Driscoll Health Plan

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

STAR KIDS MEMBER HANDBOOK

NUECES | HIDALGO

SEPTEMBER 2024

AN AFFILIATE OF DRISCOLL HEALTH SYSTEM

MEMBER SERVICES

Toll-free:

1-844-508-4672 Nueces

1-844-508-4674 Hidalgo

TTY: 1-800-735-2989

driscollhealthplan.com

STAR KIDS-MHB

Dear Driscoll Health Plan Member:

Thank you for choosing Driscoll Health Plan (DHP)! We are here to provide quality health care for you and your family.

Driscoll Health Plan covers a wide range of services and benefits. This handbook will help you get to know your coverage. It will help you get the services you need and learn more about Driscoll Health Plan's extra benefits.

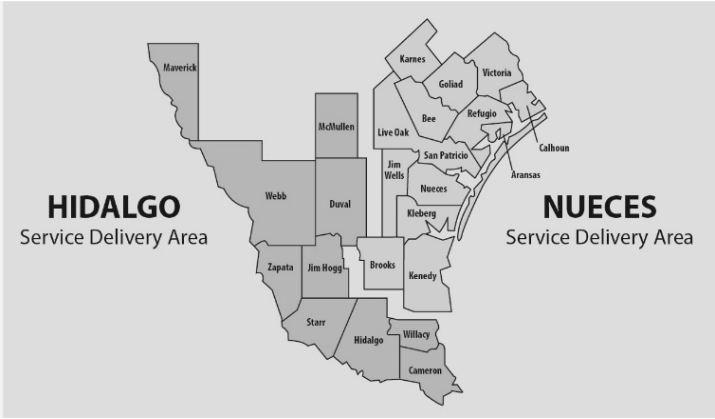
We want you to be satisfied with your health care services. Our staff speaks English and Spanish and can help answer your questions. We also have special services for people who have trouble reading, hearing, seeing, understanding, or speaking a language other than English or Spanish. You can also ask for this Handbook and any other Member materials in audio, large print, braille, and other languages. You will receive printed materials within five business days. To get help with language assistance and auxiliary aids services at no cost to you, call Member Services at **1-877-324-7543** (TTY: 1-800-735-2989).

To learn more or request member materials visit us at: driscollhealthplan.com

The Member Handbook is reviewed once per year. If there are any health plan changes, we will let you know through newsletters and other mailings.

Preventative care is very important because it helps you stay well. It is important to get your exams on time each year. We urge you to read the sections on ***Things You Can Do to Stay Healthy*** and ***Taking Care of Yourself and Your Family***. These sections tell you what you need to do to stay healthy.

We look forward to serving you.
Welcome to the Driscoll Health Plan Family!



Phone Numbers

Member Services	
Available 24/7, regular business hours 8 a.m. to 5 p.m. CST, Monday-Friday, excluding state approved holidays. You can leave a message after hours, on weekends, and holidays. Our staff speaks English and Spanish. Interpreter services are available. For an Emergency, dial 911 or go to your nearest emergency room.	
Nueces Service Area	1-844-508-4672
Hidalgo Service Area	1-844-508-4674
TTY for the deaf and hard of hearing	1-800-735-2989
Service Coordination	
Regular business hours 8 a.m. to 5 p.m. CST, Monday-Friday, excluding state approved holidays. You can leave a message after hours, on weekends, and holidays.	
Nueces Service Area	1-844-508-4673
Hidalgo Service Area	1-844-508-4675
Nurse Advice Line	
Available 24 hours a day, 7 days a week. Our staff speaks English and Spanish. Interpreter services are available.	
Nueces Service Area	1-844-308-8701
Hidalgo Service Area	1-844-714-7887
Behavioral Health Hotline	
Available 24 hours a day, 7 days a week. For an Emergency, dial 911 or go to your nearest emergency room. Our staff speaks English and Spanish. Interpreter services are available.	
Nueces Service Area	1-833-532-0209
Hidalgo Service Area	1-833-532-0219
Non-emergency Medical Transportation (NEMT)	
Call Monday - Friday, 8 a.m. to 5 p.m., or visit saferidehealth.com/riders to schedule a ride or check status of a pickup. Our staff speaks English and Spanish. Interpreter services are available.	
SafeRide Health Transportation Services	1-833-694-5881
TTY for the deaf and hard of hearing	1-800-735-2989
Vision Services	
Nueces Service Area	1-844-305-8300
Hidalgo Service Area	1-844-725-6410
Dental Services	
Call your or your child's Medicaid dental plan to learn more about the dental services they provide.	
DentaQuest	1-800-516-0165
MCNA Dental	1-855-691-6262
United Healthcare Dental	1-877-901-7321
Other Important Phone Numbers	
Ombudsman Managed Care Assistance Team	1-866-566-8989
STAR Kids Program Help Line	1-800-964-2777
Pharmacy Assistance	1-877-324-7543

Table of Contents

Welcome

Welcome to the Driscoll Health Plan (DHP) family! Driscoll Health Plan is a nonprofit community-based health plan. Driscoll Health Plan is a part of Driscoll Health System. Together, we have been taking care of kids and their families for over 70 years. We are committed to ensuring you get the best health care. We offer a large network of providers, specialists, and hospitals. You will have access to quality doctors and our expert staff.

This handbook contains information about how the health plan works. It tells you what to expect and provides answers to many questions. The member handbook includes information on:

- Choosing your Primary Care Provider
- Getting emergency care
- Taking care of yourself
- Service Coordination
- Case and Disease Management
- Behavioral Health and Substance Misuse Services
- Benefits
- Interpreter and Transportation Services
- Long-Term Services and Supports
- Prescription coverage
- And many other topics

Please take the time to read this handbook. We want you to be satisfied with your health care services. Our staff speaks English and Spanish and can help answer your questions. We also have special services for people who have trouble reading, hearing, seeing, understanding, or speaking a language other than English or Spanish. You can also ask for this handbook and any other member materials in audio, large print, braille, and other languages. You will receive printed materials within five business days. To get help with language assistance and auxiliary aids services at no cost to you, call Member Services at **1-877-324-7543** (TTY: 1-800-735-2989). Members or their legally authorized representatives can send their request in writing to the address below.

Driscoll Health Plan
4525 Ayers St
Corpus Christi, TX 78415

You can also request member materials by visiting: driscollhealthplan.com

Important Things You Should Know

Things You Can Do to Stay Healthy

Preventive care is an important part of staying healthy. You can stay healthy by getting timely checkups, getting vaccines, and making regular visits to your doctor. Working together, we can keep you and your family healthy and happy.

The following are some things you can do to stay healthy:

- Establish a good relationship with your doctor. You and your doctor need to work as a team.
- Get your checkups and vaccines on time.
- If you are overdue or due for a Texas Health Steps checkup, you should have your checkup ***within 90 days after joining Driscoll Health Plan***.
- Newborns should be seen by a doctor ***3-5 days after birth.***
- Pregnant women should get a prenatal exam within ***42 days of enrollment or in the first trimester.***
- New moms should have a postpartum exam within ***7-84 days after delivery***.
- Texas Health Steps checkups once a year on or shortly after your child's birthday.
- Be sure to mail in the completed health risk assessment in your welcome packet. This

will help our Service Coordinators know what you need.

Call your doctor for non-emergency care. He or she can get you the right care that you need. Only visit the emergency room for an emergency.

What is the STAR Kids Screening and Assessment Instrument (SK-SAI) and how does it affect my child?

The Star Kids Screening and Assessment Instrument is the assessment tool that is used to set up a detailed care plan for your child. The care plan is called an Individual Service Plan (ISP). The Service Coordinator, the Member, and the parent will complete the assessment. The SK-SAI will be completed in your home or at another location of your choice. We will schedule a convenient time to meet with you to complete the assessment. The SK-SAI will let both the family and the Service Coordinator have input in deciding what services and what amounts of each service are right for your child. The assessment will allow the Service Coordinator to set up the necessary authorizations to ensure that the medical care for your child is not disrupted. There may be some changes to the services or amount of services you get. Our goal is to allow you and your child to have access to the providers you trust and to the services your child needs. Our promise to you is that the well-being of your child will always be a priority of our Service Coordinators.

How soon must the STAR Kids Screening and Assessment Instrument (SK-SAI) be completed?

Your SK-SAI must be scheduled:

- Within 15 business days of joining DHP if you are a Level 1 Member
- Within 30 business days of joining DHP if you are a Level 2 or 3 Member

Call your Service Coordinator to schedule a visit to complete the SK-SAI. If you don't know your Service Coordinator's number, you can call the following numbers for help:

- **Nueces Service Area: 1-844-508-4673**
- **Hidalgo Service Area: 1-844-508-4675**

Member Emergency Disaster Preparedness

Bad weather like hurricanes and tornadoes can be a threat in South Texas. The main concerns are:

- loss of power
- flooding
- high winds

Other types of emergencies such as a gas leak or fire can also happen. A hurricane or emergency disaster can happen at any time. You need to be ready if:

- you must leave your house,
- are without water, food, and electricity, or
- roads are closed.

It is important to have a plan before an emergency happens. You will need the plan during and after a hurricane or emergency disaster. Having a plan will reduce stress during the event. Driscoll Health Plan wants to make sure that you stay safe.

We want you to make a plan in case of an emergency. During a home visit, your Service Coordinator will:

- provide you with information to help make a plan
- answer questions
- help you find local resources after a disaster happens

We want you to stay informed during a hurricane or emergency disaster. Important information will be available in the following ways:

- Member Services Hotline at:
  - **Nueces: 1-844 508-4672**

- **Hidalgo: 1-844 508-4674**
- On our website: driscollhealthplan.com
- Text messaging
- Through your Service Coordinator

Be prepared! Have a plan in place for you and your family when severe weather or disaster strikes.

Here are additional resources for you and your family:

- Call 2-1-1
- txready.org/resources/
- ready.gov/
- redcross.org/

Member Identification (ID) Card

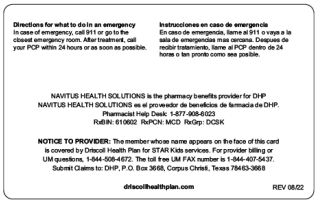
You will get a STAR Kids ID card after joining Driscoll Health Plan. Make sure everything on the card is correct. Call Member Services toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674** if you have questions. Each family member who joins Driscoll Health Plan should have his or her own ID card. Always keep your ID card with you. Take your ID card with you when you go to a doctor's visit and to the pharmacy. Call Member Services if you lose your card. We can mail you a new ID card right away.


Driscoll Health Plan

STAR Kids Nueces Service Area

Member/Miembro: DCKIDS A SAMPLE
Member ID/ID del Miembro: 999902501
Effective Date/Fecha de vigencia: 09-01-2018
PCP: PRIMARY CARE PHYSICIAN
PCP Phone #/Numero de telefono: (555) 777-1234
PCP Effective Date/Fecha de vigencia de PCP: 10-01-2018

Important Phone Numbers/ Números Teléfono Importantes
24/7 After hours leave a message/Después de horas deja un mesaje
Service Coordinator/Coordinadora de Servicios: 1-844-508-4673
Member Services Phone/Servicios para Miembros: 1-844-508-4672
24/7 Behavioral Health Line/Linea de Servicios de Salud Mental: 1-833-532-0209
24/7 Nurse Line/Linea de Ayuda de Enfermeras: 1-844-308-8701
SafeRide Health transportation/transporte: 1-833-694-5881


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 mas cercana. Despues de recibir tratamiento, llame al PCP dentro de 24 horas o tan pronto como sea posible.

NAVITUS HEALTH SOLUTIONS is the pharmacy benefits provider for DHP
NAVITUS HEALTH SOLUTIONS es el proveedor de beneficios de farmacia de DHP.
Pharmacist Help Desk: 1-877-908-6023
RxBIN: 610602 RxPCN: MCD RxGrp: DCSK

NOTICE TO PROVIDER: The member whose name appears on the face of this card is covered by Driscoll Health Plan for STAR Kids services. For provider billing or UM questions, 1-844-508-4672. The toll free UM FAX number is 1-844-407-5437.
Submit Claims to: DHP, P.O. Box 3668, Corpus Christi, Texas 78463-3668

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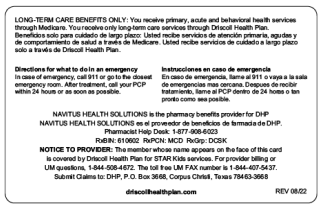
If you are dual-eligible (you get Medicare and Medicaid) your ID card will not have PCP information. Your card will show Long Term Services and Supports.


Driscoll Health Plan

STAR Kids Nueces Service Area

Member/Miembro: DCKIDSDUAL A SMPL-NEW
Member ID/ID del Miembro: 999902601
Effective Date/Fecha de vigencia: 09-01-2018
Long-Term Services and Supports
Servicios y Apoyos a Largo Plazo

Important Phone Numbers/ Números Teléfono Importantes
24/7 After hours leave a message/Después de horas deja un mesaje
Service Coordinator/Coordinadora de Servicios: 1-844-508-4673
Member Services Phone/Servicios para Miembros: 1-844-508-4672
24/7 Behavioral Health Line/Linea de Servicios de Salud Mental: 1-833-532-0209
24/7 Nurse Line/Linea de Ayuda de Enfermeras: 1-844-308-8701
SafeRide Health transportation/transporte: 1-833-694-5881


LONG-TERM CARE BENEFITS ONLY: You receive primary, acute and behavioral health services through Medicare. You receive only long-term care services through Driscoll Health Plan.
Beneficios solo para cuidado de largo plazo: Usted recibe servicios de atención primaria, agudas y de comportamiento de salud a través de Medicare. Usted recibe servicios de cuidado a largo plazo solo a través de Driscoll Health Plan.

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 mas cercana. Despues de recibir tratamiento, llame al PCP dentro de 24 horas o tan pronto como sea posible.

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Submit Claims to: DHP, P.O. Box 3668, Corpus Christi, Texas 78463-3668

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Your Texas Benefits (YTB) Medicaid Card

In addition to your Driscoll Health Plan Member ID card, you will receive a Your Texas Benefits Medicaid card from the State.

When you are approved for Medicaid, you will get the Your Texas Benefits Medicaid card. This plastic card will be your everyday Medicaid ID card. You should carry and protect it just like your driver's license or a credit card. 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 ID card is lost or stolen, you can get a new one by calling toll-free at 1-800-252-8263, or by going online to order or print a temporary card at yourtexasbenefits.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 from your mobile phone (pick a language and then choose 2).

Your health history is a list of medical services and prescription medications that you have gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care you need. If you don't want your doctors to see your health history through the secure online network, call toll-free at 1-800-252-8263 or opt-out at yourtexasbenefits.com.

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

- Your name and Medicaid ID number.
- The date the card was sent to you.
- The name of the Medicaid program you're in if you get:
  - Medicare (QMB, MQMB)
  - Healthy Texas Women Program (HTWP)

  - Hospice
  - STAR Health
  - Emergency Medicaid, or
  - Presumptive Eligibility for Pregnant Women (PE)
- Facts your pharmacy will need to bill Medicaid.
- The name of your doctor and pharmacy if you are in the Medicaid Lock-in Program.

The back of the Your Texas Benefits Medicaid card has a website you can visit yourtexasbenefits.com and a phone number you can call toll-free at 1-800-252-8263 if you have questions about the new card.

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

What to do if you lose Your Texas Benefits Medicaid Card – Temporary Verification Form 1027-A

If you lose the Your Texas Benefits Medicaid card and need quick proof of eligibility, HHSC staff can still generate a Temporary Medicaid Eligibility Verification Form (Form 1027-A). You must apply for the temporary form in person at an HHSC benefits office. To find the nearest office call 2-1-1 on your mobile phone (pick a language and then choose 2).

Medicaid Client Portal

You can use the Medicaid Client Portal to do all the following for yourself or anyone whose health history 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 use the portal, go to: yourtexasbenefits.com

- Click **Log In**
- Enter your **Username** 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.

STAR Kids Eligibility

STAR Kids is the first Medicaid managed care program for children and young adults, age 20 and younger that have a disability and:

- Have Supplemental Security Income (SSI) Medicaid,
- Get Medicaid and Medicare,
- Live in a community-based intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IDD) or nursing facility, or
- Are enrolled in one of the following Waiver Programs:
  - Medically Dependent Children Program (MDCP)
  - Home and Community-Based Services (HCS)

- Community Living Assistance and Support Services (CLASS)
- Deafblind with Multiple Disabilities (DBMD)
- Youth Empowerment Service (YES)
- Texas Home Living (TxHmL)

Please contact Texas Health and Human Services Commission (HHSC) to report any changes to your information by calling 2-1-1 on your mobile phone or 1-877-541-7905. You can also go to yourtexasbenefits.com to report these changes. A change in your information could affect the eligibility for you or someone living in your household. You may also be subject to penalties under federal law if false or untrue information is provided.

STAR Kids Renewal

What do I do if I need help with completing my renewal application?

Look for an envelope marked "time-sensitive" 3-4 months before your benefits end. This will be your renewal letter telling you what to do. Renew before the due date so you do not lose your benefits.

Families must renew their Children's Medicaid coverage every year. In the months before a child's coverage will 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 choices 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, the staff will check to see if the children in the family still qualify for their current program or if they qualify for a different program.

WAYS TO RENEW AND GET HELP

- **Website:** Go to yourtexasbenefits.com
- **Phone:** "Your Texas Benefits" app is in the IOS App Store for iPhone/Google Play Store for Android Phones
- **Call:** 2-1-1 to ask for a renewal packet
- **Call:** Member Services for Help
  - **Nueces SA: 1-844-508-4672**
  - **Hidalgo SA: 1-844-508-4674**

Member Services

How can Member Services Help You?

Our expert Member Services staff is ready to help you 24 hours 7 days a week. Regular business hours are from 8 a.m. to 5 p.m., Monday-Friday. You can leave a message after hours , on weekends, and holidays. You can also send us an email at: DHPmemberservices@dchstx.org

A DHP staff member will respond the next business day. Our expert staff can help you with:

- Questions about your benefits and coverage.
- Changing your Primary Care Provider.
- Changing your address or phone number.
- Mailing of a lost Member ID card.
- Your complaints, appeals, and concerns.

Member Portal

As a Member of Driscoll Health Plan, you can use our Member Portal by visiting: driscollhealthplan.com

Here you can find important information such as your Service Coordinator information, Value-Added Services, and how to renew your health benefits. You can also print a copy of your Driscoll Health Plan

ID card. Here are some helpful instructions to get you started:

- Click **Member Portal**
- Enter your **MyChart Username** and **Password**
- Click **Sign In**
- New User? Click **Sign Up Now**
- Follow the steps to register your account

If you have any questions, please call MyChart support line at 361-694-5980.

Nurse Advice Line

Our Nurse Advice Line is a confidential service that you can call 24 hours a day, 7 days a week. Trained nurses can answer questions about your health and give you information when your doctor is not in the office. They can help you decide what kind of care you need. DHP nurses are knowledgeable about the STAR Kids Program, covered services, the STAR Kids population, and provider resources.

When you call the toll-free Nurse Advice Line, the nurse will:

- Ask you questions about your health.
- Give you information on how to care for yourself at home, when appropriate.
- Give you information to help you decide what other care you need.

Download the Driscoll Health System Mobile App

Driscoll Health Plan has a new mobile application linked to MyChart.

How do I get it?

Go to your app store and search for Driscoll Health System! Once the app is downloaded, you will see the Driscoll Health System logo on your phone. You should review and accept the terms to continue.

- *New MyChart users*: Call 361-694-5980 to ask for your activation code
- *Current users*: Enter your username and password

Need help downloading the app?

Call MyChart support line at 361-694-5980.

What information can I access?

Conveniently view your health care information in a secure and confidential environment.

- View Member ID cards
- Check your list of medications
- Review medical records and lab results
- Manage family appointments

Choosing Your Primary Care Provider "Your Medical Home/Health Home"

What is a Primary Care Provider (PCP)?

A Primary Care Provider is your main doctor, nurse practitioner, or physician assistant who takes care of your medical needs. Your PCP will make sure you get regular checkups. They will write prescriptions for medicines and supplies you need. Your PCP may also refer you to other providers if needed. It is important you have a good relationship with your Primary Care Provider. Your Primary Care Provider needs to know your medical history to be able to provide you with the best care. You need to take part in decisions about your health care. Together, you and your Primary Care Provider will make the right decisions to keep you healthy.

TICKET TO HEALTH

Your PCP's office is your ***medical home***. They will direct all your health care and make sure you get the care you need.

What is a Medical Home/Health Home?

Health Homes can be a doctor's office or a specialty doctor's office. These offices deliver care for your medical and behavioral health care needs. Health Homes work with you and your family to make the most of your health and well-being. Health Homes boost independence. The Service Coordinator will work with everyone involved in your care to make sure you and your family's needs are met.

Can a specialist ever be a Primary Care Provider?

In special circumstances, you may choose a specialist as a Primary Care Provider. To learn more, call Member Services.

Can a clinic be my Primary Care Provider (Rural Health Clinic/Federally Qualified Health Center)?

You may choose a clinic as the Primary Care Provider. This can be a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC).

How do I choose a Primary Care Provider?

Upon joining Driscoll Health Plan, we will assign you to a Primary Care Provider (main doctor). You can call Member Services if you would like to choose another Primary Care Provider.

How can I get a copy of the Provider Directory?

DHP mails a Provider Directory to new STAR Kid Members. You may access the Provider Directory on our website at driscollhealthplan.com/find-a-provider/. It is updated every week. You can also call Member Services to get a copy. Members have the option to opt-out of receiving a Provider Directory at any time. Please call Member Services to let us know if you would like to opt-out.

How can I change my Primary Care Provider?

Driscoll Health Plan wants you to be happy with your PCP. You can change your PCP if:

- You are not happy with the Primary Care Provider's care.
- You need a different doctor to take care of you.
- You move farther away from your Primary Care Provider.
- Your Primary Care Provider is no longer a part of Driscoll Health Plan's network.
- You do not get along with your Primary Care Provider.

You can change your Primary Care Provider by calling Member Services. The Driscoll Health Plan Provider Directory lists all Primary Care Providers.

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

There is no limit on how many times you can change your or your child's Primary Care Provider. You can change Primary Care Providers by calling us toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674** or in writing to:

Driscoll Health Plan
Member Services Department
Attn: Eligibility Team
4525 Ayers Street
Corpus Christi, TX 78415

When will my Primary Care Provider change become effective?

You can change your PCP at any time. If you have seen your PCP within the current month, the change will become effective on the first day of the following month. If you have NOT seen your PCP within the current month, the change will become effective on the first day of the month in which the change is made. The PCP change may be expedited if DHP decides it is in the best interest of the Member and the current PCP.

Are there any reasons why a request to change a Primary Care Provider may not be approved?

Reasons you might not be able to have the Primary Care Provider you have chosen:

- The Primary Care Provider picked is not seeing new patients.
- The Primary Care Provider picked is no longer a part of Driscoll Health Plan.

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

It is important to follow your Primary Care Provider's advice. Your Primary Care Provider might ask us to assign you to another Primary Care Provider if:

- You do not follow his or her advice.
- You and your Primary Care Provider do not get along.
- You miss appointments without calling to cancel.

Your Primary Care Provider must tell us if he or she wants you to change Primary Care Provider. Driscoll Health Plan will contact you and ask you to pick another Primary Care Provider.

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

If you choose to see another doctor who is not your Primary Care Provider, Driscoll Health Plan must approve the services. Certain services will require prior authorization or approval from DHP before you can get them. For questions, contact Member Services.

You can go to any provider who is part of Driscoll Health Plan if you need:

- 24-hour emergency care from an emergency room
- Family Planning services and supplies

You can choose another provider for routine eye exams, mental health, substance misuse, and OB/GYN care. For all other care, you must only see the Primary Care Provider listed on your Driscoll Health Plan ID card.

What is an Out of Network Provider?

An out of network provider does not have a contract with Driscoll Health Plan. In some cases, such as when there are no other providers, Driscoll Health Plan can contract to pay a non-participating provider, but it is not guaranteed.

What if I choose to go to a Provider who is not part of Driscoll Health Plan network?

If you choose to see a doctor who is not part of the Driscoll Health Plan network, DHP must approve the services. This service will require prior authorization or approval from DHP. If the service is not approved, DHP will not cover the service. The Out of Network provider will bill you for these services and you may have to pay for them out of pocket. For questions, contact Member Services.

Physician Incentive Plan

Driscoll Health Plan 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 is part of this physician incentive plan. You also have a right to know how the plan works. You can call **Nueces SA: 1-844-508-4672 or Hidalgo SA: 1-844-508-4674** to learn more about this.

What is a Physician Incentive Plan?

A physician incentive plan is a payment arrangement between a health plan and a provider or group of providers.

Getting Care from a Special Doctor (Specialist)

What is a specialist?

A specialist is a doctor for certain types of health care like cardiology (heart health), orthopedics (bones and joints), or gynecology (women's health).

What if I need to see a special doctor?

Your Primary Care Provider can help you decide if your child needs to see a specialist. Your child's doctor will make a referral for services, if needed. There are some exceptions to referral requirements, especially for MDCP Members. Please see the exceptions below. You may also share your referral questions with your Service Coordinator.

What is a referral?

A referral is a request from your Primary Care Provider for you to see another doctor.

To see any Medicaid Physician Specialist (in-network or out-of-network), your Primary Care Provider will need to follow DHP's authorization and referral rules when asking for a referral to another provider.

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

Call your Service Coordinator and they will help you. Your Service Coordinator will leave his or her business card during the visit to your home. If you do not have your Service Coordinator's business card, you can call toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4675.**

How soon can I expect to see a specialist?

You should be able to be seen within 30 days for non-urgent care or within 24 hours for urgent care. If you have problems getting an appointment, you can call your Service Coordinator.

How can I ask for a second opinion?

Driscoll Health Plan will pay for a second opinion. Your Service Coordinator will help you arrange for a second opinion if one is needed.

What services do not need a referral?

A referral is **NOT** needed for the following services:

- Emergency care
- Routine eye care
- OB/GYN care
- Behavioral Health Services
- Family Planning Services

You should always let your Primary Care Provider know when you are receiving care from another doctor.

Care that Requires a Health Plan Approval (Prior Authorization)

What is a Prior Authorization?

Some services need approval before you can get the service. Your doctor or other providers will need to call Driscoll Health Plan to get an approval for these services.

What services need Prior Authorization?

These services need Prior Authorization:

• All admissions to a hospital (except in an emergency, where telling Driscoll Health Plan within 24 hours of admission is needed)
• Admission to a rehabilitation center
• Outpatient surgery
• Rehabilitation therapy (physical therapy, occupational therapy, or speech therapy)
• Home health services, including home intravenous therapy
• Referral to a specialist doctor except as outlined above (one exception is for MDCP Members)

• Durable Medical Equipment items that cost over $300
• Use of an ambulance for medical transportation that is not an emergency transport (NOTE: if ambulance transport is needed for an MDCP Member to go to a medical appointment, your Service Coordinator will help to arrange for it)
• Asking for services from a provider who is not contracted with Driscoll Health Plan
• Other forms of medical treatment (such as hypnosis, massage therapy)
• Some outpatient diagnostic testing
• Clinician administered drugs
• Personal Care Services (PCS) • Private Duty nursing (PDN) • Prescribed Pediatric Extended Care Center (PPECC)
• Long-Term Services and Supports (LTSS): o MDCP Members: your Service Coordinator will work with you to decide on which LTSS are necessary and will arrange the authorizations for you o Other Waiver Children: LTSS are provided through your waiver, not Driscoll Health Plan o For more authorization information, please visit our website at driscollhealthplan.com

For authorization, the doctor can contact STAR Kids Member Services, Monday-Friday, 8 a.m. to 5 p.m., CST. Your doctor will be transferred to a STAR Kids nurse.

If there is no authorization for the service, you may have to pay for it. You have a right to know the cost of any service before you receive the service.

How long will it take to process a routine authorization?

Routine authorizations will be processed within three business days. It could take up to 14 days if we need more information from your doctor.

How do I know if my services have been approved or denied?

Driscoll Health Plan will mail you a letter letting you know if the request for services has been approved or denied. You will be notified within three business days if all supporting medical information has been provided with the request. If we must request supporting medical information from the ordering provider, you will be notified within 3-14 days. You can call Member Services toll-free at **1-877-324-7543** for more information.

What does Medically Necessary mean, both Acute Care and Behavioral Health?

Medically Necessary means:

(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 improve 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)(b-g) and (3)(b-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, 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) not experimental or investigative; and
(g) not primarily for the convenience of the Member or provider; and

(3) For Members over age 20, behavioral health services that:

(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 of supply of service that can safely be provided;
(e) could not be omitted without adversely affecting the Member's mental and 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.

In-Lieu-of Services

Driscoll Health Plan provides medically appropriate and cost-effective services in-lieu-of (in place of) mental health or substance use disorder services covered by Medicaid.

These in-lieu-of services include:

- Partial Hospitalization (PHP) services
- Intensive Outpatient Program (IOP) services

Authorization is required for these services. You or your providers may ask for in-lieu-of services by calling Member Services at **1-877-324-7543**. You can also visit the member portal at: driscollhealthplan.com

Getting Routine Care from a Doctor

What is routine medical care?

Routine care is for things like yearly well-child checkups, school exams, vaccines, and health screenings. Your Primary Care Provider will help with all your health care needs. Be sure to call your Primary Care Provider whenever you have a medical question or concern. Call your Primary Care Provider's office to schedule your routine care. You should not wait until you are sick to see your doctor. You should be able to get an appointment for routine care within two weeks.

It is important to keep your scheduled visit. If you cannot go to your visit, call to let your Primary Care Provider know.

TEXAS HEALTH STEPS CHECKUP

If you are overdue or are due for a Texas Health Steps checkup, you should have your checkup within 90 days of joining Driscoll Health Plan.

What do I need to bring to a doctor's appointment?

- ✓ Your Driscoll Health Plan Member ID card and Your Texas Benefits Medicaid card
- ✓ Your child's vaccine record (if he or she needs vaccines)
- ✓ Medications you are taking

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

Your Primary Care Provider or another doctor is available by phone 24 hours a day, 7 days a week. If you get sick at night or on the weekend you can call your Primary Care Provider's office number for help. The office will have an answering service or message on how to contact your Primary Care Provider. Your Primary Care Provider should return your call within 30 minutes.

You may also visit an in-network after-hours clinic or urgent care center for sudden illness. You should contact your Primary Care Provider's office if you are unsure about going to an after-hours clinic or urgent care center.

For a list of Driscoll Children's Hospital Clinics and other after-hours clinics or urgent care clinics visit: driscollhealthplan.com/services/after-hours-care

Getting Urgent Medical and Emergency Medical/Dental Care

Urgent Medical Care

What is Urgent Medical Care?

Another type of care is urgent care. Some injuries and illnesses 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
- A minor to moderate asthma attack
- A minor illness with fever if a child is more than two months old
- A skin rash because of an insect bite

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 Driscoll Health Plan Medicaid. For help, call us toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674**. You can also call our 24-hour Nurse Help Line at **Nueces SA: 1-844-308-8701** or **Hidalgo SA: 1-844-714-7887** for help with getting the care you need.

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 Driscoll 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.

How soon can I expect to be seen?

Emergency care is available 24 hours a day, 7 days a week.

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 danger;
2. serious impairment to bodily functions;
3. serious dysfunction of any bodily organ or part;
4. serious scar; or
5. in the case of a pregnant woman, 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 an average knowledge of medicine and health:

1. requires immediate intervention 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 or Emergency Behavioral Health Condition, including post-stabilization care services.

What is post-stabilization?

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

Emergency Dental Care

Are Emergency Dental Services covered by DHP?

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

- Treatment for dislocated jaw
- Treatment of traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin
- Hospital, doctor, and related medical services such as medications for any of the above conditions

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, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674** or call **911**.

Out of Area Doctor Visits

What do I do if I need to see a doctor that is out of the Area?

Call your Service Coordinator if your child needs to see a doctor or provider that is out of the area. We want to make sure your child keeps getting the care and services needed during the transition into STAR Kids. Driscoll Health Plan will authorize services that are out of the area when it is the best interest of your child.

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

If you need medical care when traveling, call us toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674** 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, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674.**

What if I am out of the state?

If you have an emergency while out of the state, go to the nearest Emergency Room.

What if I am out of the country?

Medicaid does not cover medical services performed out of the country.

When Should I Go See My Doctor, Urgent Care, or the Emergency Room (See Table)

Health Care Provider	Why would I use this Health Care Provider?	What type of services would they provide?	How long should I expect to wait?
Primary Care Provider (PCP) 	A primary care doctor knows your health history. Your primary care doctor sees you for regular checkups, treats you for urgent care matters, prescribes medicine or supplies you may need, and refers you to a specialist when you need one. Call your Primary Care Provider whenever possible and they will refer you to an Urgent Care Center or Hospital if needed.	• Texas Health Steps Checkups • Vaccines • Follow-up checkups • Flu vaccines • Pregnancy tests • Treatment of minor skin conditions	You/your child should be able to be seen for routine care within two weeks. There may be reduced wait times with a scheduled visit.
Urgent Care Center 	Urgent care centers provide treatment when you have an injury or illness that requires immediate care, but is not serious enough to go to the emergency room. You should also go to an urgent care center if your primary care doctor is not available.	Treatment of: • Earache • Minor/common infections (e.g. strep throat) • Minor cuts • Sprains/Strains • Minor broken bones • Minor burns	You/your child should be seen within 24 hours. Urgent care centers are often open after regular PCP office hours. Walk-ins are welcome, but waiting periods may vary.
Emergency Room (ER) 	Emergency rooms provide immediate treatment of life-threatening conditions. If you have severe symptoms or believe your condition is life-threatening, **you should go to the emergency room or call 911.**	Treatment of: • Shortness of breath • Chest or abdominal pain • Large open wounds • Major burns • Severe head injury • Major broken bones • Uncontrolled bleeding • Criminal attack (mugging, rape, stabbing, gunshot) • Poisoning or overdose of medications or alcohol • Danger to self or others • Severe allergic reaction or animal bites	You/your child can be seen 24 hours a day 7 days a week, however, waiting times may be longer because patients with life-threatening emergencies will be treated first.

Taking Care of Yourself and Your Family

Neonatal Intensive Care Unit (NICU)

When intense and specialized care is needed, Driscoll Health Plan is prepared for all risks. Driscoll Children's Hospital is the only Level 4 Neonatal Intensive Care Unit in the South Texas region. A level 4 NICU is an intensive care unit for babies as young as 22 to 24 weeks gestational age through the first 30 days of life. The Driscoll Children's Hospital unit specializes in the care of ill or premature newborn infants and offers a wide variety of neonatal surgeries. The Driscoll Family is proud to offer this specialized service to the people of South Texas.

Driscoll Health Plan is here to help with transfer services when neonatal critical care is needed. Please reach out to your High-Risk Pregnancy Case Manager at **1-877-222-2759** for any questions or concerns.

Newborn Care

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

Yes. Call Member Services and let them know which Primary Care Provider you want for your baby.

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

If you do not pick a Primary Care Provider for your baby, Driscoll Health Plan will choose a doctor for your baby. You can call Member Services if you would like to choose a different Primary Care Provider. This doesn't apply to STAR Kids dual-eligible Members.

How do I get Medicaid for my newborn baby?

The hospital where your baby was born can help you apply for Medicaid for your baby. You can also call 2-1-1 on your mobile phone for help.

How and when do I tell Driscoll Health Plan and my Caseworker?

It is important to call Member Services as soon as your baby is born. We can help you get health services for your baby. Call your caseworker by calling 2-1-1 on your mobile phone or 1-877-541-7905 after your baby is born. They will be able to answer questions about your baby's Medicaid.

Can I change my baby's health plan?

For at least 90 days from the 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 health plans while your baby is in the hospital.

Preventative Health or Self-Management

Health Education

What Health Education classes does Driscoll Health Plan offer?

We want you to stay healthy. Driscoll Health Plan provides information on things such as:

- Vaccines
- Texas Health Steps checkups
- Diabetes
- Asthma
- Pregnancy

You can get this information from the:

- Member Handbook
- Welcome Packet
- Member newsletter
- DHP's website
- Case Managers and social workers

Health Education Text Messages

DHP will send health education text messages. Members may opt-out at any time. Restrictions and

limitations may apply. To learn more, please call Member Services.

Head Start Programs

The Early Head Start Program provides:

- Support, guidance, and training for families to help with child growth.
- A safe and healthy family childcare service for infants up to three years of age.

The Head Start Program:

- Is for children birth to five years of age.
- Helps with teaching social skills for children in low-income families.
- Provides education, health, nutrition, and encourages parent interaction.

Call Member Services for help in finding a program.

Texas Health Steps

What is Texas Health Steps?

Texas Health Steps is a program that provides medical, behavioral, and dental preventive care for your children. Texas Health Steps checkups are at no cost to you. These checkups are important, and your child should get a checkup within 90 days of becoming a Driscoll Health Plan Member. Even if a child looks and feels well, he or she might still need a checkup.

What services are offered by Texas Health Steps?

Texas Health Steps is the Medicaid health care program for STAR and STAR Kids children, teens, and young adults, birth through age 20.

Texas Health Steps checkups provide medical, behavioral, and dental preventative care at no cost to you:

- Medical care from birth through 20 years of age.
- Dental checkups starting from six months of age.
- A case manager who can find out what services your child needs and where to get these services.

Why are Texas Health Steps checkups important?

- You may 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.

When to set up a checkup:

- You will get a letter from Texas Health Steps telling you when it is time for a checkup. Call your child's doctor or dentist 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 exams and eyeglasses
- Hearing tests and hearing aids
- Dental care
- Other health care
- Treatment of other medical conditions

Call Driscoll Health Plan Member Services at **1-877-324-7543** or Texas Health Steps toll-free at 1-877-847-8377 if you:

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

If you cannot get your child to the checkup, Medicaid may be able to help. Children with

Medicaid and their parents can get free rides to and from the doctor, dentist, hospital, or pharmacy. To schedule a ride, call SafeRide Health at 1-833-694-5881.

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

We will send you a reminder when you need to visit your doctor. If your child is enrolled in a Head Start Program, your child must get a Texas Health Steps checkup no later than 45 days after enrolling in a head start program. We can also help you if you are having a hard time getting in to see your doctor. Call Member Services if you need help scheduling an appointment.

TICKET TO HEALTH

- When you are checking out after a visit, schedule your child's next visit.
- Ask for a reminder card or phone call so you will remember the next visit date.
- Always reschedule canceled appointments the same day you call to cancel.

Does my doctor have to be part of Driscoll Health Plan?

Yes. All our Primary Care Providers who work with children offer Texas Health Steps services.

Texas Health Steps Dental Checkups

You should get regular dental checkups to make sure your child's teeth and gums are healthy. Dental checkups start at six months old and every three-six months after that. The checkups are at no cost to you. You will need Your Texas Benefits Medicaid card to get the checkup.

Do I have to have a referral?

Your child's Primary Care Provider provides Texas Health Steps checkups. You never need a referral to see your Primary Care Provider.

What if I need to cancel an appointment?

Call your doctor's office if you cannot make your appointment. Some Primary Care Providers ask patients to call at least 24 hours before their appointment so that another patient can use that time slot.

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

If you are out of town when your child is due for Texas Health Steps checkup, call Member Services for help.

The table below is a list of when to get your checkups.

Texas Health Steps Medical and Dental Checkup Schedule	
1st Year	**2nd Year and Beyond**
Babies need checkups at: • Up to 5 days old • 2 weeks old • 2 months old • 4 months old • 6 months old • 9 months old • 12 months old Doctors check if babies are healthy and growing normally. Dental checkups start at 6 months. The dentist will put fluoride on your child's teeth at this time. PCPs can do dental varnish as well.	Children need checkups at: • 15 months old • 18 months old • 2 years old • 2 ½ years old • 3 and older - on or shortly after your child's birthday The doctor checks your child's hearing and vision at this time. Your child needs dental checkups every 6 months.
5 to 10 Years	**11 to 20 Years**
Older children need checkups once per year. Schedule the visit on your child's birthday as an easy way to remember. The dentist may coat your child's teeth with sealants to help avoid tooth rot.	Teens and young adults need checkups once per year. Schedule the visit on your child's birthday as an easy way to remember. Your PCP may talk to your child about how to lead a healthy lifestyle.

Vaccines

Vaccines are shots provided by the Primary Care Provider. Infants are most at risk of getting infectious diseases like mumps and measles. These vaccines help to prevent the spread of disease and protect infants and children against dangerous complications.

Driscoll Health Plan wants to help keep you and your family healthy. We want you to get all your vaccines when you are supposed to.

During the first year, you should take your child to their doctor every few months for their Texas Health Steps checkup. At that time, they will get their vaccines.

Driscoll Health Plan will pay for you and your child's vaccines if you are DHP Members. It will not cost you any money.

It is up to you to schedule a visit with your doctor to get these vaccines. Your provider can help you set up regular visits so that you can stay on track to get all your vaccines.

It is a good idea to keep a record of when your child gets their vaccines. Keep the record in a safe place and bring it with you at each checkup.

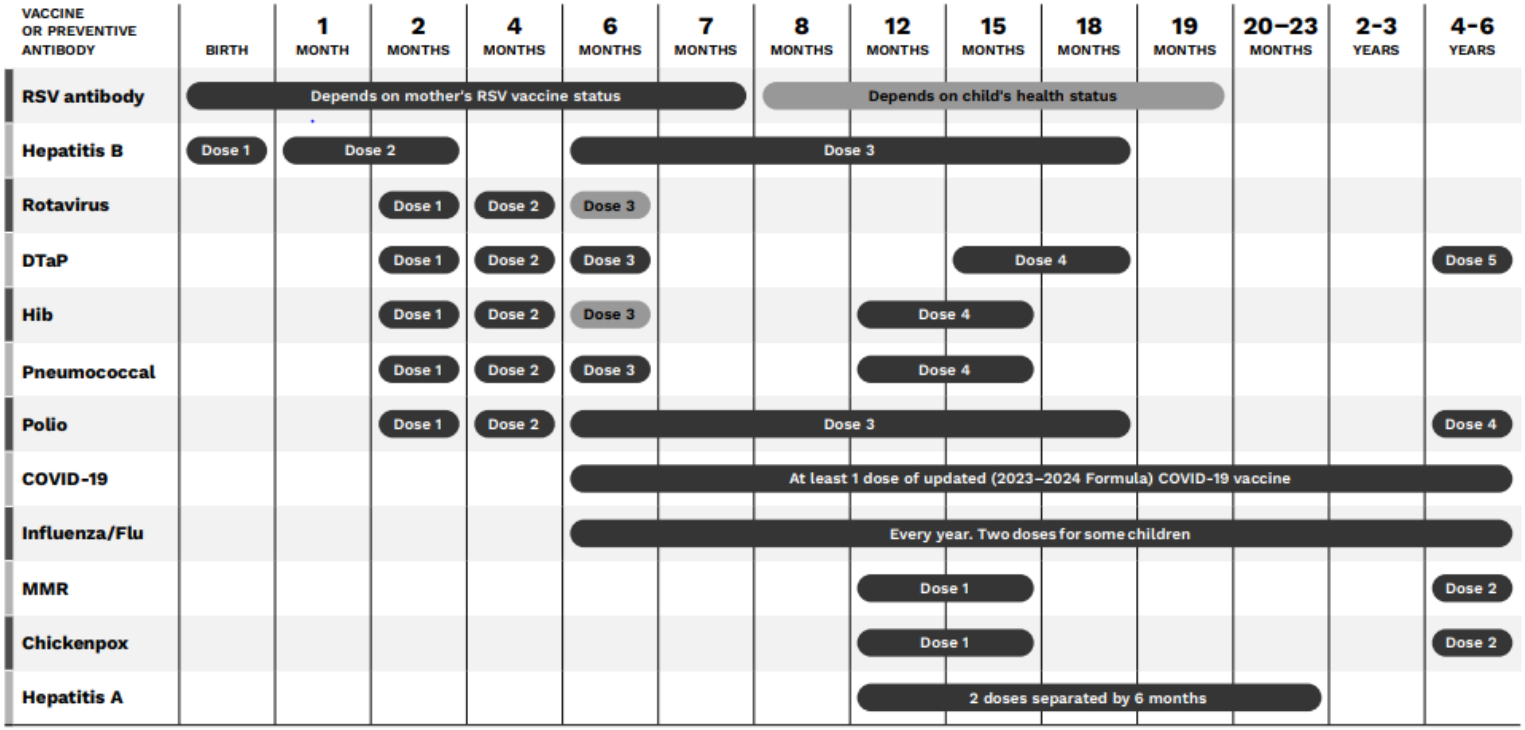
The charts on the next few pages are from the Centers for Disease and Control (CDC). The CDC may from time to time update these charts. To review the most current charts, visit the CDC website at: cdc.gov/vaccines/schedules/

You can also visit the Driscoll Health Plan website at: driscollhealthplan.com/services/get-ready-for-baby/immunization-schedule

Your child needs vaccines as they grow!

2024 Recommended Immunizations for Birth Through 6 Years Old

Want to learn more?
Scan this QR code to find out which vaccines your child might need. Or visit www.cdc.gov/vaccines/tool/child.html



KEY

- ALL children should be immunized at this age.
- SOME children should get this dose of vaccine or preventive antibody at this age

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection.
2. Your child is traveling outside the United States.
3. Your child misses a vaccine recommended for their age.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

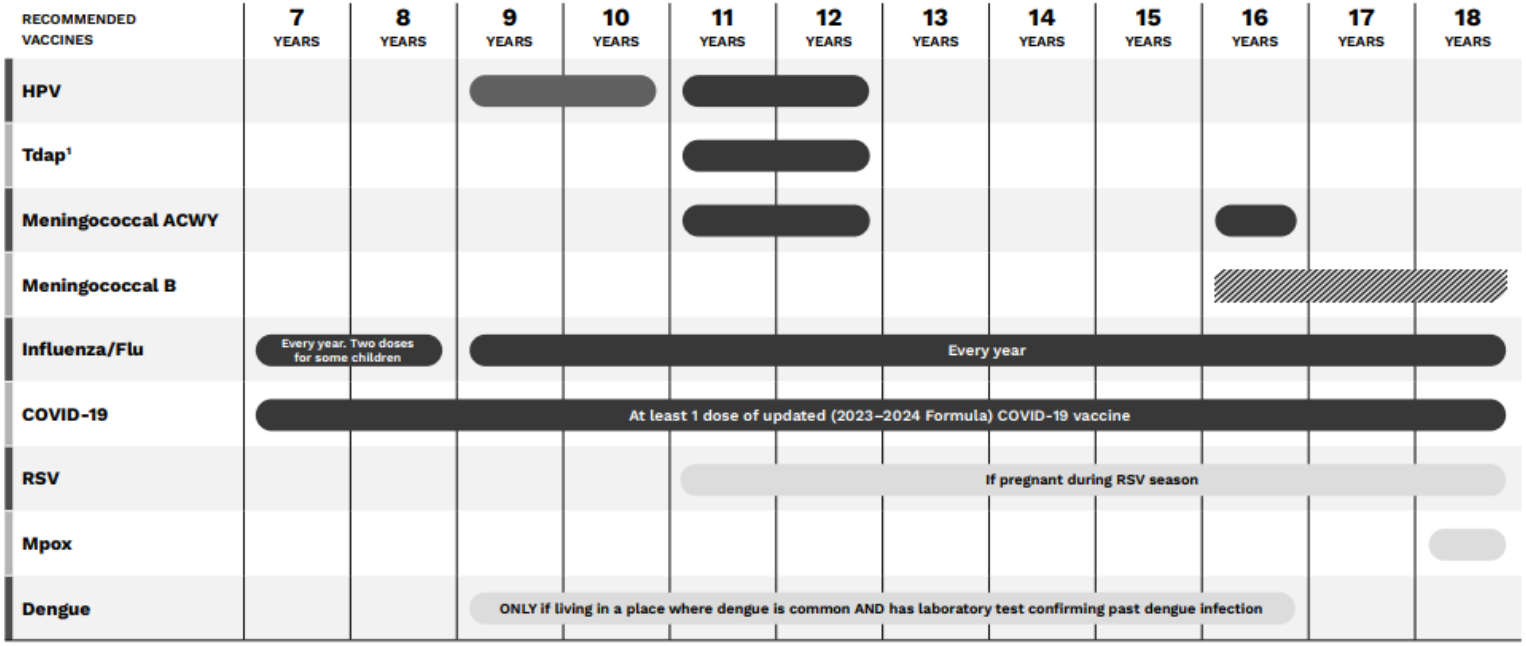
FOR MORE INFORMATION
Call toll-free: **1-800-CDC-INFO (1-800-232-4636)**
Or visit: **www.cdc.gov/vaccines/parents**

AAFP American Academy of Family Physicians
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Older children and teens need vaccines too!

2024 Recommended Immunizations for Children 7–18 Years Old

Want to learn more?
Scan this QR code to find out which vaccines your child might need. Or visit www.cdc.gov/vaccines/tool/teen.html



[1] One dose of Tdap is recommended during each pregnancy

KEY

- ALL children in age group should get the vaccine
- ALL children in age group can get the vaccine
- SOME children in age group should get the vaccine
- Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection or is pregnant.
2. Your child is traveling outside the United States.
3. Your child misses any vaccine recommended for their age or for babies and young children.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION
Call toll-free: **1-800-CDC-INFO (1-800-232-4636)**
Or visit: **www.cdc.gov/vaccines/parents**

AAFP American Academy of Family Physicians
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

You need vaccines throughout your life!

2024 Recommended Immunizations for Adults Aged 19 Years and Older

Want to learn more?
Scan this QR code to find out which vaccines you may need. Or visit:
www.cdc.gov/vaccines/tool/adult.html

Staying **up to date** on your vaccines is one of the best things you can do to protect your health.

If you are pregnant or have a medical condition that puts you at higher risk for infections, talk to your health care provider about which vaccines are right for you.

KEY

- ALL adults in age group should get the vaccine.
- SOME adults in age group should get the vaccine.
- Adults should talk to their health care provider to decide if this vaccine is right for them.

VACCINE	19–26 YEARS	27–49 YEARS	50–64 YEARS	65+ YEARS
COVID-19	At least 1 dose of an updated COVID-19 vaccine			
Influenza/Flu	Every Year			
RSV	If pregnant during RSV season			If aged 60 years or older
Tdap/Td	Tdap every pregnancy. Td/Tdap every 10 years for all adults.			
MMR	If aged 66 years or younger			
Chickenpox	If U.S. born and aged 43 years or younger			
Shingles				
HPV		27–45 years		
Pneumococcal				
Hepatitis A				
Hepatitis B	Through 59 years			
Meningococcal				
Hib				
Mpox				

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www.cdc.gov/vaccines/adults

AAFP American Academy of Family Physicians
ACP American College of Physicians

Women's Health

What if I need Obstetrics and Gynecology (OB/GYN) Care?

Attention Female Members: Driscoll Health Plan allows you to pick an OB/GYN, but this doctor must be in Driscoll Health Plan's provider network.

An OB/GYN can give you:

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

Do I have the right to choose an OB/GYN?

You have the right to pick an OB/GYN without a referral from your Primary Care Provider.

How do I choose an OB/GYN?

To choose an OB/GYN, call Member Services. You can also have the OB/GYN doctor be your Primary Care Provider. If you want to have the OB/GYN doctor be your Primary Care Provider, call Member Services.

If I do not choose an OB/GYN, do I have direct access?

You can have direct access to an OB/GYN doctor. If you are pregnant, Driscoll Health Plan suggests you choose an OB/GYN doctor. An OB/GYN doctor would be able to help you and the baby during your pregnancy.

Will I need a referral?

No, you will not need a referral from your Primary Care Provider to see an OB/GYN doctor.

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

You should be able to get an appointment within two weeks of your request.

Can I stay with my OB/GYN if they are not with Driscoll Health Plan?

If you are at least six months pregnant, you can stay with the same OB/GYN doctor even if the doctor is not with Driscoll Health Plan. To learn more, call Member Services.

Exams and Screenings

Driscoll Health Plan provides routine exams and screenings for you. Medicaid may not provide certain services. The Healthy Texas Women Program can help supplement certain female needs. To learn more, please visit: healthytexaswomen.org

Mammograms

A mammogram is a breast x-ray. It screens you for breast cancer. The exam helps lower the number of cancer cases and increases the survival rate. A mammogram can find breast cancer before symptoms even happen.

The American Cancer Society recommends yearly mammograms starting at age 40. Women in their 20s and 30s need a clinical breast exam every three years. Some women may need earlier screening because of family history or other risk factors.

Family Planning

How do I get family planning services?

Family planning services (such as birth control and counseling) are very private. You can have a once a year visit, counseling, and tests. You can also get prescription drugs and supplies that prevent pregnancy. Ask your Primary Care Provider if he or she offers family planning services such as birth control. If you do not feel comfortable talking with your Primary Care Provider, call Member Services or your Service Coordinator. You can go to any family planning clinic that will take Medicaid.

Do I need a referral for this?

You do not need to ask your Primary Care Provider for a referral to get family planning services or supplies.

Where do I find a family planning service provider?

You can find the locations of family planning providers near you by visiting them online at: healthytexaswomen.org/family-planning-program

For more help finding a family planning provider call Driscoll Health Plan toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674**.

Care for Pregnant Women

What if I am pregnant?

It is very important that you call Driscoll Health Plan to tell us you are pregnant and what doctor you choose to see.

Who do I need to call?

Call Member Services if you are pregnant. It is very important to start prenatal care immediately.

Care During Pregnancy

There are many things you can do to have a healthy pregnancy and a healthy baby. Some of the things that you can do to stay healthy are:

- Get a prenatal visit within 42 days of joining Driscoll Health Plan or within your first trimester (within the first three months of your pregnancy).
- Tell your provider about your pregnancy history.
- Don't smoke, drink, or misuse prescription drugs.
- Take prenatal vitamins.
- Eat healthy.
- Take good care of your teeth and get regular dental checkups.

Case Management for Pregnant Women

Case Management for Pregnant Women provides services to high-risk pregnant women of all ages. Our nurses will help with any medical, social, or educational service that you might need. A nurse Case Manager will:

- Get in touch with you by phone or mail.
- Help you find an OB/GYN doctor.
- Evaluate your health care needs.
- Provide education on pregnancy.
- Help coordinate special needs visits and transportation.

Call Driscoll Health Plan's Service Coordination Line at **Nueces: 1-844-508-4673** or **Hidalgo: 1-844-508-4675** if you have questions or need help.

Other Driscoll Health Plan Services and Education for Pregnant Members

Get Ready for Baby -Baby Showers

Driscoll Health Plan wants to help you keep your baby from being born too early. Each month we have baby showers. You can sign up for one scheduled class. Classes may be available at select locations, in person, or virtual. At the baby showers, we teach you about:

- Eating healthy and breastfeeding.
- How smoking, alcohol, and drugs can affect you and your baby.
- What to look for if there are problems during your pregnancy.
- The seven signs of premature labor and when to get help.
- Things you can expect during labor and delivery of your baby.

The Get Ready for Baby Program also offers:

- Nutritional Counseling (at no cost)

- Breastfeeding Consultations (at no cost)

For a listing of our baby showers and parenting classes visit:
driscollhealthplan.com/get-ready-for-baby

Text4baby Program

Get free text messages on your cell phone each week. The Text4baby messages will give you tips about being pregnant and more. To sign up, text the word BABY to 511411. You can also sign up using the Text4baby app. Download it for free on the App Store or Google Play App Store. To learn more visit: text4b.com

Zika Virus

What is the Zika Virus?

The Zika virus is spread mostly through the bite of an infected mosquito. The Zika virus can be spread from a pregnant mother to her child and through sexual contact with an infected male partner.

Where is the Zika Virus?

Zika virus outbreaks are present in many countries. Within the United States, the Zika virus may be present in the counties of South Texas.

Who is at risk?

During pregnancy, the Zika virus can cause birth defects, including a rare brain condition in which a baby's head is smaller than normal.

What are the symptoms?

Symptoms are flu-like. The illness linked with Zika is usually mild with symptoms lasting for many days to a week. The most common symptoms of Zika are fever, rash, joint pain, and pink eye.

At this time, all pregnant women should have a screening during pregnancy. Those with concerns should see their Primary Care Provider or OB/GYN provider.

How can I protect myself from the Zika Virus?

Currently, no vaccine exists to prevent the Zika virus, but there are ways to protect yourself. All pregnant women should apply mosquito spray/lotion during their pregnancy. Mosquito spray/lotion is safe when applied properly and is safe for the fetus. Always read the instructions on the label before using it. Wearing protective clothing can also help. In addition, because the virus can be sexually transmitted, it is also recommended that all pregnant women in these affected areas have their partners wear condoms.

How can I get mosquito spray/lotion?

You can get mosquito spray/lotion at no cost to you. Get a prescription from your doctor. Then, take that prescription to your pharmacy, and they will give you the mosquito repellant. To learn more, visit: txvendordrug.com/about/manuals/pharmacy-provider-procedure-manual/p-9-formulary-coverage/mosquito-repellents

Breast Pumps

Why would you need a breast pump?

- Your baby is premature and unable to suck.
- Your baby has severe feeding problems.
- You can't make enough milk supply because of illness.
- You and your baby are separated.
- You had more than one baby.
- For other reasons as approved by Driscoll Health Plan.

How do I get a breast pump?

No Approval Needed If:

- Your doctor gives you a prescription for a manual or electric single breast pump that costs $300 or less.
- You can get a prescription after your baby is born for up to 12 months after delivery.

Approval Needed If:

- Your doctor gives you a prescription for an electric or hospital-grade breast pump that costs more than $300.
- You had more than one breast pump per pregnancy or within three years, whichever is greater.
- Your doctor will have to get approval from Driscoll Health Plan.

Where can I get a breast pump?

Driscoll Health Plan covers breast pumps with a prescription from your doctor. You can get a breast pump from:

- aeroflowbreastpumps.com
- breastpumpdepot.com
- Driscoll Health Plan Network Pharmacy
- Durable Medical Equipment Provider

To find a participating pharmacy or provider go to driscollhealthplan.com or call Member Services for help.

Help After Pregnancy

Postpartum Medicaid Coverage Extension

Texas Health and Human Services Commission (HHSC) has extended its postpartum Medicaid coverage from two to 12 months for eligible women, effective March 1, 2024.

Who is eligible for the extended postpartum coverage?

- Medicaid members who are pregnant or become pregnant and women who enroll because they become pregnant.
- Medicaid members who were enrolled while pregnant or are no longer pregnant but are still within their 12-month postpartum period.
- Women who transitioned from Medicaid to Healthy Texas Women (HTW) after their pregnancy ended and who are within their 12-month postpartum period will be reinstated to full coverage with Medicaid.
- Women who received services while pregnant in Texas that would have been covered by Medicaid but who apply for Medicaid after their pregnancy ends.

Medicaid applicants with unpaid medical bills can apply for coverage up to three months before their application month.

Do I need to reapply to get the extended postpartum coverage?

If you are a Medicaid member, you do not need to apply to extend your coverage. You will get a notice by mail or through Your Texas Benefits account.

Your coverage will be reinstated for the remainder of the 12-month postpartum period if you are not a current Medicaid member. You must have also been enrolled in Texas Medicaid while pregnant, be within your 12-month postpartum period, and still be a resident of Texas.

What other Medicaid-covered services can I get during the extended postpartum period?

These include but are not limited to:

- Regular medical checkups.
- Prescription drugs and vaccines.
- Hospital care and services.
- X-rays and lab tests.
- Vision and hearing care.
- Access to medical specialists and mental health care.
- Treatment of special health needs and preexisting conditions.

Is there a reason I may not be covered during the extended postpartum period?

You may not be covered if you:

- voluntarily withdraw
- move out of Texas
- become ineligible because of fraud, abuse, or perjury
- pass away

To learn more about the postpartum extended coverage, visit hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-programs-services/medicaid-pregnant-women-chip-perinatal or call 2-1-1 and choose option 2.

Postpartum Visit

When should you have a postpartum visit?

It is important for you to take care of yourself even after your baby is born. Call your doctor to schedule your postpartum checkup as soon as possible. Your checkup should be completed within 7-84 days of having your baby.

During your postpartum visit, you could talk to your doctor about:

- Your feelings
- Breast health
- Weight loss
- Exercise
- Maternal warning signs you may have during the postpartum period

Some women may experience pregnancy-related complications for up to a year after pregnancy. These complications may become life-threatening if not identified and treated timely.

The Hear Her Campaign provides information about common conditions that may increase maternal health risks. To learn more, visit cdc.gov/hearher/index.html

Postpartum Education

After delivery, we offer moms a home visit and a parenting class. During this visit and class, you will learn about things such as:

- Importance of a postpartum checkup
- Newborn checkups
- Basic newborn care
- Getting vaccines
- Safety tips

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

After your baby is born you may lose Medicaid coverage. You may 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.

Other Preventative Care Programs

DSHS Primary Health Care Services Program

The DSHS Primary Health Care Services Program helps women, children, and men get primary health care services. Texas residents can get these services if they cannot get other programs or benefits that provide the same services. 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 guideline). 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 the prevention of disease, early detection, and early intervention of health problems. The main services provided are:

- Health education
- Emergency services
- Family planning services
- Diagnosis and treatment
- Diagnostic testing, including X-rays and lab services
- Preventive health services, including vaccines

Applications and eligibility forms are available at clinic sites or speak with staff by phone or in person to determine if you qualify for services. In certain cases, services are available the same day you apply.

Search for Primary Health Care providers online at 211texas.org or call 2-1-1 and ask for the nearest provider.

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

Toll-free Number: 1-877-541-7905 or 2-1-1
Email: PrimaryHealthCare@hhs.texas.gov
Website: hhs.texas.gov/services/health/primary-health-care-services-program

Healthy Texas Women

Healthy Texas Women (HTW) offers services from annual exams and family planning to disease screenings and treatments.

- HTW provides health and family planning services to women 18-44 at no cost.
- HTW also provides services to women between the ages of 15 to 17 years old and have a parent or legal guardian who apply, renew, and report changes to your case on your behalf.
- The Family Planning Program provides family planning and reproductive healthcare to eligible women and men ages 64 and younger at low or no cost.
- Breast and Cervical Cancer Services may also be available to help women get cancer screenings and health services.

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

Healthy Texas Women
P.O. Box 149021
Austin, TX 78714-9021
Toll-free Number: 1-866-993-9972
Fax Number: 1-866-993-9971
Website: healthytexaswomen.org

Service Coordination

What is Service Coordination?

Service Coordination helps you with getting the covered services you need. This service costs you nothing. Your Service Coordinator will work with you, your family, and provider to create an Individual Service Plan.

What will a Service Coordinator do for me?

A Service Coordinator will assess your health care needs. Once a care plan is in place, the Service Coordinator will monitor your progress towards your health care goals. They will help with:

- Organizing services
- Scheduling doctor's visits
- Arranging transportation
- Identifying resources
- Caregivers support

How can I talk to a Service Coordinator?

If you would like to speak to a Service Coordinator, call the Driscoll Health Plan Service Coordination

line at **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675**. Together we will help you live healthier.

Individual Service Plan (ISP)

Your Service Coordinator will work with you to complete an Individual Service Plan yearly. Your ISP can be updated as needed. This will help us to identify the supports and services you need and want. Your ISP will be used to help arrange needs between you and your key service providers. You may view your ISP on the Member Portal, as well.

Transition Planning

What is Transition Planning?

Transition Planning helps teens and young adults prepare for benefits and service changes. These changes will take place on your 21st birthday. A Service Coordinator will work with a Transition Specialist to make sure you keep getting benefits and services as you fully transition out of STAR Kids and into STAR+Plus, a waiver program, or referred to other community resources you can get.

What is a Transition Specialist?

A Transition Specialist will create a plan with everyone involved in your care. This plan will help to prepare you for the transition out of STAR Kids services. The specialist will begin working with you at the age of 15 on transition goals and finding resources like:

- Adult health care providers
- Community services and other supports
- Health and wellness education

How can I talk to a Transition Specialist?

To speak with a Transition Specialist call Service Coordination for **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675**.

Disease Management

What is Disease Management?

Driscoll Health Plan has a program for Members who have asthma or diabetes. The program helps you and your family to understand and take care of your disease. Our goal is for you to have better health. Your Service Coordinator will call to explain the program and will assess your asthma or diabetes during a scheduled visit. The Service Coordinator will work with you and your doctor to create a plan.

To learn more, call Driscoll Health Plan Disease Management toll-free, for **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675.**

Members with Special Health Care Needs (MSHCN)

Driscoll Health Plan identifies Members with Special Health Care Needs. This includes Members with disabilities, chronic medical and behavioral health conditions.

Members are offered Service Coordination services. Service Coordination will work with families and health care providers to create a plan of care. This care plan will include preventive care, primary care, and other health care services a Member may need.

To learn more, call Driscoll Health Plan Service Coordination toll-free, for **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675.**

What is Early Childhood Intervention (ECI)?

ECI is a program for children, birth to three who have disabilities, developmental delays, suspected delays, or are at risk for having delays. ECI also works with babies that may have failed their hearing screening or vision screenings to ensure that they prevent delays in the child's development. ECI provides evaluations at no cost. ECI will help

children get needed services such as physical therapy, occupational therapy, speech therapy, and behavior intervention. ECI services end on your child's 3rd birthday, but some children leave before they turn 3 years old. ECI also offers transition services when the child turns 3 years of age.

Driscoll Health Plan's Service Coordination Department will coordinate with local ECI Programs in creating a plan for your child.

Do I need a referral?

You can self-refer and do not need a referral from a Primary Care Provider.

Where do I find an ECI Provider?

You can call Service Coordination for **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675** for assistance in locating an ECI Provider.

Adoption Assistance & Permanency Care Assistance

What is Adoption Assistance (AA)?

Adoption Assistance is a program that provides help for certain children who are adopted from foster care.

Who can get Adoption Assistance?

To get AA, the child must meet the definition of a child with special needs at the time the adoptive placement agreement is signed.

Extended AA is for people who have a child with special needs over 18 years old. The focus of this program is to help the child in the transition to adulthood. This may include adult waiver services through programs such as CLASS or HCS.

What benefits are offered under the AA Program?

- Medicaid health coverage for the child.
- Monthly payments from the Department of Family and Protective Services (DFPS) to help in meeting the child's needs.
- A one-time reimbursement from DFPS for some legal expenses that come with adopting a child.

What is Permanency Care Assistance (PCA)?

Permanency Care Assistance program gives financial support to kinship caregivers who want to provide a permanent home to children who can't be reunited with their parents.

Who is able to get Permanency Care Assistance?

- People who have guardianship of a child serving as child's foster parent for six consecutive months.
- Extended PCA is for people who have a child with special needs over 18 years old.

What benefits may be offered under PCA?

- Medicaid health coverage for a child living with you.
- Monthly cash assistance through the last day of a child's 18th birthday.
- A one-time reimbursement from DFPS for some legal expenses that come with becoming the managing conservator of a child.

Where can I go for help?

To learn more about the Adoption Assistance or Permanency Care Assistance, please call:

- Department of Family and Protective Services Hotline- 1-800-233-3405
- Health and Human Services- 1-877-782-6440 Monday-Friday, 8 a.m. to 5 p.m.
- Or visit hhs.texas.gov/AAPCA

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

The adoptive parent of the Permanency Care Assistance caregiver should contact or be referred to the Texas Department of Family and Protective Services' Regional Adoption Assistance Eligibility Specialist (AAES) assigned to their case. If they do not know who their AAES is, they can contact the DFPS hotline at 1-800-233-3405, to find out who their assigned eligibility specialist is. The AAES will then be able to help them with the address change.

Case Management

Farm Workers and Children of Traveling Farm Workers Case Management

Children of Agricultural Workers have special health care needs. Our Service Coordinators can help you schedule checkups before they are due. Staff will call to make sure checkups, physicals, and vaccines are up to date. They can also help you find a doctor where you are traveling. For help getting vaccines, or to refill medications before traveling to another area, call Member Services toll-free, for **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675**.

What if I am a Traveling Farmworker?

You can get your checkup sooner if you are leaving the area. Call Member Services for help scheduling a visit with your doctor.

Behavioral Health Case Management

What are mental health rehabilitation services and mental health-targeted Case Management?

You will receive the following mental health services as part of the managed care benefit package:

- Targeted Case Management
- Mental health rehabilitative services

Services included in mental health rehabilitation:

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

How do I get these services?

Call Service Coordination for help getting this service: **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675**.

Case Management for Children and Pregnant Women

What is Case Management for children and pregnant women?

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 of getting health problems.

What do Case Managers do?

A Case Manager will visit with you and then:

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

What kind of help can you get?

Case Managers can help you:

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

How can you get a Case Manager?

Call Driscoll Health Plan to learn more or call Texas Health Steps toll-free at 1-877-847-8377, Monday-Friday, 8 a.m. to 8 p.m.

- Driscoll Health Plan Service Coordination **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675**
- To learn more, visit: driscollhealthplan.com

Behavioral Health

How do I get help if I have a behavioral (mental) health disorder?

You can get help with mental health and substance misuse disorder. If you need help, call the Behavioral Health Hotline toll-free, for **Nueces SA: 1-833-532-0209** or **Hidalgo SA: 1-833-532-0219**. You can call 24 hours a day, 7 days a week. You may choose a provider within our Behavioral Health Network. If you choose to see a provider who is not in the DHP network, the provider may require prior authorization before they see you. These services are private, so you do not need a Primary Care Provider to agree to the services.

Providers can call **1-877-324-3627** to find out if they are contracted under the Intensive Outpatient Program.

If you have an emergency related to mental health problems or substance misuse, go to the nearest hospital emergency room, or call **911** for an ambulance.

Mental Health Services

How do I get mental health rehabilitation services and mental health-targeted Case Management?

For help, call Service Coordination at **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675**.

Substance Misuse Services

How do I get substance misuse services?

If you need substance misuse services, you should call the Behavioral Health Hotline toll-free, for **Nueces SA: 1-833-532-0209** or **Hidalgo SA: 1-833-532-0219**. You can call Service Coordination as well at **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675**.

Do I need a referral for this?

You can go to a Driscoll Health Plan provider without a referral from your Primary Care Provider.

Mental Health Parity and Addiction Equity Act

Driscoll Health Plan follows all laws and regulations of the Mental Health Parity and Addiction Equity Act. It protects against unfair and unequal treatment regarding benefits provided by our plan.

What is Mental Health Parity?

Mental health parity means that you should receive the same level of behavioral health care as you do for medical care.

Special Services

Interpreter Services

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

Yes. Your doctor's office will arrange for an interpreter to help you during your visit.

Who do I call for an interpreter?

Call your doctor's office for help.

How far in advance do I need to call?

Language interpreter services held over the phone do not require advance notice.

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

The interpreter your doctor's office arranges for you can be someone that comes to the office. Contact your doctor at least 48 hours in advance to make these arrangements.

Non-emergency Medical Transportation (NEMT) Services – SafeRide Health

Who is SafeRide Health?

SafeRide Health provides transportation to non-emergency health care visits for Members who have no other transportation choices. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicaid services. These trips do NOT include ambulance trips.

What services does SafeRide Health offer?

- Passes or tickets for transportation such as mass transit within and between cities or states, by rail or bus, included in certain circumstances.
- Commercial airline transportation services.
- Demand response transportation services, which are curb-to-curb transportation in private buses, vans, or sedans, including wheelchair-accessible vans, if necessary.
- Mileage reimbursement for an individual transportation participant (ITP) to a covered health care 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 visit with you, SafeRide Health will cover the transportation costs for your attendant.

A parent, guardian, or other authorized adult must accompany children 14 years old and younger.

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 adult on file to travel alone. Parental consent is not needed if the health care service is confidential in nature.

How to get a ride?

Driscoll Health Plan will provide you with information on how to schedule a ride through SafeRide Health.

Who do I call for a ride to a medical appointment?

Call SafeRide Health to schedule and pick up at 1-833-694-5881 or visit the SafeRide Health member portal at: driscollhealthplan.member.saferidehealth.com/login

How far in advance do I need to call for a ride?

You should ask for NEMT services as early as possible and at least two business days before you

need the NEMT service. In certain circumstances, you may ask for 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 tell SafeRide Health before the approved and scheduled trip if your medical program is canceled.

Where's my ride?

Call SafeRide Health to check the status of your ride at: 1-833-694-5881

Can someone I know give me a ride to my appointment and get paid for mileage?

Yes, mileage will be reimbursed to an individual transportation participant 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.

Please call 1-833-694-5881 to learn more.

Benefits and Services

What are my acute care/health care benefits?

Acute care benefits are services for you when you are sick or to keep you from getting sick. These services include things like labs, hospitals, and specialists. If you have Medicare and Medicaid, your acute care benefits are covered by Medicare. Your health care benefits are the same as your acute care benefits. The table includes some services but is not limited to the services listed.

Acute Care Benefits / Health Care Benefits
• Care to help Members stay well
• Needed medical care for children
• Vaccines for children under 21 years old
• Texas Health Steps checkups for Members under the age of 21 years
• Laboratory services
• X-ray services
• Family planning services and supplies
• Prescription drugs
• Eye exams and glasses
• Ear doctor visits and hearing aids
• Prenatal care
• Birthing Center Services
• Specialty doctor services
• Hospital care
• 24-hour emergency care from an emergency room
• Ambulance services, if necessary
• Home Health services
• Behavioral Health Services
• Help with substance misuse
• Private Duty Nursing
• Personal Care Services
• Home Health Skilled Nursing
• Early Childhood Intervention
• Dialysis for kidney problems
• Organs/Tissues transplantation
• Durable Medical Equipment and supplies
• Chiropractic services
• Cancer diagnosis and treatment
• Mastectomy procedures and reconstruction
• Podiatry services
• Oral Fluoride Varnish

How do I get these services?

Your Primary Care Provider will work with you to make sure you get the care needed.

Are there any limits on any covered services?

There might be limits to these services. To learn more, call Service Coordination toll-free, for **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675**.

Dental Services

What dental services does Driscoll Health Plan cover for children?

Driscoll Health Plan covers emergency dental services in a hospital or ambulatory surgical center, including, but not limited to, payment for the following:

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

Driscoll Health Plan covers hospitals, doctors, and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other prescription drugs.

Driscoll Health Plan is also responsible for paying for treatment and devices for craniofacial anomalies.

Your child's Medicaid dental plan provides all other dental services including services that help prevent tooth decay and services that fix dental problems.

Call your child's Medicaid dental plan to learn more about the dental services they offer.

Vision Services

How do I get eye care services?

To get eye exams or glasses, call Envolve, for Nueces SA: 1-844-305-8300 or Hidalgo SA: 1-844-725-6410. You do not need a referral from your Primary Care Provider for routine eye checkups from ophthalmologists or optometrists in Envolve's provider network.

When should I get routine eye care?

- You should get an exam once every 12 months.
- Glasses may be replaced every two years.

Pharmacy and Prescriptions

What are my prescription benefits?

Driscoll Health Plan covers most medicines prescribed. To learn more, call Member Services.

How do I get my medications?

Medicaid pays for most medicine your doctor says you need. Your doctor will either write a prescription so you can take it to the pharmacy, or your doctor may be able to send the prescription for you.

How do I find a network pharmacy?

A network pharmacy can be found on the Pharmacy Network List at driscollhealthplan.com or contact Member Services for help finding a network pharmacy.

What if I go to a pharmacy not in the network?

The pharmacy can call the Pharmacy Help Line on the back of your ID card. They will help find a pharmacy in the network.

What do I bring with me to the pharmacy?

You will need to bring Your Texas Benefits Medicaid ID card or your Driscoll Health Plan ID card.

What if I need my medications delivered to me?

Please call Member Services if you need to have your medications delivered to your home. We will give you the number to a pharmacy that will deliver to you. There is no charge for this home delivery.

Who do I call if I can't get my medications?

Please contact Member Services if you have any problems getting medications.

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

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

Call Driscoll Health Plan toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674** for help with your medications and refills.

How do I get my medications if I am in a Nursing Facility?

The nursing facility will provide you with all your medications. If you need extra help, call your Service Coordinator.

What if I lose my medication(s)?

You should keep your medications in a safe place. If you lose your medications call Member Services. We will work with your doctor and pharmacy to help you get a replacement.

What is the Medicaid Lock-In Program?

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

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

- Pick one pharmacy 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 Driscoll Health Plan Member Services.

How can I get a list of the prescriptions that are covered by my benefits?

A current list of covered prescriptions can be found at: txvendordrug.com/formulary
You can also call Member Services if you need assistance.

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

Medicaid covers some durable medical equipment and products normally found in a pharmacy. For all Members, Driscoll Health Plan pays for nebulizers, ostomy supplies, and other covered supplies and equipment if they are medically necessary. For children (birth through age 20), Driscoll Health Plan also pays for medically necessary prescribed over-the-counter drugs, diapers, formula, and some vitamins and minerals. To learn more, please call Member Services.

Long Term Services and Supports (LTSS)

Long Term Services and Supports are benefits and services that you may be able to get. These services help you stay safe and healthy in your own home. Long Term Services and Supports help you with things like bathing, dressing, cooking, shopping, and taking your medicines. You can find a listing of these benefits in the table on the pages to follow.

What are my Long Term Services and Supports (LTSS) Benefits?

You may be able to get the following Long-Term Services and Supports Benefits if you meet medical necessity. Your waiver determines your LTSS benefits. Additional services are determined based on your waiver as listed below:

- Medically Dependent Children Program (MDCP)
- Community Living & Support Services (CLASS)
- Deafblind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Youth Empowerment Services (YES)

I am in the Medically Dependent Children Program (MDCP). How do I get services for my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN), and Community First Choice (CFC), as well as all MDCP services, will be delivered through your STAR Kids MCO. Please contact your MCO service coordinator if you need assistance with using these services.

I am in the Community Living Assistance & Support Services (CLASS) waiver. How do I get services for my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN), and Community First Choice (CFC) will be delivered through your STAR Kids MCO. Your CLASS waiver services will be delivered through the Department of Aging and Disability Services. Please contact your MCO service coordinator if you need assistance with using these services. You can also contact your CLASS case manager for questions specific to CLASS waiver services.

I am in the Deaf-Blind with Multiple Disabilities (DBMD) waiver. How do I get services for my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN), and Community First Choice (CFC) will be delivered through your STAR Kids MCO. Your DBMD waiver services will be delivered through the Department of Aging and Disability Services. Please contact your MCO service coordinator if you need assistance with using these services. You can also contact your DBMD case manager for questions specific to DBMD waiver services.

I am in the Home and Community-Based Services (HCS) waiver. How do I get services for my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN), and Community First Choice (CFC) will be delivered through your STAR Kids MCO. Your HCS waiver services will be delivered through the Department of Aging and Disability Services. Please contact your MCO service coordinator if you need assistance with using these services. You can also contact your HCS service coordinator at your local intellectual and developmental disability authority (LIDDA) for questions specific to HCS waiver services.

I am in the Texas Home Living (TxHmL) waiver. How do I get services for my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN), and Community First Choice (CFC) will be delivered through your STAR Kids MCO. Your TxHmL waiver services will be delivered through the Department of Aging and Disability Services. Please contact your MCO service coordinator if you need assistance with using these services. You can also contact your TxHmL service coordinator at your local intellectual and developmental disability authority (LIDDA) for questions specific to TxHmL waiver services.

I am in the Youth Empowerment Services waiver (YES). How do I get services for my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN), and Community First Choice (CFC) will be delivered through your STAR Kids MCO. Your YES waiver services will be delivered through the Department of State Health Services.

Please contact your MCO service coordinator if you need assistance with accessing these services.

What number do I call to find out about these services?

Please contact your MCO service coordinator if you need assistance with using these services. You can also contact your LMHA case manager for questions specific to YES waiver services.

Providers can call **1-877-324-3627** to find out if they are contracted under the Intensive Outpatient Program.

Consumer Directed Services (CDS)

In STAR Kids, you may choose how you would like some LTSS delivered.

- Agency Option (AO): all services provided and managed by an agency.
- Service Responsibility Option (SRO): person who manages day-to-day activities while the provider agency manages business activities.
- CDS option: person who manages day-to-day and business activities.

CDS option gives you more choices and control over how some of your LTSS services are delivered.

If you choose the CDS option, you will be able to:

- Find, screen, hire, and fire the people who provide services to you or our staff.
- Train and direct your staff.

For STAR Kids services that can be managed by CDS include Personal Care Services (attendant care), Community First Choice Personal Care Services (CFC-PCS), Community First Choice Habilitation (CFC-HAB).

For STAR Kids on Medically Dependent Children Program (MDCP) waiver, services that can be managed by CDS include respite care, employment assistance, flexible family support, adaptive aids, minor home modifications, and supported employment.

If you choose to be in CDS, you will contract with a Financial Management Services Agency (FMSA). FMSA will:

- provide training and support to help you with your staff,
- do your payroll, and
- file your taxes.

Call the Service Coordination Line toll-free, for **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675** for help.

What is Cognitive Rehabilitation Therapy (CRT)?

CRT is an LTSS benefit. CRT helps you learn or relearn skills that have been reduced or lost because of brain injury. CRT helps you regain skills like memory improvement, improved attention span, and problem-solving.

LTSS Benefits Table

Each waiver offers many benefits. The table shows you what benefits your waiver includes or does not include.

Long-Term Services and Supports (LTSS) Benefits						
	MDCP	CLASS	DBMD	HCS	TxHmL	YES
Adaptive Aids (AA)	✓	✓	✓	✓	✓	✓
Audiology Services			✓	✓	✓	
Behavior Support Services		✓	✓	✓	✓	
Case Management		✓	✓			
Chore Services			✓			
Community Support Services (CSS) transportation					✓	
Continued Family Services		✓				
Cognitive Rehabilitation Therapy		✓		✓		
Day Habilitation			✓	✓	✓	
Dental		✓	✓	✓	✓	
Dietary/Nutritional Services		✓	✓	✓	✓	
Employment Assistance Services (EAS)	✓	✓	✓	✓	✓	✓
Financial Management Services (FMS)	✓	✓	✓	✓	✓	
Flexible Family Support Services (FFSS)	✓					
Family Support						✓
Intervener			✓			
Language Therapy		✓	✓	✓	✓	
Minor Home Modifications (MHM)	✓	✓	✓	✓	✓	✓
Non-Medical Transportation						✓
Nursing		✓	✓	✓	✓	
Orientation and Mobility			✓			
Paraprofessional Services						✓
Physical, Occupational, and Speech Therapy		✓	✓	✓	✓	
Prevocational Services		✓				
Residential Assistance				✓		
Respite Services	✓	✓	✓	✓	✓	✓
Specialized Therapies		✓				
Speech/Language Pathology		✓				
Social Work Services				✓		
Support Family Services		✓				
Supported Employment	✓	✓	✓	✓	✓	✓
Supported Home Living (SHL) transportation				✓		
Supportive Family-based Alternatives						✓
Transition Assistance Services (TAS)	✓	✓	✓	✓	✓	

What is Private Duty Nursing (PDN)?

Private Duty Nursing provides nursing care to children with special medical needs. PDN will teach you how to care for your child's medical needs. Your Service Coordinator will assess your needs for this service at each home visit. Call your Service Coordinator any time to talk about getting help from PDN for things like:

- Ventilator care and management
- Feeding tubes
- Suctioning
- Injections
- Catheterization

How can Personal Care Services (PCS) help me?

Personal Care Services helps with everyday tasks like bathing, eating, dressing, and walking. PCS can also help you to fix meals and do light housework. Your Service Coordinator will assess your need for this service at each home visit. To learn more, call your Service Coordinator toll-free, for **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675.**

What can Community First Choice (CFC) do for me?

Community First Choice provides home and community-based basic attendant services and supports. The services you can get in CFC are:

- Help with daily tasks like dressing, bathing, and eating.
- Services to help you learn how to care for yourself.
- Backup systems or ways to ensure services and supports keep going.
- Training on how to pick, manage, and dismiss an attendant.

To learn more, call Service Coordination toll-free, for **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675.**

Nursing Facilities

Will my STAR Kids benefits change if I am in a Nursing Facility?

No. Your health benefits will not change if you are in a nursing facility.

Will I keep getting STAR Kids benefits if I am in a Nursing Facility?

A STAR Kids Member who enters a Nursing Facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) will remain a STAR Kids Member. Driscoll Health Plan must provide Service Coordination and any Covered Services that happen outside of the Nursing Facility or ICF/IID when a STAR Kids Member is a Nursing Facility or ICF/IID resident. Throughout the duration of the Nursing Facility or ICF/IID stay, Driscoll Health Plan must work with the Member and the Member's Legally Authorized Representative (LAR) to identify Community-Based Services and LTSS programs to help the Member return to the community.

Prescribed Pediatric Extended Care Centers (PPECC)

What is the Prescribed Pediatric Extended Care Center?

PPEC is available to children from birth through age 20. Children with complex medical conditions can get the medical care they need in a day treatment setting. Services may include:

- Skilled nursing services
- Nutritional counseling
- Developmental services
- Psychosocial services
- Caregiver training
- Transportation

How do I get these services? What number do I call to find out about these services?

If you need any of these services, you can call Member Services toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674.**

Call Service Coordination toll-free, for **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675.**

What if I also have Medicare?

If you have Medicare and STAR Kids, Medicare will be your primary coverage.

What other services can Driscoll Health Plan Help me Get?

Medicaid offers services Driscoll Health Plan does not. We can help you get these services:

- Texas Health Steps dental (including orthodontia)
- Early Childhood Intervention (ECI) Case Management and service coordination
- Department of State and Health Services for targeted Case Management.
- Department of State and Health Services for Mental Health Rehabilitation (MHR)
- Vendor Drug Program
- Community First Choice services (CFC)
- Texas School Health and Related Services (SHARS)
- Department of Assistive and Rehabilitative Services Blind Children's Vocational Discovery and Development Program
- Tuberculosis services provided by the Department of State and Health Services-approved providers
- Department of Aging and Disabilities Services (DADS)
- Audiology services and hearing aids for children under age 21
- Women's, Infants, and Children (WIC)

If you need help using these services and programs, call Service Coordination toll-free, for **Nueces SA: 1-844-508-4673** or **Hidalgo SA: 1-844-508-4675**.

Extra Benefits

What extra benefits do I get as a Member of Driscoll Health Plan?

When you join Driscoll Health Plan, you get some Value-Added Services that Medicaid does not offer.

What is a Value-Added Service?

In addition to your regular health benefits, Driscoll Health Plan offers extra services to our Members at no cost. Driscoll Health Plan wants you and your family to stay healthy and enjoy life. Therefore, we offer a Value-Added Service for everyone in the family.

How can I get these benefits?

For eyeglasses, contact our vision vendor toll-free, for **Nueces SA: 1-844-305-8300** or **Hidalgo SA: 1-844-725-6410**.

For questions on how to get any of the other Value-Added Services, contact Member Services or your Service Coordinator. For a complete list of extra benefits, please refer to the table on the next page**.**

*These extra services are valid from September 1, 2024 through August 31, 2025.

Value-Added Services		
Type of Benefit	**Description of Benefit**	**Restrictions and/or Limitations**
Respite Care	Up to 32 hours of respite care each year for members who get personal care services (PCS).	• Respite services must be authorized by a Service Coordinator • Members must be under the age of 21 • Does not apply to MDCP members
Pest Control	High-risk members with chronic health conditions can get pest control services.	• Must live in a home that is owned or rented • Must have a high-risk medical condition • Pest control services only include insects and rodents inside the home • Termites and bedbugs are not included • Pest control services are limited to a preapproved list of vendors • One service per household
Sensory Products	Up to $75 towards a sensory packet.	• One per member, per year • Must meet medical criteria
Community-Based Specialty Services	Community-Based Specialty Services include: • Equine Therapy • Music Therapy • Aquatic Therapy	• Must meet medical criteria • Members are subject to requirements set by the service provider • Some therapies may be limited by location due to available space • Offered on a first-come, first-served basis • Yearly limit of $500
	Up to two $20 gift cards for completing an Empower Behavioral Health potty training program and a program follow-up visit.	**Ages 4 and under** • Must meet medical criteria • Up to two gift cards per member, per year **Ages 20 and under** • Must meet medical criteria • Up to two gift cards per member, per year
Asthma	$20 gift card after five months of continuous asthma controller medication refills.	• Must meet medical criteria • Refills must be continuous

Value-Added Services		
Type of Benefit	**Description of Benefit**	**Restrictions and/or Limitations**
	A set of hypoallergenic pillow and bed covers.	• Must meet medical criteria • One set per member, per year
Vision	$150 allowance towards frames, lenses, or contact lenses every two years.	• Ages 2 and older • Limited to members who need glasses
Sports or School Physicals	One sports or school physical.	• Ages 4 to 21 • One physical per member, per year
Healthy Play and Exercise Programs	Up to $150 to help cover the registration cost to a special needs camp.	• One per member, per year • Must provide proof of acceptance and payment • Must meet medical criteria
Transportation	Get rides to: • Local food pantries • Grocery stores • DHP health education classes • DHP community events • DHP sponsored events • Social Security Administration office	**Local food pantries:** • Must complete an SDOH evaluation • Must be within DHP service area • Must be within 25-mile radius or with prior approval **Local grocery stores:** • Must complete an SDOH evaluation • Must be within DHP service area • Must be within 25-mile radius • Visit must not be more than one hour including in store and travel time • Members with special health care needs **DHP health education classes or community events:** • Must be pre-registered for DHP education class or DHP community event • Must be within DHP service area • Must be within 25-mile radius or with prior approval **Social Security Administration office and DHP sponsored events:** • Must be within 25-mile radius or with prior approval
Extra help for MDCP members	Up to $500 MDCP copay coverage towards a nursing home stay.	• Must have assessment by Service Coordinator that determines

Value-Added Services		
Type of Benefit	**Description of Benefit**	**Restrictions and/or Limitations**
		eligibility criteria for MDCP waiver • Must meet HHSC assessment of "Medical Necessity" for MDCP waiver
Health and Wellness	$50 gift card for joining a health and wellness program. Includes: • Sports program • Gym membership • 5k race • Dance class • Art class • Yoga class • Music lessons	• One gift card per member, per year • Must submit the receipt as proof of participation
	$20 gift card for completing a follow-up with your provider.	• Must be within 7-14 days of discharge from the hospital • Hospital stay must be at least three days • Up to three times per year
	One first-aid kit per family.	• Ages 2 to 5 • Must be a new member
	One activity tracker for weight management.	• Ages 10 to 18 • Must meet medical criteria • Must complete the physical fitness modules
	Lice removal treatments	• Up to three visits per year • PCP referral is required • Participating clinics only • May treat family members if DHP member qualifies for treatment
	ID wristband	• Ages 5 to 21 • One per member, per year • Member must request ID wristband
Help for members with Diabetes	***Hidalgo Service Area Only:*** Healthy Living Diabetes kit and enrollment in the Unidos Contra la Diabetes program.	• Ages 11 to 17 • Must complete a Health Risk Assessment • Must meet medical criteria • One kit per member per year • Locations include: Starr, Hidalgo, Cameron, and Willacy counties

Value-Added Services		
Type of Benefit	**Description of Benefit**	**Restrictions and/or Limitations**
	Resistance bands	• Age 7 and older • Must meet medical criteria • Must be enrolled in Case Management • One set per member, per year
Behavioral Health	Up to $60 in gift cards for completing a Triple P session.	• One $20 gift card per class, up to three gift cards per family • Must be enrolled in Triple P session • Must complete each Triple P class • Must complete one age group per level • Limited to two different levels
	$25 gift card for completing a mental health follow-up.	• Age 6 and older • Follow-up must be with a mental health practitioner • Must be within 7 days of discharge from an inpatient mental health hospital
	Emotional support Build-A-Bear	• Ages 3 to 21 • Must meet medical criteria
Extra help for Pregnant Members For a listing of our baby showers and parenting classes, visit: driscollhealthplan.com/get-ready-for-baby *Classes may be available at select locations, in person, or virtual.*	$100 gift card for completing a DHP Get Ready for Baby educational baby shower.	One gift card per member, per pregnancy
	$50 gift card for completing a postpartum checkup.	• Must be within 7-84 days of delivery • One gift card per member, per pregnancy
	$25 gift card for completing a prenatal checkup.	• Must be within the first trimester or within 42 days of joining DHP • One gift card per member, per pregnancy
	$20 gift card for completing a parenting class.	• Must attend within 120 days of delivery • One gift card per member, per pregnancy
	$20 gift card for completing a home visit.	• Moms must call to schedule a home visit • Visit must be completed within 60 days of delivery

Value-Added Services		
Type of Benefit	**Description of Benefit**	**Restrictions and/or Limitations**
		• Moms will complete a postnatal screening upon completion of class
	$20 gift card for completing a Pregnancy Health Risk Assessment (HRA).	• Must be a new pregnant member • Must complete the Pregnancy HRA
	One year membership of SHIPT grocery delivery service for high-risk pregnant members.	Must be identified as having a high-risk pregnancy
	Nutritional counseling with a nutritionist.	• Must not qualify for other nutritional counseling program • Must be a pregnant member
	Lactation consultation	• Must complete within 60 days of delivery • Up to two sessions per pregnancy
Gift Programs	Up to $75 in gift cards for completing a DHP or Case Management educational program.	*Classes may be available in person or virtual.* • Must be registered for classes • Must not be related to any other VAS
	$25 gift card when you get a COVID-19 vaccine.	• Up to two gift cards per year • Must submit a copy of the vaccination card
	$20 gift card for completing four on-time newborn Texas Health Steps checkups.	Must have four of the following Texas Health Steps checkups: • 3 to 5 days • 2 weeks • 4 months • 6 months • 9 months
	$20 gift card for completing a 12 and 15 month Texas Health Steps checkups.	Must have the following Texas Health Steps checkups: • 12 months • 15 months
	$20 gift card for completing a yearly Texas Health Steps checkup.	Ages 2 to 20
	$20 gift card for completing a Kids in Safety Seats class.	• Must complete a Kids in Safety Seats class • One gift card per family

Value-Added Services		
Type of Benefit	**Description of Benefit**	**Restrictions and/or Limitations**
	Menstrual cycle kit	• Up to three kits per member per year • Member must request kit
	Educational braille learning kit	• Ages 0 to 5 • Must meet medical criteria • One per member, per year
Over-the-Counter Benefits	$50 gift card for over-the-counter items.	**Ages 6 to 15 months** • Must have 6 months of continuous eligibility • Must have completed two Texas Health Steps checkups within 6 months • Must download and register in the DHP Mobile App **Ages 13 to 18 years** • Must have 6 months of continuous eligibility • Must have completed one Texas Health Steps checkup within 12 months • Must download and register in the DHP Mobile App
	Up to 20% discount on over-the-counter items at the Driscoll Children's Hospital Pharmacy.	• Must show your DHP member ID card • Medicaid covered benefits are not included

What services are not covered by Driscoll Health Plan?

Members may ask for a review of services that are not covered. Members may also ask for a review of services when their benefit limit has been reached. DHP may review the request for services on a case-by-case basis. Approvals are based on medical necessity, cost, and whether it will benefit the member's health. DHP will require you to provide clinical documentation to support the medical necessity of the service.

Driscoll Health Plan does not cover the following services (list not all-inclusive):

Elective Care & Services
• Ear piercing • Hair transplant • Any service not medically necessary • Medical testimony and reports • Hospital bereavement • Marital counseling
Medical Care
• Infertility treatment • In Vitro Fertilization (IVF) • Reversal of sterilization • Cosmetic surgery • Non-authorized services (see page 16 for authorization requirements) • Services where a referral may be needed (see page 16 for referral requirements) • Any service received outside of the United States • LTSS that are not determined to be medically necessary and recorded in your Individual Service Plan approved by your Service Coordinator, your PCP, and you
Treatments
• Acupuncture • Hypnosis • Experimental medicines or procedures

Other Important Information

What do I have to do if I move?

As soon as you have your new address, give it to the HHSC benefits office by dialing 2-1-1 on your mobile phone and call Member Services toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674**. Before you get Medicaid services in your new area, you must call Driscoll Health Plan, unless you need emergency services. You will keep getting care through Driscoll Health Plan until HHSC changes your address.

What if I want to change Health Plans?

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

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 on 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 Driscoll Health Plan ask that I get dropped from their health plan for non-compliance?

Yes, we might ask for your removal from our health plan if you:

- Let someone else use your Health Plan Member ID card.

- Let someone else use Your Texas Benefits Medicaid card.
- Do not follow the doctor's advice.
- Keep going to the emergency room for non-emergent issues.
- Cause problems at the doctor's office.
- Make it difficult for a doctor to help patients.

What should I do if I get a bill?

If you get a bill, call Member Services and we can help you. We can call the provider's office for you. You are not responsible for co-pays, deductibles, and services covered by Medicaid.

The following services are not covered by DHP:

- Going to a specialist without getting a referral.
- Going to an out-of-network provider without getting a referral.
- Choosing to go to an Urgent Care instead of an Emergency Room when you are out of town.

Who do I call?

Call Member Services at **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674.**

What information will they need?

Have your Member ID card and the bill when you call.

Can my Medicare Provider bill me for services or supplies if I am in both Medicare and Medicaid?

You cannot be billed for Medicare "cost-sharing," which includes deductibles, coinsurance, and co-payments that are covered by Medicaid.

Loss of Medicaid Coverage

What happens if I lose my Medicaid coverage?

If you lose Medicaid coverage but get it back again within six 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.

What do I do if I have other insurance in addition to Medicaid?

(Coordination of Benefits)

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

- Your other health insurance is canceled.
- You get new insurance coverage.
- You have general questions about other health insurance.

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

If you have other health 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 other health insurance as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your other health insurance company.

When should others pay?

Sometimes others should pay for your health care. Below is what you need to do to make sure they pay.

More Than One Health Plan

If you have more than one health plan the other health plan must pay for your health care first. Let your doctor's office and Member Services know if you have other insurance.

Injury Caused by Others

If you are involved in an accident, your accident insurance must pay your bill. Call Member Services

to let us know that you were in an accident so we can make sure your health care is paid for.

Member Satisfaction

Member Satisfaction Surveys

Each year we ask a sample of our Members to participate in a Satisfaction Survey. The survey asks questions to see how happy you are with your care from Driscoll Health Plan and your provider. Your answers help us improve the care you get. To learn more about the results, call Member Services**.**

Member Advisory Group

Every three months we have Member Advisory Group meetings. This group meets to talk about things you would like us to do differently. You can also tell us what we can do better. Call Member Services if you want to be a Member of this group.

Reporting Abuse, Neglect, and Exploitation

You have the right to respect and dignity, including freedom from abuse, neglect, and exploitation.

What are Abuse, Neglect, and Exploitation?

Abuse is a mental, emotional, physical, or sexual injury, or failure to prevent such injury.

Neglect results in starvation, dehydration, overmedicating or under medicating, unsanitary living conditions, etc. Neglect also includes a lack of heat, running water, electricity, medical care, and personal hygiene.

Exploitation is misusing the resources of another person for personal or monetary gain. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

Reporting Abuse, Neglect, and Exploitation

The law requires that you report suspected abuse, neglect, or exploitation, including unapproved use of restraints or isolation that is committed by a provider.

Call **911** for life-threatening or emergency situations.

Report by Phone (non-emergency); 24 hours a day, 7 days a week, toll-free.

Report to the Department of Aging and Disability Services (DADS) by calling 1-800-647-7418 if the person being abused, neglected, or exploited lives in or receives services from a:

- Nursing facility;
- Assisted living facility;
- Adult daycare center;
- Licensed adult foster care provider; or
- Home and Community Support Services Agency (HCSSA) or Home Health Agency.

Suspected abuse, neglect, or exploitation by an HCSSA must also be reported to the Department of Family and Protective Services (DFPS).

Report all other suspected abuse, neglect, or exploitation to DFPS by calling 1-800-252-5400.

Report Electronically (non-emergency)

Go to txabusehotline.org. This is a secure website. You will need to create a password-protected account and profile.

Helpful Information for Filing a Report

When reporting abuse, neglect, or exploitation, it is helpful to have the names, ages, addresses, and phone numbers of everyone involved.

Complaints, Appeals, Emergency Appeal, External Medical Review, and State Fair Hearing

Driscoll Health Plan Member Advocates are here to help you with writing complaints and will help you through the complaint process. If you need help

with an appeal, a Member Advocate can help you file an appeal and walk you through the process. If you have a question about the covered services or preventative services of Driscoll Health Plan, call Member Services toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674**.

Complaints

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, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674** to tell us about your problem. A Driscoll Health Plan Member Advocate can help you file a complaint. Most of the time, we can help you right away or at most within a few days.

Driscoll Health Plan Complaint Procedures

You or someone acting on your behalf, and health care providers may file a written or oral complaint. Use the phone number and address referenced below to file your oral or written complaint.

Driscoll Health Plan
Quality Management Department
Attn: Performance Excellence Team
4525 Ayers Street
Corpus Christi, TX 78415
Toll-free Number: 1-877-324-7543
Fax Number: 361-808-2725
Email: DHP_QM_Complaints@dchstx.org

Interpreter services are provided at no cost to you, please call Member Services at **1-877-324-7543** (TTY: 1-800-783-2989) for assistance.

Once you have gone through the Driscoll Health Plan complaint process, you may file your complaint directly 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 for Managed Care
P.O. Box 13247
Austin, TX 78711-3247
Fax Number: 1-888-780-8099

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

Who do I call?

We want to help you. If you have a question about how to file a complaint, please call Member Services toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674**.

Can someone from Driscoll Health Plan help me file a complaint?

Yes. A Driscoll Health Plan Member Advocate can help you file a complaint.

What are the requirements and timeframes for filing a Complaint?

You can make your complaint verbally or in writing. We will mail you a letter to let you know we received the complaint. We send this letter within five business days of receiving your complaint unless it is an initial contact complaint, which is taken care of within 24 hours. We will review it and let you know in writing of the outcome.

How long will it take to process my Complaint?

We will provide you with an answer within 30 days of receipt.

Appeals

Appeal Process

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

There may be times when DHP's Medical Director denies or limits certain services. When this happens, you can ask for an appeal to review medical necessity for denied services. For help with how to fill out the Member appeal form, call Member Services at **1-877-324-7543** (TTY: 1-800-783-2989).

Interpreter services are provided at no cost to you, please call Member Services at **1-877-324-7543** (TTY: 1-800-783-2989) for assistance.

How will I find out if services are not approved?

We will send you a letter if services are not approved. The form to appeal the denial will be included.

How do I submit an Appeal?

- You or your provider may request an appeal orally or in writing.
- If you choose to submit an appeal in writing, you may use the appeal form that was included with the denial letter.
- A request for an oral appeal will be treated in the same manner as a written appeal. The date of the oral request will be treated as the filing date of the request.
- Use the phone number and address below to submit an appeal:

  Driscoll Health Plan
  Utilization Management Department
  Attn: Member Appeals Team
  4525 Ayers Street
  Corpus Christi, TX 78415
  Toll-free Number: 1-877-324-7543
  Fax Number: 361-808-2186
  Email: DHP_QM_Appeals@dchstx.org

Can someone from Driscoll help me file an Appeal?

Yes. For help with filing an appeal call us toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674**.

What are the timeframes for the appeal process?

- You have 60 calendar days from the date on the denial letter to submit a request for an appeal.
- If you want to keep getting services, you must file an appeal. You must file your appeal on or before 10 business days after we mail the letter or before the services end.
- We will send you a letter within five business days after getting your appeal.
- We will complete the review within 30 days.
- An appeal can be extended up to 14 days if either of us needs extra time.
- You have the right to request an External Medical Review and State Fair Hearing no later than 120 days after the date DHP mails the appeal decision notice.
- You have the right to request only a State Fair Hearing review no later than 120 days after DHP mails the appeal decision notice.

Emergency Appeal

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?

Call Member Services toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674** to ask for an Emergency Appeal.

Who can help me file an Emergency Appeal?

If you need help in filing this appeal, call Member Services and we will arrange for a Member Advocate to help you.

Does my request have to be in writing?

Your request does not have to be in writing. You or your doctor can call us to request this type of appeal orally.

What are the timeframes for an Emergency Appeal?

Your request will be reviewed, and a verbal response will be given to you and your doctor within one day of asking for the appeal. We will send you a letter within 72 hours with the response. This letter will either approve or deny the request for an Emergency Appeal.

What happens if DHP denies the request for an Emergency Appeal?

If DHP denies your request for an Emergency Appeal, we will process your appeal with the regular appeal process. We will call you and let you know of the denial right away. We will then follow-up with a letter within two calendar days.

External Medical Review

Can a Member ask for an External Medical Review?

If 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 should either:

- Fill out the 'State Fair Hearing and External Medical Review Request Form' provided as an attachment to the Member Notice of Driscoll Health Plan's Internal Appeal Decision letter and mail, email, or fax it to Driscoll Health Plan by using the address or fax number at the top of the form,
- call Driscoll Health Plan at **1-877-324-7543**,
- fax number: 1-844-381-5437, or
- email: DHPSFH@dchstx.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 H4803, 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 Driscoll Health Plan. To qualify for an emergency External Medical Review and emergency State Fair Hearing review through HHSC, you must first complete Driscoll Health Plan's internal appeal process. The decision for the emergency External Medical Review will be given within two business days.

State Fair Hearing

Can I ask for a State Fair Hearing?

If you, as a Member of Driscoll 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 or call:

Driscoll Health Plan
Attn: State Fair Hearing Coordinator
4525 Ayers Street
Corpus Christi, TX 78415
Toll-free Number: 1-877-324-7543
Fax Number: 1-844-381-5437
Email: DHPSFH@dchstx.org

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 an information packet letting you know the date, time, and location of the hearing. Most State Fair Hearings are held by phone. 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 State Fair Hearing.

If the State Fair Hearing final decision is adverse to you, you may be required to pay the cost of services furnished to you while the appeal and State Fair Hearing was pending.

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 Driscoll Health Plan. To qualify for an emergency State Fair Hearing through HHSC, you must first complete Driscoll Health Plan's internal appeal process.

Advance Directives

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

You might be too sick to make decisions about your health care. If this happens, how will a doctor know what you want? You can make an Advance Directive.

What are Advance Directives?

An Advance Directive is a living will that tells people what you want to happen if you get very sick. Another kind of living will is called a Durable Power of Attorney, which allows a friend or family member to make decisions about your health care.

How do I get an Advance Directive?

If you want more facts about Advance Directives, call Member Services toll-free, for **Nueces SA: 1-844-508-4672** or **Hidalgo SA: 1-844-508-4674**.

Report 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 pharmacy, 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:

- Being 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 oig.hhs.texas.gov/report-fraud-waste-or-abuse and select the box labeled **IG's Fraud Reporting Form** to complete the online form; or
- You can report directly to your health plan:
  Driscoll Health Plan
  Attn: Chief Privacy Officer
  4525 Ayers Street
  Corpus Christi, TX 78415

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

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

- Name, address, and phone number of provider
- Name and address of the facility (hospital, nursing home, home health agency, etc.)
- Medicaid number of the provider and facility if you have it
- Type of provider (doctor, dentist, therapist, pharmacist, etc.)
- Names and phone numbers of other witnesses who can help in the investigation

- Dates of events
- Summary of what happened

When reporting about someone who gets benefits, include:

- The person's name
- The person's date of birth, Social Security number, or case number if you have it
- The city where the person lives
- Specific details about the waste abuse, or fraud

Electronic Visit Verification

Rights and Responsibilities

Electronic Visit Verification (EVV) is a system that electronically documents and verifies service delivery information for certain required Medicaid service visits. The EVV system makes sure your approved services are provided to you. All program providers, service providers, and Driscoll Health Plan members are required to comply with EVV requirements.

Your Rights

- Your personal information in the EVV system is private and confidential and may only be disclosed as allowed by federal and state laws, rules, and regulations.
- Your service provider or consumer directed services (CDS) employee may use your home phone to clock in and clock out of the EVV system only if you approve.
- You can ask for an Interdisciplinary meeting or service plan team meeting with your DHP service coordinator about concerns using EVV.
- You have the right to make a complaint, voice grievances, or recommend changes in policy or service. No one can treat you differently because you made a complaint. No one can stop you from making a complaint. See the information below on how to make a complaint.

How to file a complaint:

You may submit a complaint to us directly or to the HHS Office of the Ombudsman. For more information, please visit: How to file a Complaint

- **By calling:**
  1-866-566-8989. People who are deaf, hard of hearing, or speech impaired can call any HHSC office by using the toll-free Texas Relay service at 7-1-1 or 1-800-735-2989.
- **On the internet:**
  hhs.texas.gov/about-hhs/your-rights/office-ombudsman/hhs-ombudsman-managed-care-help online submission form (only works with Internet Explorer)
- **By mail:**
  Texas Health and Human Services Commission
  Ombudsman for Managed Care
  P.O. Box 13247
  Austin, TX 78711-3247
- **By fax:**
  1-888-780-8099 (toll-free)

Your Responsibilities

Failure to perform these responsibilities may result in a referral for Medicaid fraud.

- You must allow your service provider or CDS employee to use EVV to clock-in and clock-out in one of the following ways:
  - Service provider's or CDS employee's personal smart phone or tablet;
  - Your home phone landline only if you approve; or
  - An EVV alternative device, a small electronic device that is placed and

remains in your home in an agreed upon location.

- Do not clock in or clock out for your service provider or CDS employee at any time. You must tell your service provider agency or CDS employer if your service provider or CDS employee asks you to clock-in or clock-out of the EVV system for them.
- If your service provider of CDS employee is using an EVV alternative devise to clock in and out, you must immediately tell your service provider agency or CDS employer if the EVV alternative device is damaged or removed from your home, or if someone tampered with the device; and return the alternative device to your provider agency or CDS employer when you are no longer receiving Medicaid services that require EVV.

For questions regarding EVV, you may contact us directly at:
Email: evvquestions@dchstx.org
Phone Number: 1-877-324-7543

You may also visit the HHS EVV website for more information regarding EVV. Information regarding member roles and responsibilities and frequently asked questions (FAQs) related to member roles and responsibilities may be found on HHS Form 1718, Responsibilities and Additional Information (MCO). Information for CDS employers may be found on the HHS EVV Consumer Directed Services Option webpage including registration/selection information, training requirements, contact information and other resources. Additional educational and other information for program providers, financial management service agencies (FMSAs) and CDS employers may be found on the DHP Provider Portal.

Frequently Asked Questions (FAQ)

Do I have to participate in EVV?

Yes, if you get services that require EVV. You must allow your attendant to clock-in when they begin and clock-out when they end services using one of the acceptable methods. EVV is needed for certain home and community-based services, such as Personal Attendant Services, Protective Supervision, Personal Care Services, In-home Respite, Flexible Family Support, and Community First Choice.

How do attendants clock-in and clock-out?

Attendants must use one of the following to clock-in and clock-out:

- The attendant's smartphone using an EVV mobile method
- An EVV alternative device
- Your home landline phone (but only if you will allow)

You are not allowed to clock-in or clock-out of the EVV system for the attendant for any reason. If you clock-in or clock-out for your attendant, a Medicaid fraud referral may be made to the Office of Inspector General (OIG), which may end up affecting your ability to get services.

What if I don't have a home landline phone or I don't want my attendant to use my home landline?

If you do not have a home landline phone or do not want your attendant to use your home landline phone, tell your attendant or nurse as soon as possible.

The following are two usable choices other than your home landline that your attendant may use to clock in and clock out.

1. Your provider agency may order an EVV alternative device. The device may be placed or installed by using the EVV vendor zip tie in your home. It must be in an area where your

attendant can reach it. Once installed, the device must always remain in your home. A Medicaid fraud referral may be made to OIG if the device isn't always in your home while you are receiving Medicaid services. A fraud referral may end up affecting your ability to get services.

2. Your attendant may use their smartphone with an EVV mobile method.

CDS/SRO: Also, remember if you choose the Consumer Directed Services option or the Service Responsibility Option. Under these two programs, attendants may use the CDS employer's cell phone to clock in and out of the EVV system.

Can I receive services in the community with EVV?

Yes. EVV does not change the location where you get services. You can get services in accordance with your service plan and the existing program rules, at home and in the community.

Who do I contact with questions or concerns?

Please contact your provider agency representative or health plan's service coordinator if you have any questions or concerns.

To learn more about EVV, visit: hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/electronic-visit-verification

Failure to follow your responsibilities may result in a Medicaid fraud referral or your services may not be approved and may be suspended or ended.

Managed Care Terminology

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

Complaint - A grievance that you talk about with your health insurer or plan.

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

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

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

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

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

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

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

Grievance - A complaint to your health insurer or plan.

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

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

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

Hospice Services - Services to provide comfort and support for people 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 asked for, is medically necessary. This decision or approval, sometimes called prior authorization, prior approval, or pre-certification must be obtained before 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 use 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.

Information That is Available to Members Once a Year

As a Member of Driscoll Health Plan, you can ask for and get the following information each year:

- Information about network providers – at a minimum primary care doctors, specialists, and hospitals in our service area. This information will include names, addresses, phone numbers, and languages spoken (other than English) for each network provider, plus identification of providers that are not accepting new patients, and, when applicable, professional qualifications, specialty, medical school attended, residency completion and board certification status.
- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on the complaint, appeal, external medical review, and state 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 know 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 limits to those benefits.
- How you get after-hours and emergency coverage and 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 **911** phone 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 settings for emergency care.
  - Post-stabilization rules.
- Policy on referrals for specialty care and other benefits you cannot get through your Primary Care Provider.
- Driscoll Health Plan's practice guidelines.
- Provider Directory
- Results of Member Satisfaction Surveys.

Driscoll Health Plan's Partner's Providing Care and Services

We contract with other companies that help provide services for you. The following is a list of these companies:

Avail Solutions – provides the Behavioral Health 24-hour hotline
Navitus Health Solutions, LLC – provides prescription drugs
Envolve – provides services for the vision benefit
Carenet – provides the 24-hour Nurse Advice Line
SafeRide Health – provides Non-Emergency Medical Transportation services (NEMT)
SPH Analytics – conducts Member satisfaction surveys
Pacific Interpreters – provides interpretation services

What are My Member Rights and Responsibilities?

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.
    c. Know the information you share with your health plan 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.
    c. Be given information about your health, plan, services, and providers.
    d. Be told about your rights and responsibilities.
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 complaint and appeal process available through the managed care organization and through Medicaid, and get a timely response to complaints, appeals, external medical reviews, state, and fair hearings. That includes the right to:
    a. Make a complaint to your health plan or to the state Medicaid program about your health care, your provider, or your health plan.
    b. Get a timely answer to your complaint.
    c. Use the plan's appeal process and be told how to use it.

   d. Ask for 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 a right to make recommendations to your health plan's member rights and responsibilities.
11. You have the right to the reporting of suspected waste, abuse, and fraud.
12. You have the right to be notified of any significant changes made by HHSC.

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 health plan and Medicaid policies and procedures. 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.
i. Ask questions about your benefits.

3. You must share information about your health with your Primary Care Provider and your health plan. 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 and your health plan about your health care needs. 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 about service and treatment options, make personal choices, and take action to keep yourself healthy. 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.

Additional Member Responsibilities while using SafeRide Health transportation service:

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 before 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 can also view information concerning the HHS Office of Civil Rights online at: hhs.gov/ocr/index.html

Discrimination is Against the Law

Driscoll Health Plan (DHP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

If you believe that DHP 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:

Driscoll Health Plan
DHP Compliance Officer
4525 Ayers Street
Corpus Christi, TX 78415
1-877-324-7543, TTY: 800-735-2989
Email: filegrievance@dchstx.org

You can file a grievance in person, mail, or email. If you need help filing a grievance, a Member Advocate is available to help you.

You may 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, 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: hhs.gov/civil-rights/filing-a-complaint/index.html

Driscoll Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at **1-877-324-7543** (TTY: 1-800-735-2989).

Proficiency of Language Assistance Services

ATTENTION: If you speak Spanish, Vietnamese, Chinese, Korean, Arabic, Urdu, Tagalog, French, Hindi, Persian, German, Gujarati, Russian, Japanese, or Laotian, language assistance services, are available to you at no cost. Call 1-877-324-7543.

Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-324-7543.

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-324-7543.

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-324-7543。

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-324-7543 번으로 전화해 주십시오.

Arabic
ملحوظة: إذا كنت تتحدث اللغة، اذكر فإن المساعدة خدمات اللغوية تتوافر لك بالمجان .برقم اتصل 1-877-324-7543 (والبكم الصم هاتف رقم):

Urdu
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال 1-877-324-7543.کریں

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-324-7543.

French
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-324-7543.

Hindi
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-324-7543 पर कॉल करें।

Persian
کمک که دارید را این حق باشید داشتهPersian مورد در سوال ، میکنید کمک او به شما که کسی یا شما، گر
نمایید دریافت رایگان طور به را خود زبان به اطلاعات و .1-877-324-7543 نمایید حاصل تماس.

German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-324-7543.

Gujarati
Driscoll Health Plan લાગુ પડતા સમવાયી નાગરિક અધિકાર કાયદા સાથે સુસંગત છે અને જાતિ, રંગ, રાષ્ટ્રીય મૂળ, ઉંમર, અશક્તતા અથવા લિંગના આધારે ભેદભાવ રાખવામાં આવતો નથી 1-877-324-7543.

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-324-7543.

Japanese
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-324-7543まで、お電話にてご連絡ください。

Laotian
ຖ້າທ່ານ, ຫຼື ຄົນ ່ທທ່ານກໍາລັງຊ່ວຍເຫຼືອ, ມ ໍຄາຖາມກ່ຽວກັບ Laotian, ທ່ານມ ິສດ ່ທຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະໍຂ້ມູນຂ່າວສານ ່ທເປັນພາສາຂອງທ່ານ ໍ່ບມ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ລົມກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-877-324-7543.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

For help translating or understanding this notice, you may contact **1-877-324-7543**.

Purpose: Driscoll Health Plan (DHP) is required by law to maintain the privacy of Protected Health Information (PHI). We are required to provide this notice of our legal duties and privacy practices regarding uses and disclosures of PHI as well as inform you regarding your individual rights. This notice explains the purposes for which we are permitted to use and disclose your PHI.

How We May Use and Disclose Information About You

The following categories describe different ways that we may use and disclose your PHI. Not every potential use and disclosure in a category will be listed.

For Treatment. We are permitted to use and disclose your PHI to a physician or health care provider who is involved in your care or provides you with medical treatment or services. This may include, but is not limited to, the use and disclosure of your PHI to assist with prior authorization decisions related to your benefits.

For Payment. We are permitted to use and disclose your PHI to obtain payment for your health care treatment or services. This may include, but is not limited to, certain activities such as processing claims, determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

For Healthcare Operations. We are permitted to use and disclose your PHI for our business operations. This may include, but is not limited to, quality assessment activities, investigating complaints and appeals, and providing case management and care coordination.

To Business Associates for Treatment, Payment, and Healthcare Operations. We are permitted to disclose your PHI to our business associates to carry out treatment, payment, or healthcare operations. Business associates are also required to protect your PHI.

Individuals Involved in Your Care or Payment for Your Care. We may release your PHI to a family member, other relative, close personal friend, or designated personal representative who is involved in your medical care if the PHI released is directly relevant to the person's involvement with your care. We may also release information to someone who helps pay for your care.

Appointment Reminders, Treatment Alternatives, and Health Related Services. We may use and disclose your PHI to contact you to remind you of an appointment or to provide you with information about treatment options or alternatives, and health care-related benefits or services that may be of interest to you.

Marketing Activities. We may use certain information, such as name, address, or telephone number to contact you in the future to request permission to share your story with the community in official marketing for DHP. You have the right to opt-out if you do not want to be contacted. To do so, please notify us in writing specifying your preferences with regards to being contacted for marketing activities.

SPECIAL SITUATIONS

As Required by Law. We will disclose your PHI when required to do so by federal, state, or local law.

Public Health Activities. We may disclose your PHI for public health activities. This may include, but is not limited to, (1) preventing or controlling disease, injury, or disability; (2) reporting child abuse or neglect; or (3) notifying the appropriate government authority if we believe a member has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. This may include, but is not limited to, audits and investigations necessary for oversight of government benefit programs.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) to identify or locate a suspect, fugitive, material witness or missing person—but only if limited information is disclosed; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct we believe occurred on DHP's premises; and (6) in emergency circumstances to report a crime or to determine the location of the crime, its victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors. We may release PHI about you to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI to funeral directors as necessary to help them carry out their duties.

Organ and Tissue Donation. We may release PHI to organizations that handle organ procurement; or organ, eye, or tissue transplantation; or to an organ donation bank to facilitate organ or tissue donation and transplantation.

Research. Under certain circumstances, we may use and disclose your PHI for research purposes. Before we use or disclose PHI for research, the research project will have been approved through an Institutional Review Board. Pre-approval may not be required when researchers are preparing a research project and need to look at information about members with specific medical needs, so long as the PHI does not leave DHP.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. This may include, but is not limited to, disclosure to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.

To Authorized Governmental Authorities and Military Officials. We may disclose PHI regarding members of the armed forces or to authorized federal authorities for official investigations, intelligence, counterintelligence, or other national security activities.

To Authorized Governmental Programs Providing Public Benefits. We may disclose PHI regarding your eligibility for or enrollment in DHP to another agency administering a government program providing public benefits as authorized or required by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official under specific circumstances.

Workers' Compensation. We may release your PHI for workers' compensation or similar programs.

Disclosures Requiring an Authorization. Other uses and disclosures will be made only with a valid authorization. Except in certain circumstances, we must obtain an authorization for any use or disclosure of PHI for marketing, psychotherapy notes, or sale of PHI.

YOUR RIGHTS

You have the following rights regarding the PHI we maintain about you. For questions regarding how to exercise your rights, please utilize the contact information at the end of this notice.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations. We are not required to agree to or abide by your request. If we do agree, we will comply with your request unless the information is required to provide you with emergency treatment, or the agreement has been terminated in accordance with HIPAA guidelines. Requests must be received in writing.

Right to Restrict Disclosures to Health Plans. We will agree to your request to restrict the use or disclosure of PHI for payment or health care operations to a health plan for a service or item for which you, or someone other than the health plan, has paid the health care provider in full.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we only contact you by telephone at work or that we only contact you by mail at home. Your request must specify how, where, or when you wish to be contacted. This right only applies if you clearly state that the disclosure of all or part of your PHI could endanger you if not communicated by the alternative means or location requested.

Right to Inspect and Receive a Copy. You have the right to request access to inspect, receive a physical or electronic copy, or be provided a summary of your PHI contained in a designated record set. We may deny your request in certain limited circumstances. For example, psychotherapy notes are prohibited from being inspected or copied. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We are required to notify you in advance regarding these charges. If your request is denied we will notify you, and you may request that the denial be reviewed. Another licensed healthcare professional, chosen by DHP, will perform a secondary review. The review will not be conducted by any healthcare professional involved in the denial of your original request. We will comply with the outcome of the review to the extent allowable by law.

Right to Amend. If you believe that information we have about you is incorrect or incomplete, you may request an amendment. You have the right to request an amendment for as long as the information is kept by or for DHP. You must include a reason that supports your request. All requests for amendment should be made in writing. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the PHI kept by or for DHP; (3) is not part of the information that you would be permitted to inspect and copy; or (4) is accurate and complete. DHP will notify you if we deny the request and will include instructions as to how you may appeal the request or file a complaint.

Right to be Notified. You have a right to be notified regarding an unlawful breach of unsecured PHI.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures related to certain disclosures regarding your PHI. We may charge you a reasonable fee if you request a disclosure more than once each year.

Information Maintained in Paper Records. You may request a record of disclosures that have been made to persons or entities other than for treatment, payment, or healthcare operations that have taken place in the past six (6) years.

Information Maintained Electronically. Subject to a schedule established by federal law, if we maintain your PHI electronically, you have the right to ask for an accounting of all disclosures. Under federal law, you may request an accounting for a period of three (3) years prior to the date the accounting is requested.

Right to a Copy of This Notice. You have the right to a paper copy of this notice at any time. You may also obtain an electronic copy of this notice by clicking on Notice of Privacy Practices (NOPP) located on DHP's website at driscollhealthplan.com.

Right to Revoke Authorization. You have a right to revoke a previous authorization you have made for uses and disclosures at any time, provided that the revocation is submitted in writing. The revocation will be in effect upon receipt and validation with the exception and to the extent that the entity has previously used or disclosed PHI in reliance on a previous authorization.

Changes to This Notice

We reserve the right to change or revise this notice at any time. The new notice will contain the effective date. DHP reserves the right to apply the amended notice to all previously acquired PHI about you. As part of your annual mailing, you will receive a copy of the current notice in effect.

Complaints: If you believe your privacy rights have been violated, you may file a complaint utilizing the contact information at the end of this notice, or by contacting the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201, Phone: 1-800-368-1019, or Email: OCRComplaint@hhs.gov. You will not be penalized for filing a complaint.

Any official requests related to these rights should be directed to:

Driscoll Health System, Chief Privacy Officer
4525 Ayers Street
Corpus Christi, TX 78415
Office Phone: 1-877-324-7543

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 happens 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.
- To learn more, see: hhs.gov/hipaa/index.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

Contact Information

If you have any questions about this notice, need more information about your privacy rights, would like additional copies of this notice, or require a translation of this notice in another language, you may contact Driscoll Health Plan at **1-877-324-7543**.

You may also contact our Chief Privacy Officer at **1-877-324-7543**, or by sending a letter to:

Driscoll Health Plan
Attn: Chief Privacy Officer
4525 Ayers Street
Corpus Christi, TX 78415

Sharing of Health Information

We have a health information-sharing program that your doctor can use when treating you. The program collects your up-to-date health information. Your doctor can see things like the medications you are taking, lab test results, and health problems you are having. Your doctor will be able to make sure he or she does not prescribe medications that should not be taken together or that cause allergic reactions. This information helps your doctors give you the best possible care. When your doctors have all your medical facts, they are better able to help you. This will help keep you safe.