237  
Phone: (210) 358-3698  
Fax: (210) 358-9918  
Hours: Mon - Fri, 8 - 4:30

**University Health System -  
Old Hwy 90**

911 Old Hwy 90  
San Antonio, TX 78237  
Phone: (210) 358-3698  
Fax: (210) 358-9918  
Hours: Mon - Fri, 8 - 4:30

**University Health System -  
Ricardo Salinas**

630 S. General McMullen  
San Antonio, TX 78237  
Phone: (210) 435-9771  
Fax: (210) 432-5861  
Hours: Mon - Fri, 8 - 4:30

**Family Planning Associates  
of San Antonio  
Planned Parenthood Las Palmas  
Family Planning**

803 Castroville  
San Antonio, TX 78237  
Phone: (210) 736-2244  
Fax: (210) 736-0011  
Hours: Mon, Tue, Thur, Fri, 8 - 5;  
Wed, 10 - 7; Sat, 9 - 1

**COMAL**

**CentroMed San Antonio  
Street Clinic**

1614 San Antonio Street  
New Braunfels, TX 78130  
Phone: (210) 334-3700  
Fax: (210) 922-0162  
Hours: Mon - Fri, 8 - 5

**CentroMed County Line  
Road Clinic**

1034 County Line Road  
New Braunfels, TX 78213  
Phone: (210) 334-3700  
Fax: (210) 922-0162  
Hours: Mon - Fri, 8 - 5



## Other Important Information

### GUADALUPE

**Community Health Centers of  
South Central Texas, Inc.  
Seguin Community Health Center**  
1201 W. Court Street  
Seguin, TX 78155  
Phone: (830) 379-9797  
Fax: (830) 379-0248  
Hours: Mon - Fri, 8 - 5

### MEDINA

**South Texas Rural Health  
Services, Inc. - Devine Clinic**  
1010 W. Hondo Ave.  
Devine, TX 78016  
Phone: (830) 663-5450  
Fax: (830) 879-2940  
Hours: Mon, Thur, 9 - 6; Tue, 8 - 5;  
Wed, 8 - 6; Fri, 9 - 5

**South Texas Rural Health  
Services, Inc. - Hondo Clinic**  
2912 Ave. E  
Hondo, TX 78861  
Phone: (830) 426-5288  
Fax: (830) 879-2940  
Hours: Mon, Thur, 9 - 6; Tue, 8 - 5;  
Wed, 8 - 6; Fri, 9 - 5

### WILSON

**Atascosa Health Center, Inc.  
Wilson Community Health Center**  
540 10th Street, Suite 140  
Floresville, TX 78114  
Phone: (830) 569-8940  
Fax: (830) 569-8527  
Hours: Mon - Fri, 8 - 5; Wed, 5 - 8;  
Sat, 9 - 3