

# Driscoll Children's Health Plan

an affiliate of Driscoll Health System

[www.dchpKids.com](http://www.dchpKids.com)



## **NUECES SERVICE AREA**

*Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, Karnes, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio and Victoria Counties*

## **CHIP PERINATAL MEMBER HANDBOOK**

**MARCH 2012**

## **MEMBER SERVICES**

**TOLL-FREE:**

**1-877-451-5598**



## Your CHIP Perinatal benefits include:

- ★ **Up to 20 prenatal visits**
  - ★ **Prescriptions and prenatal vitamins**
  - ★ **Hospital care for labor and delivery of the baby**
  - ★ **Two doctor visits for the mother after the baby is born**
  - ★ **Regular checkups, immunizations and prescriptions for the baby after the baby leaves the hospital**
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## Driscoll Children's Health Plan offers you these value added services:

- ★ **TRANSPORTATION SERVICES.** Help with transportation services to medical appointments or prenatal health education classes
- ★ **CELL PHONE.** Loaner cell phone for pregnant members or members with special health-care needs who need one
- ★ **PREGNANCY AND BIRTHING CLASSES.** Prenatal classes and nutritional counseling for pregnant women, including free community baby showers (*currently available in Bee, Jim Wells, Kleberg, Nueces, San Patricio and Victoria counties*)
- ★ **SMOKING CESSATION BENEFITS.** Additional benefits available for over-the-counter smoking cessation products



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# INTRODUCTION

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Welcome to Driscoll Children's Health Plan (DCHP)! We are pleased that you picked our CHIP Perinatal Program to administer your health-care benefits. DCHP has served South Texas children proudly since 1997. We offer doctors you already know and trust. Also, we provide local wellness and preventive care programs as well as health educational programs. Everything you need to keep your family healthy can be found in one place ... with DCHP.

DCHP is owned by Driscoll Children's Hospital in Corpus Christi, Texas. Since it opened its doors in 1953, the hospital has cared for more than 1 million children. During this time, it has grown from a 25-bed hospital to one with doctors in more than 32 medical specialties and 13 surgical specialties. The hospital's goal is to make sure that any child who needs health-care services is taken care of regardless of the family's ability to pay. This goal has helped Driscoll Children's Hospital to become what it is today and to attract some of the finest health-care providers in the nation. Together, DCHP and Driscoll Children's Hospital are names your family can trust.

By picking DCHP, your child will get all the CHIP Perinatal Program benefits – plus more. You will get:

- Your own doctor
- Friendly and confidential staff
- Use of Driscoll Children's Hospital and many other hospitals
- Free health education
- Quality care regardless of nationality, race, religion, origin and gender

This CHIP Perinatal Program Member Handbook contains important information you need to know about your CHIP Perinatal Program benefits and how to get the care you need. Please read over the information carefully and keep it in a place where you can find it easily. References in this handbook to “you,” “my,” or “I” apply if you are a CHIP Member. References to “my child” apply if your child is a CHIP Perinate Member.

Please feel free to call or write us if you have any questions. At DCHP, we are ready to help you any time during the day or night. We have special services for people who have trouble reading, hearing, seeing, or speak a language other than English or Spanish. If you need this handbook on tape (audio), in larger print, in Braille, or another language other than English or Spanish, tell DCHP Member Services at **1-877-451-5598** as soon as possible. DCHP will give these materials to you at no cost.

Also, if you have any questions or concerns about getting care, and feel that you were not allowed to get care because of nationality, race, religion, origin, or gender, please contact DCHP Member Services at **1-877-451-5598** as soon as possible. Your concern will be investigated and fixed quickly.

As you read this handbook, there are a few important things for you to remember:

- While you are pregnant, you will receive a DCHP CHIP Perinatal ID card for your unborn child. Your newborn, after birth, will receive a DCHP ID card for CHIP or Medicaid/STAR. If you have not already received an ID card, you should receive it soon.
- Carry your DCHP CHIP Perinatal ID card with you at all times.
- The doctor(s) you picked when you joined DCHP CHIP will help take care of all your health-care needs for your pregnancy.
- Get to know your Perinatal Provider. Go see him/her as soon as possible.
- Call your Perinatal Provider for appointments. Tell them you are a DCHP CHIP Perinatal member.
- Call your Perinatal Provider whenever you need health care.
- Use the hospital emergency room only for emergencies.

Again, welcome to Driscoll Children's Health Plan! We look forward to serving you!

## IMPORTANT PHONE NUMBERS

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DCHP Member Services can help you with questions about your CHIP Perinatal Program benefits. Our staff speaks both English and Spanish and we have interpreter services for other languages. We can help you from 8 a.m. to 5 p.m. CST, Monday through Friday except for state approved holidays. Call us with questions about

- What services are covered
- Choosing a Perinatal Provider
- Changing your Perinatal Provider
- Getting a new ID card
- Changing your address or phone number
- Complaints and concerns and help solve them

If you need help before 8 a.m. or after 5 p.m., you can call DCHP Member Services and leave us a message. We will return your call on the next working day.

<b>DCHP Member Services:</b>	<b>For English or Spanish: 1-877-451-5598</b>  For those with hearing loss: <b>1-800-855-2880</b> (TTY)  We have interpreter services for other languages.  <b>If there is an emergency or crisis, go to the ER or call 9-1-1.</b>
<b>Write us:</b>	Driscoll Children's Health Plan 615 N Upper Broadway, Suite 1621 Corpus Christi, TX 78401-0764
<b>Pharmacy services</b>	<b>1-877-451-5598</b> for help getting a prescription filled
<b>CHIP Help Line</b>	<b>1-800-647-6558</b>

## HOW DCHIP WORKS

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### Picking a CHIP Perinatal Health Plan

CHIP Perinatal Program coverage lasts until the birth of the baby. During the enrollment process, you will have the chance to pick a CHIP Perinatal Health Plan.

#### **ATTENTION:**

If you meet certain income requirements, your baby will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth.

Your baby will continue to receive services through the CHIP Program if you meet the CHIP Perinatal requirements. Your baby will get 12 months of continuous CHIP Perinatal coverage through his or her health plan, beginning with the month of enrollment as an unborn child.

#### ***What if I want to change health plans?***

- Once you pick a health plan for your unborn child, the child must stay in this health plan until the child's CHIP Perinatal coverage ends. The 12 month CHIP Perinatal coverage begins when your unborn child is enrolled in CHIP Perinatal and continues after your child is born.
- If you live in an area with more than one CHIP health plan, and you do **not** pick a plan within 15 days of getting the enrollment packet, HHSC will pick a health plan for your unborn child and send you information about that health plan. If HHSC picks a health plan for your unborn child, you will have 90 days to pick another health plan if you are not happy with the plan HHSC chooses.
- If you have children covered by CHIP, their health plans might change once you are approved for CHIP Perinatal coverage. When a member of the family is approved for CHIP Perinatal coverage and picks a Perinatal health plan, all children in the family that are enrolled in CHIP must join the health plan providing the CHIP Perinatal services. The children must remain with the same health plan until the end of the CHIP Perinatal member's enrollment period, or the end of the other children's enrollment period, whichever happens last. At that point, you can pick a different health plan for the children.
- You can ask to change health plans:
  - for any reason within 90 days of enrollment in CHIP Perinatal; and
  - for cause at any time.

#### ***Who do I call?***

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

#### ***How many times can I change health plans?***

You can change health plans:

- for any reason within 90 days of enrollment in CHIP Perinatal; and
- for cause at any time.

***When will my health plan change become effective?***

The health plan change will become effective the following month after you requested the change.

***Can DCHP ask that I get dropped from their health plan for non-compliance?***

Yes. Driscoll Children’s Health Plan may request that you be taken out of our health plan for “good cause”. Good Cause could be:

1. Fraud or abuse by a member
2. Threats of physical acts leading to harming of DCHP staff or providers
3. Theft
4. Refusal to go by DCHP policies and procedures, like:
  - a. Let someone use your CHIP ID card
  - b. Miss appointments to your provider over and over
  - c. Rude or act out against a provider or a DCHP staff member
  - d. Keep using a doctor that is not a DCHP provider

Driscoll Children’s Health Plan will not ask you to leave the health plan without trying to work with you. If you have questions about this process, call Member Services at 1-877-451-5598. The Texas Health and Human Services Commission will decide if a Member can be told to leave the program.

***What if I have other family members in CHIP?***

If your other children are in the CHIP Program, they will remain in the CHIP Program, but they will be placed in the same health plan as your CHIP Perinatal Program coverage. Co-payments, cost-sharing, and enrollment fees still apply for your children who are in the CHIP Program.

***Can my newborn be covered by Medicaid?***

An unborn child who is enrolled in the CHIP Perinatal Program will be moved to Medicaid for 12 months of continuous Medicaid coverage, beginning on the date of birth, if your family has an income at or below 185% of the federal poverty level. For a family that has an income of 186% to 200% of the federal poverty level, the child will stay in CHIP after birth for 12 months of continuous CHIP coverage.

**The CHIP Perinatal Program ID Card**

While you are pregnant, you will receive a DCHP CHIP Perinatal ID card for your unborn child. After birth, your newborn will receive a DCHP CHIP Perinatal Newborn ID card for either Medicaid or CHIP.

***Using your DCHP CHIP Perinate ID Card***

Carry your DCHP ID card with you at all times. That way, you will have it with you if there is an emergency. Also, show your ID card to your Perinatal Provider when you go to their office for a visit so that they will know you are a DCHP member.

## Reading your DCHP CHIP Perinate ID Card

The front of the DCHP CHIP Perinatal ID card shows important facts about you. It contains your name, your DCHP ID number, and your unborn child's coverage dates. Also, the ID card lists important phone numbers such as the phone number for DCHP Member Services and prescriptions. An example of your ID card is shown below.

 <p>Member Name: <b>ANN ELWOOD</b> Member ID#: <b>J12345678</b> Effective Date: 01/01/2008 Hospital Facility Billing: [ address depends on poverty level ]</p> <ul style="list-style-type: none"><li>• If 0-185% Federal Poverty Level – TMHP, P.O. Box 200655, Austin, TX 78720-0655</li><li>• If above 185-200% Federal Poverty Level – DCHP, P.O. Box 3688, Corpus Christi, TX 78469-3688</li></ul> <p>Submit Professional Claims to: DCHP, P.O. Box 3688, Corpus Christi, TX 78469-3688 Member Service Phone #: <b>1-877-451-5598</b></p> 	<p><b>Important Information/Información Importante</b></p> <p>24/7 Member Services/Departamento de Servicios para Miembros <b>1-877-451-6688</b> TTY for hearing impaired/TTY para personas con problemas del oído <b>1-800-855-2880</b></p> <p><b>Directions for what to do in an emergency</b> In case of emergency call 911 or go to the closest emergency room.</p> <p><b>Instrucciones en caso de emergencia</b> En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana.</p> <p><b>NOTICE TO PROVIDER:</b> The member whose name appears on the face of this card is covered by Driscoll Children's Health Plan for CHIP services. For provider billing or UM questions, 1-877-924-3627. The toll free UM FAX number is 1-866-741-5650.</p> <p>Pharmacist (Only) Help Desk: <b>1-877-608-6023</b> BIN: 610502 PCN: MCD Rx GRP: DCH</p> <p style="text-align: right;">Rev 3/12</p>
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## If you lose your ID Card or Move

Do not let anyone else use your DCHP ID card. If you lose your DCHP ID Card, call us right away at **1-877-451-5598** to get a new one. If you move or change phone numbers, call us so we can send you a new ID card. We always need to have your correct address and phone number.

## Picking Your Provider

### ***What is a CHIP Perinatal Provider?***

As a Member of DCHP, you will get to pick a doctor, called a Perinatal Provider. This health-care provider will know your medical history. He or she will help you get the care you need so that your newborn can be as healthy as possible. Your Perinatal Provider will provide prenatal care. Also, your Perinatal Provider will make arrangements for medical tests or special treatments if needed. Your Perinatal Provider is the first person you should call when you have a concern about your health or your unborn child's health. He or she will provide the care you need or help direct you to someone who can help you.

Except in an emergency, you should always call your Perinatal Provider before getting health-care services. Your Perinatal Provider or another doctor can be reached by phone 24 hours a day, 7 days a week. If you go to another doctor that is not your Perinatal Provider, you might have to pay the bill.

### ***How do I pick my CHIP Perinatal Provider? Do I need a referral for a Perinatal Provider?***

You can pick a Perinatal Provider from the DCHP Provider Directory or you can get help picking a Perinatal Provider by calling DCHP Member Services at **1-877-451-5598**. If you go to a Provider that is not in DCHP's network, you might have to pay the bill. You do not need a referral to go see your CHIP Perinatal Provider.

### ***Can I stay with a Perinatal Provider if they are not with DCHP?***

If you have 16 weeks or less remaining before the expected delivery date of your baby, you can stay with your current doctor until after your post-partum checkup, even if the doctor is, or becomes, out of network. Otherwise, you will need to pick a Perinatal Provider that is in DCHP's network.

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

Your Perinatal Provider can be a doctor, a health clinic, a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) that is contracted with DCHP to provide pregnancy services.

### ***Can I pick my child's Primary Care Provider before he/she is born? Who do I call? What information do they need?***

You will need to pick a Primary Care Provider for your newborn baby. The Primary Care Provider will be the doctor to give all care to the baby. This includes all checkups and shots (immunizations). You can pick your child's Primary Care Provider before he or she is born, if you would like. Just call DCHP Member Services at **1-877-451-5598** and give us the name and address of the Primary Care Provider you picked from the DCHP Provider Directory. If needed, you can change your baby's Primary Care Provider later. If you do not pick a Primary Care Provider for your baby, DCHP will pick one for you.

***Can a clinic be my baby's Primary Care Provider?***

You can pick a clinic as the Primary Care Provider for your baby. This can be a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC). If you have questions, call DCHP Member Services at **1-877-451-5598**.

***Can a Specialist be my child's Primary Care Provider?***

DCHP might allow a special doctor to be your baby's Primary Care Provider. This is for Children with Special Health Care Needs (CSHCN). You must sign a form call the "Agreement for Specialist to Function as a Primary Care Provider." The Specialist must also sign the form agreeing to be the Primary Care Provider. Our Medical Director will make a decision about approval within 30 days of receiving the form from you. You will receive a letter telling you our decision. If your request is not approved, you do have the right to appeal the decision. (See page 27 about how to file a complaint. See page 29 about how to file an appeal.) The date you can start getting services will be the first day of the month when the request was made.

***Does DCHP offer a physician incentive plan to its Providers?***

A physician incentive plan rewards doctors for treatments that reduce or limit services for people covered by CHIP. Right now, DCHP does not have a physician incentive plan.

## What to do When You Need Health Care

When you need routine health-care services while you are pregnant, your Perinatal Provider is the first person you should call. Your Provider will help you decide if you need to come into his or her office for a visit and help you schedule a visit, if needed.

### ***What do I need to bring to a Provider's appointment?***

When you go to your Provider's office, take your DCHP ID Card with you to the visit. You will need to show them the DCHP ID Card so they will know you are a DCHP Member. It is important to be on time for your visit. If you are not able to keep an appointment, it is important for you to call your Provider's office to let them know as far in advance as possible.

When you go to your appointment, you should take a list of health concerns or problems and a list of medications, including any herbal supplements, you are taking. If you are a new patient, you should bring the appropriate medical records with you as well.

### ***How soon can I be seen after contacting a Perinatal Provider for an appointment?***

You should be able to get an appointment within 2 weeks of request.

### ***How do I get medical care after my Provider's office is closed?***

Except in an emergency, if you get sick at night or on a weekend and cannot wait to get medical care, call your Provider for advice. Your Perinatal Provider can be reached by phone 24 hours a day, 7 days a week.

### ***How do I get my prescriptions?***

You can go to any drug store that is part of the DCHP network. To find the closest drug store, call Member Services at 1-877-451-5598.

There are no co-payments for prescriptions for the CHIP Perinatal Program. In most cases, you cannot get more than a 34-day supply.

The CHIP Perinatal prescription drug benefit does not cover:

- Over-the-counter drugs
- Birth control medications prescribed only for birth control purposes
- Nutritional products
- Drugs that must be given in a doctor's office or health care facility

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

Call Member Services at **1-877-451-5598** if you need help finding a drug store or need help getting your prescription.

## **What to Do if You Get a Bill**

### ***What if I get a bill from a Provider? Who do I call? What information will they need?***

In the CHIP Perinatal Program, there are no co-payments and no deductibles for Members to pay out-of-pocket. All Covered Services should be paid by DCHP directly to your Provider. If you receive a bill from your Provider, call the Provider and give them the information on your DCHP ID card. That way, the Provider will know to send the bill to DCHP and not send it to you. If you still have a problem after that, please call DCHP Member Services at **1-877-451-5598**. We can help your Provider take care of the bill.

## **What to Do if You Need an Interpreter**

### ***Who do I call for an interpreter? How far in advance do I need to call? How can I get a face-to-face interpreter in the provider's office?***

If you need an interpreter, DCHP can help. Either you or your Provider can call DCHP Member Services at **1-877-451-5598** for help. Our staff speaks both English and Spanish and we have Member brochures in both English and Spanish. Also, we can arrange for an interpreter to come to the Provider's office with you to help you during an office visit. You will need to call us at least 48 hours in advance of your visit.

## **What to do if you Move**

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

As soon as you have your new address, give it to the local HHSC benefits office and DCHP Member Services at **1-877-451-5598**. Before you get CHIP services in your new area, you must call DCHP Member Services, unless you need Emergency Services. You will continue to get care through DCHP until HHSC changes your address.

## **Renewal of CHIP Benefits**

### ***When does CHIP Perinatal Program coverage end? How does renewal work? Will the state send me anything when the CHIP Perinatal Program coverage ends?***

Coverage for CHIP Perinate Pregnant Members ends on the last day of the month your baby is born. Coverage for CHIP Perinate Newborn Members ends after 12 months of coverage. In the 10th month of your child's coverage, you will receive a CHIP or Medicaid renewal form for your child. You must fill it out and send it in to HHSC. HHSC will decide if your child is able to get Medicaid or CHIP after his or her CHIP Perinate Newborn coverage ends. Call DCHP Member Services at **1-877-451-5598** for help filling out your renewal application.

## COVERED BENEFITS FOR PREGNANT MEMBERS

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The CHIP Perinatal Program is designed to provide prenatal services to unborn children of pregnant, low-income women who do not qualify for Medicaid. Unlike with CHIP, there is no 90-day waiting period before coverage can begin. Also there is no CHIP asset test before joining.

Covered services for CHIP Perinate Pregnant Members must meet the CHIP Perinatal definition of "Medically Necessary".

### ***What are Medically Necessary Services?***

Medically Necessary Services are health services that are:

- Physical:
  - 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 Disability, cause illness or infirmity of an unborn child, or endanger life the life of an 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 the unborn child's diagnoses;
  - No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
  - Not experimental or investigative; and
  - Not primarily for the convenience of the mother of the unborn child or health care provider.
  
- Behavioral:
  - 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 the a disorder;
  - Provided in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
  - Not experimental or investigative; and
  - Not primarily for the convenience of the mother of the unborn child or health care provider.

**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 that can be safely provided and which could not be omitted without adversely affecting the unborn child's physical health and/or the quality of care provided.

## Know Your Benefits

### ***What are the CHIP Perinatal Program benefits? How do I get these services?***

Benefits and services for pregnant Members are limited to prenatal and postpartum care, and labor and delivery of the child. Below is a listing of the benefits for pregnant Members.

To get these services for your unborn child, refer to the section of this Member Handbook called "How DCHIP Works, What to do When You Need Health Care" on page 8. Also, you can call DCHIP Member Services at **1-877-451-5598** and we will help you learn how to use your unborn child's CHIP Perinatal Program benefits.

<b>What is Covered</b>	<b>Limitations</b>
<p><b>Benefit: Inpatient General Acute and Inpatient Rehabilitation Hospital Services</b></p> <p>Services include</p> <ul style="list-style-type: none"> <li>• Operating, recovery and other treatment rooms</li> <li>• Anesthesia and administration (facility technical component)</li> </ul> <p>Medically necessary surgical services are limited to services that directly relate to the delivery of the unborn child, and services related to miscarriage or non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero).</p> <p>Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) are a covered benefit. Inpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to</p> <ul style="list-style-type: none"> <li>○ Dilation and curettage (D&amp;C) procedures</li> <li>○ Appropriate provider- administered medications</li> <li>○ Ultrasounds</li> <li>○ Histological examination of tissue samples</li> </ul>	<p>For CHIP Perinates in families with incomes at or below 185% of the Federal Poverty Level, the facility charges are not a covered benefit; however, professional services charges associated with labor with delivery are a covered benefit.</p> <p>For CHIP Perinates in families with incomes above 185% to 200% of the Federal Poverty Level, benefits are limited to professional service charges and facility charges associated with labor with delivery until birth, and services related to miscarriage or a non-viable pregnancy.</p>
<p><b>Benefit: Outpatient Hospital, Comprehensive Outpatient Rehabilitation 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</li> <li>• Prescription and injection drugs</li> <li>• Outpatient services associated with miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Outpatient services associated with miscarriage or non-viable</li> </ul>	<ul style="list-style-type: none"> <li>• Requires prior authorization and physician prescription.</li> <li>• Laboratory and radiological services are limited to services that directly relate to ante partum care and/or the delivery of the covered CHIP Perinate until birth.</li> <li>• Ultrasound of the pregnant uterus is a covered benefit when medically indicated. Ultrasound may be indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation, gestational age</li> </ul>

What is Covered	Limitations
<p>pregnancy include, but are not limited to:</p> <ul style="list-style-type: none"> <li>o Dilation and curettage (D&amp;C) procedures</li> <li>o Appropriate provider-administered medications</li> <li>o Ultrasounds</li> <li>o Histological examination of tissue samples</li> </ul>	<p>confirmation or miscarriage or non-viable pregnancy.</p> <ul style="list-style-type: none"> <li>• Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Cordocentesis, FIUT are covered benefits with an appropriate diagnosis.</li> <li>• Laboratory tests are limited to: nonstress testing, contraction, stress testing, hemoglobin or hematocrit repeated once a trimester and at 32-36 weeks of pregnancy; or complete blood count (CBC), urinalysis for protein and 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.</li> <li>• Surgical services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) are a covered benefit.</li> </ul>

<b>Benefit: Physician/Physician Extender Professional Services</b>	
<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 for use of contracted providers.</p> <p>Requires authorization for out-of-network providers.</p>

What is Covered	Limitations
<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> <li>○ Surgical services associated with miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero.)</li> </ul> </li> <li>• Hospital-based Physician services (including Physician performed technical and interpretive components)</li> <li>• 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 confirmation</li> <li>• Professional component of Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Amniocentesis, Cordocentesis, and FIUT</li> <li>• Professional component associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Professional services associated with miscarriage or non-viable pregnancy include, but are not limited to               <ul style="list-style-type: none"> <li>○ Dilation and curettage (D&amp;C) procedures</li> <li>○ Appropriate provider-administered medications</li> <li>○ Ultrasounds</li> <li>○ Histological examination of tissue samples</li> </ul> </li> </ul>	
<b>Benefit: Birthing Center Services</b>	
Covers birthing services provided by a licensed birthing center	<ul style="list-style-type: none"> <li>• Limited to facility services (e.g. labor and delivery)</li> <li>• Applies only to CHIP Perinate Members (unborn child) with incomes at 186% FPL to 200% FPL.</li> </ul>
<b>Benefit: Services rendered by a Certified Nurse Midwife or physician in a licensed birthing center</b>	
Covers prenatal, birthing, and postpartum services rendered in a licensed birthing center.  Visits after the initial visit must include: <ul style="list-style-type: none"> <li>▪ interim history (problems, marital status, fetal status);</li> <li>▪ physical examination (weight, blood pressure, fundal height, fetal position and size, fetal heart rate, extremities) and</li> <li>▪ 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</li> </ul>	Prenatal services subject to the following limitations: Services are limited to an initial visit and subsequent prenatal (ante partum) care visits that include: <ol style="list-style-type: none"> <li>(1) One (1) visit every four (4) weeks for the first 28 weeks or pregnancy;</li> <li>(2) one (1) visit every two (2) to three (3) weeks from 28 to 36 weeks of pregnancy; and</li> <li>(3) one (1) visit per week from 36 weeks</li> </ol>

What is Covered	Limitations
<p>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>to delivery.</p> <p>More frequent visits are allowed as Medically Necessary. Benefits are limited to:</p> <p>Limit of 20 prenatal visits and two (2) postpartum visits (maximum within 60 days) without documentation of a complication of pregnancy. More frequent visits may be necessary for high-risk pregnancies. High-risk prenatal visits are not limited to 20 visits per pregnancy. Documentation supporting medical necessity must be maintained and is subject to retrospective review.</p>

<b>Benefit: Prenatal Care and Pre-Pregnancy 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 4 weeks for the first 28 weeks of pregnancy; one visit every 2 to 3 weeks from 28 to 36 weeks of pregnancy; and one visit per week from 36 weeks to delivery. More frequent visits are allowed as medically necessary.</p>	<ul style="list-style-type: none"> <li>• Does not require authorization for specialty services for use of contracted providers.</li> <li>• Requires authorization for out-of-network providers.</li> <li>• Limit of 20 prenatal visits and 2 postpartum visits (maximum within 60 days) without documentation of a complication of pregnancy. More frequent visits may be necessary for high-risk pregnancies. High-risk prenatal visits are not limited to 20 visits per pregnancy.</li> <li>• Documentation supporting medical necessity must be maintained in the physician's files and is subject to retrospective review.</li> <li>• Visits after the initial visit must include <ul style="list-style-type: none"> <li>○ Interim history (problems, marital status, fetal status)</li> <li>○ Physical examination (weight, blood pressure, fundal height, fetal position and size, fetal heart rate, extremities)</li> <li>○ Laboratory tests (urinalysis for protein and glucose every visit; hematocrit or hemoglobin repeated once a trimester and at</li> </ul> </li> </ul>

What is Covered	Limitations
	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)
<b>Benefit: Emergency Services, including Emergency Hospitals, Physicians, and Ambulance Services</b>	
<p>DCHP cannot require authorization as a condition for payment for emergency conditions related to labor with delivery.</p> <p>Covered services are limited to those emergency services that are directly related to the delivery of the unborn child until birth.</p> <ul style="list-style-type: none"> <li>• Emergency services based on prudent lay person definition of emergency health condition</li> <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 with delivery of the covered unborn child</li> <li>• Emergency ground, air and water transportation for labor and threatened labor is a covered benefit</li> <li>• Emergency ground, air and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit</li> </ul>	Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinate are not a covered benefit.
<b>Benefit: 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.
<b>Benefit: Care Coordination Services</b>	
Care coordination services are a covered benefit for the Unborn Child.	None
<b>Benefit: Drug Benefits</b>	
<p>Services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Outpatient drugs and biologicals; including pharmacy-dispensed and provider-administered outpatient drugs and biologicals; and</li> <li>• Drugs and biologicals provided in an inpatient setting.</li> </ul>	Services must be medically necessary for the unborn child.

***What are my unborn child's prescription drug benefits?***

Prescription drugs are covered for pregnant women in the CHIP Perinatal Program.

***How Do I Get My Medications?***

CHIP Perinatal covers most of the medicine your unborn child's doctor says you need. Your doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription for you.

There are no co-payments required for CHIP Perinate Members.

***How do I find a network drug store?***

Call Member Services at 1-877-451-5598. They will be able to help you find a drug store. You may also visit the DCHP website to find a drug store. The website is [www.dchpkids.com](http://www.dchpkids.com)

***What if I go to a drug store not in network?***

The pharmacy can call the Pharmacy Help Desk number on the back of your ID card. They will help in obtaining a medication for you.

***What do I bring with me to the drug store?***

You will need to bring your CHIP ID card with you to the drug store.

***What if I need my medications delivered to me?***

Call Member Services at **1-877-451-5598** and they will help you find a drug store that delivers medications.

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

Call Member Services at **1-877-451-5598**.

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

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

Call Driscoll Children's Health Plan at **1-877-451-5598** for help with your medications and refills.

***What if I lose my medication?***

Lost medication is not a covered benefit. You may contact your pharmacy for an early refill and pay the cost of the medication.

***What if I need an over the counter medication for CHIP?***

The pharmacy cannot give you an over the counter medication as part of your CHIP benefit. If you need an over the counter medication, you will have to pay for it.

***What if I need more than 34 days of a prescribed medication?***

The pharmacy can only give you an amount of a medication that you need for the next 34 days.

For any other questions, please call Driscoll Children's Health Plan at **1-877-451-5598**.

***What if I need birth control pills?***

The pharmacy cannot give you birth control pills to prevent pregnancy. You can only get birth control pills if they are needed to treat a medical condition.

***What are co-payments? How much do I have to pay for my unborn child's health care under the CHIP Perinatal Program?***

A co-payment is when you have to pay a part of the bill each time your child needs health care services. CHIP Perinate Members do not have any cost-sharing responsibilities so there are no co-payments or deductibles for you to pay.

***What services are not covered by the CHIP Perinatal Program?***

The CHIP Perinatal Program has limited covered benefits for Pregnant Members. Some health-care services are not covered. DCHP and/or your Perinatal Provider will try to help you get care within your community for services that are not covered by the CHIP Perinatal Program for Pregnant Members. You can call DCHP Member Services for help at **1-877-451-5598**.

The benefit exclusions for CHIP Perinate Pregnant Members are

- For CHIP Perinates in families with incomes at or below 185% of the Federal Poverty Level, inpatient facility charges are not a covered benefit if associated with the initial Perinatal Newborn admission. "Initial Perinatal Newborn admission" means the hospitalization associated with the birth.
- Inpatient and outpatient treatments other than prenatal care, labor with delivery, services related to (a) miscarriage and (b) a non-viable pregnancy, 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 labor with delivery of the covered unborn child.
- Transplant services.
- Tobacco Cessation Programs.
- Chiropractic Services.
- Medical transportation not directly related to labor or threatened labor, miscarriage or non-viable pregnancy, 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 with 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. This exclusion is an adverse determination and is eligible for review by an Independent Review Organization as described on page 31 of this handbook.
- 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 with 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 with delivery of the covered unborn child.
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity.
- Medications prescribed for weight loss or gain.
- 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.
- Over-the-counter medications.
- 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 is not covered.

- Donor non-medical expenses.
- Charges incurred as a donor of an organ.
- Coverage while traveling outside of the United States and U.S. Territories (including Puerto Rico, U.S. Virgin Islands, Commonwealth of Northern Mariana Islands, Guam, and American Samoa).

***What if I need services that are not covered by the CHIP Perinatal Program? Will I have to pay for services that are not covered benefits?***

Only those services that are listed in this Member Handbook are paid for by the DCHP CHIP Perinatal Program. You might have to pay for services that are not covered by the CHIP Perinatal Program.

***What health education classes does DCHP offer?***

DCHP has education for members on many different health subjects. There is no charge for DCHP's health education. Health education might include facts on:

- Immunizations
- Special diets for diabetes
- Asthma care
- Wellness programs and health fairs

If you need health education materials in another language, or in another format, call Member Services at **1-877-451-5598**.

***What extra benefits does a DCHP Member get? How can I get these benefits for my unborn child?***

DCHP provides special benefits that are just for DCHP CHIP Perinatal Program Members. To get these services, call DCHP Member Services at **1-877-451-5598**.

<b>Value Added Services</b>	<b>Description of Services</b>	<b>Limitations</b>
Additional Transportation Services	Transportation for medical appointments and health education classes for members needing transportation.	Requires authorization.
Temporary Phone Assistance	Temporary cell telephones available for members who meet medical criteria.	Requires authorization
Pre-natal Education and Nutritional Counseling for Pregnant Women	Offered as baby showers at various locations, at multiple times every month.	Limited to members who reside in Nueces, San Patricio, Victoria, Bee, Jim Wells, and Kleberg Counties, only.
Additional Smoking Cessation Benefits	Additional \$50 benefit available to members	Does not require prior authorization. Restricted to one time reimbursement per member.

# GETTING THE RIGHT CARE AT THE RIGHT TIME WHEN YOU ARE PREGNANT

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To make sure your newborn is as healthy as possible, it is important that you get the health care you need when you need it. Most of the time, you will need only Routine Medical Care from your Perinatal Provider. But sometimes, you might need more. When it is Medically Necessary, DCHP covers Urgent Medical Care or Emergency Medical Care.

## Routine Medical Care

### ***What is Routine Medical Care?***

Routine Prenatal Care includes regular checkups and care during your pregnancy by your Perinatal Provider. During a routine visit, your Perinatal Provider can give you medications, if needed.

- ***How soon can I expect to be seen?***

You should expect your Perinatal Provider to give you an appointment within 14 days from when you call to make an appointment. If you have had previous problems with pregnancies or if you are already 7 months pregnant or more, you should be given an appointment within 5 days of the request.

## Urgent Medical Care

### ***What is Urgent Medical Care?***

Urgent Medical Care involves treatment of a medical problem that is not an emergency, but needs attention the same day. Urgent treatment is needed to keep a medical problem from getting worse.

- ***How soon can I expect to be seen?***

You should expect to be seen for Urgent Medical Care within 24 hours.

You should always call your Perinatal Provider before going to the emergency room or to another provider. If your Perinatal Provider feels you should go to an emergency room, he or she will tell you.

## Emergency Medical Care

### ***What is an Emergency, and Emergency Medical Condition and an Emergency Behavioral Health Condition?***

Emergency care is a covered service if it directly relates to the delivery of the unborn child until birth. Emergency care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions. An "Emergency Medical Condition" is 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 affect the unborn child;
- Serious disfigurement to the unborn child;
- In the case of a pregnant child, serious jeopardy to the health of the woman or her unborn child.

"Emergency Behavioral Health Condition" means any condition, without regard to the nature or cause of the condition, that in the opinion of a prudent layperson, possessing average knowledge of medicine and health:

- requires immediate intervention and/or medical attention without which the mother of the unborn child would present an immediate danger to the unborn child or others; or
- that renders the mother of the unborn child incapable of controlling, knowing or understanding the consequences of her actions.

### ***What is Emergency Services and/or Emergency Care***

"Emergency Services" and/or "Emergency Care" are covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition and/or Emergency Behavioral Health Condition, including post-stabilization care services related to labor and delivery of the unborn child.

**If there is an emergency, go to the closest Emergency Room right away  
or call 9-1-1.**

Examples of when to go to the emergency room are when someone

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

A cold, cough, rash, small cuts, minor burns or bruises are not good reasons to go to the Emergency Room.

**If you go to the Emergency Room, be sure to call your Perinatal Provider within 24 hours or as soon as you are medically stable.**

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

You should expect to be seen for emergent medical care within 24 hours. Emergent medical care is available through the closest hospital 24 hours a day, 7 days a week.

***How do I get medical care after my Perinatal Provider's office is closed?***

If you need care at night or on a weekend and you cannot wait to get medical care, call your Perinatal Provider for advice. The Perinatal Provider or another doctor can be reached by phone 24 hours a day, 7 days a week. You should be able to reach your Perinatal Provider within 30 minutes of contacting the answering service.

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

When you will be temporarily away from home, you should call your Perinatal Provider ahead of time to schedule office visits or obtain prescriptions to last for the duration of your stay. If you need medical care when traveling, call DCHP Member Services toll-free at **1-877-451-5598** and we will help you find a doctor. If you need emergency services while traveling, go to a nearby hospital, then call DCHP Member Services at **1-877-451-5598**.

***What if I get sick when I am out of state?***

If you need medical care when traveling, call us toll free at **1-877-451-5598** and we will help you find a doctor. If you need emergency services while traveling, go to a nearby hospital, then call us toll free at **1-877-451-5598**.

***What if I get sick when I am out of the country?***

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

# MEMBER RIGHTS AND RESPONSIBILITIES FOR PREGNANT WOMEN

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As a pregnant Member of DCHP, you have rights and responsibilities. If you have any questions or concerns, please call us. We are here to help. You can call us toll-free at **1-877-451-5598**.

## **Members Have The Right To:**

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 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.

12. You have a right to know that doctors, hospitals, and other Perinatal Providers can give you information about your or your unborn child's health status, medical care, or treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.

## **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. You must try to follow healthy habits. Stay away from tobacco and eat a healthy diet.
2. You must become involved in the decisions about your unborn child's care.
3. If you have a disagreement with the health plan, you must try first to resolve it using the health plan's complaint process.
4. You must learn about what your health plan does and does not cover. Read your CHIP Perinatal Program Member Handbook to understand how the rules work.
5. You must try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
6. You must report misuse of CHIP Perinatal Program services by health care providers, other Members, or health plans.

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

## **COVERED BENEFITS FOR NEWBORNS**

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CHIP Perinatal Program coverage starts the first day of the month your unborn child joins the program. Coverage lasts for 12 months if the family's income is above 185% of the federal poverty level but below 200% of the federal poverty level. For example, if your baby joins when you are 3 months pregnant and the child is born 6 months later, your baby will have 6 months of prenatal care, and 6 months of full CHIP coverage upon delivery. If the family's income is at or below 185% of the federal poverty level, your baby will get 12 months of continuous Medicaid coverage beginning at birth.

Covered services for Newborn can be found in either the CHIP Member Handbook or the Medicaid/STAR Member Handbook. This handbook will be mailed to you once your baby is born.

# COMPLAINT PROCESS

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We want you to be completely satisfied with Driscoll Children's Health Plan. We are here to help you. So, if you have a problem, we want to know about it as soon as possible. You can call our Member Services Department at **1-877-451-5598** when you are not satisfied. A complaint is when you are not happy with your health care or services given by your Provider or his or her staff. A complaint is also when you are not happy with the services or staff at DCHP.

## Step 1: How to File a Complaint

We want to help. If you have a complaint, please call us toll-free at **1-877-451-5598** to tell us about your problem. A Driscoll Children's Health Plan Member Services Advocate can help you file a complaint. Just call **1-877-451-5598**. Most of the time, we can help you right away or at the most, within a few days.

### ***What should I do if I have a complaint? Who do I call? Can someone from DCHP help me file a complaint?***

A DCHP Member Services Advocate will help you file a complaint and will explain the complaint process. If you call us with a complaint, we will send you a one page complaint form for you to complete. You must send this form back to us right away. This will help us fix your problem quickly. If you need help with the form, the Member Services Representative can help. Also, your doctor can file a complaint for you. We will not punish you or your doctor for filing a complaint.

To get help from DCHP with filing a complaint,

Call us: Driscoll Children's Health Plan  
DCHP Member Services  
1-877-451-5598

Write to us: Driscoll Children's Health Plan  
ATT: Complaints Coordinator  
615 N Upper Broadway, Suite 1621  
Corpus Christi, TX 78401-0764

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

Most of the time, we can help you right away or, at the most, within a few days. We will send you a letter within 5 working days telling you we have received your complaint. Within 30 days of receiving your written complaint, we will mail you a letter with the outcome of the complaint. This outcome letter will include our resolution, the specific medical or contractual reason, the doctor or other provider we consulted, the type of doctor we consulted, and the appeals process with deadlines, if you do not like our response.

### ***What are the requirements and timeframes for filing a complaint?***

For most issues, you can file a complaint at any time. However, the timeframe to file a complaint is different when we have denied a service because it is not a covered benefit. For

a complaint about a denied service, you must contact us within 30 days of getting our denial letter.

After you file a complaint, we will send you a letter to let you know we received the complaint. This letter will be sent within 5 days of receiving your complaint. We will send you a one page form to complete and mail to us. We will not punish you for filing a complaint.

All complaints are reviewed to make sure that there is follow-up. They are also reviewed to make sure that timely answers are given.

## **Step 2: How to Appeal the Outcome of a Complaint**

### ***If I am not satisfied with the outcome, who else can I contact?***

If you are not satisfied with the answer to your complaint, you can also complain to the Texas Department of Insurance by calling toll-free to 1-800-252-3439. If you would like to make your request in writing send it to:

Texas Department of Insurance  
Consumer Protection  
P.O. Box 149091  
Austin, Texas 78714-9091

### ***Do I have the right to meet with a Complaint Appeal Panel?***

You also have the right to appear before a Complaints Appeal Panel. This panel is made up of DCHP employees, doctors, and other CHIP Members. The doctors on this panel were not involved with the original complaint response. The doctors will have experience in the care that is being reviewed. You can also submit a written appeal to the Complaints Appeal Panel. DCHP will complete the appeals process by the 30<sup>th</sup> day after the date the written request for appeal was received.

If your appeal is for an ongoing emergency or continued stay in the hospital, we will review this appeal quickly depending on the immediacy of the case. We will respond no later than 1 business day after the request for appeal is received. Because of this urgent review, your appeal will be reviewed by a doctor or provider of similar specialty as the condition, procedure or treatment for your child, and the doctor or provider will not have been involved with your child's care before.

# HOW TO APPEAL A DENIED SERVICE

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## Adverse Determinations

### ***What can I do if DCHP denies or limits a service? How will I find out if services are denied?***

There might be times when the DCHP Medical Director limits or does not approve services that your doctor requested. If this happens, you will be sent a letter telling you the services were not approved. This is called an Adverse Determination.

### ***When do I have the right to ask for an appeal?***

If the DCHP Medical Director denies or limits a service, you can appeal this decision.

If you wish to appeal a denial of a service that is not covered by the CHIP Perinatal Program, then you will need to file a complaint. See page 26 to see how to file a complaint.

### ***What are the timeframes for the Appeal Process?***

You will have 30 days from the date on the denial letter to appeal. We will send you a letter within 5 days of receiving your appeal, to let you know that we received it. We will complete the appeal review within 30 days. If we need more time to review the appeal, we will send you a letter telling you why we need more time.

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

You or your provider can appeal verbally or in writing. If you ask for an appeal verbally, you or your provider will need to put the appeal in writing.

### ***Can Someone from DCHP Help me File an Appeal?***

If you need help in filing an appeal, call DCHP Member Services at **1-877-451-5598**.

## Expedited Appeal

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

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

### ***How do I ask for an expedited appeal?***

You can call DCHP Member Services at **1-877-451-5598** to ask for an expedited appeal.

### ***Does my request for an expedited appeal have to be in writing?***

Your request does not have to be in writing. You or your doctor can ask for this type of appeal.

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

Your request will be reviewed and a response will be given to you and your doctor within 1 day of asking for the appeal.

***What happens if DCHP denies my request for an expedited appeal?***

You can discuss your request for an expedited appeal with the Medical Director if there are questions. Requests for expedited appeal are very serious. We want to make sure your child receives the care that is medically necessary.

***Who can help me in filing an appeal?***

If you need help with filing an expedited appeal, call DCHP Member Services at **1-877-451-5598**.

# INDEPENDENT REVIEW ORGANIZATION PROCESS

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## What is an Independent Review Organization (IRO)?

An Independent Review Organization (IRO) is an organization that the Texas Department of Insurance (TDI) picks to review appeals for health plans. When a Member or doctor is not happy with DCHP's response to an appeal, this organization will make a decision in the appeal. This organization reviews adverse determinations (denials) that were made by DCHP, and the denial was upheld when you sent us an appeal. An adverse determination is a determination (decision) by a utilization review agent (like DCHP) that health-care services provided or proposed to be provided to a patient (or Member) are not medically necessary or are experimental or investigational. Utilization review means a process for review that includes prospective (in the future), concurrent (what is happening right now) or retrospective review (what has happened in the past) of the medical necessity and appropriateness of health-care services. This also includes a review prospective, concurrent, or retrospective review to determine the experimental or investigational nature of health-care services. This Independent Review Organization can review an appeal for experimental and investigational service request that has been denied by DCHP.

## How do I ask for a Review by an IRO?

If you have filed an appeal, we will send you forms along with our appeal response. These forms are to ask for an Independent Review Organization to review your appeal. This is done if you are not happy with the results of the DCHP appeal. To ask for a review by an Independent Review Organization, call DCHP at **1-877-451-5598**. You will need to complete the IRO form that DCHP sent to you and fax it to us at **361-882-4520**. You can also mail it to us at:

Driscoll Children's Health Plan  
**ATT: Appeals Coordinator**  
615 N Upper Broadway, Suite 1621  
Corpus Christi, Texas 78401-0764

We will send your request to TDI right away.

## What are the Timeframes for the IRO Process?

TDI will arrange for an Independent Review Organization (IRO) to review your appeal within 1 business day after they receive the request. The IRO will review your case. They will make a decision about the service within 15 days, but no longer than 20 days after they receive the request. DCHP will follow the IRO decision. We will pay for the IRO process. We will also pay for the service if the IRO decision is to offer the service.

## What if I Need an Appeal Decision Quickly?

If your child is in the hospital or needs an appeal decision quickly due to his/her condition, call DCHP right away. You do not need to go through the regular appeal process. We will send your request to TDI right away. The IRO will make a decision about your child's care within 5 days, but no longer than 8 days after they receive the request. DCHP will follow the IRO decision. We will pay for the IRO process.

# REPORT CHIP WASTE, ABUSE OR FRAUD

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## Do you want to report CHIP Waste, Abuse, or Fraud?

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

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

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

- Call the OIG Hotline at **1-800-436-6184**.
- Visit <https://oig.hhsc.state.tx.us/> and pick "Click Here to Report Waste, Abuse, and Fraud" to complete the online form.
- You can report directly to your health plan at **1-877-324-7543** or by mail at

**Driscoll Children's Health Plan**  
**ATT: Compliance Officer**  
**615 N Upper Broadway, Suite 1621**  
**Corpus Christi, Texas 78401-0764**

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

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

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

When reporting about someone who gets benefits, include

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

## NOTES