

A Consumer Guide to Better Health Care

**Nothing is more important than your health
or the health of your children.**

**Use this guide to get services and
stay healthy.**

IMPORTANT NOTE: The policies and information in this guide may change after printing. Please refer to the Texas Health and Human Services Commission (HHSC) webpage at www.hhsc.state.tx.us/medicaid/cs/cs_resources.html for updates to this guide.

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Getting the Health Care You Need for Your Family

Texas offers different health care options for you and your family. Depending on your income, you or your children may qualify for one of three programs:

- ◆ **Medicaid** (For more information, go to page 5.)
- ◆ **Medicaid Managed Care** (For more information, go to page 21.)
- ◆ **Children’s Health Insurance Program (CHIP)** (For more information, go to page 32.)

This guide describes each of these health care options and helps you determine which option you qualify for. If you do not qualify for Medicaid, Medicaid Managed Care, or CHIP, you may qualify for health benefits through local resources or your employer.

Always remember, you can ask for help or directions by using the **Resources** in the back of this guide or by calling the phone numbers provided throughout this guide.

Prepare Yourself

When applying for one of Texas’ health care plans, you may need to show some identification or other information. You may not need all of this information for every program, but it is best to be prepared.

- 1) Bring an **ID card** for yourself and legal resident papers for all family members who are applying for benefits.
- 2) Have proof of all family members’ **monthly income** and resources (for example: money you have in the bank, paycheck stubs, and the make, model, and year of your car/cars).
- 3) Have the **Social Security numbers** for all persons applying for benefits. Social Security numbers are not required of parents applying for their children.

Remember to:

- ◆ Ask questions and **get answers that make sense to you!** Ask for a supervisor, if needed.
- ◆ Get the names and telephone numbers of every person with whom you speak.
- ◆ Get rules, decisions, and answers in writing. Keep a copy for your records.

You have the power to make a difference in your health care!

I. MEDICAID

What is Medicaid?

Medicaid is a program that offers health care services to persons who have limited income, are pregnant, and/or persons with disabilities.

To qualify for Medicaid, you or your children must:

- ◆ Be a Texas resident.
- ◆ Be a U.S. citizen or a legal resident.
- ◆ Meet certain resource and income limits.
- ◆ Fit into one of these groups:
 - ◆ Families and children with limited income
 - ◆ Children
 - ◆ Pregnant women
 - ◆ Non-U.S. citizen needing emergency medical services
 - ◆ Children who are medically needy due to high medical bills (under 19 years of age)
 - ◆ Recipients of Supplemental Security Income (SSI) from Social Security Administration
 - ◆ Persons having low-income and needing long-term care or help with daily activities (see page 12)

Once you are enrolled in Medicaid, the state will send you a Medicaid ID form (Form 3087). Keep this form in a safe place! You have to show this every time you see your doctor or fill a prescription using Medicaid.



IMPORTANT: If you change addresses or phone numbers:

- 1) Call your local Texas Health and Human Services Commission (HHSC) office so that you can continue to receive your Medicaid ID form every month.
- 2) If you receive SSI, call your local Social Security office when you need to make changes.

How Do I Apply for Medicaid?

There are different ways to apply for Medicaid:

- ◆ If you are a person with a disability or a person over 65 years of age with limited income and receive Supplemental Security Income (SSI), you do not have to apply for Medicaid. You will receive Medicaid automatically when you receive SSI. Go to your local Social Security Administration office to apply for SSI.
- ◆ Applications for children (age 18 or younger) can be done by mail, with no appointment required. Call TexCare at 1-800-647-6558 or your local HHSC office to get a mail-in application form. When your child gets Medicaid for the first time, you will need to get a “Health Care Orientation” to tell you the basics about how Medicaid works and the importance of checkups for your child. You should do this as soon as possible. If you do not get a “Health Care Orientation” by the 6th month of your child qualifying for Medicaid, you will have to go to your local HHSC office to renew your child’s Medicaid.
- ◆ All other persons must apply for Medicaid through your local HHSC office or a HHSC caseworker in a hospital or clinic.

When you apply with your local HHSC office, you will need to take or mail (if available):

- ◆ **Pay stubs** or other papers to show all family members’ monthly income.
- ◆ **Social Security numbers** for all individuals who want Medicaid.
- ◆ Papers that show your **resources** for all individuals who want Medicaid (for example: bank records, make, model, and year of your cars). This is not needed if you are applying because you are pregnant or if you are applying only for children (age 18 or younger).

- ◆ **Legal resident papers** if you are not a U.S. citizen and you want Medicaid for yourself.
- ◆ **Proof of residence** (for example: utility bill, letter from your landlord). This is not needed if you are applying only for children (age 18 and younger).

NOTE: You may ask a friend or other person you choose to be your “authorized representative” to go to the HHSC office to apply for you. You may also ask for a language or a sign interpreter to help you apply. Ask for an interpreter when you call to set up an appointment.

For more information or to locate your local Texas Health and Human Services Commission Office, call HHSC at 1-888-834-7406 (toll-free).

For people with hearing or speech impairments, call the TDD number at 1-888-425-6889 (toll-free).

To locate a Social Security Administration office near you, call 1-800-772-1213. For people with hearing and speech impairments, call the TDD number at 1-800-325-0778.

For more information on the “Health Care Orientation” call THSteps at 1-877-847-8377 (toll-free).

Medicaid Services

Medicaid gives you many services that will help you and your children stay healthy.

Below is a listing of some, but not all, Medicaid services.

- ◆ Ambulance services
- ◆ Attendant/personal assistance services
- ◆ Birthing center
- ◆ Case management for persons with chronic mental illness; persons with mental retardation/related conditions; women with high-risk pregnancies and infants; children with health risk or health conditions
- ◆ Certified family practitioner or nurse midwife
- ◆ Chemical dependency treatment facilities for children (under 21 years of age)
- ◆ Chiropractic services for children (under 21 years of age)
- ◆ Clinic visits
- ◆ Day activity and health services
- ◆ Dental care for children (under 21 years of age)
- ◆ Dialysis
- ◆ Doctor visits (including psychiatrists)
- ◆ Emergency medical services (see page 17)
- ◆ Family planning services
- ◆ Home and community-based services
- ◆ Home health services, including durable medical equipment
- ◆ Hospice care
- ◆ Hospital services: inpatient and outpatient
- ◆ Intermediate care facilities for persons with mental retardation (ICF-MR)
- ◆ Lab tests (i.e. blood work, urine samples)
- ◆ Medical and dental checkups for children (under 21 years of age) through the Texas Health Steps Program (see page 10)
- ◆ Rehabilitative services for mental illness, psychiatrist's services and inpatient medical stabilization for chemical dependency in a general acute hospital
- ◆ Nursing homes
- ◆ Optometry
- ◆ Glasses and contact lenses for children (under 21 years of age)
- ◆ Physical, occupational, and speech therapy
- ◆ Podiatry for children (under 21 years of age)
- ◆ Prenatal care
- ◆ Prescription drugs (see page 12)
- ◆ Psychiatric hospitals for children (under 21 years of age)
- ◆ Psychiatrist
- ◆ Psychologists, master's level counselors for children (under 21 years of age)
- ◆ Rehabilitative services for people with severe mental illness
- ◆ Transportation (see page 13)
- ◆ X-rays

The State of Texas may limit some of these services.

For more information about Medicaid Services, contact the Medicaid Hotline at 1-800-252-8263 or visit your local HHSC Office.

For people with hearing or speech impairments, call TDD Relay Texas at 1-800-735-2989.

Important Facts About Medicaid

Families and Children with Limited Income

Both single and two-parent families with dependent children may qualify for monthly cash assistance through the Temporary Assistance for Needy Families (TANF) Program and/or Medicaid if their income is limited. Children may also qualify for TANF when a child lives with a relative other than their legal parent. Qualifying income requirements change every year. To get these income requirements, you may call HHSC at 1-888-834-7406, or go to www.txstars.net or to www.cppp.org.



IMPORTANT INFORMATION:

- ◆ If you receive TANF, you will automatically receive Medicaid for yourself and your children.
- ◆ If you do not want to receive TANF, but your income is low enough to qualify, you may still get Medicaid for yourself and your children.
- ◆ If you stop getting cash assistance through TANF because your earnings increase, your children may still qualify for Medicaid or your household may still qualify for Medicaid for 12 more months.

Children

Children under the age of 19 years may qualify for Medicaid benefits, if:

- ◆ They are in a family with income below the federal income guidelines, and their family meets special resource limits for children.
- ◆ Children under age 6 can come from families with higher incomes (above the federal income guidelines), and infants under age 1 can have even higher family income.
- ◆ Children under 19 can be covered, whether they live with one parent, two parents, a grandparent, another relative, or on their own.

Pregnant Women

Early prenatal care is important for you and your baby.

If you are pregnant, it is much easier and faster to qualify for Medicaid benefits.

Follow these steps to get on Medicaid:

- 1) Apply at your local HHSC office or visit with a HHSC caseworker in a hospital or clinic.
- 2) Make sure you take all important papers with you (see page 6 for papers that you will need).
- 3) Once you get all of this done, you can request a phone or in-person interview with HHSC to determine if you qualify.

IMPORTANT: In getting Medicaid, you and your child will receive all Medicaid services during your pregnancy and up to two months following the birth of your child. You will be able to select a health care provider to give services to you during your pregnancy. Once born, your child may also qualify for Medicaid benefits up to one year of age or even longer.

Make sure you apply for Medicaid as soon as you find out that you are pregnant.

If you are pregnant, on Medicaid, and live in one of the Medicaid Managed Care areas, you will have 15 days to pick your health plan and primary care provider (PCP). See pages 21–31 to find out more information about Medicaid Managed Care.

You can call the STAR Helpline at 1-800-964-2777 to help you select a health plan that includes your current prenatal care provider or to help you choose an OB/GYN care provider that can meet your needs.

IMPORTANT: If you are in Medicaid Managed Care and do not choose a health plan and primary care provider within 15 days, one will be chosen for you. It is important that you choose your own health plan and health care provider who can give you the care you need to keep yourself and your baby healthy.

Once you are enrolled in a health plan, someone from that health plan will contact you to see if you have an appointment scheduled or to help you make your first prenatal appointment. You should have your first appointment with your doctor scheduled within two weeks.

Don't wait. It is important to the health of you and your baby.

If you need help finding a prenatal care provider who accepts Medicaid, call the Medicaid Hotline at 1-800-252-8263. For people with hearing or speech impairments, call TDD Relay Texas at 1-800-735-2989.

Services for Non-Citizens

If you are not a U.S. citizen, you may still qualify for Medicaid benefits.

- ◆ All U.S. citizen children (all children born in the U.S.) can qualify for Medicaid regardless of the immigration status of the parents.
- ◆ Many legal immigrants qualify for Medicaid benefits:
 - ◆ If you came to the U.S. before August 22, 1996, you may qualify for Medicaid;
 - or
 - ◆ If you are a refugee or asylee, you may get Medicaid benefits.

IMPORTANT EMERGENCY SERVICES: You may still qualify to have Medicaid pay for emergency medical treatments, including labor and delivery, if:

- ◆ You are a legal immigrant who came to the U.S. after August 22, 1996.
- ◆ You are in your first five years in the U.S.
- ◆ You are an undocumented immigrant, temporary worker, student, or other non-U.S. citizen who does not meet Medicaid's citizenship requirements.

Medically Needy Due to High Medical Bills

The Medically Needy Program provides Medicaid benefits to children younger than age 19, and pregnant women whose families make too much money for regular Medicaid. This means that the pregnant woman or child may qualify for the Medically Needy Program if they have high medical bills and they do not have enough monthly income to pay these bills. The pregnant woman or child can qualify for this program on a month-to-month basis. Some of these bills may include:

- ◆ Doctor's visits
- ◆ Prescriptions
- ◆ Past medical bills
- ◆ Medical insurance charges

NOTE: The Medically Needy Program is not for people who qualify for any other Medicaid program.

For questions about the Medically Needy Program, please call 1-800-335-8957.

If you receive medical services through the regular Medicaid Program and are receiving a bill from a medical provider, please call 1-800-335-8957.



Accident-Related Services

If Medicaid has paid for medical care you may have received as a result of an accident or injury, you must notify the Third Party Recovery (TPR) Unit at 1-800-846-7307 or by mail to the following address:

TPR
 PO Box 202948
 Austin TX 78720-2948

You must provide the following information:

- ◆ Medicaid client name
- ◆ Medicaid ID number
- ◆ Date of accident/injury

You must also provide the name, address, and phone number of the attorney/casualty insurance company if any of the following applies to your situation:

- ◆ You have an attorney representing you
- ◆ There is a casualty insurance company involved
- ◆ You have filed a claim for this incident

You must also report lawsuits for injuries to you or your family members including the name, and address of the attorney or insurance company representing you.



IMPORTANT: Failure to cooperate or report this information could cause you to lose your Medicaid benefits.

Medicaid Renewal

Most people must renew their Medicaid every six months. HHSC will mail a notice to you when it is time, so it is very important to let them know if your address changes. **If you do not renew when notified, your Medicaid can be stopped.**

Adults:

- ◆ To renew your Medicaid you will need to take to HHSC most of the same information you gave them when you first applied (see list on page 6).

Children:

- ◆ For children (age 0-18), you can renew through the mail in most cases. If your

children are not up-to-date on their Texas Health Steps (THSteps) checkups, you may have to go to the HHSC office in person.

- ◆ Your children get Medicaid for a full six months, even if your income goes up. When you renew coverage for children, if your income goes up too much for Medicaid, your children may be able to stay insured through CHIP (see page 32).
- ◆ When you enroll a child in Medicaid for the first time, you will need to get a “Health Care Orientation” to tell you how Medicaid works and the importance of THSteps checkups for your child. You should do this as soon as possible so you can renew through the mail. Call 1-877-847-8377 for this meeting.

Important Medicaid Benefits

Texas Health Steps

The Texas Health Steps (THSteps) Program is for children from birth up to their 21st birthday. Your child’s doctor may be able to provide this care or refer you to another THSteps provider. In this program, your child will receive:

- ◆ Initial medical history performed by your child’s physician (if they are enrolled as a THSteps provider) or other THSteps provider
- ◆ A complete physical examination
- ◆ Assessment of nutritional, developmental, and mental health needs
- ◆ Laboratory tests
- ◆ Routine immunizations
- ◆ Health education
- ◆ Vision and hearing checkups, with eyeglasses and hearing aids if needed
- ◆ Referrals to other health care providers as needed
- ◆ Dental checkups and follow-up care
- ◆ Prescriptions
- ◆ Comprehensive care for children with special health care needs (for example: private duty nursing, physical, occupational, and speech therapies)

- ◆ Durable medical equipment
- ◆ Case management
- ◆ Transportation to medical appointments

The THSteps Program is very important for your children and helps them receive the health care they need to stay healthy.



IMPORTANT THINGS FOR YOU TO KNOW:

- ◆ Under THSteps, you do not pay for any services.
- ◆ Medicaid pays for medically necessary services. Medicaid makes this payment decision based on its review of the documentation and information submitted by your child’s doctor.
- ◆ It is important to make sure your children get the regular checkups THSteps recommends. Parents whose children are not up-to-date on checkups may be required to have an appointment with a local HHSC Caseworker to renew their children’s coverage. Parents who are getting Temporary Assistance for Needy Families (TANF) could lose their monthly cash assistance if their children are too far behind on their checkups.

If your children are having difficulty getting the health care services or checkups they need, call THSteps at 1-877-847-8377 (toll-free).

Have your Medicaid ID Number and Social Security Number available when you call.

For people with hearing or speech impairments, call TDD Relay Texas at 1-800-735-2989.

Texas Health Steps - Comprehensive Care Program

Texas Health Steps-Comprehensive Care Program (THSteps-CCP) is an extension of the THSteps Program. THSteps-CCP clients may receive medically necessary services, including medical services that are not usually covered by Medicaid or that exceed Medicaid limits. Requests for services must be supported by documentation of medical necessity.

Some services that THSteps-CCP may pay for are:

- ◆ Inpatient rehabilitation
- ◆ Private duty nursing
- ◆ Inpatient psychiatric services
- ◆ Diapers for children under 4 years of age, if medically necessary
- ◆ Special pediatric beds or cribs
- ◆ Special car seats
- ◆ Specialized equipment not available through the home health benefit
- ◆ Orthopedic shoes
- ◆ Orthotics and prosthetics

These services must be prior authorized by the CCP Unit. Your child’s health care provider **must** fax a request for these services to 1-512-514-4241 with supporting documentation. THSteps-CCP also pays for:

- ◆ Occupational therapy
- ◆ Physical therapy
- ◆ Speech-language pathology services

Therapy services must be prior authorized, except for therapy evaluations/re-evaluations. Therapy goals include improving, maintaining, or slowing the deterioration of function. There are no preset limits on the number of sessions that may be provided per week; however, documentation must show that the number of sessions requested is medically necessary.

Long-Term Care Medicaid Services

The Medicaid program also offers long-term care services if you need help with day-to-day living activities. These services are offered either in a facility or in your home. Some of these services include:

- ◆ Community care services for older adults and persons with disabilities, including personal attendant services, meals, and day activity and health services.
- ◆ Long-term care waiver services (listed below) may not be available in all areas of the state. They provide community-based care as an alternative to institutions:
 - ◆ **Community Based Alternatives (CBA)** – serves adults who require nursing home level of care.
 - ◆ **Consolidated Waiver Program (CWP)** – serves people with physical or developmental disabilities; operates only in Bexar County.
 - ◆ **Community Living Assistance and Support Services (CLASS)** – serves people with developmental disabilities like cerebral palsy, spina bifida, etc.
 - ◆ **Home and Community Services (HCS)** – serves people with mental retardation.
 - ◆ **Medically Dependent Children’s Program (MDCP)** – serves children who require nursing home level of care.
 - ◆ **Deaf Blind Multiple Disabilities (DBMD) Services** – serves adults who are deaf, blind and have a third disability.
- ◆ Nursing home care.
- ◆ State schools and intermediate care facilities for persons with mental retardation.
- ◆ Program of All-Inclusive Care for the Elderly (PACE) – serves adults age 55 and older who need nursing home level of care. This program is available in El Paso and is under development in Amarillo.

Prescription Benefits

In Medicaid, the prescription benefit is different for adults and children. For all Medicaid recipients, your doctor may need to call to get prescriptions for certain drugs pre-approved before you can pick them up at the pharmacy. If you are not sure if your pharmacy accepts Medicaid, ask them before you get your prescriptions filled. If you are selected to participate in the Limited Program, you may be assigned one pharmacy to fill all of your prescriptions (see page 16).

For Adults:

- ◆ Most adults are limited to three prescriptions per month. This applies to prescriptions your doctor orders for you.
- ◆ Adults get unlimited prescriptions while living in a hospital or nursing home.
- ◆ Adults enrolled in home and community-based waivers get unlimited prescriptions.
- ◆ Adults in STAR and STAR+PLUS get unlimited prescriptions.
- ◆ Adults who qualify for both Medicaid and Medicare in STAR+PLUS in Harris County receive only three prescriptions per month. However, unlimited prescriptions are available to adults enrolled in the same health plan for their Medicare+Choice and STAR+PLUS services.
- ◆ Adults may receive unlimited prescriptions for their family planning needs, if the prescription is commonly available.

For Children:

- ◆ Children under the age of 21 get unlimited prescriptions.

Transportation

The Medical Transportation Program (MTP) is a free service provided to you through Medicaid when you or your children have no other way to get to appointments with Medicaid-enrolled doctors, dentists, or other health care providers (including pharmacies).

MTP offers free rides by bus, van, taxi, or airplane to appointments and back home. You can also receive gas money or bus tokens from MTP.

Children younger than 21 years of age may qualify for money in advance for their transportation. They may also qualify for meals and lodging when they, and/or the adult responsible for them, must stay overnight at a medical facility such as a hospital.

Rules to follow:

- ◆ Call at least two working days before you need a ride.
- ◆ Children under 15 years of age must travel with a responsible adult.
- ◆ Children ages 15-17 may travel alone, with their parent's or their guardian's written permission.
- ◆ Adult clients may request an attendant to travel with them if there is a medical need or a need for language translation or sign language interpretation.
- ◆ A friend, neighbor, or relative can take you and your family to a medical appointment and be reimbursed for travel, when pre-approved.
- ◆ MTP can provide free transportation **only** to persons who have a scheduled health care appointment or to a responsible adult who is traveling with a child who is under 15 years of age who has a scheduled health care appointment.

How to Get a Ride

Call at least two working days or more before you need a ride. If you are traveling out of town or a long distance, call at least five working days or more before you need a ride. If you need same or next day service, call MTP. They will try to help but cannot guarantee a ride.

When you call, you must give MTP:

- ◆ The nine-digit Medicaid ID number or Social Security number of the person needing the ride.
- ◆ The address where you want to be picked up and a phone number where you can be reached, if any.
- ◆ The name, address, and phone number of the doctor, dentist, hospital, or pharmacy where you or your children need a ride.
- ◆ The date and time of your health care appointment and any special services you will need.
- ◆ Be sure to tell them if you or your children have any special needs (for example: wheel chair access, a car seat, or if you are diabetic).

Call 1-877-MED-TRIP (1-877-633-8747) toll-free between 8:00 a.m. and 5:00 p.m. Central Standard Time, Monday-Friday.

For people with hearing or speech impairments, call TDD Relay Texas at 1-800-735-2989.



Medicaid and Medicare are Different Programs

Some people get both Medicaid and Medicare. Medicare is a health insurance program paid for by the federal government, not by the State of Texas. If you receive both Medicaid and Medicare, show your Medicare card *and* your Medicaid ID form for medical visits. Your medical providers must file their claims to Medicare first and then to Medicaid.

You may be receiving Medicare if any of the following apply to you:

- ◆ You are 65 years or older
- ◆ You have a disability and are under 65 years of age and receive Social Security Disability Income (SSDI)
- ◆ You have end-stage renal disease



IMPORTANT: If you have limited income and you are receiving Medicare, HHSC may assist in paying your Medicare premiums, coinsurance, and deductibles through Medicaid.

Qualified Medicare Beneficiary (QMB)

- ◆ **Deductibles:** Both Medicare Part A and Part B have deductibles that you must meet before Medicare pays its part of the bill. Medicaid can pay the amount applied to your deductible.
- ◆ **Coinsurance:** After Medicare pays, there is often a “coinsurance” amount left that is usually your responsibility to pay. If you are a Medicare client, Medicaid may pay your coinsurance if the services are a benefit of Medicare.
- ◆ **Copays:** Medicaid now pays for some copay expenses that you are required to pay. Your providers should bill Medicaid directly for these services.

NOTE: Not all copayments are reimbursed by Medicaid.

Medicaid Qualified Medicare Beneficiary (MQMB)

- ◆ **Deductibles:** Both Medicare Part A and Part B have deductibles that you must meet before Medicare pays its part of the bill. Medicaid can pay the amount applied to your deductible.
- ◆ **Coinsurance:** Medicaid may pay the coinsurance amount even for services not usually covered by Medicaid if you have QMB or MQMB coverage.
- ◆ **Copays:** Medicaid now pays for some copay expenses that you are required to pay. Your providers should bill Medicaid directly for these services.

NOTE: Not all copayments are reimbursed by Medicaid.

- ◆ **Additional Services:** If you have MQMB, there are some services that Medicaid pays for that are not covered by Medicare, like prescription medicines (this benefit ends on December 31, 2005) and routine eye exams. Your providers should bill Medicaid directly for these services.

EXCEPTION: Medicaid will not pay for deductibles and/or coinsurance amounts for services provided in an inpatient psychiatric hospital for clients age 22-64. This does not apply to inpatient psychiatric care provided in a general hospital. Medicaid will cover coinsurance and deductible amounts of Medicare inpatient facility bills only if the Medicare payment is less than the Medicaid payment.

Medicare Prescription Drug Plans Start in 2006 (Medicare Part D)

Prescription drug benefits will be added to Medicare in January 2006. All people with Medicare will be able to enroll in plans that cover prescription drugs beginning in November 2005.

Extra help will be available for people with low incomes and limited assets. If Medicaid currently pays for your prescriptions and your income and/or assets

don't change, you will qualify for the extra help and won't have to pay the premiums or deductible for prescription drugs. If you qualify, you will only pay a small copayment for each prescription you need.

Even if Medicaid doesn't currently pay for your prescriptions you may still get help paying the premiums and deductible.

For more information about Medicare, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) (toll-free).

For people with hearing or speech impairments, call the TDD number at 1-877-486-2048 (toll-free).



Medicaid and Private Insurance

As a condition of Medicaid eligibility, you are required to report all other medical insurance information to the program, including prescription insurance. If your private health insurance is canceled, if you have obtained new insurance coverage, or if you have general questions regarding third party insurance you should call the Medicaid Third Party Resources (TPR) hotline so that you can update your records and answer your questions. You can call the TPR hotline toll-free at 1-800-846-7307.



IMPORTANT: Medicaid providers cannot refuse to see you because you have private health insurance as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your private health insurance company.

Having other insurance does not affect whether or not you qualify for your Medicaid.

Medicaid Health Insurance Premium Payment Program

The Health Insurance Premium Payment Program (HIPP) is a program that enrolls Medicaid clients in a group health plan offered by the client's employer. When you have access to private health insurance through your employer or can get medical coverage for a family member through your employer, Medicaid may be able to reimburse you for the premiums deducted from your paycheck. You can call the HIPP toll-free line at 1-800-440-0493 for more information.

Medicaid Client Limited Program

The Limited Program helps to make sure that the care you get is coordinated and medically necessary. Coordinated care is very important to continued good health. The Limited Program looks at how you use medical services provided by Medicaid providers, clinics, and emergency rooms, as well as how you use your pharmacy benefits.

It looks to see:

- ◆ That one Medicaid PCP is coordinating your care and sends you to other Medicaid providers you need to see.
- ◆ That the care you get is appropriate.
- ◆ That different health care providers do not repeat the care you get.
- ◆ That you have a condition that matches the care you receive.
- ◆ That the condition you are treated for in the emergency room requires emergency room care.
- ◆ How many different pharmacies you use.
- ◆ How many different health care providers you get prescriptions from.
- ◆ If you are getting prescription drugs from health care providers other than your PCP and from providers whom you were sent to by your PCP.
- ◆ If you are receiving the same type drug from more than one provider.
- ◆ If you have a condition that matches the need for the drugs you are getting.
- ◆ If the provider prescribing drugs for you is a Medicaid provider and/or if the provider is part of your Medicaid Managed Care health plan.
- ◆ If you are paying cash for your health care services and having Medicaid pay for prescriptions written by that provider.
- ◆ If another person used your Medicaid ID form.

Based on what the Limited Program finds, you may be limited to one PCP and/or pharmacy for 36 months or more while receiving Medicaid.

NOTE: Traditional Medicaid clients that are placed in the Limited Program may be assigned to a designated PCP and/or primary pharmacy. Medicaid Managed Care clients may be assigned to a designated pharmacy.

The name of your PCP and/or pharmacy will be on your Medicaid ID form. You must show your Medicaid ID form when you want Medicaid services.

A special message to all providers may also be printed on your Medicaid ID form, telling providers to check identification before providing services. The special message will be on your Medicaid ID form for 36 months or more while receiving Medicaid.



IMPORTANT:

- ◆ The Medicaid Limited Program looks at your use of Medicaid services including your prescription drug use.
- ◆ The Medicaid Limited Program will contact you if you are going to be placed in this program.
- ◆ The Medicaid Limited Program does not stop or reduce your Medicaid benefits.

Tips to follow if you do not want to be in the Limited Program:

- ◆ If you are in the STAR or STAR+PLUS Program, always go to the PCP you picked in STAR or STAR+PLUS when you need care, unless you have been referred to another physician by your PCP.
- ◆ If you are on traditional Medicaid, pick one PCP to see when you need care.
- ◆ Your PCP will send you to other health care providers you need to see.
- ◆ Pick one pharmacy to use all the time. When you get all of your drugs at one pharmacy, the pharmacist can make sure that the different drugs you take will not hurt you.

- ◆ Be sure your PCP or the providers your PCP sends you to are the only health care providers who give you prescriptions (with the exception of family planning providers).

If you do these things, you may lower your chances of being placed in the Limited Program.

Medicaid Related Services

Family Planning Medicaid Services

If you want help to plan a pregnancy or prevent a pregnancy, family planning services can help you. Some of the family planning services you can get are:

- ◆ A physical exam by a doctor or a nurse practitioner
- ◆ Counseling and education about birth control
- ◆ Birth control methods
- ◆ Pregnancy tests
- ◆ Counseling and screening for general good health

You can go to a doctor or nurse who takes part in the Medicaid Program for family planning services or you can go to a family planning clinic.

If you have trouble finding a family planning clinic near you, call the Texas Department of State Health Services Family Health Information and Referral Line at 1-800-422-2956 (Texas only) or call the Texas Department of State Health Services Family Planning Division at 1-512-458-7796.

The Difference Between Emergency and Urgent Care

What is *Urgent Care*? A medical need is *Urgent* if you need to see a doctor soon, *but* your condition is not life-threatening.

Examples of *Urgent* medical needs are:

- ◆ You or your child's ear hurts.
- ◆ You or your child have a fever.
- ◆ You or your child have a cold, cough, sore throat, flu.
- ◆ You or your child's back hurts.
- ◆ You or your child's cast is broken.
- ◆ You or your child's stitches need to be taken out.
- ◆ You or your child need more medicine.

What Do I Do when My Child or I Has an Urgent Medical Need?

- 1) Call your health care provider or your child's health care provider. Tell the staff what symptoms you or your child has and that you or your child needs urgent care. Ask them for an appointment as soon as possible. If the PCP decides that you or your child needs immediate attention, you will be referred to a hospital. Even if it is after hours or on a weekend, call your health care provider or your child's health care provider's office. Someone should answer the phone.

OR

- 2) Call the Nurse Hotline at your or your child's health plan if you are in Medicaid Managed Care. The number is in your or your child's health plan's member handbook. Ask for the nurse. Tell the nurse you or your child has an urgent medical need. The nurse will give you advice on what to do.

When to Seek Emergency Care

An *Emergency* medical need is when you think you or your child's condition is life-threatening; if you or your child has serious pain; or if serious harm could come to you or your child without immediate medical attention. Examples of when to go to the emergency room are:

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

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

REMEMBER: If you are in Medicaid Managed Care your health plan has a nurse **HOTLINE** staffed by nurses who are available 24 hours a day, 7 days a week to help you. Call them to get help.

Your Medicaid Rights

Use your rights and put your needs first to get the services you need:

- ◆ The right to make your own decisions about your health care.
- ◆ The right to be treated with respect and dignity by your health care providers.
- ◆ The right to receive dental services that meet or exceed the standards of care established by the laws relating to the practice of dentistry and the rules and regulations of the Texas State Board of Dental Examiners.
- ◆ The right to receive information following a dental examination regarding the dental diagnosis; scope of proposed treatment, including alternatives and risks; anticipated results; and the need for administration of sedation or anesthesia, including risks.
- ◆ The right to full participation in the development of the treatment plan and the process of giving informed consent.
- ◆ The right to freedom from physical, mental, emotional, sexual, or verbal abuse or harm from the provider or his/her staff.
- ◆ The right to freedom from overly aggressive treatment in excess of that required to address documented medical necessity.
- ◆ The right to receive information about your medical care and copies of your medical records.
- ◆ The right to keep your health care needs and information private and expect providers to keep information private.
- ◆ The right to have reasonable accommodations for easy access into your provider's office or facility if you have a physical disability.
- ◆ The right to a language or sign interpreter when you apply for Medicaid, visit your doctor, or other health care provider. If you need an interpreter when you apply for Medicaid, call your local HHSC caseworker before your appointment. If you need an interpreter when you visit your health care provider, call your provider before your appointment.

- ◆ The right to receive services from any Medicaid-enrolled family planning provider.
- ◆ The right to receive emergency care from the emergency room nearest you.
- ◆ The right to be free from discrimination based on disability, race, or national origin.
- ◆ The right to complain, to get your complaint heard, and to get the problem fixed.
- ◆ The right to a Medicaid Fair Hearing if you are denied Medicaid or access to a Medicaid service. You can bring a friend, family member, advocate, or attorney to help you with your appeal. See page xx for more information about fair hearings.

REMEMBER: For assistance with your rights, call the Medicaid Hotline at 1-800-252-8263 (toll-free). For TDD you may call 1-800-735-2989

Things You Should Do

When applying for Medicaid, provide accurate information in the application, during interviews, and at renewal regarding all income and resources of all family members applying for Medicaid. Failure to provide accurate information could result in prosecution or repayment to the state or federal government for any benefits issued incorrectly.

Report all changes in your family member's income, resources, and addresses, as well as those living with you, within ten working days of the change after your application is turned in.

Prevent others from using your Medicaid Identification (ID) cards, as well as your family members cards. Allowing someone else to use your family's Medicaid ID cards could result in prosecution or repayment to the state or federal government for any benefits issues incorrectly.

Report a client (a person who received benefits) or health care provider (doctor, dentist, or counselor) you suspect has committed waste, abuse, or fraud (see page 37).

Requesting a State Medicaid Fair Hearing

You have the right to ask for a fair hearing. You or someone you ask to help you can request a fair hearing from your local HHSC office when:

- ◆ You are told you don't qualify for Medicaid services.
- ◆ You apply for Medicaid services and your request is not acted upon promptly.
- ◆ You are told your Medicaid services have been suspended or stopped.
- ◆ You are told your Medicaid services have been reduced.

Here are some examples of when you might request a fair hearing:

- ◆ You get a letter that says you are not eligible for Medicaid.
- ◆ You or your doctor get a letter denying a prior authorized service.
- ◆ You get a letter that says a service was denied because it is not "medically necessary," but you or your doctor think you need the service.

What is a Fair Hearing?

A fair hearing is an informal, orderly, and readily available proceeding held before an impartial HHSC hearing officer. At the hearing, an appellant or representative, including legal counsel, may present the case as he wishes to show that any action, inaction, or agency policy affecting the case should be corrected. The decision by the hearing officer is final and binding on the agency. The appellant will receive the final written decision.

- ◆ You have 90 days from the date on the notification letter to request a fair hearing. If you do not request a hearing within 90 days, you will lose your right to a hearing.
- ◆ If you are in a STAR Medicaid Managed Care health plan, you can file an appeal with your health plan and/or ask for a fair hearing from the state. You may file a request for a fair hearing through

the state Medicaid Fair Hearing process at the same time you are appealing with your health plan.

- ◆ The hearing officer has 90 days from the date you request a fair hearing to conduct the hearing and send you a decision in writing.



IMPORTANT: Always keep copies of any denial or notification letters. Keep copies of any other letters you receive from the state, your health plan, or your doctors. Keep notes of your conversations and be sure to write down the names of persons you talk to and the date you talked to them.

If you need help, want to file a complaint, or want to ask for a Medicaid Fair Hearing, call your Medicaid caseworker or the Medicaid Client Hotline at 1-800-252-8263.

For people with hearing or speech impairments, call TDD Texas Relay at 1-800-735-2989.



Additional Help and Resources for Fair Hearings

Legal Organizations

Advocacy, Incorporated

7800 Shoal Creek Boulevard, Suite 171-E
Austin, Texas 78757
512-454-4816 or 1-800-252-9108
Website: www.advocacyinc.org

Texas Lawyers Care

c/o Texas State Bar
1414 Colorado Street, Suite 604
Austin, Texas 78701
1-800-204-2222 ext. 2155 (Referral Services)
Website: www.texasbar.com

Texas Legal Services Center

815 Brazos Street, Suite 1100
Austin, Texas 78701
1-800-622-2520
Website: www.tlsc.org

Additional Resource

The Texas Information and Referral Network has developed local access sites throughout the state. These sites may have additional information about community health resources. To find the site nearest you, check the following website: www.hhs.state.tx.us/tirn/tirnhome.shtml

Federal Resource

If you have a complaint about physical access or communication under the *Americans with Disabilities Act*, write to:

U.S. Department of Justice
Civil Rights Division
P.O. Box 661188
Washington, DC 20035-6118
or call: 1-202-514-0301 TDD: 1-202-514-0381

II. MEDICAID MANAGED CARE

What is Medicaid Managed Care?

The State of Texas has selected certain counties to have a Medicaid Managed Care Program called STAR (which stands for State of Texas Access Reform).

The STAR Program offers Medicaid services except in a different way, called *managed care*. This means you will have to choose a health plan.

In the STAR Program:

- ◆ You use providers (doctors, hospitals) that are in a group, called the “Provider Network.”
- ◆ You choose a health care provider to be your primary care provider (PCP). Your PCP will work with you to keep you healthy and refers you to other doctors, services, and specialists when needed.
- ◆ Some health plans offer a health plan ID card. You must show both your health plan ID card and your Medicaid ID form when you go to a health care appointment.
- ◆ You can be assigned to use one pharmacy where you will obtain all of your prescriptions. (see page 16 – Limited Program)

Additional Services in the STAR Program

In the STAR Program, you get the same regular Medicaid services, plus:

- ◆ You and your children get unlimited prescriptions.
- ◆ If you join a health plan, you may get “value-added” services from your health plan beyond what is available to you in Medicaid. Some examples of value-added services are adult dental services and additional mental health and/or substance abuse services. Before you enroll, find out what value-added services the health plans offer. This may help you select the health plan best for you. Value-added services may not be available to persons on SSI benefits.
- ◆ Adults get one physical exam per year, not covered in regular Medicaid.
- ◆ You get hospital stays as long as medically necessary.

Where is the STAR Program?

You will find the STAR Program in these areas:

El Paso

(El Paso, Hudspeth, Culberson Counties)

Lubbock

(Lubbock, Lamb, Hale, Floyd, Crosby, Garza, Lynn, Terry, Hockley Counties)

San Antonio

(Atascosa, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson, Counties)

Dallas

(Dallas, Ellis, Kaufman, Rockwall, Hunt, Collin, Navarro Counties)

Houston

(Harris, Fort Bend, Montgomery, Waller, Brazoria, Galveston Counties)

Fort Worth

(Tarrant, Wise, Denton, Parker, Hood, Johnson Counties)

Austin

(Travis, Burnet, Hays, Caldwell, Bastrop, Lee, Williamson Counties)

Southeast Region of Texas

(Chambers, Hardin, Jefferson, Liberty, Orange Counties)

NOTE: On September 1, 2005, Primary Care Case Management (PCCM) will expand to an additional 197 Texas counties.

To find out about the health plans available in your area, call the STAR Helpline at 1-800-964-2777.

Have your Medicaid ID number or Social Security number ready when you call.

For persons with hearing or speech impairments, call the TDD number at 1-800-267-5008.

Who Has to Be in the STAR Program?

You may choose to enroll in the STAR Program or choose to stay in regular Medicaid if:

- ◆ You are receiving Supplemental Security Income (SSI).

EXCEPTIONS: Persons receiving SSI and living in the Southeast Region CANNOT enroll in the STAR Program. Also, persons receiving SSI in Harris County MUST participate in the STAR+PLUS Program.

You **MUST** enroll in the STAR Program if you live in a STAR area, and you receive Medicaid because any of the following applies to you:

- ◆ You receive cash assistance (TANF).
- ◆ You are pregnant.
- ◆ You or your children have limited income.

You CANNOT enroll in STAR if:

- ◆ You are receiving Medicare.
- ◆ You are in foster care.
- ◆ You live in a long term care facility (i.e., nursing home or group home).
- ◆ You are enrolled in the Medically Needy Program (see page xx).



IMPORTANT: Even though you will be getting services through the STAR Program, you are still on Medicaid.

Keep your Medicaid ID form and show it when you have a health care appointment.

How Do I Receive Health Care in the STAR Program?

Choose a health plan — either HMO or PCCM.

Option 1: HMO means HEALTH MAINTENANCE ORGANIZATION

- ◆ An HMO is an organization that provides health services to its members. It is also called a health plan.
- ◆ You become a member of an HMO, carry a health plan ID card, and get a member handbook that explains your benefits.
- ◆ You choose a health care provider, called your primary care provider (PCP).
- ◆ Your PCP (or an on-call provider) is always available to see you.
- ◆ Your PCP will refer you to an HMO network specialist, if needed.
- ◆ HMOs may also offer a “value-added” services package, in addition to regular Medicaid benefits.

Option 2: PCCM means PRIMARY CARE CASE MANAGEMENT

- ◆ The PCCM health plan is available in all STAR areas, except the Austin and Fort Worth areas.
- ◆ You become a member of the PCCM health plan and get a member handbook that explains your benefits.
- ◆ You choose a health care provider, called your primary care provider (PCP).
- ◆ Your PCP (or an on-call provider) is always available to see you.
- ◆ Your PCP can refer you to any Medicaid specialist, if needed.
- ◆ PCCM does not offer value-added services.

In the STAR Program, your primary care provider is always available to see you.



How to Enroll and Choose a STAR Program Health Plan

STAR Program members must choose a health plan. To do so, follow these steps:

- 1) Review the enrollment packet of information you received in the mail. This will give you information about each of the health plans in your area and instructions on how to enroll.
- 2) Look for the blue sheet in your packet. It provides phone numbers, the number of doctors and hospitals in each health plan, and other important information. This blue sheet will help you compare each health plan. The blue sheet includes value-added services offered by each health plan (see page 21).
- 3) Look at the provider directories for each plan. Find the doctors and/or hospitals that you want to use. If your doctor or hospital is not listed, call the STAR Helpline.
- 4) Choose a health care provider from the list of primary care providers in the directory.
- 5) Enroll in the STAR Program. There are four ways to enroll:
 - a) Mail the enrollment form.
 - b) Call the STAR Helpline.
 - c) Attend an enrollment event.
 - d) Meet with an enrollment counselor at a local HHSC office.
- 6) Make sure you choose a health plan and health care provider that is right for you and your family. If you do not choose, you will be enrolled and given a doctor and health plan that you might not want.

Once you have chosen and enrolled in a health plan, you should receive a member handbook from your health plan. This handbook will provide you with information about basic covered services offered by your health plan and other information on how to get services.

If you have selected a plan that offers its members an ID card, you will receive the ID card with your member handbook. Be sure to take both your ID card and your Medicaid ID forms to doctor and hospital visits.

IMPORTANT: Remember to keep the provider directory from the enrollment packet of the health plan you choose along with your other important papers.

If you do not receive your health plan member ID card and member handbook, call the member services department of your health plan and ask for this information.

If you need to change your managed care health plan call STAR Helpline at 1-800-964-2777.

If you need more information or have not received an enrollment packet, call the STAR Helpline at 1-800-964-2777. The staff is trained to help you in selecting a health plan and your primary care provider (PCP).

For persons with hearing or speech impairments, call the TDD number at 1-800-267-5008.

Your Medicaid Managed Care Responsibilities

A responsibility is something you need to do. Your responsibilities include learning about the plan, following the rules, telling your doctor your information, and making decisions about your health care. Below is a list of your responsibilities.

You have the responsibility to:

- ◆ Learn and understand each right you have under the Medicaid Program. That includes the responsibility to:
 - ◆ Learn and understand your rights under the Medicaid Program.
 - ◆ Ask questions if you don't understand your rights.
 - ◆ Learn what choices of health plans are available in your area.
- ◆ Follow by the health plan and Medicaid policies and procedures. That includes the responsibility to:
 - ◆ Learn and follow your health plan rules and Medicaid rules.
 - ◆ Choose your health plan and a primary care provider quickly.
 - ◆ Make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan.
 - ◆ Keep your scheduled appointments.
 - ◆ Cancel appointments in advance when you can't keep them.
 - ◆ Always contact your primary care provider first for non-emergency medical needs.
 - ◆ Be sure you have approval from your primary care provider before going to a specialist.
 - ◆ Understand when you should and shouldn't go to the emergency room.
- ◆ Share information relating to your health status with your primary care provider and become fully informed about service and treatment options. That includes the responsibility to:
 - ◆ Tell your primary care provider about your health.
 - ◆ Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
 - ◆ Help your providers get your medical records.
- ◆ Actively participate in decisions relating to service and treatment options, make personal choices, and take action to maintain your health. That includes the responsibility to:
 - ◆ Work as a team with your provider in deciding what health care is best for you.
 - ◆ Understand how the things you do can affect your health.
 - ◆ Do the best you can to stay healthy.
 - ◆ Treat providers and staff with respect.



Commonly Asked Questions about the STAR Program

You may have many questions about your health care. The important thing to remember: Always ask questions and ask for written responses to your questions. Here are some answers to common questions:

How do I change my primary care provider (PCP)?

You can change your PCP up to four times a year. Call your health plan and tell them you want to change your PCP. It may take 30-45 days to change your doctor.

How do I change my health plan?

While frequent plan changes are not encouraged, you can change your managed care health plan when you need to, as often as every 30 days. Call the STAR Helpline at 1-800-964-2777 to make health plan changes. It may take 30-45 days to change your health plan.

Where do my children receive their dental services?

If your child is on Medicaid, she/he is also in the THSteps Program. The THSteps Program includes dental services for children. You can take your child to any Medicaid dentist. To find a dental provider in your area, call THSteps at 1-877-847-8377 (toll-free). Sometimes health plans offer “value-added” dental services for adults. Call your health plan for more information on these services.

What if I move out of a STAR Medicaid Managed Care area?

Call your local Texas Health and Human Services Commission Office and your health plan, and let them know if you move or change your phone number. Your health plan must continue to provide your health care until your Medicaid case is transferred to your new address. If you are on SSI, let the Social Security Administration (SSA) know if you move or change your phone number. Call 1-800-772-1213 for an SSA office nearest you.

Are there any services in STAR that do not require a referral?

The following services do not require a referral from your PCP:

Family planning, obstetrician, or gynecology services, emergency care, behavioral health (mental health, drug, and/or alcohol dependency services). For OB/GYN, behavioral health-mental health, drug, and/or alcohol dependency services, you must choose providers in your health plan’s network.

How do I get a referral for specialty care?

You can get a referral for a specialist from your PCP.

What if my children or I need transportation to a health care appointment?

Call the Medical Transportation Program (see page 13) at 1-877-633-8747 (toll-free).

What if I am pregnant?

If you need help selecting a health plan that includes your current prenatal provider call the STAR Helpline at 1-800-964-2777 (toll-free).

What do I do if I receive medical bills?

In most cases, you should not be receiving medical bills. If you do, call the Medicaid Hotline at 1-800-252-8263 unless you are enrolled with a health plan. If you are enrolled with a health plan, call the toll-free phone number listed in your health plan’s member handbook.

What if I Have Problems with My Health Plan?

You may occasionally have problems with your health plan. Discuss your problem with your PCP. He or she may be able to help you get what you need. If your PCP cannot help you, contact the member or customer services department at your health plan. Explain the problem and ask for help. If your problem is not fixed, file a complaint with your health plan. Your member handbook should tell you how to do this. If you’ve tried these steps and are still having problems getting the medical services you need, call STARLink if you are enrolled in STAR, call STARLine if you are enrolled in STAR+PLUS, or call the DANSA Ombudsman if you are enrolled in NorthSTAR. They

can help you if you are not sure what your next step should be. Although it is recommended that you appeal to the health plan first, you may request a Medicaid Fair Hearing with HHSC instead of, or in addition to your appeal with the health plan. (See page 28 for more information.)

If you have problems with your Managed Care health plan and are not satisfied with their response to your problem, for Managed Care call STARLink at 1-866-566-8989 (toll free), for STAR+PLUS call STARLine at 1-800-964-2777, for NorthSTAR call the DANSA Ombudsman toll-free at 1-877-653-6363.

For persons with hearing or speech impairments, call the TDD number at 1-866-222-4306.



Other Medicaid Managed Care Programs

- ◆ **NorthSTAR** is for persons who need mental health and substance abuse services (see below)
- ◆ **STAR+PLUS** (see pages 28 to read about STAR+PLUS)

NorthSTAR

The NorthSTAR Program provides mental health and substance abuse services to persons in the following counties:

- ◆ Collin
- ◆ Dallas
- ◆ Ellis
- ◆ Hunt
- ◆ Kaufman
- ◆ Navarro
- ◆ Rockwall

NorthSTAR:

- ◆ Is offered to people on Medicaid and people with low income needing services for mental health and/or substance abuse, called behavioral health services. Copayments are required for certain services (for non-Medicaid clients).
- ◆ Is offered by a special organization called a behavioral health organization (BHO).
- ◆ Continues if you lose Medicaid, but still need behavioral health services.
- ◆ Is required for most Medicaid recipients in the listed counties who live in the community and who are not permanent residents of an institution.
- ◆ Offers special help through an ombudsman who works with you if you have problems accessing services.

If you are enrolled in NorthSTAR, you need to get services from a NorthSTAR network provider. The

BHO can tell you which providers are in the network and can help direct you to one who can best serve you.

Services in NorthSTAR include:

- ◆ Assessment and Treatment Planning
- ◆ Psychiatric Services
- ◆ Community Support Services
- ◆ Crisis Stabilization
- ◆ Medication Monitoring
- ◆ Service Coordination
- ◆ Inpatient Hospitalization
- ◆ Outpatient Rehabilitation
- ◆ Psychology Services
- ◆ Day Treatment
- ◆ Community Skills Training
- ◆ Medications/New Generation Medications
- ◆ Employment/Supported Employment
- ◆ Respite Services
- ◆ Supported Housing
- ◆ Residential Services

For more information about NorthSTAR or to obtain NorthSTAR services, call the NorthSTAR BHO, Value Options, toll-free at 1-888-800-6799. Persons with hearing or speech impairments may call toll-free 1-888-800-6792

If you experience difficulty accessing services or have other questions, please call the Dallas Area NorthSTAR Authority (DANSA) Ombudsman toll-free at 1-877-653-6363. For persons with hearing or speech impairments, call TDD Relay Texas at 1-800-735-2989.

STAR+PLUS

If you live in Harris County, you may qualify for STAR+PLUS.

STAR+PLUS:

- ◆ Provides long-term care services for persons on Medicare and Medicaid. Persons who qualify for both Medicaid and Medicare in STAR+PLUS receive their acute care services through their Medicare doctor.
- ◆ Is required for people receiving SSI who are over 21 years of age.
- ◆ Combines health and long-term care services (such as help in your home with daily activities, home modifications, respite, personal assistance services).
- ◆ Delivers health and long-term care services through managed care (HMOs for persons who have disabilities or who are elderly).
- ◆ Provides a choice for children on SSI between the HMO and PCCM managed care models (see page 23).
- ◆ Does not include residents of nursing facilities.



Care Coordination – the Major Feature of STAR+PLUS

Care Coordination:

- ◆ Is a specialized case management service for members who need or request this service.
- ◆ Provides a person or team who works with health plan members, family members, and providers to develop a plan of care that helps members get health, long-term, and other community support services.
- ◆ Makes sure that member’s services are as flexible as possible to meet needs.

Who are Care Coordinators?

Care coordinators help STAR+PLUS members and:

- ◆ Are knowledgeable of Medicaid, Medicare, and other community services.
- ◆ Are experienced working with persons with disabilities and elderly citizens.
- ◆ Work primarily with children or with adults.
- ◆ Understand managed care and how it works.

If you experience difficulty accessing services in STAR+PLUS or have other questions, please call STARLine toll-free at 1-800-411-9929.

For persons with hearing and speech impairments, call the TDD number at 1-800-530-4415.

Have your Medicaid ID number or Social Security number ready when you call!

Your Medicaid Managed Care Rights

In addition to your Medicaid rights (page 18), you have additional rights in Medicaid Managed Care. Make sure you know your rights!

YOU HAVE THE RIGHT to:

- ◆ Change your primary care provider (PCP) up to four times per year.
- ◆ Change your managed care health plan when you need to – as often as every 30 days.

YOU ALSO HAVE THE RIGHT to:

- ◆ Respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:
 - ◆ Be treated fairly and with respect.
 - ◆ Know that your medical records and discussions with your providers will be kept private and confidential.
- ◆ A reasonable opportunity to choose a health care plan and primary care provider (the doctor or health care provider you will see most of the time and who will coordinate your care) and to change to another plan or provider in a reasonably easy manner. That includes the right to:
 - ◆ Be informed of how to choose and change health plans and primary care providers.
 - ◆ Choose any health plan that is available in your area and choose a primary care provider from that plan.
 - ◆ Change your primary care provider.
 - ◆ Change your health plans without penalty.
 - ◆ Be educated about how to change your health plan or your primary care provider.
- ◆ Ask questions and get answers about anything you don’t understand. That includes the right to:
 - ◆ Have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated.

- ◆ Be told why care or services were denied and not given.
- ◆ Consent to or refuse treatment and actively participate in treatment decisions. That includes the right to:
 - ◆ Work as part of a team with your provider in deciding what health care is best for you.
 - ◆ Say “yes” or “no” to the care recommended by your provider.
- ◆ Utilize the available complaint processes through the managed care organization and through Medicaid, receive a timely response to complaints and receive a fair hearing. That includes the right to:
 - ◆ Make a complaint to your health plan or to the state Medicaid Program about your health care, provider, or health plan.
 - ◆ Get a timely answer to your complaint.
 - ◆ Request a fair hearing from the state Medicaid Program about your complaint.
- ◆ Timely access to care that does not have any communication or physical access barriers. That includes the right to:
 - ◆ Have telephone access to a medical professional 24 hours a day, 7 days a week in order to obtain any needed emergency or urgent care.
 - ◆ Get medical care in a timely manner.
 - ◆ Be able to get in and out of a health care provider’s office, including barrier free access for persons with disabilities or other conditions limiting mobility, in accordance with the Americans with Disabilities Act.
 - ◆ Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, assist with a disability, or help you understand the information.
 - ◆ Be given an explanation you can understand about your health plan

rules, including the health care services you can get and how to get them.

- ◆ To not be restrained or secluded when doing so is for someone else’s convenience, or is meant to force you to do something you don’t want to do or to punish you.

REMEMBER: For assistance with your rights, call STARLink at 1-866-566-8989 (toll-free). For TDD you may call 1-866-222-4306.

You also have more rights under other federal laws:

- ◆ **Physical access** – If you have a disability, you have the right to be able to enter and use new buildings, buildings paid with government funding, and buildings meant to serve the public (for example: doctors’ offices).

Refer to the Resources section in this guide for more information.
- ◆ **Communication** – You have the right to have information made available to you in Braille, audio cassette, or other formats if you have a disability. You have the right to have an interpreter no matter what language you speak, including sign language. If you need an interpreter, call your health care provider. Ask your provider to call your health plan for assistance with interpreters.
- ◆ **Enrollment Without Discrimination** – You have the right to be free from discrimination based on your health status, disability, or ethnicity when you enroll in a health plan.
- ◆ **Emergency Care** – You have the right to access emergency services, if needed. If a sensible person who is not a medical expert thinks that they (or another individual) may be harmed if not treated right away, or death may result, then they have the right to receive emergency care. See page 17 for more emergency care information.
- ◆ **Continuity of Care** – You have the right to continue to see your doctor and/or specialist for at least 90 days when: (1) you enroll in a health plan in the middle of treatment for a sudden short-

term illness or condition; (2) your doctor or specialist leaves your health plan and you are a person with a disability or chronic condition, in the middle of treatment for a sudden short-term illness or condition; or (3) you are pregnant past the 24th week of pregnancy.

- ◆ **Freedom of Information** – You have the right to full information about your health care needs from your health plan and health providers.
- ◆ **Complaints** – You have the right to complain to the health plan if you are not receiving the right services or have a problem with any part of the health plan. The health plan is required to educate you about their complaint process, take your complaint, log and report your complaint to the state, and resolve your problem when possible.
- ◆ **Appeals of Adverse Actions** – The health plan is required to notify you in writing of any adverse action (denial, termination, suspension, or reduction of a Medicaid service). You have the right to ask the health plan for a formal appeal of an adverse action. You also have the right to request a Medicaid Fair Hearing of the health plan's adverse action through HHSC (see below).
- ◆ **Legal Recourse** – You have the right to sue your health plan for medical malpractice if you believe you were harmed because medically necessary services were not given to you.

Requesting a State Medicaid Fair Hearing

You have the right to ask for a fair hearing. For details fair hearings, and instructions on how to request a fair hearing, see page 19.

III. CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

About CHIP

CHIP is a health insurance program for children under the age of 19.

CHIP is available to children whose families have low to moderate income, who earn too much money to qualify for Medicaid, and who do not have private insurance.

Some families will pay an enrollment fee to cover all of their children who qualify. Copayments may be required for prescriptions, doctor, and emergency room visits – as low as \$3 or as high as \$100 depending on family income.

If you do not have health insurance for your children, stay on the CHIP Highway for more information to keep your children healthy.

To qualify for CHIP, a child must be:

- ◆ Living in Texas
- ◆ Under the age of 19
- ◆ A U.S. citizen or legal permanent resident

Other Non-U.S. Citizens Who May Qualify for CHIP: A refugee; asylee; person granted withholding of deportation/removal; Amerasian immigrant; Cuban/Haitian immigrant, or a qualified immigrant who physically entered the U.S. before August 22, 1996, or who physically entered the U.S. on or after August 22, 1996, and has been in a “qualified” immigrant status for at least five years or a victim of trafficking.

IMPORTANT: CHIP will not share any information that you provide with the Bureau of Citizenship and Immigration Services (BCIS), previously called the Immigration and Naturalization Service (INS). The BCIS cannot use the application or the enrollment of your children in CHIP to deny you admission to the U.S., to harm your permanent residence status, or to deport you.

- ◆ Living in a family that meets CHIP income and assets requirements.

How to Apply for CHIP

Families can apply in one of three ways:

- ◆ Complete and mail in a printed application.
- ◆ Call 1-800-647-6558 and complete the application over the phone.
- ◆ Download, complete, and mail in an application from www.texcarepartnership.com.

Follow these steps in the application process:

Step 1

Complete an application (by answering all of the questions, attaching necessary paperwork, and signing the application) and mail it to TexCare at:

TexCare

P.O. Box 149276
Austin, TX 78714-9983

Important: Read the application carefully. You will need to send papers to show your income and expenses. For example, copies of a pay stub, a letter from your employer, or receipts for child care.

Step 2

TexCare reviews the application for completeness. If your application is not complete and/or if necessary paperwork is not included, TexCare will send you follow-up letters for the information.

Step 3

Once TexCare receives your completed application, they will first determine if your child qualifies for Medicaid. If your child qualifies for Medicaid, TexCare will send your children's application to the HHSC. You do not have to complete another application or visit your local HHSC office.

Step 4

If your child does not qualify for Medicaid, TexCare will determine if your child qualifies for CHIP. If your child qualifies for CHIP, TexCare will mail you a CHIP enrollment packet. Depending on where you live, you may need to select a health plan and/or a primary care provider (PCP) and, if required, a request to mail in your enrollment fee. It is important to remember that TexCare has to receive your signed enrollment

packet and enrollment fee, if required, before your child can begin to receive CHIP services.

Step 5

If your child does not qualify for Medicaid or CHIP, TexCare will mail you a letter with the Texas Department of Insurance website address to help you find health insurance for your child through a private insurance company in your area.

How to Enroll in CHIP

TexCare will send an enrollment packet to you if your children qualify for CHIP.

NOTE: Some families will have to pay an enrollment fee.

You will then have to:

- ◆ Select a health plan and a PCP for your child. If you are given a choice of health plans, you must choose one before your child can be enrolled in CHIP. If you are asked to select a PCP for your child and you do not do so, your child's health plan will select your child's PCP for you.
- ◆ Mail back your signed enrollment form to:

TexCare
P.O. Box 149276
Austin, Texas 78714-9983
- ◆ Mail in your enrollment fee, if required, to:

CHIP
P.O. Box 660775
Dallas, Texas 75266-0775
- ◆ Pay a copayment between \$3 and \$10 per office visit or between \$3 and \$20 per prescription, depending on your income and whether the prescription is written for a generic or name brand drug. Some families will not have to pay a copay for office visits and generic drugs depending on their income.

CHIP Benefits

When you enroll your children in CHIP, your children receive:

- ◆ Doctor, hospital, x-ray, and lab services
- ◆ Well-baby and well-child visits
- ◆ Immunizations
- ◆ Prescription drugs
- ◆ Durable medical equipment and prosthetic devices (with a \$10,000 limit per enrollment period)
- ◆ Case coordination and enhanced services for children with special health care needs and children with disabilities
- ◆ Physical/Speech/Occupational Therapy
- ◆ Home health
- ◆ Transplants
- ◆ Mental health
- ◆ Services that cover pre-existing conditions



Important CHIP Information

Renewal of Coverage

Once your children are enrolled in CHIP, they will receive health benefits for six months. TexCare will send you a notice two months before it is time to renew your children's coverage.

It is important that you follow these steps and complete the renewal process on time to make sure your children do not have to wait three months for their coverage to begin:

- 1) Read the renewal letter carefully to make sure you know all you need to know.
- 2) Next, look at the information on your TexCare EZ Renewal Application. If there are changes to your TexCare EZ Renewal application, make the changes on your TexCare EZ Renewal application, send proof if changes were made to income and/or expenses, and sign and date the TexCare EZ Renewal application and mail it back to TexCare with any necessary proof.
- 3) Write your account number on every piece of paper you provide as proof of changes. It is located in the box at the top of the renewal letter.

You must renew your coverage every six months.

You will be notified at the beginning of your child's 4th month that it is time to renew. If you do not complete TexCare's EZ Renewal Application on time, your children will lose their coverage. Renewal can be done by mail!

Commonly Asked Questions About CHIP

You may have many questions about your child's health care. The important thing to remember: Always ask questions and ask for written responses to your questions.

Here are some answers to common questions:

Is there a waiting period before children start receiving CHIP benefits?

Most children will have to wait three months before they can use CHIP benefits. Families who complete the renewal process on time and their children continue to qualify for CHIP will not have to wait three months. The exceptions to the enrollment waiting period are children:

- ◆ Who lost insurance coverage because:
 - ◆ Their parent's employment was terminated due to a layoff, reduction in force, or the closure of a business.
 - ◆ Their insurance benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 were terminated.
 - ◆ Their parents' marital status has changed.
 - ◆ They are no longer covered by insurance provided by the Texas Employees Retirement System (ERS) or CHIP in another state.
- ◆ Whose previous health insurance coverage cost more than 10 percent of the family's gross income.
- ◆ Who no longer qualify for Medicaid but qualify for CHIP, as determined by the Texas Health and Human Services Commission.
- ◆ Who are added to a family with other children already enrolled in CHIP, including newborns.
- ◆ Who are disenrolled from CHIP for failure to renew, but who successfully complete their renewal by the deadline for processing renewals in the month after their 6th month of coverage.

How long should I expect to wait to receive my enrollment packet?

TexCare will mail you an enrollment packet one month before your child's coverage begins.

How do I pick a health plan and doctor in CHIP?

You will write your first and second health plan choice on your enrollment form. If you do not select a PCP for your child, your health plan will select one for you. If you live in an urban area, you will pick a health maintenance organization (HMO) and a doctor that is a provider in the HMO network. If you live in a rural area, your child will be enrolled in an exclusive provider organization (EPO) and can see any doctor in their network. Your enrollment packet will give you the information that you need to help make your choice.

What happens if I don't select a health plan?

If you don't select a health plan, your child will not be enrolled in CHIP and cannot receive services. Unlike Medicaid, a health plan will not be selected for your child.

How do I get more information if I do not speak English?

Call TexCare at 1-800-647-6558. The staff is well trained and able to provide translation services for all languages.

Does CHIP have an assets test like Medicaid?

Yes. Families with higher incomes will have to pass an assets test for their children to qualify for CHIP. New applicants and renewing families with higher incomes may be asked for additional information about their assets.

There is a \$5,000 limit in assets (cash value of bank accounts, stocks, bonds, saving certificates, cash on hand) combined with excess vehicle value. Some vehicles are exempt.

What to Do if You are Not Satisfied with CHIP Decisions

- 1) If you are denied CHIP, disenrolled from CHIP, or your copayment increases:

You have 30 working days from the date TexCare notified you to send an appeal to TexCare. Send a letter to:

TexCare

P.O. Box 149276

Austin, Texas 78714-9983

TexCare will review your account and respond to you in writing within 10 working days from the date it received your letter.

- 2) If you disagree with TexCare's response to your appeal:

You have 15 working days from the date of TexCare's letter to appeal the decision to the Texas Health and Human Services Commission (HHSC). Your letter from TexCare will give you steps to follow.

HHSC will mail you a letter with a final decision within 20 working days.

IV. Reporting Waste, Abuse, or Fraud

How to Report Waste, Abuse, and Fraud

You can refer a **client** or **provider** you suspect of waste, abuse, and fraud by:

- ◆ Using the Internet www.hhs.state.tx.us and pick “Reporting Waste, Abuse and Fraud”;
- ◆ Calling the OIG Hotline at 1-800-436-6184, if you do not have Internet access; or
- ◆ Sending a written statement that describes waste, abuse and fraud to the following addresses:

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

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

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

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

If you are a member of a STAR or STAR+PLUS health plan **and** your health plan’s name is listed on your Medicaid form you have the right to report client or provider waste, abuse and fraud to your health plan and the Office of Inspector General. Your health plan’s hotline number is located on your plan card or in the member handbook.

V. RESOURCES

Helpful Toll-Free Phone Numbers

DANSA- Dallas Area NorthSTAR Authority

1-877-653-6363 (TDD 1-800-735-2989) for information about NorthSTAR and behavioral health services.

Medical Transportation Program

1-877-633-8747 (TDD 1-800-735-2989) for information about medical transportation in the Medicaid and Medicaid Managed Care programs.

Medicare Hotline

1-800-633-4227 for policy and benefit information.

TMHP Medicaid Hotline –**Texas Medicaid & Health care Partnership**

1-800-335-8956 for information about the Medically Needy Program or Medicaid billing questions.

Social Security Administration

1-800-772-1213 (TDD 1-800-325-0778) for information about Social Security Supplemental Income or to locate the Social Security Office nearest to you.

STAR Helpline

1-800-964-2777 (TDD 1-800-267-5008) for information about enrollment in a STAR Managed Care health plan and general information about Medicaid Managed Care.

STARLine

1-800-411-9929 (TDD 1-800-267-5008) for Harris County and surrounding areas only. For information about Medicaid Managed Care, and help with problems encountered in STAR or STAR+PLUS.

STAR Link

1-866-566-8989 (TDD 1-866-222-4306) for problems or concerns about Medicaid Managed Care.

TexCare

1-800-647-6558 (TDD 1-800-735-2989) for information about applying for children's health insurance (Children's Medicaid and CHIP).

Medicaid Hotline

1-800-252-8263 (TDD 1-800-735-2989) for information about Medicaid services, pharmacy issues, Medicaid rights, and Medicaid complaints and fair hearings.

Texas Health Steps

1-877-847-8377 (TDD 1-800-735-2989) for information about the Texas Health Steps Program for children under 21 years of age.

Texas Health and Human Services Commission Ombudsman Office

1-888-834-7406 (TDD 1-888-425-6889) for information about qualifying for Medicaid, ID forms, and address changes, programs for elders and persons with disabilities offered, or to locate the local Texas Health and Human Services Commission office nearest you.

Consumer Rights for Mental Health and Mental Retardation

1-800-252-8154 (TDD 1-800-735-2989) for information about consumer services, rights, and protections.

State Agencies Involved in Medicaid and CHIP

The following state agencies can connect you with their regional/local offices in your area of the state:

Texas Health and Human Services Commission – STAR+PLUS Program

4900 W. 49th St., Mail Code: H-312
Austin, Texas 78751
(800) 411-9929 STAR+PLUS Managed Care Division
(512) 685-3185 or (512) 794-6838
Website: www.hhsc.state.tx.us

Texas Department of State Health Services

Attention: Texas Health Steps
1100 West 49th St.
Austin, Texas 78756
(512) 458-7745
Website: www.dshs.state.tx.us

Texas Health and Human Services Commission Regional Managed Care Coordinators**Travis County Service Area**

2408 South 37th Street • Temple, TX 76504
(254) 778-6744 ext. 2804

Harris County Service Area

5425 Polk Suite J • Houston, TX 77023
(713) 767-3214

Southeast Service Area

5425 Polk Suite J • Houston, TX 77023
(713) 767-3214

Bexar County Service Area

7430 Louis Pasteur • San Antonio, TX 78229
(210) 949-2040

Tarrant County Service Area

1301 S. Bowen, Suite 200 • Arlington, TX 76013
(817) 264-4810

Dallas Service Area

1301 S. Bowen, Suite 200 • Arlington, TX 76013
(817) 264-4811

Lubbock Service Area

1109 Kemper • Lubbock, TX 79403
(806) 767-0445

El Paso Service Area

401 E. Franklin, Suite 210 • El Paso, TX 79901
(915) 834-7752

Central Office – Regional Manager

1100 W. 49th St, Mail Code: H 200
Austin, TX 78756
(512) 794-6852

Texas Health and Human Services Commission Regional Coordinators

Public Health Region 1

1109 Kemper • Lubbock, TX 79403
(806) 767-0445

Public Health Region 2

4601 S. 1st St., Suite L • Abilene, TX 79605
(325) 695-5750

Public Health Region 3

1301 South Bowen Road #200
Arlington, TX 76013
(817) 264-4810

Public Health Region 4/5N

1517 West Front • Tyler, TX 75702
(903) 533-5300

Public Health Region 5S

3420 Fannin Street, Suite 200
Beaumont, TX 77701
(409) 838-7157

Public Health Region 6

5425 Polk, Suite J • Houston, TX 77023
(713) 767-3195

Public Health Region 7

2408 South 37th Street • Temple, TX 76504
(254) 778-6744 ext. 2804

Public Health Region 8

7430 Pasteur Drive • San Antonio, TX 78229
(210) 949-2040

Public Health Region 9

622 South Oakes, Suite H • San Angelo, TX 76903
(915) 659-7856

Public Health Region 10

401 East Franklin, Suite 210 • El Paso, TX 79901
(915) 834-7752

Public Health Region 11

601 Sesame Drive • Harlingen, TX 78550
(956) 423-0130

The following agency can help you with CHIP HMO complaints if you tried to resolve the complaint with your child's HMO first and you are still not satisfied:

Texas Department of Insurance – HMO or Consumer Complaint Division

PO Box 149091 • Austin, Texas 78714
(512) 322-4266 HMO Division
(512) 305-6745 HMO Complaint
(512) 463-6500 Consumer Division
(800) 252-3439 Consumer Complaint

Consumer Organizations Working on Medicaid and CHIP Issues

Center for Public Policy Priorities

900 Lydia Street • Austin, Texas 78702
(512) 320-0222
Website: www.cppp.org

Consumers Union

1300 Guadalupe St., Ste 7 • Austin, Texas 78701
(512) 477-4431
Website: www.consumersunion.org

Disability Consumer Organizations

These organizations have contacts in many areas of the state. Call them to locate the office near you.

ADAPT/Institute for Disability Access

1339 Lamar Square Drive, Suite 101
Austin, Texas 78704
(512) 442-0252

Advocacy, Incorporated

7800 Shoal Creek Boulevard, Suite 171-E
Austin, Texas 78757
(512) 454-4816 or 1/800-252-9108
Website: www.advocacyinc.org

Any Baby Can

3423 Guadalupe Street, Suite 100
Austin, Texas 78705
(512) 454-3743 (Austin Office)
(210) 377-0222 (San Antonio Office)
Website: www.abcaus.org

The ARC of Texas (formerly Association of Retarded Citizens)

1600 West 38th Street, Suite 200
 Austin, Texas 78731
 (512) 454-6694 or 1/800-252-9729
 Website: www.main.org/arc/index.html

Association of Texas Centers for Independent Living

5555 North Lamar Boulevard, Suite J-125
 Austin, Texas 78751
 (512) 832-6349

Brain Injury Association of Texas

1339 Lamar Square Dr., Suite C
 Austin, Texas 78704
 (512) 326-1212 or 1/800-392-0040
 Website: www.biatx.org

Coalition of Texans with Disabilities

316 West 12th Street, Suite 405
 Austin, Texas 78701
 (512) 478-3366 or 1/800-998-3363
 Website: www.cotwd.org

Epilepsy Coalition of Texas

2650 Fountain View, Suite 316
 Houston, Texas 77057
 (713) 789-6295
 Website: www.efset.org

Mental Health Association in Texas

8401 Shoal Creek Boulevard • Austin, Texas 78757
 (512) 454-3706
 Website: www.mhatexas.org

National Alliance for the Mentally Ill (NAMI-TX)

3710 Cedar Street, Ste. 229, Box 23
 Austin, Texas 78705
 (800) 633-3760
 (512) 420-9810
 Website: www.nami.org

Texas Mental Health Consumers

7701 North Lamar Boulevard, Suite 500
 Austin, Texas 78752
 (512) 451-3191 or 1-800-860-6057
 Website: www.tmhc.org

Texas Council for Developmental Disabilities

6201 East Oltorf, Suite 600 • Austin, Texas 78741
 (512) 437-5432 or 1-800-262-0334
 Website: www.txddc.state.tx.us

Texas Center on Disability Studies

Texas Technology Access Project
 University of Texas at Austin
 SZB 252-D5100
 Austin, Texas 78712
 (512) 232-0740 or 1-800-828-7839
 Website: www.edb.utexas.edu/coe/depts/sped/tatp/tatp.html

United Cerebral Palsy of Texas

5555 North Lamar, Ste L139 • Austin, Texas 78751
 1-800-798-1492
 Website: www.ucpa.org