



Scott & White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

RIGHTCARE

1-855-TX-RIGHT (855-897-4448)
www.RightCare.swhp.org

STAR Member Handbook

MARCH 2017



TEXAS STAR
Your Health Plan • Your Choice



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RIGHTCARE

Dear Member:

Welcome to RightCare from Scott & White Health Plan. We are pleased that you chose us as a partner in health. We look forward to providing you the help you need to receive your STAR Medicaid benefits.

This member handbook tells you how RightCare works. It also tells you how to get health care when you need it. You can also talk to a Member Services Representative about your benefits. Call **1-855-897-4448** and a Member Services Representative will help you.

You will get your RightCare ID card and more information from us in a few days. Your ID card will tell you when your RightCare membership starts.

If you need this book in a different format such as audio, large print, braille, or in a language other than English and Spanish; we want to hear from you.

If a medical condition is life or limb-threatening, or involves severe wounds or amputations, members should go to the emergency room. If the medical condition is non-life-threatening you can seek care at an urgent care facility or get urgent medical care from your primary care provider (PCP) within 24 hours. Call Member Services at **1-855-897-4448** for help in making an urgent appointment or finding an urgent care clinic.

Thank you again for picking us as your health plan!

WELCOME

CONTACT US

If you have questions, call us at **1-855-TX-RIGHT**. RightCare's Member Services Staff is here to help you. Our staff is bilingual in English and Spanish. If you speak another language or are hearing impaired, call Member Services at **1-855-TX-RIGHT** for help.

Phone List

RightCare from Scott & White Health Plan:	
Member Services (English & Spanish)	1-855-897-4448
Behavioral Health Crisis Line (English & Spanish) 24/7	1-844-436-8781
Block Vision – Vision Benefit Hotline (English & Spanish)	1-800-879-6901
RightCare Health Plan TTY	1-800-855-2880
Medical - Case Management (English & Spanish)	1-855-691-7947
Behavioral Health – Case Management (English & Spanish)	1-855-395-9652
Compliance Hotline-Fraud, Waste and Abuse Hotline (English & Spanish)	1-888-484-6977
Dental Benefits and Services:	
Dental Benefit Information – DentaQuest	1-800-516-0165
Dental Benefit Information – MCNA Dental	1-800-494-6262
Pregnant Women – Value Added Service – Liberty Dental	1-877-550-4374
Transportation Services:	
Medical Transportation Program (MTP)	1-877-633-8747
LeFleur (Erath and Somerville)	
AMR/American Medical Response (Comanche)	
MTM (Colorado DeWitt Gonzales, Jackson, and Lavaca)	
LogistiCare (Bell, Blanco, Bosque, Brazos, Burleson, Coryell, Falls, Freestone, Gillespie, Grimes, Hamilton, Hill, Lampasas, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, and Washington)	
Other Numbers:	
Ombudsman Managed Care Assistance Team	1-866-566-8989
Medicaid Managed Care Helpline TDD	Relay Texas 2-1-1
Eligibility Verification (IVR Line)	1-800-925-9126
Texas STAR Help Line	1-800-964-2777
WIC (Women, Infants, and Children)	1-800-942-3678
ECl (Early Childhood Intervention) Care Line	1-800-628-5115

*You have the option to choose a representative who speaks English or Spanish. If you need, we can arrange for an interpreter to help you.

If you are in crisis, you can call the behavioral health crisis line anytime 24 hours a day, 7 days a week, you will not get a recording. The number is **1-844-436-8781**.

Regular Business Hours: Monday to Friday, 8 a.m. to 5 p.m. Central Time (except for state-approved holidays.)

In Writing

RightCare from Scott & White Health Plan
 MS-A4-144
 1206 West Campus Drive
 Temple, TX 76502



RIGHTCARE STAR MEDICAID ID CARD

When you become a member of RightCare from Scott & White Health Plan, you will get a STAR Identification (ID) card in the mail. If you do not get your card in the mail, please call RightCare Member Services at **1-855-TX-RIGHT (1-855-897-4448)**. A copy of the RightCare ID card is shown below.




Reading the front of your RightCare STAR Medicaid ID Card

The front of the RightCare STAR Medicaid ID card shows important information about you or your child, the Primary Care Provider (PCP) name, and PCP's phone number.

Each STAR member will get his or her own RightCare STAR Medicaid ID card. You will not get a new RightCare STAR Medicaid ID card every month. You will get a new one if you lose your ID, or if you call us to change your Primary Care Provider (PCP).

Reading the back of Your RightCare STAR Medicaid ID Card

The back of your RightCare STAR Medicaid ID card has important information for you and your Primary Care Provider (PCP). It has phone numbers for emergencies or other help from RightCare Member Services.

	
STAR/Medicaid	
Member Name: SW9Card1 A Sample	
Member ID#: 999911601	
Effective Date: 01/01/2015	
PCP: PCPName	
PCP Phone #: (555) 555-5555	
Effective Date of PCP: 01/01/2016	
Customer Service Phone #:	1-855-TX-RIGHT (1-855-897-4448)
RCSWHP 6145	

Important Information/Información Importante	
Member Services/Departamento de Servicios para Miembros (gratis)	1-855-897-4448
TTY for hearing impaired/TTY para Personas con Problemas del Audición	1-800-855-2880
24/7 Behavioral Health Crisis Line/24/7 Línea de Crisis de Salud Mental	1-844-436-8781
Vision Services/Servicios para la Vista	1-800-879-6901
Directions for what to do in an emergency. In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.	
Instrucciones en caso de emergencia. En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP dentro de las 24 horas o tan pronto como sea posible.	
NOTICE TO PROVIDER: The member whose name appears on the face of this card is covered by RightCare from Scott & White Health Plan for STAR/Medicaid services. For Medical Prior Authorization or UM questions, call 1-855-691-7947. The Medical UM FAX number is 1-512-383-8703.	
For Behavioral Health Prior Authorization or UM questions, call 1-855-395-9652.	
The Behavioral Health UM FAX number is 1-844-436-8779.	
Submit Claims to: RightCare from Scott & White Health Plan	
PO Box 3757, Corpus Christi, TX 78463-3757	
Prescription Drug Information (Navitus): 1-877-908-6023	
BIN: 610602 PCN: MCD GROUP: SWH	
www.RightCare.SWHP.org	
REV 9/15	

Using your RightCare STAR Medicaid ID Card

Always carry your (or your child's) RightCare STAR Medicaid ID Card with you and show it to the doctor, clinic, or hospital to get the care you need. You **must** show your RightCare ID Card each time for any health service.

If you lose your RightCare STAR Medicaid ID Card

If you lose your RightCare STAR Medicaid ID Card, call us right away at **1-855-897-4448** to get a new one. If you don't have the card, you can still go to the doctor, clinic, or hospital. You might have to wait for services while your RightCare membership is checked. If you change your name or need to pick a new Primary Care Provider (PCP), call us so we can send you a new ID card.

YOUR TEXAS BENEFITS MEDICAID CARD

When you are approved for Medicaid, you will get a Your Texas Benefits Medicaid Card. This plastic card will be your everyday Medicaid ID card. You should carry and protect it just like your driver's license or a credit card. The card has a magnetic strip that holds your Medicaid ID number. Your doctor can use the card to find out if you have Medicaid benefits when you go for a visit.

You will only be issued one card, and will only receive a new card in the event of a card being lost or stolen. If your Medicaid ID card is lost or stolen, you can get a new one by calling toll-free **1-855-827-3748**.

If you are not sure if you are covered by Medicaid, you can find out by calling toll-free at **1-800-252-8263**. You can also call **2-1-1**. First pick a language and then pick option 2.

Your health history is a list of medical services and drugs that you have gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care you need. If you do not want your doctors to see your health history through the secure online network, call toll-free at **1-800-252-8263**.

The Your Texas Benefits Medicaid card has these facts printed on the front:

- Your name and Medicaid ID number.
- The date the card was sent to you.
- The name of the Medicaid program you're in if you get:
 - Medicare (QMB, MQMB)
 - Texas Women's Health Program (TWHP)
 - Hospice
 - STAR Health
 - Emergency Medicaid, or
 - Presumptive Eligibility for Pregnant Women (PE)
- Facts your drug store will need to bill Medicaid.
- The name of your doctor and drug store if you're in the Medicaid Lock-in program.

The image shows a sample of a 'Your Texas Benefits' Medicaid ID Card. The card is titled 'Your Texas Benefits Health and Human Services Commission' and 'STAR'. It is divided into two main sections: 'Medicaid ID Card' and 'Health plan / Plan de salud'. The 'Medicaid ID Card' section includes fields for Member name, Member ID (Medicaid ID), Issuer ID, RxBIN, RxPCN, RxGRP, and Date card sent. The 'Health plan / Plan de salud' section includes fields for Your Plan, Second program (optional), and Third program (optional). At the bottom, there are buttons for 'Limited Drug Store' and 'Limited Doctor', and fields for 'Neighborhood Pharmacy' and 'Dr. Provider'.

The back of the Your Texas Benefits Medicaid card has a website you can visit (www.YourTexasBenefits.com) and a phone number you can call **1-800-252-8263** if you have questions about the new card.

If you forget your card, your doctor, dentist, or drug store can use the phone or the Internet to make sure you get Medicaid benefits.

Temporary Medicaid Verification Form (Form 1027-A)

The Texas Health and Human Services Commission (HHSC) Form 1027-A is called the Temporary Medicaid Verification Form. It is to provide members who are eligible or may be eligible for Medicaid with a document verifying their eligibility. This form is only issued when one of the following situations happens:

- Has had his or her Medicaid Eligibility related to foster care/adoption
- Has not had a Medicaid client number assigned
- His or her current Medicaid card has not been issued
- Has been lost or not accessible
- Medicaid case is on hold.

If you lose your Medicaid ID card, contact the Texas STAR Help Line at **1-800-964-2777**.

MEDICAID ELIGIBILITY

You must tell your Health and Human Services Caseworker about any changes that may affect your eligibility. For example: changes in income, if you move, or get other insurance coverage.

What happens if I lose my Medicaid coverage?

If you lose Medicaid coverage but get it back again within six (6) months you will get your Medicaid services from the same health plan you had before losing your Medicaid coverage. You will also have the same Primary Care Provider you had before.

You may lose your RightCare coverage if:

- You move out of RightCare's service area (Medicaid Rural Service Area-Central Region)
- You are no longer eligible for Medicaid

What do I have to do if I move?

As soon as you have your new address, give it to the local HHSC benefits office and RightCare Member Services at **1-855-897-4448**. Before you get Medicaid services in your new area, you must call RightCare, unless you need emergency services. You will continue to get care through RightCare until HHSC changes your address. ***Non-emergency services may be limited outside our service area. Be sure you let HHSC know of your move as soon as you can.***

RENEWING BENEFITS

How to Renew

Families must renew their CHIP or Children's Medicaid coverage every year. In the months before a child's coverage is due to end, HHSC will send the family a renewal packet in the mail. The renewal packet contains an application. It also includes a letter asking for an update on the family's income and cost deductions. The family needs to:

- Look over the information on the renewal application.
- Fix any information that is not correct.
- Sign and date the application.
- Look at the health plan options, if Medicaid health plans are available.
- Return the renewal application and documents of proof by the due date.

Once HHSC receives the renewal application and documents of proof, staff checks to see if the children in the family still qualify for their current program or if they qualify for a different program. If a child is referred to another program (Medicaid or CHIP), HHSC sends the family a letter telling them about the referral and then looks to see if the child can get benefits in the other program. If the child qualifies, the coverage in the new program (Medicaid or CHIP) begins the month following the last month of the other program's coverage. During renewal, the family can pick new medical and dental plans by calling the CHIP/Children's Medicaid call center at 1-800-964-2777.

Completing the Renewal Process

When children still qualify for coverage in their current program (CHIP or Medicaid), HHSC will send the family a letter showing the start date for the new coverage period. If the children qualify for CHIP and an enrollment fee is due, the family must pay the enrollment fee by the due date or risk losing the coverage.

Medicaid renewal is complete when the family signs and sends to HHSC the appropriate Enrollment/Transfer Form if the family picks a new medical or dental plan.

CHANGING HEALTH PLANS

What if I want to change health plans?

You can change your health plan by calling the Texas STAR Program Helpline at **1-800-964-2777**. You can change health plans as often as you want.

If you are in the hospital, a residential Substance Use Disorder (SUD) treatment facility, or residential detoxification facility for SUD, you will not be able to change health plans until you have been discharged.

When will my health plan change become effective?

If you call to change your health plan on or before the 15th of the month, 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. For example:

- If you call on or before April 15, your change will take place on May 1.
- If you call after April 15, your change will take place on June 1.

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

Yes, RightCare may request your disenrollment if:

- There is fraud or abuse by a Member;
- You let someone else use your RightCare ID Card or Your Texas Benefits Card;
- You do not follow your provider's advice, for you or your child;
- You keep going to the emergency room when you do not have a true emergency;
- You cause problems at the provider's office, such as yelling or fighting;
- You miss provider visits over and over again;
- You are rude or act out against a provider or a staff person; or
- You make it difficult for your provider to help you or other people.

RightCare will not ask you to leave the program without trying to work with you. If you have questions about this process, call Member Services at **1-855-897-4448**. The Texas Health and Human Services Commission will decide if a Member can be told to leave that health plan.

RIGHTCARE'S STAR MEDICAID BENEFITS

RightCare gives you every covered service that you are entitled to get through Medicaid. You get:

- Primary care services to help you and your child stay well
- Texas Health Steps (children's medical checkups and vaccines)
- Pregnancy/prenatal care
- Needed medical care for adults and children
- Immunizations for children under 21 years old
- Specialty provider services (some might require a referral)
- Hospital care (inpatient and outpatient)
- Chiropractic services
- Podiatry (foot doctor) services
- Laboratory services
- X-ray services
- Surgery without staying in the hospital overnight
- Hospital care
- 24-hour emergency care from an emergency room
- Prescription medications
- Eye exams and glasses
- Ear doctor visits and hearing aids
- Home health services (health care at home – requires a referral)
- Ambulance services, if you need it
- Therapies – physical, speech, and occupational
- Dialysis (help from a machine) for kidney problems
- Family planning services and supplies (such as birth control)
- Behavioral (mental) health services
- Help with substance abuse (such as alcohol or drugs)
- Prescribed Pediatric Extended Care Center (children 20 years old and younger, who are medically or technologically dependent)
- An adult checkup every year

How do I get these services?

Your Primary Care Provider (PCP) will work with you to make sure you get the services you need. These services MUST be given by your PCP, or you must be referred by your PCP to another provider. You may call Member Services at **1-855-897-4448** at any time you have questions.

Are there any limits to any covered services?

Most Medicaid services for children, teens, and young adults (less than 21 years of age) do not have limits. Some Medicaid services for adults (more than 21 years old) do have limits, such as inpatient behavioral health care, home health services, and therapy services. If you have questions about limits on any covered services, ask your provider or call RightCare at **1-855-897-4448**. We will tell you if a covered service has a limit.

What services are not covered by STAR Medicaid?

There are some health services that are not covered by STAR Medicaid. The following are some examples:

- Acupuncture (healing using needles and pins);
- Hypnosis;
- Cosmetic surgery (such as a face-lift);
- Artificial insemination;
- Ear piercing
- Hospital bereavement;
- Hair transplant;
- Infertility treatment;
- In-vitro fertilization;
- Experimental medicines or procedures;
- Marital counseling;
- Medical documents and reports;
- Non-authorized services;
- Penile implant;
- Radial keratotomy;
- Respite care;
- Reversal of sterilization;
- Any services that you don't have to have (are not medically necessary);
- Any service that your PCP does not say is "OK"; or,
- Any service you get outside of the United States.

If you have questions about which benefits are or are not covered, call Member Services at **1-855-897-4448**.

VISION BENEFITS

How do I get eye care services?

Children birth through 20 years of age can get an eye exam and prescription glasses one time every 12 months. Children may be able to have additional eye examinations and prescription glasses as part of Texas Health Steps. RightCare partners with Block Vision to provide these services for our members. For information about eye care and where you can find an eye doctor, call **1-800-879-6901**.

If you are over the age of 21, you can get an eye exam and prescription glasses one time every 24 months.

RightCare offers extra vision benefits for adults 21 and older. Members will have access to an annual eye exam through RightCare's vendor Block Vision. This value added benefit only includes the vision exam not glasses, contacts, etc.

DENTAL BENEFITS AND SERVICES

What dental services does RightCare cover for children?

Are emergency dental services covered by the health plan?

RightCare covers limited emergency dental services in a hospital or ambulatory surgical center, including payment for the following:

- Treatment for a dislocated jaw
- Treatment for 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
- Hospital, physician, and related medical services such as drugs for any of the above conditions

RightCare covers hospital, physician, and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia.

RightCare is also responsible for paying for treatment and devices for craniofacial anomalies.

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

DentaQuest
1-800-516-0165
www.dentaquest.com

MCNA Dental
1-800-494-6262
www.mcna.net

What do I do if 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 RightCare toll-free at **1-855-897-4448** or call 9-1-1.

BEHAVIORAL (MENTAL) HEALTH

How do I get help if I have behavioral (mental) health, alcohol, or drug problems?

RightCare can help you get help for behavioral (mental) health problems and substance (drug/alcohol) abuse. You can go to a behavioral health provider without a referral from your Primary Care Provider (PCP). The provider you pick must be a RightCare provider. If you have difficulty to manage behavioral health needs a Behavioral Health Case Manager will reach out to you to help you with your doctor's appointments, transportation, questions about services, medication questions, and other things. Or, you call the Behavioral Health Case Management phone number on your RightCare ID card for help M-F, 8a-5p. The phone number is **1-855-395-9652**.

If you are in crisis, you can call the behavioral health crisis line anytime 24 hours a day, 7 days a week, you will not get a recording. The number is **1-844-436-8781**.

What can RightCare help with?

RightCare can help you if you:

- Feel very sad, stressed or worried (depressed)
- Can't deal with daily life
- Are not sleeping or eating well
- Have thoughts about wanting to hurt yourself or others
- Are troubled by strange thoughts (like hearing voices)
- Are using drugs or drinking alcohol more
- Have problems at work or at home
- If your child has problems at school

CRISIS HOTLINE
1-844-436-8781

Behavioral health services are private so you do not need permission from your PCP.

If you have an emergency due to mental health problems or drug/alcohol abuse, go to the nearest hospital emergency room or call 9-1-1 for an ambulance.

What are Mental Health Rehabilitation Services and Mental Health Targeted Case Management?

Mental Health Rehabilitative and Targeted Case Management Services are offered by RightCare. These services help members who have been assessed and determined to have:

- A severe and persistent mental illness such as schizophrenia, major depression, bipolar disorder or other severely disabling mental disorder
- Children and adolescents ages 3 through 17 years with a diagnosis of a mental illness or who exhibit a serious emotional disturbance

Mental health rehabilitative services may include:

- Day program for acute needs
- Medication training and support
- Crisis intervention
- Skills training and development
- Psychosocial rehabilitative services

How do I get these services?

Call RightCare's Behavioral Health Case Management at **1-855-395-9652** for help.

CASE MANAGEMENT – SPECIAL HEALTH CARE NEEDS

Who do I call if I have special health care needs and need someone to help me?

If you have special health care needs, like complex or chronic conditions, serious ongoing illness, or a disability, call Member Services at **1-855-897-4448**. We can give you information on special services that RightCare has for you and help you make appointments. You may be assigned a Case Manager that may:

- Help you get care and services you need
- Help you develop a plan of care with you and your provider
- Answer your health care questions

What can case management help me with?

RightCare has Case Managers available to help you with many things. Experienced nurses and social workers can help you with:

- Pregnancy-related problems
- Asthma
- Diabetes
- Transplants
- ***Needing to go the hospital or emergency room often***
- Help getting needed services
- More than one disease or condition

Case managers can help you get healthy and stay healthy. We will work with you and your provider to help you get the services that you need.

You may get a call from a case manager if a provider asks us to call you or if RightCare feels that we can help you.

If you have special health care needs, like chronic conditions, serious illness, or a disability, call a Case Manager at **1-855-691-7947, Option 2**. We can help you get special services that RightCare has for you and help you make appointments.

RIGHTCARE QUALITY IMPROVEMENT PROGRAM

We want to improve your health. RightCare Quality Improvement (QI) Department is focused on creating programs for the following: diabetes mellitus, asthma, cardiovascular (heart) disease, immunizations (shots), well-child visits, COPD and women's health (including prenatal and postpartum care). QI staff gets data to measure your health needs. Your health data helps RightCare improve your health and services.

QI Program Goals

- Improve health outcomes
- Increase member satisfaction
- Improve member safety
- Decrease over-use and misuse of health services
- Meet the cultural and language needs of members
- Improve overall quality of care

If you have any questions or would like information on the Quality Improvement goals, processes, and/or outcomes, please contact the RightCare Quality Improvement Department at **1-855-897-4448**.

RIGHTCARE'S EXTRA BENEFITS

What extra benefits do I get as a member of RightCare?

All eligible RightCare Health Plan members will receive the following extra benefits (Value-Added Services):

- **Annual Sports and School Physicals** – Members 18 years old and younger will be provided one annual sports physical by an in-network provider.
- **Up to \$50 towards a Car Seat after Completing Four (4) Pregnancy Visits and Delivery** – Members who deliver, and have at least 4 prenatal visits prior to delivery, will be eligible to receive up to \$50 towards an infant car seat. The car seat may be installed by certified car seat technicians who will also teach the member about car seat safety and usage. Members must be a RightCare member at the time of the visits and delivery. Members will be required to complete a voucher that will require the signature (or stamp) of their provider's office to verify their appointment attendance. The car seat voucher is available online at www.RightCare.swhp.org or by calling RightCare Member Services. The first prenatal or OB intake visit should be completed within the 1st trimester or within 42 days of enrollment with RightCare. Limited to one car seat per pregnancy. Member must request this within 3 months following delivery.
- **Up to \$45 towards a Toddler Car Seat with Texas Health Steps Checkup** – Members who have their 15th, 18th, or 24th month Texas Health Steps checkup on time will be eligible to receive up to \$45 towards a toddler car seat. The car seat may be installed by certified car seat technicians who will also teach the member's parent/guardian about car seat safety and usage. Members will be required to complete a voucher that will require the signature (or stamp) of their provider's office to verify their appointment attendance. The car seat voucher is available online at www.RightCare.swhp.org or by calling RightCare Member Services. To be considered "on-time," the Texas Health Steps checkup must occur no later than 60 days beyond when the child turns 15, 18, or 24 months. Members must also be current with their shots. For the 24 month checkup, the checkup must occur on or before the child's 2nd birthday. Limited to one car seat per member over their lifetime. Member must request this within 3 months following their Texas Health Steps Checkup.
- **Up to \$40 towards a Booster Car Seat** – Members who have their 3-year, 4-year, 5-year, 6-year, 7-year, or 8-year Texas Health Steps checkup on time and required shots will be eligible to receive up to \$40 towards a booster car seat. The booster car seat may be installed by certified car seat technicians who will also teach the member's parent/guardian about car seat safety and usage. Members will be required to complete a voucher that will require the signature (or stamp) of their provider's office to verify their appointment attendance. The car seat voucher is available online at www.RightCare.swhp.org or by calling RightCare Member Services. A new RightCare member's

Texas Health Steps checkup should be completed within 90 days of enrollment with RightCare. Limited to one car seat per member over their lifetime. Member must request this within 3 months following their Texas Health Steps Checkup.

- **Discount at Baylor Scott & White Pharmacies** – Members may get up to a 20% discount on most over-the-counter medications, and other products, through Baylor Scott & White Pharmacies ONLY. Members simply need to show their RightCare STAR Medicaid ID Card to receive the discount at check out.
- **Extra Dental Services for Pregnant Women** – Pregnant women, 21 and older, will have access to exams, X-rays (limited to once per year), and cleanings every 6 months through Liberty Dental. Dental services are available through Texas Health Steps for members under the age of 21. Liberty Dental may be reached by calling **1-877-550-4374**.
- **Unlimited Health-Related Calls and Texting with 250 Extra Minutes** – Cell phones will be given to RightCare members through the federal Lifeline program. Members must be 18 years of age and older or to one parent of members under the age of 18. RightCare has partnered with Assurance Wireless to allow for no-cost health-related calls and text between the member and RightCare. To get an extra 250 minutes the member will need to have a phone from Assurance Wireless through the LifeLine program and be pregnant or active in case management. The member will need to ask for extra minutes.
- **Extra Help with Transportation** – RightCare can help members needing a ride to a clinic visit when the Medical Transportation Program (MTP) cannot get the member to the visit. The trip must be one that would have been approved by MTP. Call RightCare Member Services for help.
- **Extra Vision Services for Adults** – Members will have access to an annual eye exam through RightCare’s vendor Block Vision. This value-added service only includes the vision exam not glasses, contacts, etc. Vision services are available through Texas Health Steps for members under the age of 21. Block Vision may be reached by calling 1-800-879-6901.
- **Weight Management Pedometer** – Members who are actively engaged in a weight management program (with their doctor or otherwise) will be eligible to get a pedometer. Call RightCare Member Services to get a pedometer.
- **Pocket Chamber Spacer with Completion of Asthma Education Course** – Members who are actively engaged in Asthma case management or who complete an Asthma education course, will be eligible to receive a pocket chamber spacer.
- **Gift Cards for Asthma Medication Adherence** – Members can receive up to \$75 in gift cards for refilling their asthma controller medicine regularly. A \$25 gift card will be provided to a member getting all refills during a 12-month period and a \$50 gift card will be provided to a member getting all refills during a 15 month period. Member must be prescribed a controller asthma medicine, be between ages of 5 and 64, be a RightCare member during all 12 or 15 dates of refills, and be a RightCare member for 6 months before counting the refills. The gift card voucher is available online at www.RightCare.swhp.org or by calling RightCare Member Services. Members must request these gift cards within 3 month of the date of the qualifying event.
- **Gifts for Diabetics** – Members who are actively engaged in Diabetes case management will be eligible to receive a pedometer. Also, members with Diabetes may qualify for gift cards; see below “Gift Cards for Healthy Outcomes.”
- **Gift Cards for Healthy Outcomes** – Members ages 18 to 64 that achieve and maintain healthy outcomes can get up to \$50 in gift cards for:
 - Diabetes: HbA1C in the normal range (2 gift cards per year based on lab work)

- Pregnancy: Completing 10 prenatal visits. The first prenatal or OB intake visit should be completed within the 1st trimester or within 42 days of enrollment with RightCare. (1 gift card per pregnancy)
- Asthma: No preventable emergency room visits or hospital admits for diagnosis of uncontrolled asthma (1 gift card per year)
- Obesity: Members with a BMI over 25 who achieve a 2 point reduction (1 gift card per year based on annual exam)

Members will be required to complete a voucher that will require the signature (or stamp) of their provider's office to verify they met the requirements. The vouchers are available online at www.RightCare.swhp.org or by calling RightCare Member Services. Members must request these gift cards within 3 month of the date of the qualifying event.

- **Gift Cards for Behavior or Emotional Health Medication Adherence** – Members can get a \$50 gift card for refilling all of their Behavior or Emotional Health medicine during a 12-month period. Excludes anxiety or depression. Member must be 5 years of age or older and be a RightCare member during all 12 months. The gift card voucher is available online at www.RightCare.swhp.org. Call Member Services for more facts. Members must request these gift cards within 3 month of the date of the qualifying event.
- **Gift Card for Immunizations** – Members that get all ACIP-recommended immunizations by 2 years of age will get a \$15 gift card (1 gift card per child). Members will be required to complete a voucher that will require the signature (or stamp) of their provider's office to verify their outcomes. The voucher is available online at www.RightCare.SWHP.org or from RightCare Member Services. Members must request this gift card within 3 months of their Texas Health Steps Checkup.
- **Gift Cards for Inpatient Follow-up Appointment Adherence** – Members can get up to \$35 in gift cards for seeing their doctor after discharge. A \$10 gift card will be given to a member going to a 7 day follow-up visit. A \$25 gift card will be given to a member going to a 30 day follow-up visit. Members must be age 5 and older and a RightCare member during all visits. The gift card voucher is available online at www.RightCare.SWHP.org. Call Member Services for more facts. Members must request these gift cards within 3 month of the date of the qualifying event.
- **Diaper Program for New Moms** – Pregnant members who have a post-delivery visit between 21 and 56 days after delivery will get their choice of a 4 week supply of diapers or a \$20 gift card. To get this, the member must be a RightCare member at the time of delivery and at the timed of the post-delivery visit. Members will be required to complete a voucher that will require the signature (or stamp) of their provider's office to verify they went to the appointment on time. The voucher is available online at www.RightCare.SWHP.org or by calling RightCare Member Services. Member must request this within 3 months following their post-delivery visit.
- **Step Up Scale Down (Weight Loss Program)** – Members 18 and older will have access to a weight loss program (Step Up Scale Down) when and where available. This program is provided during various times throughout the year in select Baylor Scott & White Pharmacies and Baylor Scott & White Health clinics.
- **\$100 Gift Card for Pregnant Moms** - \$100 gift card for pregnant Members who go to five pregnancy related doctor visits (1st, 3rd, 6th, 9th month prenatal visit and one timely postpartum visit). This program is provided to all pregnant members. Limited to 1 \$100 gift card per pregnancy. Member must be a RightCare member at all five visits. The gift card voucher is available online at www.RightCare.SWHP.org. Call Member Services for more facts. Member must request this within 3 months following their post-delivery visit.

RightCare is always planning new programs and services to help keep you and your family healthy.

How can I get these extra benefits?

You can contact our Member Services department at **1-855-897-4448** to find out if you are eligible for RightCare's Value Added Service. Our Member Services department will explain to you how you can get these benefits. You may also find out more about our Value Added Services online, at www.RightCare.SWHP.org.

What health education classes does RightCare offer?

RightCare has education for members on many different health subjects. There is no charge for RightCare's health education. Health education may include information on:

- Immunizations
- High Risk Pregnancy
- Diabetes
- Asthma care

Call RightCare Member Services at **1-855-897-4448** to learn more.

What other services can RightCare help me get?

RightCare cares about your health and well-being. RightCare has many services and agencies that we work with to help you get the care and help you need. Some of these services/agencies include:

- Early Childhood Intervention (ECI)
- Department of State Health Services (DSHS)
- DSHS Case Management for Children and Pregnant Women
- Department of Aging and Disability Services (DADS)
- Texas School Health and Related Services (SHARS)
- Medical Transportation Program (MTP)
- Department of Aging and Rehabilitative Services (DARS) Division of Blind Services
- Public Health Departments
- Other state and local agencies and programs such as food stamps, and the Women, Infants, and Children (WIC) Program

PRIMARY CARE PROVIDERS (PCP)

What is a Primary Care Provider (PCP)?

A Primary Care Provider (PCP) is your main provider you see to get Medicaid medical services. This is the medical doctor, advanced practice nurse (NP), or physician's assistant (PA) to whom you (or your child) chose or have been assigned for health care needs. This is the most important member of your health care team – the person responsible for making sure you have all of the things you need to stay healthy.

What do I need to bring with me to my doctor's appointment?

When you need to see your PCP, call his or her office ahead of time and make an appointment for a visit. You must take your **RightCare STAR Medicaid ID Card**, and **Your Texas Benefits Medicaid Card** with you when you see any provider. If your child is seeing a provider, do not forget your child's shot records.

Choosing a Primary Care Provider (PCP)

During the enrollment process, you chose a provider from our list to be your (or your child's) PCP.

Each RightCare family member will select their own PCP. You can pick from:

- Pediatricians (care for kids)
- OB/GYN (care for women)
- General/Family Practice (care for children and adults)
- Internal Medicine (usually care for adults only)
- Federally Qualified Health Center (FQHC)/Rural Health Clinics (RHC)

Can a clinic be my Primary Care Provider (PCP)?

You or your child may select a clinic as your PCP. This can be certain clinics, such as **Federally Qualified Health Centers (FQHC)** or **Rural Health Clinics (RHC)**. If you have questions call Member Services at **1-855-897-4448**.

How do I change my Primary Care Provider (PCP)?

You may want to change to another PCP if:

- You are not happy with your PCP's care;
- You need a different kind of provider to take care of you or your child;
- You move farther away from your PCP;
- Your PCP is no longer a part of RightCare's network; or
- You want to be seen by a different PCP.

You can change your PCP by calling Member Services at **1-855-897-4448**. RightCare's Provider Directory lists all in-network PCPs. You may ask for one to be mailed to you by calling Member Services at **1-855-897-4448**. You may also view the directory on the web, at: www.RightCare.SWHP.org.

You will get a new RightCare STAR Medicaid ID card that shows the date your new PCP can begin to care for you or your child. The new card will show your new PCP's name and phone number.

When will my Primary Care Provider (PCP) change become effective?

You may change your PCP anytime. If you call **BEFORE** the 15th of the month, the change will become effective immediately. If you call **AFTER** the 15th of the month, your PCP will not change until the first of the next month. Sometimes, depending on the circumstances, we may be able to change your provider right away.

How many times can I change my/my child's primary care provider (PCP)?

There is no limit on how many times you can change your primary care provider. You can change providers by calling us toll-free at **1-855-897-4448**, or by writing to:

**RightCare from Scott & White Health Plan
MS-A4-144
1206 West Campus Drive
Temple, TX 76502**

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

You may not be able to have the Primary Care Provider (PCP) you chose if:

- The PCP you picked is not seeing new patients
- The PCP you picked is not a part of the RightCare network

How soon will I be seen?

New members should see a Primary Care Provider (PCP) as soon as possible after enrollment or **within two (2) weeks** of request to the PCP. All members should expect to see a PCP for all non-urgent visits within 60 days of request to their PCP.

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

It is important to follow your PCP's advice. Take part in decisions about your (or your child's) health care.

Your PCP may ask us to assign you or your child to another PCP if:

- You do not follow your PCP's advice or office rules
- You and your PCP do not get along
- You often miss visits without calling to tell the PCP to say you won't be there
- You miss a lot of appointments

If your PCP requests a change, they must notify us. You will get a letter in the mail. If this happens, call RightCare at **1-855-897-4448**. We will help you find a new PCP.

What if I choose to go to another doctor who is not my Primary Care Provider (PCP)?

You may go to any provider who participates in STAR Medicaid (which includes most hospitals), if you need:

- 24-hour emergency care from an emergency room
- Family Planning services and supplies
- Texas Health Steps checkup visit for your child

For all other care, you must only see the PCP listed on your ID Card.

If you see another PCP:

- You may have to pay the bill
- The provider may not see you
- The provider may tell you to see your PCP first

If you need mental health or substance abuse services, you can call a Behavioral Health Case Manager at **1-855-395-9652**. Behavioral Health Services are private so you do not need permission from your PCP to get these services. If you are in crisis, you can call the behavioral health crisis line anytime 24 hours a day, 7 days a week, you will not get a recording. The crisis number is **1-844-436-8781**.

How do I get medical care after my Primary Care Provider's (PCP) office is closed?

If you get sick at night or on a weekend and cannot wait to get medical care, call your PCP for advice. Your PCP or another provider in the PCP office is available by phone 24 hours a day, 7 days a week. If your PCP's office is closed, you may be transferred to an answering service.

OB/GYN CARE

Attention Female Members

RightCare allows you to pick an OB/GYN but this doctor must be in the same network as your Primary Care Provider.

You have the right to pick an OB/GYN without a referral from your 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 within the network
- Family planning services

Choosing an OB/GYN

You are not required to choose an OB/GYN (provider for women's health). But, if you are pregnant you should choose an OB/GYN to take care of you.

You can only go to OB/GYNs that are part of RightCare's network. You do not need a referral from your PCP. To choose an OB/GYN, call Member Services at **1-855-897-4448**. You may also have your OB/GYN be your PCP, but only if they agree to do so. If you want to have your OB/GYN be your PCP, call Member Services at **1-855-897-4448**.

If you do not choose an OB/GYN as your PCP, you can still get most services from a RightCare network OB/GYN without calling your PCP or getting a referral/approval from RightCare. All family planning services, OB care, and routine GYN services can be accessed directly through the RightCare network OB/GYN you choose.

How soon will I be seen?

You will be seen within 2 weeks of your request for an appointment if you are pregnant. If you are not pregnant, you should be seen within 3 weeks of asking for an appointment.

Can I stay with my OB/GYN if they are not with RightCare?

If you have already been seen by an OB/GYN who is not part of RightCare, there are times when you can keep seeing that OB/GYN. For example, if you are at least six months pregnant when you join RightCare you may keep seeing the OB/GYN who is caring for you. You must call RightCare Case Management at **1-855-395-9652** to keep your existing OB/GYN.

What if I am pregnant?

If you think or know you are pregnant, make an appointment to see your PCP or OB/GYN. They will be able to confirm if you are pregnant or not and discuss the care you and your unborn child will need. You should be able to get an appointment within two weeks of your request.

It is very important that you call RightCare to tell us you are pregnant and what providers you are seeing. Call RightCare Member Services at **1-855-897-4448**. It is very important to start your prenatal care immediately.

What other services/activities/education does RightCare offer pregnant women?

Pregnant women may receive case management and health education. A nurse case manager may:

- Contact you by phone
- Contact you by mail
- Provide education about your pregnancy
- Help you find an OB/GYN provider
- Evaluate your health care needs
- Help you coordinate special needs transportation
- Help you select a pediatrician for your baby
- Educate you on RightCare's extra benefits for Pregnant Women including:
 - Infant Car Seat Program
 - Cell Phone with Text Messages (through Federal Lifeline Program)
 - Dental Services
 - Gift Card Program
 - Diaper Program

Where can I find a list of birthing centers?

To find a birthing center close to you, call RightCare Member Services at **1-855-897-4448**.

FAMILY PLANNING SERVICES

RightCare offers family planning services, including members under 18 years old. Family planning services help individuals determine the number and spacing of their children. This promotes positive birth outcomes and healthy families.

How do I get family planning services?

Family planning services (such as birth control and counseling) are very private. You do not need to ask your Primary Care Provider (PCP) for a referral to get these services or supplies.

Where do I find a family planning service provider?

You can find the locations of family planning providers near you online at www.dshs.state.tx.us/famplan/, or you can call RightCare at **1-855-897-4448** for help in finding a family planning provider.

CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN (CPW)

Need help finding and getting services? You might be able to get a case manager to help you.

Who can get a case manager?

Children, teens, young adults (birth through age 20) and pregnant women who get Medicaid and:

- Have health problems, or
- Are at a high risk for getting health problems.

What do case managers do?

A case manager will visit with you and then:

- Find out what services you need.
- Find services near where you live.
- Teach you how to find and get other services.
- Make sure you are getting the services you need.

What kind of help can you get?

Case managers can help you:

- Get medical and dental services.
- Get medical supplies or equipment.
- Work on school or education issues.
- Work on other problems.

How can you get a case manager?

Call the Texas Health Steps at 1-877-847-8377 (toll-free), Monday to Friday, 8 a.m. to 8 p.m.

To learn more:

- Go to: www.dshs.state.tx.us/caseman
- Talk to a RightCare case manager, call us at **1-855-691-7947**
- Visit www.RightCare.SWHP.org

NEWBORNS

Can I pick a Primary Care Provider (PCP) for my baby before the baby is born?

Yes, call Member Services at **1-855-897-4448** and we will help you select a RightCare network pediatrician (baby doctor) PCP for your baby.

How and when can I switch my baby's Primary Care Provider (PCP)?

If you do not pick a PCP for your baby, one will be chosen for you. If you are unhappy with the choice, you can call Member Services at **1-855-897-4448** to change the PCP. Please do not change to a new PCP without telling RightCare. If you go to a new PCP without telling RightCare, the services may not be covered.

Can I switch my baby's health plan?

For at least 90 days from date of birth, your baby will be covered by the same health plan that you are enrolled in. You can ask for a health plan change before the 90 days is up by calling the Enrollment Broker at **1-800-964-2777**.

You cannot change plans while your baby is in the hospital.

How do I sign up my newborn?

When your baby is born, call your Texas Department of Health and Human Services caseworker so your baby can get Medicaid. You do not have to wait until you get your baby's Social Security number to get your baby signed up. It is also important that you call RightCare Member Services at **1-855-897-4448** to let us know that your baby is born. You will receive a Your Texas Benefits Medicaid Card that says "Newborn Call Plan". This means the baby is enrolled in the mother's health plan (RightCare) for at least 90 days from the date of birth.

TEXAS HEALTH STEPS

What services are offered by Texas Health Steps?

Texas Health Steps is the Medicaid health-care program for children, teens, and young adults, birth through age 20. If your child's provider finds a health problem during a checkup, your provider can make sure your child gets the medical care that is necessary to help prevent problems that could make it hard for your child to learn and grow.

Texas Health Steps gives your child:

- Free regular medical checkups starting at birth
- Free dental checkups starting at 6 months of age
- A case manager who can find out what services your child needs and where to get these services

Texas Health Steps checkups:

- Find health problems before they get worse and are harder to treat.
- Prevent health problems that make it hard for children to learn and grow like others their age.
- Help your child have a healthy smile.

Some of the things done in a Texas Health Steps medical checkup are:

- Physical exam, measuring height and weight
- Hearing and eye check
- Making sure your child is following a good diet
- Immunizations (shots)
- Blood tests (when needed)
- A health history and exam

Children under age 21 can get dental care. This care includes:

- Oral evaluation and fluoride varnish
- Fillings
- Getting teeth pulled
- Crowns
- Root canals
- Teeth cleaning every 6 months
- Getting wisdom teeth pulled

If you are age 21 or older, STAR Medicaid will cover your dental care only if it is an emergency that puts your life (or immediate health) in danger. Please call Member Services at **1-855-897-4448** if you have questions.

When to set up a checkup:

You will get a letter from Texas Health Steps telling you when it's time for a checkup. Call your child's doctor to set up the checkup. Set up the checkup at a time that works best for your family.

If the doctor or dentist finds a health problem during a checkup, your child can get the care he or she needs, such as:

- Eye tests and eyeglasses.
- Hearing tests and hearing aids.
- Other health and dental care.
- Treatment for other medical conditions.

Call RightCare **1-855-897-4448** or Texas Health Steps 1-877-847-8377 (1-877-THSTEPS) (toll-free) if you:

- Need help finding a doctor or dentist.
- Need help setting up a checkup.
- Have questions about checkups or Texas Health Steps.

- Need help finding and getting other services.

If you can't get your child to the checkup, Medicaid may be able to help. Children with Medicaid and their parent can get free rides to and from the doctor, dentist, hospital, or drug store.

- Houston/ Beaumont area: 1-855-687-4786.
- Dallas/ Ft. Worth area: 1-855-687-3255.
- All other areas: 1-877-633-8747 (1-877-MED-TRIP).

How and when do I get Texas Health Steps medical and dental checkups for my child?

Most of RightCare's in-network Primary Care Provider's (PCP) who work with children are able to offer Texas Health Steps services. You may want to talk to your child's PCP first. If for any reason your PCP cannot offer the Texas Health Steps services, we can help arrange them through another provider. Please call **1-855-897-4448** for help.

Dental checkups can be received every 6 months beginning at 12 months of age. If the dentist finds a problem, they can treat the problem in a follow-up visit. If the dentist needs to do a dental treatment at the hospital or someplace other than their office, you will need to call Member Services at **1-855-897-4448** before the service is done.

Texas Health Steps Checkup Ages					
Birth (inpatient)	6 months	24 months	6 years	11 years	16 years
3-5 days	9 months	30 months	7 years	12 years	17 years
2 weeks	12 months	3 years	8 years	13 years	18 years
2 months	15 months	4 years	9 years	14 years	19 years
4 months	18 months	5 years	10 years	15 years	20 years

Does my doctor have to be part of the RightCare network?

Most of RightCare's in-network Primary Care Provider's (PCP) who work with children are able to offer Texas Health Steps services. However, your child may go to any STAR Medicaid provider for Texas Health Steps services. Please call Member Services at **1-855-897-4448** if you have questions.

Do I have to have a referral?

You do not need a referral from your child's PCP to receive Texas Health Steps services.

What if I need to cancel an appointment?

Call and make an appointment for each family member who needs to be seen. If you need to cancel your appointment, please call the provider's office as soon as possible. Some PCPs ask patients to call at least 24 hours before their appointment so that another patient can use that time slot. Please make sure to reschedule your appointment as soon as possible. It is important to keep your children current on their checkups.

What if I am out of town and my child is due for a Texas Health Steps exam?

If you are out of town when your child's Texas Health Steps exam is due, call Member Services for assistance at **1-855-897-4448**. You may go to any Texas Medicaid provider in the area for Texas Health Steps Services.

What if I have moved?

If you have moved, you must notify your Health and Human Services Commission (HHSC) Case Worker of your new address and you must call RightCare at **1-855-897-4448** before getting services in your new area unless it is an emergency. You will keep getting care through RightCare until the Texas Health and Human Services Commission (HHSC) changes your address.

HEALTHCARE FOR WOMEN AFTER DELIVERY

How can I receive healthcare after my baby is born (and I am no longer covered by Medicaid)?

After your baby is born you might lose Medicaid coverage. You might be able to get some health care services through the Texas Women's Health Program and the Department of State Health Services (DSHS). These services are for women who apply for the services and are approved.

Texas Women's Health Program

The Texas Women's Health 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 Texas Women's Health Program, write, call, or visit the program's website:

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

DSHS Primary Health Care Program

The DSHS Primary Health Care Program serves women, children, and men who are unable to access the same care through insurance or other programs. To get services through this program, a person's income must be at or below the program's income limits (200 percent of the federal poverty level). A person approved for services may have to pay a co-payment, but no one is turned down for services because of a lack of money.

Primary Health Care focuses on prevention of disease, early detection and early intervention of health problems. The main services provided are:

- Diagnosis and treatment
- Emergency services
- Family planning
- Preventive health services, including vaccines (shots) and health education, as well as laboratory, x-ray, nuclear medicine or other appropriate diagnostic services.

Secondary services that may be provided are nutrition services, health screening, home health care, dental care, rides to medical visits, medicines your doctor orders (prescription drugs), durable medical supplies, environmental health services, treatment of damaged feet (podiatry services), and social services.

You will be able to apply for Primary Health Care services at certain clinics in your area. To find a clinic where you can apply, visit the DSHS Family and Community Health Services Clinic Locator at <http://txclinics.com/>.

To learn more about services you can get through the Primary Health Care program, email, call, or visit the program's website:

Website: www.dshs.state.tx.us/phc/
Phone: (512) 776-7796
Email: PPCU@dshs.state.tx.us

DSHS Expanded Primary Health Care Program

The Expanded Primary Health Care program provides primary, preventive, and screening services to women age 18 and above whose income is at or below the program's income limits (200 percent of the federal poverty

level). Outreach and direct services are provided through community clinics under contract with DSHS. Community health workers will help make sure women get the preventive and screening services they need. Some clinics may offer help with breast feeding.

You can apply for these services at certain clinics in your area. To find a clinic where you can apply, visit the DSHS Family and Community Health Services Clinic Locator at <http://txclinics.com/>.

To learn more about services you can get through the DSHS Expanded Primary Health Care program, visit the program's website, call, or email:

Website: www.dshs.state.tx.us/ephc/Expanded-Primary-Health-Care.aspx

Phone: (512) 776-7796

Fax: (512)-776-7203

Email: PPCU@dshs.state.tx.us

DSHS Family Planning Program

The Family Planning Program has clinic sites across the state that provide quality, low-cost, and easy-to-use birth control for women and men.

To find a clinic in your area visit the DSHS Family and Community Health Services Clinic Locator at <http://txclinics.com/>.

To learn more about services you can get through the Family Planning program, visit the program's website, call, or email:

Website: www.dshs.state.tx.us/famplan/

Phone: (512) 776-7796

Fax: (512)-776-7203

Email: PPCU@dshs.state.tx.us

EARLY CHILDHOOD INTERVENTION (ECI)

Early Childhood Intervention (ECI) is a statewide Texas program for families with children, birth to three, with disabilities and developmental delays. ECI supports families to help their children reach their potential through developmental services.

Do I need a referral for this?

You do not need a referral from your Primary Care Provider for ECI.

Where do I find an ECI provider?

For help in locating an ECI provider, please call the ECI toll-free number **1-800-628-5115** or search for an ECI provider online at: <https://dmzweb.dars.state.tx.us/prd/citysearch>.

FARM WORKER AND CHILDREN OF FARM WORKERS (CMFW)

Who is a farm worker?

A farm worker is a person who:

- Works in the fields, on a farm, or as a food packer during certain times of the year
- Works with: crops, dairy, poultry, or livestock
- Has worked seasonally in the last 24 months
- Who because of seasonal work lives in temporary housing so it is easy to move

What if I am a migrant farm worker?

You can get your checkup sooner if you are leaving the area. Call Member Services at **1-855-897-4448**, we would be happy to help you make this appointment sooner.

WHAT DOES MEDICALLY NECESSARY MEAN?

1. For Members birth through age 20, the following Texas Health Steps services:
 - a. screening, vision, and hearing services; and
 - b. other Health Care Services, including Behavioral Health Services, that are necessary to correct or ameliorate a defect or physical or mental illness or condition. A determination of whether a service is necessary to correct or ameliorate a defect or physical or mental illness or condition:
 - i. must comply with the requirements of the *Alberto N., et al. v. Traylor, et al.* partial settlement agreements; and
 - ii. may include consideration of other relevant factors, such as the criteria described in parts (2)(a-g) and (3)(a-g) of this definition.
2. For Members over age 20, non-behavioral health related health care services that are:
 - a. reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
 - b. provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
 - c. consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
 - d. consistent with the diagnoses of the conditions;
 - e. no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
 - f. are not experimental or investigative; and
 - g. are not primarily for the convenience of the member or provider; and
3. For Members over age 20, behavioral health services that are:
 - a. 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;
 - b. are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
 - c. are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
 - d. are the most appropriate level or supply of service that can safely be provided;
 - e. could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
 - f. are not experimental or investigative; and
 - g. are not primarily for the convenience of the member or provider.

ROUTINE MEDICAL CARE

What is Routine Medical Care?

Routine medical care is regular checkups by your Primary Care Provider (PCP) and treatment by your PCP when you are sick. Your PCP will get to know you, arrange regular checkups, and treat you when you are sick. Your PCP will give you prescriptions for medicine, and send you to a special doctor (specialist) if you need one.

It is important that you do what your PCP says and take part in decisions made about your health care. If you cannot make a decision about your health care, you can choose someone else to do it for you.

When you need to see your PCP, call your PCP at the number on your RightCare STAR Medicaid ID card. Someone in the PCP's office will set a time for you to see your PCP. It is very important that you keep your appointment, call early to set up visits, and call back if you have to cancel. If more than one member of your family needs to see a provider, you need a new appointment for each person.

How soon can I expect to be seen?

Your PCP is available 24 hours a day either in person or by telephone. If your PCP is not available, he or she will have another provider available for you. This includes weekends and holidays. You should be able to get an appointment for routine care within two (2) weeks. If you have a condition that needs medical attention the same day, your PCP can help you with that.

You must see a RightCare provider for routine and urgent care. If you need help choosing a provider or making an appointment you can call Member Services at **1-855-897-4448**.

URGENT MEDICAL CARE

What is Urgent Medical Care?

Another type of care is **urgent care**. There are some injuries and illness 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
- Earaches
- Sore throat
- Muscle sprains/strains
- Cold, cough, flu
- Sinus problems
- Allergy issues
- Minor headaches
- Rash
- Minor sun burns
- Toothache or baby teething
- Chronic back pain
- Prescription refills
- Broken cast
- Stitches need to be removed

What should I do if my child or I need urgent medical care?

For urgent care, you should call your doctor's office even on nights and weekends. Your doctor will tell you what to do. In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes RightCare from Scott & White Health Plan Medicaid. For help, call us toll-free at **1-855-897-4448**.

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. The urgent care clinic must take RightCare from Scott & White Health Plan Medicaid.

EMERGENCY MEDICAL CARE

What is Emergency Medical Care?

Emergency medical care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions.

Emergency medical condition means:

A medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part;
4. Serious disfigurement; or
5. In the case of a pregnant women, serious jeopardy to the health of a woman 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 a prudent layperson, possessing average knowledge of medicine and health:

1. Requires immediate intervention and/or medical attention without which the Member would present an immediate danger to themselves or others; or
2. Which renders the Member incapable of controlling, knowing or understanding the consequences of their actions.

Emergency services and emergency care means:

Covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition and/or Emergency Behavioral Health Condition, including post-stabilization care services.

Services provided outside of the United States are not covered benefits of the STAR Medicaid Program.

Examples of when to go to the emergency room:

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

If you have an emergency, go to the closest Emergency Room right away or call 9-1-1. The emergency wait time is based on your medical needs determined by the emergency room that is caring for you. Emergency care is available 24 hours a day, 7 days a week.

What do I need to do if I go to the Emergency Room?

If you go to the Emergency Room, be sure to call your PCP as soon as you can. If you are not able to call your PCP, a family member or friend may call for you.

If the nearest hospital is not a RightCare network hospital, you may be moved to a RightCare network hospital when you are medically stable.

If you go to an Emergency Room when you are not in serious danger, often you will have to wait a long time to see a provider. In most cases, your Primary Care Provider (PCP) can see you quicker at their office. Reasons to **NOT** go to the Emergency Room are:

- Minor burns or cuts
- Earaches
- Sore throat
- Muscle sprains/strains
- Cold, cough, flu
- Sinus problems
- Allergy issues
- Minor headaches
- Rash
- Minor sun burns
- Toothache or baby teething
- Chronic back pain
- Prescription refills
- Broken cast
- Stitches need to be removed

Instead, call your PCP and request an urgent appointment. If you need help making an urgent appointment you can call Member Services at **1-855-897-4448**.

What is post stabilization?

Post-stabilization care services are services covered by Medicaid that keep your condition stable following emergency medical care.

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 **1-855-897-4448** 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 **1-855-897-4448**.

If you have an emergency while you are out of town or out of state, go to the nearest emergency room. When you will be temporarily away from home, you should contact your PCP ahead of time to schedule appointments or obtain prescriptions to last for the duration of your trip. If you get sick while out of town—**and it is not an emergency**—you will still remain under the care of your PCP. With the exception of emergency care, if you see an out-of-town provider you may have to pay.

What if I am out of the country?

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

SPECIAL DOCTOR (SPECIALIST)

For most medical care, your Primary Care Provider (PCP) will be the only provider you need to see. But if you have a special health condition, your PCP may want you to see a specialist for care. This specialist has received training and has more experience taking care of certain diseases, illnesses, and injuries.

What is a referral?

A referral is an approval from your PCP for you to get specialty care and follow up treatment. Referrals are needed to see most RightCare specialty provider. If you receive services from a specialist without your PCP's referral, or if the specialist is not a RightCare provider, you might be responsible for the bill. In some cases, an OB/GYN can give you a referral.

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

All specialists within RightCare's network should be able to see you within two (2) weeks for routine appointments, and within 24 hours for urgent care appointments.

What services do not need a referral?

You can get some services without going to your PCP first. These include:

- 24-hour Emergency Care (if you feel you have a true medical emergency)
- Routine Vision Care
- Dental Services (for children)
- OB/GYN Care
- Family Planning Services and Supplies
- Behavioral (Mental) Health and Substance Abuse Services
- Texas Health Steps

Can a specialist ever be considered a primary care provider (PCP)?

Members with disabilities, special health-care needs or chronic complex conditions may have a specialist assigned as their PCP. Call Member Services at **1-855-897-4448** to help you.

How can I ask for a second opinion?

You have the right to a second opinion from a RightCare network provider if you do not like the plan of care offered by the specialist. RightCare will pay for a second opinion. RightCare may help you get a second opinion from a qualified health professional outside of the network, if there is no available in-network provider. Call Member Services at **1-855-897-4448** to arrange for a second opinion. You must call us for authorization **before** you get a second opinion.

PHYSICIAN INCENTIVE PLANS

RightCare cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to Members. You have the right to know if your primary care provider (main doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can call **1-855-897-4448** to learn more about this.

PRESCRIPTIONS

What are my prescription benefits?

You get prescriptions through STAR Medicaid if you go to a pharmacy that is in the RightCare network. For a list of covered drugs, updates, or any limits, please visit <http://www.txvendordrug.com>. If you have questions, call us at **1-855-897-4448** or visit our website at www.RightCare.swhp.org. There are some drugs that may not be covered through STAR Medicaid. A RightCare pharmacy can let you know which medications are not covered, or help you find another medication that is covered. You can also ask your Primary Care Provider (PCP) what medications are covered and what is best for you.

How do I get my medications?

Medicaid pays for most medicine your doctor says you need. Your doctor will write a prescription so you can take it to the drug store, or they might be able to send the prescription for you.

How do I find a network drug store?

Please visit www.RightCare.swhp.org to find a link to a listing of RightCare's in-network drug stores. You can also call us at **1-855-897-4448** for help in finding an in-network drug store near you.

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

Your RightCare prescription benefit will not be covered at a drug store unless it is in RightCare's network. The drug store might ask you to pay for the prescription instead. Call RightCare at **1-855-897-4448** for assistance in finding an in-network drug store near you.

What do I bring with me to the drug store?

Bring your written prescription (unless it has been sent to the pharmacy directly from the provider's office), Your Texas Benefits card, your RightCare ID card, and state (or other government-issued) photo identification. The drug store uses these ID cards to make sure you are a RightCare member.

What if I need my medications delivered to me?

There are some drug stores in Texas that offer free delivery of prescription drugs to Medicaid members. These drug stores must have an agreement with RightCare in order to provide this service. Please contact your local drug store to find out if they are set up with RightCare to help you with this.

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

We can help you with this if you need help. Please call RightCare Member Services at **1-855-897-4448** for help.

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

If your doctor cannot be reached to approve a prescription, you can get a three-day emergency supply of your medication. Call RightCare at **1-855-897-4448** for help with your medications and refills.

What if I lose my medication(s)?

Please call RightCare Member Services at **1-855-897-4448** for assistance. Refilling lost medications might require a new prescription from your provider. We will need to get information from you explaining what happened to your medications. Not every prescription can be replaced, so please take good care of your prescription medications, and keep them in a safe place.

Going out of state and need your medication(s)?

Be sure to prepare early and check if there is a RightCare pharmacy provider in the area you are travelling. The pharmacy directory can be found on the RightCare website at www.RightCare.swhp.org

DURABLE MEDICAL EQUIPMENT (DME)

What if I need durable medical equipment (DME) or other products normally found in a pharmacy?

Some durable medical equipment (DME) and products normally found in a pharmacy are covered by Medicaid. For all members, RightCare pays for nebulizers, ostomy supplies, and other covered supplies and equipment if they are medically necessary. For children (birth through age 20) RightCare also pays for medically necessary prescribed over-the-counter drugs, diapers, formula, and some vitamins and minerals.

Call Member Services at **1-855-897-4448** for more information about these benefits.

LIMITED HOME HEALTH SUPPLIES

You can get limited home health supplies through your RightCare network drug store. You do not have to get these supplies at a Durable Medical Equipment (DME) store.

These items include:

- Insulin syringes (1 cc or less)
- Insulin needles
- Blood glucose test strips (for home blood glucose monitor)
- Blood glucose test strips with disposable monitor
- Certain blood glucose monitor
- Lancets
- Spring-powered device for lancet
- Aerosol holding chamber (for use with metered dose inhaler)
- Oral electrolyte replacement fluid
- Hypertonic saline solution 7%

MEDICAID LOCK-IN PROGRAM

You may be put in the Lock-in Program if you do not follow Medicaid rules. It checks how you use Medicaid pharmacy services. Your Medicaid benefits remain the same. Changing to a different MCO will not change the Lock-In status.

To avoid being put in the Medicaid Lock-in Program:

- Pick one drug store at one location to use all the time.
- Be sure your main doctor, main dentist, or the specialists they refer you to are the only doctors that give you prescriptions.
- Do not get the same type of medicine from different doctors.
- Call RightCare at **1-855-897-4448** if you are in an emergency and need your medications.

To learn more call RightCare at **1-855-897-4448**.

INTERPRETER SERVICES

Can someone interpret for me when I talk with my doctor?

Yes, RightCare has staff that speaks English and Spanish. Call RightCare Member Services at **1-855-897-4448**. We will arrange for an interpreter to help you talk with your provider.

How far in advance do I need to call?

You will need to call at least 48 hours (2 work days) before your appointment.

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

If you are hearing impaired, or the parents of a member who is hearing impaired, RightCare can set up an interpreter for your provider's office visit. The interpreter we arrange for you can be someone that comes to the office. This interpreter will be in the provider's office with you. Let us know if this is what you want.

TRANSPORTATION – MEDICAL TRANSPORTATION PROGRAM (MTP)

What is MTP?

MTP is an HHSC program that helps with non-emergency transportation to healthcare appointments for eligible Medicaid clients who have no other transportation options. MTP can help with rides to the doctor, dentist, hospital, drug store, and any other place you get Medicaid services.

What services are offered by MTP?

Passes or tickets for transportation such as mass transit within and between cities

- Air travel
- Taxi, wheelchair van, and other transportation
- Mileage reimbursement for enrolled individually transportation participant (ITP). The enrolled ITP can be the responsible party, family member, friend, neighbor, or client.
- Meals at a contractor vendor (such as a hospital cafeteria)
- Lodging at a contracted hotel and motel
- Attendant services (responsible party such as parent/grandparent, etc., who accompanies the client to a healthcare service)

How to get a ride?

Phone Reservations: 1-877-633-8742

All requests for transportation services should be made within 2-5 days of your appointment.

If I do not have a car, how can I get a ride to a doctor's office?

If you need a ride to a provider's office, you can get help from the Texas Health and Human Services Commission's Medical Transportation Program (MTP).

Who do I call if I have a complaint about the service or staff?

If you have a complaint about the Medical Transportation Program's service or staff, call MTP at **1-877-633-8747** or call RightCare's Member Services at **1-855-879-4448**.

What are the hours of operation and limitations for transportation services?

The Medical Transportation Program (MTP) hours of operation are 8 a.m. to 5 p.m., Monday to Friday except for state holidays. You can call the MTP at **1-877-633-8747**.

ADVANCED DIRECTIVES

What if I am too sick to make a decision about my medical care?

Sometimes people are too sick to make decisions about their health care. Before this happens, you can make an Advance Directive, which is a letter that tells people what you want to happen if you get very sick. An Advance Directive can be helpful to you, your family, and your provider. It helps your family by not making them decide how to care for you if you cannot make medical decisions on your own. If you do not have an advanced directive, your family members may not agree what is best for you. It helps your provider by providing guidelines for your care.

What are Advanced Directives?

There are four types of Advance Directives:

- **Living Will** – A Living Will tells your provider what to do if you are too sick to tell him or her, this can include wishes about withdrawing or withholding life sustaining procedures. Your provider has to follow your Living Will in case you become too sick to make decisions about your care. This becomes active only if you are unable to make your own decisions.

- **Medical Power of Attorney** – A Durable Power of Attorney lets a friend or family member (who you choose) make decisions for you if you are not able to. This person can start making decisions for you when you are unable to make your own medical decisions due to any illness or injury (not only life threatening ones.)
- **Out of Hospital Do Not Resuscitate Order (DNR)** – An Out of Hospital DNR can tell emergency medical services staff, hospital emergency room personnel, and other health care professionals acting in an out-of-hospital setting, to withhold cardiopulmonary resuscitation (CPR) and other certain life-sustaining treatment.
- **Declaration for Mental Health Treatment** – A Declaration for Mental Health Treatment makes advance decisions about mental health treatment, including the use of psychoactive medication, convulsive therapy, and emergency mental health treatment.

If you have an Advance Directive in place, your provider will base the decision of life sustaining treatment on your wishes; your provider knows what they are. An Advance Directive starts when you get very sick and will last until you change or cancel it. If you change or cancel your Advance Directive you must inform your provider.

How do I get an Advanced Directive?

You can talk with your provider about an Advance Directive. Your provider might have the form in their office. You can also call Member Services at **1-855-897-4448** and we can help you get one.

WHAT IF I GET A BILL FROM MY DOCTOR?

You should never get a bill from your PCP or RightCare provider for covered services.

You will only get a bill if you agree to get services that are not a RightCare benefit. Your provider should tell you STAR Medicaid does not cover the services before you are seen and you should be asked to sign a private pay form.

If you get a bill from your PCP or another provider, call RightCare Member Services at **1-855-897-4448**. When you call us, please have your ID card and the provider's bill available. RightCare Member Services will need this information to help you.

MEDICAID AND PRIVATE INSURANCE

You are required to tell Medicaid staff about any private health insurance you have. You should call the Medicaid Third Party Resources hotline and update your Medicaid case file if:

- Your private health insurance is cancelled.
- You get new insurance coverage.
- You have general questions about third party insurance.

You can call the hotline toll-free at **1-800-846-7307**.

If you have other insurance you may still qualify for Medicaid. When you tell Medicaid staff about your other health insurance, you help make sure Medicaid only pays for what your other health insurance does not cover.

IMPORTANT: Medicaid providers cannot turn you down for services because you have private health insurance as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your private health insurance company.

PRIOR AUTHORIZATION

There are some services that will require your PCP or other network provider to contact RightCare and obtain permission for you to receive services. A full list is attached at the end of this handbook. Some of these services are:

- All admissions to a hospital (except in an emergency situation, where the hospital or admitting providers should notify RightCare at **1-855-691-SWHP (7947)** as soon as possible)
- Admission to a rehabilitation center
- Outpatient surgery
- Rehabilitation therapy (physical therapy, speech therapy and occupational therapy)
- Home health services, including home intravenous therapy
- Referral to a specialist provider other than an OB/GYN or Mental Health provider
- Durable Medical Equipment services that cost over \$300
- Use of ambulance for medical transportation (not emergency transport)
- Request for services by a provider who does not have a contract with RightCare
- Other forms of medical treatment (such as hypnosis, massage therapy)

For authorization, your provider should use the Prior Authorization request form (available at www.RightCare.swhp.org), or they may call Medical Management at **1-855-691-SWHP (7947)**, Monday to Friday, 8 a.m. to 5 p.m. Central Time.

If there is no authorization for the service, it might not be paid for by RightCare. You have a right to know the cost of any service before you or your child receives that service. If you agree to get services that RightCare does not cover or authorize, you may have to pay for them yourself.

Your hospital stay is reviewed every day. Services may be reviewed after they are delivered or paid.

MEMBER ADVISORY GROUP

You can help RightCare with the way our health plan works. We have a Member Advisory Group that gives members like you a chance to share your thoughts and ideas with RightCare. At the meetings, you will have a chance to talk about the way services are delivered. The Member Advisory Group will meet four (4) times a year. We ask members, community representatives, advocates and member of RightCare's staff to join in the meeting. This gives you a chance to talk about your concerns with a variety of people. You also have a chance to tell us how we are doing. You may ask questions or share any concerns that you have about the delivery of services.

How can I join the Member Advisory Group?

Call RightCare Member Services at **1-855-897-4448** if you would like to be on this team.

MEMBER RIGHTS AND RESPONSIBILITIES

RightCare members have both rights and responsibilities related to their membership and care.

Member Rights:

1. You have the right to respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:
 - a. Be treated fairly and with respect.
 - b. Know that your medical records and discussions with your providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health care plan and primary care provider. This is the doctor or health care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
 - a. Be told how to choose and change your health plan and your primary care provider.
 - b. Choose any health plan you want that is available in your area and choose your primary care provider from that plan.

- c. Change your primary care provider.
 - d. Change your health plan without penalty.
 - e. Be told how to change your health plan or your primary care provider.
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
 - a. Have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated.
 - b. Be told why care or services were denied and not given.
 4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
 - a. Work as part of a team with your provider in deciding what health care is best for you.
 - b. Say yes or no to the care recommended by your provider.
 5. You have the right to use each available complaint and appeal process through the managed care organization and through Medicaid, and get a timely response to complaints, appeals and fair hearings. That includes the right to:
 - a. Make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan.
 - b. Get a timely answer to your complaint.
 - c. Use the plan's appeal process and be told how to use it.
 - d. Ask for a fair hearing from the state Medicaid program and get information about how that process works.
 6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
 - a. Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
 - b. Get medical care in a timely manner.
 - c. Be able to get in and out of a health care provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
 - d. Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.
 - e. Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.
 7. 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.
 8. You have a right to know that doctors, hospitals, and others who care for you can advise you about your 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.
 9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals, and others cannot require you to pay copayments or any other amounts for covered services.

Member Responsibilities:

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
 - a. Learn and understand your rights under the Medicaid program.
 - b. Ask questions if you do not understand your rights.
 - c. Learn what choices of health plans are available in your area.
2. You must abide by the policies and procedures of the health plan and Medicaid. That includes the responsibility to:
 - a. Learn and follow your health plan's rules and Medicaid rules.
 - b. Choose your health plan and a primary care provider quickly.
 - c. Make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan.
 - d. Keep your scheduled appointments.

- e. Cancel appointments in advance when you cannot keep them.
 - f. Always contact your primary care provider first for your non-emergency medical needs.
 - g. Be sure you have approval from your primary care provider before going to a specialist.
 - h. Understand when you should and should not go to the emergency room.
3. You must share information about your health with your primary care provider and learn about service and treatment options. That includes the responsibility to:
 - a. Tell your primary care provider about your health.
 - b. Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
 - c. Help your providers get your medical records.
 4. You must be involved in decisions relating to service and treatment options, make personal choices, and take action to maintain your health. That includes the responsibility to:
 - a. Work as a team with your provider in deciding what health care is best for you.
 - b. Understand how the things you do can affect your health.
 - c. Do the best you can to stay healthy.
 - d. Treat providers and staff with respect.
 - e. Talk to your provider about all of your medications.

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.

Information that must be available to you on a yearly basis

The following information must be made available to members on an annual basis (Balanced Budget Act requirement). This should be stated as below:

As a member of RightCare from Scott and White Health Plan you can ask for and get the following information each year:

- Information about network providers – at a minimum primary care doctors, specialist, and hospitals in our service area. This information will include names, addresses, telephone numbers, and languages spoken (other than English) for each network provider, plus identification of providers that are not accepting new patients.
- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaints, appeals and fair hearing procedures.
- Information about benefits available under the Medicaid program, including amount, duration and scope of benefits. This is designed to make sure you understand the benefits to which you are entitled.
- How you get benefits including authorization requirements.
- How you get benefits, including family planning services, from out-of-network providers and/or limits to those benefits.
- How you get after hours and emergency coverage and/or limits to those kinds of benefits, including:
 - What makes up emergency medical conditions, emergency services and post-stabilization services.
 - The fact that you do not need prior authorization from your Primary Care Provider for emergency care services.
 - How to get emergency services, including instructions on how to use the 9-1-1 telephone system or its local equivalent.
 - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
 - A statement saying you have a right to use any hospital or other setting for emergency care.
 - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your Primary Care Provider.
- RightCare's practice guidelines.

Notice of Privacy Practices

RightCare 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 RightCare is permitted to use and disclose your PHI. A full copy of the Notice of Privacy Practices can be found on our website at: <https://rightcare.swhp.org/privacy-policy/privacy-practice>. You can also request a paper copy by calling us at **1-855-897-4448**.

COMPLAINT PROCESS

Coverage Determinations

All denials of services are made by the RightCare Medical Director(s), after review of medical facts given by your provider. Any person making decisions for services makes them based only on the appropriateness of care and services. No rewards are based on review of services or service denials. RightCare does not offer money or rewards, to providers or other people making decisions on services.

What should I do if I have a complaint?

We want to help. If you have a complaint, please call us toll-free at **1-855-897-4448** to tell us about your problem. A RightCare Member Services Advocate can help you file a complaint. Just call **1-855-897-4448**. Most of the time, we can help you right away or at the most within a few days.

RightCare will acknowledge, investigate, and resolve a complaint within 30 calendar days after the date RightCare receives your complaint.

What are the requirements and timelines for filing a complaint?

You can file a complaint at any time. A complaint can be done over the phone or in writing:

**RightCare from Scott & White Health Plan
ATTN: Complaints and Appeals
MS-A4-144
1206 West Campus Drive
Temple, TX 76502
1-855-897-4448**

What should I do if I am not satisfied with the outcome of my complaint?

If you do not feel RightCare gave you the right answer to your complaint, you can appeal the decision to RightCare. See the "Appeal Process" section below for help in filing an appeal or call Member Services at **1-855-897-4448**.

How to file a complaint with HHSC

Once you have gone through the RightCare complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free **1-866-566-8989**. If you would like to make your complaint in writing, please send it to the following address:

**Texas Health and Human Services Commission
Health Plan Operations - H-320
P.O. Box 85200
Austin, TX 78708-5200
ATTN: Resolution Services**

If you can get on the Internet, you can send your complaint in an email to: HPM_Complaints@hhsc.state.tx.us.

APPEALS PROCESS

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

There may be times when RightCare's Medical Director denies services or medicines. When this occurs, you may appeal this decision. Call Member Services at **1-855-897-4448** to find out more.

How will I find out if services are denied?

RightCare will send you a letter telling you that the services were denied or limited.

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

You can appeal a decision if Medicaid covered services are denied based on lack of medical need. You can appeal a denial if you feel RightCare:

- Denied coverage for care you think should be covered;
- Stopped care you think you need;
- Did not pay for services in whole or in part; or
- Limited a request for a covered service.

What are the requirements and timelines for filing an appeal?

You have thirty (30) calendar days from the date you get the denial letter to send us an appeal. You or your provider may appeal verbally or in writing. If you need more than ten (10) business days to appeal, you may ask for more time. You may have fourteen (14) more calendar days to file the appeal.

We will send you a letter within five (5) days of receiving your appeal, to let you know that we got it. We will complete the appeal review within thirty (30) days. If we need more time to review the appeal, we will send you a letter telling you why we need more time.

If you wish to appeal a denial of a service that is not a covered benefit, then you will need to file a complaint with the State. See "Complaints Process" section above to see how to file a complaint with the state.

How can I ask for continuity of current authorized services?

If you are receiving services that are being ended, suspended or reduced, you must file an appeal on or before the later of:

- Ten(10) calendar days following RightCare's mailing of the notice of the denial letter (using the postage stamp date); or
- The intended effective date of the proposed date for the service to end, suspend, or be reduced.
- If you are already getting services, you may ask that they be continued until you find out the results of your appeal. You may have to pay for the services if the decision is upheld.

Call RightCare at **1-855-897-4448** for more information.

Can someone from RightCare help me file an appeal?

Yes. A RightCare Member Services Advocate can help guide you through the appeals process. Contact Member Services at **1-855-897-4448** for help.

Does my appeal request have to be in writing?

You can call Member Services at **1-855-897-4448** to let us know you want to appeal an action, but you must follow up your phone call with a request in writing. If you need help, RightCare can help you write your appeal. Your written appeal should be mailed to:

**RightCare from Scott & White Health Plan
ATTN: Complaints and Appeals
MS-A4-144
1206 West Campus Drive
Temple, TX 76502**

When can I request a State Fair Hearing?

You can request a State Fair Hearing any time during or after RightCare's Appeal Process. See the "State Fair Hearing" section below for help in requesting a State Fair Hearing or call Member Services at **1-855-897-4448** for help.

EXPEDITED APPEAL PROCESS

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?

You can ask for an expedited appeal by calling RightCare Member Services at **1-855-897-4448**.

Does my request have to be in writing?

No, you should submit your expedited appeal request verbally to RightCare Member Services at **1-855-897-4448**. You can request an expedited appeal in writing, but we may be able to help you faster if you call us.

What are the timeframes for an expedited appeal?

If your expedited appeal is about an ongoing emergency or denial to stay in the hospital, RightCare will review your case and get back to you within one (1) work day after we receive your request. Other expedited appeals will be decided within three (3) days.

This process may be extended up to 14 days if more facts are needed.

What happens if RightCare denies the request for an expedited appeal?

If RightCare decides that your appeal does not need to be expedited, RightCare will let you know right away. The appeal will still be reviewed but the resolution may take up to thirty (30) days.

Who can help me file an expedited appeal?

You may discuss your request for an expedited appeal with RightCare Member Services at **1-855-897-4448**. Requests for expedited appeal are very serious. RightCare wants to make sure you receive the care that is medically necessary.

A RightCare Member Services Advocate can help guide you through the expedited appeals process. Contact Member Services at **1-855-897-4448**.

STATE FAIR HEARING

Can I ask for a State Fair Hearing?

If you, as a member of the health plan, disagree with the health plan's decision, you have the right to ask for a fair hearing. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A doctor or other medical provider may be your representative. If you want to challenge a decision made by your health plan, you or your representative must ask for the fair hearing within 90 days of the date on the health plan's letter with the decision. If you do not ask for the fair hearing within 90 days, you may lose your right to a fair hearing. To ask for a fair hearing, you or your representative should either send a letter to the health plan at:

RightCare from Scott & White Health Plan
ATTN: Fair Hearing Request
MS-A4-144
1206 West Campus Drive
Temple, TX 76502
or call **1-855-897-4448**

You have the right to keep getting any service the health plan denied or reduced, at least until the final hearing decision is made if you ask for a fair hearing by the later of: (1) 10 calendar days following MCO's mailing of the notice of the Action, or (2) the day the health plan's letter says your service will be reduced or end. If you do not request a fair hearing by this date, the service the health plan denied will be stopped.

If you ask for a fair hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most fair hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied.

HHSC will give you a final decision within 90 days from the date you asked for the hearing.

WASTE, ABUSE, OR FRAUD

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

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting 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 services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

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

- Call the OIG Hotline at **1-800-436-6184**;
- Visit <https://oig.hhsc.state.tx.us/> Under the box labeled "I WANT TO" Click "Report Waste, Abuse, and Fraud" to complete the online form; or
- You can report directly to your health plan:

RightCare from Scott & White Health Plan
Attn: Compliance Director
1206 West Campus Drive
Temple, TX 76502
Phone Number: **1-888-484-6977**
TTY **1-866-220-2831**

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

- When reporting a provider (e.g., 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 (physician, physical therapist, pharmacist, etc.)
 - Names and the number 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

APPENDIX A – PRIOR AUTHORIZATION LIST

The Following Services Require Notification

- ❖ Tobacco Cessation Programs
- ❖ Targeted Case Management Services
- ❖ All inpatient admissions, including mental health and chemical dependency
- ❖ Mental Health Rehabilitation Services

The Following Medical Services Require Prior Authorization

- ❖ Mental Health psychological & neuropsychological testing
- ❖ 48 Hour Observations
- ❖ NICU transfers from hospital to hospital
- ❖ Use of an ambulance for non-emergent medical transportation, including hospital-to-hospital transfers
- ❖ Assistant Surgeons for outpatient, ambulatory surgery, including cesarean sections
- ❖ Non-ER Outpatient Ambulatory Surgical Procedures
- ❖ Outpatient (physical, speech and occupational) – not applicable to ECI services. No authorization required for initial evaluation (up to one (1) per six (6) months) for members under 21 years of age. Based on medical necessity, additional therapy visits will be authorized in up to three (3) month increments.
- ❖ Home health services (including home IV therapy, home PT, speech, OT, PDN or SNV)
- ❖ Radiological procedures which require admissions for observation
- ❖ OB Ultrasound (4th or more)
- ❖ Injectable drugs over \$300
- ❖ Sleep Studies/Sleep labs/Pneumograms
- ❖ DME and medical supplies >\$300, and all DME rentals, and wheeled mobility providers with Taxonomy Code 332BC3200X
- ❖ Prosthetics
- ❖ Orthotics
- ❖ Transplants
- ❖ Allergy testing for children <5 years of age
- ❖ Alternative medicine forms of treatment
- ❖ Telemedicine/Telehealth/Telemonitoring (beyond 30 days)
- ❖ TMJ Treatments and oral surgery procedure codes (including dental anesthesia)
- ❖ Chiropractic Services
- ❖ PET Scans, cardiac nuclear imaging studies, and MRAs, and Non-ER MRIs and CT Scans
- ❖ Referral to a dermatologist or plastic surgeon (office visits excluded)
- ❖ Mastectomy for pubertal gynecomastia
- ❖ External breast prosthesis procedure codes L8035 and L8039
- ❖ Dialysis

The Following Behavioral Health Services Require Prior Authorization

- ❖ Mental Health Psychological and Neuropsychological testing beyond 30 visits
- ❖ 48 hour Observations
- ❖ Individual, Family, and Group Therapy (beyond 30 visits)
- ❖ Telemedicine, Telehealth, Telemonitoring (beyond 30 visits)
- ❖ Inpatient Mental Health (all ages)
- ❖ Inpatient Admission for eating disorder
- ❖ Inpatient Rehabilitation for members under 21 years of age
- ❖ Crisis Stabilization Unit (CSU) (after 18 hours)
- ❖ Outpatient PHP Mental Health (all ages)
- ❖ Outpatient PHP Substance Abuse (all ages)
- ❖ Outpatient IOP Mental Health (all ages)
- ❖ Outpatient Substance Abuse Treatment and Medication Assisted Therapy (MAT) Services beyond 26 hours of individual services or beyond 135 hours of group services
- ❖ Detoxification Residential Treatment beyond 35 days

All out of network physician, hospital and ancillary services request require prior authorization. Specialist- to -Specialist referrals are not allowed. Members must be referred back to PCP first.