Driscoll Health Plan

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

STAR MEMBER HANDBOOK

NUECES | HIDALGO

SEPTEMBER 2022

AN AFFILIATE OF DRISCOLL HEALTH SYSTEM

MEMBER SERVICES

Toll-free:

1-877-220-6376 Nueces

1-855-425-3247 Hidalgo

TTY: 1-800-735-2989

driscollhealthplan.com

STAR-MHB

STAR Value-Added Services*

ASTHMA
- $20 gift card after 5 months of continuous asthma controller medication refills.
- Two hypoallergenic pillow covers and bed covers.
- One-time sponsorship to Camp Easy Breathers.

DENTAL CARE
- Up to $500 in dental care. Services include dental exam, x-rays, two teeth cleanings, and gum treatment.

ACCESS TO PHYSICAL FITNESS PROGRAMS
- $50 gift card for joining a health and wellness program. Includes sports program, gym membership, or 5k race.
- Boys & Girls Club membership at select locations.

EYEGLASSES
- $150 to upgrade frames and lenses every 2 years.

FIRST AID KIT
- One first-aid kit per family.

GIFTS FOR COMPLETING CHECKUPS
- $20 gift card for completing four on-time newborn Texas Health Steps checkups.
- $20 gift card for completing a 12 and 15 month Texas Health Steps checkups.
- $20 gift card for completing a Texas Health Steps checkup each year.
- $25 gift card for completing a mental health follow-up.
- $25 gift card for completing a prenatal checkup.
- $25 gift card for completing a post-partum checkup.
- $25 gift card for completing a diabetic eye exam.
- $60 gift card for over-the-counter items.

EXTRA HELP FOR PREGNANT MEMBERS
- $100 gift card for attending a Get Ready for Baby educational baby shower.
- $20 gift card for new moms who attend a parenting class.
- $20 gift card for new moms who complete a home visit.
- $20 gift card for completing a Pregnancy Health Risk Assessment (HRA).
- Nutritional counseling with a DHP nutritionist.
- Lactation consultation
- One year membership of SHIPT grocery delivery service for high-risk pregnant members.

For a listing of our baby showers and parenting classes, please visit:

driscollhealthplan.com/get-ready-for-baby

SPORTS OR SCHOOL PHYSICAL
- One sports or school physical.

TRANSPORTATION
- Rides to local food pantries, grocery stores, DHP health education classes, and community events.

HEALTH AND WELLNESS
- $150 MDCP copay coverage towards a nursing home stay.
- Up to $75 in gift cards for completing a DHP or Case Management educational program.
- $25 gift card when you get a COVID-19 vaccine.
- Up to $60 in gift cards for completing a Triple P session.
- $20 gift card for completing a Child Passenger Safety class.
- Up to 20% discount on over-the-counter items at the Driscoll Children's Hospital Pharmacy.
- Lice removal treatment
- One activity tracker for weight management.
- Nurse Advice Line available 24 hours 7 days a week.
- $75 gift card for completing an online driver's education class.
- **Hidalgo Service Area Only**: Healthy Living Diabetes kit and enrollment in the Unidos contra la diabetes program.

****This is not an all-inclusive list of extra services. Restrictions and/or limitations apply. These extra services are valid September 1, 2022- August 31, 2023.***

For more information on these services, please visit our website or call Member Services:
driscollhealthplan.com | Nueces SA: 1-877-220-6376 | Hidalgo SA: 1-855-425-3247 | TTY 1-800-735-2989

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.

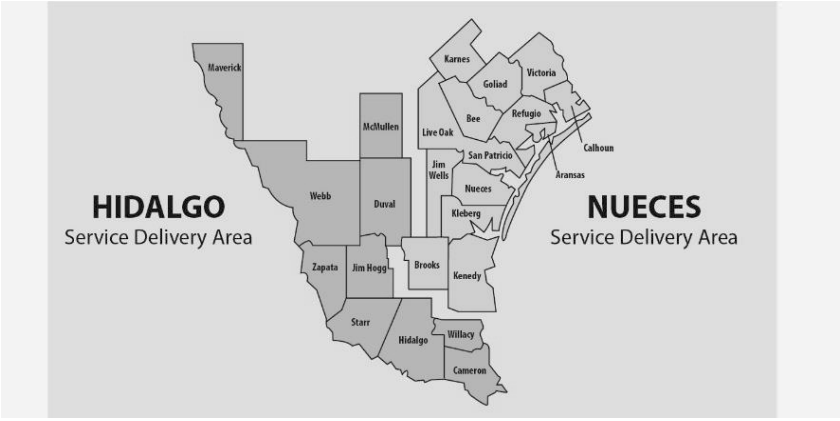
We want you to be satisfied with your health care services. If you have any questions or have trouble seeing or reading this handbook, please call Member Services for help.

You can also visit our website to learn more 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 hours a day, 7 days a week. 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	1-877-220-6376
Hidalgo Service Area	1-855-425-3247
TTY for the deaf and hard of hearing	1-800-735-2989
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	1-833-532-0221
Hidalgo Service Area	1-833-532-0231
Behavioral Health Services	
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	1-833-532-0216
Hidalgo Service Area	1- 833-532-0220
TTY for the deaf and hard of hearing	1-800-735-2989
Non-emergency Medical Transportation (NEMT)	
Call Monday-Friday, 8 a.m. to 5 p.m. 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
Case Management Services	
Case and Disease Management	1-877-222-2759
Vision Services	
Nueces Service Area	1-866-838-7614
Hidalgo Service Area	1-877-615-7729
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 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 60 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
- Case and Disease Management
- Behavioral Health and Substance Misuse Services
- Benefits
- Interpreter and Transportation Services
- Prescription Coverage
- And many other topics

Please take the time to read this handbook. Our staff speaks English and Spanish and can help answer your questions. We also have special services for Members who have trouble reading, hearing, seeing, or speaking a language other than English or Spanish. Members or their legally authorized representatives can ask for the handbook in audio, larger print, Braille, and other languages. To get help, call Member Services toll-free or the TTY line listed on your Member ID card.

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.

Be focused on prevention:

- ❖ 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 woman should get a prenatal exam within ***42 days of enrollment or in the first trimester.***
  - ✓ New moms should have a post-partum 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 assessment will help our Case Managers know what help 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.

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, electricity, and food, or
- roads are closed.

It is important to have a plan before an emergency happens. You will need to 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 stay informed during a hurricane or emergency disaster. Important information will be available in the following ways:

- Member Services Hotline at:
  - **Nueces: 1-877-220-6376**
  - **Hidalgo: 1-855-425-3247**
- At our website: driscollhealthplan.com
- Text messaging
- Through your Case Manager

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 ID card after joining Driscoll Health Plan. Make sure everything on the card is correct. Call Member Services toll-free, for **Nueces SA: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247** 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

TEXAS Health and Human Services | TEXAS STAR

STAR/Medicaid Nueces Service Area

Member/Miembro: **DCSTARAAPCA A SMPL-NEW**

Member ID/ID del Miembro: **999902001**

Effective Date/Fecha de vigencia: 09-01-2018

PCP: PRIMARY CARE PHYSICIAN

PCP Phone #/Numero de telefono: (555) 777-1234

Effective Date of PCP/Fecha de vigencia de PCP: 10-01-2018

NAVITUS HEALTH SOLUTIONS is the pharmacy benefits provider for DHP.

NAVITUS HEALTH SOLUTIONS es el proveedor de beneficios de farmacia de DHP.

Pharmacist (Only) Help Desk: **1-877-908-6023**

BIN: 610602 PCN: MCD Rx GRP: DCH


Important Information/Información Importante

24/7 After hours leave a message/Después de horas deja un mesaje Member Services/Servicios para Miembros	**1-877-220-6376**
TTY for hearing impaired/TTY para personas con problemas del oído	**1-800-735-2989**
24/7 Behavioral Health Line/Linea de Servicios de Salud Mental	**1-833-532-0216**
24/7 Nurse Line/Linea de Ayuda de Enfermeras	**1-833-532-0221**
All Vision Services/Todos los Servicios para la vista	**1-866-838-7614**
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 más cercana. Después de recibir tratamiento, llame al PCP dentro de 24 horas o tan pronto como sea posible.

NOTICE TO PROVIDER: The member whose name appears on the face of this card is covered by Driscoll Health Plan for STAR services. For provider billing or UM questions, 1-855-425-3247. The toll free UM FAX number is 1-866-741-5650.

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

driscollhealthplan.com REV 08/22

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 only be issued 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. First, 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 do not want your doctors to see your health history through the secure online network, call toll-free at 1-800-252-8263 or opt-out 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
  - 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 (pick a language and then choose 2).

Medicaid Client Portal

You can use the Medicaid Client Portal to do all of 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.

Medicaid Eligibility

Driscoll Health Plan provides health care for low-income people. We take care of children, pregnant women, and adults. Children's Medicaid is for kids eighteen and younger whose families have little to no money. Some kids up to age 20 may be able to get Medicaid. You may be able to qualify based on income limits. Learn more by visiting: yourtexasbenefits.com

Low-income adults and pregnant women can get Medicaid based on income limits. Pregnant women can get care during pregnancy and up to two months after the birth of the baby. You can learn more by visiting: yourtexasbenefits.com

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

How to Renew My Medicaid

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.

Member Services

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: 1-877-220-6376**
  - **Hidalgo SA: 1-855-425-3247**

How can Member Services Help You?

Our expert Member Services staff is ready to help you 24 hours a day, 7 days a week. Regular business hours are from 8 a.m. to 5 p.m., Monday-Friday. 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, or 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 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 Member Services toll-free, for **Nueces SA: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247**.

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 Program, covered services, the STAR 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 Google Play or Apple App Store and search for Driscoll Health System!

- *New MyChart users*: send an email to MyChart.help@dchstx.org and ask for your activation code or call **1-877-324-7543**
- *Current users*: will be redirected to download the new app

Need help downloading the app?

Call Member Services toll-free at **1-877-324-7543** or email: DHPmemberservices@dchstx.org

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"

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.

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 Service.

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?

Visit driscollhealthplan.com/programs/star/ to see the provider directory. It is updated every week. You can also call Member Services to get a copy.

How can I change my Primary Care Provider?

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

- You are not happy with your 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: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247** 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 the 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 the 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 the 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 **1-877-220-6376** 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 you need to see a specialist. In general, you cannot go to another doctor or get a special service unless your Primary Care Provider agrees to make a referral. Please see the exceptions on the next page.

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 Member Services to speak with a Case Manager and the Case Manager will help you.

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.

How can I ask for a second opinion?

Driscoll Health Plan will pay for a second opinion. The Case Management staff will help you get approval for a second opinion if one is needed. Call Member Services at **1-877-220-6376** to speak to a Case Manager.

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 situation, where telling Driscoll Health Plan within 24 hours of admission is needed)
• Admission to a rehabilitation center
• Outpatient surgery
• Rehabilitation therapy (physical therapy, speech therapy, and occupational therapy)
• Home health services, including home intravenous therapy
• Referral to a Specialist doctor other than an OB/GYN or Mental Health doctor
• Durable Medical Equipment that cost over $300
• Use of ambulance for medical transportation (not emergency transport)
• Asking for services by a provider who does not have a contract with Driscoll Health Plan
• Other forms of medical treatment (such as hypnosis, massage therapy)

For authorization, the doctor can call Member Services, Monday-Friday, 8 a.m. to 5 p.m., CST.

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 improve a defect or physical or mental illness:

(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/or physical health or the quality of care rendered;
(f) are not experimental or investigative; and
(g) are not primarily for the convenience of the Member or provider.

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 vaccination 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 a 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 do not 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: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247**.

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 failure of any bodily organ or part;
4. serious scar; or
5. in the case of a pregnant woman, serious danger 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 of 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: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247** 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?

If you need to see a doctor that is out of the area, contact Member Services. Out of area doctor visits require prior authorization.

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: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247** 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: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247**.

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 checkup • 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.

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 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. Contact your caseworker by calling 2-1-1 or 1-877-541-7905 when 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 or 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.

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, toll-free 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, they do. 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 a 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. PCP's 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.

Nueces SA: 1-877-220-6376
Hidalgo SA: 1-855-425-3247

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 take it with you to 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 Driscoll Health Plan website at: driscollhealthplan.com/immunization-schedules

2022 Recommended Immunizations for Children from Birth Through 6 Years Old

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV13	PCV13	PCV13	PCV13					
		IPV	IPV		IPV					IPV
					Influenza (Yearly)*					
					MMR					MMR
					Varicella					Varicella
					HepA§					

Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

COVID-19 VACCINATION IS RECOMMENDED FOR AGES 6 MONTHS AND OLDER.

NOTE:
If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents

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

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American Academy of Pediatrics
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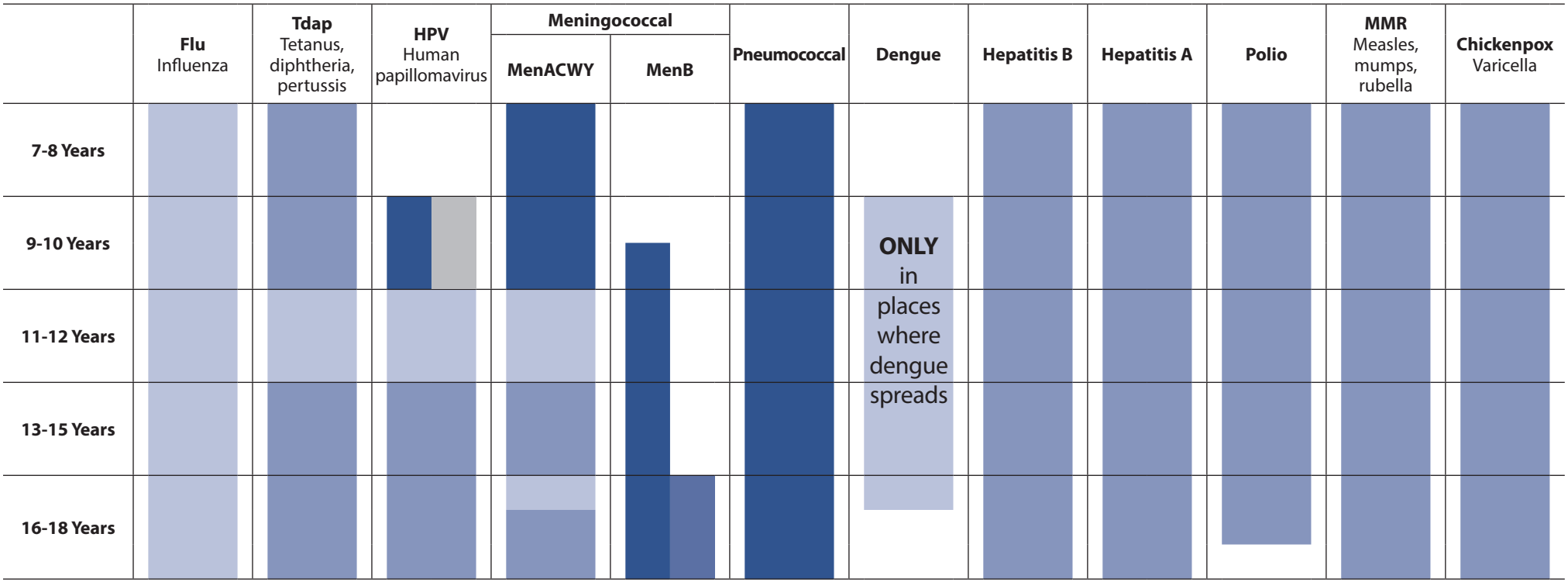
INFORMATION FOR PARENTS

2022 Recommended Immunizations for Children 7–18 Years Old



More information:

- **Flu:** Everyone 6 months and older should get a flu vaccine every year if they do not have contraindications
- **Tdap:** All 11- through 12- year olds should get one shot of Tdap.
- **HPV:** All 11- through 12- year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.
- **MenACWY:** All 11- through 12- year olds should get one shot of meningococcal conjugate (MenACWY). A booster shot is recommended at age 16.
- **MenB:** Ages 10 years and older at increased risk **should** receive a serogroup B meningococcal (MenB) vaccine. Ages 16–18 years old who are not at increased risk **may** be vaccinated with a MenB vaccine.
- **Dengue:** Ages 9-16 years who live in dengue endemic areas AND have laboratory confirmation of previous dengue infection

COVID-19 vaccination is recommended for ages 6 months and older.
Talk to your child's doctor or nurse about the vaccines recommended for their age.

These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/hcp/acip-recs/.

These shaded boxes indicate the vaccine **SHOULD** be given if a child is catching up on missed vaccines.

This shaded box indicates children not at increased risk **MAY** get the vaccine if they wish after speaking to a provider.

This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.

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

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2022

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV4) or **Influenza recombinant** (RIV4)	1 dose annually			
or	or			
Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
***Haemophilus influenzae* type b** (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

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's 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 if there is 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. 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: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247**.

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.
- Do not 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 Case Management at **1-877-222-2759** if you have questions or need help.

Other Driscoll Health Plan Services and Education for Pregnant Members

Extra Dental Services

Driscoll Health Plan offers the following extra dental services at no cost for pregnant women:

- Limited dental service for pregnant Members 21 years of age or younger.
- The service includes routine dental exams, dental x-rays, two teeth cleanings per year, and additional gum treatment.

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 that you can attend. 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 Counseling (at no cost)

For a listing of our baby showers and parenting classes please 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 iTunes or Google Play App Stores. To learn more visit: text4baby.org

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/news/2022/changes-client-access-mosquito-repellent-benefit-begin-june-1

Help After Pregnancy

After delivery, we offer new 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

Nueces SA: 1-877-220-6376
Hidalgo SA: 1-855-425-3247

- Getting vaccines
- Safety tips

When should you have a post-partum visit?

You should have a postpartum office visit 7-84 days after delivery.

Breast Pumps

Why would you need a breast pump?

- Your baby is premature and unable to suck.
- Your baby has severe feeding problems.
- You cannot 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.

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?

You can get a breast pump through any Driscoll Health Plan Network Pharmacy or Durable Medical Equipment Provider. To find a participating pharmacy or provider go to driscollhealthplan.com or call Member Services for help.

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.

Healthy Texas Women Program

The Healthy Texas Women Program provides family planning exams, related health screenings, and birth control to women ages 18 to 44 whose total household income is at or below the program's income limit (204.2 percent of the federal poverty level). You must submit an application to find out if you can get services through this program. To learn more about services available through the Healthy Texas Women Program, write, call, or visit the program's website:

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

If I have Medicaid for Pregnant Women, can I transition into the Healthy Texas Women Program (HTW)?

Yes. At the end of your Medicaid, primary health care focuses on prevention of disease, early detection, and early intervention of health problems. You will automatically be enrolled in the HTW Program. You will receive a letter in the mail about auto-enrollment into the program. You will have the choice to opt-out of the program. To be auto-enrolled, you must:

- Be 18 to 44 years of age
- Not be receiving active third-party resources at the time of auto-enrollment

If you are not able to be auto-enrolled into HTW, you may apply for the program in the last month you were able to get pregnancy coverage. If you meet the eligibility criteria, your HTW coverage will begin the first day of the month following the end of your Medicaid or CHIP Perinatal coverage.

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 (immunizations)

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

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

Phone Number: 1-800-222-3986, ext. 4385320
Email: PrimaryHealthCare@hhs.gov
Website: hhs.texas.gov/services/health/primary-health-care-services-program

DSHS Family Planning Program

The Family Planning Program works with clinics across the state to provide quality, low-cost, and easy-to-access family planning and reproductive healthcare services for women and men.

To find a clinic in your area visit the DSHS Family and Community Health Services Clinic Locator at: txclinics.dshs.texas.gov/chcl/

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

Website: healthytexaswomen.org/healthcare-programs/family-planning-program
Phone: 1-512-776-7796
Fax: 1-512-776-7203
Email: famplan@hhsc.gov

Where do I find a family planning service provider?

To locate family planning providers near you, visit the program's website or call Member Services. healthytexaswomen.org/find-doctor

Case and Disease Management

What is Case Management?

Case Management helps you manage your health care needs. Driscoll Health Plan offers you one-on-one nurse coaching and helps with obtaining other resources.

What is Disease Management?

Disease Management helps you manage your health. Our Case Managers will help you if you have asthma, diabetes, mental and other types of illness. We will work with you and your doctor to keep you on track. We will remind you about preventative care you need to stay healthy.

To learn more, call Driscoll Health Plan Case and Disease Management at **1-877-222-2759**.

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 Case Management services. Case managers will work with families and health care providers to create a care plan. 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 Case Management at **1-877-222-2759**.

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 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 Case Management 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 Case Management at **1-877-222-2759** for assistance in locating an ECI Provider.

Adoption Assistance & Permanency Care Assistance

What is Adoption Assistance (AA)?

Adoption Assistance is a program that helps with the adoption of children with special needs by providing support services to the families who adopt these children.

Who can get Adoption Assistance?

To get AA, the child must meet the definition of a child with special needs.

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.
- One-time reimbursement for some Adoption Assistance fees up to $1,200.

What is Permanency Care Assistance (PCA)?

Permanency Care Assistance provides help to guardians.

Who is able to get Permanency Care Assistance?

- People who have guardianship of a child with special needs.
- 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.
- One-time reimbursement for some legal fees up to $2,000 to help with becoming a guardian of a child with special needs.

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 (DFPS) 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 Case Managers 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 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*:* 1-866-838-7614** or **Hidalgo SA: 1-877-615-7729**.

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 Case Management at **1-877-222-2759** for help.

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 Case Management: **1-877-222-2759**
- To learn more, go to: 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: 1-833-532-0216** or **Hidalgo SA: 1-833-532-0220**. 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 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?

Call Member Services for help.

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**: **1-833-532-0216** or **Hidalgo SA: 1-833-532-0220**. You can call Member Services for help as well.

Do I need a referral for this?

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

Nueces SA: 1-877-220-6376
Hidalgo SA: 1-855-425-3247

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 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**

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 (ITP) for a verified completed trip to a covered health care 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 health care benefits?

Driscoll Health Plan covers all the benefits Medicaid covers. The table on the next page includes some services but is not limited to the services listed. Call Member Services to learn more.

Basic Care
• Care to help Members stay well • Needed medical care for adults and children • Vaccines for children under 21 years old • A checkup every year for adult Members • A Texas Health Steps checkup for Members under the age of 21 years • Laboratory services • X-ray services
Advanced Care
• Prenatal Care • Birthing Center Services • Specialty doctor services • Chiropractic Services • Podiatry Services • Outpatient surgery • Hospital care • 24-hour emergency care from an emergency room • Ambulance Services, if necessary • Dialysis for kidney problems • Organs/Tissues transplantation • Home Health Services • Behavioral Health Services • Help with substance misuse
Medications & Supplies
• Family planning services and supplies • Prescription drugs • Eye exams and glasses • Ear doctor visits and hearing aids • Durable Medical Equipment and supplies

How do I get these services?

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

Are there any limits on any covered services?

There might be limits to these services. To learn more, call Member Services toll-free, for **Nueces SA: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247**.

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 hospital, 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: 1-866-838-7614** or **Hidalgo SA: 1-877-615-7729**. 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?

Ages two and older:

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

If you are 21 and older:

- You should get an exam once every two years
- 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 of 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: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247** for help with your medications and refills.

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 (DME) 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.

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. Call Member Services at **1-877-324-7543** to get help with using these services and programs:

- Texas Health Steps dental (including orthodontia)
- Early Childhood Intervention (ECI) Case Management
- Department of State and Health Services for targeted Case Management.
- Department of State and Health Services for Mental Health Rehabilitation (MHR)
- Vendor Drug Program
- Health and Human Services Commission's Medical Transportation
- 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 the age of 21

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: 1-866-838-7614** or **Hidalgo SA: 1-877-615-7729**.

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

*These extra services are valid from September 1, 2022 through August 31, 2023.

Value-Added Services		
Type of Benefit	**Description of Benefit**	**Limitations or Restrictions**
Dental Care	Up to $500 in dental care. Services include dental exam, x-rays, two teeth cleanings, and gum treatment.	• Pregnant members 21 and older • Adults 21 and older
Access to Physical Fitness Programs	$50 gift card for joining a health and wellness program. Includes: • Sports program • Gym membership • 5k race	• One gift card per member, per year • Must submit proof of participation
	Boys & Girls Club membership at select locations.	• Ages 6 to 18 • Membership offered on a first come, first serve basis • Locations include: Alice, Beeville, Corpus Christi, Edinburg, Harlingen, Kingsville, Robstown, Victoria, and Zapata
Asthma	$20 gift card after 5 months of continuous asthma controller medication refills.	• Must meet medical criteria • Refills must be continuous
	Two hypoallergenic pillow covers, and bed covers.	Must meet medical criteria
	One-time sponsorship to Camp Easy Breathers.	• Ages 7 to 14 • Must meet medical criteria • One sponsorship per member per lifetime
Eyeglasses	$150 to upgrade frames and lenses every 2 years.	• Ages 2 and older • Limited to members who need glasses
First Aid Kit	One first-aid kit per family.	• Ages 2 to 5 • Must be a new member
Sports or School Physicals	One sports or school physical.	• Ages 4 to 19 • One physical per member, per year
Transportation	Rides to local food pantries, grocery stores, DHP health education classes, and community events.	**Local food pantries:** • Must complete an SDOH evaluation • Must be within DHP service area • Must be within 25-mile radius or with prior approval

Nueces SA: 1-877-220-6376
Hidalgo SA: 1-855-425-3247

Value-Added Services		
Type of Benefit	**Description of Benefit**	**Limitations or Restrictions**
		Local grocery stores: • Must complete an SDOH evaluation • Must be within DHP service area • Must be within 25-mile radius • Visit must be a total of 1 hour including in store and travel time **DHP health education classes or community events:** • Must be pre-registered for a DHP education class or DHP community event • Must be within DHP service area • Must be within 25-mile radius or with prior approval
Health and Wellness	$150 MDCP copay coverage towards a nursing home stay.	Must have assessment by Service Coordinator that determines eligibility criteria for MDCP waiver
	Up to $75 in gift cards for completing a DHP or Case Management educational program.	*Classes may be available in person or virtual.* **DHP educational classes:** • Must be registered for classes • Must meet medical criteria **Nutritional classes:** • Must be enrolled in Case Management • Must meet medical criteria
	$25 gift card when you get a COVID-19 vaccine.	• Up to two vaccines per year • Must submit proof of vaccination to website
	Up to $60 gift card for completing a Triple P session.	• One $20 gift card per class, up to 3 gift cards per family • Must be enrolled in Triple P session • Must complete each Triple P class • Must meet medical criteria
	$20 gift card for completing a Child Passenger Safety class.	• Must complete a Child Passenger Safety class • One gift card per family

Value-Added Services		
Type of Benefit	**Description of Benefit**	**Limitations or Restrictions**
	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
	Lice removal treatment	• Up to 3 visits per year • PCP referral is required • Participating clinics only • May treat family members if DHP member qualifies for treatment
	One activity tracker for weight management.	• Ages 10 to 18 • Must meet medical criteria • Must be registered within the DHP Mobile App • Must complete physical fitness modules
	Nurse Advice Line available 24 hours 7 days a week.	
	$75 gift card for completing an online driver's education class.	• Ages 14 to 19 • Must submit proof of completion • Must complete yearly Texas Health Steps checkup • Must complete Health Risk Assessment • One gift card per member
	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 per member per year • Locations include: Starr, Hidalgo, Cameron, and Willacy counties
Extra Help for pregnant members For a listing of our baby showers and parenting classes visit: driscollhealthplan.com/get-ready-for-baby	$100 gift card for attending a Get Ready for Baby educational baby shower.	• Showers are held at certain locations • One gift card per member, per pregnancy
	$20 gift card for attending a parenting class.	• Must attend within 120 days of delivery • One gift card per member, per pregnancy

Value-Added Services		
Type of Benefit	**Description of Benefit**	**Limitations or Restrictions**
Classes may be available in person or virtual.	$20 gift card for new moms who complete a home visit.	• New moms must call to schedule a home visit • Visit must be completed within 60 days of delivery • New 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
	Nutritional counseling with a DHP nutritionist.	• Must not qualify for other nutritional counseling program • Must be a pregnant member
	Lactation consultation	• New moms who delivered within the past 60 days • Up to 2 sessions per pregnancy
	One year membership of SHIPT grocery delivery service for high-risk pregnant members.	Must be identified as having a high-risk pregnancy
Gift for Completing Checkups	$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 Texas Health Steps checkup each year.	Ages 2 to 20
	$25 gift card for completing a mental health follow-up.	• Follow-up must be with a mental health practitioner • Must be within 30 days of the discharge from in-patient mental health hospital
	$25 gift card for completing a prenatal checkup.	• Must be within the first trimester or within 42 days of joining DHP

Value-Added Services		
Type of Benefit	**Description of Benefit**	**Limitations or Restrictions**
		• One gift card per member, per pregnancy
	$25 gift card for completing a post-partum checkup.	• Must be within 7-84 days of delivery • One gift card per member, per pregnancy
	$25 gift card for completing a diabetic eye exam.	• Age 18 and older • Member must meet medical criteria • 1 exam per year
	$60 gift card for over-the-counter items.	Ages 6 to 15 months • Must have 6 months of continuous eligibility • Must have completed 2 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 1 Texas Health Steps checkup within 12 months • Must download and register in the DHP Mobile App

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	Medical Care	Treatments
• Ear piercing • Hair transplant • Any service not medically necessary • Medical testimony and reports • Hospital bereavement • Marital counseling	• Infertility treatment • In Vitro Fertilization (IVF) • Reversal of sterilization • Cosmetic surgery • Non-authorized services • Any service not approved by PCP • Any service received outside of the United States	• 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 HHSC benefits office by dialing 2-1-1 and call Driscoll Health Plan Member Services Department toll-free, for **Nueces SA: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247**. 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 that are not 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.

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 files 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

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 on 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, 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: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247**.

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: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247** 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 the 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 numbers 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 free of charge, please call Member Services at **1-877-324-7543** (TTY: 1-800-735-2989) for assistance.

Once you have gone through the Driscoll Health Plan complaint process, and you are not pleased with our response, 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 Managed Care Assistance Team
P.O. Box 13247
Austin, TX 78711-3247

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: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247**.

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 send you a form with the letter to complete and mail to us. This form will give us more details about your complaint but is not required. 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 might be times when DHP's Medical Director denies these services. When this happens, you can ask for an appeal for the denial of payment for services in whole or in part. For help with how to fill out the appeal form, call Member Services.

Interpreter services are provided free of charge, please call Member Services at **1-877-324-7543** (TTY: 1-800-735-2989) 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.

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 with or without an External Medical Review no later than 120 days after DHP's Internal Appeal Process has been completed.
- You have the right to request only a State Fair Hearing not later than 120 days after DHP's Internal Appeal Process has been completed.

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.

Can someone from Driscoll help me file an Appeal?

Yes. For help with filing an appeal call us toll-free, for **Nueces SA: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247**.

Emergency MCO 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: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247** to ask for an Emergency Appeal.

Who can help me file an Emergency DHP Internal Appeal?

If you need help with 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 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. The member must ask for the External Medical Review and the State Fair Hearing at the same time. 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**, 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. If the Member continues with the State Fair Hearing, the Member can also request the Independent Review Organization be present at the State Fair Hearing. The Member can make both requests by contacting the Member's health plan at **1-877-324-7543** or the HHSC Intake Team at:

EMR_Intake_Team@hhsc.state.tx.us

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 appeals 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: 1-844-376-5437
Nueces SA: 1-877-220-6376
Hidalgo SA: 1-855-425-3247
Fax Number: 1-844-407-5437
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.

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 appeals 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: 1-877-220-6376** or **Hidalgo SA: 1-855-425-3247**.

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 were not 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

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 to your health insurer or plan.

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

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

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

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

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

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

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

Grievance - A complaint to your health insurer or plan.

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

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

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

Hospice Services - Services to provide comfort and support for 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 access a range of health care services.

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

Rehabilitation Services and Devices – Health care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that has 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.
- 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 for 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 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:

Carenet – Provides the Behavioral Health 24-hour hotline
Navitus Health Solutions, LLC – Provides prescription drugs
Envolve – Provides services for the vision benefit
Carenet – Helps to provide the 24-hour Nurse Advice Line
SafeRide Health – Provides Non-Emergency 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.
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 know. 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 be involved 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, and state fair hearings. That includes the right to:
    a. Make a complaint to your health plan or to the state Medicaid program about your health care, your provider, or your health plan.
    b. Get a timely answer to your complaint.
    c. Use the plan's appeal process and be told how to use it.

   d. Ask for an external medical review and state fair hearing from the state Medicaid program and get information about how that process works.
   e. Ask for a State Fair Hearing without an External Medical Review from the state Medicaid program and receive information about how that process works.

6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
   a. Have phone 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 visits 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.

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.

3. You must share information about your health with your Primary Care Provider and learn about service and treatment options. That includes the responsibility to:
    a. Tell your Primary Care Provider about your health.
    b. Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
    c. Help your providers get your medical records.
4. You must be involved in decisions 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 complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. Driscoll Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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

Driscoll Health Plan
Quality Management Department
Attn: Performance Excellence Team
4525 Ayers Street
Corpus Christi, TX 78415
1-877-324-7543, TTY: 1-800-735-2989
Email: filegrievance@dchstx.org

You can file a grievance in person, by mail, or email. If you need help filing a grievance, our Chief Privacy Officer is here to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, at hhs.gov/civil-rights/index.html 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 (TTY)

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, free of charge, are available to you. 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. 1-877-324-7543번으로 전화해 주십시오.

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

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

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

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 حاصل تماس1-877-324-7543 .نمایید دریافت رایگان طور به را خود زبان به اطالعات و

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 ່ທທ່ ານກ ່ າລັງຊ ່ ວຍເຫຼ ືອ, ມ ່ ຄ ່ າຖ ່ າມກ ່ ຽວກັບ Laotian, ທ ່ ານມ ີສ ິ ດ ່ ທ ່ ຈ ່ ະໄດ ້ ຮ ັ ບການຊ ່ ວຍເຫຼ ືອ ແລະ ່ ຂ ້ ມ ູ ນຂ ່ າວສານ ່ ທ ່ ເປ ັ ນພ ່ າສ ່ າຂອງທ ່ ານ ່ ບ ່ ມ ຄ ່ າໃຊ ້ จ ่ ่ าย. ການໂອ ້ ລ ົ ມກ ັ ບນ ่ ายພ ่ າສ ่ า, ໃຫ ້ ໂທຫ ่ า 1-877-324-7543.

Summary of DHP Privacy Policies

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

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

Get a copy of your health and claims records	• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. • We will provide a copy of a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we will tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	• You can ask us not to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years before the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You may also get an electronic copy of this notice on our website: driscollhealthplan.com
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on the back page. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775, or visiting: hhs.gov/civil-rights/filing-a-complaint/index.html • We will not retaliate against you for filing a complaint.

Our Uses and Disclosures

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

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in payment for your care • Share information in a disaster relief situation *If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In this case, we never share your information unless you give us written permission:	• Marketing purposes • Sale of your information

How do we typically use or share your health information?

We typically use or share our health information in the following ways.

Help manage the health care treatment you receive	• We can use your health information and share it with professionals who are treating you.	***Example**: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*
Run our organization	• We can use and disclose your information to run our organization and contact you when necessary. • We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.	***Example**: We use health information about you to develop better services for you.*

Pay for your health services	• We can use and disclose your health information as we pay for your health services.	***Example**: We share information about you with your dental plan to coordinate payment for your dental work.*
Administer your plan	• We may disclose your health information to your health plan sponsor for plan administration.	***Example**: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

Our Uses and Disclosures

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. To learn more, see:

hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues	• We can share health information about you for certain situations such as:
	  • Preventing disease
	  • Helping with product recalls
	  • Reporting adverse reactions to medications
	  • Reporting suspected abuse, neglect, or domestic violence
	  • Preventing or reducing a serious threat to anyone's health or safety

Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	• We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when a person dies.

Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you:
	  • For workers' compensation claims
	  • For law enforcement purposes or with a law enforcement official
	  • With oversight agencies for activities authorized by law
	  • For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have comprised 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.