BlueCross BlueShield of Texas

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

Travis Service Area

STAR Member Handbook

Customer Advocate Department: **1-888-657-6061**; TTY: **711**

www.bcbstx.com/star

Effective September 2024

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

STARM-6297-0724 753399.0524

Welcome!

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

If you need this book in another format or language such as audio CD, large print, Braille or in a language other than English or Spanish, please contact the Customer Advocate Department toll-free at **1-888-657-6061**. If you need a printed copy of our member handbook, provider directory or other materials that will help you better understand your benefits, please call the Customer Advocate Department. Requests in English and Spanish will be fulfilled at no cost within five business days. Fulfillment of materials in other languages may need additional time for translation.

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

Make sure you use providers in the BCBSTX network. If we do not have a provider in our network that can give you the care you need, your primary care provider (PCP) will get an OK from us to send you to a provider that is not in the network.

You do not need an OK for an in-network PCP or to get emergency or urgent care. You do not need an OK from us or a referral** from your PCP to see a family planning care provider.

Your member ID card has been sent to you as a separate item. The ID card lists your PCP. If you want to change your PCP, choose one from the BCBSTX Provider Directory. Log into Blue Access for Members℠ (BAM℠) to make the change or call a Customer Advocate to help you at **1-888-657-6061** TTY: **711**.

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

**Throughout this book when we use the term 'referral' as defining a process where one provider recommends a member to see another provider or specialist. BCBSTX does not require documentation of these referrals.

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

We look forward to serving you.

Blue Cross and Blue Shield of Texas

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Part 1

Phone Numbers and Information

211 Texas

211

24-Hour Nurseline

1-844-971-8906 (TTY* **711**)

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

Customer Advocate Department

1-888-657-6061

Hours: Monday – Friday, 8 a.m. to 5 p.m. (Central time), excluding state-approved holidays.

After hours and on weekends, if you have a non-urgent question, you may leave a message. Your call will be returned the next business day. Help is offered in English and Spanish. Interpreter services are available. In an emergency, call **911**.

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

STAR website

www.bcbstx.com/star

STAR Member Advocate

1-877-375-9097

Fax **1-512-349-4867**

Behavioral Health and Substance Use Crisis Line

1-888-657-6061

This toll-free number is available in English and Spanish, 24 hours a day, seven days a week. Interpreter services are available. In an emergency, call **911**. TTY: **711**

Dental Services for Children

Dentaquest

1-800-516-0165

MCNA Dental

1-800-494-6262

Department of Assistive and Rehabilitative Services (DARS)

1-800-628-5115

Maximus Enrollment Broker

1-800-964-2777

Disease Management Services

1-877-214-5630

National Maternal Mental Health Hotline

1-833-TLC-MAMA (**1-833-852-6262**)

TTY: **711**

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

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

Maximus Enrollment Broker

1-800-964-2777

Non-Emergency Medical Transportation

(NEMT) Reservation Line

1-866-824-1565 (TTY: **711**)

Hours: Monday through Friday, 8 a.m. to 5 p.m., Central time.

Call ModivCare to schedule NEMT rides to and from non-emergency medical visits to the doctor, dentist, pharmacy or other health provider appointment.

Where's My Ride NEMT Line

24 hours, 7 days a week at **1-866-824-1565** (TTY: **711**)

Call the ModivCare NEMT Where's My Ride Line to make changes to your reservation, cancel a trip, get a ride to urgent care or ask questions about a ride that has already been scheduled.

Help is offered in English and Spanish and interpreter services are available for the NEMT Reservation and Where's My Ride lines. In an emergency, call **911**.

Extra Help Getting a Ride as a VAS (ModivCare)

1-855-933-6993 (TTY: **711**)

Where's My Ride VAS Line

1-855-933-6994 (TTY: **711**)

Help is offered in English and Spanish and interpreter services are available for the VAS Reservation and Where's My Ride lines. In an emergency, call **911**.

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

Ombudsman Managed Care Assistance Team

1-866-566-8989

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

National Poison Control Center

1-800-222-1222

Calls are routed to the office closest to you.

Special Beginnings

1-888-421-7781

STAR Program Help Line

1-800-964-2777

Suicide & Crisis Lifeline

988

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

Texas Health and Human Services Commission

1-866-566-8989

Texas Department of State Health Services (DSHS)

Family and Community Health Services Help and Referral Line

1-800-422-2956

Texas Immunization Registry Help Desk

1-800-348-9158

Immunization Division

1-800-252-9152

Texas Health Steps

1-877-847-8377

If you have questions, call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**) or the 24-Hour Nurseline at **1-844-971-8906**.

Texas Relay Service or 711*

1-800-735-2989

Tobacco Cessation Program

1-877-262-2674

(TTY: **711**)

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

Vision (Eye Care)

1-888-657-6061

Women, Infants and Children (WIC) Program

1-800-942-3678

Your Texas Benefits Medicaid Card

1-855-827-3748 or **211**

walgreensmailservice.com, a central specialty and home delivery pharmacy, is contracted to provide mail pharmacy services to members of BCBSTX.

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

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

The relationship between these vendors and Blue Cross and Blue Shield of Texas is that of independent contractors.

Blue Cross and Blue Shield of Texas contracts with DentaQuest, an independent company, to administer Blue Cross and Blue Shield of Texas' dental benefits.

Findhelp is an independent company that provides community resource listings and discount programs for BCBSTX members.

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

ModivCare is an independent company that provides transportation services to Blue Cross and Blue Shield of Texas through a contractual agreement between BCBSTX and ModivCare. The relationship between BCBSTX and LogistiCare is that of independent contractors.

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

The organization complies with all applicable federal and state laws.

Part 2

Important Things to Do

- **Keep your BCBSTX identification (ID) card with you at all times.** Show it every time you need health care services. Do not let anyone else use your card.
- **Be sure the doctor listed on your ID card is the one you want.** Your BCBSTX ID card lists your Primary Care Provider (PCP). A PCP is your main health care provider. If you want a different PCP, let us know right away.
- **Set up a Texas Health Steps Checkup or Annual Adult Exam.** If you are an adult, your first health exam needs to be within 90 days after joining BCBSTX. A child should have a Texas Health Steps medical checkup within 90 days of joining the plan. A newborn should be seen by a doctor within 14 days after birth. During the first exam, the PCP learns about your health care needs to help you stay healthy.
- **Call your PCP before you get medical care, unless it is an emergency.** Your PCP's office will help you make an appointment for care. If you need a ride to and from non-emergency medical visits, call ModivCare at **1-866-824-1565** (TTY: **711**). If ModivCare cannot cover your ride through Texas Medicaid, you can ask for help with a ride through the BCBSTX VAS program. See Section 8 for more information about the transportation VAS.
- **In case of an emergency, get help right away.** Call **911** or go to the nearest emergency room for medical care. You do not need an approval from us or your PCP for emergency care, even if you are outside our service area. You will be covered for emergency services in the U.S. even if the emergency services provider is not part of the BCBSTX network.
- **If you have a health problem, you can call the 24-Hour Nurseline.** Have your BCBSTX ID card ready when you call. The nurse will ask for your ID card number.

You are important to us.

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

Thank you for choosing BCBSTX.

If you have questions, call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**) or the 24-Hour Nurseline at **1-844-971-8906**.

Part 3

Your Member ID Card

How to Read and Use Your BCBSTX ID Card

Show your BCBSTX ID card to your doctor, hospital, pharmacy or other provider when you go for health care services.

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

Your BCBSTX ID card has these important details:

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

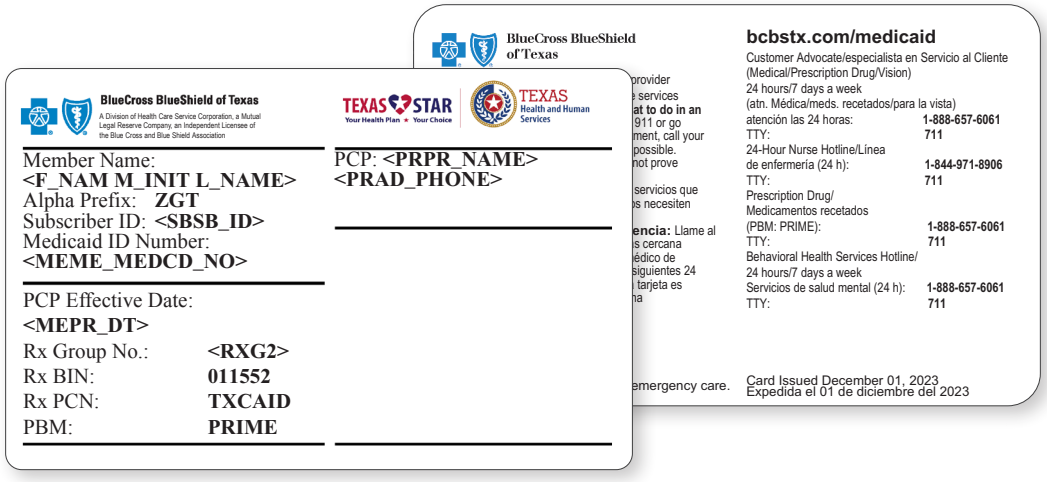
You will get a new BCBSTX ID card if:

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

How to replace a lost BCBSTX ID card

If your BCBSTX ID card is lost, call the Customer Advocate Department at **1-888-657-6061**. If you have hearing or speech loss, you may all the Customer Advocate Department TTY at **711**.

You can request a new BCBSTX ID card and print a temporary card by logging into Blue Access for Members, the secure member portal for BCBSTX. To access BAM, visit **www.bcbstx.com/medicaid** and click the 'Log In' button at the top right of the page. You can learn more about BAM in **Part 4: Your Primary Care Provider (PCP)**.



Your Texas Benefits (YTB) Medicaid Card

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

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

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

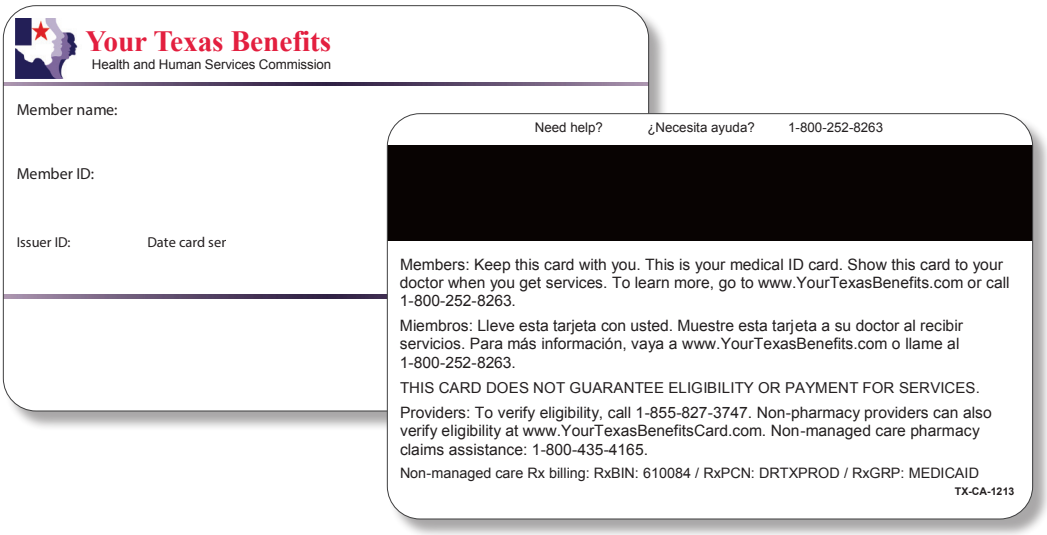
Your health information is a list of medical services and drugs that you have gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care you need. If you don't want your doctors to see your health history through the secure online network, call toll-free at **1-800-252-8263**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

The YTB Medicaid card has these facts printed on the front:

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

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

If you forget your card, your doctor, dentist or drugstore can use the phone or the Internet to make sure you get Medicaid benefits.



If you have questions, call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**) or the 24-Hour Nurseline at **1-844-971-8906**.

The **YourTexasBenefits.com** Medicaid Client Portal

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

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

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

To access the portal:

- Go to **www.YourTexasBenefits.com**
- Click **Log In**
- Enter your User name and Password. If you don't have an account, click **Create a new account**
- Click **Manage**
- Go to the "Quick links" section
- Click **Medicaid & STAR Services**
- Click **View services and available health information**

Note: The **YourTexasBenefits.com** Medicaid Client Portal displays information for active clients only. A Legally Authorized Representative (LAR) may view the information of anyone who is a part of their case.

Temporary Medicaid Eligibility Verification Form (Form 1027-A)

If you lose the *Your Texas Benefits* Medicaid card and need quick proof of eligibility, you must ask for a Temporary Medicaid Eligibility Verification Form (Form 1027-A). You can request a new card by calling the Texas Health and Human Services Benefit Office at **1-800-252-8263**. You can also print proof of coverage through BAM at **www.bcbstx.com/medicaid**. Please see **Part 4: Your Primary Care Provider (PCP)** for more information about BAM.

Part 4

Your Primary Care Provider (PCP)

Choosing a PCP

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

What is a PCP?

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

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

Can a clinic be my PCP?

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

Can a specialist ever be considered a PCP?

Yes, you may select a specialist as a PCP. We can help you find a PCP. Contact the Customer Advocate Department for assistance.

Making an Appointment with Your Doctor (PCP)

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

What do I need to bring with me to my appointment?

- Take your BCBSTX ID card and Your Texas Benefits Medicaid card with you to your doctor's appointment
- Be on time for your appointment
- Call your doctor as soon as possible if:
  - You will be late
  - You cannot keep your appointment

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

Texas Health Steps Checkup for Children and Initial PCP Visit for Adults

The first meeting with your new PCP is important. It is a time for you to get to know each other and talk about your health. Your PCP will take your medical history, give you a physical exam and provide you with health information.

We ask all new STAR members to see their PCP within 90 days of joining BCBSTX. All STAR children joining the plan should have their Texas Health Steps visit during the first 90 days after joining the plan. Call your PCP to make an appointment today. Newborns should see their PCP within 14 days of joining BCBSTX.

What if I need to cancel an appointment?

If you cancel your appointment, call your PCP's office and they will help you set up a new appointment.

If you have questions, call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**) or the 24-Hour Nurseline at **1-844-971-8906**.

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

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

BAM

BAM is a secure member portal where members can:

- Print a temporary ID card or order a new card
- Find doctors and hospitals under the 'Doctors and Hospitals' tab
- View your covered benefits
- See a list of your prescription drugs
- View your care profile
- Set up text message alerts
- Get information on health and wellness

It is easy to get started:

1. Go to **www.bcbstx.com/star**.
2. Click the 'Log In' button at the top of the page.
3. Click the 'Register Now' link to create an account.

Physician Incentive Plan

BCBSTX cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit medically necessary covered services to members. Right now, BCBSTX does not have a physician incentive plan.

Changing Your PCP

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

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

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

There is no limit on how many times you can change your or your child's PCP. To change your PCP, call us toll-free at **1-888-657-6061** (TTY: **711**) or write to:

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

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

Your request to change your PCP may be denied:

- If you choose a PCP who is not taking new patients
- If the PCP is not in our network
- If the PCP is outside your service area

Can my PCP move me to another PCP for noncompliance?

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

- The PCP is no longer with BCBSTX and a single-case agreement is not completed

- You keep missing appointments or you are often late to appointments
- You are rude, abusive or disruptive at the PCP's office

When will my PCP change become effective?

Your PCP change will be effective on the date the change is made. You will get a new ID card with your new PCP's name and contact details on it in seven to 10 days

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

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

Provider Directory/Provider Finder®

Look in the Provider Directory or on Provider Finder at **www.bcbstx.com/star** to:

- Choose a PCP for your child under Family Practice, Pediatrics or General Practice
- Choose a PCP for a pregnant member under Obstetrics and Gynecology, Family Practice, Internal Medicine or General Practice
- Choose a PCP for adults in your family under Family Practice, Internal Medicine or General Practice

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

- What language does the PCP speak?
- Is the PCP's office open on weekends?

You can find these details in the provider directory or on Provider Finder. As a member of BCBSTX, you will get a new provider directory if you ask for one. If you need a provider directory or need help choosing a PCP who is right for you, call the Customer Advocate Department. Or, print a provider directory at **www.bcbstx.com/star**.

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

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

If you have questions, call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**) or the 24-Hour Nurseline at **1-844-971-8906**.

PART 5

Access to Care

Out-of-Town Care

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

If you need medical care when traveling, call the Customer Advocate Department and we will help you find a doctor.

If you need emergency services while traveling, go to a nearby hospital, then call the Customer Advocate Department.

What if I am out of the state?

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

What if I am out of the country?

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

Prior Authorization

Some services may require your PCP to get an OK from BCBSTX to make sure they are covered. This means that both BCBSTX and your PCP (or specialist) agree that the services are medically necessary. Medically necessary generally refers to services that:

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

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

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

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

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

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

Specialty Care

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

Your PCP may send you to a different provider, including a specialist, for special care or treatment. A specialist may treat you for as long as he or she thinks you need it.

For specialty care, your PCP will:

- Help you make the appointment
- Choose a specialist to give you the care you need
- Send an OK to the specialist before you get services

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

You will get your appointment within 21 days of the request. Out-of-network services are not covered unless you get an OK from us before you get the service.

Referrals

What is a referral?

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

What services do not need a referral?

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

- Family planning
- OB/GYN services
  - You must choose providers in your health plan's network.
- Emergency care
- Texas Health Steps medical checkup appointments
- Early Childhood Intervention (ECI)
- Sexually Transmitted Infections (STI)/HIV
- Case Management for women and children
- Behavioral health and substance use services

Second Opinions

How can I ask for a second opinion?

You may have questions about care your PCP or doctor says you need. You may want a second opinion to:

- Diagnose an illness or
- Make sure your treatment plan is right for you.

You should speak to your PCP if you want a second opinion. He or she will send you to an in-network doctor who works in the same field as your PCP or the specialist you saw first.

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

If you need help getting a second opinion, you can call the Customer Advocate Department. You may also call the 24-Hour Nurseline to learn more about second opinions.

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

BCBSTX allows members with special health care needs to have direct access to the right specialists for their conditions and identified needs. This includes a standing referral to a specialty doctor or having a specialist as a PCP if needed. Call the Customer Advocate Department if you need help making an appointment with a specialist.

PART 6

Routine, Urgent and Emergency Services

Medically Necessary

What does 'Medically Necessary' mean? Both acute care and behavioral health.

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

- **a.** Screening, vision and hearing services; and
- **b.** Other health care services, including behavioral health services, that are necessary to correct or ameliorate (improve) a defect or physical or mental illness or condition. A determination (decision) of whether a service is necessary to correct or ameliorate a defect or physical or mental illness or condition:
  - **i.** Must comply with the requirements of the Alberto N., et al. v. Traylor, et al. partial settlement agreements; and
  - **ii.** May include consideration of other relevant factors, such as the criteria described in parts (2)(b-g) and (3)(b-g) of this definition.

2. For Members over age 20, non-behavioral health related health care services that are:

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

3. For Members over age 20, behavioral health services that:

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

Routine Medical Care

What is routine medical care?

Routine care is the regular care you get from your PCP to help keep you healthy, such as regular checkups. You can call your PCP to make an appointment for routine care.

How soon can I expect to be seen?

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

Do not use the emergency room (ER) for routine care. If you do so, you will have to pay for these services. We do not cover ER visits for routine care.

Urgent Medical Care

What is urgent medical care?

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

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

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

For urgent care, you should call your doctor's office, even on nights and weekends. Your doctor will tell you what to do. In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes BCBSTX Medicaid. For help, call us toll-free at **1-888-657-6061** (TTY: **711**). You can also call our 24-Hour Nurseline at **1-844-971-8906** for help with getting the care you need.

How soon can I expect to be seen?

You should be able to see your doctor within 24 hours for an urgent care appointment. If your doctor tells you to go to an urgent care clinic, you do not need to call the clinic before going. Make sure the urgent care clinic you go to accepts BCBSTX Medicaid.

Emergency Medical Care

What is emergency medical care?

Emergency medical care is provided for emergency medical conditions and emergency behavioral health conditions.

Emergency Medical Condition Means:

A medical condition that begins to show severe symptoms with enough pain (including severe pain), that someone with only average knowledge of health and medicine, could see that without 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
5. In the case of a pregnant member, serious jeopardy to the health of a member or a member's unborn child

Emergency Behavioral Health Condition means:

Any mental health condition, no matter the nature or cause of the condition, where someone with average knowledge of medicine and health can tell that the condition:

1. Requires immediate intervention or medical attention without which the member would be a danger to themselves or others; or
2. Makes members helpless to control, know or understand the results of their actions.

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

Emergency Services and Emergency Care means:

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

What to do in an emergency

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

You should go to the ER if you:

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

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

How soon can I expect to be seen?

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

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

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

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

Post-Stabilization

What is post-stabilization?

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

PART 7

Covered Services

Health Care Benefits

What are my health care benefits?

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

How do I get these services?

Your PCP will order any medically necessary services. We will only pay for covered services. Some covered services need an OK from BCBSTX first. If you have questions about a covered service and whether it needs an OK first, call the Customer Advocate Department.

What number do I call about these services?

Call the Customer Advocate Department.

Are there any limits to any covered services?

Yes. All services must be medically necessary. Some services are not covered by BCBSTX but may be covered by state agencies. They are described in **Part 10: Additional Services for STAR Members**.

What services are not covered?

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

Services not covered include, but are not limited to:

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

How does BCBSTX evaluate new technology for inclusion as a covered benefit?

New technologies are reviewed and evaluated by the Medical Policy Review Committee. Decisions on whether the technology is a covered benefit are based on what treatment types are considered medically necessary. For more information on what medically necessary means, see **Part 8: Routine, Urgent and Emergency Services**.

Covered Services

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

This includes:

- Visits to PCPs, specialists (with an OK ahead of time) or other providers
- Routine physicals for children from birth through age 20 and annual adult well exams for adults age 21 and older.

Covered Benefit or Service	Details and/or Limitations
Ambulance Services	Includes services from a licensed ambulance or air ambulance company in an emergency only. An OK is not needed for emergency ambulance support.
Annual Adult Well Exams	• For members ages 21 and older
Audiology Services	• Hearing aids are covered for members ages 21 and older when medically necessary • The Texas Health Steps program gives audiology services and hearing aids from birth through age 20
Behavioral Health Services	• Inpatient mental health services for Children (birth through age 20) BCBSTX may provide these services in a free-standing psychiatric hospital instead of an acute care inpatient hospital setting. • Acute inpatient mental health services for Adults • Outpatient mental health services • Psychiatry services • Mental Health Rehabilitative Services • Counseling services for adults (age 21 and over) • Collaborative Care Model services • Outpatient substance use disorder treatment services including: – Assessment – Withdrawal Management – Counseling treatment – Medication assisted therapy • Residential substance use disorder treatment services, which may be given in a substance use treatment facility instead of an acute care inpatient hospital setting, including: – Withdrawal Management – Substance use disorder treatment (including room and board)

Covered Benefit or Service	Details and/or Limitations
Birthing Services	Birthing services given by a physician, certified nurse midwife (CNM), nurse practitioner (NP), clinical nurse specialist (CNS) and physician assistant (PA) in a licensed birthing center
Cancer Screening, Diagnostic and Treatment Services	You may qualify for free or low-cost breast or cervical cancer screening and diagnostic services if you meet all of the following criteria: • Live in Texas • Do not have health insurance • Are age 18 or over • Have income up to 200 percent of the Federal Poverty Level
Chiropractic Services	Covers services that help keep the spine and other body structures straight. You do not need an OK from us to see a chiropractor in your network.
Drugs and Biologicals	• Provided in an inpatient setting • Outpatient, including pharmacy-dispensed and provider-administered outpatient drugs and biologicals
Durable Medical Equipment and Supplies (medical equipment given for use in the home)	• Must be medically necessary • Within the limits of what is covered by Medicaid • Needs an OK from us
Early Childhood Intervention (ECI) Services	See **PART 10** for more information
Emergency Services	• Emergency room (ER) • Ambulance services • An OK is not needed
Family Planning Services	• Medical visits for birth control • Marriage and family planning, education and counseling services • Birth control medications, including long-acting reproductive contraception (LARC)

Covered Benefit or Service	Details and/or Limitations
Home Health Care Services	• Some services are covered at your home when medically necessary. These include: – Home health aid services – Speech therapy – Physical therapy visits – Occupational therapy visits – DME – Medical supplies that are thrown away after use • Needs an OK from us
Inpatient Hospital Services	• Hospital room with two or more beds • Nursing care • Operating room • Surgery • Anesthesia • Needs an OK from us
Laboratory Services	All authorized lab services
Mastectomy, Breast Reconstruction and Related Follow-Up Procedures	• Including inpatient services; outpatient services given at an outpatient hospital and ambulatory health care center as clinically appropriate; and physician and professional services provided in an office, inpatient or outpatient setting for: – all stages of reconstruction on the breast(s) on which medically necessary mastectomy procedure(s) have been performed; – surgery and reconstruction on the other breast to produce symmetrical appearance; – treatment of physical complications from the mastectomy and treatment of lymphedemas; and – prophylactic mastectomy to prevent the development of breast cancer. • External breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed
Medical Checkups and Comprehensive Care Program (CCP) Services for Children (birth through age 20) through the Texas Health Steps Program	Including: • Private duty nursing • Prescribed Pediatric Extended Care Center (PPECC) services • Certified respiratory care practitioner services • Therapies (physical, occupational and speech)
Mental Health Rehabilitation Services	Services that support independence at home and in the community.

Covered Benefit or Service	Details and/or Limitations
Mental Health Targeted Case Management	• Assistance with medical, social and educational services and supports • Covered when medically necessary.
OB/GYN Services	• Care that has to do with pregnancy • Care for any OB/GYN-related medical condition • One well-check per year
Oral Evaluation and Fluoride Varnish in the Medical Home	In conjunction with Texas Health Steps medical checkup for children age six months through 36 months.
Orthotics/Prosthetics	• Parts needed such as manmade arms or legs and the parts needed to attach them • Orthotic braces, splints or ankle and foot supports • Covered when medically necessary
Outpatient Hospital Services	• Dialysis • Giving you someone else's blood • Needs an OK from BCBSTX
Podiatry	Covered services include: • Medical problems of the feet • Medical or surgical treatment of disease, injury or defects of the feet
Pregnancy and Maternity Care	• Pregnancy • After-delivery care when medically necessary • Newborn exams
Prescription Drugs	• BCBSTX uses a preferred drug list • Most generic and over-the-counter drugs are covered • Some drugs including brand name drugs need an OK from BCBSTX
Preventive Care Services	Services such as immunizations, education and counseling and screening tests given to help prevent illness, disease and other health-related problems.
Primary Care Services	Well exams are included

If you have questions, call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**) or the 24-Hour Nurseline at **1-844-971-8906**.

Covered Benefit or Service	Details and/or Limitations
Radiology, Imaging and X-rays	• Testing and X-rays that are: – Not invasive – Done to find out what is wrong – Ordered and done by (or under the guidance of) your provider – Mammograms for members 35 years of age or older • CT, MRI, MRA, PET and SPECT need an OK from us
Specialty Physician Services	Physician specialists that focus on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.
Telehealth	Health care service given by a health professional who is licensed, certified or otherwise entitled to practice in Texas (other than a licensed doctor or a health professional acting under the supervision of a doctor). Telehealth services may be offered by phone or online.
Telemedicine	Health care services from a licensed doctor or a health professional acting under the supervision of a doctor. Telemedicine services may be offered by phone or online.
Telemonitoring	Communication of symptom scores or other physical test data including heart rate, blood pressure, oxygen saturation and weight. This information goes directly to care providers either through an automated electronic system or by web-based or phone-based data entry.
Texas Health Steps Checkups	• Routine shots • Lab tests • Comprehensive Care Program services for members ages 20 and younger
Therapies (physical, speech and occupational)	Need an OK from us. These services are covered when ordered by a doctor and part of a written plan of care.
Transplantation of Organs and Tissues	• Human organ and tissue transplants that are not still being tested • All corneal, bone marrow and peripheral stem cell transplants that are not still being tested • Needs an OK from us
Vision Services	An eye exam every 12 months

Service Coordination

What is service coordination? What will a Service Coordinator do for me?

Service Coordination is a benefit offered to members with special health care needs. Service coordinators will work with you to make a service plan that will coordinate services between your PCP, specialty care providers and any non-medical providers. If you have special health care needs, Service Coordination can help you get access to available services and supports and teach you how to use the services correctly. Service coordinators reach out to all members while they are in inpatient care. The service coordinator will work with your treating provider or facility on discharge planning to help you/your child have a smooth transition back to the community.

If you have a chronic illness, our Service Coordination may be able to help you manage your health condition. To learn more, see Part 11: Programs to Help Keep You Well.

How can I talk with a service coordinator? How can I get service coordination?

If you would like service coordination, call **1-877-214-5630** from 8 a.m. to 5 p.m., Central time, Monday through Friday.

Behavioral Health Services

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

You do not need a referral from your PCP for behavioral health or substance use disorder treatment services, but you may want to talk to your PCP about the issue. Call Service Coordination at **1-877-214-5630** or the Customer Advocate Department at **1-888-657-6061** (TTY:711) for help finding treatment services or for discharge planning.

Do I need a referral for this?

Mental health/substance use services do not need a PCP referral or an OK from BCBSTX. But, you do need to see an in-network provider. If you need help finding an in-network provider, call your/your child's service coordinator or the Customer Advocate Department.

Mental Health Rehabilitation and Targeted Case Management

What are mental health rehabilitation services and targeted mental health case management?

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

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

How do I get these services?

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

Tobacco Cessation Program

A service coordinator can connect you with resources to help you stop smoking. Call the Tobacco Cessation Line at **1-877-262-2674** (TTY **711**).

Dental Services

What dental services does BCBSTX cover for children? Are emergency services covered?

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

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

This includes services the doctor provides and other services your child might need, like anesthesia.

BCBSTX is also responsible for paying for treatment and devices for craniofacial anomalies (disorders of head or face bones.)

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

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

During normal business hours, call your/your child's main dentist to find out how to get emergency services. If you/your child needs emergency dental services after the main dentist's office has closed, call us toll-free at **1-888-657-6061** or call **911**. Members with hearing or speech loss may call the TTY line at **711** or call **911**.

How do I find a dentist?

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

Minor Consent Services

STAR members between 12 and 18 years of age can see a doctor without consent from a parent or guardian for these services:

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

You do not need an OK from your PCP to get these services. For help finding a doctor or clinic that offers these services, you can call the 24-Hour Nurseline.

The doctors you see may tell your parents if they believe these services are in your best interest. We are not responsible for providers outside of the network keeping your medical records private.

What is Texas Health Steps?

What services are offered by Texas Health Steps?

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

Texas Health Steps gives your child:

- Free regular medical checkups starting at birth.
- Free dental checkups starting at six months of age.

- A case manager who can find out what services your child needs and where to get these services.

Texas Health Steps checkups:

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

When to set up a checkup:

- You will get a letter from Texas Health Steps telling you when it's time for a checkup. Call your child's doctor or dentist to set up the checkup.
- Set up the checkup at a time that works best for your family.

If the doctor or dentist finds a health problem during a checkup, children can get the care they need, such as:

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

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

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

If you can't get your child to the checkup, Medicaid may be able to help. Children with Medicaid and their parent can get rides to and from the doctor, dentist, hospital or drugstore at no cost. Call ModivCare at **1-866-824-1565** or call the Customer Advocate Department.

Call the Customer Advocate Department to help you pick a Texas Health Steps doctor or go to our Provider Directory/Provider Finder feature on the member website at **www.bcbstx.com/star**.

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

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

- If you have problems getting a checkup, call the Customer Advocate Department
- Texas Health Steps will send a reminder letter when your next medical checkup is due

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

Texas Health Steps services are given by BCBSTX Texas Health Steps providers. The provider does not have to be your child's PCP but they must be in the BCBSTX network. You can find a Texas Health Steps doctor at **www.bcbstx.com/star**.

Do I have to have a referral?

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

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

Call the doctor as soon as you know that your child will not be able to go to a Texas Health Steps checkup for any reason, including being

out of town. If you need help making a new appointment, call Member Outreach toll-free at **1-877-375-9097** (TTY: **711**).

What if I am a Migrant Farmworker?

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

Who is a Migrant Farmworker?

You are considered a Migrant Farmworker if you are a migratory agricultural worker. As a rule, a Migrant Farmworker is defined as a person who meets all of these:

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

Reminders for Texas Health Steps checkups are sent in the mail at the address HHSC has on file for your family.

Women's Health Care Services

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

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

You have the right to see an OB/GYN without a referral from your PCP. An OB/GYN can give you preventive health care services including, but not limited to:

- One well-care checkup each year
- Prenatal care
- Care for any OB/GYN-related medical condition
- Breast Exams
- Mammograms
- Pap Tests
- Referral to a special doctor within the network

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

You can go to an OB/GYN as a PCP. You can also go to an in-network OB/GYN any time you need that type of doctor.

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

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

Will I need a referral?

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

Can I stay with my OB/GYN if they are not with BCBSTX?

The OB/GYN must be in the same network as the PCP. No referral is needed to see an OB/GYN. A pregnant member with 12 weeks or less remaining before the expected delivery date may remain under the current OB/GYN's care through the postpartum checkup, even if the OB/GYN doctor is or becomes, out-of-network.

How do I choose an OB/GYN?

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

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

Family Planning Services

Family planning can teach you how to:

- Be as healthy as you can before becoming pregnant

- Keep you or your partner from getting pregnant
- Keep you from getting diseases

Covered family planning services include:

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

Do I need a referral for this?

You do not need an OK from your PCP to get family planning help. The provider does not need to be part of BCBSTX. You may use any qualified:

- Family planning clinic
- OB/GYN
- PCP
- Nurse midwife or provider

Limits

Some services are not covered:

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

Where do I find a family planning services provider? How do I get family planning services?

You can find the locations of family planning providers near you online at **https://www.healthytexaswomen.org find-doctor** or you can call the Customer Advocate Department at **1-888-657-6061** for help finding a family planning provider.

Pregnancy Care

What if I am pregnant? Who do I need to call?

When you know you are pregnant, call our Customer Advocate Department number. We can help you find an OB/GYN and a hospital that is in network.

We can also help you get the following information:

- How to take care of yourself during pregnancy
- Details about our prenatal program, Special Beginnings. Special Beginnings provides guidance on prenatal care, education on possible pregnancy risks and support through each phase of pregnancy. The program provides specialized nurses who contact patients to monitor their progress and ensure they are following the plans of care set by their doctors. Please see **Part 11: Programs to Help Keep You Well**, for more information about Special Beginnings.
- Tests that are needed such as ultrasounds
- Information about covered services
- Value Added Services available for pregnant members

Covered services include:

- Doctor visits and all professional services for pregnancy, problems with pregnancy and after-delivery care when medically necessary.
- Birthing services given by a certified nurse midwife in a birthing center.
- A follow-up visit for the parent and the baby within 48 hours of an early discharge when ordered by the treating doctor.
  - An early discharge is a hospital stay less than 48 hours (two days) for vaginal childbirth and less than 96 hours (four days) for a cesarean section.
- Vaginal childbirth and cesarean sections.

- Newborn exams.
- Services by a licensed nurse midwife or family practitioner.
- Prenatal program.
- Tests that are needed, such as ultrasounds.
- HIV testing, treatment and counseling (you can refuse to take an HIV test).
- Services by a nurse midwife, who can also be your PCP.

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

You need to set up your first prenatal care visit as soon as possible, but no later than 42 days after enrollment in the plan or the first trimester (the first three months) of your pregnancy.

- The doctor should see you within:
  - 14 calendar days from the date you call if you are in your first three months of pregnancy.
  - Seven calendar days from the date you call if you are in the second trimester of pregnancy.
  - Five business days from the date you call if you are in the last trimester (the last three months) of pregnancy.

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

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

We can provide you information about:

- Caring for yourself and your new baby
- Perinatal and breastfeeding news
- How to choose a PCP for your baby

As part of our Value Added Services for pregnant members, we offer prenatal classes to help you learn how to care for yourself and your baby. These classes are available at no cost to you. See **Part 8: Value Added Services (VAS)** for more information.

Where can I find a list of birthing centers?

Your doctor will help you find a place to deliver your baby. You can also go online to find birthing centers at: **https://www.healthytexaswomen.org** or call the Customer Advocate Department to find a hospital to deliver your baby.

Enrolling a Newborn Baby

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

Yes, you can choose a PCP for your baby before you give birth. If you have not already called us to choose a PCP for your baby, you can call after the baby is born. Call the Customer Advocate Department to choose your baby's PCP. If you do not choose a PCP, we will choose one for you.

How do I sign up my newborn baby?

Let your HHSC caseworker know you are pregnant. After your baby is born, you will get a Medicaid ID Form 3087. This means that the baby is part of the parent member's health plan for 90 days after the date of birth.

How and when do I tell my health plan?

You should call the Customer Advocate Department as soon as you have your baby.

How and when do I tell my caseworker?

If you have a Special Beginnings Service Coordinator, you should call them as soon as the baby is born. You can reach Special Beginnings toll-free at **1-888-421-7781**. Special

Beginnings can help you with breastfeeding coaching and support or answer any questions you have after your baby is born.

If you are in the Special Beginnings program before you give birth, a nurse will call you around the time of your due date to check on you and to see if you have had the baby. If you have your baby before your due date or if you have not received a call from a Special Beginnings nurse, call **1-888-421-7781** to tell them about the birth of your baby.

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

Most of the time, it is best to keep the same PCP, so the doctor can get to know your baby's health needs and history. If you need to change your baby's PCP, call the Customer Advocate Department. You may also call the Member Outreach line at **1-877-375-9097**. We want you to be happy with your baby's PCP.

You can change your baby's PCP at any time as long as your baby is not in the hospital.

- If you choose a PCP who is not taking new patients, we will help you choose another one.
- It is important to know that when you change PCPs often, your baby's health care may not be as good as it could be.
- If you choose to change, have your baby's medical records sent to the new PCP. Your PCP change will be effective on the date the change is made.
- You will get a new BCBSTX ID card with the new PCP's name and contact details on it.

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 by calling the Enrollment Broker at **1-800-964-2777**.

You cannot change health plans while your baby is in the hospital.

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

After your baby is born, you may lose Medicaid coverage. You may be able to get some health care services through the Healthy Texas Women Program through HHSC. These services are for women who apply for the services and are approved.

Healthy Texas Women Program

The Healthy Texas Women Program provides family planning exams, related health screenings and birth control to women ages 18 to 44 whose household income is at or below the program's income limits (185 percent of the federal poverty level). You must submit an application to find out if you can get services through this program.

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

Healthy Texas Women Program
PO Box 14000
Midland, Texas 79711-9902

Phone: **1-800-335-8957**

Website:
https://www.healthytexaswomen.org

Fax: **1-866-993-9971** (toll-free)

HHSC Primary Health Care Program

The HHSC Primary Health Care Program serves women, children and men who are unable to access the same care through insurance or other programs. To get services through this program, a person must be a Texas resident and must have an income at or below the program's income limits (200 percent of the federal poverty level). To receive these services, a person cannot

accept the same programs or services from a non-HHSC organization at the same time. A person approved for services may have to pay a copayment, but no one is turned down for services because of a lack of money.

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

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

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

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

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

Website:
www.hhs.texas.gov/services/health/primary-health-care-services-program

Phone: **1-800-222-3986** Ext. 5320

Email: **PrimaryHealthCare@hhs.texas.gov**

HHSC Expanded Primary Health Care Program

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

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

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

Website:
https://www.healthytexaswomen.org/

Call **2-1-1**. Pick a language and then press 2. If you can't connect to **2-1-1**, call **1-877-541-7905** (toll-free).

Email: **PrimaryHealthCare@hhs.texas.gov**

You can also mail or fax your application to:

Healthy Texas Women
PO Box 149021
Austin, Texas 78714-9021

Fax (Toll-free): **1-866-993-9971**

HHSC Family Planning Program

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

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

To learn more about services you can get through the Family Planning Program, visit **www.healthytexaswomen.org**, call **1-866-993-9972** (toll-free) 8 a.m. to 6 p.m. Central time or email **PrimaryHealthCare@hhs.texas.gov**.

Vision Services

How do I get eye care services?

For help finding a vision provider, call the Customer Advocate Department or go to Provider Finder at **www.bcbstx.com/star**.

You do not need an OK from your PCP for vision care.

Covered services include:

- An eye exam every 12 months
- Glasses
- Contact lenses when medically necessary (because glasses do not give the intended result)
- An enhanced eyewear benefit for STAR members ages 18 and under. Please see **Part 8: Value Added Services (VAS)** for more information

PART 8

Value Added Services (VAS)

What extra benefits do I get as a member of BCBSTX?

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

- Extra help getting a ride (free rides to member events and meetings, VAS services and approved health classes)
- 24-Hour Nurseline
- Enhanced eyewear
- Infant Texas Health Steps Checkup Gift Card Incentive
- Child and Adolescent Texas Health Steps Checkup Gift Card Incentive
- HPV (Human Papillomavirus) Vaccine Gift Card Incentive
- Sports and Camp physicals
- Health and Wellness Activity Reimbursement
- In Home Support
- Prenatal Care Incentive with Infant Car Seat or Pack-and-Play Playard
- Prenatal Class with Incentive Diaper Bag
- Prenatal Visit Gift Card Incentive
- Postpartum Visit Gift Card Incentive
- Breastfeeding Education through our Special Beginnings program
- Fresh and healthy produce delivery for pregnant members
- In-home delivery meal services after a qualifying hospitalization
- Asthma Prescription Refill Gift Card Incentive
- Dental Services for Adults
- Online Behavioral Health (BH) resources
- Gift Card for Getting Follow-up Care after a BH Inpatient Discharge
- Online Community Resources Platform
- Blue365® Discount Pharmacy Program

If you have questions, call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**) or the 24-Hour Nurseline at **1-844-971-8906**.

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

When you earn a gift card reward as a VAS for making a healthy choice, you will need to register for Healthy Rewards. You will need your member ID card, date of birth and email address to set up your account at **BCBSTX.com/HealthyRewards** to get started. You can also call us at **1-877-860-2837** (TTY/TDD: **711**) for help signing up for Healthy Rewards.

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

How can I get these benefits?

Call our toll-free Customer Advocate number at **1-888-657-6061** (TTY: **711**).

VAS may have restrictions and limitations. Refer to the limitations and restrictions under each VAS listed in this section.

Extra Help Getting a Ride

STAR members can schedule free rides to medical appointments and other related services through ModivCare at **1-866-824-1565** as a covered benefit through Texas Medicaid. See Section 10 of this handbook, Additional Services for STAR Members, for more information about Non-Emergency Medical Transportation (NEMT). If ModivCare cannot cover your ride through NEMT, you can ask for Extra Help Getting a Ride through the VAS program.

STAR members may be eligible to use the VAS if the type of ride requested is not covered by the Texas Medicaid NEMT. This includes doctor visits, therapy, approved health classes, Women, Infants and Children (WIC) appointments, special member events and meetings and transportation for covered services where the parent needs to bring more than one child.

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

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

STAR members should first call our transportation vendor, ModivCare, at **1-866-824-1565** to see if you qualify for a ride through NEMT. If you do not qualify for NEMT, you may still be able to get a ride through the transportation VAS at **1-855-933-6993**.

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

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

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

Limitations: BCBSTX will decide what kind of transportation you will get based on the level of care that is medically necessary for you. Vehicles may include public transportation such as a bus or train or shared rides like a taxi, van or contracted car, as available. This VAS is for STAR members when NEMT is not available.

How do I get reimbursement for transportation costs?

You can get reimbursement for transportation costs to approved appointments through our VAS transportation vendor, ModivCare. The money owed to you for your transportation will be loaded onto your Comdata® MasterCard every week. You can use the card to make purchases anywhere that accepts MasterCard. Call ModivCare at **1-855-933-6993** (TTY: **1-866-288-3133**) to register for the Comdata Mastercard and to get the reimbursement approved before your appointment.

Limitations: BCBSTX will validate the trip and the driver must be approved before the trip is taken. You cannot get reimbursed if you do not get approval first.

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

Call the Where's My Ride line for VAS at **1-855-933-6994** (TTY: **711**) between 5 a.m. and 7 p.m. Central time, Monday through Saturday. if you need to:

- Make changes to your reservation
- Cancel a trip
- Ask questions about a ride that has already been scheduled
- Report a ride that is more than 15 minutes late
- Schedule a return ride home after a medical appointment

What if I have a complaint about the Transportation VAS?

If you have a complaint about your ride, call ModivCare at **1-855-933-6993** (TTY: **711**).

24-Hour Nurseline

The 24-Hour Nurseline lets you talk in private with a nurse about your health. Call toll-free 24 hours a day/seven days a week at **1-844-971-8906** (TTY: **711**). A nurse can give you details about health issues and community health services.

Teens may also call the 24-Hour Nurseline and speak to a nurse in private about teen health issues.

The 24-Hour Nurseline also allows you to listen to audio tapes on hundreds of health topics such as:

- Pregnancy
- Diabetes
- Children's health
- High blood pressure
- Sexually transmitted diseases such as HIV/AIDS

The 24-Hour Nurseline offers interpreter services if you need to speak to someone in your own language.

Limitations: There are no limitations. STAR members may access the Nurseline at any time.

Infant Texas Health Steps Checkup Gift Card Incentive

Earn a $120 gift card when your infant completes all six Texas Health Steps checkups by 15 months of age. Talk to your baby's doctor to make sure they get all six Texas Health Steps checkups, on time, based on the recommended infant checkup schedule.

Limitations: Parents or guardians of child members must make sure the child gets Texas Health Steps checkups as listed above. Members must be active on the plan to get the gift card and checkups must be completed by an in-network PCP. The member/parent/guardian must also register through the gift card program portal to receive the gift card at the address listed at registration. Gift card awards

are based on claims your doctor will send to BCBSTX after the checkup is completed. Claims can take up to two months to process once received. Members are eligible to receive one Texas Health Steps checkup gift card each calendar year.

Child and Adolescent Texas Health Steps Checkups Gift Card Incentive

STAR members ages two to 18 can earn a $25 gift card when they visit their PCP or OB/GYN for a yearly Texas Health Steps checkup.

Limitations: Parents or guardians of child and adolescent members must make sure they complete a yearly Texas Health Steps checkup. Members must be active on the plan to receive the gift card. Checkups must be completed by an in-network PCP or OB/GYN. The member/parent/guardian must also register through the gift card program portal to receive the gift card at the address listed in the registration. Gift card awards are based on claims your doctor will send to BCBSTX after the checkup is completed. Once your doctor sends BCBSTX the claim, it could take up to two months for you to get the gift card.

HPV (Human Papillomavirus) Vaccine Gift Card Incentive

STAR members ages nine to 13 are eligible to earn a $25 gift card when they receive all of their age required doses of the HPV vaccine.

Limitations: Members must be active on the plan and registered on the Wellness Rewards website to qualify for the gift card. Only one gift card will be awarded per member. The full vaccination series must be completed to qualify for the gift card.

Enhanced Eyewear for Kids

STAR members ages 18 and under can get one upgrade to eyewear, such as:

- one pair of stylish frames (upgraded from basic frames),
- upgraded lenses,
- contact lenses,
- or an extra pair of glasses.

Children must complete an eye exam before using this VAS. The value of the upgrade cannot be over $150. Call the Customer Advocate Department for more information.

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

Sports and Camp Physicals

We help STAR members take part in sports and fitness activities by offering free sports and camp physicals.

Limitations: Sports and camp physicals are limited to one physical each year for STAR members ages 18 and younger.

Health and Wellness Activity Reimbursement

STAR members can receive up to $50 reimbursed for participation in sports activities, sports classes, gym membership or race entry fees by contacting Member Outreach Representatives at **1-877-375-9097**. This includes, but is not limited to: YMCA, Boys and Girls Club, sport, swim, music or camp of the member's choice.

Limitations: Parents/guardians/LARs of members may request reimbursement for Health and Wellness by contacting the STAR Member Advocate at

1-877-375-9097. Parents/guardians must provide a receipt for payment to be reimbursed. The maximum reimbursement is up to $50 for Health and Wellness enrollment fees. Reimbursement may be requested as early as 30 days prior to the activity and up to 30 days after.

In Home Support

Members who have a high-risk pregnancy diagnosis may be able to get in-home support and assistance from a doula. Doulas can offer physical, emotional and educational support during the pregnancy and after the baby is born. Call Special Beginnings® toll-free at **1-888-421-7781** (TTY **711**) to learn more.

Limitations: To qualify for this service, members must have a high-risk pregnancy diagnosis and be enrolled in Special Beginnings.

Prenatal Care Incentive

Pregnant STAR members who complete a timely prenatal visit AND register for our Special Beginnings program can choose an infant car seat or a pack and play playard. The prenatal visit must occur in the first trimester or within 42 days of joining our plan to be eligible. You can find the Prenatal Care Incentive Form on our website at **www.bcbstx.com/star** or call the Customer Advocate Department. Take the form to your doctor to sign during your prenatal visit and fax it to Member Outreach at **1-512-349-4867**. The car seat or pack and play playard will be sent to the address you put on the form.

Limitations: You must be active on the plan when completing your prenatal visit in the first trimester or within 42 days of joining the plan. You must also be registered for the Special Beginnings program to get the infant car seat or pack or play playard.

Prenatal Class with Incentive Diaper Bag

What health education classes does BCBSTX offer?

BCBSTX offers online prenatal classes to pregnant STAR members, at no cost. You can take an online class at any time in English and 15 other languages. Visit the STAR member website at **www.bcbstx.com/star** to find out more about upcoming classes and other resources for pregnant members. You will get a diaper bag with baby care items when you finish your BCBSTX prenatal class. When you take the prenatal class online, you must fill out the certificate of completion found at the end of the lesson and fax it to **1-512-349-4867**. The diaper bag reward will be shipped to the address you provide on the certificate. Call Special Beginnings to register for an online class.

Limitations: You must be an active STAR member, be pregnant and take at least one prenatal class to get the diaper bag reward. Only one diaper bag will be awarded per member.

What will you learn?

Pregnancy

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

Labor and Birth

- Your birth plan
- Birthing choices
- Breathing and pushing skills
- C-section birth
- Pain relief choices
- Recovery and postpartum care

If you have questions, call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**) or the 24-Hour Nurseline at **1-844-971-8906**.

Baby Care and Breastfeeding

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

Prenatal Incentive Gift Card

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

Limitations: Pregnant members must complete their first prenatal visit by the timelines listed above. Member must be active on the plan and be registered on the Wellness Rewards website to qualify for the gift cards. Gift cards will not be replaced if the member's mailing address information is not correct in the online registration.

Postpartum Incentive Gift Card

STAR members can earn a $25 gift card for completing a postpartum visit within seven to 84 days after having a baby.

Limitations: Members who have recently delivered a baby must complete a postpartum visit within seven to 84 days after delivery, be active on the BCBSTX plan when the visit is completed and must be registered on the Wellness Rewards website to qualify for and receive the gift card. Gift cards will not be replaced if the member's mailing address information is not correct in online registration.

Breastfeeding Education through our Special Beginnings Program

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

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

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

When you register for Special Beginnings, you can also qualify to get your choice of a free infant car seat or pack and play playard. Ask your Special Beginnings Service Coordinator how you can get these VAS.

Fresh and Healthy Produce for Pregnant Members

Pregnant STAR members can get up to $50 of fresh fruits and vegetables delivered to their home each year. Call Special Beginnings toll-free at **1-888-421-7781** (TTY **711**) to ask for help getting this VAS.

Limitations: Members must be active on the BCBSTX plan and be pregnant when they request the fresh produce VAS. The food items are limited to the BCBSTX approved list which may change depending

on the vendor's supply. The produce order will not be replaced if the member's mailing address information is not correct in online registration.

In-Home Meal Delivery Services after a Hospital Discharge

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

Limitations: In-home meal delivery will only be available for one incident for a maximum of 14 meals per year. Members should work with their assigned service coordinator. Call **1-877-214-5630** to ask for this VAS. Meals will be shipped to the address provided on the online registration at the time of the order and will not be replaced due to incorrect address. Requests for meals must be made within 30 days of discharge.

Dental Services for Adult Members

We offer dental services to adult STAR members age 21 and older. This VAS includes dental exams and cleanings, X-rays, cavity fillings and tooth extractions up to $250 per year. Call our dental partner, DentaQuest, toll-free at **1-800-205-4715**, 8 a.m. to 6 p.m., Central time, Monday through Friday to get help finding an in-network provider or to get an OK for dental services.

Limitations: You must be 21 or older when you ask for and get, the dental services. You must go to an in-network DentaQuest provider. Members may complete dental services after STAR eligibility expires on a case-by-case basis.

Blue365® Discount Program

Our Blue365 program offers discounts on various pharmacy, over-the-counter (OTC) and health and wellness related services and items. The program is available to all STAR members at **www.blue365deals.com/BCBSTX/**. Discount types include:

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

This VAS excludes benefits covered by STAR.

Limitations: Members must register on the **Blue365deals.com** site for Texas. The information required for the registration process includes name, email, password, ZIP code and member ID number.

Online Community Resource Website

STAR members can access our community resource platform to get information about local community service programs. BCBSTX can help you with a referral or you can self-refer to an agency to ask for free or reduced-cost services and assistance with financial needs, food, medical care and other resources at **communityservices.bcbstx.com**.

Limitations: Call your service coordinator or the STAR Member Advocate if you need help finding resources. All eligible members can complete a self-referral to any community resource available on the platform.

Asthma Prescription Refill Gift Card Incentive

STAR members who fill an asthma medication prescription four months in a row will be eligible for $25 gift card.

Limitations: Members must fill a prescription for asthma medication four months in a row to be eligible for a $25 gift card. Only one gift card per member will be awarded between 9/1/2023 and 8/31/2024.

Learn to Live: Online Behavioral Health (BH) Platform

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

Incentive Gift Card for Getting Follow-up Care after a BH Inpatient Discharge

Members are eligible to get a $50 gift card when they complete a follow-up visit with a behavioral health provider within seven days after a behavioral health hospitalization.

Members can call Service Coordination to get help scheduling and appointment.

Limitations: Members must complete a follow-up visit with a behavioral health provider within seven days following a discharge for mental illness or intentional self-harm diagnoses. Members must be enrolled in the plan to receive the gift card.

PART 9

Prescription and Pharmacy Benefits

How to Fill Your Prescriptions

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

Pharmacies for BCBSTX can be found on Provider Finder at **www.bcbstx.com**.

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

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

Prescription Drug Benefits

What are my prescription drug benefits?

Your drug benefits include coverage for selected prescription and over-the-counter (OTC) drugs.

In order to be covered, a drug should be included on the Vendor Drug Program's (VDP) Preferred Drug List. The Drug List includes generic, brand and OTC drugs that require a prescription, as well as some limited medical supplies. Most generic and OTC drugs are covered. If you are pregnant, OTC prenatal vitamins are covered. Ask your OB to write a prescription.

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

- Have a medical need for them
- Have a written prescription from your doctor (including OTC drugs)
- Fill the prescription at a BCBSTX pharmacy

- Follow the plan rules

Certain drugs on the Drug List, including most brand name drugs, need an OK. Your doctor will need to request approval before these drugs can be prescribed. Without approval, the drugs are not covered. Some drugs may have limits on the amount that will be covered. You can find out if your drug has any conditions or limits by looking at the Drug List. To find out more about a drug, call the Customer Advocate Department or visit **www.bcbstx.com/star** and go to the 'Prescription Drugs' section of the website.

If your doctor wants you to have a drug that is not on the list, he or she can request approval for that drug. We will let your doctor know if we OK the request within 24 hours. If we get the request after hours, we will let your doctor know by the next business day. Your pharmacist can ask for a 72-hour supply of the drug if we get the request after hours. If we say no to your request, you will get a letter that tells you the medical reasons why. To protect your health, make sure your doctor and pharmacist know all of the medicines you are taking, including OTC drugs.

This plan does not cover cannabis.

Cannabis means all parts of the plant genus Cannabis containing delta-9-tetrahydrocannabinol (THC) as an active ingredient, whether growing or not, the seeds of the plant, the resin extracted from any part of the plant, and every cannabis-derived compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or its resin. Cannabis with THC as an active ingredient may be called marijuana.

Call the Customer Advocate Department for help with your medications and refills.

How do I get my medications?

Medicaid pays for most medicine your doctor says you need. Your doctor will write a prescription so you can take it to the drugstore or may be able to send the prescription to the drugstore for you.

What if I can't get the medication my doctor ordered approved?

If your doctor cannot be reached to approve a prescription, you may be able to get a three-day emergency supply of your medication.

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

You can file an appeal by calling the Customer Advocate Department. Learn more about filing an appeal in **Part 13: How to Resolve a Problem with BCBSTX.**

What if I lose my medication(s)?

Call the Customer Advocate Department for help if you lose your medication. We will help you get replacement medications.

Finding a Network Pharmacy

How do I find a network drugstore?

To find a list of pharmacies, use the Pharmacy Directory or online Provider Finder at **www.bcbstx.com/star** or call the Customer Advocate Department.

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

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

What do I bring with me to the drugstore?

Make sure you take your BCBSTX ID, your prescription and *Your Texas Benefits* Medicaid ID card.

Mail Order

What if I need my medications delivered to my home? Which pharmacies offer this service?

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

For Walgreens Mail Service call toll-free at **1-877-357-7463** (TTY: **711**) or visit **walgreensmailservice.com**.

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

If you have problems getting a prescription, call **1-888-657-6061**.

Extra Help Getting a Ride

How do I get transport benefits?

Call NEMT at **1-866-824-1565** to see if you can get a ride to the pharmacy. If NEMT is unable to schedule a ride for you, you may use VAS transportation. ModivCare will set up a ride through the VAS if you have:

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

If you have difficulty getting transportation through NEMT, call ModivCare at **1-855-933-6993** for the transportation VAS.

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

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

Limited Home Health Supplies

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

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

Medicaid Lock-In Program

What is the Medicaid Lock-in Program?

You may be put in the Lock-in Program if you do not follow Medicaid rules. It checks how you use Medicaid drugstore services.

Your Medicaid benefits remain the same. Changing to a different MCO will not change the Lock-In status.

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

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

To learn more, call the Customer Advocate Department.

PART 10

Additional Services for STAR Members

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

Call the Customer Advocate Department and we will help set up the services below for you.

Early Childhood Intervention

What is Early Childhood Intervention (ECI)?

ECI is a statewide program that helps children from birth to age three with disabilities or developmental problems. You do not need an OK from your doctor but you should talk to your child's PCP about ECI so your child can get the best care. To learn more, call **1-800-628-5115** or visit the ECI website at **https://hhs.texas.gov/services/disability/early-childhood-intervention-services**.

Do I need a referral for this?

No, you do not need a referral from your doctor for the ECI program.

Where do I find an ECI provider?

You can search for the ECI program in your area by using the ECI program tool at **https://citysearch.hhsc.state.tx.us** or call the HHS Office of the Ombudsman at **1-877-787-8999**, select a language and select option 3.

Case Management for Children and Pregnant Women (CPW)

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

Need help finding and getting services? You might be able to get a case manager to help you.

Who can get a case manager?

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

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

What do case managers do?

A case manager will visit with you and then:

- Find out what services you need
- Find services near where you live
- Teach you how to find and get other services
- Make sure you are getting the services you need.

What kind of help can you get?

Case managers can help you:

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

How can you get a case manager?

- Contact BCBSTX for more information from 8 a.m. to 5 p.m. or call Texas Health Steps at **1-877-847-8377** (toll-free), Monday to Friday, 8 a.m. to 8 p.m.
- Call BCBSTX Service Management at **1-877-214-5630**
- Go to **https://www.bcbstx.com/star/getting-care/service-management**

Texas School Health and Related Services (SHARS)

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

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

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

Non-Emergency Medical Transportation (NEMT) Services

What are NEMT Services?

NEMT services provide transportation to non-emergency health care appointments for members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy and other places you get Medicaid services. These trips do NOT include ambulance trips.

What services are offered as a part of NEMT Services?

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

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

Children 14 years old and younger must be accompanied by a parent, guardian or other authorized adult. Children 15-17 years old must be accompanied by a parent, guardian or other authorized adult or have consent from a parent, guardian or other authorized

adult on file to travel alone. Parental consent is not required if the health care service is confidential in nature.

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

Call ModivCare at **1-855-933-6993** to request NEMT services. You should request NEMT Services as early as possible and at least 48 hours before you need the NEMT service. In certain circumstances you may request the NEMT service with less than 48 hours notice. These circumstances include being picked up after being discharged from a hospital; trips to the pharmacy to pick up medication or approved medical supplies; and trips for urgent conditions. An urgent condition is a health condition that is not an emergency, but is severe or painful enough to require treatment within 24 hours.

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

How do I get reimbursement for transportation costs?

You can get reimbursed (refunded) for transportation costs through ModivCare. You can be reimbursed by check or direct deposit. You cannot get reimbursed if you do not get approval from ModivCare first.

What are the steps to get reimbursement for mileage?

Call ModivCare at **1-866-824-1565** (TTY: **711**) to register and to get the reimbursement approved before your appointment.

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

ModivCare will mail the registration paperwork and a trip log to the member.

- The member or caregiver must fill out the paperwork provided by ModivCare with the driver's valid driver's license number and car insurance information to qualify for mileage reimbursement.
- The member must have the driver fill out the trip log for each trip and return it to ModivCare using the address shown on the form.
- Reimbursement for mileage will be made within 30 days after the trip log is turned in to ModivCare.

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

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

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

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

ModivCare Mobile App

As a member, you can also download the ModivCare app to schedule medical rides whenever and wherever you like. All you need to do is search "ModivCare" on either Google Play® or the Apple App Store® to download. Make sure to have an email address handy to create your account.

The ModivCare app gives you access to:

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

What if I have a complaint about NEMT?

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

Nursing Facility Services

Licensed nurses give these services on a regular basis to members with some types of conditions. To learn more, call the Customer Advocate Department.

Tuberculosis Services

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

Hospice Services

Medicaid gives hospice services to members who are not expected to live for more than six months. These services include medical, social and support services. To learn more, call the Customer Advocate Department.

PART 11

Programs to Help Keep You Well

What other services can BCBSTX help me get?

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

You do not have to pay to join these programs. We give them at no cost to our members. You can call the Customer Advocate Department to learn more.

We hope you and your family will use them. We want you to be well and stay that way.

Service Coordination

Our Service Coordination staff can help you manage your specific health care needs while also being sensitive to any cultural needs you may have.

A Medicaid Service Coordinator can help with specific chronic health concerns, prevention and wellness at no cost. Services include:

- Managing your treatment plan to help control chronic illnesses, such as asthma or diabetes or other complex conditions related to mental health and substance use
- Education on how to improve heart health and control high blood pressure and cholesterol
- Care coordination with your PCP or other medical specialist
- Help with tobacco cessation
- Information on how to maintain good nutrition, exercise and weight management

To learn more about Service Coordination, please call toll-free at **1-877-214-5630**, 8 a.m. to 5 p.m., Central time, Monday through Friday. If you have hearing or speech loss, you can call the TTY line at **711**. You can opt out of these services at any time by calling the Service Coordination phone number listed above.

Special Beginnings

Special Beginnings is a maternity program, offered by BCBSTX, that can help you better understand and manage your pregnancy. You will get the support you need through every stage of pregnancy. To help achieve good health for you and your baby, you should register for Special Beginnings as soon as you know you are pregnant. We keep all of your information confidential. When you register, you will get:

- Two pregnancy risk interviews. These may help us to find out if your pregnancy is high risk.
- Information and materials about nutrition and healthy life choices before and after your baby is born. You will also receive information on how your unborn baby is growing, newborn care and well-child information that is helpful for new parents.
- Personal phone calls from a specially-trained nurse, who will serve as your Special Beginnings Service Coordinator. Your service coordinator will talk to you about how you and your baby are doing and will continue to call you up to six weeks after your baby is born.
- 24-hour, toll-free access to a telephone hotline staffed by experienced registered nurses and maternity nurses (**1-844-971-8906**). The 24-Hour Nurseline includes access to an audio library with health information.

Personal, Confidential Help

Your personal Special Beginnings service coordinator will call you regularly to ask questions about your health and activities. They will also help you find more pregnancy-related resources if you need them. Through your entire pregnancy, our specially trained nurses will:

- Assess your health, lifestyle and possible pregnancy problems
- Teach you to avoid problems that can happen when you are pregnant
- Check in on you regularly to talk about how you and your baby are doing
- Encourage you to make healthy changes
- Talk to you about your OB provider's treatment plans
- Help if you develop diabetes or high blood pressure while you are pregnant
- Teach you about prenatal, postpartum and newborn care

If you are pregnant and would like to register for Special Beginnings or to ask questions, please call us toll-free at **1-888-421-7781** (TTY/TDD: **711**) or email Special Beginnings at **TXSBMedicaid@bcbstx.com**.

For Your Peace of Mind

The 24-Hour Nurseline allows you to talk to a nurse 24 hours a day, seven days a week. To learn more about the 24-Hour Nurseline, please see **Part 8: Value Added Services (VAS)**. Call the 24-Hour Nurseline at **1-844-971-8906**.

Extra Programs from the State

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

How to Get Other Services

You may want services that BCBSTX does not cover. Call your service coordinator or a STAR Member Advocate to ask for help with other services.

PART 12

Help with Special Services

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

Help in Other Languages

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

BCBSTX ensures interpreter services are available for you when you call our Customer Advocate line, visit your child's PCP and more.

BCBSTX does not encourage the use of family, friends or children to serve as interpreters due to the different words used for medical information. If you need help with interpreters or need any of our member materials in a different language, please call the Customer Advocate Department. We offer:

- Health education materials in English and Spanish
- Customer Advocate staff who can speak English and Spanish
- 24-hour phone interpreter services
- Sign language and face-to-face interpreter services
- Providers who speak more than one language
- If you do not speak English or Spanish, BCBSTX also provides a multilingual interpreter service for more than 140 languages

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

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

Who do I call for an interpreter?

Call the Customer Advocate Department.

How far in advance do I need to call?

If you need someone to translate for you while you are at your PCP's office, ask your PCP to call us at least 72 hours in advance. We will be glad to help.

Help for Members with Hearing or Vision Loss

BCBSTX has a toll-free number for members who have hearing or speech loss. Call the Customer Advocate TTY line at **711** from 8 a.m. to 5 p.m., Monday through Friday, excluding state-approved holidays. For help

after hours and on weekends, call the Texas Relay Service at **1-800-735-2989** or dial **711** to get the help you need.

Members with Special Health Care Needs

BCBSTX offers special services for members with special needs that do not require a referral or prior authorization as a condition to receiving services from specialists in the network.

- Service Coordination to help you get the health services you need
- Your specialist can act as your PCP

If you would like to speak to a service coordinator, please call **1-877-214-5630** between 8 a.m. and 5 p.m., Central time, Monday through Friday.

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

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

Americans with Disabilities Act

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

PART 13

How to Resolve a Problem with BCBSTX

Complaints

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

We want to help. If you have a complaint, please call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY **711**). A bilingual Member Advocate who can help you file your complaint. Just call **1-877-375-9097**. If you do not speak English we will get a translator to help you file your complaint. Most of the time, we can help you right away or at the most within a few days.

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

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

GPDTXMedicaidAG@bcbsnm.com.

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

Once you have gone through the BCBSTX 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
Ombudsman Managed Care Assistance Team
PO Box 13247
Austin, Texas 78711-3247

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

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

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

Can someone from BCBSTX help me file a complaint?

A Member Advocate can help you file a complaint. You can reach a Member Advocate at **1-877-375-9097**. You should also talk to your PCP if you have questions or concerns about your care. No member will be treated differently for filing a complaint.

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

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

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

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

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

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

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

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

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

Appeals

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

If we do not approve coverage for a service or medicine your doctor suggests, we will send your doctor a letter to explain the reason for our denial. You will also get a letter that

explains the reason for our denial. This is called a Notice of Action letter. It will tell you how to appeal.

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

If you are not happy with a decision BCBSTX made about your care, you can file a health plan appeal. When you file an appeal, BCBSTX will take another look at your case to see if there is something else we can do to solve your problem. You may use the Health Plan Appeal Request Form or call our Customer Advocate Department at **1-888-657-6061** (TTY **711**).

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

You may be able to keep getting your services during the health plan appeal process. You can ask for this by checking 'Yes' where it says, "Do you want your services to continue?" on the Health Plan Appeal Request Form. You can also call BCBSTX at **1-888-657-6061** and say you want to keep your services during your appeal if the appeal is about a course of treatment that:

- Ended
- Stopped for a while
- Has been reduced
- Was ordered by an approved doctor
- The first amount of time covered by the approval has not ended
- You ask for the benefits to last longer

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

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

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

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

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

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

BCBSTX might need 14 more days to decide on your appeal if we believe that the extra time will help us make a better decision on your standard or expedited appeal.

Members or LARs can ask for 14 extra days if they feel like more time is needed to get BCBSTX information that can help us make a decision.

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

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

You will be mailed a Notice of Action Letter that will tell you if your services have been denied or reduced.

Pharmacy Appeals

To request a pharmacy appeal you can:

- Call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**), Monday through Friday, 8 a.m. to 5 p.m., Central Time.
- Mail a written appeal to:
  Blue Cross and Blue Shield of Texas
  Attn: Prime Therapeutics
  Appeals Department
  2900 Ames Crossing Road
  Eagan, MN 55121
- Fax a written appeal to **1-855-212-8110**.
- Have your doctor submit online at **MyPrime.com** or **CoverMyMeds.com.Emergency** Health Plan Appeal

Emergency Health Plan or Pharmacy Appeal

What is an emergency BCBSTX appeal?

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

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

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

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

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

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

What is the timeframe for an emergency BCBSTX appeals process?

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

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

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

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

What happens if BCBSTX denies the request for an expedited BCBSTX internal appeal?

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

State Fair Hearing

Can I ask for a State Fair Hearing?

If you, as a member of the health plan, disagree with the health plan's internal appeal decision, you have the right to ask for a State Fair Hearing. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A provider may be your representative. If you want to challenge a decision made by your health plan, you or your representative must ask for the State Fair Hearing within 120 days of the date on the health plan's letter with the internal appeal decision. If you do not ask for the State Fair Hearing within 120 days, you may lose your right to a State Fair Hearing. To ask for a State Fair Hearing, you or your representative should either send a letter to the health plan at:

Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
PO Box 660717
Dallas, Texas 75266-0717
or call BCBSTX at **1-888-657-6061** (TTY: **711**).

You have the right to keep getting any service the health plan denied or reduced, based on previously authorized services, at least until the final State Fair Hearing decision is made if you ask for a State Fair Hearing by the later of:

1. Ten calendar days following the date the health plan mailed the internal appeal decision letter or
2. The day the health plan's internal appeal decision letter says your service will be reduced or end. If you do not request a State Fair Hearing by this date, the service the health plan denied will be stopped. If you ask for a State Fair Hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most State Fair Hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied.

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

Can I ask for an emergency External Medical Review?

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

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

Can I ask for an emergency State Fair Hearing?

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

External Medical Review Information

Can a member ask for an External Medical Review?

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

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

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

- Fill out the 'State Fair Hearing and External Medical Review Request Form' provided as an attachment to the Member Notice of the Internal Appeal Decision letter for BCBSTX. Mail or fax it to BCBSTX by using the address or fax number at the top of the form;
- Fax number at the top of the form;
- Call BCBSTX at **1-888-657-6061** (TTY: **711**) or,
- Email BCBSTX at **GPDTXMedicaidAG@bcbsnm.com**.

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

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

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

An Independent Review Organization is a third-party organization contracted by HHSC that conducts an External Medical Review during member appeal processes related to Adverse Benefit Determinations based on functional necessity or medical necessity. An External Medical Review cannot be withdrawn if an Independent Review Organization has already completed the review and made a decision.

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

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

You may be able to keep getting your services during the State Fair Hearing process. You can ask for this by checking "Yes" where it

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

Can I ask for an emergency External Medical Review?

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

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

PART 14

State Medicaid Resources

If We Can No Longer Serve You

We may not cover you if you:

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

Your BCBSTX coverage is effective as of the date shown on the front of your BCBSTX ID card. It ends on the date given to BCBSTX by the HHSC. HHSC decides:

- The eligibility and enrollment for health plan members
- If a member is kept out of or disenrolled from, the plan

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

Can BCBSTX ask that I get dropped from their plan for noncompliance?

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

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

If you have a complaint about the BCBSTX request to disenroll you, see **Part 13: How to Resolve a Problem with BCBSTX**.

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

What Happens If I Lose My Medicaid Coverage?

If you lose Medicaid coverage but get it back again within six 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 PCP you had before.

Changing Your Health Plan

What if I want to change health plans?

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

When will my health plan change become effective?

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

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

Who do I call?

Call Maximus, the enrollment broker, at **1-800-964-2777**.

How many times can I change health plans?

- You can change health plans as many times as you like
- If you are in the hospital, you cannot change your health plan until you are discharged

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 the Customer Advocate Department by calling **1-888-657-6061** (TTY: **711**). Before you get Medicaid services in your new area, you must call BCBSTX unless you need emergency services. You will continue to get care through BCBSTX until HHSC changes your address.

We can help you find providers near your new home in your new area. You can also find a list of providers on Provider Finder at **www.bcbstx.com/star**.

If you have any questions, please call the Customer Advocate or the 24-Hour Nurseline.

How to Renew

What do I do if I need help with completing my renewal application?

Don't lose your health care benefits. You need to renew your benefits every 12 months.

1. HHSC will send you a letter when it's time to renew your benefits. If you don't renew your benefits by the due date, you will lose your benefits.
2. Visit **www.YourTexasBenefits.com** to apply for and renew benefits online. Click on 'Manage your account' and set up an account to get easy access to the status of your benefits.

If you need help filling out your renewal application, you can call a Member Advocate for help at **1-877-375-9097** (TTY: **711**).

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

PART 15

Other Things You May Need to Know

Contacting the Customer Advocate Department

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

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

How to get help after normal office hours

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

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

Abuse, Neglect and Exploitation

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

What are Abuse, Neglect and Exploitation?

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

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

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

Reporting Abuse, Neglect and Exploitation

The law requires that you report suspected abuse, neglect or exploitation including unapproved use of restraints or isolation that is committed by a provider.

Call **911** for life-threatening or emergency situations.

Report by Phone (non-emergency)

24 hours a day, seven days a week, toll-free.

Report to the Department of Aging and Disability Services (DADS) by calling **1-800-647-7418** if the person being abused, neglected or exploited, lives in or receives services from a:

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

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

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

If you have questions, call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**) or the 24-Hour Nurseline at **1-844-971-8906**.

Report Electronically (non-emergency)

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

Helpful Information for Filing a Report

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

Waste, Abuse and Fraud

Do you want to report waste, abuse or fraud?

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

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

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

- Call the OIG Hotline at **1-800-436-6184**;
- Visit **https://oig.hhsc.state.tx.us**. Under the box labeled 'I WANT TO' click 'Report Waste, Abuse and Fraud' to complete the online form; or
- You can report directly to your health plan:

  Blue Cross and Blue Shield of Texas
  PO Box 660044
  Dallas, Texas 75266-9506

  Call the Special Investigations Hotline 24 hours a day, seven days a week toll-free at **1-800-543-0867** (TTY **711**).

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

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

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

When reporting about someone who gets benefits, include:

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

BCBSTX will send you letters from time to time to ask you to verify receipt of services. Please answer these letters. This helps us prevent fraud, waste and abuse.

Call our toll-free Customer Advocate line at **1-888-657-6061** (TTY: **711**).

New Medical Treatments

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

- Has been approved by the government

- Has shown how it affects patients in a reliable study
- Will help patients as much as or more than, treatments used now
- Will improve a patients' health

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

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

Quality Improvement

At BCBSTX, we want to make your health plan better. To do this, we have a Quality Improvement (QI) Program which outlines the processes, goals and outcomes as they relate to member care and services. Through this program, we:

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

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

Medicaid and Private Insurance

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

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

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

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

If you have other insurance, 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 get a bill from my doctor?

In most cases, you should not get a bill from a BCBSTX provider. If you do, contact the Customer Advocate Department. You may have to pay for charges if:

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

Who do I call?

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

What information will they need?

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

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

Advance Directives (Living Wills)

What are advance directives?

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

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

You can name a spouse as the person who will make decisions for you about your health care if you are too sick to do so.

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

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

How do I get an advance directive?

You can find the forms you need at office supply stores and pharmacies. Most of the time, they can be found at a lawyer's office as well. If you have more questions about a living will, call the Customer Advocate Department.

Deductibles and Copays

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

Your Medical Records

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

Privacy Policies

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

Program Changes

BCBSTX services may change if the Medicaid program makes changes. Sometimes BCBSTX providers move, retire or leave the network. We will let you know about these changes at least 30 days before the change becomes effective. If you have questions about program or PCP site changes, call the Customer Advocate Department.

Information Available to Members

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

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

HIPAA Notice of Privacy Practices

BCBSTX needs to give you a HIPAA Notice of Privacy Practices as well as a State Notice of Privacy Practices. The HIPAA Notice of Privacy Practices talks about how BCBSTX can use or give out your protected health information and your rights to that information under federal law. The State Notice of Privacy Practices talks about how BCBSTX can use or give out your nonpublic private financial information and your rights to that data under state law. Please take a few minutes and review these notices. You can go to the BAM website at **www.bcbstx.com/medicaid** and sign up to get these notices by email. Our contact information is found at the end of the notices.

YOUR RIGHTS

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

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

Get a copy of your health and claims records:

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice.

If you have questions, call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**) or the 24-Hour Nurseline at **1-844-971-8906**.

- We will give you a copy or outline of your health and claims records within 30 days of the request unless we ask for more time. We may charge a small fee.

Ask us to fix health and claims records:

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

Ask for private communications:

- You can ask us to reach you in a certain way or to send mail to another address. Ask us how to do this by using the contact information at the end of this notice.
- We will provide a response to all requests. We will say "yes" if you tell us you would be in danger if we do not.

Ask us what not to use or share:

- You can ask us not to share or use certain health information. Ask how to do this by using the contact information at the end of this notice.
- We do not have to agree with your request and we may say "no" if it would affect your care.

Get a list of those with whom we have shared data:

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

Get a copy of this notice:

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

Choose someone to act for you:

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

File a complaint if you feel your rights are violated:

- If you feel we have not done the right thing with your information, you can complain to us. Use the contact information found at the end of the Notice.
- You can also complain to the U.S. Department of Health and Human Services Office for Civil Rights by calling **1-877-696-6775**; or by visiting **www.hhs.gov/ocr/privacy/hipaa/complaints** or by sending a letter to them at:

  200 Independence Ave., SW,
  Washington, D.C. 20201

You have a right to complain and if you complain, we will not hold it against you.

YOUR CHOICES

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

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

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

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

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

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

INFORMATION USE AND SHARING

How do we use or share your health information?

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

Help you with the health care treatment you get.

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

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

Run our operations.

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

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

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

Pay for your health services.

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

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

Administer your plan.

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

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

How else can we use or share your health information?

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

Help with public health and safety issues.

We can share your health data in order to:

- Stop diseases
- Help with product recalls
- Show bad reactions to drugs
- Show suspected harm, neglect or home violence
- Stop or lessen a threat to someone's health or safety

Do research.

We can use or share your information for health research.

Follow the law.

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

Answer organ/tissue donation requests and work with certain experts.

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

Address workers' compensation, police and other government requests.

We can use or share your health information:

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

Answer to lawsuits and legal actions

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

Certain health information

State laws may ask us to be extra careful with information about certain health conditions or diseases. For example, the law may stop us from sharing or using data about HIV/AIDS, mental health, alcohol or drug abuse and genetic data without your OK. In these situations, we follow what state law says.

OUR DUTIES

When it comes to your information, we have certain duties.

- We must keep your health information safe and secure.
- We must let you know if your information has been shared or used by someone who could have a bad effect on you.
- We must follow the privacy practices that are described in this notice and make sure that you can get a copy of the notice.
- We will not use or share your information except as described here unless you tell us we can in writing.

You may change your mind at any time. Let us know in writing if you change your mind.

For more information:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

State Notice of Privacy Practices

BCBSTX collects nonpublic, private information about you from your health plan, your health care claims, your payment information and other types of reporting firms. BCBSTX agrees to:

- Not give out your information even if you stop being a customer to any non-affiliated third parties except with your OK or according to the law.
- Limit the workers who can see your information to those who perform jobs needed to run our business and give care to our customers.
- Have security and privacy practices that protect your information from unauthorized use.
- Use your information only to process your claims, to bill you and to provide you with customer service.
- Use your information according to the law.

BCBSTX is able to share your information with certain third parties who either perform jobs or services for us.

If you have any questions about your rights or these notices, contact us in one of these ways:

Call us at **1-877-361-7594** or

1. Write us at:

Privacy Office
Divisional Vice President
Blue Cross and Blue Shield of Texas
PO Box 804836
Chicago, IL 60680-4110

Here are some examples of third parties that we can share your data with:

- Our affiliates
- Clinical and other business partners that offer services on our behalf
- Insurance brokers or agents, financial services firms, stop-loss carriers
- Regulatory and other governmental groups including the police
- Your group health plan

You have a right to ask us what nonpublic financial information we have about you and ask for a copy of this information.

CHANGES TO THESE NOTICES

We have the right to change the terms of these notices and the changes we make will apply to all the information we have about you. If we make changes, the law requires that we mail you a copy of this notice.

CONTACT INFORMATION

You can get a copy of the notice at any time by:

1. Going to the website at **http://www.bcbstx.com/important_info/index.html** or

2. Calling us at the toll-free number found on the back of your ID card.

PART 16

Your Health Care Rights and Responsibilities

What are my rights and responsibilities?

At BCBSTX, we want to make sure you and your family get the health care you need. We also want to make sure your rights as a member are respected.

Member Rights

1. You have the right to respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:

- **a.** Be treated fairly and with respect.
- **b.** Know that your medical records and discussions with your providers will be kept private and confidential.

2. You have the right to a reasonable opportunity to choose a health care plan and Primary Care Provider. This is the doctor or health care Provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or Provider in a reasonably easy manner. That includes the right to:

- **a.** Be told how to choose and change your health plan and your Primary Care Provider.
- **b.** Choose any health plan you want that is available in your area and choose your Primary Care Provider from that plan.
- **c.** Change your Primary Care Provider.
- **d.** Change your health plan without penalty.

e. Be told how to change your health plan or your Primary Care Provider.

3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:

a. Have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated.
b. Be told why care or services were denied and not given.
c. Be given information about your health, plan, services and providers.
d. Be told about your rights and responsibilities.

4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:

a. Work as part of a team with your provider in deciding what health care is best for you.
b. Say yes or no to the care recommended by your Provider.

5. You have the right to use each Complaint and appeal process available through the Managed Care Organization and through Medicaid and get a timely response to complaints, appeals, External Medical Reviews and State Fair Hearings. That includes the right to:

a. Make a Complaint to your health plan or to the state Medicaid program about your health care, your Provider or your health plan.
b. Get a timely answer to your complaint.
c. Use the plan's appeal process and be told how to use it.
d. Ask for an External Medical Review and State Fair Hearing from the state Medicaid program and get information about how that process works.
e. Ask for a State Fair Hearing without an External Medical Review from the state Medicaid program and receive information about how that process works.

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.
10. You have a right to make recommendations to your health plan's member rights and responsibilities.
11. You have a right to make recommendations about the BCBSTX member rights and responsibilities policy.
12. A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
13. A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
14. You have the right to participate with practitioners in making decisions about your health care.

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.
   - **e.** Talk to your provider about all of your medications.
5. You have the responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.

6. You have the responsibility to follow plans and instructions for care that you have agreed to with your practitioners.
7. You have a responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Additional Member Responsibilities while using NEMT Services

1. When requesting NEMT Services, you must provide the information requested by the person arranging or verifying your transportation.
2. You must follow all rules and regulations affecting your NEMT services.
3. You must return unused advanced funds. You must provide proof that you kept your medical appointment prior to receiving future advanced funds.
4. You must not verbally, sexually or physically abuse or harass anyone while requesting or receiving NEMT services.
5. You must not lose bus tickets or tokens and must return any bus tickets or tokens that you do not use. You must use the bus tickets or tokens only to go to your medical appointment.
6. You must only use NEMT services to travel to and from your medical appointments.
7. If you have arranged for an NEMT Service but something changes and you no longer need the service, you must contact the person who helped you arrange your transportation as soon as possible.

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

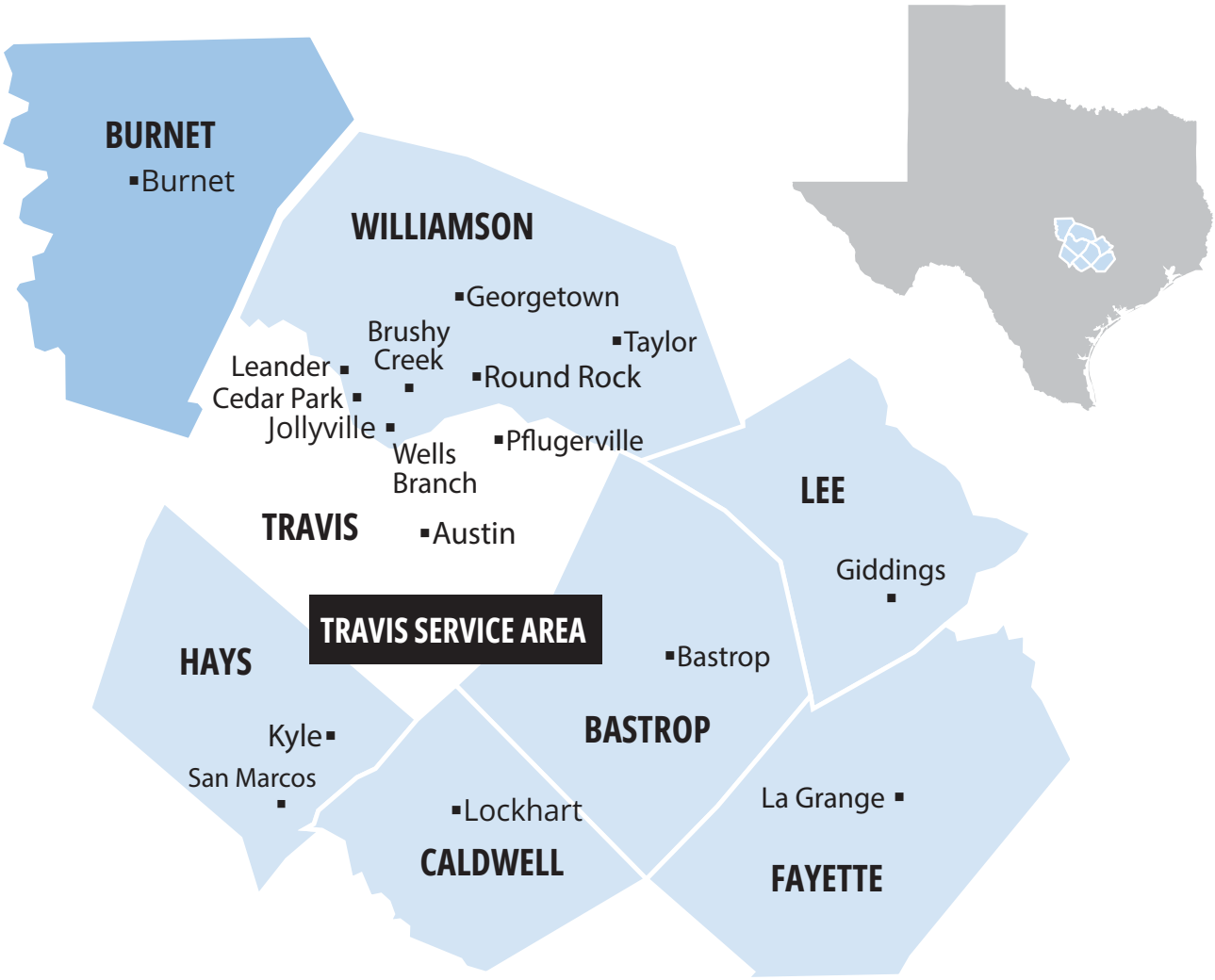
PART 17

Service Area for BCBSTX

You may be eligible to enroll with BCBSTX in the STAR Program if you live in one of these counties:

Travis Service Area

- Bastrop
- Burnet
- Caldwell
- Fayette
- Hays
- Lee
- Travis
- Williamson



If you have questions, call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**) or the 24-Hour Nurseline at **1-844-971-8906**.

PART 18

Definitions

Here are some of the terms used in this book:

Acute Care is care needed on a short-term basis. Contact your service coordinator who will help you understand your acute care benefits.

Appeal is a request for your managed care organization to review a denial or a grievance again.

Approval by BCBSTX means you got an OK ahead of time from BCBSTX for services as explained in Part 5: Access to Care.

Benefits are the health care services and drugs ordered by your doctor covered under this plan.

Chronic means that a patient has a health condition that is long-lasting or has symptoms that keep returning.

Complaint is a grievance that you communicate to your health insurer or plan.

Copayment is a fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cosmetic Surgery is done to change or reshape normal body parts so they look better.

Disenroll means to stop using the health plan because you lose eligibility or change your health plan.

Durable Medical Equipment (DME) is equipment ordered by a health care provider for everyday or extended use. Coverage for DME may include but is not limited to: oxygen equipment, wheelchairs, crutches or diabetic supplies.

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

- Placing the patient's health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part
- Serious disfigurement
- In the case of a pregnant member, serious jeopardy to the health of that person or the unborn child

Emergency Medical Condition is an illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid harm.

Emergency Medical Transportation is ground or air ambulance services for an emergency medical condition.

Emergency Room Care is emergency service you get in an emergency room.

Emergency Services is the evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services are health care services that your health insurance or plan doesn't pay for or cover.

Grievance is a complaint to your health insurer or plan.

Habilitation Services and Devices are health care services such as physical or occupational therapy that help a person keep, learn or improve skills and functioning for daily living

Health Insurance is a contract that requires your health insurer to pay your covered health care costs in exchange for a premium.

Health Plan is a group that offers managed care health insurance plans.

Home Health Agencies and **Visiting Nurse Associations** give skilled nursing care and other services in your home.

Home Health Care is health care service a person receives in a home.

Hospice Services provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospital is a place for inpatient and outpatient care from doctors and nurses.

Hospitalization is care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

Hospital Outpatient Care is care in a hospital that usually doesn't require an overnight stay.

Inpatient Care is when you have to stay in a hospital or other place overnight for the medical care you need.

Medically Necessary means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network is made up of the facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Participating Provider is a provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider instead of a participating provider. In limited cases, such as when there are no other providers, your health insurer can contract to pay a non-participating provider.

Outpatient Care is when you do not have to stay overnight in a hospital or other place for the medical care you need.

Participating Provider is a provider who has a contract with your health insurer or plan to provide covered services to you.

Physician Services are health-care services a licensed medical physician (M.D. -Medical Doctor or D.O. -Doctor of Osteopathic Medicine) provides or coordinates.

Plan is a benefit, like Medicaid, which provides and pays for your health-care services.

Pre-Authorization is a decision by your health insurer or plan that a health-care service, treatment plan, prescription drug or durable medical equipment that you or your provider has requested, is medically necessary. This decision or approval, sometimes called prior authorization, prior approval or pre-certification, must be obtained prior to receiving the requested service. Pre-authorization isn't a promise your health insurance or plan will cover the cost.

If you have questions, call the Customer Advocate Department toll-free at **1-888-657-6061** (TTY: **711**) or the 24-Hour Nurseline at **1-844-971-8906**.

Premium is the amount that must be paid for your health insurance or plan.

Prescription Drug Coverage is health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs are drugs and medications that by law require a prescription.

Primary Care Provider (PCP) is the provider you have chosen for most of your health care. This person helps you get the care you need. Your PCP must approve some types of care ahead of time. Your PCP does not have to approve emergency care.

Prior Authorization is when both BCBSTX and your health care provider agree ahead of time that the service or care you ask for is covered.

Provider is a physician (M.D. -Medical Doctor or D.O. -Doctor of Osteopathic Medicine), health-care professional or health-care facility licensed, certified or accredited as required by state law.

Types of health care providers include:

- **Audiologist -** provider who tests your hearing.
- **Certified Nurse Midwife -** registered nurse certified to care for you during pregnancy and childbirth.
- **Certified Registered Nurse Anesthesiologist (CRNA) -** registered nurse certified to give you anesthesia.
- **Chiropractor -** provider who treats conditions of the spine or other body structures.
- **Dentist -** doctor who takes care of your teeth and mouth.
- **Family Practitioner -** doctor who treats general medical conditions.
- **General Practitioner -** doctor who treats general medical conditions.
- **Licensed Vocational Nurse -** licensed nurse who works with your doctor.
- **Licensed Professional Counselor -** person who is trained to treat mental and emotional conditions.
- **Licensed Social Worker -** trained therapist who assesses, diagnoses and treats mental and emotional conditions and addictions.
- **Marriage, Family and Child Counselor -** person who helps you with family problems.
- **Nurse Practitioner or Physician's Assistant -** clinicians who can take care of you, find out what is wrong with you and treat you.
- **Obstetrician/Gynecologist (OB/GYN) -** doctor who takes care of health issues that may include care when you are pregnant or give birth.
- **Occupational Therapist -** provider who helps you regain daily life skills and activities after an illness or injury.
- **Optometrist -** provider who takes care of your eyes and vision.
- **Orthotist -** doctor who provides a range of splints, braces and special footwear to aid movement, fix a deformity and relieve discomfort.
- **Pediatrician -** doctor who treats children from birth to the teen years.
- **Physical Therapist -** provider who helps you build your physical strength after an illness or injury.
- **Podiatrist or Chiropodist -** doctor who takes care of your feet.
- **Psychiatrist -** doctor who treats mental health problems and prescribes medicine.
- **Psychologist -** provider with doctorate degree who treats mental health problems.

- **Registered Nurse -** nurse with more training than a licensed vocational nurse and who is licensed to perform certain complex duties with your doctor.
- **Respiratory Therapist -** provider who helps you with your breathing.
- **Speech Pathologist -** provider who helps you with your speech.
- **Surgeon -** doctor who operates on patients.

Reconstructive Surgery is done when there is something wrong with a part of your body. This problem could be caused by a birth defect, disease or injury. It is medically necessary to make that part look or work better.

Rehabilitation Services and Devices are health-care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Skilled Nursing Care is care from licensed nurses in your own home or in a nursing home.

Skilled Nursing Facility is a place that gives you 24-hour-a-day nursing services that only trained health professionals may give.

Specialist is a physician specialist who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Traveling Farmworker is a migratory agricultural worker, often defined as a person whose main job is in agriculture on a seasonal basis; who has been so employed within the last 24 months; who does any activity that has to do with the production or processing of crops, dairy products, poultry or livestock for initial commercial sale or as the main means of personal subsistence; and who sets up a temporary house due to that job.

Urgent Care is care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Urgent Medical Condition is NOT an emergency, BUT needs medical care within 24 hours.

Part 19

Texas Health Steps Checkups

Look at the sections below and find the one for your child's age. They will tell you when to take your child to each Texas Health Steps Checkup.

Birth to Nine Months

- Babies need checkups when they are three to five days old, two weeks old, then at two, four, six and nine months old.
- Doctors make sure babies are healthy and growing as they should.
- During a checkup, the doctor will look at your baby from head to toe, checking for health problems you may not know about.
- Babies can also get free vaccines at a checkup to protect them from disease.
- Dental checkups start at the age of six months and then every three to six months.
- The dentist or doctor might put fluoride on your child's teeth during a dental or medical checkup.

One to Four Years

- Children need medical checkups at 12, 15 and 18 months old and at two, two-and-a-half, three and four years old.
- During a checkup, the doctor may do tests to check for other problems.
- Toddlers can also get free vaccines at a checkup to protect them from disease.
- During the checkup, the doctor will ask questions about what children are learning to do and how they are getting along with others.
- Children need dental checkups every three to six months unless the dentist needs to see them more often.

Five to 10 Years

- Children need medical checkups at five, six, seven, eight, nine and 10 years old.
- Children will get vaccines to help protect them from disease.
- During a checkup, the doctor may do tests to check for other problems.
- Children need dental checkups every six months.
- Dentists can put special coatings on children's teeth (called sealants) that help protect their teeth.

11 to 20 Years

- Teens and young adults need to have a checkup each year.
- During a checkup, the doctor may do tests to check for other problems.
- During checkups, doctors talk to teens about eating habits, exercise, ways to prevent injury and how to have a healthy lifestyle.
- During a medical checkup, the doctor will ask if your teen has any worries that may cause problems with mental or physical health. This medical checkup is not the same as a sports physical exam.
- Your teen will need to see the dentist every six months.

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

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

To get auxiliary aids and services, or to get written or oral interpretation to understand the information given to you, including materials in alternative formats such as large print, braille or other languages, please call the Blue Cross and Blue Shield of Texas Customer Advocate Department at 1-888-657-6061 (TTY: 711)

Blue Cross and Blue Shield of Texas complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross and Blue Shield of Texas does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross and Blue Shield of Texas provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats and more)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Texas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, **1-855-664-7270**, TTY/TDD: **1-855-661-6965**, Fax: **1-855-661-6960**. You can file a grievance by mail or fax. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, **1-800-537-7697** (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-710-6984 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-710-6984 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-710-6984 (TTY: 711) 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-710-6984 (رقم هاتف الصم والبكم: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-855-710-6984 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-710-6984 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-710-6984 (ATS: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-710-6984 (TTY: 711) पर कॉल करें।

هجوت :دینک یم وگتفگ یسراف نابز هب رگا ،دینک یم مهارف امش یارب ناگیار تروص هب ینابز تلایهست .دشاب یم اب 1-855-710-6984 (TTY: 711) دیریگب سامت.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-710-6984 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નઃશુલક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-710-6984 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-710-6984 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-710-6984（TTY: 711）まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-855-710-6984 (TTY: 711).

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Customer Advocate Department: **1-888-657-6061**; TTY: **711**

www.bcbstx.com/star