

March 2025

CHIP

Member Handbook

Veá español al otro lado



TEXAS
Health and Human
Services

For more information, call /
para más información, llame
al **1-877-639-2447**.
FirstCare.com/CHIP

FC-M001 03/25

FirstCare[™]
HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

Welcome to FirstCare Health Plans

We are happy to have you as a member and look forward to helping you with your health care needs. This member handbook tells you about FirstCare CHIP and CHIP Perinatal, how to use this plan and helps answer any questions you may have. Please take a few minutes to read this handbook. You will learn about the benefits and how to get the services you or your child needs. Remember, your Primary Care Provider must direct all care.

What if I need help with the member handbook?

If you need help to understand the member handbook, call FirstCare CHIP or CHIP Perinatal Customer Service at 1-877-639-2447. You can get this handbook in larger print, audio (CD), braille, or in any other language format, if needed. If you need a sign language interpreter, please call FirstCare Customer Service at 1-877-639-2447.

Our Customer Service Representatives speak both English and Spanish. If you speak another language, we can connect you with an interpreter. Members with hearing loss can call FirstCare's TTY Line, the Relay Texas number 7-1-1. Relay Texas is a free telephone interpreting service to help people with hearing or speech disabilities.

Customer Service Hours

FirstCare Customer Service is open Monday through Friday from 7 a.m. to 7 p.m. Central Standard Time (CST), excluding state approved holidays. If you call after-hours, please leave us a message. We return all calls the next business day.

Behavioral Health

Behavioral Health Services are offered to FirstCare CHIP members. This is care for an emotional, alcohol, or drug problem. For this kind of help, call FirstCare's Behavioral Health Services at 1-800-327-6934. To reach the FirstCare Behavioral Health Crisis Line, call 1-800-327-6943, 24 hours a day, 7 days a week.

You do not need a referral to get help from FirstCare's Behavioral Health Services. Our Customer Service Representatives speak both English and Spanish. If you speak another language, we can connect you with an interpreter. Behavioral health and substance use disorder services are not covered for FirstCare CHIP Perinate (unborn child) members.

What do I do if I have an emergency?

If you are having an emergency and need immediate medical care, go to the nearest Emergency Room (ER) or call 9-1-1. They can send an ambulance and help you get to the Emergency Room. Remember to call your doctor and FirstCare to let us know you needed and received emergency services. You will also need to schedule your follow-up care with your doctor.

If you do not have life-threatening injuries or symptoms, or do not need immediate medical care, call your Primary Care Provider first. Your doctor can help you and give you advice.

Obtaining more information

To obtain information on companies, coverages, rights or complaints, you may call the Texas Department of Insurance (TDI) at 1-800-252-3439. You may also write to TDI at:

PO Box 12030

Austin, TX 78711

Fax: 1-512-475-1771

Web: tdi.texas.gov

E-mail: ConsumerProtection@tdi.texas.gov

The Member Handbook is available to be mailed to you at no charge, anytime. You can expect it to arrive within five days. To request a Member Handbook, call FirstCare Customer Service at 1-877-639-2447.

Contact Information

FirstCare Office Locations

Customer Service

7005 Salem Park Drive,
Suite #100
Lubbock, TX 79424
1-877-639-2447

Corporate Office

1206 West Campus Drive
Temple, TX 76502
1-737-401-9000

Lubbock Regional Office

7005 Salem Park Drive,
Suite #100
Lubbock, TX 79424
1-800-264-4111

Important Phone Numbers

FirstCare Customer Service	1-877-639-2447
Hours of operation: Monday to Friday from 7 a.m. to 7 p.m. CST	
TTY Line	7-1-1
- Questions about your benefits	
- Questions about prescription drugs	
- Change your Primary Care Provider (PCP)	
- Make a complaint	
- Ask for a fair hearing	
- Request Service Coordination	
CHIP Helpline	1-800-964-2777
- Change health plans	
Prescription Drugs	1-877-639-2447
Eye Care*	1-877-639-2447
Dental Plans*	
DentaQuest	1-800-431-7798
MCNA Dental	1-800-494-6262
United Dental	1-877-901-7321
Behavioral Health Services	1-800-327-6934
Behavioral Health Crisis Line	1-800-327-6943
24 Hour Nurse Line	1-855-828-1013
HHSC Office of the Ombudsman	1-866-566-8989

FirstCare Customer Service email: CSservice@FirstCare.com

FirstCare CHIP web address: FirstCare.com/CHIP

** Dental and eye care benefits are for CHIP and CHIP Perinatal Newborn members.*

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About FirstCare CHIP and CHIP Perinatal

FirstCare CHIP and CHIP Perinatal is a health plan that gives you all of your benefits and more. With FirstCare it is easy to get checkups, labs, hospital stays, eye care, and other care. A large group of doctors and hospitals is there to help you when medical care is needed. Your FirstCare CHIP or CHIP Perinatal eligibility start date is on your ID card. If you have any questions about your eligibility, please call FirstCare Customer Service 1-877-639-2447 or dial 2-1-1.

It is important to renew your coverage, so you don't lose your health benefits. If you lose eligibility or do not renew your coverage, your membership in this plan will end.

How does my FirstCare CHIP or CHIP Perinatal plan work?

When you join FirstCare CHIP or you are a FirstCare CHIP Perinatal Newborn, you pick a Primary Care Provider. A Primary Care Provider can be a doctor, nurse, or clinic that gives you most of your health care. For kids, a Primary Care Provider can be a pediatrician (children's doctor). You may also choose a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your Primary Care Provider. These are clinics approved by the Federal Government. Your Primary Care Provider will get to know you and your family. He or she will schedule regular checkups and treat you when you are sick. Your Primary Care Provider will give you prescriptions for medicine. You will also get medical supplies if you need them. Your Primary Care Provider will send you to a specialty doctor if you need one.

When you or your family need to see the doctor, call your Primary Care Provider. The number is listed on your FirstCare CHIP or CHIP Perinatal ID card. Call your Primary Care Provider's office early to make an appointment. Tell them that you are a FirstCare CHIP or CHIP Perinatal member. It is very important that you keep your appointment. If you cannot keep the appointment call your Primary Care Provider to let them know that you cannot come. They will schedule you at a time that is better for you.

FirstCare is open Monday through Friday from 7 a.m. to 7 p.m. CST, excluding state approved holidays. If you call after-hours, please leave us a message. Your call is important, and we will get back to you. We return all calls the next business day.

Behavioral Health Services are offered to FirstCare CHIP members. This is care for an emotional, alcohol, or drug problem. For this kind of help, call FirstCare's Behavioral Health Services at 1-800-327-6934. To reach the FirstCare Behavioral Health Crisis Line, call 1-800-327-6943, 24 hours a day, 7 days a week. You do not need a referral to get help from FirstCare's Behavioral Health Services. If you have an emergency, go to the nearest CHIP provider or emergency room. If you can't drive or you do not have transportation, call 9-1-1. FirstCare's Behavioral Health Services has staff that speaks both English and Spanish. Interpreter services are also available.

Behavioral Health Services are not covered for FirstCare CHIP Perinate members (unborn child).

New Technology

FirstCare is always looking to find better ways to fix or improve our member's health. We have a committee of doctors in place to review scientific evidence and talk to practicing doctors to get expert opinions.

New treatments that are covered by the CHIP program are shared with FirstCare. If there is a new technology such as new:

- Medical or surgical treatment or procedure.
- Behavioral health care procedure.
- Equipment (example: CT scans).
- Medicine (drug).

We will be looking to see if it has been proven to be safe and effective, and/or:

- Keeps our member healthy.
- Fixes an illness or injury.
- Improves our member's health.

FirstCare CHIP and CHIP Perinatal service area

We serve members living in Carson, Crosby, Deaf Smith, Floyd, Garza, Hale, Hockley, Hutchinson, Lamb, Lubbock, Lynn, Potter, Randall, Swisher and Terry counties.



FirstCare Member ID Cards

FIRSTCARE CHIP ID CARD

Front of card (sample)

		Group (Grupo): Group # (N.º de grupo): Service Area (Área de servicio): Benefit Effective Date (Fecha efectiva de beneficios):
MEMBER INFO (Información del Miembro) Name (Nombre): JOHN SAMPLE Member # (N.º de miembro): SMPL0001 Sex (Sexo): DOB (Fecha de nacimiento): PCP (Proveedor de atención primaria) Name (Nombre): Effective Date (Fecha efectiva): <i>Vea el dorso para obtener información adicional.</i>		COPAYS (Copagos) Office Visit (Visita de la oficina): Inpatient Admission (Admisión hospitalaria): Emergency Room (Sala de emergencias): Rx Generic/Rx Brand (Rx genérico/Rx marca): PHARMACISTS ONLY Navitus: 877-908-6023 BIN: 610602 PCN: MCD GRP: FCH
Network (Red): <i>Vea el dorso para obtener información adicional.</i>		See back for additional information. TDI
 		

Back of card (sample)

FOR PROVIDERS Electronic Claims: <ul style="list-style-type: none"> Avallity/Healthsmart: 94999 Change Healthcare P: TH003 I: 12T03 Paper Claims: FirstCare CHIP PO Box 211342 Eagan, MN 55121-1342	FOR MEMBERS In case of emergency, call 911 or go to the closest emergency room. After treatment, call your/your child's PCP within 24 hours or as soon as possible. <ul style="list-style-type: none"> Customer Service: 877-639-2447 (TTY: 711) 24/7 Behavioral Health Crisis: 800-327-6943 24/7 Nurse Line: 855-828-1013 Self-Service Portal: myFirstCare.com Provider Directory: FirstCare.com/FindAProvider
Prior Authorization: is mandatory for inpatient elective admissions. For authorizations, call 800-884-4905 or go to FirstCare.com/CHIP.	PARA MIEMBROS En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después del tratamiento, llame a su médico o al médico de su niño/a dentro de las 24 horas o tan pronto como sea posible. <ul style="list-style-type: none"> Servicio al cliente: 877-639-2447 (TTY: 711) Línea para crisis de salud conductual 24/7: 800-327-6943 Línea de enfermeras 24/7: 855-828-1013 Portal de autoservicio: myFirstCare.com Directorio de proveedores: FirstCare.com/FindAProvider
Card Issue Date: 01/08/2025	FirstCare.com/CHIP

FIRSTCARE CHIP PERINATE NEWBORN ID CARD

Front of card (sample)

		Group (Grupo): Group # (N.º de grupo): Service Area (Área de servicio): Benefit Effective Date (Fecha efectiva de beneficios):
MEMBER INFO (Información del Miembro) Name (Nombre): JOHN SAMPLE Member # (N.º de miembro): SMPL0001 Sex (Sexo): DOB (Fecha de nacimiento): PCP (Proveedor de atención primaria) Name (Nombre): Effective Date (Fecha efectiva): <i>Vea el dorso para obtener información adicional.</i>		COPAYS (Copagos) \$0 PHARMACISTS ONLY Navitus: 877-908-6023 BIN: 610602 PCN: MCD GRP: FCH
Network (Red): <i>Vea el dorso para obtener información adicional.</i>		See back for additional information. TDI
 		

Back of card (sample)

FOR PROVIDERS Electronic Claims: <ul style="list-style-type: none"> Avallity/Healthsmart: 94999 Change Healthcare P: TH003 I: 12T03 Paper Claims: FirstCare CHIP PO Box 211342 Eagan, MN 55121-1342	FOR MEMBERS In case of emergency, call 911 or go to the closest emergency room. After treatment, call your/your child's PCP within 24 hours or as soon as possible. <ul style="list-style-type: none"> Customer Service: 877-639-2447 (TTY: 711) 24/7 Behavioral Health Crisis: 800-327-6943 24/7 Nurse Line: 855-828-1013 Self-Service Portal: myFirstCare.com Provider Directory: FirstCare.com/FindAProvider
Prior Authorization: is mandatory for inpatient elective admissions. For authorizations, call 800-884-4905 or go to FirstCare.com/CHIP.	PARA MIEMBROS En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después del tratamiento, llame a su médico o al médico de su niño/a dentro de las 24 horas o tan pronto como sea posible. <ul style="list-style-type: none"> Servicio al cliente: 877-639-2447 (TTY: 711) Línea para crisis de salud conductual 24/7: 800-327-6943 Línea de enfermeras 24/7: 855-828-1013 Portal de autoservicio: myFirstCare.com Directorio de proveedores: FirstCare.com/FindAProvider
Card Issue Date: 01/08/2025	FirstCare.com/CHIP

FIRSTCARE CHIP PERINATE ID CARD

Front of card (sample)

		Group (Grupo): Group # (N.º de grupo): Service Area (Área de servicio): Benefit Effective Date (Fecha efectiva de beneficios):
MEMBER INFO (Información del Miembro) Name (Nombre): JOHN SAMPLE Member # (N.º de miembro): SMPL0001 Sex (Sexo): DOB (Fecha de nacimiento): Network (Red): <i>Vea el dorso para obtener información adicional.</i>		PHARMACISTS ONLY Navitus: 877-908-6023 BIN: 610602 PCN: MCD GRP: FCH
See back for additional information. TDI		
 		

Back of card (sample)

FOR PROVIDERS Electronic Claims: <ul style="list-style-type: none"> Avallity/Healthsmart: 94999 Change Healthcare P: TH003 I: 12T03 Paper Claims: FirstCare CHIP PO Box 211342 Eagan, MN 55121-1342	FOR MEMBERS In case of emergency, call 911 or go to the closest emergency room. After treatment, call your/your child's PCP within 24 hours or as soon as possible. <ul style="list-style-type: none"> Customer Service: 877-639-2447 (TTY: 711) 24/7 Behavioral Health Crisis: 800-327-6943 24/7 Nurse Line: 855-828-1013 Self-Service Portal: myFirstCare.com Provider Directory: FirstCare.com/FindAProvider
Prior Authorization: is mandatory for inpatient elective admissions. For authorizations, call 800-884-4905 or go to FirstCare.com/CHIP.	PARA MIEMBROS En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después del tratamiento, llame a su médico o al médico de su niño/a dentro de las 24 horas o tan pronto como sea posible. <ul style="list-style-type: none"> Servicio al cliente: 877-639-2447 (TTY: 711) Línea para crisis de salud conductual 24/7: 800-327-6943 Línea de enfermeras 24/7: 855-828-1013 Portal de autoservicio: myFirstCare.com Directorio de proveedores: FirstCare.com/FindAProvider
Hospital Facility Billing: 1. TMHP (if 0-198% Federal Poverty Level (FPL)), or 2. FirstCare Health Plans (if above 198% FPL)	
Professional/Other Services Billing: FirstCare Health Plans (for all members regardless of FPL percentage)	
Card Issue Date: 01/08/2025	FirstCare.com/CHIP

Note to members: References to “you,” “my,” or “I” apply if you are a CHIP member. References to “my child” apply if your child is a CHIP member or a CHIP Perinate Newborn member.

FOR CHIP AND CHIP PERINATE NEWBORN MEMBERS

How to read your/your child’s FirstCare member ID card

Group #: This is the group number given to you/your child as a FirstCare member.

Benefit Effective Date: The date you/your child became a member.

Member Name: Your/your child’s name.

Member #: This is your/your child’s FirstCare identification number.

DOB: Your/your child’s birth date listed with FirstCare by month, day and year.

Name, Phone number, and Effective Date of your child’s Primary Care

Provider (PCP): Call your/your child’s Primary Care Provider for all your medical needs.

Copayment: If you are required to make copayments, they are listed on the ID card.

Customer Service toll-free number: 1-877-639-2447.

Please be sure to read the back of your/your child’s ID card. It tells you to call your/your child’s Primary Care Provider to make appointments. It also tells you to call your/your child’s Primary Care Provider before going to a specialist and has emergency information.

FOR CHIP PERINATE MEMBERS

How to read your FirstCare member ID card

Group #: This is the group number given to you as a FirstCare member.

Benefit Effective Date: This is the day you became a FirstCare member.

Member Name: Your name.

Member #: This is your FirstCare identification number.

DOB: Your birth date listed with FirstCare by month, day and year.

Customer Service toll-free number: 1-877-639-2447.

How do I use my/my child's ID card?

You will need to show your/your child's ID card every time you/your child needs health care services.

How do I replace a lost ID card?

Call FirstCare's Customer Service toll-free number at 1-877-639-2447.

How long can I use my/my child's ID card?

Your/your child's FirstCare member ID card can be used as long as you/your child is a member of FirstCare CHIP or CHIP Perinate. If you lose eligibility, you or your child will no longer be enrolled in FirstCare CHIP or CHIP Perinate. As a member you will get only one ID card unless you lose your ID card or change your Primary Care Provider.

Always keep your FirstCare ID card with you. Please be sure to read the back of your ID card.

Primary Care Providers

FOR CHIP AND CHIP PERINATE NEWBORN MEMBERS

Note to members: References to “you,” “my,” or “I” apply if you are a CHIP member. References to “my child” apply if your child is a CHIP member or a CHIP Perinate Newborn member.

What do I need to bring to my/my child’s doctor’s appointment?

Bring your FirstCare CHIP or CHIP Perinatal ID card with you to your/your child’s appointment. You will need this card each time you go to the doctor or pharmacy.

If you need a sign language interpreter, please call FirstCare Customer Service at 1-877-639-2447.

What is a Primary Care Provider?

A Primary Care Provider can be a doctor, nurse, or clinic that gives you most of your health care. For kids, a Primary Care Provider is a pediatrician (children’s doctor). You may also choose a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your Primary Care Provider. These are clinics approved by the Federal Government. Your Primary Care Provider will get to know you and your family. He or she will schedule regular checkups and treat you when you are sick. Your Primary Care Provider will give you prescriptions for medicine. You will also get medical supplies if you need them. Your Primary Care Provider will send you to a specialty doctor if you need one.

How do I choose a Primary Care Provider?

Choose your Primary Care Provider carefully. Your Primary Care Provider must be a FirstCare CHIP provider - see our provider directory. When you fill out your Enrollment Form, list the Primary Care Provider you have chosen. There is a space on the form for the name and provider number.

Your Primary Care Provider will be the doctor in charge of your health care. You can go to specialists, hospitals, and other providers in the directory. You do not need a referral. Visiting the same doctor for checkups and when you are sick can help your doctor keep an eye on your health.

Your Primary Care Provider can leave FirstCare CHIP. If this happens and you have questions, call FirstCare Customer Service toll-free at 1-877-639-2447 (1-877-639-CHIP). We are open weekdays, between 7 a.m. and 7 p.m. CST.

FirstCare's Provider Directory

FirstCare's CHIP provider directory is on our website and updated weekly. You can see any doctor or specialist in the directory. For information about the pharmacies, hospitals, specialists, and other providers in FirstCare's CHIP network, you can call us at 1-877-639-2447. We can help answer your questions about doctor's qualifications or where they went to school. To look at the directory go to FirstCare.com/Find-a-Provider or FirstCare.com/CHIP-pharmacy.

How can I change my/my child's Primary Care Provider?

If you are unhappy with your current Primary Care Provider, please call FirstCare Customer Service toll-free at 1-877-639-2447.

We understand you may want to change your Primary Care Provider because:

- You have moved and your Primary Care Provider is no longer close to you.
- You have a Primary Care Provider you did not choose.
- You are unhappy with your Primary Care Provider.
- Your Primary Care Provider is no longer a FirstCare CHIP doctor.
- You and your Primary Care Provider do not get along.

There may be times when FirstCare CHIP and CHIP Perinatal may not be able to give you the Primary Care Provider you want. Some reasons you may not get the Primary Care Provider you asked for are:

- The Primary Care Provider you want only sees patients in certain age groups.
- The Primary Care Provider is not accepting new patients.

If this happens, FirstCare will help you make another choice. FirstCare will let you know when you can begin seeing your new Primary Care Provider.

Can a clinic be my/my child's Primary Care Provider?

Yes, a Rural Health Clinic (RHC) can be your/your child's Primary Care Provider if they are a FirstCare CHIP provider. Look in our provider directory to find out if a clinic is part of the FirstCare network.

A Federally Qualified Health Center (FQHC) can also be your/your child's Primary Care Provider if they are in our FirstCare CHIP provider directory. If you need help finding a clinic, call FirstCare Customer Service toll-free at 1-877-639-2447.

Can I see a doctor that is not a FirstCare Provider?

The doctors in our directory are signed up to take CHIP. Our goal is to give you quality care and a great network of primary care and specialty providers.

If you know of a doctor that is not in our directory, and they are in our service area we can always ask that doctor to join our network.

If your doctor left FirstCare and they were treating you for an illness, FirstCare can work

with your doctor until your medical records can be moved to a new doctor in FirstCare's network. If you have any questions or need help finding a doctor, please call us at 1-877-639-2447.

How many times can I change my/my child's Primary Care Provider?

There is no limit on how many times you can change your or your child's Primary Care Provider. You can change Primary Care Providers by calling us toll-free at 1-877-639-2447 or writing to:

FirstCare CHIP
7005 Salem Park Drive, Suite #100
Lubbock, Texas, 79424

When will my Primary Care Provider change become effective?

If you call to change your Primary Care Provider, the change will happen the day you call to make the change.

Are there any reasons why my request to change a Primary Care Provider may be denied?

You may be denied because:

- The Primary Care Provider you have chosen only sees patients in certain age groups.
- The Primary Care Provider sees current patients only.
- The Primary Care Provider is not in the FirstCare CHIP network.

Can my Primary Care Provider move me to another Primary Care Provider for non-compliance?

Your Primary Care Provider or specialist may ask that we change you to another doctor. The provider must have good reasons.

Some of those reasons may be:

- You and your doctor do not get along.
- You are abusive (insult or offend) with the doctor and/or the staff.
- You do not keep appointments and/or you do not call to cancel appointments.
- You do not follow your doctor's advice.

What if I choose to go to another doctor who is not my/my child's Primary Care Provider?

You do not need a referral to see doctors within FirstCare's CHIP network. You can see any doctor in FirstCare's CHIP provider directory.

Can a specialist be considered a Primary Care Provider?

If you need a specialist for a special health problem or want to see another doctor, your doctor will give you a referral. Members with disabilities, special health care needs, or complex conditions have a right to see a specialist. This specialist may serve as your Primary Care Provider. Please call FirstCare Customer Service if you need a specialist to serve as your Primary Care Provider.

How do I get medical care after my/my child's Primary Care Provider's office is closed?

Some doctor offices are open late and on weekends. Make sure you know if your child's Primary Care Provider is open after-hours or on weekends. If your child gets sick at night or on a weekend, call your child's doctor. Your child's doctor or someone who is taking calls for your child's doctor is available 24 hours a day, 7 days a week. The doctor on call can answer your questions and help you. He or she may ask you to explain to them what is wrong with your child. Be ready to tell them how your child is feeling and how long he or she has been sick. Your child's illness may be able to be treated at home or can wait until the next day. You may be told to see your child's doctor the next day. If it is an emergency, your doctor or the person on call will tell you to take your child to the nearest emergency room.

Physician Incentive Plans

The MCO cannot make payments under a physician incentive plan if the payments are designed to induce or limit medically necessary covered services to members. Right now, FirstCare does not have a physician incentive plan.

Benefits

FOR CHIP AND CHIP PERINATE NEWBORN MEMBERS

Note to members: References to "you," "my," or "I" apply if you are a CHIP member. References to "my child" apply if your child is a CHIP member or a CHIP Perinate Newborn member.

What are my CHIP Benefits?

Your CHIP and CHIP Perinate Newborn benefits are explained on pages 11–29.

How do I get these services/How do I get these services for my child?

You or your child can get these services, when medically necessary, from a FirstCare CHIP provider. The services must be furnished in the most appropriate and least restrictive setting in which services can be safely provided. For questions call FirstCare at 1-877-639-2447.

What benefits does my baby receive at birth?

Coverage begins the day the child is born. Your baby will receive the CHIP Perinatal Newborn benefits.

Are there any limits to any covered services?

Some of your benefits do have limits. For questions on limitation or covered services, call FirstCare Customer Service at 1-877-639-2447 or 2-1-1.

What are copayments?

Copayment means the amount that a member is required to pay when utilizing certain benefits within the health care plan.

How much are they and when do I have to pay them?

Enrollment fees and copays are based on your family's income. Enrollment fees are \$50 or less per family, per year. Copays for doctor visits and prescriptions range from \$3 to \$5 for lower-income families and \$20 to \$35 for higher-income families.

The table below shows the CHIP cost sharing and copayment schedule. Copayments to the doctor or pharmacy are due at the time of service. Once the copayment is made, further payment is not required by the member.

No copayments are paid for preventive care or pregnancy related services. These include well-child or well-baby visits and/or shots. Native Americans or Alaskan Natives do not have copayments. Your child's FirstCare CHIP ID card lists the copayments that apply to your family. Show your/your child's ID card when you/your child get health care or medicine. For questions call FirstCare at 1-877-639-2447.

Federal Poverty Levels (FPL)	Office Visits (non-preventative)	Non-Emergency ER	Generic Drug	Brand Drug	Facility Copay Inpatient (per admission)	Cost-sharing Cap	Enrollment Fees (for 12-month enrollment period)
At or below 151%	\$5	\$5	\$0	\$5	\$35	5%* (of family income)	\$0
Above 151% up to and including 186%	\$20	\$75	\$10	\$35	\$75	5%* (of family income)	\$35
Above 186% up to and including 202%	\$25	\$75	\$10	\$35	\$125	5%* (of family income)	\$50

* per 12-month term of coverage

Inpatient General Acute and Inpatient Rehabilitation Hospital Services

Covered Benefits

Services include:

- Hospital-provided physician or provider services.
- Semi-private room and board (or private if medically necessary as certified by attending).
- General nursing care.
- Special duty nursing when medically necessary.
 - Intensive Care Unit (ICU) and services.

- Member meals and special diets.
- Operating, recovery and other treatment rooms.
- Anesthesia and administration (facility technical component).
- Surgical dressings, trays, casts and splints.
- Drugs, medications and biologicals.
- Blood or blood products that are not provided free-of-charge to the member and their administration.
- X-rays, imaging and other radiological tests (facility technical component).
- Laboratory and pathology services (facility technical component).
- Machine diagnostic tests (EEGs, EKGs, etc.).
- Oxygen services and inhalation therapy.
- Radiation and chemotherapy.
- Access to the Texas Department of State Health Services (DSHS)-designated Level III perinatal centers or hospitals meeting equivalent levels of care.
- In-network or out-of-network facility and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by cesarean section.
- Hospital, physician and related medical services, such as anesthesia, associated with dental care.
- Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Inpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to:
 - Dilation and curettage (D&C) procedures;
 - Appropriate provider-administered medications;
 - Ultrasounds; and
 - Histological examination of tissue samples.
- Surgical implants.
- Other artificial aids including surgical implants.
- Inpatient services for a mastectomy and breast reconstruction include:
 - All stages of reconstruction on the affected breast;
 - External breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed;
 - Surgery and reconstruction on the other breast to produce symmetrical appearance; and
 - Treatment of physical complications from the mastectomy and treatment of lymphedemas.
- Implantable devices are covered under Inpatient and Outpatient services and do not count towards the Durable Medical Equipment (DME) 12-month period limit.
- Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat:
 - Cleft lip and/or palate;

- Severe traumatic, skeletal and/or congenital craniofacial deviations;
- Severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment.

Limitations

- FirstCare may require prior authorization for:
 - Non-emergency care and following stabilization of an emergency condition; and,
 - In-network or out-of-network facility and physician services for a mother and her newborn(s) after 48 hours following an uncomplicated vaginal delivery and after 96 hours following an uncomplicated delivery by cesarean section.

Skilled Nursing Facilities (Includes Rehabilitation Hospitals)

Covered Benefits

Services include, but are not limited to, the following:

- Semi-private room and board.
- Regular nursing services.
- Rehabilitation services.
- Medical supplies and use of appliances and equipment furnished by the facility.

Limitations

- FirstCare may requires authorization and physician prescription.
- Coverage is limited to 60 days per 12-month coverage period.

Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (including health center) and Ambulatory Health Care Center

Covered Benefits

Services include, but are not limited to, the following services provided in a hospital clinic or emergency room, a clinic or health center, hospital-based emergency department or an ambulatory health care setting:

- X-ray, imaging, and radiological tests (technical component).
- Laboratory and pathology services (technical component).
- Machine diagnostic tests.
- Ambulatory surgical facility services.
- Drugs, medications and biologicals.
- Casts, splints and dressings.
- Preventive health services.
- Physical, occupational and speech therapy.
- Renal dialysis.
- Respiratory services.
 - Radiation and chemotherapy.
- Blood or blood products that are not provided free-of-charge to the member and the administration of these products.
- Outpatient services associated with (a) miscarriage or (b) a non-viable

- pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Outpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to:
- Dilation and curettage (D&C) procedures;
 - Appropriate provider-administered medications;
 - Ultrasounds; and
 - Histological examination of tissue samples.
- Facility and related medical services, such as anesthesia, associated with dental care, when provided in a licensed ambulatory surgical facility.
 - Surgical implants.
 - Other artificial aids including surgical implants.
 - Outpatient services provided at an outpatient hospital and ambulatory health care center for a mastectomy and breast reconstruction as clinically appropriate, include:
 - All stages of reconstruction on the affected breast;
 - External breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed;
 - Surgery and reconstruction on the other breast to produce symmetrical appearance; and
 - Treatment of physical complications from the mastectomy and treatment of lymphedemas.
 - Implantable devices are covered under Inpatient and Outpatient services and do not count towards the DME 12-month period limit.
 - Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat:
 - Cleft lip and/or palate;
 - Severe traumatic, skeletal and/or congenital craniofacial deviations; or
 - Severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment.

Limitations

- FirstCare may require prior authorization and physician prescription.

Physician/Physician Extender Professional Services

Covered Benefits

Services include, but are not limited to the following:

- American Academy of Pediatrics recommended well-child exams and preventive health services (including, but not limited to, vision and hearing screening and immunizations).
- Physician office visits, inpatient and outpatient services.
- Laboratory, x-rays, imaging and pathology services, including technical component and/or professional interpretation.
- Medications, biologicals and materials administered in physician's office.
- Allergy testing, serum and injections.
- Professional component (in/outpatient) of surgical services, including:

- Surgeons and assistant surgeons for surgical procedures including appropriate follow-up care.
- Administration of anesthesia by physician (other than surgeon) or Certified Registered Nurse Anesthetist (CRNA).
- Second surgical opinions.
- Same-day surgery performed in a hospital without an over-night stay.
- Invasive diagnostic procedures such as endoscopic examinations.
- Hospital-based physician services (including physician-performed technical and interpretive components).
- Physician and professional services for a mastectomy and breast reconstruction include:
 - All stages of reconstruction on the affected breast;
 - External breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed;
 - Surgery and reconstruction on the other breast to produce symmetrical appearance; and
 - Treatment of physical complications from the mastectomy and treatment of lymphedemas.
- In-network and out-of-network physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by cesarean section.
- Physician services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Physician services associated with miscarriage or non-viable pregnancy include, but are not limited to:
 - Dilation and curettage (D&C) procedures;
 - Appropriate provider-administered medications;
 - Ultrasounds; and
 - Histological examination of tissue samples.
- Physician services medically necessary to support a dentist providing dental services to a CHIP member such as general anesthesia or intravenous (IV) sedation.
- Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat:
 - Cleft lip and/or palate;
 - Severe traumatic, skeletal and/or congenital craniofacial deviations; or
 - Severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment.

Limitations

- FirstCare may require prior authorization for specialty physician services.

Prenatal Care and Pre-Pregnancy Family Services and Supplies

Covered Benefits

Covered, unlimited prenatal care and medically necessary care related to diseases, illness, or abnormalities related to the reproductive system, and limitations and exclusions to these services are described under inpatient, outpatient, and physician services.

Primary and preventive health benefits do not include pre-pregnancy family reproductive services and supplies, or prescription medications prescribed only for the purpose of primary and preventive reproductive health care.

Birth Center Services

Covered Benefits

Covers birthing services provided by a licensed birthing center. Limited to facility services (e.g., labor and delivery).

Limitations

- Applies only to CHIP members.

Services Rendered by a Certified Nurse Midwife or Physician in a Licensed Birth Center

Covered Benefits

CHIP members: Covers prenatal services and birthing services rendered in a licensed birthing center.

CHIP Perinate Newborn members: Covers services rendered to a newborn immediately following delivery.

Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies

Covered Benefits

\$20,000 12-month period limit for DME, prosthetic devices and disposable medical supplies (diabetic supplies and equipment are not counted against this cap). Services include DME (equipment that can withstand repeated use and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness, injury, or disability, and is appropriate for use in the home), including devices and supplies that are medically necessary and necessary for one or more activities of daily living and appropriate to assist in the treatment of a medical condition, including:

- Orthotic braces and orthotics.
- Dental devices.
- Prosthetic devices such as artificial eyes, limbs, braces, and external breast prostheses.
- Prosthetic eyeglasses and contact lenses for the management of severe ophthalmologic disease.
- Hearing aids.

- Diagnosis-specific disposable medical supplies, including diagnosis-specific prescribed specialty formula and dietary supplements.

Limitations

- FirstCare may require prior authorization and physician prescription.

Note to members: DME/supplies are NOT a covered benefit for CHIP Perinate members (unborn child), with the exception of a limited set of disposable medical supplies, when they are obtained from an authorized pharmacy provider.

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Ace Bandages		x	Exception: If provided by and billed through the clinic or home care agency it is covered as an incidental supply.
Alcohol (rubbing)		x	Over-the-counter supply.
Alcohol (swabs - diabetic)	x		Over-the-counter supply not covered, unless Rx provided at time of dispensing.
Alcohol (swabs)	x		Covered only when received with IV therapy or central line kits/supplies.
Ana Kit Epinephrine	x		A self-injection kit used by members highly allergic to bee stings.
Arm Sling	x		Dispensed as part of office visit.
Attends (diapers)	x		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Bandages		x	
Basal Thermometer		x	Over-the-counter supply.
Batteries (initial)	x		For covered DME items.
Batteries (replacement)	x		For covered DME when replacement is necessary due to normal use.
Betadine		x	See IV therapy supplies.
Books		x	
Clinitest	x		For monitoring of diabetes.
Colostomy Bags			See Ostomy Supplies.

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Communication Devices		x	
Contraceptive Jelly		x	Over-the-counter supply. Contraceptives are not covered under the plan.
Cranial Head Mold		x	
Dental Devices	x		Coverage limited to dental devices used for treatment of craniofacial anomalies requiring surgical intervention.
Diabetic Supplies	x		Monitor calibrating solution, insulin syringes, needles, lancets, lancet device, and glucose strips.
Diapers/Incontinent Briefs/Chux	x		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Diaphragm		x	Contraceptives are not covered under the plan.
Diastix	x		For monitoring diabetes.
Diet, Special		x	
Distilled Water		x	
Dressing Supplies/ Central Line	x		Syringes, needles, Tegaderm, alcohol swabs, Betadine swabs or ointment, tape. Many times, these items are dispensed in a kit when includes all necessary items for one dressing site change.
Dressing Supplies/ Decubitus	x		Eligible for coverage only if receiving covered home care for wound care.
Dressing Supplies/ Peripheral IV Therapy	x		Eligible for coverage only if receiving home IV therapy.
Dressing Supplies/ Other		x	
Dust Mask		x	

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Ear Molds	x		Custom made, post inner or middle ear surgery.
Electrodes	x		Eligible for coverage when used with a covered DME.
Enema Supplies		x	Over-the-counter supply.
Enteral Nutrition Supplies	x		Necessary supplies (e.g., bags, tubing, connectors, catheters, etc.) are eligible for coverage. Enteral nutrition products are not covered except for those prescribed for hereditary metabolic disorders, a non-function or disease of the structures that normally permit food to reach the small bowel, or malabsorption due to disease.
Eye Patches	x		Covered for patients with amblyopia.

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Formula		x	<p>Exception: Eligible for coverage only for chronic hereditary metabolic disorders a non-function or disease of the structures that normally permit food to reach the small bowel; or malabsorption due to disease (expected to last longer than 60 days when prescribed by the physician and authorized by plan). Physician documentation to justify prescription of formula must include:</p> <ul style="list-style-type: none"> • Identification of a metabolic disorder, dysphagia that results in a medical need for a liquid diet, presence of a gastrostomy, or disease resulting in malabsorption that requires a medically necessary nutritional product. <p>Does not include formula:</p> <ul style="list-style-type: none"> • For members who could be sustained on an age-appropriate diet. • Traditionally used for infant feeding. • In pudding form (except for clients with documented oropharyngeal motor dysfunction who receive greater than 50 percent of their daily caloric intake from this product). • For the primary diagnosis of failure to thrive, failure to gain weight, or lack of growth or for infants less than 12 months of age unless medical necessity is documented and other criteria, listed above, are met. <p>Food thickeners, baby food, or other regular grocery products that can be blenderized and used with an enteral system that are not medically necessary, are not covered, regardless of whether these regular food products are taken orally or parenterally.</p>

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Gloves		x	Exception: Central line dressings or wound care provided by home care agency.
Hydrogen Peroxide		x	Over-the-counter supply.
Hygiene Items		x	
Incontinent Pads	x		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Insulin Pump (External) Supplies	x		Supplies (e.g., infusion sets, syringe reservoir and dressing, etc.) are eligible for coverage if the pump is a covered item.
Irrigation Sets, Wound Care	x		Eligible for coverage when used during covered home care for wound care.
Irrigation Sets, Urinary	x		Eligible for coverage for individual with an indwelling urinary catheter.
IV Therapy Supplies	x		Tubing, filter, cassettes, IV pole, alcohol swabs, needles, syringes and any other related supplies necessary for home IV therapy.
K-Y Jelly		x	Over-the-counter supply.
Lancet Device	x		Limited to one device only.
Lancets	x		Eligible for individuals with diabetes.
Med Ejector	x		
Needles and Syringes/Diabetic			See Diabetic Supplies.
Needles and Syringes/IV and Central Line			See IV Therapy and Dressing Supplies/Central Line.
Needles and Syringes/Other	x		Eligible for coverage if a covered IM or SubQ medication is being administered at home.
Normal Saline			See Saline, Normal
Novopen	x		

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Ostomy Supplies	x		Items eligible for coverage include: belt, pouch, bags, wafer, face plate, insert, barrier, filter, gasket, plug, irrigation kit/sleeve, tape, skin prep, adhesives, drain sets, adhesive remover, and pouch deodorant. Items not eligible for coverage include: scissors, room deodorants, cleaners, rubber gloves, gauze, pouch covers, soaps, and lotions.
Parenteral Nutrition/Supplies	x		Necessary supplies (e.g., tubing, filters, connectors, etc.) are eligible for coverage when the Health Plan has authorized the parenteral nutrition.
Saline (normal)	x		Eligible for coverage: a. when used to dilute medications for nebulizer treatments; b. as part of covered home care for wound care; or c. for indwelling urinary catheter irrigation.
Stump Sleeve	x		
Stump Socks	x		
Suction Catheters	x		
Syringes			See Needles/Syringes.
Tape			See Dressing Supplies, Ostomy Supplies, IV Therapy Supplies.
Tracheostomy Supplies	x		Cannulas, tubes, ties, holders, cleaning kits, etc. are eligible for coverage.
Under Pads			See Diapers/Incontinent Briefs/Chux.

Supplies	Covered	Excluded	Comments / Member Contract Provisions
Unna Boot	x		Eligible for coverage when part of wound care in the home setting. Incidental charge when applied during office visit.
Urinary, External Catheter & Supplies		x	Exception: Covered when used by incontinent male where injury to the urethra prohibits use of an indwelling catheter ordered by the Primary Care Provider and approved by the plan.
Urinary, Indwelling Catheter & Supplies	x		Cover catheter, drainage bag with tubing, insertion tray, irrigation set and normal saline if needed.
Urinary, Intermittent	x		Cover supplies needed for intermittent or straight catheterization.
Urine Test Kit	x		When determined to be medically necessary.
Urostomy supplies	x		See Ostomy Supplies.

Home and Community Health Services

Covered Benefits

Services that are provided in the home and community, including, but not limited to:

- Home infusion.
- Respiratory therapy.
- Visits for private duty nursing (registered nurse (R.N.), licensed vocational nurse (L.V.N.)).
- Skilled nursing visits as defined for home health purposes (may include R.N. or L.V.N.).
- Home health aide when included as part of a plan of care during a period that skilled visits have been approved.
- Speech, physical and occupational therapies.

Limitations

- FirstCare may require prior authorization and physician prescription.
- Services are not intended to replace the child's caretaker or to provide relief for the caretaker.
- Skilled nursing visits are provided on intermittent level and not intended to provide 24-hour skilled nursing services.
- Services are not intended to replace 24-hour inpatient or skilled nursing facility services.

Inpatient Mental Health Services

Covered Benefits

- Mental health services, including for serious mental illness, furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals and state-operated facilities.
- Neuropsychological and psychological testing.
- When inpatient psychiatric services are ordered:
 - by a court of competent jurisdiction pursuant to the Texas Health and Safety Code Chapters 573, Subchapters B and C, or 574, Subchapter D: or
 - as a condition of probation.

The court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. These requirements are not applicable when the Member is considered incarcerated, as defined by UMCM Section 16.1.15.2.
- Does not require Primary Care Provider approval.

Limitations

- FirstCare may require prior authorization for non-emergency services.

Outpatient Mental Health Services

Covered Benefits

- Mental health services, including for serious mental illness, provided on an outpatient basis, including, but not limited to:
- The visits can be furnished in a variety of community-based settings (including school and home-based) or in a state-operated facility
- Neuropsychological and psychological testing.
- Medication management
- Rehabilitative day treatments
- Residential treatment services
- Sub-acute outpatient services (partial hospitalization or rehabilitative day treatment)
- Skills training (psycho-educational skill development)
- When outpatient psychiatric services are ordered
 - by a court of competent jurisdiction pursuant to the Texas Health and Safety Code Chapters 573, Subchapters B and C, or 574, Subchapters A through G, Texas Family Code Chapter 55, Subchapter D:, or
 - as a condition of probation.
 - The court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. These requirements are not applicable when the Member is considered incarcerated, as defined by UMCM Section 16.1.15.2.

- A Qualified Mental Health Provider – Community Services (QMHP-CS), is defined by the Texas Department of State Health Services (DSHS) in Title 25 Tex. Admin. Code., §412.303(48). QMHP-CSs shall be providers working through a DSHS-contracted Local Mental Health Authority or a separate DSHS contracted entity. QMHP-CSs shall be supervised by a licensed mental health professional or physician and provide services in accordance with DSHS standards. Those services include individual and group skills training (which can be components of interventions such as day treatment and in-home services), M and family education, and crisis services
- Does not require Primary Care Provider approval.

Limitations

- FirstCare may require prior authorization.
- The visits can be furnished in a variety of community-based settings (including school and home-based) or in a state-operated facility.

Inpatient Substance Use Disorder Treatment Services

Covered Benefits

Services include, but are not limited to:

- Inpatient and residential substance use disorder treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs.
- When inpatient and residential substance use disorder treatment services are required as:
 - A court order, consistent with Chapter 462, Subchapter D of the Texas Health and Safety Code; or
 - As a condition of probation.
 - The court order serves as a binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination.
 - These requirements are not applicable when the member is considered incarcerated, as defined by UMCM Section 16.1.15.2.
- Does not require Primary Care Provider approval.

Limitations

- FirstCare may require prior authorization for non-emergency services.

Outpatient Substance Use Disorder Treatment Services

Covered Benefits

Services include, but are not limited to, the following:

- Prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment and referral for chemical dependency disorders.
- Intensive outpatient services.
- Partial hospitalization.

- Intensive outpatient services is defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training that consists of at least 10 hours per week for 4 to 12 weeks, but less than 24 hours per day.
- Outpatient treatment service is defined as consisting of at least one to two hours per week providing structured group and individual therapy, educational services, and life skills training.
- When outpatient substance use disorder treatment services are required as:
 - A court order, consistent with Chapter 462, Subchapter D of the Texas Health Safety Code; or
 - As a condition of probation, the court order serves as a binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination.
 - These requirements are not applicable when the Member is considered incarcerated, as defined by UMCM Section 16.1.15.2.
- Does not require Primary Care Provider referral.

Limitations

- FirstCare may require prior authorization.

Rehabilitation Services

Covered Benefits

Services include, but are not limited to, the following:

- Habilitation (the process of supplying a child with the means to reach age -appropriate developmental milestones through therapy or treatment) and rehabilitation services include, but are not limited to the following:
 - Physical, occupational and speech therapy.
 - Developmental assessment.

Limitations

- FirstCare may require prior authorization and physician prescription.

Hospice Care Services

Covered Benefits

Services include, but are not limited to:

- Palliative care, including medical and support services, for those children who have 6 months or less to live, to keep members comfortable during the last weeks and months before death.
- Treatment services, including treatment related to the terminal illness.
- Up to a maximum of 120 days with a 6-month life expectancy.
- Members electing hospice services may cancel this election at any time.
- Services apply to the hospice diagnosis.

Emergency Services, Including Emergency Hospitals, Physicians, and Ambulance Services

Covered Benefits

Health Plans cannot require authorization as a condition for payment for Emergency Conditions or labor and delivery. Covered services include, but are not limited to, the following:

- Emergency services based on prudent layperson definition of emergency health condition.
- Hospital emergency department room and ancillary services and physician services 24 hours a day, 7 days a week, both by in-network and out-of-network providers.
- Medical screening examination.
- Stabilization services.
- Access to DSHS-designated Level I and Level II trauma centers or hospitals meeting equivalent levels of care for emergency services.
- Emergency ground, air and water transportation.
- Emergency dental services, limited to fractured or dislocated jaw, traumatic damage to teeth, removal of cysts, and treatment relating to oral abscess of tooth or gum origin.

Limitations

- FirstCare may require authorization for post-stabilization services.

Transplants

Covered Benefits:

Services include, but are not limited to, the following:

- Using up-to-date Food and Drug Administration (FDA) guidelines, all non-experimental human organ and tissue transplants and all forms of non-experimental corneal, bone marrow and peripheral stem cell transplants, including donor medical expenses.

Limitations

- FirstCare may require prior authorization.

Vision Benefit

Covered Benefits:

The health plan may reasonably limit the cost of the frames/lenses. Services include:

- One examination of the eyes to determine the need for and prescription for corrective lenses per 12-month period, without authorization.
- One pair of non-prosthetic eyewear per 12-month period.

Limitations

- FirstCare may require authorization for protective and polycarbonate lenses when medically necessary as part of a treatment plan for covered diseases of the eye.

Chiropractic Services

Covered Benefits:

Services do not require physician prescription and are limited to spinal subluxation.

Limitations

- Limited to 12 visits per 12-month period limit (regardless of number of services or modalities provided in one visit).
- FirstCare may require authorization for additional visits.

Tobacco Cessation Program

Covered Benefits:

Covered up to \$100 for a 12-month period limit for a plan approved program.

- Health plan defines plan-approved program.
- May be subject to formulary requirements.

Limitations

- FirstCare may require prior authorization and use of a formulary.

Service Coordination Services

Covered Benefits:

These services include outreach informing, service coordination, care coordination and community referral.

Drug Benefits

Covered Benefits:

Services include, but are not limited to, the following:

- Outpatient drugs and biologicals; including pharmacy-dispensed and provider -administered outpatient drugs and biologicals; and
- Drugs and biologicals provided in an inpatient setting.

What services are not covered?

- Inpatient and outpatient infertility treatments or reproductive services other than prenatal care, labor and delivery, and care related to disease, illnesses, or abnormalities related to the reproductive system.
- Contraceptive medications prescribed only for the purpose of primary and preventative reproductive health care (i.e., cannot be prescribed for family planning).
- Personal comfort items including but not limited to personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of member, and other articles that are not required for the specific treatment of sickness or injury.
- Experimental and/or investigational medical, surgical or other health care procedures or services which are not generally employed or recognized within the medical community.
- Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court

other than a court of competent jurisdiction pursuant to the Texas Health and Safety Code Chapters 573, Subchapters Band C, 574, Subchapter D or 462, Subchapter D and Texas Family Code Chapter 55, Subchapter D.

- Private duty nursing services when performed on an inpatient basis or in a skilled nursing facility.
- Mechanical organ replacement devices including, but not limited to artificial heart.
- Hospital services and supplies when confinement is solely for diagnostic testing purposes, unless otherwise pre-authorized by FirstCare.
- Prostate and mammography screening.
- Elective surgery to correct vision.
- Gastric procedures for weight loss.
- Cosmetic surgery/services solely for cosmetic purposes.
- Dental devices solely for cosmetic purposes.
- Out-of-network services not authorized by FirstCare Health Plans except for emergency care, and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by cesarean section, and services provided by an FQHC, as provided for in Section 8.1.22 of the UMCC.
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity, except for the services associated with the treatment for morbid obesity as part of a treatment plan approved by FirstCare.
- Medications prescribed for weight loss or gain.
- Acupuncture services, naturopathy and hypnotherapy.
- Immunizations solely for foreign travel.
- Routine foot care such as hygienic care.
- Diagnosis and treatment of weak, strained, or flat feet and the cutting or removal of corns, calluses and toenails (this does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails).
- Replacement or repair of prosthetic devices and durable medical equipment due to misuse, abuse or loss when confirmed by the member or the vendor.
- Corrective orthopedic shoes.
- Convenience items.
- Orthotics primarily used for athletic or recreational purposes.
- Custodial care (care that assists a child with the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation, and medication supervision that is usually self-administered or provided by a parent. This care does not require the continuing attention of trained medical or paramedical personnel). This exclusion does not apply to hospice services.
- Housekeeping.
- Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody

- of legal authorities.
- Services or supplies received from a nurse, which do not require the skill and training of a nurse.
- Vision training and vision therapy.
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered except when ordered by a physician/Primary Care Provider.
- Donor non-medical expenses.
- Charges incurred as a donor of an organ when the recipient is not covered under this health plan.
- Coverage while traveling outside of the United States and U.S. Territories (including Puerto Rico, U.S. Virgin Islands, Commonwealth of Northern Mariana Islands, Guam, and American Samoa).

What are my prescription drug benefits?

You get unlimited prescription drugs that are medically necessary. For a list of covered drugs, updates, or any limits, please visit txvendordrug.com.

What extra benefits does FirstCare offer?

All eligible FirstCare CHIP members can receive the following Value-Added Services:

- Wellness Webinars – FirstCare members can access the quarterly wellness webinars through the FirstCare Member Portal.
- 24 Hour Nurse Line – FirstCare Members can talk with a nurse by calling 1-855-828-1013. Get answers 24 hours a day, 7 days a week. Information is available in English and Spanish. Interpreter services available upon request. TTY users can call 7-1-1 or 1800-955-8771. Voice communication is available at 1-800-955-8770.
- Annual Sports and School Physicals – Members 19 years old and younger, can get one sports physical by an in-network provider each year. Members must be current with their well child checkups.
 - Expecting The Best® Pregnancy Management Program (see flyer on page 89)
 - Early enrollment in service coordination support program
 - Access to a nurse 24 hours a day, 7 days a week
 - Educational text messages throughout pregnancy and baby's first year
 - Planning for delivery, including individual support during and after pregnancy
 - Postpartum depression screening following delivery
 - Parental education for newborn health
 - Planning for returning to work
- FirstCare Baby Shower – New moms can get a diaper bag and other small items for their participation in a FirstCare Baby Shower. The FirstCare Baby Shower will be hosted at set locations and times. FirstCare will provide notice to pregnant members of the Baby Shower details. Members are limited to one diaper bag with other small items and gifts per pregnancy and can attend as many Baby Showers as they desire. The Baby Showers will include health

- facts, community resources, activities, and healthy snacks.
- \$25 gift card for members age 20 and younger – Members age 20 and younger who get a timely well child checkup can get a \$25 gift card. Members will be required to complete a voucher that is available online at FirstCare.com or by calling FirstCare Customer Service. Limited to one gift card per member per year. Member must request this within 3 months following their well child checkup.
 - \$20 gift Card for Behavioral Health Inpatient Follow-up Appointment – Members can get a \$20 gift card for seeing their Behavioral Health doctor for a 7-day follow-up visit after a hospital discharge for behavioral or mental health. Members must be a FirstCare member during all visits. The gift card voucher is available online at FirstCare.com or call FirstCare Customer Service for more facts. Members must request this gift card within 3 months of the date of the qualifying event.
 - Asthma Disease Management – Members can get a \$25 gift card for actively participating in asthma service coordination for not well controlled or very poorly controlled asthma (Level 2 or 3). Members can request this gift card from their FirstCare Service Coordinator. Limited to one per year. Call FirstCare Customer Service for more facts.
 - One monthly ride for members to go to the grocery store, WIC appointments, health education classes, fitness centers, vocational trainings, job interviews, self-help group meetings, places of worship/religious services, pregnancy/birthing classes, newborn classes, CPR/first aid classes, or FirstCare Baby Showers.

How can I/my child get these benefits?

Please call FirstCare Customer Service at 1-877-639-2447 in order to get the extra benefits for health and wellness.

What health education classes does FirstCare offer?

FirstCare members can access quarterly wellness webinars through the FirstCare Member Portal.

Routine, Urgent and Emergency Care

FOR CHIP AND CHIP PERINATE NEWBORN MEMBERS

Note to members: References to “you,” “my,” or “I” apply if you are a CHIP or CHIP Perinatal (unborn child) member. References to “my child” or “my daughter” apply if your child is a CHIP member or a CHIP Perinatal Newborn member.

Covered services for CHIP members, CHIP Perinate Newborn members, and CHIP Perinate members must meet the CHIP definition of “medically necessary.” A CHIP Perinate member is an unborn child.

What are medically necessary services?

Medically necessary means:

- Health care services that are:
 - Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a member, or endanger life;
 - Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member’s health conditions;
 - Consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
 - Consistent with the member’s diagnoses;
 - No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
 - Not experimental or investigative; and
 - Not primarily for the convenience of the member or provider; and

- Behavioral Health Services that:
 - Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
 - Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
 - Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
 - Are the most appropriate level or supply of service that can safely be provided;
 - Could not be omitted without adversely affecting the member’s mental and/or physical health or the quality of care rendered;
 - Are not experimental or investigative; and
 - Are not primarily for the convenience of the member or provider.

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

What is routine medical care?

Routine medical care means well-checks and screenings for disease. It includes medically necessary services that are not urgent or emergency care.

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

FirstCare providers will see you or your child for routine medical care within two weeks of the time you call their office.

What is urgent medical care?

Another type of care is urgent care. There are some injuries and illnesses that are probably not emergencies but can turn into emergencies if they are not treated within 24 hours. Some examples are, minor burns or cuts, ear aches, sore throat and muscle sprains/strains.

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

You should be able to see your doctor within 24 hours for an urgent care appointment. If your doctor tells you to go to an urgent care clinic, you do not need to call the clinic before going.

What is an emergency, an Emergency Medical Condition, and an Emergency Behavioral Health Condition?

Emergency care is a covered service. Emergency care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions. "Emergency Medical Condition" is a medical condition characterized by sudden acute symptoms, severe enough (including severe pain), that would lead an individual with average knowledge of health and medicine, to expect that the absence of immediate medical care could result in:

- Placing the member's health in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part;
- Serious disfigurement; or
- In the case of a pregnant CHIP member, serious jeopardy to the health of the CHIP member or her unborn child.

“Emergency Behavioral Health Condition” means any condition, without regard to the nature or cause of the condition, which in the opinion of an individual, possessing average knowledge of health and medicine:

- Requires immediate intervention or medical attention without which the member would present an immediate danger to himself/herself or others; or
- Renders the member incapable of controlling, knowing, or understanding the consequences of his/her actions.

What is emergency services or emergency care?

“Emergency services” and “emergency care” mean health care services provided in an -in-network or out-of-network hospital emergency department, free-standing emergency medical facility, or other comparable facility by in-network or out-of-network physicians, providers, or facility staff to evaluate and stabilize Emergency Medical Conditions or Emergency Behavioral Health Conditions. Emergency services also include any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an Emergency Medical Condition or an Emergency Behavioral Health Condition exists.

How soon can I expect to be seen?

If you think you are having a medical emergency, immediately call 9-1-1 or go to the nearest emergency room. You will get care right away. After you leave the hospital, call your doctor for follow-up care.

Should I go to the emergency room or urgent care or wait?

The emergency room should not be used for regular doctor visits or because your Primary Care Provider’s office is closed. Call your doctor if you cannot wait until the next day. Some offices are open after-hours or on weekends, see if your doctor has extended hours. Your doctor may still be open or may be able to see you the next morning.

You can call your doctor 24 hours a day, 7 days a week. They can give you advice over the phone; let you know if you need to go to an urgent care center, or what you can do at home. You can also go to the nearest urgent care center or walk in clinic if needed. Urgent care is for when you need prompt treatment, but there is no serious health threat. Urgent care centers can treat sprains, broken fingers, minor burns, to rashes.

Remember if it’s not an emergency, always wait and see your doctor for things such as:

- Non-urgent medical problems.
- Colds and cough, sore throat.
- Allergies.
- Prenatal visits.
- Follow-up visits.

What do I do if I need/my child needs emergency dental care?

During normal business hours, call your child's main dentist to find out how to get emergency services. If your child needs emergency dental services after the main dentist's office has closed, call us toll-free at 1-877-639-2447.

What is post-stabilization?

Post-stabilization care services are services covered by CHIP that keep the member's condition stable following emergency medical care.

How do I get medical care after my/my child's Primary Care Provider's office is closed?

Some doctor offices are open late and on weekends. Make sure you know if your child's Primary Care Provider is open after-hours or on weekends. If your child gets sick at night or on a weekend, call your child's doctor. Your child's doctor or someone who is taking calls for your child's doctor is available 24 hours a day, 7 days a week. The doctor on call can answer your questions and help you. He or she may ask you to explain to them what is wrong with your child. Be ready to tell them how your child is feeling and how long he or she has been sick. Your child's illness may be able to be treated at home or can wait until the next day. You may be told to see your child's doctor the next day. If it is an emergency, your doctor or the person on call will tell you to take your child to the nearest emergency room.

What if I get sick when I am out of town or traveling?/What if my child gets sick when he or she is out of town or traveling?

If you/your child needs medical care when traveling, call us toll-free at 1-877-639-2447 and we will help you find a doctor.

If you/your child needs emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-877-639-2447.

What if I am/my child is out of the state?

In a true emergency, go to the nearest emergency room. If you need emergency services, go to a nearby hospital, and then call us toll-free at 1-877-639-2447.

If you or your child needs to see a doctor when traveling, call your doctor. Your doctor will give you advice on what to do. If you need help finding a doctor while out of town, call us toll-free at 1-877-639-2447 and we will help you find a doctor. If you see a doctor out of town or out of state, show them your FirstCare ID card and ask them to call FirstCare. CHIP benefits are covered with FirstCare approval.

What if I am/my child is out of the country?

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

Specialists

FOR CHIP AND CHIP PERINATE NEWBORN MEMBERS

What if I need/my child needs to see a special doctor (specialist)?

Your child's Primary Care Provider will examine your child and decide if your child needs to be seen by a specialist. Your child's doctor will make plans for you to take your child to see a FirstCare CHIP specialist. Your child's doctor will call FirstCare CHIP if approval is needed. If your child needs to see a specialist who is not in the FirstCare CHIP network, the Primary Care Provider must get approval from FirstCare CHIP.

What is a referral?

You need an okay or a referral when you or your child needs care from a provider who is not in the FirstCare CHIP or CHIP Perinatal network. You will get this from your child's Primary Care Provider or your perinatal provider.

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

You will be seen within two weeks for routine care. For more about routine care, see page 64.

What services do not need a referral?

For a list of services that do not need a referral, call Customer Service, 1-877-639-2447.

When you make the appointment with the specialist's office:

- Tell them you/your child is a FirstCare CHIP member.
- Tell them the name of your/your child's Primary Care Provider. Let them know he/she referred you.
- Be sure to show your child's FirstCare CHIP ID card when you go to the specialist.

How can I ask for a second opinion?

You have the right to ask for a second opinion when it comes to your health and/or treatment options. Let your doctor know that you would like a second opinion.

If you are unsure, ask your doctor questions. Your doctor can also help by referring you to a specialist. You can also call FirstCare, we can help you find another doctor or specialist in network.

Women's Health (OB/GYN)

FOR CHIP AND CHIP PERINATE NEWBORN MEMBERS

What if I/my daughter needs OB/GYN care? Do I have the right to choose an OB/GYN?

Attention members: You have the right to pick an OB/GYN for yourself/your daughter without a referral from your/your daughter's Primary Care Provider. An OB/GYN can give you:

- One well-woman checkup each year.
- Care related to pregnancy.
- Care for any female medical condition.
- Referral to special doctor (specialist) within the network.

FirstCare CHIP allows you/your daughter to pick any OB/GYN, whether that doctor is in the same network as your/your daughter's Primary Care Provider or not.

How do I choose an OB/GYN?

To choose an OB/GYN, call FirstCare Customer Service at 1-877-639-2447. You have access to FirstCare CHIP and CHIP Perinatal OB/GYNs without a referral, even if you do not choose one.

You or your daughter can expect to see an OB/GYN within two weeks of your request. You/your daughter may stay with an OB/GYN who is not with FirstCare CHIP or CHIP Perinatal if you/your daughter has 12 weeks or less remaining before the expected delivery date.

If I don't choose an OB/GYN, do I have direct access, or will I need a referral?

If you do not pick a FirstCare OB/GYN as your Primary Care Provider, you can still get care from an OB/GYN.

Will I need a referral?

No, you will not need a referral.

How soon can I/my daughter expect to be seen after contacting an OB/GYN for an appointment?

You or your daughter can expect to see an OB/GYN within two weeks of your request.

Can I/my daughter stay with an OB/GYN who is not with FirstCare?

Members who are past the 24th week of pregnancy can keep their current OB/GYN, even if the doctor is out of FirstCare's CHIP network. If your or your daughter's OB/GYN is not in FirstCare provider directory, please call Customer Service at 1-877-639-2447.

(not applicable to CHIP Perinate Newborn members)

What if I/my daughter is pregnant? Who do I need to call?

Please call FirstCare Outreach Department at 1-866-787-0663 as soon as you know you/your daughter is pregnant. It is important that you also call HHSC at 2-1-1 to report your pregnancy. You/your daughter needs to apply right away for Medicaid services. If your daughter is enrolled in Medicaid while she is pregnant, her baby will get enrolled in Medicaid for a year. If she is not enrolled in Medicaid while she is pregnant, she will have to apply for coverage for her newborn when her baby is born. There could be a gap in coverage for her baby.

FirstCare CHIP offers other services to pregnant women. FirstCare Health Education Department gives family planning and prenatal education classes.

What other services, activities and/or education does FirstCare offer pregnant women?

Expecting the Best® Maternity Service Coordination Program

FirstCare has a special program for pregnant members. It is called Expecting the Best® Maternity Service Coordination Program.” It offers helpful information on taking care of you and your baby. For example, did you know that your baby needs the last three to four weeks of a full-term pregnancy for brain and lung growth? If you have delivered a baby early (pre-term delivery) before or if you are at high-risk for an early delivery (pre-term birth), there may be medications that could help your baby be full-term. Our Expecting the Best® team members can help you get these medications. Our Expecting the Best® team can also help you:

- Find a doctor or resources.
- Get a prenatal or postpartum appointment.
- Assist with other pregnancy related needs.

As part of the program, FirstCare will want to know how you are getting along in your pregnancy. You may get a call to go over some questions about your pregnancy.

How to Enroll

Learn more by calling CHIP Customer Service at 1-877-639-2447 or email HPmaternitycasemanagement@bswhealth.org. If you contact us by email, include your name, member number, phone number, and any needs you might have.

Service Coordination Program

All Health Plan members with current coverage can have Service Coordination. The program is an added benefit for our members. Service Coordination is at no cost to the member. Our program is completely voluntary so members may opt in or out at any time.

What Service Coordination Can Help With

The nurses and social workers are here to help you:

- Get care, services, equipment, and medications.
- Understand and manage your health conditions.
- Understand and get the most out of your benefits.
- Understand the healthcare system and get needed authorizations and referrals.
- Help you find programs and community resources for things your insurance does not cover.

What to Expect

After being referred to Service Coordination, one of our team members will call you and complete an assessment over the phone. You can expect this call within four (4) days. This assessment will help us identify what needs you have. We will work with you to create a plan of how to meet your needs. We will work with you on your plan until your needs are met, you no longer have coverage with us, we can no longer reach you or you decide you no longer want help.

You will be linked with a nurse or social worker who you can call directly anytime you need help. Your nurse or social worker can also work with your doctor or pharmacy to help you. Health information is confidential and protected. Having Service Coordination does not affect your plan coverage.

How to Request Service Coordination to Help You:

To request Service Coordination, call 1-877-639-2447 and ask to speak with a member of our team. You can also email us to request Service Coordination at: CaseManagement@BSWHealth.org.

Our Service Coordinators are available Monday through Friday between 8 AM and 5 PM, Central Time (except for state-approved holidays). TTY users can call 711.

Healthy Texas Women Program

The Healthy Texas Women Program provides family planning exams, related health screenings and birth control to women ages 18 to 44 whose household income is at or below the program's income limits (185 percent of the federal poverty level). You must submit an application to find out if you can get services through this program.

To learn more about services available through the Healthy Texas Women Program, write, call, or visit the program's website:

Healthy Texas Women Program
P.O. Box 14000
Midland, TX 79711-9902
Phone: 1-800-335-8957
Website: texaswomenshealth.org/
Fax: (toll-free) 1-866-993-9971

Healthy Texas Women Plus

The Healthy Texas Women program also offers a postpartum services package, called Healthy Texas Women Plus. Healthy Texas Women Plus provides benefits for:

- Postpartum depression and other mental health conditions
- Cardiovascular and coronary conditions
- Substance use disorders

If you are currently enrolled in Medicaid for Pregnant Women, you may be automatically enrolled in the Healthy Texas Women program after your baby is born. If you are eligible, you will receive a letter from Texas Health and Human Services confirming you have been enrolled in the Healthy Texas Women program.

FirstCare's Disease Management Program

The disease management program provides specialized help from registered nurses for members with conditions such as: Asthma, Diabetes and Musculoskeletal Conditions (injuries or disorders of the muscles, nerves, tendons, joints, cartilage, and spinal discs).

The program offers education and coordination of care between your doctors and benefits. You can talk and work with a nurse who has been certified and licensed by the state. We want to help you get information and the support you need. Please call us at 1-855-828-1013 if you would like the extra help. Our disease management programs are at no additional cost to you.

Other Services

FOR CHIP AND CHIP PERINATE NEWBORN MEMBERS

Behavioral (Mental) Health

How do I get help if I/my child has behavioral health or drug problems?

There may be times you are upset, worried, or feeling at a loss because something is not quite right. You may have recently lost a loved one.

Or, you may have a problem with drugs or alcohol. As a FirstCare CHIP member, you may call your Primary Care Provider, or you can call FirstCare's Behavioral Health Services at 1-800-327-6934. To reach the FirstCare Behavioral Health Crisis Line, call 1-800-327-6943, 24 hours a day, 7 days a week.

FirstCare's Behavioral Health Services provides help for drug, alcohol, or emotional problems. These are Behavioral Health Services for FirstCare CHIP members.

Do I need a referral for this?

You do not need a referral from your Primary Care Provider to get this help.

There is always someone to listen to you and help you with your problems.

Please let FirstCare know if you are now under the care of a doctor or specialist for these types of problems. FirstCare may refer you to a special doctor or provider who knows how to take care of these problems. He or she will decide what health services you need to help your problem. He or she may prescribe Behavioral Health Services.

Eye Care

How do I get eye care services? How do I get eye care services for my child?

You can get eye care services with FirstCare. One eye exam to see if glasses or contacts are needed is covered each year.

Your child can get eyeglasses or contact lenses once every 12 months. If your child's vision changes a lot, he/she can get glasses or contacts sooner than 12 months. If your child's eyeglasses are damaged or lost, they can be replaced.

You must get your eye care services from FirstCare CHIP eye care providers. You can call Customer Service at 1-877-639-2447 for help in choosing an eye care provider.

Dental Services

How do I get dental services for my child?

FirstCare will pay for some emergency dental services in a hospital or ambulatory surgical center. FirstCare will pay for the following:

- Treatment of a dislocated jaw.
- Treatment of traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.
- Treatment and devices for craniofacial anomalies.

FirstCare covers hospital, physician and related medical services for the above conditions. This includes services from the doctor and other services your child might need, like anesthesia or other drugs.

The CHIP medical benefit provides limited emergency dental coverage for dislocated jaw, traumatic damage to teeth, and removal of cysts; treatment of oral abscess of tooth or gum origin; treatment and devices for craniofacial anomalies; and drugs.

Your child's CHIP dental plan provides all other dental services, including services that help prevent tooth decay and services that fix dental problems. Call your child's CHIP dental plan to learn more about the dental services they offer.

Early Childhood Intervention

What is Early Childhood Intervention (ECI)?

ECI is a statewide program for families with children, birth up to age 3, with disabilities and developmental delays. ECI helps families support their children through developmental services. ECI evaluates and assesses, at no cost to families, to see if they are eligible and what services they will need. Families and professionals work together to plan services based on the unique needs of the child and family.

A local ECI program will determine if a child can get ECI services, and it will develop a child's individual service plan. FirstCare is responsible for paying for the services in the plan.

Do I need a referral for this?

FirstCare members may self-refer to the local ECI service providers without a referral from FirstCare or your Primary Care Provider (PCP).

Where do I find an ECI provider?

Participation in an ECI program is voluntary. If you choose not to use a local ECI program, FirstCare must provide medically necessary services for your child. Call us at 1-877-639-2447 (TTY 7-1-1) if you need help getting these services. Or visit: hhs.texas.gov/services/disability/early-childhood-intervention-services.

Interpretation Services

Can someone interpret for me when I talk with my/my child's doctor?

Yes, FirstCare has staff that can speak both English and Spanish.

Who do I call for an interpreter?

If you need someone to translate or if you need a sign language interpreter, please call FirstCare Customer Service at 1-877-639-2447. FirstCare's TTY line for deaf or hearing impaired is 7-1-1.

How far in advance do I need to call?

Please call at least 48 hours before your visit.

How can I get a face-to-face interpreter in the provider's office?

FirstCare will send someone to go to your doctor's appointment if you do not speak English for a face-to-face interpreter. Call Customer Service at 1-877-639-2447.

Special Health Care Needs

Who do I call if I/my child has special health care needs and I need someone to help me?

Children with Special Health Care Needs (CSHCN) can get their own service coordinator. FirstCare CHIP will work with community services to get the best

health services for your child. To reach the FirstCare CHIP Service Coordinator, call 1-877-639-2447.

Billing

What if I get a bill from my/my child's doctor? Who do I call?

If you get a bill from your doctor, call FirstCare's Customer Service Department at 1-877-639-2447 and they will help you.

What information will they need?

You need to have your bill in front of you when you call. They will ask for the date of the service, the name of your doctor, the amount of the bill, and the phone number on the bill.

Change of Address

What do I have to do if I/my child moves?

As soon as you have your new address, give it to HHSC by calling 2-1-1 or updating your account on YourTexasBenefits.com and call the FirstCare Member Services Department at 1-877-639-2447. Before you get CHIP services in your new area, you must call FirstCare, unless you need emergency services. You will continue to get care through FirstCare until HHSC changes your address.

Prescriptions (Medicine)

FOR CHIP AND CHIP PERINATE NEWBORN MEMBERS

How Do I Find Out What Drugs Are Covered?

FirstCare uses the state Vendor Drug Program (VDP) list of drugs that your doctor can choose from. It includes all medicines covered by Medicaid and CHIP. To view the Texas Formulary Drug Search, go to txvendordrug.com/formulary/formulary-search. To view the Texas Preferred Drug List, go to txvendordrug.com/formulary/prior-authorization/preferred-drugs. When there is a generic drug available, it will be covered if it is on the VDP formulary. Generic drugs are equal to brand-name drugs as approved by the Food and Drug Administration (FDA).

Some prescriptions require prior approval. A prior approval drug requires your provider to submit clinical data to support the need for the drug. The pharmacist will notify you if a drug your doctor prescribed requires prior approval. If this happens, contact your provider and ask him/her to submit the request for the medication and the clinical data to FirstCare.

Some drugs require step edits. A step edit requires the trial and failure of another drug(s) prior to approving the requested drug. If the pharmacist notifies you that your drug requires step edits, contact your provider and ask about trying the other medications first.

Your prescription may be filled with a 30-day supply.

How do I get my/my child's medications?

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

Exclusions include: contraceptive medications prescribed only for the purpose to prevent pregnancy and medications for weight loss or gain.

You may have to pay a copayment for each prescription filled depending on your income. There are no copayments required for CHIP Perinate Newborn members.

How do I find a network drug store?

To find a network drug store, visit FirstCare.com/CHIP-Pharmacy or call FirstCare at 1-877-639-2447 (1-877-639-CHIP).

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

The drug store can call the Pharmacy Help Desk number on the back of your FirstCare CHIP ID card. The drug store will assist in obtaining a fill for you. You can also call FirstCare at 1-877-639-2447 (1-877-639-CHIP).

What do I bring with me to the drug store?

Take your FirstCare CHIP ID card with you to the drug store.

What if I need my/my child's medications delivered to me?

If you need medications delivered, please visit the online Pharmacy Directory at FirstCare.com/CHIP-pharmacy to find a list of drug stores that deliver. Or you can call FirstCare at 1-877-639-2447 (1-877-639-CHIP) to find drug stores that offer free delivery.

Who do I call if I have problems getting my/my child's medications?

If you have problems getting your medications, call FirstCare at 1-877-639-2447.

What if I can't get the medication my/my child's doctor ordered approved?

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

Call FirstCare at 1-877-639-2447 for help with your/your child's medications and refills.

What if I lose my/my child's medication(s)?

Contact your pharmacy if your medication was lost or damaged. Some medications may need prior authorization for refills. The pharmacy may have to contact your doctor for approval. Your pharmacy will call you with the decision.

If you need an emergency refill on your medication and your doctor cannot be reached, your pharmacy can give you a three-day emergency supply.

What if I need/my child needs an over-the-counter medication?

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

What if I/my child needs birth control pills?

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

Why do some drugs need prior authorization?

Some medications can be dangerous if given or used incorrectly. Prior authorization is to be sure that medicine is used only when necessary and given in the right amount.

Some reasons you may need prior authorization:

- The drug is not on the formulary.
 - **Note: There are exceptions. Some drugs on the formulary require a prior authorization.**
- The drug is not used for your health condition or for certain use.
- The dose is higher than what is usually expected.
- There are other drugs that should be tried first.
- The drug can be misused/abused.

How long do I have to wait?

Your doctor will be contacted no later than three business days after sending the request.

In an emergency, you may get up to a 72-hour supply while waiting for the decision. Unless the medication could jeopardize your health or safety.

Medication Safety

We work with Navitus, our pharmacy benefits manager, to ensure your safety. There are requirements in place to be sure your prescription is safe. We also have a team of doctors and pharmacists that meet to go over drugs on the formulary. Our goal is to make sure the medication you take is effective based on your health and condition. The prior authorization process is one of those steps. Some other ways we keep you safe include:

Checking the dose and the strength.

The dose is checked for your safety. There are a system of checks in place to check the drug and the strength. It is very important that our members are taking the right dose of the right drug.

Checking for possible drug interactions.

There are checks for drug interactions on all prescriptions. If the pharmacy notices, there may be a problem with a new medication they will tell you and your doctor.

Medicine can improve your condition, but it can also be dangerous. Which is why your prescriptions are checked. To be sure you are safe, and medicine will not interact with something else, we know you are taking.

If you have any questions on the prior authorization process or how the drug formulary works, please call FirstCare Customer Service at 1-877-639-2447.

Rights and Responsibilities

FOR CHIP AND CHIP PERINATE NEWBORN MEMBERS

Member Rights

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

12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.
14. You have the right to speak for your child in all treatment choices.
15. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
16. You have the right to be treated fairly by your health plan, doctors, hospitals, and other providers.
17. You have the right to talk to your child's doctors and other providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.
18. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals and others who provide services to your child. If your health plan says it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
19. You have a right to know that doctors, hospitals, and others who care for your child can advise you about your child's health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
20. You have a right to know that you are only responsible for paying allowable copayments for covered services. Doctors, hospitals, and others cannot require you to pay any other amounts for covered services.

Member Responsibilities

You and your health plan both have an interest in seeing your child's health improve.

You can help by assuming these responsibilities:

1. You must try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.
2. You must become involved in the doctor's decisions about your child's treatments.
3. You must work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
5. You must learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. If your child has CHIP, you are responsible for paying your doctor and other providers copayments that you owe them. If your child is getting CHIP

- Perinatal services, you will not have any copayments for that child.
8. You must report misuse of CHIP or CHIP Perinatal services by health care providers, other members, or health plans.
 9. You must talk to your provider about your medications that are prescribed.

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

Perinatal Providers

FOR CHIP PERINATE MEMBERS (Unborn Child)

What do I need to bring to a perinatal provider's appointment?

Bring your FirstCare CHIP Perinatal ID card with you. You will need this card each time you go to the doctor or pharmacy. If you need a sign language interpreter, please call FirstCare Customer Service at 1-877-639-2447.

Can a clinic be a perinatal provider?

Yes, a Rural Health Clinic (RHC) can be your perinatal provider if they are a FirstCare CHIP provider. Look in our provider directory to find out if a clinic is part of the FirstCare network: firstcare.com/FirstCare/media/First-Care/PDFs/Medicaid-CHIP/CHIP-Provider-Directory-Lubbock.pdf.

A Federally Qualified Health Center (FQHC) can also be your perinatal provider if they are in our FirstCare CHIP provider directory. If you need help finding a clinic, call FirstCare Customer Service toll-free at 1-877-639-2447.

How do I get after-hours care?

Some doctor offices are open late and on weekends. Make sure you know if your perinatal provider is open after-hours or on weekends. If you get sick at night or on a weekend, call your doctor. Your doctor or someone who is taking calls for your doctor is available 24 hours a day, 7 days a week. The doctor on call can answer your questions and help you. He or she may ask you to explain to them what is wrong with you. Be ready to tell them how you are feeling and how long you have been sick. Your illness may be able to be treated at home or wait until the next day. You may be told to see your doctor the next day. If it is an emergency, your doctor or the person on call will tell you to go to the nearest emergency room.

How do I choose a perinatal provider? Will I need a referral?

Choose your perinatal provider carefully. Your perinatal provider must be a FirstCare CHIP provider - see our provider directory: firstcare.com/FirstCare/media/First-Care/PDFs/Medicaid-CHIP/CHIP-Provider-Directory-Lubbock.pdf.

Will I need a referral?

No, you do not need a referral to see a perinatal provider.

How soon can I be seen after contacting a perinatal provider for an appointment?

FirstCare perinatal providers will see you within two weeks of the time you call their office.

Can I stay with my perinatal provider if they are not with FirstCare?

If you have 12 weeks or less before your due date you can stay with your perinatal provider. If you have more than 12 weeks, you must select a provider from FirstCare's directory.

Can I choose my baby's Primary Care Provider before the baby is born? Who do I call?

It is best to pick a doctor for your baby now, before your baby is born. You want to be ready because your baby will need his or her own doctor for checkups and vaccines. Pick a doctor for your baby and call FirstCare Customer Service at 1-877-639-2447 to let us know who your doctor will be. You can pick any Primary Care Provider from FirstCare's CHIP provider directory.

What information do they need?

Once you have your baby, call FirstCare. FirstCare will need the mother's name, the baby's name, baby's date of birth, and (if you have it) the baby's CHIP ID number.

Benefits

FOR CHIP PERINATE MEMBERS (Unborn child)**How Do I Find Out What Drugs Are Covered?**

FirstCare uses the state Vendor Drug Program (VDP) list of drugs that your doctor can choose from. It includes all medicines covered by Medicaid and CHIP. To view the Texas Formulary Drug Search, go to txvendordrug.com/formulary/formulary-search. To view the Texas Preferred Drug List, go to txvendordrug.com/formulary/prior-authorization/preferred-drugs. When there is a generic drug available, it will be covered if it is on the VDP formulary. Generic drugs are equal to brand-name drugs as approved by the Food and Drug Administration (FDA).

Some prescriptions require prior approval. A prior approval drug requires your provider to submit clinical data to support the need for the drug. The pharmacist will notify you if a drug your doctor prescribed requires prior approval. If this happens, contact your provider and ask him/her to submit the request for the medication and the clinical data to FirstCare.

Some drugs require step edits. A step edit requires the trial and failure of another drug(s) prior to approving the requested drug. If the pharmacist notifies you that your drug requires step edits, contact your provider and ask if about trying the other medications first.

Your prescription may be filled with a 30-day supply.

What are my unborn child's CHIP Perinatal benefits?

Your unborn child's CHIP Perinatal benefits are explained on pages 52-59.

How do I get these services?

You can get these services, when medically necessary, from your prenatal care provider.

What are my unborn child's prescription drug benefits?

You get unlimited prescription drugs that are medically necessary. For a list of covered drugs, updates, or any limits, please visit txvendordrug.com.

How much do I have to pay for my unborn child's health care under CHIP Perinatal?

Copayments or cost-sharing do not apply to CHIP Perinatal members.

Will I have to pay for services that are not covered benefits?

Services that are not a covered benefit will not be paid. Members will be responsible for payment of non-covered services.

What if I need services that are not CHIP Perinatal covered benefits?

Services that are not covered will not be paid by FirstCare. Members may call 2-1-1 or FirstCare to find out what resources are available in the community to help cover these services.

What extra benefits does FirstCare offer?

All eligible FirstCare CHIP members can receive the following extra benefits (Value-Added Services):

- Wellness Webinars – FirstCare members can access the quarterly wellness webinars through the FirstCare Member Portal.
- 24-Hour Nurse Line
Need care advice? Have a medical question? Not sure if you should see a doctor? For non-emergency symptoms and health or treatment questions, FirstCare Members have access to talk with a nurse 24 hours a day, every day. Get the information you need any time of the day or night by calling 1-855-828-1013. Information is available in English and Spanish. Interpreter services available upon request. TTY users can call 7-1-1.
- Annual Sports and School Physicals – Members 19 years old and younger, can get one sports physical by an in-network provider each year. Members

- must be current with their well child checkups.
- Expecting the Best® Pregnancy Management Program (see flyer on page 89)
 - Early enrollment in service coordination support program
 - Access to a nurse 24 hours a day, 7 days a week
 - Educational text messages throughout pregnancy and baby's first year
 - Planning for delivery, including individual support during and after pregnancy
 - Postpartum depression screening following delivery
 - Parental education for newborn health
 - Planning for returning to work
 - FirstCare Baby Shower – New moms can get a diaper bag and other small items for their participation in a FirstCare Baby Shower. The FirstCare Baby Shower will be hosted at set locations and times. FirstCare will provide notice to pregnant members of the Baby Shower details. Members are limited to one diaper bag with other small items and gifts per pregnancy and can attend as many Baby Showers as they desire. The Baby Showers will include health facts, community resources, activities, and healthy snacks.
 - \$25 Gift Card for members age 20 and younger – Members age 20 and younger who get a timely well child checkup can get a \$25 gift card. Members will be required to complete a voucher that is available online at FirstCare.com or by calling FirstCare Customer Service. Limited to one gift card per member per year. Member must request this within 3 months following their well child checkup
 - \$20 Gift Card for timely follow up after discharge from a behavioral health-hospital stay. Members can get a \$20 gift card for seeing their Behavioral Health doctor for a 7-day follow-up visit after a hospital discharge for behavioral or mental health. Members must be a FirstCare member during all visits. The gift card voucher is available online at FirstCare.com or call FirstCare Customer Service for more facts. Members must request this gift card within 3 months of the date of the qualifying event.
 - Asthma Disease Management – Members can get a \$25 gift card for participation in Asthma Disease Management for not well controlled or very poorly controlled asthma (Level 2 or 3). Members can request this gift card from their FirstCare Service Coordinator. Limited to one per year. Call FirstCare Customer Service for more facts.
 - One monthly ride for members to go to the grocery store, WIC appointments, health education classes, fitness centers, vocational trainings, job interviews, self-help group meetings, places of worship/religious services, pregnancy/birthing classes, newborn classes, CPR/first aid classes, or FirstCare Baby Showers.

How can I get these benefits for my unborn child?

You can get your extra benefits by calling FirstCare CHIP at 1-877-639-2447.

What health education classes does FirstCare offer?

FirstCare members can access quarterly wellness webinars through the FirstCare Member Portal.

Postpartum checkups

Postpartum checkups (after the baby's birth) are very important. Do not skip. Even if you are feeling fine, you cannot miss any. You get two postpartum checkups under CHIP Perinatal. They not only check on your recovery, but also to see if you are doing well emotionally.

Schedule your first checkup three weeks after you have your baby. If your doctor wants to see you sooner, he or she will let you know. After your checkup, set your next appointment for three weeks later. You may have some questions for your doctor about depression, exercise, or breastfeeding. Your postpartum checkup includes two visits. You should see your doctor twice after your baby is born.

Inpatient General Acute

Covered Benefits:

For CHIP Perinates in families with income at or below the Medicaid eligibility threshold (Perinates who qualify for Medicaid once born), the facility charges are not a covered benefit; however, professional services charges associated with labor with delivery are a covered benefit. For CHIP Perinates in families with income above the Medicaid eligibility threshold (Perinates who do not qualify for Medicaid once born), benefits are limited to professional service charges and facility charges associated with labor with delivery until birth, and services related to miscarriage or a non-viable pregnancy.

Services include:

- Operating, recovery and other treatment rooms.
- Anesthesia and administration (facility technical component).
- Medically necessary surgical services are limited to services that directly relate to the delivery of the unborn child and services related to miscarriage or non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero).
- Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Inpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to:
 - Dilation and curettage (D&C) procedures;
 - Appropriate provider-administered medications;
 - Ultrasounds; and
 - Histological examination of tissue samples.

Limitations

- Inpatient facility services are not a covered benefit for unborn children at or below 198 percent of the Federal Poverty Level (FPL). Once the child is born, they will receive full CHIP benefits.
- Covered medically necessary inpatient services are limited to labor and

delivery until birth for unborn children.

Outpatient Hospital, Comprehensive Outpatient Hospital, Clinic (including health center) and Ambulatory Health Care Center

Covered Benefits

Services include the following services provided in a hospital clinic or emergency room, a clinic or health center, hospital-based emergency department or an ambulatory health care setting:

- X-ray, imaging, and radiological tests (technical component).
- Laboratory and pathology services (technical component).
- Machine diagnostic tests.
- Drugs, medications and biologicals that are medically necessary prescription and injection drugs.
- Outpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Outpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to:
 - Dilation and curettage (D&C) procedures;
 - Appropriate provider-administered medications;
 - Ultrasounds; and
 - Histological examination of tissue samples.
- Laboratory and radiological services are limited to services that directly relate to ante partum care and/or the delivery of the covered CHIP Perinate until birth. Ultrasound of the pregnant uterus is a CHIP Perinatal covered benefit when medically indicated.
- Ultrasound may be indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation, or gestational age conformation, or miscarriage or non-viable pregnancy.
- Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Cordocentesis, FIUT are covered benefits with an appropriate diagnosis.
- Laboratory tests are limited to: nonstress testing, contraction, stress testing, hemoglobin or hematocrit repeated once a trimester and at 32-36 weeks of pregnancy; or complete blood count (CBC), urinalysis for protein and glucose every visit, blood type and Rh antibody screen; repeat antibody screen for Rh negative women at 28 weeks followed by Rho immune globulin administration if indicated; rubella antibody titer, serology for syphilis, hepatitis B surface antigen, cervical cytology, pregnancy test, gonorrhea test, urine culture, sickle cell test, tuberculosis (TB) test, human immunodeficiency virus (HIV) antibody screen, Chlamydia test, other laboratory tests not specified but deemed medically necessary, and multiple marker screens for neural tube defects (if the client initiates care between 16 and 20 weeks); screen for gestational diabetes at 24-28 weeks of pregnancy; other lab tests as indicated by medical condition of client.
- Surgical services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy or a fetus that expired in

utero) are a covered benefit.

Physician/Physician Extender Professional Services

Covered Benefits

Services include, but are not limited to the following:

- Medically necessary physician services are limited to prenatal and postpartum care and/or the delivery of the covered unborn child until birth.
- Physician office visits, inpatient and outpatient services.
- Laboratory, x-rays, imaging and pathology services, including technical component and/or professional interpretation.
- Medically necessary medications, biologicals and materials administered in a physician's office.
- Professional component (in/outpatient) of surgical services, including:
 - Surgeons and assistant surgeons for surgical procedures directly related to the labor with delivery of the covered unborn child until birth.
 - Administration of anesthesia by physician (other than surgeon) or CRNA.
 - Invasive diagnostic procedures directly related to the labor with delivery of the unborn child.
 - Surgical services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero).
- Hospital-based physician services (including physician-performed technical and interpretive components).
- Professional component of the ultrasound of the pregnant uterus when medically indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation, or gestational age conformation.
- Professional component of Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Amniocentesis, Cordocentesis, and FIUT.
- Professional component associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Professional services associated with miscarriage or non-viable pregnancy include, but are not limited to:
 - Dilation and curettage (D&C) procedures;
 - Appropriate provider-administered medications;
 - Ultrasounds, and;
 - Histological examination of tissue samples.

Prenatal Care and Pre-Pregnancy Family Services and Supplies

Services are limited to an initial visit and subsequent prenatal (ante partum) care visits that include:

- One visit every four weeks for the first 28 weeks of pregnancy.
- One visit every two to three weeks from 28 to 36 weeks of pregnancy.
- One visit per week from 36 weeks to delivery.

More frequent visits are allowed as medically necessary. Benefits are limited to:

- Limit of 20 prenatal visits and two (2) postpartum visits (maximum within 60 Days) without documentation of a complication of pregnancy. More frequent visits may be necessary for high-risk pregnancies. High-risk prenatal visits are not limited to 20 visits per pregnancy. Documentation supporting medical necessity must be maintained in the physician's files and is subject to retrospective review.

Visits after the initial visit must include:

- Interim history (problems, marital status, fetal status);
- Physical examination (weight, blood pressure, fundal height, fetal position and size, fetal heart rate, extremities) and
- Laboratory tests (urinalysis for protein and glucose every visit; hematocrit or hemoglobin repeated once a trimester and at 32-36 weeks of pregnancy; multiple marker screen for fetal abnormalities offered at 16-20 weeks of pregnancy; repeat antibody screen for Rh negative women at 28 weeks followed by Rho immune globulin administration if indicated; screen for gestational diabetes at 24-28 weeks of pregnancy; and other lab tests as indicated by medical condition of client).

Birthing Center Services

Covers birthing services provided by a licensed birthing center. Limited to facility services related to labor and delivery.

Applies only to CHIP Perinate members (unborn child) with income above the Medicaid eligibility threshold (who will not qualify for Medicaid once born).

Services Rendered by a Certified Nurse Midwife or Physician in a Licensed Birthing Center

Covers prenatal services and birthing services rendered in a licensed birthing center.

Prenatal services subject to the following limitations: Services are limited to an initial visit and subsequent prenatal (ante partum) care visits that include:

- One visit every four weeks for the first 28 weeks of pregnancy;
- One visit every two to three weeks from 28 to 36 weeks of pregnancy; and
- One visit per week from 36 weeks to delivery.

More frequent visits are allowed as medically necessary. Benefits are limited to:

- Limit of 20 prenatal visits and two postpartum visits (maximum within 60 days) without documentation of a complication of pregnancy. More frequent visits may be necessary for high-risk pregnancies. High-risk prenatal visits are not limited to 20 visits per pregnancy. Documentation supporting medical necessity must be maintained and is subject to retrospective review.

Visits after the initial visit must include:

- Interim history (problems, marital status, fetal status);
- Physical examination (weight, blood pressure, fundal height, fetal position and size, fetal heart rate, extremities); and
- Laboratory tests (urinalysis for protein and glucose every visit; hematocrit or hemoglobin repeated once a trimester and at 32-36 weeks of pregnancy; multiple marker screen for fetal abnormalities offered at 16-20 weeks of pregnancy; repeat antibody screen for Rh negative women at 28 weeks followed by Rho immune globulin administration if indicated; screen for gestational diabetes at 24-28 weeks of pregnancy; and other lab tests as indicated by medical condition of client).

Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies

Not a covered benefit, with the exception of a limited set of disposable medical supplies, and only when they are obtained from a CHIP-enrolled pharmacy provider.

Emergency Services, Including Emergency Hospitals, Physicians, and Ambulance Services

Health plan cannot require authorization as a condition for payment for emergency conditions related to labor and delivery.

Covered services are limited to those emergency services that are directly related to the delivery of the covered unborn child until birth.

- Emergency services based on prudent layperson definition of emergency health condition.
- Medical screening examination to determine emergency when directly related to the delivery of the covered unborn child.
- Stabilization services related to the labor and delivery of the covered unborn child.
- Emergency ground, air, and water transportation for labor and threatened labor is a covered benefit.
- Emergency ground, air and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit.

Benefit Limits:

- Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinate are not a covered benefit.

Service Coordination Services

Service coordination services are a covered benefit for the unborn child.

Limitations

- These covered services include outreach informing, service coordination, care coordination, and community referral.

Care Coordination Services

Care coordination services are a covered benefit for the unborn child.

Drug Benefits

Services include, but are not limited to, the following:

- Outpatient drugs and biologicals; including pharmacy-dispensed and provider-administered outpatient drugs and biologicals; and
- Drugs and biologicals provided in an inpatient setting.

Services must be medically necessary for the unborn child.

What services are not covered?

- For CHIP Perinates in families with incomes at or below 198 percent of the Federal Poverty Level, inpatient facility charges are not a covered benefit if associated with the initial Perinatal Newborn admission. "Initial Perinatal Newborn admission" means the hospitalization associated with the birth.
- Contraceptive medications prescribed only for the purpose of primary and preventative reproductive health care (i.e. cannot be prescribed for family planning).
- Inpatient and outpatient treatments other than prenatal care, labor with delivery, services related to (a) miscarriage and (b) a non-viable pregnancy, and postpartum care related to the covered unborn child until birth.
- Inpatient mental health services.
- Outpatient mental health services.
- Durable medical equipment or other medically related remedial devices.
- Disposable medical supplies, with the exception of a limited set of disposable medical supplies, when they are obtained from an authorized pharmacy provider.
- Home and community-based health care.
- Nursing care services.
- Dental services.
- Inpatient substance use disorder treatment services and residential substance use disorder treatment services.
- Outpatient substance use disorder treatment services.
- Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.
- Hospice care.
- Skilled nursing facility and rehabilitation hospital services.
- Emergency services other than those directly related to the delivery of the covered unborn child.
- Transplant services.
- Tobacco Cessation Programs.
- Chiropractic Services.
- Medical transportation not directly related to the labor or threatened labor, miscarriage or non-viable pregnancy, and/or delivery of the covered unborn child.

- Personal comfort items including but not limited to personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of member, and other articles which are not required for the specific treatment related to labor and delivery or postpartum care.
- Experimental and/or investigational medical, surgical or other health care procedures or services that are not generally employed or recognized within the medical community.
- Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court.
- Private duty nursing services when performed on an inpatient basis or in a skilled nursing facility.
- Coverage while traveling outside of the United States and U.S. Territories (including Puerto Rico, U.S. Virgin Islands, Commonwealth of Northern Mariana Islands, Guam, and American Samoa).
- Mechanical organ replacement devices including, but not limited to artificial heart.
- Hospital services and supplies when confinement is solely for diagnostic testing purposes and not a part of labor and delivery.
- Prostate and mammography screening.
- Elective surgery to correct vision.
- Gastric procedures for weight loss.
- Cosmetic surgery/services solely for cosmetic purposes.
- Out-of-network services not authorized by the Health Plan except for emergency care related to the labor and delivery of the covered unborn child and services provided by an FQHC, as provided in Section 8.1.22 of the UMCC.
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity.
- Medications prescribed for weight loss or gain.
- Acupuncture services, naturopathy and hypnotherapy.
- Immunizations solely for foreign travel.
- Routine foot care such as hygienic care.
- Diagnosis and treatment of weak, strained, or flat feet and the cutting or removal of corns, calluses and toenails (this does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails).
- Corrective orthopedic shoes.
- Convenience items.
- Over-the-counter medications.
- Orthotics primarily used for athletic or recreational purposes.
- Custodial care (care that assists with the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation, and medication supervision that is usually self-administered or provided by a caregiver. This care does not require the continuing attention of trained medical or paramedical personnel.)

- Housekeeping.
- Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody of legal authorities.
- Services or supplies received from a nurse that do not require the skill and training of a nurse.
- Vision training, vision therapy, or vision services.
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered.
- Donor non-medical expenses.
- Charges incurred as a donor of an organ.

Routine, Urgent and Emergency Care FOR CHIP PERINATE MEMBERS

Note to members: References to “you,” “my,” or “I” apply if you are a CHIP or CHIP Perinatal (unborn child) member. References to “my child” or “my daughter” apply if your child is a CHIP member or a CHIP Perinatal Newborn member.

Covered services for CHIP members, CHIP Perinate Newborn members, and CHIP Perinate members must meet the CHIP definition of “medically necessary.” A CHIP Perinate member is an unborn child.

What are medically necessary services?

Medically necessary means:

- Health care services that are:
 - Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a member, or endanger life;
 - Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member’s health conditions;
 - Consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
 - Consistent with the member’s diagnoses;
 - No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
 - Not experimental or investigative; and
 - Not primarily for the convenience of the member or provider; and
- Behavioral Health Services that:
 - Are reasonable and necessary for the diagnosis or treatment of a mental

- health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
- Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
 - Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
 - Are the most appropriate level or supply of service that can safely be provided;
 - Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
 - Are not experimental or investigative; and
 - Are not primarily for the convenience of the member or provider.

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

What is routine medical care?

Routine medical care means well-checks and screenings for disease. It includes medically necessary services that are not urgent or emergency care.

How soon can I expect to be seen?

FirstCare providers will see you for routine medical care within two weeks of the time you call their office.

What is urgent medical care?

Another type of care is urgent care. There are some injuries and illnesses that are probably not emergencies but can turn into emergencies if they are not treated within 24 hours. Some examples are, minor burns or cuts, ear aches, sore throat and muscle sprains/strains.

How soon can I expect to be seen?

You should be able to see your doctor within 24 hours for an urgent care appointment. If your doctor tells you to go to an urgent care clinic, you do not need to call the clinic before going.

What is an emergency and an Emergency Medical Condition?

A CHIP Perinate member is defined as an unborn child. Emergency care is a covered service if it directly relates to the delivery of the unborn child until birth. Emergency care is provided for the following Emergency Medical Conditions:

- Medical screening examination to determine emergency when directly related to the delivery of the covered unborn child;
- Stabilization services related to the labor with delivery of the covered unborn child;
- Emergency ground, air and water transportation for labor and threatened labor is a covered benefit;

- Emergency ground, air, and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit.

Benefit limits: Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinate are not a covered benefit.

What is emergency services or emergency care?

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

How soon can I expect to be seen?

If you think you are having a medical emergency, immediately call 9-1-1 or go to the nearest emergency room. You will get care right away. After you leave the hospital, call your doctor for follow-up care.

How do I get medical care after my doctor’s office is closed?

Some doctor offices are open late and on weekends. Make sure you know if your Primary Care Provider is open after-hours or on weekends. If you get sick at night or on a weekend, call your doctor. Your doctor or someone who is taking calls for your doctor is available 24 hours a day, 7 days a week. The doctor on call can answer your questions and help you. He or she may ask you to explain to them what is wrong with you. Be ready to tell them how you are feeling and how long you have been sick. Your illness may be able to be treated at home or wait until the next day. You may be told to see your doctor the next day. If it is an emergency, your doctor or the person on call will tell you to go to the nearest emergency room.

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

If you need medical care when traveling, call us toll-free at 1-877-639-2447 and we will help you find a doctor.

If you need emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-877-639-2447.

What if I am out of the state?

In a true emergency, go to the nearest emergency room. If you need emergency services, go to a nearby hospital, and then call us toll-free at 1-877-639-2447.

If you need to see a doctor when traveling, call your doctor. Your doctor will give you advice on what to do. If you need help finding a doctor while out of town, call us toll-free at 1-877-639-2447 and we will help you find a doctor. If you see a doctor out of town or out of state, show them your FirstCare ID card and ask them to call FirstCare. CHIP benefits are covered with FirstCare approval.

What if I am out of the country?

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

What is a referral?

You need an okay or a referral when you or your child needs care from a provider who is not in the FirstCare CHIP or CHIP Perinatal network. You will get this from your child's Primary Care Provider or your perinatal provider.

What services do not need a referral?

For a list of services that do not need a referral, call Customer Service, 1-877-639-2447.

What if I need services that are not covered by CHIP Perinate?

Services that are not covered will not be covered by FirstCare. Members may call 2-1-1 or FirstCare to find out what resources are available in the community to help cover these services.

Prescriptions (Medicine)

FOR CHIP PERINATE MEMBERS

How do I get my medications?

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

There are no copayments required for CHIP Perinate members.

How do I find a network drug store?

To find a Network Drug Store, visit [FirstCare.com/CHIP-Pharmacy](https://www.FirstCare.com/CHIP-Pharmacy) or call FirstCare at 1-877-639-2447 (1-877-639-CHIP).

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

The drug store can call the Pharmacy Help Desk number on the back of your FirstCare CHIP ID card. The drug store will assist in obtaining a fill for you. You can also call FirstCare at 1-877-639-2447 (1-877-639-CHIP).

What do I bring with me to the drug store?

Take your FirstCare CHIP ID card and state (or other government-issued) photo identification with you to the drug store.

What if I need my medications delivered to me?

If you need medications delivered, please visit the online Pharmacy Directory at [FirstCare.com/CHIP-pharmacy](https://www.FirstCare.com/CHIP-pharmacy) to find a list of drug stores that deliver. Or you can call FirstCare at 1-877-639-2447 (1-877-639-CHIP) to find drug stores that offer free delivery.

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

If you have problems getting your medications, call FirstCare at 1-877-639-2447.

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

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

Call FirstCare at 1-877-639-2447 for help with your medications and refills.

What if I lose my medication?

Contact your pharmacy if your medication was lost or damaged. Some medications may need prior authorization for refills. The pharmacy may have to contact your doctor for approval. Your pharmacy will call you with the decision.

If you need an emergency refill on your medication and your doctor cannot be reached, your pharmacy can give you a three-day emergency supply.

What if I need an over-the-counter medication?

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

Other Important Information FOR CHIP PERINATE MEMBERS

Interpretation Services

Can someone interpret for me when I talk with my perinatal provider?

Yes, FirstCare has staff that can speak both English and Spanish.

Who do I call for an interpreter?

If you need someone to translate or if you need a sign language interpreter, please call FirstCare Customer Service at 1-877-639-2447.

Members can call Texas Relay, dial 7-1-1.

How far in advance do I need to call?

Please call at least 48 hours before your visit.

How can I get a face-to-face interpreter in the provider's office?

FirstCare will send someone to go to your doctor's appointment if you do not speak English for a face-to-face interpreter. Call Customer Service at 1-877-639-2447.

Billing

What if I get a bill from a perinatal provider? Who do I call?

If you get a bill from your doctor, call FirstCare's Customer Service Department at 1-877-639-2447 and they will help you.

What information will they need?

You need to have your bill in front of you when you call. They will ask for the date of the service, the name of your doctor, the amount of the bill, and the phone number on the bill.

Change of Address

What do I have to do if I move?

As soon as you have your new address, give it to HHSC by calling 2-1-1 or updating your account on YourTexasBenefits.com and call the FirstCare Member Services Department at 1-877-639-2447. Before you get CHIP services in your new area, you must call FirstCare, unless you need emergency services. You will continue to get care through FirstCare until HHSC changes your address.

CHIP Perinatal Coverage and Renewal

When does CHIP Perinatal coverage end?

Coverage for Perinatal (unborn child) will end the last day of the month the baby is born. The CHIP Perinatal Newborn's coverage will end at the end of the 12 months of coverage from the month eligibility was determined. The coverage provides women who give birth two postpartum checkups to use within 60 days after delivery.

Will the state send me anything when my CHIP Perinatal coverage ends?

Yes. The state will send you a letter telling you when your coverage ends.

How does renewal work?

Once you have your baby, you are no longer eligible for CHIP Perinatal coverage.

Rights and Responsibilities FOR CHIP PERINATE MEMBERS

Member Rights

1. You have a right to get accurate, easy-to-understand information to help you make good choices about your unborn child's health plan, doctors, hospitals, and other providers.
2. You have a right to know how the perinatal providers are paid. Some may get a fixed payment no matter how often you visit. Others get paid based on the services they provide for your unborn child. You have a right to know about what those payments are and how they work.
3. You have a right to know how the health plan decides whether a perinatal service is covered or medically necessary. You have the right to know about the people in the health plan who decide those things.
4. You have a right to know the names of the hospitals and other perinatal providers in the health plan and their addresses.
5. You have a right to pick from a list of health care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
6. You have a right to emergency perinatal services if you reasonably believe

- your unborn child's life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with the health plan.
7. You have the right and responsibility to take part in all the choices about your unborn child's health care.
 8. You have the right to speak for your unborn child in all treatment choices.
 9. You have the right to be treated fairly by the health plan, doctors, hospitals, and other providers.
 10. You have the right to talk to your perinatal provider in private, and to have your medical records kept private. You have the right to look over and copy your medical records and to ask for changes to those records.
 11. You have the right to a fair and quick process for solving problems with the health plan and the plan's doctors, hospitals and others who provide perinatal services for your unborn child. If the health plan says it will not pay for a covered perinatal service or benefit that your unborn child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
 12. You have a right to know that doctors, hospitals, and other perinatal providers can give you information about your or your unborn child's health status, medical care, or treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
 13. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.

Members Responsibilities

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

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

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

Changing Health Plans

FOR CHIP MEMBERS

What if I want to change health plans?

You are allowed to make health plan changes:

- For any reason within 90 days of enrollment in CHIP;
- For cause at any time;
- If you move to a different service delivery area; and
- During your annual CHIP re-enrollment period.

Who do I call?

For more information, call CHIP toll-free at 1-800-964-2777.

FOR CHIP PERINATE MEMBERS

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

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

What if I want to change health plans?

- Once you pick a health plan for your unborn child, the child must stay in this health plan until the child's CHIP Perinatal coverage ends. The 12-month CHIP Perinatal coverage begins when your unborn child is enrolled in CHIP Perinatal and continues after your child is born.
- If you do **not** pick a plan within 15 days of getting the enrollment packet, HHSC will pick a health plan for your unborn child and send you information about that health plan. If HHSC picks a health plan for your unborn child, you will have 90 days from your effective date of coverage to pick another health plan if you are not happy with the plan HHSC chooses.
- The children must remain with the same health plan until the end of the CHIP Perinatal member's enrollment period, or the end of the other children's enrollment period, whichever happens last. At that point, you can pick a different health plan for the children.
- You can ask to change health plans:
 - For any reason within 90 days of enrollment in CHIP Perinatal;
 - If you move into a different service delivery area; and
 - For cause at any time.

Who do I call?

For more information, call toll-free at 1-800-964-2777.

How many times can I change health plans?

You can change CHIP medical plans as often as you want, but not more than once a month.

When will my health plan change become effective?

If you call to change your health plan within the first two weeks of the month, before the Texas Health and Human Services Commission (HHSC) “cut-off,” the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. HHSC “cut-off” dates vary each month.

Can FirstCare ask that I get dropped from their health plan (for non-compliance, etc.)?

Yes. FirstCare can ask that you be taken off the health plan. Some examples include, but not limited to:

- A member lets another person use their member ID card for health care.
- A member is disruptive, unruly, or uncooperative with FirstCare.
- Refusal to follow FirstCare’s policies and procedures.
- Harassment or behavior that threatens a provider or FirstCare staff.
- A member knowingly provides information that is false or deliberately misleading.
- A member has moved and FirstCare does not offer CHIP coverage in that area.
- Loss of CHIP eligibility.
- FirstCare is no longer participating in the CHIP program.
- Theft.

FirstCare will not ask you to leave because of your health. If you have any questions, please call FirstCare at 1-877-639-2447. HHSC will decide if a member can be told to leave the program.

Concurrent enrollment in CHIP and CHIP Perinatal, and Medicaid coverage for certain newborns

Concurrent means occurring at the same time. Concurrent enrollment is health coverage for your child in both CHIP and CHIP Perinatal. Children enrolled in the CHIP program will remain in the CHIP program but will be moved to the health plan that is providing the CHIP Perinatal coverage. Copayments, cost-sharing, and enrollment fees still apply for children enrolled in the CHIP program.

An unborn child who is enrolled with CHIP Perinatal benefits will be moved to Medicaid for 12-months of continuous Medicaid coverage, beginning on the date of birth, if the child lives in a family with an income at or below the Medicaid eligibility threshold.

An unborn child will continue to receive CHIP Perinatal benefits after birth if the child is born to a family with an income above the Medicaid eligibility threshold.

Complaints and Appeals

Complaints

What should I do if I have a complaint?

We want to help. If you have a complaint, please call us toll-free at 1-877-639-2447 to tell us about your problem. A FirstCare Member Advocate can help you file a complaint. Just call 1-877-639-2447. Most of the time, we can help you right away or at the most within a few days. FirstCare cannot take any action against you as a result of your filing a complaint.

Who do I call?

To make a complaint by telephone, call FirstCare Customer Service toll-free at 1-877-639-2447 (TTY 7-1-1).

Or, to make a complaint in writing, send it to:

FirstCare Health Plans
Attn: Complaints and Appeals Department
1206 West Campus Drive Temple, TX 76502
Fax: 806-784-4319

You can also file a complaint with myFirstCare Self-Service on my.FirstCare.com. To do so, simply log into the portal, choose “Send a Message” in the Message Center and then select “Complaint” under Message Type.

Can someone from FirstCare help me file a complaint?

Yes. If you need help filing a complaint, FirstCare can help. Call FirstCare Customer Service at 1-877-639-2447.

Once we receive your complaint, we will send you a letter letting you know we are working to resolve the problem. This letter will be mailed within five business days after your telephone call.

How long will it take to process my complaint? What are the requirements and timeframes for filing a complaint?

We will send you a letter telling you about our decision. You will receive this letter within 30 days after we receive your complaint. Our letter will tell you the medical or plan benefit reason for our decision.

If you have a complaint about an emergency or hospital stay, you will have a decision in one business day.

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

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

Texas Department of Insurance
Consumer Protection
PO Box 12030
Austin, Texas 78711-2030

If you can get on the Internet, you can send your complaint in an email to:

<http://www.tdi.texas.gov/consumer/complfrm.html>

Is there someone outside of FirstCare to talk to for help?

If you cannot get things worked out to your satisfaction with FirstCare, you can speak with someone at the Ombudsman Office with Health and Human Services Commission (HHSC). Their number is 1-866-566-8989, Monday to Friday, 8 a.m. to 5 p.m. CST.

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

Yes. If you are not satisfied with FirstCare's response to your complaint, you have the right to meet with a complaint appeal panel. The panel is made up of members, providers and FirstCare staff.

Your appeal of a complaint will be sent to an appeal panel. When you ask for an appeal, we will send you a letter within five business days followed by a scheduling letter that will tell you the date and time of the appeal panel. You do not need to appeal in person; you can attend on the phone. You can attend the hearing, or you can write to the appeal panel. Before the appeal hearing, you will be given instructions for you to submit written comments, documents, or other information relating to the appeal.

The panel will meet with you and a final response to your complaint will be completed within 30 calendar days of receiving your written request for an appeal.

Appeals

What can I do if my doctor asks for a service for me that's covered but FirstCare denies or limits it?

You have the right to appeal. You can ask for an appeal if you are not happy with FirstCare CHIP's decision. You can call FirstCare Customer Service toll-free at 1-877-639-2447. Customer Service can help you with your appeal.

How will I find out if services are denied?

FirstCare CHIP will let you or your authorized representative know in writing when a covered service has been denied or limited.

What are the time frames for the appeal process?

You can ask for an appeal if you do not agree with what FirstCare has told you. You or your representative can ask for an appeal. You can ask for an appeal by phone or in writing.

FirstCare CHIP will send you a letter within five days after we get your verbal or written appeal. This lets you know that your written appeal has been received and will identify any information we may need to review your appeal.

FirstCare CHIP will review your request for appeal. You or your representative, and your doctor or health care provider will get a response. This will come within 30 days of when your written request is received.

Your appeal about an emergency or hospital stay will be decided in one business day once we have all the information followed by a letter within 72 hours.

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

You can ask for an appeal any time you disagree with FirstCare's decision. The decision can be about ending or limiting health services. If you are not happy with our decision, you can appeal.

You have only 180 days from the date on the letter to file an appeal. If you do not file your appeal within 180 days, the initial decision is final, and you have no further appeal rights with FirstCare. The appeal is not a court of law.

Does my request have to be in writing?

You can ask for an appeal by phone or in writing. Call FirstCare Customer Service at 1-877-639-2447 or write to us at:

FirstCare Health Plans
Attn: Complaints and Appeals Department
1206 W Campus Drive
Temple, TX 76502

Or, fax to: 806-784-4319.

If you call FirstCare to request an appeal, you can follow up your phone call with a request in writing.

Can someone from FirstCare help me file an appeal?

Yes. Call FirstCare Customer Service at 1-877-639-2447.

Expedited Appeals

What is an expedited appeal?

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

How do I ask for an expedited appeal? Does my request have to be in writing?

You may ask for an expedited appeal by phone or in writing. Call FirstCare Customer Service at 1-877-639-2447 if you need help. If you call FirstCare to request an expedited appeal, you do not have to follow up in writing.

What are the timeframes for an expedited appeal?

A decision will be made and given to you within one working day from the date all information is received. We will notify you by phone to be followed by a letter within 72 hours.

If your expedited appeal is about an ongoing emergency or denial to stay in the hospital, FirstCare will review your case and get back to you within one (1) workday after we receive your request. We will notify you by phone followed by a letter within three days. Other expedited appeals will be decided within 72 hours.

What happens if FirstCare denies an expedited appeal?

You or your representative can request an independent review if you are not happy with the decision about your appeal.

Who can help me in filing an expedited appeal?

FirstCare Customer Service can help you with your appeal. Call Customer Service toll-free at 1-877-639-2447.

Independent Review Organization Process

What is an Independent Review Organization (IRO)?

An IRO is a process for final administrative review of the medical necessity and appropriateness of health care provided or proposed to patients. The IRO's decision is binding on the health care plan. In circumstances involving a life-threatening condition or when a request for an expedited appeal is denied, members are entitled to an immediate appeal to an IRO.

Do I have the right to appeal to an IRO?

If a decision is made to end medical care, you have the right to appeal to an IRO. This is a process to make a final decision.

The IRO's decision is binding on the health care plan.

How do I ask for a review by an IRO?

Any party whose appeal of an action is denied by FirstCare is entitled to seek review of that determination of an appeal by an IRO as follows:

- The member or the member's designated representative will be provided with information on how to appeal the denial of an adverse determination to an IRO and will be provided this information at the time of the denial of the appeal.
- The member or the member's designated representative will be provided an IRO Request Form which within four (4) months of the date of the denial must be completed and returned to FirstCare to begin the independent review process.
- In life-threatening situations, the member or the member's designated representative may contact FirstCare's Customer Service to request the review and provide the required information by phone.
- Retroactive reviews of adverse determinations are not subject to an IRO appeal process.
- The appeal process does not prohibit you from pursuing other appropriate remedies including injunctive relief, declaratory judgement, or relief available under law, if the requirement of exhausting the process for appeal and review places the member's health in serious jeopardy.

All requests for assistance in filing an IRO Request Form are to be directed to Customer Service. IRO Requests Form are to be mailed or faxed to:

FirstCare Health Plans
Complaints and Appeals Department
1206 W Campus Drive
Temple, TX 76502
Telephone: 877-639-2447
Fax Number: 806-784-4319

FirstCare Health Plans will comply with the IRO's determination with respect to the medical necessity or appropriateness of health care items and services, and the experimental or investigational nature of health care items and services for an enrollee.

The IRO completes the review, makes a decision and notifies all involved parties within:

- 45 days for non-life-threatening cases; or,
- 72 hours or less for life-threatening cases.

Upon receipt of an IRO Request:

- If the member's request comes through FirstCare, the member is provided with FirstCare's IRO Request Form to request the independent review. If the member would like help completing the form, assistance can be obtained from FirstCare's Customer Service at 1-877-639-2447.
- FirstCare then sends the completed form to Independent Review Organization (IRO) for the IRO request.

Filing Complaints to the Texas Department of Insurance (TDI):

Any person, including persons who have attempted to resolve complaints/appeals and appeals of an adverse determination through our procedures as outlined previously and who are dissatisfied with the resolution, may report their dissatisfaction to TDI.

TDI will investigate the complaint and provide a determination within TDI established timelines. Members/providers may file a complaint to TDI by calling the toll free- number 1-800-252-3439. If you would like to make your request in writing send it to:

Texas Department of Insurance
PO Box 12030
Austin, TX 78711-2030
Fax: 512-490-1007
Online: tdi.texas.gov

Report CHIP Waste, Abuse, or Fraud

Do you want to report CHIP waste, abuse, or fraud?

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

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

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

- Call the OIG Hotline at 1-800-436-6184;
- Visit texas.gov and click the red "Report Fraud" box to complete the online form; or
- You can report directly to your health plan by calling the Compliance HelpLine 1-888-484-6977 or by visiting app.mycompliancereport.com/report.aspx?cid=swhp:

FirstCare Health Plans
Attn: Compliance Officer
1206 West Campus Drive
Temple, TX 76502

Telephone: 1-888-484-6977

Email: HPCOMPLIANCE@BSWHealth.org

Visit: app.mycompliancereport.com/report.aspx?cid=swhp:

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

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

- Name, address, and phone number of provider.
- Name and address of the facility (hospital, nursing home, home health agency, etc.).
- Medicaid number of the provider and facility, if you have it.
- Type of provider (doctor, dentist, therapist, pharmacist, etc.).
- Names and phone numbers of other witnesses who can help in the investigation.
- Dates of events.
- Summary of what happened.
- When reporting about someone who gets benefits, include:
 - The person's name.
 - The person's date of birth, Social Security Number, or case number if you have it.
 - The city where the person lives.
 - Specific details about the waste, abuse, or fraud.

FirstCare Privacy Policy

Notice of Privacy Practices

FirstCare is required by Federal law to protect the privacy of Protected Health Information (PHI). We are required to provide you with notice of our legal duties; privacy practices regarding the uses of PHI; and inform you of your individual rights. The notice explains the purposes for which FirstCare is permitted to use and disclose your PHI. A full copy of the Notice of Privacy Practices can be found on our website at: firstcare.com/en/Important-Information/HIPAA-Information. You can also request a paper copy by calling us at 1-844-633-5325.

Your PHI Privacy Rights

Your Protected Health Information (PHI) Rights

You have the right to see and get copies of your records.

In most cases, you have the right to get copies of your records. You must make the request in writing by sending a letter to:

Customer Advocacy, FirstCare
 1206 West Campus Drive
 Temple, TX 76502
 Phone: 1-800-884-4901

The records will be a “designated record set,” which means we have a standard set of records for all requests of this nature. Information about mental health claims or services will not be included: you will need to contact your mental health care provider for that information.

NOTE: FirstCare pays medical claims and our records consist mostly of claim

information. We do not create or maintain medical records like those created and maintained by doctors, hospitals, and other medical providers. For those records, you will need to contact your doctor. **Also, you can obtain many of the same records instantly, and at no charge by using our secure FirstCare member web portal at FirstCare.com.**

Right to request to correct or update your records.

You can ask FirstCare to change or add missing information to your records if you think there is a mistake. You must make the request in writing and provide a reason for your request. It is unlikely that we have any records that would require corrections. We have the right to disagree with any proposed changes and will contact you of our decision. Since we are not a medical provider, it is unlikely that we would agree to any changes of medical records held by us. We will, of course, make changes to address, phone number, or similar items when notified by your employer.

Right to get a list of disclosures.

You can ask FirstCare for a list of disclosures of your PHI. You must make the request in writing. This list will not include the times that information was shared for routine health plan services which are “treatment, payment, or health care operations” as noted above. The list will not include information provided directly to you or your family, or information that was sent with any previous authorization made by you.

Right to request limits.

You have the right to ask that FirstCare limit how your information is used or shared. You must make the request in writing. Tell us what information you want to limit and to who. FirstCare is not required to agree to the restriction. You can request (in writing or verbally) when you want the restrictions to come to an end.

Right to cancel your authorization.

If you signed an authorization for FirstCare to use or share information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared with your authorization.

Right to choose how we communicate with you.

You can ask that FirstCare share information with you in a certain way or in a certain place. For example, you may ask FirstCare to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain your request.

Right to file a complaint.

You can file a complaint if you do not agree with how FirstCare has used or shared information about you.

Right to Get a Copy of this Notice.

You can ask for a copy of this notice at any time.

NOTE: We have the right to confirm the identity of anyone making any of the requests above. This is to protect your PHI.

How to contact FirstCare to review, correct, or limit your PHI

You can contact FirstCare at the address listed at the end of this notice to:

- Ask to look at or receive a copy your records.
- Ask to correct or change your records.
- Ask to limit how information about you is distributed.
- Ask for a list of the times FirstCare shared information about you outside of treatment, payment, or operations.
- Ask to cancel your authorization.

FirstCare may not approve your request to look at, copy, or change your records. If FirstCare does not approve your request, FirstCare will send you a letter that tells you why and how you can ask for a review of the denial. You will also receive information about how to file a complaint with FirstCare or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to file a complaint or report a problem

You can contact any of the people listed below if you want to file a complaint or to report a problem with how FirstCare has used or shared information about you. Your benefits will not be changed by any complaints you make. FirstCare cannot retaliate against you for filing a complaint, cooperating in an investigation, or saying no to something that you believe to be unlawful.

Customer Advocacy, FirstCare

1206 West Campus Drive
Temple, TX 76502
Phone: 1-800-884-4901

Office for Civil Rights, Region VI

U.S. Dept of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
Phone: 1-214-767-4056
Fax: 1-214-767-0432
TDD: 1-214-767-8940
Email: hhs.gov/ocr

If you have any questions or need more information, please contact the FirstCare Privacy Office.

FirstCare Privacy Officer

301 N. Washington Ave.
Dallas, TX 75246
Phone: 1-866-218-6920

FirstCare may change its Notice of Privacy Practices at any time. A copy of the new notice will be given to you as required by law. The most current notice will always be posted on our web site. You can ask for a copy at any time by calling FirstCare Customer Service at 1-877-639-2447 or get it online at FirstCare.com.

Glossary of Terms

Appeal - A request for your managed care organization to review a denial or a grievance again.

Complaint - A grievance that you communicate to your health insurer or plan.

Copayment - A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment (DME) - Equipment ordered by a health care provider for everyday or extended use. Coverage for DME may include but is not limited to: oxygen equipment, wheelchairs, crutches, or diabetic supplies.

Emergency Medical Condition - An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.

Emergency Medical Transportation - Ground or air ambulance services for an emergency medical condition.

Emergency Room Care - Emergency services you get in an emergency room.

Emergency Services - Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services - Health care services that your health insurance or plan doesn't pay for or cover.

Grievance - A complaint to your health insurer or plan.

Habilitation Services and Devices - Health care services such as physical or occupational therapy that help a person keep, learn, or improve skills and functioning for daily living.

Health Insurance - A contract that requires your health insurer to pay your covered health care costs in exchange for a premium.

Home Health Care - Health care services a person receives in a home.

Hospice Services - Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization - Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

Hospital Outpatient Care - Care in a hospital that usually doesn't require an overnight stay.

Medically Necessary - Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network - The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Non-participating Provider - A provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider instead of a participating provider. In limited cases, such as when there are no other providers, your health insurer can contract to pay a non-participating provider.

Participating Provider - A Provider who has a contract with your health insurer or plan to provide covered services to you.

Physician Services - Health-care services a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) provides or coordinates.

Plan - A benefit, like Medicaid, which provides and pays for your health-care services.

Pre-authorization - A decision by your health insurer or plan that a health-care service, treatment plan, prescription drug, or durable medical equipment that you or your provider has requested, is medically necessary. This decision or approval, sometimes called prior authorization, prior approval, or pre-certification, must be obtained prior to receiving the requested service. Pre-authorization isn't a promise your health insurance or plan will cover the cost.

Premium - The amount that must be paid for your health insurance or plan.

Prescription Drug Coverage - Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs - Drugs and medications that by law require a prescription.

Primary Care Physician - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health-care services for a patient.

Primary Care Provider - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health-care services.

Provider - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), health-care professional, or health-care facility licensed, certified, or accredited as required by state law.

Rehabilitation Services and Devices - Health-care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Skilled Nursing Care - Services from licensed nurses in your own home or in a nursing home.

Specialist - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Urgent Care - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Extra help for CHIP Members

Available at no charge for members who qualify



Scrubbing In

What is Scrubbing In?

Weekly wellness advice for all life stages, to help keep you and your family healthy and at your best. Find a link on the member page at [FirstCare.com](https://www.FirstCare.com) or download the MyBSWHealth app to read it on your phone.

Findhelp: Find Free or Reduced Cost Local Resources

What can Findhelp do?

Find free or reduced cost local resources to help with:

- Childcare assistance
- Food
- Rent
- Social Services
- And more

How can I access Findhelp?

You can access Findhelp in the member portal under Wellness & Community and Connect to Local Resources. You can also access at [BSWHealthPlan.Findhelp.com](https://www.BSWHealthPlan.Findhelp.com).

The power to choose

When you need care, you have options.



24-HOUR NURSE LINE

**Have a medical question? Not sure if you should see a doctor?
Ask a nurse!**

Call the number on the back of your member ID card to get the information you need, any time of the day or night.



VIRTUAL CARE

Get care from the comfort of home on your phone, tablet or computer.

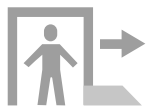
It's a quick and easy way to be treated for things like allergies, bladder infection, cold, flu, pink eye, sinus infection, stomach problems or yeast infections. Choose MyBSWHealth or Teladoc for care. Teladoc also offers treatment for anxiety, depression and other mental health conditions during select hours.



PRIMARY CARE DOCTOR

Call your doctor to schedule a visit if you don't need care immediately.

For conditions like asthma, diabetes management, earache, high blood pressure, headaches, preventive health, sprains, etc.



WALK-IN CLINICS

Same-day appointments when your doctor is not available.

For conditions like asthma, bladder infection, ear or sinus pain, flu, sore throat or sprains. Find a clinic in your network at FirstCare.com.



URGENT CARE

When it's not an emergency but you need hands-on care and can't wait for an appointment.

Urgent care clinics can offer shorter wait times than an Emergency Room. For conditions like back pain, minor cuts that may need stitches, sprains, earache, minor burns or minor eye injuries. Find an urgent care facility in your network at FirstCare.com.



EMERGENCY ROOM

Any condition you believe to be life-threatening.

Call 911 or go to the ER if you have a condition like chest pain, deep cuts or wounds, difficulty breathing, poisoning, overdoses and suicidal behavior, abdominal pain, coughing or vomiting blood, severe burns, severe head injuries, sudden loss of balance, vision change, facial droop, arm or leg weakness.



HOW TO SUBMIT A COMPLAINT

Unhappy with your health plan or Medicaid services? Let us know.
You can submit a complaint to tell us what's wrong. Here's how:

STEP 1: Call your health plan



800-431-7798

If you don't have a health plan,
call the Medicaid helpline at

800-335-8957.

STEP 2: If you still need help...

Call the Office of the Ombudsman:

866-566-8989

8 a.m.-5 p.m. Central Time,
Monday through Friday



or

Fill out

**this
form**



<http://bit.ly/ComplaintSubmission>

The Office of the Ombudsman can help fix problems with your Medicaid coverage.
If it's urgent, the team will handle your complaint as soon as possible.

What to expect

- › Call you back within **one business day**

- › Start working on your complaint

- › Check in with you once every **five business days** until it's resolved

- › Tell you what happened and anything you might need to do

Tell you what

When you call, you'll need

- Your Medicaid ID card number

- Your name, birthday and address

If it's a problem with your doctor, your medication or the medical equipment you use, you might need:

- A phone number for your doctor, drugstore or medical equipment company

- Paperwork related to your complaint like letters, bills, or prescriptions

Visit our website: bit.ly/MedicaidCHIPContacts

For CHIP health plan complaints email ConsumerProtection@tdi.texas.gov.

Look for Urgent Maternal Warning Signs.

If something doesn't feel right, get help.



You know your body best. Talk to your health care provider. It can help save your life.

During Pregnancy

If you are pregnant, it's important to pay attention to your body and talk to your health care provider about anything that doesn't feel right. If you experience any urgent maternal warning signs, get medical care immediately.

After Pregnancy

While your new baby needs a lot of attention and care, it's important to remain aware of your own body and take care of yourself too. It's normal to feel tired and have some pain, particularly in the first few weeks after having a baby, but there are some symptoms that could be signs of more serious problems.

Tips:

- Bring this conversation starter and any additional questions you want to ask to your health care provider.
- Be sure to tell them that you are pregnant or were pregnant in the last year.
- Tell the provider what medication you are currently taking or have recently taken.
- Take notes and ask more questions about anything you didn't understand.

Learn more about the Hear Her Texas Campaign at dshs.texas.gov/HearHerTX

✂----- Tear this panel off and use this guide to help you start the conversation: -----

Urgent Maternal Warning Signs

If you experience any of these warning signs, get medical care immediately.

- Severe headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about harming yourself or your baby
- Changes in your vision
- Fever of 100.4° F (38°C) or higher
- Extreme swelling of your hands or face
- Trouble breathing
- Chest pain or fast-beating heart
- Severe nausea and throwing up (*not like morning sickness*)
- Severe belly pain that doesn't go away
- Baby's movement stopping or slowing during pregnancy
- Vaginal bleeding or fluid leaking during pregnancy
- Heavy vaginal bleeding or leaking fluid that smells bad after pregnancy
- Swelling, redness or pain of your leg
- Overwhelming tiredness

This list is not meant to cover every symptom you might have. If you feel like something just isn't right, talk to your health care provider.

Use This Guide to Help Start the Conversation:

- Thank you for seeing me.
I am/was recently pregnant. The date of my last period/delivery/miscarriage was _____ and I'm having serious concerns about my health that I'd like to talk to you about.
- I have been having _____ (symptoms) that feel like _____ (describe in detail) and have been lasting _____ (number of hours/days)
- I know my body and this doesn't feel normal.

Sample questions to ask:

- What could these symptoms mean?
- Is there a test I can have to rule out a serious problem?
- At what point should I consider going to an emergency room or calling 9-1-1?

Notes:



Learn more at dshs.texas.gov/HearHerTX

HEAR, Hear Her Concerns, and Escúchela are registered trademarks of the U.S. Department of Health and Human Services.

Texas Department of State Health Services



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**Your Information.
Your Rights.
Our Responsibilities.**

This Notice describes the privacy practices of Baylor Scott & White Health (“BSWH”) and its Affiliated Covered Entity (“BSWH ACE”) members, including how we may use and disclose medical information about you and how you can access your medical information. An ACE is a group of Covered Entities, Health Care Providers and Health Plans under common ownership or control that designates itself as a single entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”).

The members of the BSWH ACE will share Protected Health Information (“PHI”) with each other for the treatment, payment and health care operations of the BSWH ACE and as permitted by HIPAA and this Notice. Please visit our website at [BSWHealth.com/PrivacyMatters](https://www.bswhealth.com/PrivacyMatters) for a current list of the members of the BSWH ACE. The list will also be made available upon request either at our facilities or by contacting us toll-free at 1.866.218.6920.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical records and other health information we have about you. **See page 2 for how to do this.**
- We will provide a copy or a summary of your health information in accordance with applicable state and federal requirements. We may charge a reasonable, cost-based fee.
- You may revoke an authorization to use or disclose your health information, except to the extent that action has already been taken in reliance on your authorization. **See page 2 for how to do this.**

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. **See page 2 for how to do this.**
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, mobile, home or office phone) or send mail to a different address. **See page 2 for how to do this.**
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request. For example, we may say “no” if it would affect your care. **See page 2 for how to do this.**
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why. **See page 2 for how to do this.**
- We will include all the disclosures except for those about treatment, payment, health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.
- You may also view a copy of this Notice on our **websites**.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your privacy rights have been violated

- You can complain if you feel we have violated your privacy rights by contacting us using the Office of HIPAA Compliance contact information below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1.877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Hospital or Clinic

To get an electronic or paper copy of your medical records, contact the **Health Information Management Department** at the **hospital** or the outpatient clinic directly where you received care.

For questions or other complaints, you may also contact the **outpatient clinic** directly or the **Patient Relations Department** at the **hospital** where you received care toll-free at **1.866.218.6919**.

Office of HIPAA Compliance

For requests relating to an authorization, amendment, confidential communication, restriction, list of those with whom we've shared information, revocation of an authorization, opting in or out of the HIE, or to file a complaint, contact us at:

1.866.218.6920 (toll-free); or **BSWHealth.com/PrivacyMatters;** or BSWH Office of HIPAA Compliance 301 N. Washington Ave., Dallas, TX 75246.

Health Plan

To get an electronic or paper copy of the health information we have about you, or for questions or other complaints relating to your Health Plan Coverage, contact the Customer Advocacy line:

1.800.321.7947 Scott and White Health Plan ("SWHP") and also doing business as **Baylor Scott & White Health Plan**, and **Baylor Scott & White Insurance Company;** or **1.800.884.4901 FirstCare;** or **1.855.897.4448 RightCare;** or 1206 West Campus Drive, Temple, TX 76502, ATTN: Customer Advocacy.

For certain health information, you may tell us your choices about what we share.

You have the right to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information unless you give us written permission to do so for:

- Marketing purposes
- Sale of your information, as this activity is defined under HIPAA
- In most instances, sharing of psychotherapy notes

Fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Treat

- We can use your health information and share it with other professionals who are treating you, and for purposes of recommending treatment alternatives, care coordination, and alternative settings of care.

Run our organization

- We can use and share your health information to run our organization and improve patient/member care
Example: We can use and share your health information to support programs and activities to improve the quality of treatment services and provide customer service. For example, we may combine health information about many patients to evaluate the need for new services or treatments to improve the quality of patient care.

Bill for our services

- We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

For payment

- We can use and share your health information for payment of premiums due to us, to determine your coverage, and for payment of health care services you receive.
Example: We might tell a doctor if you are eligible for coverage and what percentage of the bill might be covered.

For underwriting

- We may use or share your health information for underwriting purposes; however, we will not use or share your genetic information for such purposes.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as the ways mentioned below. We have to meet certain conditions in the law before we can share your information for these purposes. For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Public health and safety	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • Preventing Disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
Student immunizations	<ul style="list-style-type: none"> • We may disclose proof of your child’s immunizations to their school based on your verbal or written permission.
Research	<ul style="list-style-type: none"> • We can use or share your information for health research under certain circumstances.
Compliance with the law	<ul style="list-style-type: none"> • We will share information about you if federal, state, or local law or regulations require it, including with the Department of Health and Human Services, if it wants to see that we’re complying with federal privacy law.
Organ and tissue donation	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations.
Medical examiners or funeral directors	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Workers’ compensation, law enforcement and other governmental entities	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security and presidential protective services
Service provider	<ul style="list-style-type: none"> • We can share health information about you with service providers that assist us and who have the same contractual obligation to safeguard the information.
De-identified information	<ul style="list-style-type: none"> • We may use health information about you to create de-identified information. This is information that has gone through a rigorous process so that the risk that the information can identify you is very small. Once health information is de-identified in compliance with HIPAA, we may use or disclose it for various purposes, such as research or development of new health care technologies, and the de-identified information will no longer be subject to this Notice or your rights described herein. We may receive payment for the de-identified information.
Lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Electronic Health Information Exchange (“HIE”)	<ul style="list-style-type: none"> • We use HIEs to exchange electronic health information about you with other health care providers or entities that are not part of our health care system. Information exchanged between providers or entities may be stored in their own systems. • Our health care system and these other providers or entities can use the HIEs to see your electronic health information for the purposes described in this Notice, to coordinate your care and as allowed by law. • We monitor who can view your information within our health care system, but other individuals and entities who use the HIEs may disclose your information to others subject to each HIE’s rules. • You may opt-out of all HIEs by providing a written request to the BSWH Office of HIPAA Compliance. If you opt-out, others may still request your information through the HIEs, but your information will not be viewable through the HIEs. You may opt back in to the HIEs at any time. See page 2 for how to do this. • You do not have to participate in any HIE to receive care.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
 We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our websites.

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-639-2447 (TTY: 711).

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-639-2447 (TTY: 711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-639-2447 (TTY: 711).

Chinese:

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-639-2447 (TTY: 711)。

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-639-2447 (TTY: 711) 번으로 전화해 주십시오.

Arabic:

هاتف الصم والبكم: 711. ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-639-2447 (رقم

Urdu:

کریں (TTY: 711) 1-877-639-2447 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-639-2447 (TTY: 711).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-639-2447 (ATS : 711).

Hindi:

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-639-2447 (TTY: 711) पर कॉल करें।

Persian:

فراهم می باشد. با 1-877-639-2447 (TTY: 711) تماس بگیرید. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-639-2447 (TTY: 711).

Gujarati:

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-639-2447 (TTY: 711).

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-639-2447 (телетайп: 711).

Japanese:

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-877-639-2447 (TTY: 711) まで、お電話にてご連絡ください。

Laotian:

ປູ້ດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍ່ລຳການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ້ນຄ່າ, ຈະມີ ມາ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-639-2447 (TTY: 711).

Nondiscrimination Notice

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-639-2447 (TTY: 711).

FirstCare Health Plans, owned by Scott and White Health Plan, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FirstCare Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sex or sexual orientation.

FirstCare Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- Will never use your information about race, sex, color, national origin, age, disability, gender identity, and sexual orientation to deny you services, benefits, or for underwriting purposes

If you need these services, contact the Compliance Officer at 1-214-820-8888 or send an email to HPCompliance@BSWHealth.org

If you believe that FirstCare Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Compliance HelpLine; 1-888-484-6977 or <https://app.mycompliancereport.com/report?cid=swhp>

You can file a grievance in person or by mail, online, or email. If you need help filing a grievance, the SWHP Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

FirstCareTM

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PART OF BAYLOR SCOTT & WHITE HEALTH

