March 2025

STAR Member Handbook

Vea español al otro lado

TEXAS Health and Human Services | TEXAS STAR Your Health Plan ★ Your Choice

For more information, call **1-855-897-4448.**
RightCare.SWHP.org

RC-M002 03/25

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

RIGHTCARE

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

RIGHTCARE

Dear Member:

Welcome to Right*Care* 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 Right*Care* 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 Right*Care* ID card and more information from us in a few days. Your ID card will tell you when your Right*Care* membership starts.

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.

Right*Care* has a Member Portal to help you. The *RightCare* Member Portal gives you 24/7 online access to:

- Find a doctor or pharmacy
- Choose or update your PCP
- Print a temporary ID card
- Ask for a new ID card
- Update your personal information
- Review your Member Handbook

Visit rightcare.firstcare.com to set it up today. If you need help setting up your access to the Member Portal, call us at 1-855-897-4448.

You can get this letter in larger print, audio (CD), braille, or in any other language format, if needed. If you need any of these services or a sign language interpreter, please call RightCare Member Services at 1-855-897-4448 (TTY: 7-1-1). We're open Monday to Friday, 7 a.m. to 7 p.m., Central Time.

CONTACT US

If you have questions, call us at **1-855-TX-RIGHT (1-855-897-4448)**. Right*Care'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

Right*Care* 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
Superior Vision – Vision Benefit Hotline (English & Spanish)	1-800-879-6901
Right*Care* Health Plan TTY	7-1-1
Medical - Service Coordination (English & Spanish)	1-855-897-4448
Behavioral Health – Service Coordination (English & Spanish)	1-855-897-4448
Disease Management	1-855-828-1013
24 Hour Nurse Line	1-855-828-1013
Compliance HelpLine – 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
Dental Benefit Information – United Dental	1-877-901-7321
Pregnant Women – Value Added Service – Liberty Dental	1-877-550-4374
Transportation Services:	
Nonemergency Medical Transportation (NEMT) – Access2Care	1-877-447-3101
Other Numbers:	
Ombudsman Managed Care Assistance Team	1-866-566-8989
Medicaid Managed Care Helpline TDD	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
ECI (Early Childhood Intervention) Care Line	1-800-628-5115
Adoption Assistance/Permanency Care Assistance – DFPS Hotline	1-800-233-3405

*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, 7 a.m. to 7 p.m. Central Time (except for state-approved holidays.)

In Writing
Right*Care* from Scott & White Health Plan
MS-A4-144
1206 West Campus Drive
Temple, TX 76502

Where's My Ride? Help with Nonemergency Medical Transportation
To set up a ride, contact us one of the following ways:

- Call **1-877-447-3101** from 7 a.m. to 7 p.m. Central Time Monday to Friday (except for state-approved holidays)
- Download the A2C app, Access2Care's no cost mobile app. You can find it in both Apple App and Google Play stores.

Customer Service Representatives speak both English and Spanish. If you speak another language, we can connect you with an interpreter. Members with hearing loss can call the TTY Line at 7-1-1. You should request NEMT Services as early as possible, and at least two business days before you need the NEMT service. In certain circumstances you may request the NEMT service with less notice. These circumstances include being picked up after being discharged from a hospital; trips to the pharmacy to pick up medication or approved medical supplies; and trips for urgent conditions. An urgent condition is a health condition that is not an emergency but is severe or painful enough to require treatment within 24 hours.

You must notify Access2Care prior to the approved and scheduled trip if your medical appointment is cancelled.

STAR MEDICAID TERMS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

Grievance - A complaint to your health insurer or plan.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RIGHTCARE STAR MEDICAID ID CARD

When you become a member of Right*Care* 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 Right*Care* Member Services at **1-855-TX-RIGHT** (**1-855-897-4448**). A copy of the Right*Care* ID card is shown below.

Reading the front of your RightCare STAR Medicaid ID Card

The front of the Right*Care* 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 Right*Care* STAR Medicaid ID card. You will not get a new Right*Care* 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 Right*Care* 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 Right*Care* Member Services.


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

RIGHTCARE

STAR/Medicaid

Member Name: **RIGHTCARE FOREIGN**
Member ID#: **999990009**
Effective Date: 06/01/2019
PCP: PCP NAME
PCP Phone #: (555) 999-1234
Effective Date of PCP: 06/15/2019

Customer Service Phone #: **1-855-TX-RIGHT**
(1-855-897-4448)

RCSWHP 6145

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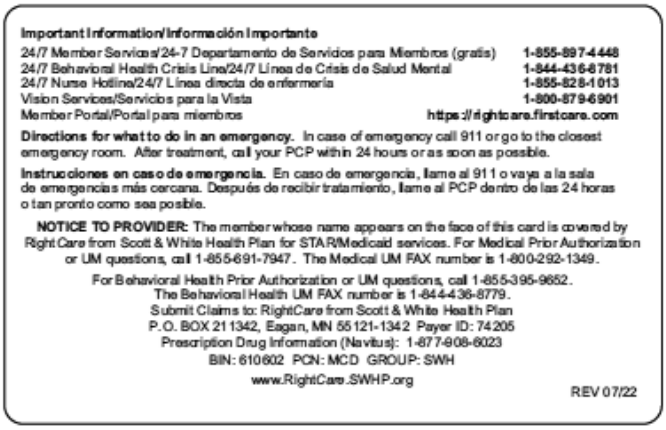
Important Information/Información Importante

24/7 Member Services/24-7 Departamento de Servicios para Miembros (gratis)	**1-855-897-4448**
24/7 Behavioral Health Crisis Line/24/7 Línea de Crisis de Salud Mental	**1-844-436-8781**
24/7 Nurse Hotline/24/7 Línea directa de enfermería	**1-855-828-1013**
Vision Services/Servicios para la Vista	**1-800-879-6901**
Member Portal/Portal para miembros	**https://rightcare.firstcare.com**

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 1-800-292-1349.

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
P.O. BOX 211342, Eagan, MN 55121-1342 Payer ID: 74205
Prescription Drug Information (Navitus): 1-877-808-6023
BIN: 610602 PCN: MCD GROUP: SWH
www.RightCare.SWHP.org

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Using your RightCare STAR Medicaid ID Card

Always carry your (or your child's) Right*Care* 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 Right*Care* ID Card each time for any health service.

If you lose your RightCare STAR Medicaid ID Card

If you lose your Right*Care* 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 Right*Care* 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.

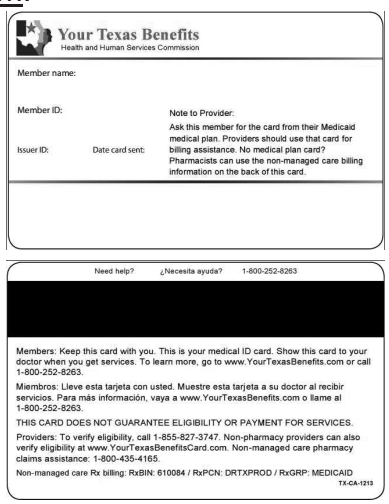
YOUR TEXAS BENEFITS (YTB) MEDICAID CARD

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

You will be issued only one card and will receive a new card only if your card is lost or stolen. If your Medicaid card is lost or stolen, you can get a new one by calling toll-free **1-800-252-8263**, or by going online to order or print a temporary card at www.YourTexas Benefits.com.

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** or opt out of sharing your health information at www.YourTexasBenefits.com.



The Your YTB 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)
  - Healthy Texas Women Program
  - 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 back of the YTB Medicaid card has a website you can visit (www.YourTexasBenefits.com) and a phone number you can call toll-free (**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.

The YourTexasBenefits.com Medicaid Client Portal

You can use the Medicaid Client Portal to do all of the following for yourself or anyone whose medical or dental information you are allowed to access:

- View, print, and order a YTB Medicaid card
- See your medical and dental plans
- See your benefit information
- See STAR and STAR Kids Texas Health Steps alerts
- See broadcast alerts
- See diagnoses and treatments
- See vaccines
- See prescription medicines
- Choose whether to let Medicaid doctors and staff see your available medical and dental information

To access the portal, go to www.YourTexasBenefits.com.

- Click **Log In**.
- Enter your User name and Password. If you don't have an account, click **Create a new account**.
- Click **Manage**.
- Go to the "Quick links" section.
- Click **Medicaid & CHIP Services**.
- Click **View services and available health information**.

Note: The YourTexasBenefits.com Medicaid Client Portal displays information for active clients only. A Legally Authorized Representative may view the information of anyone who is a part of their case.

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 Right*Care*'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 Right*Care* Member Services at **1-855-897-4448**. Before you get Medicaid services in your new area, you must call Right*Care***,** unless you need emergency services. You will continue to get care through Right*Care* 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.***

(Adoption Assistance/Permanency Care Assistance ONLY)

What if I need to update my address or phone number?

- The adoptive parent or permanency care assistance caregiver should contact the DFPS regional adoption assistance eligibility specialist assigned to his or her care.
- If the parent or caregiver doesn't know who the assigned eligibility specialist is, they can contact the DFPS hotline, **1-800-233-3405**, to find out.
- The parent or caregiver should contact the adoption assistance eligibility specialist to assist with the address change.

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 or visit yourtexasbenefits.com.

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.

Call Right*Care* Member Services at 1-855-897-4448 if you have questions or need help to renew your Medicaid benefits.

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, Right*Care* may request your disenrollment if:

- There is fraud or abuse by a Member;
- You let someone else use your Right*Care* 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.

Right*Care* 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.

STAR MEDICAID BENEFITS

Healthcare Benefits

Right*Care* 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
- Autism service
- 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 Right*Care* at **1-855-897-4448**. We will tell you if a covered service has a limit.

What if I want to quit smoking?

Members ages 18 years and older can call YES QUIT, a Texas Department of State Health Services program. Members can enroll by phone at 1-877-YES-QUIT (1-877-937-7848) or by visiting yesquit.org.

Your Primary Care Provider (PCP) can also work with you to make sure you get the services, referrals, and counseling you need.

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. Right*Care* partners with Superior 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.

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

DENTAL BENEFITS AND SERVICES

Are Emergency Dental Services Covered by the health plan?
Right*Care* 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.

Right*Care* 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.

Right*Care* is also responsible for paying for treatment and devices for craniofacial anomalies.

What dental services does RightCare cover for children?
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	MCNA Dental	United Dental
1-800-516-0165	**1-800-494-6262**	**1-877-901-7321**
dentaquest.com	mcna.net	Dentaltx.uhc.com

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 us 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?
Right*Care* 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 are having difficulty managing your behavioral health needs, someone on our Behavioral Health Service Coordination team can help you with arranging your doctor's appointments, transportation, getting answers to questions about services, medication, and other things. You can call our Customer Service Team, Monday to Friday, 8 am to 5 pm, and request a referral to a Behavioral Health Service Coordinator **1-855-897-4448.**

If you are in crisis or feeling too overwhelmed, 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 to call is **1-844-436-8781**.

What can RightCare help with?
Right*Care* Behavioral Health can help you if you:
- Feel very sad, stressed or worried (depressed)
- Are having a hard time 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

Remember, behavioral health services are private so you do not need permission from your PCP.

If you have an emergency due to mental health symptoms 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 services covered by Right*Care*. 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 Right*Care*'s Behavioral Health Service Coordination at 855-897-4448 for help.

SERVICE COORDINATION – 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, Right*Care* offers a Service Coordination program that may benefit you.

Service Coordination Program

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

What Service Coordination Can Help With

The nurses and social workers are here to help you:

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

What to Expect

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

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

How to Request Service Coordination to Help You:
To request Service Coordination, call 1-855-897-4448 and ask to speak with a member of our team. You can also email us to request Service Coordination at: CaseManagement@BSWHealth.org.

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

RightCare's Disease Management Program

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

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

24-Hour Nurse Line
Need care advice? Have a medical question? Not sure if you should see a doctor? For non-emergency symptoms and health or treatment questions, RightCare Members have access to talk with a nurse 24 hours a day, every day. Get the information you need any time of the day or night by calling 1-855-828-1013. Information is available in English and Spanish. Interpreter services available upon request. TTY users can call 7-1-1.

NEW TECHNOLOGY

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

New treatments that are covered by the STAR program are shared with Right*Care*. If there is a new technology such as new:

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

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

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

RIGHTCARE QUALITY IMPROVEMENT PROGRAM

We want to improve your health. Right*Care* Quality Improvement (QI) Department is focused on creating programs for the following: diabetes, asthma, 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 Right*Care* 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 Right*Care* Quality Improvement Department at **1-855-897-4448**.

RIGHT*CARE*'S EXTRA BENEFITS

What extra benefits do I get as a member of RightCare?
All eligible Right*Care* members will receive, the following extra benefits (Value-Added Services):

- **Annual Sports and School Physicals—**Members 19 years old and younger can get one sports physical each year. The member must be current with Texas Health Steps checkups.

- **$50 Gift Card for Getting all 6 Texas Health Steps Checkups by 15 Months—**Members 15 months and younger who get all 6 Texas Health Steps checkups on time can get a $50 gift card. The gift card voucher is available online at rightcare.swhp.org or by calling Right*Care* Member Services. Limited to one gift card per member. The member must request this within 3 months of the 6th checkup.

- **$25 Gift Card for a Timely Texas Health Steps Checkup—**Members 20 years of age and younger who get their Texas Health Steps checkup on time can get a $25 gift card. The gift card voucher is available online at rightcare.swhp.org or by calling Right*Care* Member Services. A new Right*Care* member's Texas Health Steps checkup should be completed within 90 days of enrollment with Right*Care*. Limited to one gift card per member each year. The member must request this within 3 months of the checkup.

- **Extra Vision Services for Adults—**Members 21 years of age and older will have access to an eye checkup once a year from any Superior Vision provider. 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. Call Superior Vision at 1-800-879-6901.

- **$150 Allowance for Glasses, Lens, or Contacts —**Members will have $150 allowance for select glasses frames, lens, or contacts that are not covered by Medicaid. This is limited to $150 every 24 months for select eyeglass frames, lenses, and contact lenses that aren't covered by Medicaid. This allowance is available through any Superior Vision provider. Call Superior Vision at 1-800-879-6901.

- **$20 Gift Card for Asthma Disease Management—**Members can get a $20 gift card for actively participating in asthma service coordination for not well controlled or very poorly controlled asthma (Level 2 or 3). The gift card voucher is available online at rightcare.swhp.org. Limited to one gift card per year. Call Right*Care* Member Services for more facts.

- **$20 Gift Card for Diabetes Disease Management—**Members can get a $20 gift card for actively participating in diabetes service coordination for not well controlled or very poorly controlled diabetes (Level 2 or 3). The gift card voucher is available online at rightcare.swhp.org. Limited to one gift card per year. Call RightCare Member Services for more facts.

- **$20 Gift Card for a Behavioral Health Inpatient Follow-up Visit—**Members can get a $20 gift card for seeing their behavioral health doctor after a hospital discharge for behavioral or mental health. A member can get a $20 gift card for going to a 7-day follow-up visit. Members must be age 5 and older. The gift card voucher is available online at rightcare.swhp.org or call Right*Care* Member Services (855-897-4448) for more facts. Members must request this within 3 months of the date of the qualifying event. Limited to one gift card per year.

- **RightCare Baby Shower—**New moms can get a diaper bag and nominal items for coming to in a Right*Care* Baby Shower. Right*Care* Baby Showers are hosted at set locations and times. Right*Care* will provide notice to all pregnant members of the baby showers details. Members are limited to one diaper bag with other small items and gifts per pregnancy. The Baby Showers include health facts and community resources.

- **Right*Care* Baby Safety Education Program for Post-Partum Members –** These events are hosted at set locations and times. Right*Care* will provide notice to post-partum members of the event details. The baby safety programs include education on keeping a baby safe and healthy.

- **$20 Gift Card for Pregnant Members who go to a RightCare Baby Shower and a Prenatal Visit—**Pregnant members can get a $20 gift card. To get this, the member must go to one Right*Care* Baby Shower and one prenatal visit during the 1st trimester or within 42 days of enrollment. Limited to one gift card per pregnancy. The gift card voucher is available online at rightcare.swhp.org or by calling Right*Care* Member Services. The member must request this within 3 months of delivery.

- **$20 Gift Card for Pregnant Members who go to a Right*Care* Baby Shower and a Postpartum Visit—**Pregnant members can get a $20 gift card. To get this, the member must go to one Right*Care* Baby Shower and a postpartum visit between 21 to 56 days after delivery. The gift card voucher is available online at rightcare.swhp.org or by calling Right*Care* Member Services. Limited to one gift card per pregnancy. The member must request this within 3 months of delivery.

- **Gift Cards for Pregnant Members—**Pregnant members can get gift cards for getting care while pregnant:
    - $75 for getting a prenatal visit during the 1st trimester or within 42 days of enrollment
    - $75 for getting a postpartum visit between 21 and 56 days after delivery

  The member must be a Right*Care* member during the qualifying visits. Members must request the gift card within 3 months of their postpartum visit. Limited to one gift card per visit per pregnancy. The vouchers for these gift cards are available online at rightcare.swhp.org or by calling Right*Care* Member Services.

- **Expecting the Best ® Pregnancy Management Program**
  - Early enrollment in service coordination support program;
  - Educational smart phone app;
  - Planning for delivery, including individual support during and after pregnancy;
  - Perinatal and Postpartum depression screening during pregnancy and up to one year post delivery;
  - Parental Education for newborn health.

- **Up to $500 a year for Extra Dental Services for Pregnant Women and Post-Partum Women—**Pregnant women and Post-Partum women, 21 and older, can get up to $500 a year for dental checkups, including X-rays (1 per year), simple extractions, limited fillings, fluoride treatments, and cleanings, every 6 months through Liberty Dental. Call Liberty Dental at 1-877-550-4374.

- **Home Visits for High-Risk Pregnant Members in Service Coordination—**Pregnant members in service coordination with high-risk conditions, like diabetes, high blood pressure, hypertension, and severe nausea, can get in-home visits. Services will be determined by a RightCare Service Coordinator and require an order from the member's provider.

- **Extra Help Getting a Ride—**One monthly ride for members to go to the grocery store, WIC appointments, health education classes, fitness centers, vocational trainings, job interviews, self-help group meetings, places of worship/religious services, pregnancy/birthing classes, newborn classes, CPR/first aid classes, RightCare Member Advisory Groups, or RightCare Baby Showers. Call Access2 Care at **1-877-447-3101** or download the **A2C** app, Access2Care's no cost mobile app. You can find it in both Apple App and Google Play stores.

- **Discount at Baylor Scott & White Pharmacies—**Members can get up to a 20% discount at Baylor Scott & White Health Pharmacies. The discount covers:
  - Personal care items, such as deodorants, toothbrushes, toothpastes, and shampoo.
  - First aid items, such as band-aids, creams, and hand sanitizers.
  - Baby care items, such as thermometers and wipes.

  Members simply need to show their Right*Care* STAR Medicaid ID Card to receive the discount at check out.

- **Online Wellness and Mental Health Resources—**Members will have access to quarterly wellness webinars from Scott and White Health Plan.

- **Scrubbing In** (formerly GrowWell) - Weekly wellness advice for all life stages to help keep you and your family healthy and at your best. Read the Scrubbing In blog on the web or download the MyBSWHealth app.

Right*Care* 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** for Right*Care*'s Value-Added Services. 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 rightcare.swhp.org.

What health education classes does RightCare offer?
Right*Care* has education for members on many different health subjects. There is no charge for Right*Care*'s health education. Health education may include information on:

- Immunizations
- High Risk Pregnancy
- Diabetes
- Asthma Care

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

What other services can RightCare help me get? (Non-Capitated Services)
Right*Care* cares about your health and well-being. Right*Care* 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)
- Service Coordination for Children and Pregnant Women
- Texas School Health and Related Services (SHARS)
- 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
- Personal Care Services

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 **Right*Care* 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 Right*Care* 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 Right*Care*'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**. Right*Care*'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: rightcare.swhp.org/en-us/members/find-a-provider.

You can find additional information about a provider such as the medical school attended and residency completion, visit the Texas Medical Board web site at public.tmb.state.tx.us/HCP_Search/searchinput.aspx

You will get a new Right*Care* 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:

Right*Care* 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 Right*Care* 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 Right*Care* 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 **855-897-4448.** 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
Right*Care* allows you to pick an OB/GYN, whether that doctor is in the same network as your Primary Care Provider or not.

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.

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 Right*Care*'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 Right*Care* network OB/GYN without calling your PCP or getting a referral/approval from Right*Care*. All family planning services, OB care, and routine GYN services can be accessed directly through the Right*Care* 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 Right*Care*, there are time when you can keep seeing that OB/GYN. For example, if you are at least six months pregnant when you join Right*Care* you may keep seeing the OB/GYN who is caring for you. You must call Right*Care* Service Coordination at **1-855-897-4448** 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.

Where can I find a list of birthing centers?
To find a birthing center close to you, call Right*Care* Member Services at **1-855-897-4448.**

It is very important that you call Right*Care* to tell us you are pregnant and what providers you are seeing. Call Right*Care* 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?
Expecting the Best® Maternity Service Coordination Program offers helpful information on taking care of you and your baby. If you have delivered a baby early (pre-term delivery) before or if you are at high-risk for an early delivery (pre-term birth), there may be medications that could help your baby be full term. Our Expecting the Best® team members can help you get these medications. Our Expecting the Best® Team can also help you:

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

How do I enroll in Expecting the Best®?
Learn more by calling Right*Care* Member Services at **1-855-897-4448** or email HPmaternitycasemanagement@bswhealth.org. If you contact us by email, include your name, member number, phone number, and any needs you might have. As part of the program, Right*Care* wants to know how you are getting along in your pregnancy. You may get a call from us to go over some questions.

If you enroll in Expecting the Best®, a team member 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 Right*Care*'s extra benefits for Pregnant Women including:
  - Gift Cards
  - Baby Showers

FAMILY PLANNING SERVICES

Right*Care* 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 Right*Care* 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?
Contact Right*Care* for more information or call Texas Health Steps at 1-877-847-8377 (toll-free), Monday to Friday, 8 a.m. to 8 p.m.

RightCare Service Coordination 1-855-897-4448
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 Right*Care* 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 Right*Care*. If you go to a new PCP without telling Right*Care*, 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 Right*Care* 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 (Right*Care*) 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 Right*Care* **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 Right*Care*'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 Right*Care*'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 Right*Care* at **1-855-897-4448** before getting services in your new area unless it is an emergency. You will keep getting care through Right*Care* 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 Healthy Texas Women Program and the Department of State Health Services (DSHS). These services are for women who apply for the services and are approved.

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

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

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

Healthy Texas Women Plus

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

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

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

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: 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 traveling 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 Right*Care* 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 Right*Care* 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 Right*Care* 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 Right*Care* 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 Right*Care* network hospital, you may be moved to a Right*Care* 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**. If a representative of the health plan instructs you to seek emergency services, the health plan may not deny payment for the emergency services.

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 Right*Care* specialty provider. If you receive services from a specialist without your PCP's referral, or if the specialist is not a Right*Care* 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 Right*Care*'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 Right*Care* network provider if you do not like the plan of care offered by the specialist. Right*Care* 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

Right*Care* 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 drug benefits?
You get prescriptions through STAR Medicaid if you go to a pharmacy that is in the Right*Care* network. For a list of covered drugs, updates, or any limits, please visit Texas Vendor Drug . If you have questions or need the list in print, call us at **1-855-897-4448** or visit our website at rightcare.swhp.org/en-us/member-home. The print list is available without charge. There are some drugs that may not be covered through STAR Medicaid. A Right*Care* 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 Find Out What Drugs Are Covered?
RightCare uses the state Vendor Drug Program (VDP) list of drugs that your doctor can choose from. It includes all medicines covered by Medicaid and CHIP. To view the Texas Formulary Drug Search, go to https://www.txvendordrug.com/formulary/formulary-search. To view the Texas Preferred Drug List, go to txvendordrug.com/formulary/preferred-drugs. When there is a generic drug available, it will be covered if it is on the VDP formulary. Generic drugs are equal to brand-name drugs as approved by the Food and Drug Administration (FDA). When there is a generic drug available, it will be covered if it is on the VDP formulary. Generic drugs are equal to brand-name drugs as approved by the Food and Drug Administration (FDA).

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

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

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

How do I get my 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 rightcare.swhp.org/en-us/members/find-a-provider to find a link to a listing of Right*Care*'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 Right*Care* prescription benefit will not be covered at a drug store unless it is in Right*Care*'s network. The drug store might ask you to pay for the prescription instead. Call Right*Care* at **1- 855-897-4448** if you need a list in print or 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 Right*Care* ID card, and state (or other government-issued) photo identification. The drug store uses these ID cards to make sure you are a Right*Care* 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 Right*Care* in order to provide this service. Please contact your local drug store to find out if they are set up with Right*Care* 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 Right*Care* 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 Right*Care* at **1-855-897-4448** for help with your medications and refills.

What if I lose my medication(s)?
Please call Right*Care* 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 Right*Care* pharmacy provider in the area you are travelling. The pharmacy directory can be found on the Right*Care* website at rightcare.swhp.org/en-us/members/find-a-provider

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, Right*Care* pays for nebulizers, ostomy supplies, and other covered supplies and equipment if they are medically necessary. For children (birth through age 20) Right*Care* 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 Right*Care* network drug store. You do not have to get these supplies at a Durable Medical Equipment (DME) store.

MEDICAID LOCK-IN PROGRAM

What is the 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 drug store 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.

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

INTERPRETER SERVICES

Can someone interpret for me when I talk with my doctor?
Yes, Right*Care* has staff that speaks English and Spanish. Call Right*Care* 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, Right*Care* 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 – NONEMERGENCY MEDICAL TRANSPORTATION PROGRAM (NEMT)

What are NEMT services?
NEMT services provide transportation to nonemergency health care appointments for Members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicaid services. These trips do NOT include ambulance trips. RightCare partners with Access2Care to provide these services for our members.

What services are part of NEMT?
- Passes or tickets for transportation such as mass transit within and between cities or states, including by rail or bus.
- Commercial airline transportation services.
- Demand response transportation services, which is curb-to-curb transportation in private buses, vans, or sedans, including wheelchair-accessible vehicles, if necessary.
- Mileage reimbursement for an individual transportation participant (ITP) for a verified completed trip to a covered healthcare service. The ITP can be you, a responsible party, a family member, a friend, or a neighbor.
- If you are 20 years old or younger, you may be able to receive the cost of meals associated with a long-distance trip to obtain health care services. The daily rate for meals is $25 per day for the member and $25 per day for an approved attendant.
- If you are 20 years old or younger, you may be able to receive the cost of lodging associated with a long-distance trip to obtain health care services. Lodging services are limited to the overnight stay and do not include any amenities used during your stay, such as phone calls, room service, or laundry service.
- If you are 20 years old or younger, you may be able to receive funds in advance of a trip to cover authorized NEMT services.

If you need an attendant to travel to your appointment with you, NEMT services will cover the transportation costs of your attendant.

Children 14 years old and younger must be accompanied by a parent, guardian, or other authorized adult. Children 15-17 years old must be accompanied by a parent, guardian, or other authorized adult or have consent from a parent, guardian, or other authorized adults on file to travel alone. Parental consent is not required if the health care service is confidential in nature.

How to get a ride?
Right*Care* will provide you with information on how to request NEMT services.

To set up a ride, contact us one of the following ways:
- Call **1-877-447-3101** from 7 a.m. to 7 p.m. Central Time Monday to Friday (except for state-approved holidays)

- Download the A2C app, Access2Care's no cost mobile app. You can find it in both Apple App and Google Play stores.

You should request NEMT services as early as possible, and at least two business days before you need the NEMT service. In certain circumstances you may request the NEMT service with less notice. These circumstances include being picked up after being discharged from a hospital; trips to the pharmacy to pick up medication or approved medical supplies; and trips for urgent conditions. An urgent condition is a health condition that is not an emergency but is severe or painful enough to require treatment within 24 hours.
You must notify Access2Care prior to the approved and scheduled trip if your medical appointment is cancelled.

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 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 Right*Care* provider for covered services.

You will only get a bill if you agree to get services that are not a Right*Care* 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 Right*Care* Member Services at **1-855-897-4448.** When you call us, please have your ID card and the provider's bill available. Right*Care* 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 Right*Care* 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 Right*Care* 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 Right*Care*
- Other forms of medical treatment (such as hypnosis, massage therapy)

For authorization, your provider should use the Prior Authorization request form (available at rightcare.swhp.org), or they may call Medical Management at **1-855-691-SWHP (7947)**, Monday to Friday, 7 a.m. to 7 p.m. Central Time.

If there is no authorization for the service, it might not be paid for by Right*Care*. 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 Right*Care* 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 Right*Care* 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 Right*Care*. 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 Right*Care*'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 Right*Care* Member Services at **1-855-897-4448** if you would like to be on this team.

MEMBER RIGHTS AND RESPONSIBILITIES

Right*Care* 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, External Medical Reviews and State 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 an External Medical Review and State Fair Hearing from the state Medicaid program and get information about how that process works.
    e. Ask for a State Fair Hearing without an External Medical Review from the state Medicaid program and receive 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.
10. You have the right to get information about and make recommendations about our members rights and responsibilities.

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, other providers, and health plan 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.
    f. Follow plans and instructions for care.

Additional Member Responsibilities while using Nonemergency Medical Transportation Services (NEMT)

1. When requesting NEMT Services, you must provide the information requested by the person arranging or verifying your transportation.
2. You must follow all rules and regulations affecting your NEMT services.
3. You must return unused advanced funds. You must provide proof that you kept your medical appointment prior to receiving future advanced funds.
4. You must not verbally, sexually, or physically abuse or harass anyone while requesting or receiving NEMT services.
5. You must not lose bus tickets or tokens and must return any bus tickets or tokens that you do not use. You must use the bus tickets or tokens only to go to your medical appointment.
6. You must only use NEMT Services to travel to and from your medical appointments.
7. If you have arranged for an NEMT Service but something changes, and you no longer need the service, you must contact the person who helped you arrange your transportation as soon as possible.

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 Right*Care* 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.
- Right*Care*'s practice guidelines.
- Call Right*Care* at **1-855-897-4448** to get paper copies of helpful information. This information will be sent at no cost to you within five (5) business days:
    - Member Handbook.
    - Provider Directory.
    - Privacy Practices.
    - Members Rights & Responsibilities.
    - Anything on our website.

Notice of Privacy Practices

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

COMPLAINT PROCESS

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 Right*Care* 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.

Right*Care* will acknowledge, investigate, and resolve a complaint within 30 days after the date Right*Care* 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:

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

You can also file a complaint online with RightCare self-service portal at rightcare.firstcare.com:

1) Log in with your username and password.
2) Choose "Send a Message" in the Message Center.
3) Select "Complaint" under Message Type.

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

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

We will send you a letter telling you about our decision within 30 days after we receive your complaint.

If you have a complaint about an ongoing emergency or hospital stay, we will resolve your complaint as soon as we can based on the urgency of your case and no later than one (1) business day from when we got your complaint.

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

If you do not feel Right*Care* gave you the right answer to your complaint, you can complain to the Health and Human Services Commission (HHSC).

How to file a complaint with HHSC

Once you have gone through the Right*Care* 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
Ombudsman Managed Care Assistance Team
P.O. Box 13247
Austin, TX 78711-3247
Fax: 1-888-780-8099

If you can get on the Internet, you can submit your complaint at: hhs.texas.gov/managed-care-help.

COVERAGE DETERMINATIONS AND APPEALS PROCESS

Coverage Determinations
All denials of services are made by the Right*Care* 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. Right*Care* does not offer money or rewards, to providers or other people making decisions on services.

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 Right*Care*'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?
Right*Care* 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 Right*Care*:

- 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 sixty (60) calendar days from the date of the denial letter to send us an appeal. You or your provider may appeal verbally or in writing.

We will send you a letter within five (5) business days of receiving your appeal, to let you know that we got it and let you know what other information you can send. You can send us proof, or any claims of fact or law that support your appeal, in person or in writing.

We will complete the entire standard Appeal review within 30 calendar days of your oral or written request. If your appeal is denied, the letter will explain the reason why it was denied and tell you how to appeal to the next level.

If the time frame will be longer, we will notify you by phone followed by a written notice of the reason for the delay (unless you asked for the delay) within two (2) calendar days. The time frame can only be extended up to 14 days. If we need more information, we will reach out to your doctor.

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

How can I ask for continuation 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) days following Right*Care*'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 Right*Care* at **1-855-897-4448** for more information.

Can someone from RightCare help me file an appeal?
Yes. A Right*Care* 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?
No, you can call Member Services at **1-855-897-4448** to let us know you want to appeal an action. You can also submit your appeal in writing. If you need help, RightCare can help you write your appeal by requesting a Member Advocate. Your written appeal should be mailed to:

Right*Care* from Scott & White Health Plan
ATTN: Complaints and Appeals
1206 West Campus Drive
Temple, TX 76502

EMERGENCY APPEAL PROCESS

What is an Emergency Appeal?
An Emergency 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 Emergency appeal?
You can ask for an Emergency appeal by calling RightCare Member Services at **1-855-897-4448**.

Does my request have to be in writing?
No, you should submit your Emergency appeal request verbally to Right*Care* 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 Emergency appeal?
If your Emergency appeal is about an ongoing emergency or denial to stay in the hospital, Right*Care* will review your case and get back to you within one (1) work day after we receive your request. Other Emergency appeals will be decided within 72 hours.

This process may be extended up to 14 calendar days if you request an extension. Or, if Right*Care* explains the need and how the extension is best for you. You will receive a letter if the expedited appeal process is extended.

What happens if RightCare denies the request for an Emergency appeal?
If Right*Care* decides that your appeal does not need to be Emergency, 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 Emergency appeal?
You may discuss your request for an Emergency appeal with Right*Care* Member Services at **1-855-897-4448**. Requests for Emergency appeal are very serious. Right*Care* wants to make sure you receive the care that is medically necessary.

A Right*Care* Member Services Advocate can help guide you through the Emergency 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 internal appeal decision, you have the right to ask for a State 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 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 State Fair Hearing within 120 days of the date on the health plan's letter with the internal appeal decision. If you do not ask for the State Fair Hearing within 120 days, you may lose your right to a State Fair Hearing. To ask for a State 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
1206 West Campus Drive
Temple, Texas 76502

or call **1-855-897-4448**.

You have the right to keep getting any service the health plan denied or reduced, based on previously authorized services, at least until the final State Fair Hearing decision is made if you ask for a State Fair Hearing by the later of: (1) 10 calendar days following the date the health plan mailed the internal appeal decision letter, or (2) the day the health plan's internal appeal decision letter says your service will be reduced or end. If you do not request a State Fair Hearing by this date, the service the health plan denied will be stopped. If you ask for a State Fair Hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most State 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.

Can I ask for an emergency State Fair Hearing?

If you believe that waiting for a State Fair Hearing will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you or your representative may ask for an emergency State Fair Hearing by writing or calling RightCare. To qualify for an emergency State Fair Hearing through HHSC, you must first complete RightCare's internal appeals process.

EXTERNAL MEDICAL REVIEW INFORMATION

Can a Member ask for an External Medical Review?

If a Member, as a member of the health plan, disagrees with the health plan's internal appeal decision, the Member has the right to ask for an External Medical Review. An External Medical Review is an optional, extra step the Member can take to get the case reviewed before the State Fair Hearing occurs. The Member may name someone to represent them by contacting the health plan and giving the name of the person the Member wants to represent him or her. A provider may be the Member's representative. The Member or the Member's representative must ask for the External Medical Review within 120 days of the date the health plan mails the letter with the internal appeal decision. If the Member does not ask for the External Medical Review within 120 days, the Member may lose his or her right to an External Medical Review. To ask for an External Medical Review, the Member or the Member's representative may either:

1. Fill out the 'State Fair Hearing and External Medical Review Request Form' provided as an attachment to the Member Notice of MCO Internal Appeal Decision letter and mail or fax it to RightCare by using the address or fax number at the top of the form.;

2. Call the MCO at **1-855-897-4448**

3. Email the MCO at hpappealsandgrievances@bswhealth.org;

If the Member asks for an External Medical Review within 10 days from the time the Member gets the appeal decision from the health plan, the Member has the right to keep getting any service the health plan denied, based on previously authorized services, at least until the final State Fair Hearing decision is made. If the Member does not request an External Medical Review within 10 days from the time the Member gets the appeal decision from the health plan, the service the health plan denied will be stopped.

The Member may withdraw the Member's request for an External Medical Review before it is assigned to an Independent Review Organization or while the Independent Review Organization is reviewing the Member's External Medical Review request. An Independent Review Organization is a third-party organization contracted by HHSC that conducts an External Medical Review during Member appeal processes related to Adverse Benefit Determinations based on functional necessity or medical necessity. An External Medical Review cannot be withdrawn if an Independent Review Organization has already completed the review and made a decision.

Once the External Medical Review decision is received, the Member has the right to withdraw the State Fair Hearing request. The Member may withdraw a State Fair Hearing request orally or in writing by contacting the hearings officer listed on Form 4803, Notice of Hearing.

If the Member continues with a State Fair Hearing and the State Fair Hearing decision is different from the Independent Review Organization decision, it is the State Fair Hearing decision that is final. The State Fair Hearing decision can only uphold or increase Member benefits from the Independent Review Organization decision.

Can I ask for an emergency External Medical Review?

If you believe that waiting for a standard External Medical Review will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you, your parent or your legally authorized representative may ask for an emergency External Medical Review and emergency State

Fair Hearing by writing or calling RightCare. To qualify for an emergency External Medical Review and emergency State Fair Hearing review through HHSC, you must first complete RightCare's internal appeals process.

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.texas.gov Click the box labeled "Report Fraud" to complete the online form; or
- You can report directly to your health plan by calling the Compliance HelpLine 1-888-484-6977 or by visiting app.mycompliancereport.com/report.aspx?cid=swhp:

Right*Care* from Scott & White Health Plan
Attn: Compliance Officer
1206 West Campus Drive
Temple, TX 76502
Phone Number: 1-888-484-6977
Email: HPCOMPLIANCE@BSWHealth.org
Visit: app.mycompliancereport.com/report.aspx?cid=swhp

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

- When reporting 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

PRIOR AUTHORIZATIONS

Some Services Require a Prior Authorization
Visit RightCare.swhp.org for more

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.

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

RIGHTCARE

Extra help for STAR Members

Available at no charge for members who qualify

Mindoula: Behavioral Health Tool

Who qualifies?

Active RightCare STAR members qualify based on certain conditions. Mindoula will reach out to you if you qualify.

How can Mindoula help?

Mindoula is a behavioral health management vendor that provides tech-enabled (digital) 24/7 case/care management and psychiatric support to members with behavioral health challenges and multiple medical needs.

Programs provided via Mindoula:

- Interpersonal Violence Reduction Program (IVRP)
- Suicide Prevention Program (SPP)
- SUD (Substance Use Disorder) Exposed Pregnancy (SEPP)
- Substance Exposed Living Program (SELP)

Scrubbing In

What is Scrubbing In?

Weekly wellness advice for all life stages, to help keep you and your family healthy and at your best. Find a link on the member page at RightCare.swhp.org or download the MyBSWHealth app to read it on your phone.

Findhelp: Find Free or Reduced Cost Local Resources

What can Findhelp do?

Find free or reduced cost local resources to help with:

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

How can I access Findhelp?

You can access Findhelp in the member portal under Wellness & Community and Connect to Local Resources. You can also access it at BSWHealthPlan.Findhelp.com.

The power to choose

When you need care, you have options.

24-HOUR NURSE LINE

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

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

VIRTUAL CARE

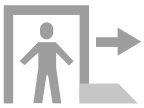
Get care from the comfort of home on your phone, tablet or computer.

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

PRIMARY CARE DOCTOR

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

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



WALK-IN CLINICS

Same-day appointments when your doctor is not available.

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

URGENT CARE

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

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

EMERGENCY ROOM

Any condition you believe to be life-threatening.

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

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

RIGHTCARE

TEXAS Health and Human Services

HOW TO SUBMIT A COMPLAINT

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

STEP 1: Call your health plan

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

RIGHTCARE

855-897-4448

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

800-335-8957.

STEP 2: If you still need help...

Call the Office of the Ombudsman:

866-566-8989

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

or

Fill out **this form**

http://bit.ly/ComplaintSubmission

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

What to expect

- **Call you back within** **one business day**
- **Start working on your complaint**
- **Check in with you once every** **five business days until it's resolved**
- **Tell you what happened and anything you might need to do**

When you call, you'll need

- ☑ **Your Medicaid ID card number**
- ☑ **Your name, birthday and address**

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

- ☑ **A phone number for your doctor, drugstore or medical equipment company**
- ☑ **Paperwork related to your complaint like letters, bills, or prescriptions**

Visit our website: bit.ly/MedicaidCHIPContacts

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

20D0288 • Revision date: February 2020

Look for Urgent Maternal Warning Signs.

If something doesn't feel right, get help.

HEAR® HEAR HER CONCERNS TEXAS

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

During Pregnancy

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

After Pregnancy

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

Tips:

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

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

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

Urgent Maternal Warning Signs

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

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

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

Use This Guide to Help Start the Conversation:

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

Sample questions to ask:

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

Notes:

HEAR® HEAR HER CONCERNS TEXAS

Learn more at **dshs.texas.gov/HearHerTX**

Texas Department of State Health Services | TEXAS Health and Human Services

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

RIGHTCARE

Access2Care

Access2Care provides Non-Emergency Medical Transportation (NEMT) for members with no other transportation options.

With Access2Care, you can:

- Schedule one-way or round-trip rides to:
  - Primary care visits
  - Physical therapy
  - Dental appointments
  - Pharmacy pick-up
- Schedule repeat rides
- Set up “saved locations” (home, doctor, etc.)
- Bring a companion with you for no additional cost

3 easy ways to schedule trips:

1. In the Access2Care app, available on Google Play® or the App Store®
2. Online at Access2Care.com
3. By phone at 1.833.779.3105, 24 hours a day, 365 days per year

Sign up for the mobile app today!

To register, have this information handy:

- Member ID
- First and last name
- Date of birth
- Email address
- ZIP code

Tips:

- Request services as early as possible—at least two business days before you need them.
- Ambulance services are not included in this program.

Notice of Privacy Practices

OCTOBER 2022

Your Information. Your Rights. Our Responsibilities.

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

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

Your Rights

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

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical records and other health information we have about you. **See page 2 for how to do this.** • We will provide a copy or a summary of your health information in accordance with applicable state and federal requirements. We may charge a reasonable, cost-based fee. • You may revoke an authorization to use or disclose your health information, except to the extent that action has already been taken in reliance on your authorization. **See page 2 for how to do this**.
Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. **See page 2 for how to do this.** • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, mobile, home or office phone) or send mail to a different address. **See page 2 for how to do this.** • We will say "yes" to all reasonable requests.
Ask us to limit what we use or share	• You can ask us **not** to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request. For example, we may say "no" if it would affect your care. **See page 2 for how to do this.** • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why. **See page 2 for how to do this.** • We will include all the disclosures except for those about treatment, payment, health care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy Notice	• You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. • You may also view a copy of this Notice on our **websites**.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your privacy rights have been violated	• You can complain if you feel we have violated your privacy rights by contacting us using the Office of HIPAA Compliance contact information below. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1.877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

Hospital or Clinic	
To get an electronic or paper copy of your medical records, contact the **Health Information Management Department** at the **hospital** or the outpatient clinic directly where you received care.	For questions or other complaints, you may also contact the **outpatient clinic** directly or the **Patient Relations Department** at the **hospital** where you received care toll-free at **1.866.218.6919.**
Office of HIPAA Compliance	
For requests relating to an authorization, amendment, confidential communication, restriction, list of those with whom we've shared information, revocation of an authorization, opting in or out of the HIE, or to file a complaint, contact us at:	**1.866.218.6920 (toll-free)**; or **BSWHealth.com/PrivacyMatters**; or BSWH Office of HIPAA Compliance 301 N. Washington Ave., Dallas, TX 75246.
Health Plan	
To get an electronic or paper copy of the health information we have about you, or for questions or other complaints relating to your Health Plan Coverage, contact the Customer Advocacy line:	**1.800.321.7947 Scott and White Health Plan ("SWHP")** and also doing business as **Baylor Scott & White Health Plan**, and **Baylor Scott & White Insurance Company**; or **1.800.884.4901 FirstCare**; or **1.855.897.4448 RightCare**; or 1206 West Campus Drive, Temple, TX 76502, ATTN: Customer Advocacy.

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

You have the right to tell us to:	• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory **If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.**
We never share your information unless you give us written permission to do so for:	• Marketing purposes • Sale of your information, as this activity is defined under HIPAA • In most instances, sharing of psychotherapy notes
Fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures	**How do we typically use or share your health information? We typically use or share your health information in the following ways:**
Treat	• We can use your health information and share it with other professionals who are treating you, and for purposes of recommending treatment alternatives, care coordination, and alternative settings of care.
Run our organization	• We can use and share your health information to run our organization and improve patient/member care **Example:** We can use and share your health information to support programs and activities to improve the quality of treatment services and provide customer service. For example, we may combine health information about many patients to evaluate the need for new services or treatments to improve the quality of patient care.
Bill for our services	• We can use and share your health information to bill and get payment from health plans or other entities. **Example:** We give information about you to your health insurance plan so it will pay for your services.
For payment	• We can use and share your health information for payment of premiums due to us, to determine your coverage, and for payment of health care services you receive. **Example:** We might tell a doctor if you are eligible for coverage and what percentage of the bill might be covered.
For underwriting	• We may use or share your health information for underwriting purposes; however, we will not use or share your genetic information for such purposes.

How else can we use or share your health information?

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

Public health and safety	We can share health information about you for certain situations such as: • Preventing Disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Student immunizations	• We may disclose proof of your child's immunizations to their school based on your verbal or written permission.
Research	• We can use or share your information for health research under certain circumstances.
Compliance with the law	• We will share information about you if federal, state, or local law or regulations require it, including with the Department of Health and Human Services, if it wants to see that we're complying with federal privacy law.
Organ and tissue donation	• We can share health information about you with organ procurement organizations.
Medical examiners or funeral directors	• We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Workers' compensation, law enforcement and other governmental entities	We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security and presidential protective services
Service provider	• We can share health information about you with service providers that assist us and who have the same contractual obligation to safeguard the information.
De-identified information	• We may use health information about you to create de-identified information. This is information that has gone through a rigorous process so that the risk that the information can identify you is very small. Once health information is de-identified in compliance with HIPAA, we may use or disclose it for various purposes, such as research or development of new health care technologies, and the de-identified information will no longer be subject to this Notice or your rights described herein. We may receive payment for the de-identified information.
Lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Electronic Health Information Exchange ("HIE")	• We use HIEs to exchange electronic health information about you with other health care providers or entities that are not part of our health care system. Information exchanged between providers or entities may be stored in their own systems. • Our health care system and these other providers or entities can use the HIEs to see your electronic health information for the purposes described in this Notice, to coordinate your care and as allowed by law. • We monitor who can view your information within our health care system, but other individuals and entities who use the HIEs may disclose your information to others subject to each HIE's rules. • You may opt-out of all HIEs by providing a written request to the BSWH Office of HIPAA Compliance. If you opt-out, others may still request your information through the HIEs, but your information will not be viewable through the HIEs. You may opt back in to the HIEs at any time. **See page 2 for how to do this.** • You do not have to participate in any HIE to receive care.

Our Responsibilities

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

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

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

Language Assistance/ Asistencia de idiomas

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

English:
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-897-4448 (TTY: 711).

Spanish:
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-897-4448 (TTY: 711).

Vietnamese:
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-897-4448 (TTY: 711).

Chinese:
注意：如果 使用繁體中文, 可以免費獲得語言援助服務。請致電 1-855-897-4448 (TTY：711)。

Korean:
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-897-4448 (TTY: 711) 번으로 전화해 주십시오.

Arabic:
هاتف الصم والبكم: 711 .ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-897-4448 (رقم

Urdu:
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال 1-855-897-4448 (TTY: 711). کریں

Tagalog:
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-897-4448 (TTY: 711).

French:
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-897-4448 (ATS : 711).

Hindi:
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध है। 1-855-897-4448 (TTY: 711) पर कॉल करें।

Persian:
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما 1-855-897-4448 (TTY: 711) تماس بگیرید. با فراهم می باشد.

German:
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-897-4448 (TTY: 711).

Gujarati:
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-897-4448 (TTY: 711).

Russian:
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-897-4448 (телетайп: 711).

Japanese:
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-897-4448 (TTY:711) まで、お電話にてご連絡ください。

Laotian:
ໂປດຊາບ: ຖ້າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍ ລິການຊ່ ວຍເຫ ຼືອດ້ ານພາສາ, ໂດຍບໍ ່ເສັ ຽຄ ່າ, ແມ ່ນມ ີພ້ ອມໃຫ ້ທ ່ານ. ໂທຣ 1-855-897-4448 (TTY: 711).

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

Nondiscrimination Notice

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-897-4448 (TTY: 711).

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

Scott and White Health Plan:

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

If you need these services, contact the Scott and White Health Plan (SWHP) Compliance Officer at 1-214-820-8888 or send an email to HPCompliance@BSWHealth.org

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

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

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

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

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

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

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