

# A GUIDE TO USING YOUR *HEALTH PLAN*

Una Guía para Usar  
su Plan de Salud



**Parkland**  
*CHIP Perinate*

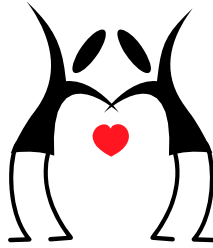
*Member Handbook*  
*Manual para Miembros*

*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 Perinatal Provider is: \_\_\_\_\_

My Perinatal Provider's address is: \_\_\_\_\_

My Perinatal Provider's telephone number is: \_\_\_\_\_

## Parkland *CHIP* Perinate Member Handbook



(CHIP Perinatal Program)



## Important Phone Numbers and Addresses

**Call us:**

**Parkland Community Health Plan, 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**

Attention: Parkland CHIP Perinate Member Services

P.O. Box 569005

Dallas, TX 75356-9005

**Visit our Website:**

**[www.ParklandHMO.com](http://www.ParklandHMO.com)**

**TDD/TTY:**

For persons who are deaf or hard of hearing, please call through 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:**

(English/Spanish and Language Line interpreter services offered)

**1-800-357-3162 or 214-266-8766**

**Transportation Services:**

**Dallas County Members only:** If you are going to Parkland Hospital or Parkland Community Oriented Primary Care (COPC) Health Centers, call the Parkland MomMobile at

**214-266-4666** (please call at least 48 hours before you need a ride). Some limitations apply.

**Prescription Drugs:**

**1-866-274-9154**

**CHIP Help Line:**

**1-800-647-6558**





## TO OUR Parkland **CHIP Perinate** Members... WELCOME!!!

### Dear Parkland **CHIP Perinate** Member:

Thank you for choosing Parkland **CHIP Perinate**! Parkland **CHIP Perinate** is a program 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 prenatal care. PCHP is working with CHIP in leading the mission to provide you with the best available insurance coverage for pregnant women when prenatal care is needed.

Through Parkland **CHIP Perinate**, we are pleased to offer you all the benefits offered in the State of Texas's Children's Health Insurance Program (or "CHIP") Perinatal Program. Information on eligibility and benefits are included in this Member Handbook.

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

- Check your ID card to make sure the information is correct.
- Make any necessary appointments and become familiar with your Perinatal Provider.
- Call your Perinatal Provider for appointments and tell them you are a Parkland **CHIP Perinate** member.
- Call your Perinatal Provider when you need care.
- Follow your Perinatal Provider's advice.
- Carry your Parkland **CHIP Perinate** 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 you 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 **CHIP Perinate**. 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 CHIP Perinate PRIVACY NOTICE**

Effective April 14, 2003

At Parkland **CHIP Perinate** (a program 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, Inc.; Parkland CHIP Perinate: 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 CHIP Perinate 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.

### Information about the Parkland CHIP Perinate Identification Card (ID Card)

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

[Front  
of  
Card]

 <p><b>Parkland CHIP Perinate</b> <small>A Parkland Community Health Plan, Inc., CHIP Perinate Program</small></p> <p style="text-align: right;"><i>Health Care Services are limited to the care of the unborn child.</i></p>	 <p><b>Parkland CHIP Perinate</b> <small>A Parkland Community Health Plan, Inc., CHIP Perinate Program</small></p> <p style="text-align: right;"><i>Los servicios de la asistencia médica son limitados al cuidado del niño no nacido aún.</i></p>
<p>MEMBER NAME: MEMBER ID: DOB: EFF. DATE:</p>	<p>NOMBRE: MEMBER ID: DOB: EFFECTIVO:</p>
<p><del>Co-pays do not apply.</del></p> <p style="font-size: 2em; opacity: 0.5;">Example</p> <p><u>Professional/Other Services Billing</u> Parkland CHIP Perinate Claim Processing Center P.O. Box 569005 Dallas, TX 75356-9005</p> <p><u>Hospital Facility Billing</u> Parkland CHIP Perinate Claim Processing Center P.O. Box 569005 Dallas, TX 75356-9005</p>	<p><del>Co-pagos no se aplican</del></p> <p style="font-size: 2em; opacity: 0.5;">Ejemplo</p> <p><u>Profesional/Other Services Billing</u> Parkland CHIP Perinate Claim Processing Center P.O. Box 569005 Dallas, TX 75356-9005</p> <p><u>Hospital Facility Billing</u> Parkland CHIP Perinate Claim Processing Center P.O. Box 569005 Dallas, TX 75356-9005</p>

[Back  
of  
Card]

<p style="text-align: center;"><b>In case of an emergency, please call 911</b></p> <p><b>Carry this card and present it at time of service</b> Precertification - Case Management: 1-888-814-2352 <b>This number must be called for all specialty referrals and hospital admissions.</b></p>	<p style="text-align: center;"><b>En caso de una emergencia, por favor llama al 911</b></p> <p><b>Lleve esta tarjeta y presentela antes de recibir servicios</b> Precertificación - manejo de caso: 1-888-814-2352 <b>Debe llama a este número para todas las referencias y admisiones del hospital.</b></p>
<p>Claims or Member Services (24 hrs/7 days a week): Call <b>1-888-814-2352</b></p> <p>Parkland NurseLine (for health questions, 24 hrs/7 days a week): Call <b>1-800-357-3162</b></p> <p>For Prescription Drug Information: Call <b>1-866-274-9154</b></p>	<p>Reclamaciones o Servicios para Miembros (24 horas del día/7 días de la semana): Llame al <b>1-888-814-2352</b></p> <p>Línea de Enfermeras de Parkland (para preguntas sobre salud, 24 horas del día/7 días de la semana): Llame al <b>1-800-357-3162</b></p> <p>Para información sobre medicamentos de receta: Llame al <b>1-866-274-9154</b></p>

The Member ID is the same as your CHIP Perinate 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 Parkland CHIP Perinate ID Card

The front of the Parkland CHIP Perinate ID card shows important information about you, as well as the name and phone number of the health plan. 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 Parkland CHIP Perinate ID Card

You **must** take your Parkland CHIP Perinate ID Card with you when you go to get **any** health care services. **You will need to show your Parkland CHIP Perinate ID Card each time you need services.**

## What if My Parkland CHIP Perinate ID Card Gets Lost?

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



## What Do I Need to Bring with Me to a Perinatal Provider's Appointment?

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

- Parkland CHIP Perinate ID card
- A list of all over-the-counter and prescription medications that you take
- Pen and paper to take notes (Sometimes you might get a lot of information, and it helps to write things down.)



## How Do I Choose a Perinatal Provider?

You should pick your Perinatal Provider from our list of Parkland CHIP Perinate providers. Please look at our Provider Directory to get more information on Perinatal Providers. You must

choose a Perinatal Provider who is in our Parkland **CHIP Perinate** network. You can get a copy of our provider directory on [www.ParklandHMO.com](http://www.ParklandHMO.com) or by calling Member Services toll-free at **1-888-814-2352**.

**Your Perinatal Provider will be the doctor who gives you prenatal and post-partum care.**

## **Can a Clinic be a Perinatal Provider?**

Your Perinatal Provider can be a clinic. Here are some of the providers that you may also choose as your Perinatal Provider:

- Obstetricians/Gynecologists (OB/GYNs) (a women's doctor)
- Local Public Health Clinics
- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)

Look in your Parkland **CHIP Perinate** Provider Directory for the names, addresses and telephone numbers of Parkland Perinatal 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).

## **How Soon Can I Be Seen after Contacting a Perinatal Provider for an Appointment?**

You should be seen by a Perinatal Provider within 2 weeks of asking for an appointment. If you have problems getting an appointment, please call us toll-free at **1-888-814-2352**.

## **Can I Stay with a Perinatal Provider if They Are Not with Parkland CHIP Perinate?**

If you have 12 weeks or less before your due date when you enroll with us, you will be able to stay under the care of your current Perinatal Provider. If you want, you can choose a Perinatal Provider who is in our network as long as the provider agrees to treat you. We are available to help you with the changes between doctors.



## **How Do I Get After-hours Care?**

Call your Perinatal Provider during office hours when you can. If possible, do not wait until evening to call to take care of a medical problem.

If you need medical care at night or on a weekend and you cannot wait, call your Perinatal Provider's office for advice. Your Perinatal Provider 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. However, if you are having an emergency, go to the nearest ER. Remember to keep your Parkland **CHIP Perinate** ID card with you at all times.



## **What if I Want to Change Health Plans? Who Do I Call?**

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 another health plan to Parkland's CHIP Perinatal Program does not count as your 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.

## **What Is Medically Necessary? What Are My Unborn Child's CHIP Perinatal Program Benefits?**

Covered services for CHIP Perinate Members must meet the CHIP Perinatal Program definition of "medically necessary."

**Medically Necessary Services** are health services that are:

Physical:

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

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

Emergency care is a covered CHIP Perinate service. “Emergency” and “emergency 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 condition, sickness, or injury is of such a nature that failure to get immediate care could result in:

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

“Emergency services” and “emergency 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 related to the labor and/or delivery of the covered unborn child exists.

Type of Benefit	Description of Benefit	Limitations	Co-Pay
<b>Inpatient General Acute</b>	Services include: Covered medically necessary Hospital-provided services are limited to labor with delivery until birth for unborn children above 185 percent up to and including 200 percent of the FPL <ul style="list-style-type: none"> <li>▪ Operating, recovery and other treatment rooms</li> <li>▪ Anesthesia and administration (facility</li> </ul>	For CHIP Perinates in families with incomes at or below 185% of the Federal Poverty Level, the facility charges are not a covered benefit. Professional service charges associated with labor with delivery are a covered benefit. <i>Members should apply for Emergency Medicaid to pay the facility charges.</i>	<ul style="list-style-type: none"> <li>▪ <b>Co-pays do not apply</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
	<p>technical component)</p> <ul style="list-style-type: none"> <li>▪ Medically necessary surgical services are limited to services that directly relate to the delivery of the unborn child.</li> </ul>	<p>For CHIP Perinates in families with incomes between 186% and 200% of the Federal Poverty Level, benefits are limited to professional service charges and facility charges associated with labor with delivery.</p>	
<p><b>Comprehensive Outpatient Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center</b></p>	<p>Services include the following services provided in a hospital clinic or emergency room, 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>▪ Drugs, medications and biologicals that are medically necessary prescription and injection drugs</li> </ul>	<p>May require prior authorization and physician prescription</p> <p>Laboratory and radiological services are limited to services that directly relate to ante partum care and/or the delivery of the covered unborn child until birth.</p> <p>Ultrasound of the pregnant uterus is a covered benefit of the CHIP Perinatal Program when medically indicated. Ultrasound may be indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation, or gestational age conformation.</p> <p>Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Cordocentesis, FIUT are covered benefits of the CHIP Perinatal Program with an appropriate diagnosis.</p> <p>Laboratory tests for the CHIP Perinatal Program are limited to: nonstress testing, contraction stress testing, hemoglobin or hematocrit repeated one a trimester and at 32-36 weeks of pregnancy; or complete blood count (CBC), urinalysis for protein and</p>	<ul style="list-style-type: none"> <li>▪ <b>Co-pays do not apply</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
		<p>glucose every visit, blood type and RH antibody screen; repeat antibody screen for Rh negative women at 28 weeks followed by RHO immune globulin administration if indicated; rubella antibody titer, serology for syphilis, hepatitis B surface antigen, cervical cytology, pregnancy test, gonorrhea test, urine culture, sickle cell test, tuberculosis (TB) test, human immunodeficiency virus (HIV) antibody screen, Chlamydia test, other laboratory tests not specified but deemed medically necessary, and multiple marker screens for neural tube defects (if the client initiates care between 16 and 20 weeks); screen for gestational diabetes at 24-28 weeks of pregnancy; other lab tests as indicated by medical condition of client.</p>	
<p><b>Physician/Physician Extender Professional Services</b></p>	<p>Services include, but are not limited to the following:</p> <ul style="list-style-type: none"> <li>▪ Medically necessary physician services are limited to prenatal and postpartum care and/or the delivery of the covered unborn child until birth.</li> <li>▪ Physician office visits, in-patient and out-patient services</li> <li>▪ Laboratory, x-rays, imaging and pathology services, including technical component and/or professional interpretation</li> </ul>	<p>Does not require authorization for specialty services</p> <p>Professional component of the ultrasound of the pregnant uterus when medically indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation, or gestational age conformation.</p> <p>Professional component of Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Amniocentesis,</p>	<ul style="list-style-type: none"> <li>▪ <b>Co-pays do not apply</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
	<ul style="list-style-type: none"> <li>▪ Medically necessary medications, biologicals and materials administered in Physician’s office</li> <li>▪ Professional component (in/outpatient) of surgical services, including: <ul style="list-style-type: none"> <li>- Surgeons and assistant surgeons for surgical procedures directly related to the labor with delivery of the covered unborn child until birth.</li> <li>- Administration of anesthesia by Physician (other than surgeon) or CRNA</li> <li>- Invasive diagnostic procedures directly related to the labor with delivery of the unborn child.</li> </ul> </li> <li>▪ Hospital-based Physician services (including Physician-performed technical and interpretive components)</li> </ul>	Cordocentrisis, and FIUT.	
<b>Prenatal Care and Prepregnancy Family Services and Supplies</b>	<p>Covered services are limited to an initial visit and subsequent prenatal (ante partum) care visits that include:</p> <p>One visit every four weeks for the first 28 weeks or pregnancy; one visit every two to three weeks from 28 to 36 weeks of pregnancy; and one visit per week from 36 weeks to delivery.</p>	<p>Does not require prior authorization.</p> <p><b>Limit of 20 prenatal visits and 2 postpartum visits (maximum within 60 days) without documentation of a complication of pregnancy.</b> More frequent visits may be necessary for high-risk pregnancies. High-risk prenatal visits are not limited to 20 visits per pregnancy.</p>	<ul style="list-style-type: none"> <li>▪ <b>Co-pays do not apply</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
	<p>More frequent visits are allowed as medically necessary.</p>	<p>Documentation supporting medical necessity must be maintained in the physician's files and is subject to retrospective review.</p> <p>Visits after the initial visit must include: interim history (problems, maternal status, fetal status), physical examination (weight, blood pressure, fundal height, fetal position and size, fetal heart rate, extremities) and laboratory tests (urinalysis for protein and glucose every visit; hematocrit or hemoglobin repeated once a trimester and at 32-36 weeks of pregnancy; multiple marker screen for fetal abnormalities offered at 16-20 weeks of pregnancy; repeat antibody screen for Rh negative women at 28 weeks followed by Rho immune globulin administration if indicated; screen for gestational diabetes at 24-28 weeks of pregnancy; and other lab tests as indicated by medical condition of client).</p>	
<p><b>Emergency Services, including Emergency Hospital, Physicians, and Ambulance Services</b></p>	<p>Health Plan cannot require authorization as a condition for payment for emergency conditions related to labor and delivery.</p> <p>Covered services are limited to those emergency services that are directly related to the delivery of the covered unborn child until birth.</p> <ul style="list-style-type: none"> <li>▪ Emergency services based on prudent lay person definition of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP unborn child are not covered benefits.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Co-pays do not apply</b></li> </ul>

Type of Benefit	Description of Benefit	Limitations	Co-Pay
	emergency health condition <ul style="list-style-type: none"> <li>▪ Medical screening examination to determine emergency when directly related to the delivery of the covered unborn child.</li> <li>▪ Stabilization services related to the labor and delivery of the covered unborn child.               <ul style="list-style-type: none"> <li>▪ Emergency ground, air and water transportation for labor and threatened labor is a covered benefit.</li> </ul> </li> </ul>		
<b>Case Management Services</b>	Case management services are a covered benefit for the unborn child.	These covered services include outreach informing, case management, care coordination and community referral.	<ul style="list-style-type: none"> <li>▪ <b>Co-pays do not apply</b></li> </ul>
<b>Care Coordination Services</b>	Care coordination services are a covered benefit for the unborn child.		<ul style="list-style-type: none"> <li>▪ <b>Co-pays do not apply</b></li> </ul>

## How Do I Get These Services?

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



## What Benefits Are Not Covered?

Services that are not covered by the CHIP Perinatal Program are called "Excluded Services." The Excluded Services are listed below.

## EXCLUDED SERVICES

- For CHIP Perinates in families with incomes at or below 185% of the Federal Poverty Level, inpatient facility charges are not a covered benefit for the initial Perinatal Newborn admission.

*Members should apply for Emergency Medicaid to cover the facility charges.* “Initial Perinatal Newborn admission” means the hospitalization associated with the birth.

- Inpatient and outpatient treatments other than prenatal care, labor with delivery, and postpartum care related to the covered unborn child until birth. Services related to preterm, false or other labor not resulting in delivery are excluded services.
- Inpatient mental health services.
- Outpatient mental health services.
- Durable medical equipment or other medically related remedial devices.
- Disposable medical supplies.
- Home and community-based health care services.
- Nursing care services.
- Dental services.
- Inpatient substance abuse treatment services and residential substance abuse treatment services.
- Outpatient substance abuse treatment services.
- Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.
- Hospice care.
- Skilled nursing facility and rehabilitation hospital services.
- Emergency services other than those directly related to the delivery of the covered unborn child.
- Transplant services.
- Tobacco Cessation Programs.
- Chiropractic Services.
- Medical transportation not directly related to the labor or threatened labor and/or delivery of the covered unborn child.
- 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 related to labor and delivery or post partum care.
- 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 and not a part of labor and delivery
- 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 related to the labor and delivery of the covered unborn child.
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity
- 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)
- Corrective orthopedic shoes
- Convenience items
- Orthotics primarily used for athletic or recreational purposes
- Custodial care (care that assists 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 caregiver. This care does not require the continuing attention of trained medical or paramedical personnel.)
- 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, vision therapy, or vision services
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered
- Donor non-medical expenses
- Charges incurred as a donor of an organ

## **How Much Do I have to Pay for My Unborn Child’s Health Care under the CHIP Perinatal Program?**

**No co-payments or cost sharing is required for covered services** listed on pages 5 - 10 of this handbook. If you have questions, call Member Services toll-free at **1-888-814-2352**.

## **Will I Have to Pay for Services that Are Not Covered Benefits?**

**If the service is not a covered benefit listed on pages 5 - 10 of this handbook, then you will have to pay for the service.** If you have questions, call Member Services toll-free at **1-888-814-2352**.



### **What about Other Services or Programs?**

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

- Texas Information and Referral Network (TIRN). The phone number is 2-1-1. This is a free phone call which can help you find Health and Human Services in your local area.

- 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 doctor 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 Parkland CHIP Perinate Offer ?



When you join Parkland *CHIP Perinate*, you will get extra benefits. You can get:

- **Parkland Nurse Line 24 Hours a Day, 7 Days a Week** – a 24 hour Nurse Help Line to help you with health questions or to help you decide what to do about your unborn child’s health needs.
- **Free Medical Transportation – Dallas County Members only:** If you are going to Parkland Hospital or to a Parkland COPC Health Center, call the Parkland MomMobile **214-266-4666** (please call at least 48 hours before you need a ride). Some limits apply.
- **Free Health Education Classes** - Parkland *CHIP Perinate* 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:
  - Prenatal care (free at Parkland Health and Hospital System)
  - Child safety
  - Parenting skills
  - Getting ready for baby
  - Asthma, pediatric diabetes, etc.
 (Note: some limits apply)
- **Continued Access to Care** through a network of health care providers participating with Parkland *HEALTHplus* if *CHIP Perinate* eligibility is lost.

## How Can I Get These Benefits for My Unborn Child?

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



## What Is Routine Medical Care? How Soon Can I Expect to Be Seen?

The Perinatal Provider you choose will help you with all your prenatal medical care. Your Perinatal Provider will get to know you and do regular check-ups on you and your

unborn child. This type of care is known as **routine medical care**. Your Perinatal Provider will give you prescriptions for medicines and medical supplies and send you to a specialist if needed during your pregnancy. It is important that you follow your Perinatal Provider's advice and take part in decisions about your pregnancy.

When you need care, call your Perinatal Provider. Someone in the doctor's office or clinic will make an appointment for you. It is very important that you keep your appointments. Your Perinatal Provider should be able to see you within two (2) weeks after you ask for the routine care appointment. **Call early to make appointments. If you cannot keep your appointment, call back to let the Perinatal Provider know.**

## **What Is Urgent Medical Care? How Soon Can I Expect to Be Seen?**

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

Urgent care is when you have an urgent medical problem that is **not** an emergency.

You must first call your Perinatal Provider at the number shown on the front of your 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).

If you need urgent care, you should be seen by the Perinatal Provider within 24 hours after you ask for care.



## **What Is Emergency Medical Care? How Soon Can I Expect to Be Seen?**

### **What is emergency medical care?**

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

Emergency care is a covered CHIP Perinate service. “Emergency” and “emergency 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 condition, sickness, or injury is of such a nature that failure to get immediate care could result in:

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

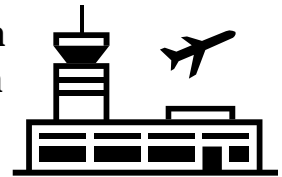
“Emergency services” and “emergency care” means health care services provided in an in-network or out-of-network hospital emergency department or other comparable facility by in-network or out-of-network physicians, providers, or facility staff to evaluate and stabilize medical conditions. Emergency 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 related to the labor and/or delivery of the covered unborn child exists.

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

- **If you go to the ER, be sure to call your Perinatal Provider within 24 hours.**
- **Be sure to show your Parkland CHIP Perinate ID card when you check in to the ER.**



### **What If I Get sick when I Am Out of Town or Traveling Out of State? What If I Am Out of the Country?**



If you get sick while you are out of town or out of state, call your Perinatal. You may also call us at the number on the back of your ID card and a nurse will help you decide what to do. However, if you are having an emergency, go to the nearest ER. Remember to keep your Parkland CHIP Perinate ID card with you at all times. Also remember that the **Parkland CHIP Perinate** does not cover services outside of the U.S.A.

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

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

- Emergency care
- OB/GYN Care

### **What If I Need Services that Are Not Covered by the CHIP Perinatal Program?**

Call your Perinatal Provider to ask about ways to get services not covered by the CHIP Perinatal Program.



## How Do I Get My Prescriptions?

Parkland *CHIP Perinate* does not provide your prescription drugs. These drugs are covered by the CHIP Prescription Drug Benefit (PDB). The CHIP Prescription Hotline number is toll-free 1-866-274-9154.

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

Take your Parkland *CHIP Perinate* ID card with you when you go to the pharmacy. The pharmacy can make sure you are a CHIP Perinate member. The pharmacy may ask for the ID card.

In most cases, you cannot get more than a 34-day supply. The CHIP PDB does not offer drugs by mail order.

The CHIP PDB does not cover:

- Over-the-counter 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 Prescriptions?

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

## Can Someone Interpret for Me When I Talk with My Perinatal Provider?

At anytime during your 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 appointment, or as soon as possible.

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

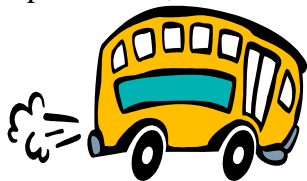
**Language Line** – We provide a language line if your primary language is not English or Spanish. We will find someone who speaks your language. For help, please call Member Services toll-free at **1-888-814-2352**.

**Sign Language** – We can provide sign language interpretation for doctor visits. Please let us know you need these services 72 hours before your 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 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**.



## **How Can I Get a Ride to Medical Services?**

### **Dallas County Members:**

The MomMobile can give you a ride to Parkland Hospital and Parkland Community Oriented Primary Care (COPC) Health Centers for appointments. All you have to do is reserve a spot. Hours of operation are from 8:30 a.m. through 5 p.m., Monday through Friday. You should **call at least one week** before your child's appointment at **214-266-4666**. Please be sure to call because some limitations apply. This is also the number to call if you have a compliment or a complaint for the MomMobile.

## **What Other Services/Activities/Education Does the Plan Offer?**

Some services that Parkland CHIP Perinate 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
- Transportation to medical appointments by the MomMobile to Parkland Memorial Hospital or the Parkland health centers in Dallas County (for Dallas County members only)

Parkland **CHIP Perinate** 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
- Getting ready for baby
- Blood pressure and hypertension
- Stopping smoking
- Lead poisoning prevention
- Prevention of heart disease/stroke
- Dental maintenance
- Asthma



### **What If I Get a Bill from a Perinatal Provider?**

We will only pay for covered services listed on pages 5 - 10 of this handbook. If you get a service from your Perinatal Provider that is not covered, you may have to pay. 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 benefits and help you arrange for the bill to be paid. When you call, please have your Parkland **CHIP Perinate** ID card and the doctor's bill ready. The Member Services representative will need this information to be able to help you.

### **What Do I do If I Have to Move?**

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



## **MEMBER RIGHTS AND RESPONSIBILITIES**

### **MEMBER RIGHTS**

1. You have a right to get accurate, easy-to-understand information to help you make good choices about your unborn child's health plan, doctors, hospitals and other providers.
2. You have a right to know how the perinatal providers are paid. Some may get a fixed payment no matter how often you visit. Others get paid based on the services they provide for your unborn child. You have a right to know about what those payments are and how they work.
3. You have a right to know how the health plan decides whether a perinatal service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.

4. You have a right to know the names of the hospitals and other perinatal providers in the health plan and their addresses.
5. You have a right to pick from a list of health care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
6. You have a right to emergency perinatal services when your unborn child needs them if you reasonably believe your unborn child's life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with the health plan.
7. You have the right and responsibility to take part in all the choices about your unborn child's health care.
8. You have the right to speak for your unborn child in all treatment choices.
9. You have the right to be treated fairly by the health plan, doctors, hospitals and other providers.
10. You have the right to talk to your perinatal provider in private, and to have your medical records kept private. You have the right to look over and copy your medical records and to ask for changes to those records.
11. You have the right to a fair and quick process for solving problems with the health plan and the plan's doctors, hospitals and others who provide perinatal services for your unborn child. If the health plan says it will not pay for a covered perinatal service or benefit that your unborn child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.

## **MEMBER RESPONSIBILITIES**

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

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

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

## **When Does the Coverage Under the CHIP Perinatal Program End? Will the State Send Me Anything When the CHIP Perinatal Program Coverage Ends?**

The CHIP Perinatal Program ends the last day of the baby's birth month. Yes, the State will send you a letter stating when coverage ends.

## **How Does Renewal Work?**

### **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.

## **Does My Baby Receive Benefits at Birth?**

Yes, your child will receive the same benefits as all other the CHIP members, except there are no co-pays while on the CHIP Perinatal Program.

## **Can I Choose My Baby's PCP Before He/She Is Born? Who Do I Call? What Information Do They Need?**

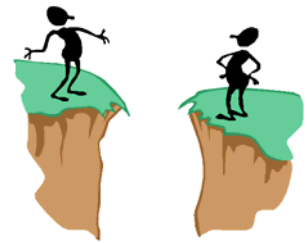
Yes, you can select a PCP before your child is born. You can do this by calling our Member Services Department at 1-888-814-2352 and request a Parkland CHIP Perinate Newborn Provider Directory.

Remember: the PCP will be the one you call when your child needs care. Your child's Parkland

KIDS*first* 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 KIDS*first* and Parkland CHIP Perinate Newborn Provider Directory.

Look in your Parkland KIDS*first* and Parkland CHIP Perinate Newborn Provider Directory for the names, addresses and telephone numbers of Parkland KIDS*first* 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 If I Have a Problem or I Am Not Happy with Parkland CHIP Perinate?



### 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 CHIP Perinate help me file 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, What More Can I Do? 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 *CHIP Perinate* 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

**What Can I Do If Parkland *CHIP Perinate* Denies or Limits My Doctor's Request for a Covered Service?**

If Parkland *CHIP Perinate* denies or limits your doctor's request for a covered service, you have the right to request an appeal with Parkland *CHIP Perinate*. 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 Perinate* program or if a change is made to the state or federal law, which affects some or all of *CHIP Perinate* 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 CHIP Perinate 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 *CHIP Perinate* 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 CHIP Perinate 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 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

### **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 *CHIP Perinate* 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 *CHIP Perinate*  
 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.

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**Thank you for choosing  
Parkland CHIP Perinate...  
it is our pleasure to provide service to you!**

