

Section 3: Eligibility of Members

HHSC Determines Eligibility

The Texas Health and Human Services Commission (HHSC) is responsible for determining CHIP and Medicaid/STAR eligibility. For information regarding eligibility, contact HHSC CHIP hotline at **1-800-647-6558** or STAR hotline at **1-800-964-2777**.

For other assistance, call **DCHP Member Services** at the numbers shown on this page.

Role of Enrollment Broker

HHSC uses an Enrollment Broker to receive and process applications for CHIP and Medicaid/STAR. The enrollment broker cannot authorize or determine eligibility. The role of the enrollment broker is to ensure that all required documentation and forms are gathered. Once eligibility is determined by HHSC, the enrollment broker mails out welcome letters and information on the available health plans in each area. The enrollment broker receives each member's plan and PCP selection documentation and notifies health plans of their new members.

General Eligibility for Medicaid/STAR

STAR members receive a monthly Medicaid Form 3087 (see Appendix A) from the State, confirming eligibility on a month-to-month basis. The STAR eligibility form includes information of which health plan the STAR member is enrolled.

If a STAR member loses their Medicaid Form 3087, they may obtain a temporary Medicaid form. This form is called a Temporary ID (Form 1027-A). They may obtain more information regarding this temporary ID by calling the **STAR Help Line at 1-800-964-2777**.

If a member becomes temporarily (for six months or less) ineligible for Medicaid and regains eligibility status during the initial six-month timeframe, the member will be automatically reenrolled in the health plan they were in when eligibility was lost.

The geographic area served by DCHP is a mandatory enrollment area. All persons eligible for Medicaid in the Temporary Aide to Needy Families (TANF) category or in the child categories,

DCHP Provider Services 1-877-DCH-DOCS (324-3627)

Prior Authorization and Referrals: 1-877-455-1053 (FAX 1-866-741-5650)

Case Management: 1-877-222-2759

CHIP Member Services: 1-877-451-5598 STAR Member Services: 1-877-220-6376

Member Services FAX: 3631-904-0187

must enroll in a health plan and select a Primary Care Physician who participates in that health plan's network.

General Eligibility for CHIP

Children under age 19 and whose family's income is below 200% of the federal poverty level (FPL) are eligible to enroll in the CHIP program if they do not qualify for Medicaid/STAR coverage. The four CHIP eligibility categories are:

- At or below 100% of FPL
- 101% to 150% of FPL
- 151% to 185% of FPL
- 186% to 200% of FPL

CHIP enrollment period is a six (6) month period. Prior to the end of the eligibility period, members are sent re-enrollment packets to complete and return to the enrollment broker. Members should complete the necessary forms and return as soon as possible to the enrollment broker to prevent lapses in coverage. Physicians should encourage members to re-enroll.

Children of families with Group Health Insurance or Medicaid coverage for the children are NOT eligible for the CHIP program.

Pregnant members are no longer automatically disenrolled from CHIP and placed in Medicaid. Health plans notify the enrollment broker when a CHIP member is pregnant and a re-determination for Medicaid eligibility occurs. This process can take up to an average of 60 days.

Newborn Enrollment

If a woman is a DCHIP CHIP or STAR member at the time of delivery, the newborn is automatically a DCHIP CHIP or STAR member from its date of birth. DCHIP will notify the enrollment broker, and the application process of the newborn will take place.

If a newborn is the child of an undocumented worker, or the mother is not a DCHIP member at the time of birth, the newborn must follow the enrollment process for the STAR program. The local TDHS should be contacted to obtain Medicaid eligibility, and the **STAR Help Line (1-800-964-2777)** should be contacted for enrollment information.

NOTE: For information on billing for newborn delivery, see the applicable section in Chapter 9.0 of this manual.

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Verifying Member Eligibility

Providers can verify a member's eligibility in several ways.

1. Call DCHP Member Services during normal business hours at the phone numbers shown on this page.
2. Access the DCHP web site at www.dchpkids.com and follow the procedures found there. Providers must sign-up with DCHP to gain access to inquiry processes on the DCHP web site.
3. Contact the State's enrollment broker during normal business hours at: for **CHIP - 1-800-647-6558** and for **STAR – 1-800-964-2777**.
4. For STAR members, eligibility may be verified through TexMedNet. These services are available 24 hours a day, 7 days a week through your personal computer. To obtain access to TexMedNet it is necessary to order TDHconnect. This may be done by faxing a request to **1-512-514-4228**. Information to be included with the faxed request is:
 - a. State on fax the request for TDHconnect
 - b. Organization name
 - c. Contact name
 - d. Contact phone number and fax number

Provider should review the Member ID card to ensure that the member has a valid ID card.

NOTE: Presentation of a DCHP identification card DOES NOT guarantee eligibility.

Member ID Cards

Samples of the DCHP Member identification cards are shown at the end of this section. The ID cards for STAR and CHIP are slightly different and the contact telephone numbers for Customer Service and some other services may be different.

Members' Right to Change Primary Care Physicians

Please refer to PCP Panel Changes in Section 2 of this manual.

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Members' Right to Change Health Plans

Members have the right to change their health plan after selecting or being assigned to a plan. Requests to change health plans must be approved by HHSC. However, a member cannot change from one health plan to another health plan during an inpatient stay. CHIP members are only allowed to change health plans once a year. STAR members may change health plans monthly. Health plan changes occur with HHSC. Members must contact the **CHIP Help line at 1-800-647-6558**, or the **STAR Help line at 1-800-964-2777**.

For STAR members only:

If a STAR member calls to change health plans on or before the 15th of the month, the change will take place on the first day of the next month. If they call after the 15th of the month, the change will take place the first day of the second month after that. For example:

- If a request for plan change is made on or before April 15, the change will take place on May 1.
- If a request for plan change is made after April 15, the change will take place on June 1.

For CHIP members only:

CHIP members are allowed to change health plans once a year. The member may request to change health plans at other times, but must have exceptional reasons or good cause. Requests are forwarded to HHSC, who makes the final determination.

Disenrollment from Health Plan

STAR/Medicaid

A request to remove a member from the health plan must be forwarded to HHSC. Providers must provide adequate documentation to justify disenrollment, and there must be sufficient compelling circumstances to warrant disenrollment. The provider cannot make this request as retaliatory action against the member. Medical records must be sent to justify the request. All requests and documentation will be forward to HHSC to make the determination. HHSC has the final decision authority.

CHIP

Providers may not request that a member be disenrolled form the health plan, and from managed care, without good cause. The provider cannot make this request due to retaliatory action against the member. All requests are forwarded to HHSC, who makes the final decision.

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Front of CHIP ID Card


Children's Health Insurance Program (CHIP)

Member Name: Jane Doe	
Member ID# XXX-XX-XXXX-01	Co-payment Amounts/Co-pagos:
Sex: F	Office Visit \$5.00
Effective Date: 01/01/2006	ER: \$5.00
PCP: Joe B. Doctor	In-Patient: \$25.00
PCP Phone #: (361)00-0000	RX Brand: \$10.00
Effective Date of PCP: 01/01/2006	RX Generic \$10.00

Customer Service Phone #: 1-877-451-5598



Back of CHIP ID Card

Important Information/Información importante

Member Services (toll-free)/Departamento de Servicios para Miembros (gratis)	1-877-451-5598
TTY for hearing impaired/TTY para personas con problemas del oído	1-800-855-2880
24 Hour Behavioral Health Hotline/ Línea de Servicios de Salud Mental	1-877-330-3312
Vision Services/Servicios para la vista	1-888-268-2334
Prescription Drugs Help Line	1-866-274-9154


In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours. En caso de emergencia, llame al 911 ó vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP dentro de las 24 horas.

NOTICE TO PROVIDER: 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, 1-877-324-3627. The toll free UM FAX number is 1-866-741-5650.

Submit Claims to: DCHP, P.O. Box 3668, Corpus Christi, Texas 78469-3668

CHIP prescription drugs covered by CHIP Prescription Drug Benefit by the state of TX.

CAREMARK Help Desk 1-800-345-5413
BIN: 004336 PCN: ADV RxGRP: RX 4020

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Front of STAR ID Card

	
STAR/Medicaid	
Member Name: Jane Doe	Effective Date: 01/01/2006
Member ID# XXX-XX-XXXX-01	PCP: Joe B. Doctor
Sex: F	PCP Phone#: (361)00-0000
	Effective Date of PCP: 01/01/2006
	
Customer Service Phone #: 1-877-220-6376	

Back of STAR ID Card

<u>Important Information/Información importante</u>	
Member Services (toll-free)/Departamento de Servicios para Miembros (gratis)	1-877-220-6376
TTY for hearing impaired/TTY para personas con problemas del oído	1-800-855-2880
24 Hour Behavioral Health Hotline/ Línea de Servicios de Salud Mental	1-877-244-4142
Vision Services/Servicios para la vista	1-866-838-7614
Prescription Drugs Help Line	1-800-252-8263
In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours.	En caso de emergencia, llame al 911 ó vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP dentro de las 24 horas.
NOTICE TO PROVIDER: The member whose name appears on the face of this card is covered by Driscoll Children's Health Plan for STAR services. For provider billing or UM questions, 1-877-324-3627. The toll free UM FAX number is 1-866-741-5650.	
Submit Claims to: DCHP, P.O. Box 3668, Corpus Christi, Texas 78469-3668	
<u>STAR prescription drugs covered by STAR Prescription Drug Benefit by the state of TX.</u>	
CAREMARK Help Desk: 1-800-345-5413 BIN: 004336 PCN: ADV RxGRP: RX 4020	
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