

# A GUIDE TO USING YOUR *HEALTH PLAN*

Una Guía para Usar  
su Plan de Salud



Parkland  
*KIDSfirst*



Parkland  
*CHIP Perinate Newborn*



*Member Handbook*  
*Manual para Miembros*

For more information, please call **1-888-814-2352**  
Para más información, por favor, llame al **1-888-814-2352**



*A product of Parkland Community Health Plan, Inc.*





This book belongs to: \_\_\_\_\_

My Child's Primary Care Provider (PCP) is: \_\_\_\_\_

My Child's PCP's address is: \_\_\_\_\_

My Child's PCP's telephone number is: \_\_\_\_\_

Member Handbook for  
Parkland *KIDSfirst*  
and  
Parkland *CHIP* Perinate Newborn



(CHIP and CHIP Perinatal Programs)



## Important Phone Numbers and Addresses

- Call us:** **Parkland Community Health Plan, Inc. Member Services**  
**1-888-814-2352 (toll-free)**  
8 a.m. through 5p.m., Monday through Friday (except for State-approved holidays)  
English/Spanish and Language Line Interpreter Services Available  
(Phones answered by Nurse Line or leave voicemail after hours).
- Write us:** **Parkland Community Health Plan, Inc.**  
Attention: Parkland *KIDSfirst* and  
Parkland *CHIP* Perinate Newborn Member Services  
P.O. Box 569005  
Dallas, TX 75356-9005
- Visit our Website:** **[www.ParklandHMO.com](http://www.ParklandHMO.com)**
- TD/TTY:** For persons who are deaf or hard of hearing, please call the Relay Texas TDD/TTY line at **1-800-735-2989** and ask them to call our Member Services Line at **1-888-814-2352**.
- Parkland 24-hour Nurse Line:** **1-800-357-3162 or 214-266-8766**  
(bilingual and Language Line offered)
- Vision** **CHIP: Call Block Vision at 1-800-879-6901**  
**CHIP Perinate Newborn: Call 1-888-814-2352**
- Behavioral Health Services**  
(includes mental health and substance abuse, English/Spanish interpreter available 24 hours/ day, 7 days/week)  
**CHIP: Call CompCare at 1-800-945-4644**  
For emergencies, call 9-1-1 or go to the nearest Emergency Room, or call toll-free **1-800-945-4644** for help.  
**CHIP Perinate Newborn: Call 1-888-814-2352**  
For emergencies, call toll-free **1-800-357-3162** for help.
- Prescription Drugs:** **1-866-274-9154**
- CHIP Help Line:** **1-800-647-6558**
- CHIP Dental:** **1-866-561-5892**



## WELCOME TO OUR PARKLAND *KIDSfirst* and Parkland *CHIP Perinate Newborn* Members!!!

**Dear Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* Members:**

Thank you for choosing Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn*! Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* are two programs offered by Parkland Community Health Plan, Inc. (PCHP), a licensed Health Maintenance Organization (HMO) in the State of Texas that makes it easier for you to get good medical care for your child. PCHP is working with CHIP in leading the mission to provide families with the best available insurance coverage for their children when medical care is needed.

Through Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn*, we are pleased to offer your child all the benefits offered in the State of Texas's Children's Health Insurance Program (or "CHIP") *plus* expanded and value-added benefits. Information on eligibility and benefits are included in this Member Handbook. You picked your child's doctor or clinic when you enrolled in Parkland *KIDSfirst*. Parkland *CHIP Perinate Newborns*: you will need to pick your child's doctor or clinic if you have not already done so. This doctor or clinic you picked is your child's Primary Care Provider (PCP) and will act as the gateway to care for all your child's healthcare needs.

Here are a few important things you need to do to help us give your children the best care:

- Check the ID card to make sure the information is correct. Your child's Primary Care Provider's (PCP) name will appear on your child's Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* ID Card.
- Make any necessary appointments and become familiar with your child's Primary Care Provider (PCP).
- Call your child's PCP for appointments and tell them your son or daughter is a Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* member.
- Call the PCP when your child needs care.
- Follow the PCP's advice.
- Carry your child's Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* ID card with you at all times.
- Use the hospital Emergency Room (ER) **only** for emergencies.

We have nurses and other staff who can speak English and Spanish and are ready to help your child at any time day or night. We have special services for people who have trouble reading, hearing, seeing, or speaking a language other than English or Spanish. You can ask for the Member Handbook in audio, other languages, Braille or larger print. If you need an audiocassette or CD, we will mail it to you. To get help, just call Member Services toll-free at **1-888-814-2352**. You may also visit our website at [www.ParklandHMO.com](http://www.ParklandHMO.com).

We wrote this Member Handbook to answer most of your questions about Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn*. We hope you read it right away and keep it handy. Please feel free to call or write us if you have any questions or would like to make suggestions.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## **Parkland KIDSfirst and Parkland CHIP Perinate Newborn**

### **PRIVACY NOTICE**

Effective April 14, 2003

At Parkland KIDSfirst and Parkland CHIP Perinate Newborn (two programs of Parkland Community Health Plan, Inc.), we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information and to send you this notice.

This notice explains how we use information about you and when we can share that information with others. It also informs you of your rights with respect to your health information and how you can exercise those rights.

When we talk about “information” or “health information” in this notice we mean the following:

Information about you that has been created or received by us and that relates to your health condition(s), or to the provision of health care to you, or to the payment for such health care.

#### **HOW WE USE OR SHARE INFORMATION**

The following are ways we may use or share information about you:

For Payment Purposes: We may use the information to help pay your medical bills that have been submitted to us by doctors and hospitals for payment.

For Treatment Purposes: We may share your information with your doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to any medical records sent to us by your doctor.

For Health Care Operations: We may use or share your information with others to help manage your health care. For example, we might talk to your doctor to suggest a disease management or wellness program that could help improve your health.

With Our Business Associates/Contractors: We may share your information with others who help us conduct our business operations. **We will not share your information with these outside groups unless they agree to keep it protected.**

For the Promotion of Health Maintenance and Wellness: We may use or share your information to send you a reminder if you have an appointment with your doctor. We may also use or share your information to give you information about alternative medical treatments and programs or about health related products and services that you may be interested in. For example, we might send you information about smoking cessation or weight loss programs.

There are also state and federal laws that may require us to release your health information to others. We may be required to provide information for the following reasons:

- We may report information to state and federal agencies that regulate us such as the U.S. Department of Health and Human Services, and the Texas Health and Human Services Commission.
- We may share information for public health or disaster relief activities. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- We may report information to public health agencies if we believe there is a serious health or safety threat.
- We may share information with a health oversight agency for certain oversight activities (for example, audits, inspections, licensure and disciplinary actions).

- We may provide information to a court or administrative agency (for example, pursuant to a court order, search warrant or subpoena).
- We may report information for law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- We may report information to a government authority regarding child abuse, neglect or domestic violence.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.
- We may use or share information for procurement, banking or transplantation of organs, eyes, or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- We may report information on job-related injuries because of requirements of your state worker compensation laws.

We will comply with any state laws that are more restrictive regarding the permissible uses and disclosures of your health information, such as state laws relating to mental health and substance abuse records.

If none of the above reasons for using or disclosing your health information applies, **we must get your written permission to use or disclose your health information.** If you give us written permission and later change your mind, **you may revoke your written permission at any time.** However, your revocation will not affect the uses or disclosures that were made pursuant to your written permission.

#### WHAT ARE YOUR RIGHTS

The following are your rights with respect to your health information. If you would like to exercise the following rights, please contact Member Services at 1-888-814-2352.

- ❖ ***You have the right to ask us to restrict*** how we use or disclose your information for treatment, payment, or health care operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. *Please note that while we will try to honor your request, we are not required to agree to these restrictions.*
- ❖ ***You have the right to ask to receive confidential communications*** of information. For example, if you believe that you would be harmed if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example, by fax) or to an alternative address. We will accommodate your reasonable requests as explained above.
- ❖ ***You have the right to inspect and obtain a copy*** of information that we maintain about you in your designated record set. A “designated record set” is the set of information that includes your health information and that either (i) is enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for us or (ii) is used, in whole or in part, by or for us to make decisions about you.

*However,* you do not have the right to access certain types of information and we may decide not to provide you with copies of the following information:

- contained in psychotherapy notes;
- compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and
- subject to certain federal laws governing biological products and clinical laboratories.

In certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

- ❖ ***You have the right to ask us to make changes*** to information we maintain about you in your designated record set. These changes are known as amendments. We may require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and the date by which we will complete action on your request.

If we make the amendment, we will notify you that it was made. In addition, we will provide the amendment to any person that we know has received your health information. We will also provide the amendment to other persons identified by you.

If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to respond to your statement. However, you have the right to request that your written request, our written denial and your statement of disagreement be included with your information for any future disclosures.

- ❖ ***You have the right to receive an accounting of certain disclosures*** of your information made by us during the six years prior to your request. Please note that we are not required to provide you with an accounting of the following disclosures:

- Any disclosures that were made prior to April 14, 2003;
- Information disclosed or used for treatment, payment, and health care operations purposes;
- Information disclosed to you or pursuant to your authorization;
- Information that is incident to a use or disclosure otherwise permitted;
- Information disclosed for a facility's directory or to persons involved in your care or other notification purposes;
- Information disclosed for national security or intelligence purposes;
- Information disclosed to correctional institutions, law enforcement officials or health oversight agencies; or
- Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We may require that your request be in writing. We will act on your request for an accounting within 60 days. We may need additional time to act on your request. If so, we may take up to an additional 30 days. Your first accounting will be free. We will continue to provide you with one free accounting upon request every 12 months. If you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

- ❖ **You have a right to receive a copy of this notice upon request at any time.** You can also view a copy of the notice on our web site at [www.ParklandHMO.com](http://www.ParklandHMO.com). Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will provide the new notice to you by direct mail and post it on our website.

### **EXERCISING YOUR RIGHTS**

If you have any questions about this notice or about how we use or share information, please contact Member Services at 1-888-814-8352. The office is open Monday through Friday from 8:00 a.m. to 5:00 p.m.

If you believe your privacy rights have been violated, you may file a complaint with us by calling 1-888-814-2352 or mail your written complaint to:

Parkland Community Health Plan  
Attention Member Advocate  
P.O. Box 569005  
Dallas, Texas 75356-9005

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint at the following address:

Office of Civil Rights – Region VI  
U.S. Department of Health and Human Services  
1301 Young Street  
Suite 1169  
Dallas, Texas 75202  
Phone: 214-767-4056; TDD: 214-767-8940  
Fax: 214-767-0432

**PLEASE BE ADVISED: WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**

### **Certificate of Creditable Coverage**

If you need evidence of your CHIP coverage to help you enroll with another insurance plan, please call our Member Services Department at 1-888-814-2352. You may also write to:

Parkland Community Health Plan, Inc  
Attention Member Advocate  
P.O. Box 569005  
Dallas, Texas 75356-9005

We will be happy to provide you with a certificate of creditable coverage upon request.



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## What if I Need Help Understanding or Reading the Member Handbook?



We have special services for people who have trouble reading, hearing, seeing, or speak a language other than English or Spanish. You can ask for the Member Handbook in audio or other languages. You can also ask for the Member handbook in Braille or larger print. If we learn that you might need the audiocassette or compact disc (CD), we will mail it to you. To get help, just call Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn Member Services* toll-free at **1-888-814-2352**, or mail to Parkland Community Health Plan, Attention: Member Services, P. O. Box 569005, Dallas, TX 75356-9005.

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

### Information about the Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn Identification Cards* (ID Cards)

You will get a Parkland *KIDSfirst* Identification (ID) card from us when your child is enrolled in the Parkland *KIDSfirst* program. An example of the Parkland *KIDSfirst* ID card is shown below.

[Front of  
*KIDSfirst*  
Card]

<div style="text-align: center;">  <p>A Parkland Community Health Plan, Inc., Children's Health Insurance Program</p> </div> <table style="width: 100%; border: none;"> <tr> <td colspan="2">MEMBER NAME:</td> </tr> <tr> <td>MEMBER ID:</td> <td>PCP:</td> </tr> <tr> <td>PCP EFFECTIVE DATE:</td> <td></td> </tr> <tr> <td>EFF. DATE:</td> <td>DOB:</td> </tr> <tr> <td>EXP. DATE:</td> <td></td> </tr> <tr> <td></td> <td>PCP TEL:</td> </tr> </table> <p>         Doctor's Office Visit: _____          Emergency Room: _____ Hospital Inpatient: _____          Prescription Generic Drugs: _____ Hospital Outpatient: _____          Prescription Brand Drugs: _____     </p> <p style="font-size: small;">No copayments apply for well child or well baby immunization visits.</p> <div style="text-align: center; font-size: 2em; opacity: 0.5;">Example</div> <p><b>Carry this card and present it at time of service</b>          Precertification - Case Management: 1-888-814-2352  <i>This number must be called for all specialty referrals and hospital admissions.</i></p> <div style="border: 1px solid black; padding: 5px; font-size: small;">             Claims or Member Services (24 hours/7 days a week): Call 1-888-814-2352              Parkland Nurseline (for health questions, 24 hours/7 days per week): Call 1-800-357-3162              CHIP Pharmacy Health Line: 1-866-274-9154              CompCare Behavioral Health (24 hours/7 days a week): Call 1-800-945-4644              Block Vision of Texas Inc., Member Services Line: 1-800-879-6901         </div> <p style="text-align: center; font-size: small;"><u>Mail claims to this address:</u>          Claims Processing Center, P.O. Box 569005, Dallas, TX 75356-9005          In case of an emergency, please call 9-1-1</p>	MEMBER NAME:		MEMBER ID:	PCP:	PCP EFFECTIVE DATE:		EFF. DATE:	DOB:	EXP. DATE:			PCP TEL:	<div style="text-align: center;">  <p>A Parkland Community Health Plan, Inc., Children's Health Insurance Program</p> </div> <table style="width: 100%; border: none;"> <tr> <td colspan="2">NOMBRE:</td> </tr> <tr> <td>MEMBER ID:</td> <td>PCP:</td> </tr> <tr> <td>FECHA DE EFECTIVIDAD CON EL PCP:</td> <td></td> </tr> <tr> <td>EFFECTIVO:</td> <td>DOB:</td> </tr> <tr> <td>TERMINACION:</td> <td></td> </tr> <tr> <td></td> <td>PCP TELE:</td> </tr> </table> <p>         Visita Oficina del Doctor: _____          Sala de emergencia: _____ Paciente internado: _____          Medicamentos genéricos de receta: _____ Paciente afuera del hospital: _____          Medicamentos de receta de marca: _____     </p> <p style="font-size: small;">Co-pagos no se aplican para exámenes bien o de niño visitas para vacunas.</p> <div style="text-align: center; font-size: 2em; opacity: 0.5;">Ejemplo</div> <p><b>Lleve esta tarjeta y presentela antes de recibir servicios</b>          Precertificación - manejo de caso: 1-888-814-2352  <i>Debe llama a este número para todas las referencias y admisiones del hospital.</i></p> <div style="border: 1px solid black; padding: 5px; font-size: small;">             Reclamaciones o Servicios para Miembros (24 horas del día/7 días de la semana): Llame al 1-888-814-2352              Línea de Enfermeras de Parkland (para preguntas sobre salud, 24 horas del día/7 días de la semana): Llame al 1-800-357-3162              Línea de farmacia de CHIP al 1-866-274-9154              CompCare Salud Mental: (24 horas del día/7 días de la semana): Llame al 1-800-945-4644              Línea de Servicios de para Meimbro de Block Vision of Texas, Inc.: 1-800-879-6901         </div> <p style="text-align: center; font-size: small;"><u>Envie reclamaciones a este dirección.</u>          Claims Processing Center, P.O. Box 569005, Dallas, TX 75356-9005          En caso de una emergencia, por favor llama al 9-1-1</p>	NOMBRE:		MEMBER ID:	PCP:	FECHA DE EFECTIVIDAD CON EL PCP:		EFFECTIVO:	DOB:	TERMINACION:			PCP TELE:
MEMBER NAME:																									
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EFFECTIVO:	DOB:																								
TERMINACION:																									
	PCP TELE:																								

[Back of  
*KIDSfirst*  
Card]



The Member ID is the same as your child's CHIP ID number and usually begins with an "A", "D", "G", "J" or "M", or with the numbers "0", "1", "2", "3" or "4".

Each member will have a different card. Your child will get a new ID card if it gets lost, if you call us to change your child's PCP, or if your child's co-pays change.

**Parkland CHIP Perinate Newborn ID Card**

You will get a Parkland CHIP Perinate Newborn Identification (ID) card from us when your child is enrolled in the CHIP Perinatal Program. An example of the Parkland CHIP Perinate Newborn ID card is shown below.

[Front of  
CHIP  
Perinate  
Newborn  
Card]

 <p>MEMBER NAME: _____ PCP: _____          MEMBER ID: _____ PCP TEL: _____          DOB: _____          EFF. DATE: _____          EXP. DATE: _____</p> <p><i>No co-payments apply for well child or well baby visit or the CHIP Perinatal Program.</i></p> <p style="font-size: 2em; text-align: center;">Example</p>	 <p>NOMBRE: _____ PCP: _____          MEMBER ID: _____ PCP TELEFONO: _____          DOB: _____          EFECTIVO: _____          TERMINACION: _____</p> <p><i>Co-pagos no se aplican para exámenes bien o de niño visitas para vacunas o de CHIP Perinatal Program.</i></p> <p style="font-size: 2em; text-align: center;">Ejemplo</p>
<p>In case of an emergency, please call 911</p> <p>Carry this card and present it at time of service          Precertification - Case Management: 1-888-814-2352</p>	<p>En caso de una emergencia, por favor llame al 911</p> <p>Lleve esta tarjeta y presentela antes de recibir servicios          Precertificación - manejo de caso: 1-888-814-2352</p>
<p>Claims or Member Services (24 hrs/7 days a week): Call 1-888-814-2352</p> <p>Parkland NurseLine (for health questions, 24 hrs/7 days a week): Call 1-800-357-3162</p> <p>For Prescription Drug Information: Call 1-866-274-9154</p> <p>CompCare Behavioral Health (24 hrs/7 days a week): Call 1-800-954-4644</p> <p>Block Vision of Texas Inc., Member Services Line: 1-800-879-6901</p>	<p>Reclamaciones o Servicios para Miembros (24 horas del día/7 días de la semana): Llame al 1-888-814-2352</p> <p>Línea de Enfermeras de Parkland (para preguntas sobre salud, 24 horas del día/7 días de la semana): Llame al 1-800-357-3162</p> <p>Para información sobre medicamentos de receta: 1-866-274-9154</p> <p>CompCare Salud Mental (24 horas del día/7 días de la semana): Llame al 1-800-945-4644</p> <p>Línea de Servicios de para Miembros de Block Vision of Texas, Inc.: 1-800-879-6901</p>
<p>Mail claims to this address:          Claims Processing Center, P.O. Box 569005          Dallas, TX 75356-9005</p>	<p>Envie reclamaciones a este dirección:          Claims Processing Center, P.O. Box 569005          Dallas, TX 75356-9005</p>

[Back of  
CHIP  
Perinate  
Newborn  
Card]

The Member ID is the same as your child's CHIP ID number and usually begins with an "A", "D", "G", "J" or "M", or with the numbers "0", "1", "2", "3" or "4".

**How to Read Your Child's Parkland KIDSfirst and Parkland CHIP Perinate Newborn ID Card**

The front of the Parkland KIDSfirst and Parkland CHIP Perinate Newborn ID cards show important information about your child, as well as the name and phone number of your child's PCP. Parkland KIDSfirst ID card will have co-payment information, if applicable. **Co-payments are not required for the CHIP Perinatal Program.** The **Parkland CHIP Perinate Newborn ID card will show no co-payment information.** The back of the card has additional information, as well as important phone numbers for you to call if you need help.

## How to Use Your Child's Parkland *KIDSfirst* and Parkland CHIP Perinate Newborn ID Card

You **must** take your child's Parkland *KIDSfirst* or Parkland CHIP Perinate Newborn ID Card with you when your child is taken to get **any** health care services. **You will need to show your child's Parkland *KIDSfirst* or Parkland CHIP Perinate Newborn ID Card each time your child needs services.**



### What if My Child's Parkland *KIDSfirst* or Parkland CHIP Perinate Newborn ID Card Gets Lost?

If your child's Parkland *KIDSfirst* or Parkland CHIP Perinate Newborn ID Card gets lost, please call Member Services toll-free right away at **1-888-814-2352** to get a new one. If your child's address or phone number changes, please call us so we can send a new Parkland *KIDSfirst* or Parkland CHIP Perinate Newborn ID card with the correct information.

### What Do I Need to Bring to My/ My Child's Doctor's Appointment?

When you go to your doctor's appointment, you should take these with you:

- Parkland *KIDSfirst* or Parkland CHIP Perinate Newborn ID card
- Immunization (shot) records
- A list of all prescription and over-the-counter medications you or your child takes
- Pen and paper to take notes (Sometimes you might get a lot of information, and it helps to write things down.)

### What Is a Primary Care Provider (PCP)?



Your child's Primary Care Provider may be a doctor, OB-GYN, physician's assistant, or a nurse practitioner that you can go to with medical questions. Your child's PCP will manage any medical care your child needs. Your child's PCP can take care of routine medical problems. Sometimes your child may have a problem that needs to be handled by a specialist. The PCP will know who can best handle the problem and can arrange to have you see the right specialist. The PCP will authorize your child to see the specialist with a Referral Form and tell you how to schedule an appointment. If your child needs to be admitted to a hospital, your PCP can make arrangements for admission.

Think of your child's PCP as a partner who helps manage your child's medical care and well-being.

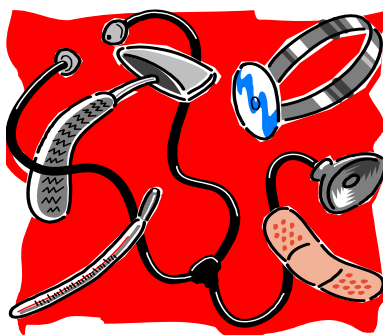
## How Do I Choose My Child's Primary Care Provider (PCP)? Can a Clinic Be My/My Child's PCP?

You picked your child's PCP from our list of Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* providers. Your child's PCP is considered to be his or her "medical home". You may have chosen one PCP for each child or you may have picked the same PCP for all your children. PCPs can be:

- Family Doctors (with experience treating children)
- Pediatricians
- Obstetricians/Gynecologists (OB/GYNs) (a women's doctor)
- General Practitioners (GPs)
- Advanced Nurse Practitioners (ANPs)
- Federally Qualified Health Clinics (FQHCs)
- Rural Health Clinics (RHCs)

Remember: the PCP will be the one you call when your child needs care. Your child's Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* PCP is also part of a "network." When you choose this PCP, you also choose this PCP's network. This means that you should not take your child to any other provider who is not in the PCP's network, even if this provider is listed with Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* Provider Directory.

Look in your Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* Provider Directory for the names, addresses and telephone numbers of Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* Primary Care Providers, or call Member Services toll-free at **1-888-814-2352** for help. You can also see or print a copy of the Provider Directory at [www.ParklandHMO.com](http://www.ParklandHMO.com).



## What about a PCP for a Child with Special Health Care Needs (CSHCN)?

There may be times when Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* may allow a special doctor (Specialist) to be your child's PCP (for Children with Chronic and Complex Special Health Care Needs – CSHCN). Contact Member Services toll-free at **1-888-814-2352** for more information.

## **How Can I Change My/ My Child's PCP? How Many Times Can I Change My/ My Child's PCP?**



You can change your child's PCP up to four times a year by calling Member Services toll-free at **1-888-814-2352**.

### **When Will a PCP Change Become Effective?**

The change will become effective on the day you make the change. A complete list of doctors and clinics is found in the Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* Provider Directory. You can see or print a copy of the Provider Directory at [www.ParklandHMO.com](http://www.ParklandHMO.com).

You will get a new ID card that shows the date your child's new PCP will be effective. The new card will also show the new PCP's name, address and phone number on it. Changing your child's PCP will not stop your child from getting care. If you need care before the new PCP is effective, call the PCP on your child's current ID card.

Here are some reasons why you may want to change your child's PCP:

- You are not happy with the current PCP's care
- You need a different kind of doctor to take care of your child
- Your child's PCP is no longer near you because you have moved
- Your child's PCP is no longer a part of Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn*

### **Are There Any Reasons Why My Request to Change a PCP May Be Denied?**

Here are some reasons why your child may not be able to have the PCP you chose:

- The PCP you picked cannot see new patients
- The PCP you picked is no longer a part of Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn*

### **Can a PCP request that I/ my child be changed to another PCP for noncompliance?**

Here are some reasons why your child's PCP may ask that you pick a new PCP:

- Your child frequently misses appointments and you have not called to let the PCP know
- You are not following your child's PCP's advice

You will get a letter in the mail if you need to pick a new PCP for your child. You will need to pick a new PCP right away. If you do not pick a new PCP, we will pick one for your child near your home and send you a new ID card with the new PCP's name, address and telephone number on it.

To give your child the best care possible, the PCP needs to know your child's medical history. Your child's medical records are private and confidential. Only you, your child's PCP, and other approved providers have a right to see them. If you change doctors, be sure to give your child's new PCP any information needed about his or her medical history.



### What if I Choose to Go to Another Doctor Who Is Not My/ My Child's PCP?

Most of the time, you need to go to your child's PCP first. If you choose to go to another doctor, you **may** have to pay. However, there are some benefits that **do not require that you go to your child's PCP first**. They include:

- Emergency Care (Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborns*)
- OB/GYN Care (Parkland *KIDSfirst members only*)

Contact Member Services toll-free at **1-888-814-2352** for more information.

### What if my/ my child's provider leaves Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn*?



If your child's PCP leaves the Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* programs, we will send you a letter. The letter will tell you the new PCP we have chosen for you. You can choose a different PCP if you want. Call Member Services toll-free at **1-888-814-2352** and tell them which PCP you want. If your child is receiving medically necessary treatments, your child will be able to stay with that PCP provider until we find another PCP in our network who can give your child the same type of care.

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

#### Parkland *KIDSfirst* Members

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

### **Parkland CHIP Perinate Newborn Members**

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

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

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

- You may request to change health plans for exceptional reasons or good cause if you move out of the Dallas service area.

For more information, call CHIP toll-free at 1-800-647-6558.

## **How do I renew my child's CHIP coverage?**

### **Parkland KIDSfirst Members**

You should get a renewal packet in the mail from the State during your child's 4<sup>th</sup> month of coverage. This packet will include a renewal application, a letter asking for current income and deduction information, and a postage paid envelope. You should:

- Look over the information on the renewal application
- Update any information as needed
- Attach your current income and deduction verifications
- Sign and date the application
- Look over your health plan choice
- Return the application and other documents by the due date.

The renewal application is due by the 1<sup>st</sup> day of the 5<sup>th</sup> month of coverage. It is important that you pay your child's enrollment fee on time so there is no gap in coverage. For more information, please call the CHIP Help Line at 1-800-647-6558.

### **Parkland CHIP Perinate Newborn Members**

You should get a renewal packet in the mail from the State during your child's 10<sup>th</sup> month of coverage. This packet will include a renewal application, a letter asking for current income and deduction information, and a postage paid envelope. You should:

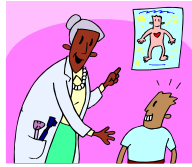
- Look over the information on the renewal application
- Update any information as needed
- Attach your current income and deduction verifications
- Sign and date the application
- Look over your health plan choice
- Return the application and other documents by the due date.

The renewal application is due by the 1<sup>st</sup> day of the 11<sup>th</sup> month of coverage. It is important that you pay your child's enrollment fee on time so there is no gap in coverage. For more information, please call the CHIP Help Line at 1-800-647-6558.

### **Can my child be disenrolled from the Parkland *KIDSfirst* program?**

There are several reasons why your child may be disenrolled. Your child will be disenrolled if:

- Your child turns nineteen.
- You fail to re-enroll your child at the end of the 6-month eligibility period.
- There is a change in health insurance status, such as your child enrolling in another health plan.
- You fail to pay your enrollment fee once per 6-month eligibility period.
- Your child dies.
- Your child permanently moves out of the state.
- You frequently do not follow your child's doctor's advice.
- You keep taking your child to the ER when your child does not have an emergency.
- You keep taking your child to another doctor or clinic without first getting approval from your child's PCP.
- You or your child shows a pattern of disruptive or abusive behavior not related to a medical condition.
- Your child misses many appointments without your letting the doctor know in advance.
- You fraudulently use services or misrepresent information.
- You have already changed your child's PCP four (4) times in one year.



## **What Is Medically Necessary? What Services Are the CHIP and CHIP Perinatal Program Benefits?**

Covered services for CHIP Members and CHIP Perinate Newborn Members must meet the CHIP definition of "medically necessary." "Medically necessary" health services are:

### **Medically Necessary** means:

#### (1) health care services that are:

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

#### (2) Behavioral Health Services that are:

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

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

- placing the child's health in serious jeopardy;
- serious impairment to bodily functions;

- serious dysfunction of any bodily organ or part;
- serious disfigurement; or
- in the case of a pregnant woman, serious jeopardy to the health of the fetus.

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

There is no lifetime maximum on benefits; however, 12-month period, enrollment period (a 6-month period) or lifetime limitations do apply to certain services, as specified in the following chart. If services with a 12-month limit are all used within one 6-month enrollment period, these particular services are not available during the second 6-month enrollment period. Co-pays apply until a family reaches its specific cost-sharing maximum. **Co-pays do not apply to the Parkland CHIP Perinate Newborn members.**

Type of Benefit	Description of Benefit	Limitations	Co-Pay
<b>Inpatient General Acute and Inpatient Rehabilitation Hospital Services</b>	Medically necessary services include, but are not limited to, the following: <ul style="list-style-type: none"> <li>▪ Hospital-provided physician or provider services</li> <li>▪ Semi-private room and board (or private if medically necessary as certified by attending)</li> <li>▪ General nursing care</li> <li>▪ Special duty nursing when medically necessary</li> <li>▪ ICU and services</li> <li>▪ Patient meals and special diets</li> <li>▪ Operating, recovery and other treatment rooms</li> <li>▪ Anesthesia and administration (facility technical component)</li> <li>▪ Surgical dressings, trays, casts, splints</li> <li>▪ Drugs, medications and biologicals, Blood or blood products not provided free-of-charge to the patient and their administration,</li> <li>▪ X-rays, imaging and</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b><u>For Parkland CHIP Perinate Newborns in families with incomes at or below 185% of the Federal Poverty Level (FPL) the facility charges are not a covered benefit for the initial Perinate Newborn admission. Facility charges are a covered benefit after the initial Perinate Newborn admission.</u></b></li> <li>▪ <b><u>For Parkland CHIP Perinate Newborns in families with incomes at or below 185% of the Federal Poverty Level, professional service charges are a covered benefit for the initial Perinate Newborn admission and subsequent admissions.</u></b></li> <li>▪ Requires prior authorization for non-emergency care and following stabilization of an emergency condition</li> <li>▪ Requires prior authorization for in-network or out-of-network facility for a mother and her newborn(s) after 48 hours following an</li> </ul>	Applicable level of inpatient co-pay applies for CHIP Program Members  <b>No co-pays required for CHIP Perinate Newborn Members</b>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
	<p>other radiological tests (facility technical component)</p> <ul style="list-style-type: none"> <li>▪ Laboratory and pathology services (facility technical component)</li> <li>▪ Machine diagnostic tests (EEGs, EKGs, etc)</li> <li>▪ Oxygen services and inhalation therapy</li> <li>▪ Radiation and chemotherapy</li> <li>▪ Access to DSHS-designated Level III perinatal centers or hospitals meeting equivalent levels of care</li> <li>▪ In-network or out-of-network facility for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section</li> <li>▪ Hospital, physician and related medical services, such as anesthesia, associated with dental care.</li> <li>▪ Surgical implants</li> <li>▪ Other artificial aids including surgical implants.</li> <li>▪ Implantable devices are covered under Inpatient and Outpatient services and do not count towards the DME 12-month period limit.</li> </ul>	<p>uncomplicated vaginal delivery and after 96 hours following an uncomplicated delivery by caesarian section</p>	
<p><b>Transplants</b></p>	<p>Medically necessary services include:</p> <ul style="list-style-type: none"> <li>▪ Using up-to-date FDA guidelines, all non-experimental human organ and tissue transplants and all forms of non-experimental corneal, bone marrow and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires authorization</li> </ul>	<ul style="list-style-type: none"> <li>• <b>No Co-pays for CHIP or CHIP Perinate Newborn Members</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
	peripheral stem cell transplants, including donor medical expenses		
<b>Skilled Nursing Facilities (Includes Rehabilitation Hospitals)</b>	<p>Medically necessary services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>▪ Semi-private room and board</li> <li>▪ Regular nursing services</li> <li>▪ Rehabilitation services</li> <li>▪ Medical supplies and use of appliances and equipment furnished by the facility</li> </ul>	<ul style="list-style-type: none"> <li>• Requires authorization and physician prescription</li> <li>▪ 60 days per 12-month period limit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>No Co-pays for CHIP or CHIP Perinate Newborn Members</b></li> </ul>
<b>Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center</b>	<p>Medically necessary services include, but are not limited to, the following services provided in a hospital clinic, a clinic or health center, hospital-based emergency department or an ambulatory health care setting:</p> <ul style="list-style-type: none"> <li>▪ X-ray, imaging, and radiological tests (technical component)</li> <li>▪ Laboratory and pathology services (technical component)</li> <li>▪ Machine diagnostic tests</li> <li>▪ Ambulatory surgical facility services</li> <li>▪ Drugs, medications and biologicals</li> <li>▪ Casts, splints, dressings</li> <li>▪ Preventive health services</li> <li>▪ Physical, occupational and speech therapy</li> <li>▪ Renal dialysis</li> <li>▪ Respiratory Services</li> <li>▪ Radiation and chemotherapy</li> <li>▪ Blood or blood products not provided free-of-charge to the patient and the administration of these products</li> <li>▪ Facility and related medical services, such as anesthesia, associated with dental care, when provided in a licensed ambulatory surgical</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires prior authorization and physician prescription</li> </ul>	<ul style="list-style-type: none"> <li>▪ Applicable level of co-pay applies to prescription drug services for CHIP Members</li> <li>▪ Co-pays do not apply to preventive services for CHIP Members</li> <li>▪ <b>No co-pays required for CHIP Perinate Newborn Members</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
	facility. <ul style="list-style-type: none"> <li>▪ Surgical implants</li> <li>▪ Other artificial aids including surgical implants.</li> <li>▪ Implantable devices are covered under Inpatient and Outpatient services and do not count towards the DME 12-month period limit.</li> </ul>		
<b>Physician/Physician Extender Professional Services</b>	Medically necessary services include, but are not limited to, the following: <ul style="list-style-type: none"> <li>▪ American Academy of Pediatrics recommended well-child exams and preventive health services (including but not limited to vision and hearing screening and immunizations)</li> <li>▪ Physician office visits, inpatient and outpatient services</li> <li>▪ Laboratory, x-rays, imaging and pathology services, including technical component and/or professional interpretation</li> <li>▪ Medications, biologicals and materials administered in physician's office</li> <li>▪ Allergy testing, serum and injections</li> <li>▪ Professional component (in/outpatient) of surgical services, including:               <ul style="list-style-type: none"> <li>• Surgeons and assistant surgeons for surgical procedures including appropriate follow-up care</li> <li>• Administration of anesthesia by physician (other than surgeon) or CRNA</li> <li>• Second surgical</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires prior authorization for specialty services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Applicable level of co-pay applies to office visits for CHIP Members</li> <li>▪ Co-pays do not apply to preventive visits or to prenatal visits after the first visit for CHIP Members</li> <li>▪ <b>No co-pays required for CHIP Perinate Newborn Members</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
	<p>opinions</p> <ul style="list-style-type: none"> <li>• Same-day surgery performed in a hospital without an over-night stay</li> <li>• Invasive diagnostic procedures such as endoscopic examination</li> </ul> <ul style="list-style-type: none"> <li>▪ Hospital-based physician services</li> <li>▪ (including physician-performed technical and interpretative components)</li> <li>▪ In-network and out-of-network physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section</li> <li>▪ Physician services medically necessary to support a dentist providing dental services to a CHIP member such as general anesthesia or intravenous (IV) sedation.</li> </ul>		
<p><b>Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies</b></p>	<p>Covered services include DME (equipment which can withstand repeated use, and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness , injury or disability, and is appropriate for use in the home), devices and supplies that are medically necessary and necessary for one or more activities of daily living, and appropriate to assist in the treatment of a medical condition, including, but not</p>	<ul style="list-style-type: none"> <li>▪ Requires prior authorization and physician prescription</li> <li>▪ \$20,000 12-month period limit for DME, prosthetics, devices and disposable medical supplies (diabetic supplies and equipment are not counted against this cap)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>No Co-pays required for CHIP or CHIP Perinate Newborn Members</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
	limited to: <ul style="list-style-type: none"> <li>▪ Orthotic braces and orthotics</li> <li>▪ Prosthetic devices such as artificial eyes, limbs and braces</li> <li>▪ Prosthetic eyeglasses and contact lenses for the management of severe ophthalmologic disease</li> <li>▪ Hearing aids</li> <li>▪ Diagnosis-specific disposable medical supplies, including diagnosis-specific prescribed specialty formulas and dietary supplements</li> </ul>		
<b>Home and Community Health Services</b>	Medically necessary services are provided in the home and community and include, but are not limited to: <ul style="list-style-type: none"> <li>▪ Home infusion</li> <li>▪ Respiratory therapy</li> <li>▪ Visits for private duty nursing (R.N., L.V.N.)</li> <li>▪ Skilled nursing visits as defined for home health purposes (may include R.N. or L.V.N.).</li> <li>▪ Home health aide when included as part of a plan of care during a period that skilled visits have been approved</li> <li>▪ Speech, physical and occupational therapies.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires authorization and physician prescription</li> <li>▪ Services are not intended to replace the child's caretaker or to provide relief for the caretaker</li> <li>▪ Skilled nursing visits are provided on intermittent level and not intended to provide 24-hour skilled nursing services</li> <li>▪ Services are not intended to replace 24-hour inpatient or skilled nursing facility services</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>No Co-pays required for CHIP or CHIP Perinate Newborn Members</b></li> </ul>
<b>Inpatient Mental Health Services</b>	Medically necessary services include, but are not limited to: <ul style="list-style-type: none"> <li>▪ Mental health services furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals and state-operated facilities.</li> <li>▪ Neuropsychological and psychological testing.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires prior authorization for non-emergency services</li> <li>▪ Does not require PCP referral.</li> <li>▪ Inpatient mental health services are limited to:               <ul style="list-style-type: none"> <li>• 45 days 12-month period inpatient limit</li> </ul> </li> <li>▪ Includes inpatient psychiatric services, up to 12-month period limit, ordered by a court of competent jurisdiction under the provisions of Chapters 573</li> </ul>	<ul style="list-style-type: none"> <li>▪ Applicable level of inpatient co-pay applies for CHIP Members</li> <li>▪ <b>No copays required for CHIP Perinate Newborn Members</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
		<p>and 574 of the Texas Health and Safety Code, relating to court ordered commitments to psychiatric facilities. Court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination.</p> <ul style="list-style-type: none"> <li>▪ 25 days of the inpatient benefit can be converted to residential treatment, therapeutic foster care or other 24-hour therapeutically planned and structured services or subacute outpatient (partial hospitalization or rehabilitative day treatment) mental health services on the basis of financial equivalence against the inpatient per diem cost</li> <li>▪ 20 of the inpatient days must be held in reserve for inpatient use only</li> </ul>	
<p><b>Outpatient Mental Health Services</b></p>	<ul style="list-style-type: none"> <li>▪ Medically necessary services include, but are not limited to, mental health services provided on an outpatient basis.</li> <li>▪ Medication management visits do not count against the outpatient visit limit.</li> <li>▪ Neuropsychological and psychological testing.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires prior authorization.</li> <li>▪ Does not require PCP referral.</li> <li>▪ The visits can be furnished in a variety of community-based settings (including school and home-based) or in a state-operated facility.</li> <li>▪ Up to 60 days 12-month period limit for rehabilitative day treatment.</li> <li>▪ 60 outpatient visits 12-month period limit</li> <li>▪ 60 rehabilitative day treatment days can be converted to outpatient visits on the basis of financial equivalence against the day treatment per diem cost.</li> <li>▪ 60 outpatient visits can be converted to skills training (psycho educational skills development) or rehabilitative day treatment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Applicable level of co-pay applies to office visits for CHIP Members.</li> <li>▪ <b>No co-pays required for CHIP Perinate Newborn Members.</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
		<p>on the basis of financial equivalence against the outpatient visit cost.</p> <ul style="list-style-type: none"> <li>▪ Includes outpatient psychiatric services, up to 12-month period limit, ordered by a court of competent jurisdiction under the provisions of Chapters 573 and 574 of the Texas Health and Safety Code, relating to court ordered commitments to psychiatric facilities. Court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination.</li> <li>▪ Inpatient days converted to sub-acute outpatient services are in addition to the outpatient limits and do not count towards those limits.</li> <li>▪ A Qualified Mental Health Professional (QMHP), as defined by and credentialed through Texas Department of State Health Services (DSHS) standards (TAC Title 25, Part II, Chapter 412), is a Local Mental Health Authorities provider. A QMHP must be working under the authority of an DSHS entity and be supervised by a licensed mental health professional or physician. QMHPs are acceptable providers as long as the services would be within the scope of the services that are typically provided by QMHPs. Those services include individual and group skills training (which can be components of interventions such as day treatment and in-home services), patient and family</li> </ul>	

Type of Benefit	Description of Benefit	Limitations	Co-Pay
		<p>education, and crisis services.</p>	
<p><b>Inpatient Substance Abuse Treatment Services</b></p>	<ul style="list-style-type: none"> <li>▪ Medically necessary services include, but are not limited to, inpatient and residential substance abuse treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires prior authorization for non-emergency services</li> <li>▪ Does not require PCP referral.</li> <li>▪ Medically necessary inpatient detoxification/ stabilization services, limited to <u>14 days per 12-month period.</u></li> <li>▪ 24-hour residential rehabilitation programs, or the equivalent, up to <u>60 days per 12-month period.</u></li> <li>▪ 30 days may be converted to partial hospitalization or intensive outpatient rehabilitation, on the basis of financial equivalence against the inpatient per diem cost.</li> <li>▪ 30 days must be held in reserve for inpatient use only.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Applicable level of inpatient co-pay applies to CHIP Members</li> <li>▪ <b>No co-pays required for CHIP Perinate Newborn Members</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
<b>Outpatient Substance Abuse Treatment Services</b>	<ul style="list-style-type: none"> <li>▪ Medically necessary outpatient substance abuse treatment services include, but are not limited to, prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment and referral for chemical dependency disorders.</li> <li>▪ Intensive outpatient services is defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for four to 12 weeks, but less than 24 hours per day.</li> <li>▪ Outpatient treatment service is defined as consisting of at least one to two hours per week providing structured group and individual therapy, educational services, and life skills training.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires prior authorization.</li> <li>▪ Does not require PCP referral.</li> <li>▪ Outpatient treatment services up to a maximum of:</li> <li>▪ Intensive outpatient program (up to 12 weeks per 12-month period)</li> <li>▪ Outpatient services (up to 6 months per 12-month period)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Applicable level of co-pay applies to office visits for CHIP Members.</li> <li>▪ <b>No co-pays required for CHIP Perinate Newborns.</b></li> </ul>
<b>Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>▪ Medically necessary habilitation (the process of supplying a child with the means to reach age-appropriate developmental milestones through therapy or treatment) and rehabilitation services include, but are not limited to, the following:</li> <li>▪ Physical, occupational and speech therapy</li> <li>▪ Developmental assessment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires authorization and physician prescription</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>No Co-pays required for CHIP or CHIP Perinate Newborn Members.</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
<b>Hospice Care Services</b>	<p>Medically necessary hospice services include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▪ Palliative care, including medical and support services, for those children who have six months or less to live, to keep patients comfortable during the last weeks and months before death</li> <li>▪ Treatment for unrelated conditions is unaffected</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires authorization and physician prescription</li> <li>▪ Services apply to the hospice diagnosis</li> <li>▪ Up to a maximum of 120 days with a 6 month life expectancy</li> <li>▪ Patients electing hospice services waive their rights to treatment related to their terminal illnesses; however, they may cancel this election at anytime</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>No Co-pays required for CHIP or CHIP Perinate Newborn Members.</b></li> </ul>
<b>Emergency Services, including Emergency Hospital, Physicians, and Ambulance Services</b>	<p>Health plan cannot require authorization as a condition for payment for emergency conditions or labor and delivery.</p> <p>Medically necessary covered services include:</p> <ul style="list-style-type: none"> <li>▪ Emergency services based on prudent lay person definition of emergency health condition</li> <li>▪ Hospital emergency department room and ancillary services and physician services 24 hours a day, 7 days a week, both by in-network and out-of-network providers</li> <li>▪ Medical screening examination</li> <li>▪ Stabilization services</li> <li>▪ Access to DSHS designated Level I and Level II trauma centers or hospitals meeting equivalent levels of care for emergency services</li> <li>▪ Emergency ground, air or water transportation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires authorization for post-stabilization services within 24 hours or as soon as reasonably possible</li> </ul>	<ul style="list-style-type: none"> <li>▪ Applicable co-pays apply to emergency room visits (facility only) for CHIP Members</li> <li>▪ <b>No copays required for CHIP Perinate Newborn Members</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
<b>Vision Benefit</b>	Medically necessary services include: <ul style="list-style-type: none"> <li>▪ One examination of the eyes to determine the need for and prescription for corrective lenses per 12-month period, without authorization</li> <li>▪ One pair of non-prosthetic eyewear per 12-month period</li> </ul>	Does not require authorization for protective and polycarbonate lenses when medically necessary as part of a treatment plan for covered diseases of the eye.	<ul style="list-style-type: none"> <li>▪ Applicable level of co-pay applies to office visits billed for refractive exam for CHIP Members.</li> <li>▪ <b>No co-pays required for CHIP Perinate Newborn Members.</b></li> </ul>
<b>Chiropractic Services</b>	Medically necessary services do not require physician prescription and are limited to spinal subluxation	<ul style="list-style-type: none"> <li>▪ Requires authorization for twelve visits per 12-month period limit (regardless of number of services or modalities provided in one visit)</li> <li>▪ Requires authorization for additional visits.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Applicable level of co-pay applies to chiropractic office visits for CHIP Members</li> <li>▪ <b>No Co-pays required for CHIP Perinate Newborn Members</b></li> </ul>
<b>Tobacco Cessation Programs</b>	<ul style="list-style-type: none"> <li>▪ Covered up to \$100 for a 12-month period limit for a plan- approved program</li> </ul>	<ul style="list-style-type: none"> <li>▪ May require authorization</li> <li>▪ Health plan defines plan-approved program.</li> <li>▪ May be subject to formulary requirements.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>No Co-pays required for CHIP or CHIP Perinate Newborn Members.</b></li> </ul>

## How Do I Get These Services for Myself or My Child?

You should see your Primary Care Provider (PCP) to ask about medical services. For more information about these or other services, please call the Member Services line toll-free at **1-888-814-2352**.

## What benefits are not covered?



Services that are not covered by CHIP and CHIP Perinate Newborns are called "Exclusions." The Exclusions are listed below.

### EXCLUSIONS

- For CHIP Perinate Newborns in families with incomes at or below 185% of the Federal Poverty Level, inpatient facility charges are not a covered benefit for the initial Perinate Newborn admission. "Initial Perinate Newborn admission" means the hospitalization associated with birth.
- Inpatient and outpatient infertility treatments or reproductive services other than prenatal care, labor and delivery, and care related to disease, illnesses, or abnormalities related to the reproductive system
- Personal comfort items including but not limited to personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of patient, and other articles which are not required for the specific treatment of sickness or injury
- Experimental and/or investigational medical, surgical or other health care procedures or services which are not generally employed or recognized within the medical community
- Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court
- Private duty nursing services when performed on an inpatient basis or in a skilled nursing facility
- Mechanical organ replacement devices including, but not limited to artificial heart
- Hospital services and supplies when confinement is solely for diagnostic testing purposes, unless otherwise pre-authorized by Health Plan
- Prostate and mammography screening
- Elective surgery to correct vision
- Gastric procedures for weight loss
- Cosmetic surgery/services solely for cosmetic purposes
- Out-of-network services not authorized by the Health Plan except for emergency care and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity, except for the services associated with the treatment for morbid obesity as part of a treatment plan approved by the Health Plan
- Acupuncture services, naturopathy and hypnotherapy
- Immunizations solely for foreign travel
- Routine foot care such as hygienic care
- Diagnosis and treatment of weak, strained, or flat feet and the cutting or removal of corns, calluses and toenails (this does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails)
- Replacement or repair of prosthetic devices and durable medical equipment due to misuse, abuse or loss when confirmed by the Member or the vendor
- Corrective orthopedic shoes
- Convenience items
- Orthotics primarily used for athletic or recreational purposes

- Custodial care (care that assists a child with the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation, and medication supervision that is usually self-administered or provided by a parent. This care does not require the continuing attention of trained medical or paramedical personnel.) This exclusion does not apply to hospice.
- Housekeeping
- Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody of legal authorities
- Services or supplies received from a nurse, which do not require the skill and training of a nurse
- Vision training and vision therapy
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered except when ordered by a Physician/PCP
- Donor non-medical expenses
- Charges incurred as a donor of an organ when the recipient is not covered under this health plan

## **What Are Co-Payments? How Much Are They and How Do They Apply?**

### **Parkland KIDSfirst Members**

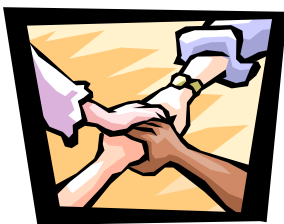
The following table lists the CHIP co-payment schedule according to family income. Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service. No co-payments are paid for preventive care such as well-child or well-baby visits or immunizations.

Your child’s Parkland *KIDSfirst* ID card lists the co-payments that apply to your family situation. Present your child’s ID card when you receive office visit or emergency room services or have a prescription filled.

<b>Federal Poverty Levels</b>	<b>Office Visits</b>	<b>Emergency Room Visits</b>	<b>Inpatient Hospitalizations</b>	<b>Prescription Generic Drugs</b>	<b>Prescription Brand Drugs</b>	<b>Semi -Annual Reporting Caps</b>
<b>Native Americans</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>At or Below 100%</b>	\$3	\$3	\$10	\$0	\$3	\$1.25% of family’s income
<b>101%-150%</b>	\$5	\$5	\$25	\$0	\$5	1.25% of family’s income
<b>151%-185%</b>	\$7	\$50	\$50	\$5	\$20	2.5% of family’s income
<b>186%-200%</b>	\$10	\$50	\$100	\$5	\$20	2.5% of family’s income

## Parkland CHIP Perinate Newborn Members

There are no co-pays for services covered by the CHIP Perinatal Program.



### What about Other Services or Programs?

There are other services that are not a part of Parkland *KIDSfirst* and Parkland CHIP Perinate Newborn. Your child may also qualify for some of the following services or programs:

- The Children's Education Fund (CEF). CEF can provide families with help in paying tuition for children who are in kindergarten through eighth grade. Families *may* qualify for tuition scholarships up to \$1000 for Dallas County residents.
- ECI (Early Childhood Intervention) Program. ECI can provide services in your home or in the community for children, birth to three years old who are developmentally delayed. Some of the services for children include: screenings, physical, occupational, speech and language therapy, and activities to help children learn better.
- Women, Infants, and Children (WIC) program. WIC can help infants and children under 5 years old, and pregnant and breastfeeding women who qualify to get nutritious food, nutrition education, and counseling.

You **do not** have to go to your child's PCP to get these services. If you have questions or need help, call Member Services toll-free at **1-888-814-2352**.

### What Extra Benefits Does a Member of Parkland *KIDSfirst* or Parkland CHIP Perinate Newborn Get?



When your child joins Parkland *KIDSfirst* or Parkland CHIP Perinate Newborn, he or she will get extra benefits. Your child can get:

- **Free Membership to Boys and Girls Club of Greater Dallas** – A program for young people between the ages of 6 and 18, who will be able to become a part of various health education programs and other activities. When your child joins these activities, he or she will help to develop the qualities needed to become responsible citizens and leaders. These programs include: Sports Activities, Fitness Activities, Recreation Activities, Character and Leadership Development, Education and Career Development, Health and Life Skills, and Educational Programs for The Arts.

- **Parkland Nurse Line 24 Hours a Day, 7 Days a Week** – a 24 hour *value-added* Nurse Help Line to help you with health questions or to help you decide what to do about your child’s health needs.
- **Free KIDSfirst Newsletter** – A newsletter to give you information on specific health topics.
- **Free Health Education Classes** - Parkland *KIDSfirst* and Parkland CHIP Perinate Newborn has classes for parents and children on lots of different health subjects. Small gifts are provided to members who attend the special health education programs Some of the classes are on:
  - Child safety
  - Parenting skills
  - Getting ready for baby
  - Asthma, pediatric diabetes, etc.

(Note: some limitations apply.)

- **Continued Access to Care** through a network of health care providers participating with Parkland *HEALTHplus* if CHIP eligibility is lost.

## How Can I Get These Extra Benefits for Myself or My Child?

For more information about these or other services, please call the toll-free Member Services line at **1-888-814-2352**.



## How Do I/ My Child Get Routine Care?

### What is routine medical care?

The PCP you choose for your child is considered to be your child’s “medical home” and will help you with all your child’s medical care. Your child’s PCP will get to know you and your child, do regular check-ups, and treat your child when he or she is sick. This type of care is known as **routine medical care**. Your PCP will give your child prescriptions for medicines and medical supplies and send him or her to a specialist if needed. A specialist may be a PCP for special circumstances. It is important that you follow your child’s PCP’s advice and take part in decisions about your child’s healthcare. If you are unable to take part in decisions about your child’s healthcare, you may choose someone to do it for you.

If your child has been getting healthcare services at a health clinic and you would like to keep taking them there, please be sure the clinic is on the Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* program. Call us toll-free to get more information at **1-888-814-2352**.

### How soon can I/ my child expect to be seen?

Your PCP should be able to see you within two (2) weeks after you ask for the routine care appointment. If you are seeing the doctor for a physical or wellness check up, you should be seen within 8 to 10 weeks after you ask for the appointment.

When your child needs care, call your child's PCP's number on the front of the ID card. Someone in the doctor's office or clinic will make an appointment for your child. It is very important that you keep your child's appointments. **Call early to make appointments. If you cannot keep your child's appointment, call back to let the PCP know.**

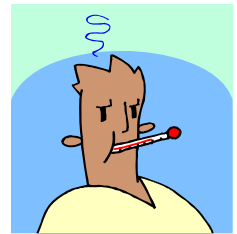


## What if I/My Child Needs Urgent Care?

### **What is urgent medical care?**

Urgent care is when your child has an urgent medical problem that is **not** an emergency.

You must first call your child's PCP at the number shown on the front of your child's ID card. If you would like to speak to a nurse, you can call the Parkland 24-Hour Nurse Line at **1-800-357-3162** or locally in the Dallas area at **214-266-8766**. When you call, the nurse can help you decide what to do. Many illnesses do not need to be treated in the Emergency Room (ER).



These are examples of the need for urgent care, but are **not** good reasons to go to the ER.

- A cold, cough, rash, small cuts, minor burns or bruises.

### **How soon can I/ my child expect to be seen?**

If your child needs urgent care, your child should be seen by the PCP within 24 hours after you ask for care



## What if I/My Child Has an Emergency?

### **What is emergency medical care? How soon can I/ my child expect to be seen?**

Your child may have an EMERGENCY medical need if you think your child's condition is life-threatening; if your child has serious pain; or if serious harm could come to your child without immediate medical attention. Your child should be seen the same day if you need emergency care.

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

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

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

Examples of when to go to the emergency room are:

- Someone may die.
- Someone has bad chest pains.
- Someone cannot breathe or is choking.
- Someone has passed out or is having a seizure.
- Someone is sick from poison or a drug overdose.
- Someone has a broken bone.
- Someone is bleeding a lot.
- Someone has been attacked (raped, stabbed, shot, beaten).
- Someone is about to deliver a baby.
- Someone has a serious injury to the arm, leg, hand, foot, or head.
- Someone has a severe burn.
- Someone has a severe allergic reaction or has an animal bite.
- Someone has trouble controlling behavior and without treatment is dangerous to self or others.

**Go to the nearest hospital if you think your child has any of these problems. You may call 9-1-1 for help in getting to the hospital emergency room.**

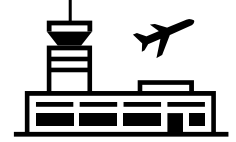
- **If you take your child to the ER, be sure to call your child’s PCP within 24 hours.**
- **Be sure to show your child’s Parkland KIDSfirst or Parkland CHIP Perinate Newborn ID card when you check in to the ER.**



## **What if I/My Child Needs Care at Night or on a Weekend? (How Do I Get Medical Care after My/My Child’s PCP’s Office Is Closed?)**

Call your child’s PCP during office hours when you can. If possible, do not wait until evening to call to take care of a medical problem. Most illnesses tend to get worse as the day goes on. Call early.

If your child gets sick at night or on a weekend and you cannot wait to get medical care, call your child’s PCP for advice. Your child’s PCP or another doctor is available by phone 24 hours a day, 7 days a week. To talk to a nurse, you may also call the Parkland 24-Hour Nurse Line toll free at **1-800-357-3162** or **214-266-8766**. The nurse can help you decide what to do. If your child has a fever or a sore throat and you are not sure what to do, call your PCP’s office or call the Parkland 24-Hour Nurse Line toll-free at **1-800-357-3162** or **214-266-8766**.



## What if I/My Child Gets Sick while We Are Out of Town or Traveling Out of State? What if I/ My Child Is Out of the Country?

If your child gets sick while he or she is out of town or out of state, call your child's PCP at the phone number listed on the front of your child's Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* ID card. You may also call us at the number on the back of your child's ID card and a nurse will help you decide what to do. However, if your child is having an emergency, go to the nearest ER. Remember to keep your child's Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* ID card with you at all times. Also remember that **Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* does not cover services outside of the U.S.A.**

### What if I/My Child Needs to See a Special Doctor (specialist)?

Your child's PCP will tell you if your child needs to see a specialist. Your child's PCP will make sure that your child gets the special care he or she needs. In general, you cannot take your child to another doctor or get a special service if your PCP does not agree to make a referral. A referral is when your PCP sends your child to another doctor or service for care.

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

Your child should be able to see the specialist within two (2) weeks for a routine appointment. Your child should be seen within 24 hours if you have an urgent care appointment. You should be seen the same day if you need emergency care.

### What Is a Referral and What Services Do Not Need a Referral?

A referral is when your PCP sends your child to another doctor or service for care. Some services **do not** require a referral. Those services include:

- Emergency care
- OB/GYN Care



### How Do I Get My/My Child's Prescriptions?

Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* does not provide your prescription drugs. These drugs are covered by the CHIP Prescription Drug Benefit (PDB).

You can take your child's prescription to any pharmacy taking part in the CHIP PDB. Try to always use the same pharmacy to get more personal service.

Take your child's Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* ID card with you when you go to the pharmacy. The pharmacy can make sure your child is a CHIP or CHIP Perinate Newborn member. The pharmacy may ask for the ID card.

Parkland *KIDSfirst* Members may have to pay a co-payment for the prescription. A prescription for a generic drug may cost you nothing or cost very little. The co-payment for a brand name drug will be higher. If your doctor prescribes a drug for a whole month, you will make one co-payment for a 34-day supply. In most cases, you cannot get more than a 34-day supply. The CHIP PDB does not offer drugs by mail order. **Parkland *CHIP Perinate Newborn* Members do not have to pay co-payments for prescriptions.**

The CHIP PDB does not cover:

- Over-the-counter drugs
- Birth control medications prescribed only for birth control purposes
- Nutritional products
- Medical supplies or equipment, except for insulin syringes
- Drugs that must be given in a physician's office or health care facility.

### **Who do I call if I have problems getting my/ my child's prescriptions?**

Call CHIP toll-free at **1-800-647-6558** if you need help finding a pharmacy. Call the CHIP Prescription Drug Hotline if you have problems getting prescriptions filled. Their toll-free number is **1-866-274-9154**.



## **How Do I/My Child Get Eye Care Services?**

### **Parkland *KIDSfirst* Members**

Parkland *KIDSfirst* provides eye care services for your child. Your child can receive **one** eye examination per year to determine the need for and prescription for corrective lenses. **No referral is needed.** Only one pair of non-prosthetic eyewear is allowed per year. Call Block Vision toll-free at **1-800-879-6901** for vision providers in your area.

### **Parkland *CHIP Perinate Newborn* Members**

Parents of Parkland *CHIP Perinate Newborn* members should call Member Services at **1-888-814-2352**. Ask for the Patient Management Department for help.

## **How Do I/My Child Get Dental Services?**



Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* provides dental services through CHIP Dental for your child. Your child can receive dental exams, cleanings, x-rays, fillings, crowns, extractions and more. Call CHIP Dental toll-free at **1-866-561-5892**.

## Want to Quit Using Tobacco?

Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* will pay you for the cost of products that you buy that will help your child stop using tobacco. Some limits apply. This benefit is limited to \$100 each enrollment year. Please call Member Services at **1-888-814-2352** for more information.

## How Do I Get Help if I Have/My Child Has Behavioral (mental) Health or Drug Problems? Is a Referral Necessary?

### Parkland *KIDSfirst* Members

Parkland *KIDSfirst* provides behavioral health (mental health, drug and alcohol abuse) services.

If your child is having a mental health/alcohol or drug abuse problem, you can call for an appointment with your child's primary care provider (PCP) or call the behavioral health program directly, toll-free at **1-800-945-4644**. You **do not need a referral** from your child's PCP to get services from the behavioral health provider.

If your child has a behavioral health emergency and needs behavioral health treatment, go to the nearest Emergency Room or call toll-free at **1-800-945-4644** and someone will help you get care right away. You or someone on your child's behalf will need to call the behavioral health provider line at **1-800-945-4644** and let them know about the emergency.

### Parkland *CHIP Perinate Newborn* Members

Parents of Parkland *CHIP Perinate Newborn* members should call Member Services at **1-888-814-2352**. Ask for the Patient Management Department for help.

If your newborn has a behavioral health emergency, please call toll-free **1-800-357-3162** for help.

## Can Someone Interpret for Me when I Talk with My/My Child's Doctor?

At anytime during your child's health care experience, if you need help with special language services including interpreters, please call Member Services toll-free at **1-888-814-2352** for information. Please remember that if you need an interpreter, please let us know you need these services at least 72 hours before your child's appointment, or as soon as possible.

**Se Habla Español** - Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* has people to help who speak both English and Spanish. We also have member handouts in both English and Spanish.

**Language Line** – We provide a language line if your primary language is not English or Spanish. We will find someone who speaks your language. For help, please call Member Services toll-free at **1-888-814-2352**.

**Sign Language** – We can provide sign language interpretation for doctor visits. Please let us know you need these services 72 hours before your child’s appointment, or as soon as possible. Call Member Services toll-free at **1-888-814-2352**.

**Face-to-Face Interpreter** – We can provide face-to-face language interpretation for doctor visits. Please let us know you need these services 72 hours before your child’s appointment, or as soon as possible. Call Member Services toll-free at **1-888-814-2352**.

**TDD Phone Line** – For persons that are deaf or hard of hearing, please call through the Relay of Texas TDD/TT line at **1-800-735-2989** and ask them to call the Member Services Line toll-free at **1-888-814-2352**.

**Audiocassette Tapes or Compact Discs (CDs)** – If you need information on an audiocassette tape or a CD, call Member Services toll-free at **1-888-814-2352**.

## What if I/My Daughter Needs OB/GYN Care?

### **Attention Female Members -**

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

- one well-woman check-up per year
- care related to pregnancy
- care for any female medical condition
- referral to special doctor (specialist) within the network



Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* has limited your selection of OB/GYN for you/ your daughter to the same network as your/ your daughter’s PCP. You can call Member Services toll-free at **1-888-814-2352** for help in finding an OB/GYN.

You/ your daughter may contact any OB/GYN in the Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* network directly to get services. You/ your daughter has the right to choose an OB/GYN from our network without a referral from your/ your daughter’s PCP. Your/ your daughter’s OB/GYN will be able to schedule your/ your daughter’s prenatal appointment within two weeks of your request.

If you/ your daughter already has an OB/GYN and the OB/GYN is not on the Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* provider list, you/ your daughter might be able to keep seeing the OB/GYN. To be able to this, you/ your daughter must:

- be within 12 weeks of delivery
- have been receiving treatment from the OB/GYN.

## What if I Am or My Daughter Is Pregnant? Who Do I Need to Call?

Call Member Services toll-free at **1-888-814-2352** as soon as you know your daughter is pregnant. **She needs to apply right away for Medicaid services.** Your daughter's baby will be enrolled in Medicaid from birth to a year if she enrolls in Medicaid while she is pregnant. *If your daughter does not enroll in Medicaid while she is pregnant, she will have to apply for coverage for her newborn after the baby is born. Please note that there could be a gap in coverage for her baby.*

## What other Services/Activities/Education Does the Plan Offer Pregnant Women?

Some services that Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* offers are:

- Participation in our healthy pregnancy program for pregnant members: baby gifts when members complete prenatal classes
- Parkland Nurse Line 24 hours a day, 7 days a week
- Women, Infants, and Children (WIC) education
- Free prenatal classes at Parkland Health & Hospital System

Parkland *KIDSfirst* and Parkland *CHIP Perinate Newborn* has classes for members on lots of different health subjects. Call us for a current list. You can call us toll-free at **1-888-814-2352**.

Some of the classes are on:

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| • Parenting skills                | • Lead poisoning prevention          |
| • Getting ready for baby          | • Prevention of heart disease/stroke |
| • Blood pressure and hypertension | • Dental maintenance                 |
| • Stopping smoking                | • Street safety                      |
| • Asthma                          | • Fire safety                        |

## Who Do I Call if I Have/My Child Has Special Health Care Needs and I Need Someone to Help Me?

If you/ your child has special health care needs, please see the chapter in this Member Handbook called "What is Medically Necessary? What Services Does My Child Get? What is Limited? (CHIP and CHIP Perinate Newborn Program Benefits)." The section called "Case Management Services: Children with Special Health Care Needs" will tell you what CHIP and CHIP Perinatal offers. Call Member Services toll-free at **1-888-814-2352** for help.



## What Do I Do if I Have to Move/My Child Moves?

If you/ your child moves or change phone numbers, please call Member Services toll-free at **1-888-814-2352**. We always need to have you/ your child's correct address and phone number.



## What if I Get a Bill from My/My Child's Doctor?

As a Parkland *KIDSfirst* parent or guardian, you are responsible for the co-payments that go with your child's care. **Parkland CHIP Perinate Newborn Members do not have co-payments.** If you feel you should not have gotten a bill or you need help to understand the bill, call Member Services at **1-888-814-2352**. A staff person will help explain to you or call the provider's office for you to explain your child's benefits and help you arrange for the bill to be paid. When you call, please have your child's Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* ID card and the doctor's bill ready. The Member Services representative will need this information to be able to help you.

## What Is the Most I Will Have to Pay for My Child's Health Care Services?

### Parkland *KIDSfirst* Members

The Member Guide you received from CHIP when you enrolled in CHIP includes a tear-out form that you should use to track your CHIP expenses. To ensure that you do not exceed your cost-sharing limit, please keep track of your CHIP-related expenses on this form. The enrollment packet welcome letter tells you exactly how much you must spend before you are eligible to mail the form back to CHIP. If you have misplaced your welcome letter, please call the CHIP Help Line at **1-800-647-6558** and they will tell you what your semi-annual cost-sharing limit is.

When you reach your semi-annual cap, please send the form to the CHIP Enrollment Broker and they will notify us. Parkland *KIDSfirst* will issue a new member ID card. This new card will show that no co-payments are due when your child receives services.

### Parkland *CHIP Perinate Newborn* Members

**No co-pays apply for services covered by the CHIP Perinatal Program.**

If you need help understanding co-payments, please call Member Services toll-free at **1-888-814-2352**. We will be happy to explain!



## MEMBER RIGHTS AND RESPONSIBILITIES

### MEMBERS' RIGHTS

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

You may have to pay a co-payment in the CHIP Program depending on your income. Co-payments do not apply to the CHIP Perinatal Program.

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

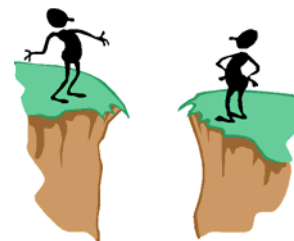
## **MEMBERS' RESPONSIBILITIES**

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

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

8. Report misuse of CHIP Program or CHIP Perinatal Program by health care providers, other members, or health plans.

## What if I Have a Problem or I Am Not Happy with Parkland KIDSfirst or Parkland CHIP Perinate Newborn?



### Who do I call to file a complaint?

If you need help with a problem or have a complaint, please call our Member Services Department at **1-888-814-2352** or **214-932-4564** and ask to speak to the Member Advocate.

### Can someone from Parkland KIDSfirst or Parkland CHIP Perinate Newborn help me file a complaint? What are the requirements for filing a complaint?

The Member Advocate can help you file a complaint. Call **1-888-814-2352** or **214-932-4564** and the Member Advocate will write down your complaint. You may also send a written complaint to the Member Advocate at:

Parkland Community Health Plan  
Attention: Member Advocate  
P.O. Box 569005  
Dallas TX 75356-9005

### How long will it take to process my complaint and what is the timeframe for filing a complaint?

When we get the complaint from you, and we will send you a letter within five (5) days to let you know that your complaint came to us. We will send you another letter within thirty (30) days to let you know how we resolved your complaint. Most of the time, we can help you right away or, at the most, in a few days.

### If I am not satisfied with the outcome, who else can I contact? How do I file an appeal?

If you are not satisfied with the way we helped you, you can call the Member Advocate at **1-888-814-2352** or **214-932-4564** and ask for an appeal. You may also request an appeal of a complaint resolution by writing to:

Parkland Community Health Plan  
Attention: Member Advocate  
P.O. Box 569005  
Dallas TX 75356-9005

The Member Advocate will send you a letter to let you know that your appeal came to us within five (5) days after we receive your request for an Appeal. The Parkland Community Health Plan Appeal Panel will review any information you submitted and discuss your child's case.

**Do I have the right to meet with a complaint appeal panel?**

You have the right to appear in front of the Appeal Panel in person at a designated site to address a written appeal to the Appeal Panel. It is not a court of law. When Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* makes a decision on an appeal you made, we will send you a response in writing within thirty (30) days after we receive the appeal.

You also have the right to file a complaint with the Texas Department of Insurance (TDI) by calling toll free at 1-800-252-3439, or in writing at:

Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104

Fax: (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**What Can I Do if Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* Denies or Limits My Doctor’s Request for a Covered Service?**

If Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* denies or limits your doctor’s request for a covered service, you have the right to request an appeal with Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn*. You or your physician may submit any additional medical information that supports why you disagree with the decision. You may call the Member Advocate at **1-888-814-2352** and ask for an appeal. The Member Advocate will write down the information and send it to you for review. A written appeal can be sent to:

Parkland Community Health Plan  
Attention: Member Advocate  
P.O. Box 569005  
Dallas TX 75356-9005

**How will I be notified if services are denied?**

If your services are denied, you and your doctor will receive a letter that includes the reason for denial and your rights to appeal. The letter will include directions on how to file an appeal and will include information about how to request a review by an independent review organization.

**When do I have the right to request an appeal?**

If you don’t agree with the decision made by the health plan about a benefit or service, you may ask Parkland Community Health Plan for an appeal. You do not have a right to an appeal if the services you requested are not covered under the CHIP or CHIP Perinatal program or if a change is made to the state or federal law, which affects some or all of CHIP or CHIP Perinatal recipients.

**Does my request have to be in writing?**

Your request does not have to be in writing. You may request an appeal by calling our Member Services Department at **1-888-814-2352**.

**What are the timeframes for the appeal process?**

You may appeal a decision to deny services at any time after you are notified of the decision. The timeframe for the resolution of the appeal will depend on what services have been denied. If you have an emergency, are in the hospital or are already receiving services that are being limited or denied, you may call and request an expedited appeal. The expedited appeal process is described below.

For a standard appeal, the Member Advocate will send you a letter within five (5) days of receiving the request for an Appeal to let you know that we received your request. Parkland Community Health Plan will send all available information to a physician who was not involved in making the initial decision. When the plan makes a decision on an appeal you made, you will receive a written response within thirty (30) days after we receive the appeal.

**Can someone from Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* help me file an appeal?**

You may request an appeal by calling the Member Advocate at **1-888-814-2352** or **214-932-4564** or writing to:

Parkland Community Health Plan  
Attention: Member Advocate  
P.O. Box 569005  
Dallas TX 75356-9005

The Member Advocate will listen to your appeal, explain the rules to you, answer your questions and see to it that you are treated fairly.

**What Is an Expedited Appeal?**

An expedited appeal is an appeal to Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* in which the decision is required quickly based on the Member's health status, and the amount of time necessary to participate in a standard appeal could jeopardize the Member's life or health or ability to attain, maintain, or regain maximum function.

**How do I request an expedited appeal?**

You may request an expedited appeal by writing or calling our Member Services Department at **1-888-814-2352**. A written expedited appeal can be sent to:

Parkland Community Health Plan  
Attention: Member Advocate  
P.O. Box 569005  
Dallas TX 75356-9005

**Does my request have to be in writing?**

Your request does not have to be in writing. You may request an expedited appeal by calling our Member Services Department at **1-888-814-2352**.

**What are the timeframes for an expedited appeal?**

The timeframe for us to provide an answer to your expedited appeal will be based on your medical emergency condition, procedure, or treatment, but will not take more than one (1) business day from the date we receive all information necessary to review your appeal.

**What happens if Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* denies the request for an expedited appeal?**

If you request an expedited appeal for a denial that does not involve an emergency, an ongoing hospitalization or services that are already being provided, you will be informed that the appeal review cannot be expedited. We will continue to process the expedited appeal within the standard timeframe and respond to you within 30 days from the time the appeal was received.

If you disagree with this decision, you may submit a request for an external review by an Independent Review Organization. The procedure for requesting a review by an Independent Review Organization is described below. You may also file a complaint with the Texas Department of Insurance by calling toll free at 1-800-252-3439 or writing to:

Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104

Fax: (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**Who can assist me in filing an expedited appeal?**

You may request an expedited appeal by calling our Member Advocate at **1-888-814-2352** or **214-932-4564**, or by writing to:

Parkland Community Health Plan  
Attention: Member Advocate  
P.O. Box 569005  
Dallas TX 75356-9005

The Member Advocate will listen to your complaint, explain the rules to you, answer your questions and see to it that you are treated fairly.

**What Is an Independent Review Organization?**

An IRO is an organization that has no connection to your health plan or with health care providers that were previously involved in your treatment or decisions made by the health plan about services that have not been provided.

**How do I request an independent review process?**

You may request an IRO review by completing the “Request For A Review By An Independent Review Organization Form” that is sent with the Parkland *KIDSfirst* or Parkland *CHIP Perinate Newborn* decision letter. You will have 15 days from the receipt of our decision letter to return the completed form to us. Once we receive the completed form, we will notify the Texas Department of Insurance (TDI) of your request for an IRO review. There is no cost to you for an independent review.

If you need help filling out the IRO form, please call our Member Services Department at **1-888-814-2352**. We will be happy to help you.

**What are the timeframes for this process?**

The standard timeframe for the IRO process should take no longer than twenty (20) calendar days from the date your completed form and all necessary information is received by the IRO.

If you have an emergency health condition, the IRO process should take no longer than eight (8) calendar days from the date your completed form and all necessary information was received by the IRO.

**How Do I Report Someone Who Is Misusing the CHIP Program?**

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

**Reporting Provider/Client Waste, Abuse and Fraud**

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

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

Parkland Community Health Plan  
 SIU Analyst  
 P.O. Box 569005  
 Dallas, TX 75356-9005  
**1-888-761-5440**

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

**To report providers**, use this address:      **To report clients**, use this address:

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

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

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

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

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

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

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

\*\*\*\*\*

**Thank you for choosing  
Parkland *KIDSfirst* and  
Parkland *CHIP* Perinate Newborn...  
it is our pleasure to provide service to  
you and your children!**

