

# Member Handbook Manual Para Miembros

Aetna Health Inc. (Texas)

Bexar and Tarrant  
Service Area —  
September 2006

Area de servicio de  
Bexar y Tarrant —  
Septiembre 2006



**Member Services, call**  
**Bexar: 1-866-818-0959**  
**Tarrant: 1-800-245-5380**

Aetna's CHIP Program covers  
CHIP recipients in the following  
counties: *Bexar* — Bexar, Atascosa,  
Comal, Guadalupe, Kendall,  
Medina, Wilson and Bandera.  
*Tarrant* — Tarrant, Denton, Hood,  
Johnson, Parker and Wise.

**Servicios al Miembro, llame al**  
**Bexar: 1-866-818-0959**  
**Tarrant: 1-800-245-5380**

El programa de CHIP de Aetna  
cubre a miembros de CHIP en los  
siguientes condados: *Bexar* —  
Bexar, Atascosa, Comal, Guadalupe,  
Kendall, Medina, Wilson y Bandera.  
*Tarrant* — Tarrant, Denton, Hood,  
Johnson, Parker y Wise.



We want you to know<sup>®</sup>



# Important Numbers

## Questions or Need Help Understanding/Reading Member Handbook?

We have staff who speak English and Spanish that can help you understand this handbook. We also have services for people who have trouble reading, hearing, seeing or speaking a language other than English or Spanish. You can ask for the Member Handbook in audio, other languages, Braille or larger print. If you need an audiocassette, we will mail it to you. To get help, go to our website at [www.aetnamedicaid.com](http://www.aetnamedicaid.com) or call us at the toll free number on your child's ID card.

## Your Child's CHIP ID Number:

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## Your Child's Primary Care Provider (PCP) Name, Address and Telephone

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In case of an emergency, call 911 or your local emergency hotline.

### Visit the website:

[www.aetnamedicaid.com](http://www.aetnamedicaid.com)

### Call us:

#### Aetna CHIP Member Services

#### Toll-free:

#### Tarrant Service Area:

1-800-245-5380

#### Bexar Service Area:

1-866-818-0959

*English/Spanish Interpreter Services available*

### Member Services Hours:

Monday – Friday 8 a.m. – 5 p.m.

*After hours: Leave a message on the voice mail box*

### Write us:

#### Aetna Medicaid and CHIP Services

Attention: Aetna CHIP Member Services

P.O. Box 569150

Dallas, TX 75356-9150

### TDD/TTY:

1-800-735-2989

For persons that are deaf or hearing impaired, please call through the Relay of Texas TDD/TTY line at 1-800-735-2989 and ask them to call the Aetna CHIP Member Services Line.

## Important Phone Numbers

### Informed Health® Line

**1-800-556-1555**

*(Health information from a registered nurse  
24 hours a day, 7 days a week)*

### CHIP Help Line

1-800-647-6558

### CHIP Pharmacy Hotline

1-866-274-9154

### Block Vision Services

1-800-879-6901

### Magellan Behavioral Health Services

1-800-424-5897

*Health Services (includes mental health  
and substance abuse)\* 24 hours a days,  
7 days a week*

### Delta Dental (dental services)

1-800-838-4337

\*For behavioral health care services, call the Magellan at the number on your ID card. If your child has a behavioral health emergency, take your child to the nearest Emergency Room. You or someone on your child's behalf will need to call the Magellan line at 1-800-424-5897 and let them know your child had an emergency. Staff are available who speak both English and Spanish.

# Member Services



## Member Services Department

Member Services are available by phone Monday through Friday from 8 a.m. to 5 p.m. Call Member Services at the toll-free number on your child's ID card to:

- Ask questions about your child's benefits and coverage.
- Change your child's address or telephone number.
- Change your child's PCP.
- Find out more about how to file a complaint.

Call your child's PCP office with questions about appointments, hours of service or getting care after normal office hours.

## Plan Information and Resources Online

Get information 24 hours a day, 7 days a week on our website at [www.aetnamedicaid.com](http://www.aetnamedicaid.com). You can find information and answers to your questions without calling us.

The website allows you to:

- See member newsletters
- See Questions and Answers about the CHIP program
- Search our provider directory to find Aetna doctors and hospitals in your area
- Get information on different health topics

# Important Information About Your Rights

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

## **Aetna Medicaid and CHIP Privacy Notice**

Effective April 14, 2003

At Aetna Medicaid and CHIP [a program of Aetna Health Inc. (Texas)], we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information and to send you this notice.

This notice explains how we use information about you and when we can share that information with others. It also informs you of your rights with respect to your health information and how you can exercise those rights.

When we talk about “information” or “health information” in this notice we mean the following:

Information about you that has been created or received by us and that relates to your health condition(s), or to the provision of health care to you, or to the payment for such health care.

### **How We Use or Share Information**

The following are ways we may use or share information about you:

- **For Payment Purposes:** We may use the information to help pay your medical bills that have been submitted to us by doctors and hospitals for payment.
  - **For Treatment Purposes:** We may share your information with your doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to any medical records sent to us by your doctor.
  - **For Health Care Operations:** We may use or share your information with others to help manage your health care. For example, we might talk to your doctor to suggest a disease management or wellness program that could help improve your health.
  - **With Our Business Associates/ Contractors:** We may share your information with others who help us conduct our business operations. **We will not share your information with these outside groups unless they agree to keep it protected.**
  - **For the Promotion of Health Maintenance and Wellness:** We may use or share your information to send you a reminder if you have an appointment with your doctor. We may also use or share your information to give you information about alternative medical treatments and programs or about health related products and services that you may be interested in. For example, we might send you information about smoking cessation or weight loss programs.
- There are also state and federal laws that may require us to release your health information to others. We may be required to provide information for the following reasons:
- We may report information to state and federal agencies that regulate us such as the U.S. Department of Health and Human Services, and the Texas Health and Human Services Commission.
  - We may share information for public health or disaster relief activities. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
  - We may report information to public health agencies if we believe there is a serious health or safety threat.
  - We may share information with a health oversight agency for certain oversight activities (for example, audits, inspections, licensure and disciplinary actions).
  - We may provide information to a court or administrative agency (for example, pursuant to a court order, search warrant or subpoena).
  - We may report information for law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
  - We may report information to a government authority regarding child abuse, neglect or domestic violence.
  - We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.
  - We may use or share information for procurement, banking or transplantation of organs, eyes, or tissue.
  - We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
  - We may report information on job-related injuries because of requirements of your state worker compensation laws.
  - We will comply with any state laws that are more restrictive regarding the permissible uses and disclosures of your health information, such as state laws relating to mental health and substance abuse records.

If none of the above reasons for using or disclosing your health information applies, **we must get your written permission to use or disclose your health information.** If you give us written permission and later change your mind, **you may revoke your written permission at any time.** However, your revocation will not affect the uses or disclosures that were made pursuant to your written permission.

### **What Are Your Rights**

The following are your rights with respect to your health information. If you would like to exercise the following rights, please contact Aetna CHIP Member Services at 1-800-245-5380.

**You have the right to ask us to restrict** how we use or disclose your information for treatment, payment, or health care operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. Please note that while we will try to honor your request, we are not required to agree to these restrictions.

**You have the right to ask to receive confidential communications of** information. For example, if you believe that you would be harmed if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example, by fax) or to an alternative address. We will accommodate your reasonable requests as explained above.

**You have the right to inspect and obtain a copy** of information that we maintain about you in your designated record set. A “designated record set” is the set of information that includes your health information and that either (i) is enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for us or (ii) is used, in whole or in part, by or for us to make decisions about you.

**However,** you do not have the right to access certain types of information and we may decide not to provide you with copies of the following information:

- contained in psychotherapy notes;
- compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and
- subject to certain federal laws governing biological products and clinical laboratories.

In certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

**You have the right to ask us to make changes** to information we maintain about you in your designated record set. These changes are known as amendments. We may require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and the date by which we will complete action on your request.

If we make the amendment, we will notify you that it was made. In addition, we will provide the amendment to any person that we know has received your health information. We will also provide the amendment to other persons identified by you.

If we deny your request to amend your record, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to respond to your statement. However, you have the right to request that your written request, our written denial and your statement of disagreement be included with your information for any future disclosures.

**You have the right to receive an accounting of certain disclosures** of your information made by us during the six years prior to your request. Please note that we are not required to provide you with an accounting of the following disclosures:

- Any disclosures that were made prior to April 14, 2003;
- Information disclosed or used for treatment, payment, and health care operations purposes;
- Information disclosed to you or pursuant to your authorization;
- Information that is incident to a use or disclosure otherwise permitted;
- Information disclosed for a facility's directory or to persons involved in your care or other notification purposes;
- Information disclosed for national security or intelligence purposes;
- Information disclosed to correctional institutions, law enforcement officials or health oversight agencies; or

- Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We may require that your request be in writing. We will act on your request for an accounting within 60 days. We may need additional time to act on your request. If so, we may take up to an additional 30 days. Your first accounting will be free. We will continue to provide you with one free accounting upon request every 12 months. If you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

**You have a right to receive a copy of this notice upon request at any time.** You can also view a copy of the notice on our web site at [www.aetnamedicaid.com](http://www.aetnamedicaid.com). Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will provide the new notice to you by direct mail and post it on our website.

### **Exercising Your Rights**

If you have any questions about this notice or about how we use or share information, please contact Aetna Medicaid and CHIP Member services at 1-800-245-5380 (Tarrant) or 1-866-818-0959 (Bexar). Our office is open Monday through Friday from 8:00 a.m. to 5:00 p.m.

If you believe your privacy rights have been violated, you may file a complaint with us by calling 1-800-245-5380 (Tarrant) or 1-866-818-0959 (Bexar) or mail your written complaint to Aetna Medicaid and CHIP Services, Attention Member Advocate, P.O. Box 569150, Dallas, Texas 75356-9150. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint at the following address:

**Office of Civil Rights – Region VI  
U.S. Department of Health  
and Human Services**  
1301 Young Street  
Suite 1169  
Dallas, Texas 75202

**Phone:** 214-767-4056;  
**TDD:** 214-767-8940  
**Fax:** 214-767-0432

**Please be advised: we will not take any action against you for filing a complaint.**



## About Your Child's Plan

As a member of Aetna CHIP, you can ask for and receive the following information for your child:

- Names, addresses, telephone numbers, and languages spoken (other than English) by network providers, and identification of providers that are not accepting new patients. The information provided will be, at a minimum, on primary care physicians, specialists and hospitals in your service area.
- Any restrictions on your freedom of choice among network providers for your child.
- Member rights and responsibilities.
- Information on complaint, appeal and independent review procedures.
- The amount, duration, and scope of benefits available under the contract in sufficient detail to ensure that you understand the benefits to which your child is entitled.
- How to get benefits including authorization requirements for your child.
- How you may get benefits, including from out-of-network providers and/or limits to those benefits.
- How after hours and emergency coverages are provided and/or limits to those benefits, including:
  - > What makes up emergency medical conditions, emergency services and post-stabilization services
  - > The fact that prior authorization is not required for emergency care services
  - > How to obtain emergency services, including use of the 911 telephone system or its local equivalent
  - > The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services covered under the contract
  - > Your right to use any hospital or other settings for emergency care for your child
  - > Post-stabilization rules
- Policy on referrals for specialty care and for other benefits not furnished by your child's PCP.
- Aetna CHIP's practice guidelines.

### **Certificate of Credible Coverage**

If you need evidence of your child's CHIP coverage to help you enroll your child with another insurance plan, please call our Member Services Department at 1-800-245-5380 (Tarrant) or 1-866-818-0959 (Bexar). You may also write to:

**Aetna Medicaid and CHIP Services**  
Attention Member Advocate  
P.O. Box 569150  
Dallas, Texas 75356-9150

We will be happy to provide you with a certificate of credible coverage upon request.

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# Your CHIP Member Handbook

## Tips for members

- 1** Keep this handbook and any additional handbook information for future use.
- 2** Write your child's ID number(s) in the front of this book or other safe place.
- 3** Always carry your child's ID card with you.
- 4** Keep your child's PCP's name and number near the telephone.
- 5** Use the Hospital Emergency Room (ER) only for emergencies.

This handbook is a guide to help you understand your child's Aetna CHIP plan.

If you have questions about your child's benefits or what is covered, go to pages 8 – 14. To see what is limited or not covered, go to page 15.

If you cannot find the answer to your question(s) in this handbook, use our website ([www.aetnamedicaid.com](http://www.aetnamedicaid.com)), or call Member Services at the toll-free number on your child's ID card. We will be happy to help you.

For more information about Member Services, turn to page ii.

# How Your Child's Plan Works

## The Basics

- You choose a Primary Care Physician (PCP) from our large list of providers for your child. You may choose a different PCP for each child in your family.
- You take your child to his/her PCP for routine and preventive care or when other care is needed, such as for an illness or injury.
- Your child's PCP will send you to a specialist or coordinate care when needed.
- You pay copayments for certain medical services at the time of your child's doctor visit.
- Your child has coverage in an emergency.

## Health Plan ID Card

When your child is enrolled with Aetna CHIP, you will get an ID card from us. The ID card lists the name and telephone number(s) of your child's PCP. It will show copayment information if you have to pay for services. The back of the ID card has important phone numbers for you to call if you need help. Please make sure your child's information on his/her ID card is correct.

Always carry your child's ID card with you when going to see the doctor. You will need it to get health care for your child. You must show it each time your child gets services.

Your child will not get a new Aetna ID card every month. If you call us to change your child's PCP or if your child's copay changes, you will get a new ID card. If your child's card is lost or stolen, please call Member Services right away so we can send you another ID card.

## Example of an Aetna CHIP ID card

**Aetna**<sup>®</sup>  
Children's Health Insurance Program

MEMBER ID: \_\_\_\_\_ PCP: \_\_\_\_\_  
PCP EFFECTIVE DATE: \_\_\_\_\_  
EFF. DATE: \_\_\_\_\_  
EXP. DATE: \_\_\_\_\_

PCP TEL: \_\_\_\_\_

Doctor's Office Visit:  
Emergency Room: \_\_\_\_\_ Hospital Inpatient: \_\_\_\_\_  
Prescription Generic Drugs: \_\_\_\_\_ Hospital Outpatient: \_\_\_\_\_  
Prescription Brand Drugs: \_\_\_\_\_

**No copayments apply for well child or well baby immunization visits.**

**Aetna**<sup>®</sup>  
Children's Health Insurance Program

MEMBER ID: \_\_\_\_\_ PCP: \_\_\_\_\_  
FECHA DE EFECTIVIDAD CON EL PCP: \_\_\_\_\_  
EFFECTIVO: \_\_\_\_\_  
TERMINACION: \_\_\_\_\_

PCP TELE: \_\_\_\_\_

Visita Oficina del Doctor:  
Sala de emergencia: \_\_\_\_\_ Paciente internado: \_\_\_\_\_  
Medicamentos genéricos de receta: \_\_\_\_\_ Paciente afuera del hospital: \_\_\_\_\_  
Medicamentos de receta de marca: \_\_\_\_\_

**Co-pagos no se aplican para exámenes bien o de niño visitas para vacunas.**

**Carry this card and present it at time of service**  
Precertification - Case Management: 1-800-245-5380  
**This number must be called for all specialty referrals and hospital admissions.**

Claims or Member Services (24 hours/7 days a week): Call 1-800-245-5380  
Informed Health Line (for health questions, 24 hours/7 days per week): Call 1-800-556-1555  
CHIP Pharmacy Hotline: 1-866-274-9154  
Magellan Behavioral Health (24 hours/7 days a week): Call 1-800-424-5897  
Block Vision of Texas Inc., Member Services Line: 1-800-879-6901

(CHIP - Tarrant) Mail claims to this address:  
Claims Processing Center, P.O. Box 981516, El Paso, TX 79998-1516  
In case of an emergency, please call 9-1-1

**Lleve esta tarjeta y presentela antes de recibir servicios**  
Precertificación - manejo de caso: 1-800-245-5380  
**Debe llama a este número para todas las referencias y admisiones del hospital.**

Reclamaciones o Servicios para Miembros (24 horas del día/7 días de la semana): Llame al 1-800-245-5380  
Línea de salud informada (para preguntas sobre salud, 24 horas del día/7 días de la semana): Llame al 1-800-556-1555  
Línea de farmacia de CHIP al 1-866-274-9154  
Magellan Salud Mental: (24 horas del día/7 días de la semana): Llame al 1-800-424-5897  
Línea de Servicios de para Miembros de Block Vision of Texas, Inc.: 1-800-879-6901

(Chip - Tarrant) Envíe reclamaciones a este dirección:  
Claims Processing Center, P.O. Box 981516, El Paso, TX 79998-1516  
En caso de una emergencia, por favor llama al 9-1-1

# Primary Care Provider (PCP) Information

## Role of the Primary Care Provider (PCP)

### What is a Primary Care Provider (PCP)?

A PCP is your child's primary healthcare provider. Your child's PCP will give or arrange for all the medical care your child needs. Your child's PCP can take care of routine medical problems. Sometimes your child may have a problem that needs to be handled by a specialist. The PCP can arrange to have your child see the right specialist. The PCP will approve your child to see the specialist with a referral and tell you how to make an appointment. If your child needs to be admitted to a hospital, your PCP can arrange that for your child. Remember, you and the PCP are the most important members of your child's health care team.

## Choosing Your Child's PCP

### Can a Clinic Be My Child's PCP?

Your child's PCP can be a clinic.

Some of the providers that you may also choose from to be your child's PCP are:

- Family Doctors;
- Pediatricians (for children);
- Ob/Gyns (woman's doctor);
- General Practitioners (GPs);
- Advanced Nurse Practitioners (ANPs);
- Federally Qualified Health Clinics (FQHCs); and
- Rural Health Clinics (RHCs).

Please look at our Provider Directory to get more information on PCPs. You must choose a PCP for your child who is in our Aetna CHIP network. You can get a copy of the provider directory on [www.aetnamedicaid.com](http://www.aetnamedicaid.com) or by calling us at the toll-free number listed on your child's ID card.

Your child can keep seeing his/her current PCP if the PCP is listed in our Provider Directory. There are times when we may let a specialist be your child's PCP.

## Visiting Your Child's PCP

### What Do I Need To Bring with Me to My Child's Doctor Appointment?

You should take the following items with you when you go to your child's doctor's appointment:

- Aetna CHIP ID card
- Immunization (shot) records
- Paper to take notes on information you get from the doctor

### What If I Choose to Take My Child to Another Doctor Who Is Not My Child's PCP?

You will need to go to your child's PCP for most health services or you might have to pay for the services.

### What Type of Care Does Not Require My Child to First Be Seen by PCP?

For the following types of care, you do not have to go to your child's PCP first:

- Emergency
- Ob/Gyn
- Behavioral Health

For more information, please look at our website ([www.aetnamedicaid.com](http://www.aetnamedicaid.com)) or contact Aetna CHIP Member Services at the toll-free number on your child's ID card.



## Changing Your Child's PCP

### How Can I Change My Child's PCP?

You can change your child's PCP by calling us at the toll-free number on your child's ID card. For a list of doctors and clinics, please see our Provider Directory. You can view this online at [www.aetnamedicaid.com](http://www.aetnamedicaid.com).

### How Many Times Can I Change My Child's PCP?

You can change your child's PCP up to four times a year by calling us at the toll-free number on your child's ID card.

### When Will My Child's PCP Change Become Effective?

If you change your child's PCP, your child will receive a new ID card. The new ID card will tell you the new PCP's name, address, telephone number and date your child's new PCP will be effective. The PCP change will become effective the same day that you call us to change your child's PCP.

### Are There Any Reasons Why My Request to Change My Child's PCP May Be Denied?

In some cases, your request to change your child's PCP may be denied. Your request may be denied if:

- The PCP you selected for your child is not accepting new patients.
- The PCP you selected for your child is no longer a part of Aetna CHIP Health Plan.

### Can My PCP Request That My Child Be Changed to Another PCP for Non-Compliance?

Your child's PCP can request that you choose a new PCP for the following reasons:

- Your child often misses appointments and you have not called to let the PCP know.
- You do not follow advice from your child's PCP.

### What If My Child's PCP Leaves the Aetna CHIP Network?

If your child's provider leaves the Aetna CHIP network, we will send you a letter telling you the new PCP we have chosen for your child. If you are not happy with the new PCP, call us at the toll-free number on your child's ID card and tell us the PCP you want. This will not count as one of the four changes per year. If your child is getting medically necessary treatments, your child will be able to stay with that doctor if he or she is willing to see your child. When we find a new PCP on our list who can give your child the same type of care, we will change your child's PCP.

## After Hours Care

### How Do I Get Medical Care for My Child After the PCP's Office is Closed?

If your child gets sick at night or on a weekend and cannot wait to get medical care, call your child's PCP for advice. Your child's PCP or another doctor is ready to help by phone 24 hours a day, 7 days a week. You may also call the 24-hour Informed Health® Line at 1-800-556-1555 to speak with a nurse to help you decide what to do.



# Health Plan Information

## Changing Your Child's Health Plan

### What If I Want to Change My Child's Health Plan? Who Do I Call?

Families can change plans only once per year. For more information, call the CHIP Help Line toll-free at 1-800-647-6558. You cannot change your child's health plan during a hospital stay.

## Disenrollment from the Health Plan

Your child can be disenrolled from our plan if:

- Your child turns nineteen.
- You do not re-enroll your child at the end of the 6-month eligibility period.
- Your child permanently moves out of the service area.
- Your child becomes enrolled in another health plan or has a change in health insurance status (i.e. coverage by employer insurance).
- You keep taking your child to the ER when your child does not have an emergency.
- You keep taking your child to another doctor or clinic without first getting approval from your child's PCP.
- You or your children show a pattern of disruptive or abusive behavior not related to a medical condition.
- Your child misses many appointments without you letting your child's doctor know in advance.
- You let someone else use your child's ID card.
- You often do not follow your child's doctor's advice.

# Benefits

## What are my child's CHIP Benefits?

There is no lifetime maximum on benefits; however, a 12-month period, enrollment period (a 6-month period) or lifetime limitations do apply to certain services, as specified in the following chart. If services with a 12-month limit are all used within one 6-month enrollment period, these particular services are not available during the second 6-month enrollment period. Copays apply until a family reaches its specific cost-sharing maximum.

## How do I obtain these services?

You should see your child's PCP to ask about medical services. For more information about how to obtain these or other services, please use the website ([www.aetnamedicaid.com](http://www.aetnamedicaid.com)) or call the Aetna CHIP Member Services at the toll-free number on your child's ID card.

## Requalifying for CHIP

It's important to renew your CHIP/Children's Medicaid coverage every six months to prevent a lapse in coverage. If you do not renew and you let your coverage expire, if you apply again, your family may be subject to the 90-day waiting period.

In your fourth month of coverage HHSC will mail a renewal packet to you that contains an application with some of your information already filled in.

1. Update information as needed.
2. Fill in all the questions that have been left blank.
3. Make sure to send in copies of at least one paycheck stub or other document reflecting each family member's income and expenses.
4. Sign and date the application then send it in using the postage-paid return address envelope.

Missing information or documents may cause a delay in processing your application.

Call 1-877-KIDS-NOW (1-877-543-7669) to get help renewing your coverage.

## Schedule of Benefits

Type of Benefit	Description of Benefit	Limitations	Copay
<b>Inpatient General Acute and Inpatient Rehabilitation Hospital Services</b>	<p>Medically necessary services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>■ Hospital-provided physician or provider services</li> <li>■ Semi-private room and board (or private if medically necessary as certified by attending)</li> <li>■ General nursing care</li> <li>■ ICU and services</li> <li>■ Patient meals and special diets</li> <li>■ Operating, recovery and other treatment rooms</li> <li>■ Anesthesia and administration (facility technical component)</li> <li>■ Surgical dressings, trays, casts, splints</li> <li>■ Drugs, medications and biologicals, blood or blood products not provided free-of-charge to the patient and their administration,</li> <li>■ X-rays, imaging and other radiological tests (facility technical component)</li> <li>■ Laboratory and pathology services (facility technical component)</li> <li>■ Machine diagnostic tests (EEGs, EKGs, etc)</li> <li>■ Oxygen services and inhalation therapy</li> <li>■ Radiation and chemotherapy</li> <li>■ Access to DSHS-designated Level III perinatal centers or hospitals meeting equivalent levels of care</li> <li>■ In-network or out-of-network facility for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarean section</li> <li>■ Hospital, physician and related medical services, such as anesthesia, associated with dental care.</li> <li>■ Surgical implants.</li> <li>■ Other artificial aids including surgical implants.</li> <li>■ Implantable devices are covered under inpatient and outpatient services and do not count towards the DME 12-month period limit.</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires prior authorization for non-emergency care and following stabilization of an emergency condition</li> <li>■ Requires prior authorization for in-network or out-of-network facility for a mother and her newborn(s) after 48 hours following an uncomplicated vaginal delivery and after 96 hours following an uncomplicated delivery by caesarean section</li> </ul>	<p>Applicable level of inpatient copay applies</p>
<b>Transplants</b>	<p>Medically necessary services include:</p> <ul style="list-style-type: none"> <li>■ Using up-to-date FDA guidelines, all non-experimental human organ and tissue transplants and all forms of non-experimental corneal, bone marrow and peripheral stem cell transplants, including donor medical expenses</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires authorization</li> </ul>	<ul style="list-style-type: none"> <li>■ Copays do not apply</li> </ul>

## Schedule of Benefits

Type of Benefit	Description of Benefit	Limitations	Copay
<b>Skilled Nursing Facilities (Includes Rehabilitation Hospitals)</b>	Medically necessary services include, but are not limited to, the following: <ul style="list-style-type: none"> <li>■ Semi-private room and board</li> <li>■ Regular nursing services</li> <li>■ Rehabilitation services</li> <li>■ Medical supplies and use of appliances and equipment furnished by the facility</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires authorization and physician prescription</li> <li>■ 60 days per 12-month period limit</li> </ul>	<ul style="list-style-type: none"> <li>■ Copays do not apply</li> </ul>
<b>Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center</b>	Medically necessary services include, but are not limited to, the following services provided in a hospital clinic, a clinic or health center, hospital-based emergency department or an ambulatory health care setting: <ul style="list-style-type: none"> <li>■ X-ray, imaging, and radiological tests (technical component)</li> <li>■ Laboratory and pathology services (technical component)</li> <li>■ Machine diagnostic tests</li> <li>■ Ambulatory surgical facility services</li> <li>■ Drugs, medications and biologicals</li> <li>■ Casts, splints, dressings</li> <li>■ Preventive health services</li> <li>■ Physical, occupational and speech therapy</li> <li>■ Renal dialysis</li> <li>■ Respiratory services</li> <li>■ Radiation and chemotherapy</li> <li>■ Blood or blood products not provided free of charge to the patient and the administration of these products</li> <li>■ Facility and related medical services, such as anesthesia, associated with dental care, when provided in a licensed ambulatory surgical facility.</li> <li>■ Surgical implants</li> <li>■ Other artificial aids including surgical implants</li> <li>■ Implantable devices are covered under Inpatient and Outpatient services and do not count towards the DME 12-month period limit.</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires prior authorization and physician prescription</li> </ul>	<ul style="list-style-type: none"> <li>■ Applicable level of copay applies to prescription drug services</li> <li>■ Copays do not apply to preventive services</li> </ul>
<b>Physician/Physician Extender Professional Services</b>	Medically necessary services include, but are not limited to, the following: <ul style="list-style-type: none"> <li>■ American Academy of Pediatrics recommended well-child exams and preventive health services (including but not limited to vision and hearing screening and immunizations)</li> <li>■ Physician office visits, inpatient and outpatient services</li> <li>■ Laboratory, x-rays, imaging and pathology services, including technical component and/or professional interpretation</li> <li>■ Medications, biologicals and materials administered in physician's office</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires prior authorization for specialty services</li> </ul>	<ul style="list-style-type: none"> <li>■ Applicable level of copay applies to office visits</li> <li>■ Copays do not apply to preventive visits or to prenatal visits after the first visit</li> </ul>

## Schedule of Benefits

Type of Benefit	Description of Benefit	Limitations	Copay
<b>Physician/Physician Extender Professional Services (continued)</b>	<ul style="list-style-type: none"> <li>■ Allergy testing, serum and injections</li> <li>■ Professional component (in/outpatient) of surgical services, including:               <ul style="list-style-type: none"> <li>&gt; Surgeons and assistant surgeons for surgical procedures including appropriate follow-up care</li> <li>&gt; Administration of anesthesia by physician (other than surgeon) or CRNA</li> <li>&gt; Second surgical opinions</li> <li>&gt; Same-day surgery performed in a hospital without an overnight stay</li> <li>&gt; Invasive diagnostic procedures such as endoscopic examination</li> </ul> </li> <li>■ Hospital-based physician services (including physician-performed technical and interpretative components)</li> <li>■ In-network and out-of-network physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarean section</li> <li>■ Physician services medically necessary to support a dentist providing dental services to a CHIP member such as general anesthesia or intravenous (IV) sedation.</li> </ul>		
<b>Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies</b>	<p>Covered services include DME (equipment which can withstand repeated use, and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness, injury or disability, and is appropriate for use in the home), devices and supplies that are medically necessary and necessary for one or more activities of daily living, and appropriate to assist in the treatment of a medical condition, including, but not limited to:</p> <ul style="list-style-type: none"> <li>■ Orthotic braces and orthotics</li> <li>■ Prosthetic devices such as artificial eyes, limbs and braces</li> <li>■ Prosthetic eyeglasses and contact lenses for the management of severe ophthalmologic disease</li> <li>■ Hearing aids</li> <li>■ Diagnosis-specific disposable medical supplies, including diagnosis-specific prescribed specialty formulas and dietary supplements</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires prior authorization and physician prescription</li> <li>■ \$20,000 12-month period limit for DME, prosthetics, devices and disposable medical supplies (diabetic supplies and equipment are not counted against this cap)</li> </ul>	<ul style="list-style-type: none"> <li>■ Copays do not apply</li> </ul>

## Schedule of Benefits

Type of Benefit	Description of Benefit	Limitations	Copay
<b>Home and Community Health Services</b>	<p>Medically necessary services are provided in the home and community and include, but are not limited to:</p> <ul style="list-style-type: none"> <li>■ Home infusion</li> <li>■ Respiratory therapy</li> <li>■ Visits for private duty nursing (R.N., L.V.N.)</li> <li>■ Skilled nursing visits as defined for home health purposes (may include R.N. or L.V.N.).</li> <li>■ Home health aide when included as part of a plan of care during a period that skilled visits have been approved</li> <li>■ Speech, physical and occupational therapies.</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires authorization and physician prescription</li> <li>■ Services are not intended to replace the child's caretaker or to provide relief for the caretaker</li> <li>■ Skilled nursing visits are provided on intermittent level and not intended to provide 24-hour skilled nursing services</li> <li>■ Services are not intended to replace 24-hour inpatient or skilled nursing facility services</li> </ul>	<ul style="list-style-type: none"> <li>■ Copays do not apply</li> </ul>
<b>Inpatient Mental Health Services</b>	<p>Medically necessary services include, but are not limited to:</p> <ul style="list-style-type: none"> <li>■ Mental health services furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals and state-operated facilities.</li> <li>■ Neuropsychological and psychological testing.</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires prior authorization for non-emergency services</li> <li>■ Does not require PCP referral.</li> <li>■ Inpatient mental health services are limited to: <ul style="list-style-type: none"> <li>&gt; 45 days 12-month period inpatient limit</li> </ul> </li> <li>■ Includes inpatient psychiatric services, up to 12-month period limit, ordered by a court of competent jurisdiction under the provisions of Chapters 573 and 574 of the Texas Health and Safety Code, relating to court ordered commitments to psychiatric facilities. Court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination.</li> <li>■ 25 days of the inpatient benefit can be converted to residential treatment, therapeutic foster care or other 24-hour therapeutically planned and structured services or subacute outpatient (partial hospitalization or rehabilitative day treatment) mental health services on the basis of financial equivalence against the inpatient per diem cost</li> <li>■ 20 of the inpatient days must be held in reserve for inpatient use only</li> </ul>	<ul style="list-style-type: none"> <li>■ Applicable level of inpatient copay applies</li> </ul>
<b>Outpatient Mental Health Services</b>	<ul style="list-style-type: none"> <li>■ Medically necessary services include, but are not limited to, mental health services provided on an outpatient basis.</li> <li>■ Medication management visits do not count against the outpatient visit limit.</li> <li>■ Neuropsychological and psychological testing.</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires prior authorization.</li> <li>■ Does not require PCP referral.</li> <li>■ The visits can be furnished in a variety of community-based settings (including school and home-based) or in a state-operated facility.</li> <li>■ Up to 60 days per 12-month period limit for rehabilitative day treatment.</li> <li>■ 60 outpatient visits per 12-month period limit</li> <li>■ 60 rehabilitative day treatment days can be converted to outpatient visits on the basis of financial equivalence against the day treatment per diem cost.</li> </ul>	<ul style="list-style-type: none"> <li>■ Applicable level of copay applies to office visits.</li> </ul>

## Schedule of Benefits

Type of Benefit	Description of Benefit	Limitations	Copay
<b>Outpatient Mental Health Services (continued)</b>		<ul style="list-style-type: none"> <li>■ 60 outpatient visits can be converted to skills training (psycho educational skills development) or rehabilitative day treatment on the basis of financial equivalence against the outpatient visit cost.</li> <li>■ Includes outpatient psychiatric services, up to 12-month period limit, ordered by a court of competent jurisdiction under the provisions of Chapters 573 and 574 of the Texas Health and Safety Code, relating to court ordered commitments to psychiatric facilities. Court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination.</li> <li>■ Inpatient days converted to sub-acute outpatient services are in addition to the outpatient limits and do not count toward those limits.</li> <li>■ A Qualified Mental Health Professional (QMHP), as defined by and credentialed through Texas Department of State Health Services (DSHS) standards (TAC Title 25, Part II, Chapter 412), is a Local Mental Health Authorities provider. A QMHP must be working under the authority of an DSHS entity and be supervised by a licensed mental health professional or physician. QMHPs are acceptable providers as long as the services would be within the scope of the services that are typically provided by QMHPs. Those services include individual and group skills training (which can be components of interventions such as day treatment and in-home services), patient and family education, and crisis services.</li> </ul>	
<b>Inpatient Substance Abuse Treatment Services</b>	<ul style="list-style-type: none"> <li>■ Medically necessary services include, but are not limited to, inpatient and residential substance abuse treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs.</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires prior authorization for non-emergency services</li> <li>■ Does not require PCP referral.</li> <li>■ Medically necessary inpatient detoxification/stabilization services, limited to 14 days per 12-month period.</li> <li>■ 24-hour residential rehabilitation programs, or the equivalent, up to 60 days per 12-month period.</li> <li>■ 30 days may be converted to partial hospitalization or intensive outpatient rehabilitation, on the basis of financial equivalence against the inpatient per diem cost.</li> <li>■ 30 days must be held in reserve for inpatient use only.</li> </ul>	<ul style="list-style-type: none"> <li>■ Applicable level of inpatient copay applies</li> </ul>

## Schedule of Benefits

Type of Benefit	Description of Benefit	Limitations	Copay
<b>Outpatient Substance Abuse Treatment Services</b>	<ul style="list-style-type: none"> <li>■ Medically necessary outpatient substance abuse treatment services include, but are not limited to, prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment and referral for chemical dependency disorders.</li> <li>■ Intensive outpatient services is defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for four to 12 weeks, but less than 24 hours per day.</li> <li>■ Outpatient treatment service is defined as consisting of at least one to two hours per week providing structured group and individual therapy, educational services, and life skills training.</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires prior authorization.</li> <li>■ Does not require PCP referral.</li> <li>■ Outpatient treatment services up to a maximum of:</li> <li>■ Intensive outpatient program (up to 12 weeks per 12-month period)</li> <li>■ Outpatient services (up to 6 months per 12-month period)</li> </ul>	<ul style="list-style-type: none"> <li>■ Applicable level of copay applies to office visits.</li> </ul>
<b>Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>■ Medically necessary habilitation (the process of supplying a child with the means to reach age-appropriate developmental milestones through therapy or treatment) and rehabilitation services include, but are not limited to, the following:</li> <li>■ Physical, occupational and speech therapy</li> <li>■ Developmental assessment</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires authorization and physician prescription</li> </ul>	<ul style="list-style-type: none"> <li>■ Copays do not apply</li> </ul>
<b>Hospice Care Services</b>	<p>Medically necessary hospice services include, but are not limited to:</p> <ul style="list-style-type: none"> <li>■ Palliative care, including medical and support services, for those children who have six months or less to live, to keep patients comfortable during the last weeks and months before death</li> <li>&gt; Treatment for unrelated conditions is unaffected</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires authorization and physician prescription</li> <li>■ Services apply to the hospice diagnosis</li> <li>■ Up to a maximum of 120 days with a 6 month life expectancy</li> <li>■ Patients electing hospice services waive their rights to treatment related to their terminal illnesses; however, they may cancel this election at anytime</li> </ul>	<ul style="list-style-type: none"> <li>■ Copays do not apply</li> </ul>

## Schedule of Benefits

Type of Benefit	Description of Benefit	Limitations	Copay
<b>Emergency Services, Including Emergency Hospital, Physicians, and Ambulance Services</b>	<p>Health plan cannot require authorization as a condition for payment for emergency conditions or labor and delivery. Medically necessary covered services include:</p> <ul style="list-style-type: none"> <li>■ Emergency services based on prudent lay person definition of emergency health condition</li> <li>■ Hospital emergency department room and ancillary services and physician services 24 hours a day, 7 days a week, both by in-network and out-of-network providers</li> <li>■ Medical screening examination</li> <li>■ Stabilization services</li> <li>■ Access to DSHS designated Level I and Level II trauma centers or hospitals meeting equivalent levels of care for emergency services</li> <li>■ Emergency ground, air or water transportation</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires authorization for post-stabilization services</li> </ul>	<ul style="list-style-type: none"> <li>■ Applicable copays apply to emergency room visits (facility only)</li> </ul>
<b>Vision Benefit</b>	<p>Medically necessary services include:</p> <ul style="list-style-type: none"> <li>■ One examination of the eyes to determine the need for and prescription for corrective lenses per 12-month period, without authorization</li> <li>■ One pair of non-prosthetic eyewear per 12-month period</li> </ul>	<ul style="list-style-type: none"> <li>■ Does not require authorization for protective and polycarbonate lenses when medically necessary as part of a treatment plan for covered diseases of the eye.</li> </ul>	<ul style="list-style-type: none"> <li>■ Applicable level of copay applies to office visits billed for refractive exam</li> </ul>
<b>Chiropractic Services</b>	<p>Medically necessary services do not require physician prescription and are limited to spinal subluxation</p>	<ul style="list-style-type: none"> <li>■ Requires authorization for twelve visits per 12-month period limit (regardless of number of services or modalities provided in one visit)</li> <li>■ Requires authorization for additional visits.</li> </ul>	<ul style="list-style-type: none"> <li>■ Applicable level of copay applies to chiropractic office visits</li> </ul>
<b>Tobacco Cessation Programs</b>	<ul style="list-style-type: none"> <li>■ Covered up to \$100 for a 12-month period limit for a plan-approved program</li> <li>■ Member must submit original receipt for counseling or tobacco cessation aid for reimbursement</li> <li>■ Member should write their CHIP ID Number on original receipt and mail it to: Aetna Medicaid &amp; CHIP Services Attn: Claims Department P.O. Box 981516 El Paso, TX 79998-1516</li> <li>■ Members can also contact the following for additional help: <ul style="list-style-type: none"> <li>&gt; For free counseling on stopping tobacco use, call the American Cancer Society Quit Line at 1-877-937-7848.</li> <li>&gt; For additional help, call the Texas Tobacco Prevention Hotline at 1-800-345-8647.</li> <li>&gt; <a href="http://www.dshs.state.tx.us/tobacco">www.dshs.state.tx.us/tobacco</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ Does not require authorization</li> <li>■ Health plan defines plan-approved program.</li> <li>■ May be subject to formulary requirements.</li> </ul>	<ul style="list-style-type: none"> <li>■ Copays do not apply</li> </ul>

# Benefits



## What Benefits are Not Covered?

Services that are *not* covered by CHIP are called "Exclusions." The Exclusions are listed below.

- Inpatient and outpatient infertility treatments or reproductive services other than prenatal care, labor and delivery, and care related to disease, illnesses, or abnormalities related to the reproductive system
- Personal comfort items including but not limited to personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of patient, and other articles that are not required for the specific treatment of sickness or injury
- Experimental and/or investigational medical, surgical or other health care procedures or services that are not generally employed or recognized within the medical community
- Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court
- Private duty nursing services when performed on an inpatient basis or in a skilled nursing facility
- Mechanical organ replacement devices including, but not limited to artificial heart
- Hospital services and supplies when confinement is solely for diagnostic testing purposes, unless otherwise preauthorized by the health plan
- Prostate and mammography screening
- Elective surgery to correct vision
- Gastric procedures for weight loss
- Cosmetic surgery/services solely for cosmetic purposes
- Out-of-network services not authorized by the health plan except for emergency care and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarean section
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity, except for the services associated with the treatment for morbid obesity as part of a treatment plan approved by the health plan
- Acupuncture services, naturopathy and hypnotherapy
- Immunizations solely for foreign travel
- Routine foot care such as hygienic care
- Diagnosis and treatment of weak, strained, or flat feet and the cutting or removal of corns, calluses and toenails (this does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails)
- Replacement or repair of prosthetic devices and durable medical equipment due to misuse, abuse or loss when confirmed by the member or the vendor
- Corrective orthopedic shoes
- Convenience items
- Orthotics primarily used for athletic or recreational purposes
- Custodial care (care that assists a child with the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation, and medication supervision that is usually self-administered or provided by a parent. This care does not require the continuing attention of trained medical or paramedical personnel.) This exclusion does not apply to hospice.
- Housekeeping
- Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody of legal authorities
- Services or supplies received from a nurse, that do not require the skill and training of a nurse
- Vision training and vision therapy
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered except when ordered by a Physician/PCP
- Donor non-medical expenses
- Charges incurred as a donor of an organ when the recipient is not covered under this health plan

# Benefits (cont.)

## Your Out-of-Pocket Costs

### How Much Do I Have to Pay for My Child's Health Care?

You may have to pay a copayment when your child gets certain covered services. See the copayment table below for a complete list of payable amounts. Your child's ID card will list your copayment amount.

### What Are Copayments? How Much are They and When Do They Apply?

The table below lists the CHIP copayment by the amount your family makes. Copayments are paid to the doctor or pharmacy at the time of service. No copayments are paid for well-child visits or immunizations.

Your child's Aetna CHIP ID card lists the copayments that you must pay. Show your child's ID card when you have an office visit, go to the ER, or have a prescription filled.

## Prescription Drug Benefit

### How Do I Get My Prescriptions?

Aetna CHIP does not provide your prescription drugs. These drugs are covered by the CHIP Prescription Drug Benefit (PDB).

You can take your child's prescription to any pharmacy taking part in the CHIP PDB. We suggest using the same pharmacy as much as possible because they will have your child's prescription history.

Take your child's Aetna CHIP ID card with you when you go to the pharmacy. The pharmacy can make sure your child is a CHIP member. The pharmacy may ask for the ID card.

You may have to pay a copayment for the prescription. A generic drug may cost you nothing or cost very little. The copayment for a brand name drug will be higher. If your doctor prescribes a drug for a month, you will make one copayment for a 34-day supply. In most cases, you cannot get more than a 34-day supply. The CHIP PDB does not offer drugs by mail order.

The CHIP PDB does not cover:

- Over-the-counter drugs
- Birth control medications prescribed only for birth control purposes

### Who Do I Call if I Have a Problem Getting My Prescriptions?

Call the CHIP Help Line toll-free at **1-800-647-6558** if you need help finding a pharmacy. Call the CHIP Pharmacy Hotline toll-free at **1-866-274-9154** if you have problems getting prescriptions filled.

## Vision Benefit

### How Does My Child Get Eye Care Services?

Block Vision will provide vision services like exams and glasses. Block Vision will help your child's get the care he/she needs while coordinating with Aetna CHIP.

If your child needs vision services, please contact Block Vision at 1-800-879-6901.

## Dental Benefit

### How Does My Child Get Dental Services?

If your child needs dental services, please call Delta Dental toll-free at 1-800-838-4337.

## Co-payment Table

Federal Poverty Levels (FPLs)	Office Visits	Emergency Room Visits	Inpatient Hospital Stays	Prescription Drugs (Generic)	Prescription Drugs (Brand Name)	Semi-Annual Reporting Caps
Native American and Alaskan Natives	\$0	\$0	\$0	\$0	\$0	\$0
At or Below 100%	\$3	\$3	\$10	\$0	\$3	1.25% of family income
101%–150%	\$5	\$5	\$25	\$0	\$5	1.25% of family income
151%–185%	\$7	\$50	\$50	\$5	\$20	2.5% of family income
186%–200%	\$10	\$50	\$100	\$5	\$20	2.5% of family income

## Tobacco Cessation Benefit

### Want to Quit Using Tobacco?

Aetna will pay you for the cost of any product or service that will help your child stop using tobacco. This benefit is limited to \$100 each enrollment year. Please write your child's Aetna CHIP ID number on your original receipt or bill for counseling or tobacco cessation aid and mail to:

Aetna Medicaid and CHIP Services  
Attn.: Claims Department  
P.O. Box 981516  
El Paso, TX 79998-1516

Please call the American Cancer Society Quit Line at 1-877-937-7848 if you would like to get free counseling on how to stop smoking. You may also call the Texas Tobacco Prevention Hotline at 1-800-345-8647 or go to [www.dshs.state.tx.us/tobacco](http://www.dshs.state.tx.us/tobacco) for more information.

## Cost Sharing Limit

### What are Cost Sharing Caps?

The Member Guide you got from CHIP when you enrolled in the CHIP program has a form to help you track your CHIP expenses. To make sure that you do not go over your cost-sharing limit, please list CHIP expenses on this form. The welcome letter in the enrollment packet tells you when you can mail the form back to CHIP. If you lose your welcome letter, please call the CHIP Help Line at 1-800-647-6558. They will tell you what your cost-sharing limit is.

When you reach your semi-annual cap, please send the form to the CHIP Enrollment Broker and they will let us know. Aetna CHIP will send a new member ID card. This new card will show that no copayments are due when your child gets services. If you need help understanding copayments, please go to our website at [www.aetnamedicaid.com](http://www.aetnamedicaid.com), or call us at our toll-free number listed on your child's ID card.

## Provider Billing

### What If I Receive a Bill from my Doctor? Who Do I Call? What Information Will They Need?

As a parent or guardian, you must pay for the co-payments for your child's care. If you feel that you should not have gotten a bill or you need help to understand the bill, call us at toll-free number listed on your child's ID card. We will help explain the bill to you. We can talk to the doctor's office for you to explain your child's benefits. We can also help you arrange for the bill to be paid. When you call us, please have your child's Aetna CHIP ID card and the doctor's bill with you. We will need this information so we can help you quickly.

## What Extra Benefits Does a Member of Aetna CHIP Get?

### Public Services

Your child may also be able to get some of these services or programs:

- **Early Childhood Intervention (ECI) Program** – ECI provides services to children ages 0 to 3 years whose development is delayed. Some of the services for children include; screenings, physical, occupational, speech and language therapy, and activities to help children learn better.
- **Mental Illness or Mental Retardation (MHMR) Case Management** – Coordination of care is provided to help people get access to other needed services.
- **Women, Infants, and Children (WIC) Program** – WIC can help children under 5 years old and pregnant women to get nutritious food, nutrition education, and counseling.
- **Texas Information and Referral Network (TIRN)** – The phone number is 211. This is a free phone call which can help you find Health and Human Services in your local area.

## Services from Aetna CHIP

Aetna CHIP members get the following value-added services and extra benefits:

### Value-added Services

- **Informed Health Line** – 1-800-556-1555 - You can talk to a nurse 24 hours a day, 7 days a week. The nurse can help you with questions or help you decide what to do about your child's health needs. Only your doctor can give medical advice or medicines. The Informed Health nurses can give information on over 5,000 health topics. Call your doctor first with any questions or concerns regarding your child's health care needs.

### Extra Benefits

- **Free Member Newsletter** – You will get a newsletter in the mail with information on health topics to help your child.
- **Case Management and Disease Management** – Nurses give you information about your child's health concerns and help coordinate services for those members who have chronic or complex illnesses.

### How Can I Get These Benefits?

You *do not* have to go to your child's PCP to get these services. If you have questions or need help with these services, visit the website ([www.aetnamedicaid.com](http://www.aetnamedicaid.com)) call Aetna CHIP Member Services at the toll-free number on your child's ID card.

### What Health Education Classes Does Aetna CHIP Offer?

We offer free classes for parents and children on many health topics, including:

- Immunizations
- Drug & Alcohol Awareness
- Asthma & Allergies
- Teen Pregnancy Prevention
- Mental Health
- Nutrition
- Dental Health
- Poison Safety
- Breast Feeding
- Diabetes & Nutrition
- SIDS & Shaken Baby Syndrome
- Suicide Prevention
- Obesity

There may be limits on some services. Call Aetna CHIP Member Services at the toll-free number on your child's ID card for more information.

# Health Care and Other Services

## Routine Medical Care

### What Is Routine Medical Care? How Soon Can I Expect My Child to be Seen by a Doctor or Other Medical Professional?

Routine care is the non-emergency or non-urgent care that your child receives from their PCP or other healthcare provider.

The PCP you picked for your child is called your “medical home” and will help you with all of your child’s medical care. Your PCP will provide your child with regular check-ups and treatment when needed. Your PCP will order prescription drugs and medical supplies. Your PCP will also send your child to a specialist if needed. A specialist may be your child’s PCP if decided by your PCP and Aetna CHIP. It is important that you follow your child’s PCP’s advice and take part in decisions about your child’s healthcare.

When your child needs care, call his/her PCP’s phone number on your child’s ID card. The doctor’s office or clinic will make an appointment for your child. It is very important that you keep your child’s appointments. If you cannot keep an appointment, please call your child’s doctor to let him/her know. Your child’s PCP should be able to see your child within two (2) weeks after you ask for a routine care appointment or within 8 weeks after you ask for an appointment for a physical or a wellness check up.

## Urgent Medical Care

### What Is Urgent Medical Care? How Soon Can I Expect My Child to be Seen by a Doctor or Other Medical Professional?

Urgent care is when your child has a medical problem that is not an emergency, including a cold, cough, small cuts, minor burns or bruises.

You must first call your child’s PCP at the number shown on your child’s ID card. If you would like to speak to a nurse you can call the Informed Health Line at 1-800-556-1555. The nurse can help decide if you need to take your child to the emergency room. Many illnesses do not need to be treated in the ER. A cold, cough, rash, small cuts, minor burns or bruises are not good reasons to go to the ER. If your child needs urgent care, the PCP should see your child within 24 hours after you ask for care.

## Emergency Care

### What Is Emergency Medical Care? How Soon Can I Expect my Child to be Seen by a Doctor or Other Medical Professional?

Emergency care is a covered CHIP service.

“Emergency” and “emergency condition” means a medical condition of recent onset and severity, including, but not limited to, severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that the child’s condition, sickness, or injury is of such a nature that failure to get immediate care could result in:

- placing the child’s health in serious jeopardy;
- serious impairment to bodily functions;

- serious dysfunction of any bodily organ or part;
- serious disfigurement; or
- in the case of a pregnant woman, serious jeopardy to the health of the woman and her unborn child.

“Emergency services” and “emergency care” means health care services provided in an in-network or out-of-network hospital emergency department or other comparable facility by in-network or out-of-network physicians, providers, or facility staff to evaluate and stabilize medical conditions. Emergency services also include, but are not limited to, any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an emergency condition exists.

## Guidelines

You should be seen right away if your child needs emergency care. Whether you are in or out of one of our service areas, we ask that you follow the guidelines below when you believe your child needs emergency care.

- Call 911 or the local emergency hotline or go to the nearest emergency facility. If a delay would not be harmful to your child’s health, call your child’s PCP. *Tell your child’s PCP as soon as possible after getting treatment.*
- As soon as your child’s health condition is stabilized, the emergency facility should call your child’s PCP for information on your child’s medical history.
- If your child is admitted to an inpatient facility, you, a relative or friend on your behalf *should tell your child’s PCP as soon as possible.*



Some good reasons to go to the ER are:

- danger of losing life or limb
- very bad chest pains
- poisoning or overdose of medicine
- choking or problems breathing
- possible broken bones
- uncontrolled diarrhea or vomiting
- heavy bleeding
- serious injuries or burns
- fainting
- suddenly not being able to move (paralysis)
- victim of violent attack (rape, mugging, stab, or gunshot wound)
- your child has thoughts of causing harm to self or others
- about to deliver a baby

### **Follow-Up Care after Emergency**

Your child may need follow-up care after going to the emergency room. If so, make an appointment with your child's PCP. Do not go back to the ER (unless it is an emergency). Do not go back to the doctor that treated your child at the hospital unless told to by your child's PCP.

## **After-Hours Care**

### **Who Do I Call for After-Hours Care?**

If your child's PCP office is closed and your child gets sick at night or on a weekend and cannot wait to get medical care, call your child's PCP for advice. Your child's PCP or another doctor is ready to help by phone 24 hours a day, 7 days a week. You may also call the Informed Health Line at 1-800-556-1555 to help you decide what to do.

## **Getting Care When Traveling**

### **What If My Child Gets Sick When We Are Out of Town or Traveling? What if I am out of State?**

If your child gets sick while you are traveling out of town or out of state, call your child's PCP. You may also call our Informed Health Line at 1-800-556-1555 and a nurse can help you decide what to do. If your child has an emergency, go the closest ER. Remember to keep your child's Aetna CHIP ID card with you at all times.

### **What If My Child Gets Sick When We Are Out of the Country?**

The CHIP Program does not cover services outside of the United States.

## **Explanation of Precertification, Referral & Medically Necessary**

### **What is Precertification?**

Some services need approval before they are provided. Your child's doctor should get this approval from Aetna CHIP before your child is treated. You can ask us or your child's doctor if an approval is needed for a service or treatment.

### **What is a Referral?**

A referral is an approval from your child's PCP for your child to get covered specialty care and follow-up treatment.

### **Important Points About Referrals:**

- You should talk to your child's PCP about the referral to understand what specialist services your child may be getting and why.
- Only some benefits can be accessed directly. If the specialist suggests more treatments or tests, you may need another referral from your child's PCP. If your child needs another referral and you do not get one, you may have to pay.
- *You cannot ask for referrals for specialist services after your child goes to see a specialist.* You must receive the referral from your child's PCP first before seeking specialty care (except in an emergency).

### **What Services Do Not Need a Referral?**

The following services *do not* require a referral and can be accessed directly:

- Emergency care
- Ob/Gyn care
- Behavioral health (mental health and drug and alcohol abuse) services.



## Health Care and Other Services (cont.)

### Specialty Care

#### What if My Child Needs to See the Special Doctor (Specialist)?

Your child's PCP may send you to another doctor if your child needs a special type of care your PCP cannot provide. Your child's PCP will tell you if your child needs to see a specialist. You should not go to another doctor for services if your child's PCP does not agree to make a referral. If you see a specialist without a referral, you may have to pay for the services.

#### How Soon Can I Expect My Child to Be Seen by the Specialist?

After getting a referral from your child's PCP, you should be able to take your child to see a specialist within 3 weeks for a routine appointment; within 24 hours for urgent care appointments.

### What does Medically Necessary Mean?

Covered CHIP services must meet the CHIP definition of "medically necessary."

**Medically Necessary** means:

- (1) Health Care Services that are:
  - (a) reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a Member, or endanger life;
  - (b) provided at appropriate facilities and at the appropriate levels of care for the treatment of a Member's health conditions;
  - (c) consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
  - (d) consistent with the diagnoses of the conditions;
  - (e) no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
  - (f) are not experimental or investigative; and
  - (g) are not primarily for the convenience of the Member or Provider; and
- (2) Behavioral Health Services that are:
  - (a) are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
  - (b) are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
  - (c) are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
  - (d) are the most appropriate level or supply of service that can safely be provided;
  - (e) could not be omitted without adversely affecting the Member's mental and/or physical health or the quality of care rendered;
  - (f) are not experimental or investigative; and
  - (g) are not primarily for the convenience of the Member or Provider.

# Behavioral Health



## How Does My Child Get Help for Behavioral (Mental) Health or Drug Problems?

Magellan Behavioral Health\* will provide behavioral health care services (e.g., treatment or care for mental disease or illness, alcohol abuse and/or substance abuse). Magellan will help your child get the care he/she needs while coordinating with Aetna CHIP.

If your child is having a mental health, alcohol or drug abuse problem, you can call your child's PCP for an appointment or call the Magellan Behavioral Health Hotline at 1-800-424-5897.

For behavioral health care services, call Magellan at 1-800-424-5897. Your child's behavioral health doctor should be able to see your child within two (2) weeks after you ask for routine appointment. If your child has

a behavioral health emergency and needs treatment, go to the nearest Emergency Room. You or someone on your child's behalf will need to call Magellan at 1-800-424-5897 and tell them your child had an emergency.

### Is a Referral Necessary?

You *do not* need a referral from your child's PCP to get behavioral health care services for your child.

\* Magellan Behavioral Health, Magellan Behavioral Health Services, LLC f/k/a Human Affairs International, CMG Health, Green Spring Health Services, Merit Behavioral Care and their respective affiliates and subsidiaries are affiliates of Magellan Health Services (collectively "Magellan").

**If your daughter does not enroll in Medicaid while she is pregnant, she will have to apply for coverage for her newborn after the baby is born.**

**Please note that there could be a gap in coverage for her baby.**

## **Obstetric and Gynecologic Care**

### **What If My Child Needs Ob/Gyn Care? Do I Have the Right to Choose an Ob/Gyn for my Child?**

*Attention Parents and Guardians of Female Members —*

You have the right to select an Ob/Gyn from our network for your child without a referral from your PCP. The access to health care services of an Ob/Gyn includes:

- one (1) well-woman check-up per year
- care related to pregnancy
- care for any female medical condition
- referral to special doctor within the network

Aetna CHIP limits your selection of an Ob/Gyn to the Aetna CHIP network.

### **How Do I Choose an Ob/Gyn for my Child?**

Check our Provider Directory to find an Ob/Gyn for your child. You can get a copy of the provider directory online at [www.aetnamedicaid.com](http://www.aetnamedicaid.com) or call Aetna CHIP Member Services at the toll-free number on your child's ID card for help in finding an Ob/Gyn.

### **If I Don't Select an Ob/Gyn for my Child, Do I Have Direct Access?**

You have the right to choose an Ob/Gyn from our network for your child without a referral from your PCP.

### **Will I Need a Referral for My Child?**

You have the right to choose an Ob/Gyn from our network for your child without a referral from your PCP.

### **How Soon Can My Child Be Seen After Contacting the Ob/Gyn for an Appointment?**

If your child is pregnant, she should be seen within 2 weeks of enrollment or by the 12th week of her pregnancy. If your child is not pregnant, she should be seen within 3 weeks of asking for an appointment.

### **Can My Child stay with her Ob/Gyn if the Ob/Gyn is not on the Aetna CHIP Network?**

If your daughter has 12 weeks or less remaining before her expected due date when she enrolls, she will be able to stay under the care of her current Ob/Gyn. If she chooses, she can select an Ob/Gyn who is in our network as long as the provider agrees to treat her. We are available to assist with the changes between doctors.

### **What If My Child is Pregnant? Who do I Call?**

Call Member Services at the toll-free number on your child's ID card as soon as you know your daughter is pregnant. She needs to apply right away for Medicaid services. Your daughter's baby will be enrolled in Medicaid from birth up to a year old if she enrolls in Medicaid while she is pregnant.

## **What Other Services/Activities/Education Does Aetna CHIP Offer Pregnant Women?**

### **Case Management**

Case management is provided to members who are pregnant. Aetna Case managers help members to get the services that they may need. We can also help you get referrals when needed.

### **Prenatal Education**

Aetna CHIP will mail a prenatal packet to all pregnant women. The packet has information about how to stay healthy during pregnancy, a list of child birth classes and much more.

# Other Member Services



## Special Health Care Needs

### Who Do I Call if My Child Has Special Health Care Needs and Needs Someone to Assist Me?

Aetna Case Managers are ready to help coordinate services for children with special health care needs. Your child can also have his/her health care provided by a specialist if your child has special health care needs. If your child has special health care needs and you need someone to help you, please call Aetna CHIP Member Services at the toll-free number on your child's ID card for more information.

## Member Services Notification

### What Do I Have to Do If I Move?

Please call us and tell us about your child's new address and/or new phone number as soon as possible. We need to have your child's correct address and phone number at all times to best serve your child's health care needs. Your child will keep getting care through us until the address is changed unless your child has already moved out of the service area. You must also report your move to CHIP Help Line at 1-800-647-6558.

## Interpreter Services

### Can Someone Interpret for Me When I Talk with My Doctor? Who Do I Call for an Interpreter?

Our Member Services staff speak both English and Spanish. We have a language line if your first language is not English or Spanish. If you need a language interpreter, call Member Services at the toll-free number on your child's ID card and at the time of your call we will get a language interpreter that speaks your language on the line. Persons that are deaf or hearing impaired may call the TDD/TTY line toll-free at 1-800-735-2989.

### How Can I Get a Face-to-Face Interpreter in the Provider's Office? How Far in Advance Do I Need to Call?

We can help you if you need an interpreter to go with you to your child's doctor's office. As soon as you know the date of your child's appointment, please call Aetna CHIP Member Services at the toll-free number on your child's ID card so we can arrange for you. We need 72 hour advance notice of a need for an interpreter.

# Member Rights and Responsibilities

**Aetna CHIP members have both rights and responsibilities related to their membership and care.**

## Member Rights:

1. You have a right to get accurate, easy-to-understand information to help you make good choices about your child's health plan, doctors, hospitals and other providers.
2. Your health plan must tell you if they use a "limited provider network." This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. Meaning, you cannot see all the doctors who are in your health plan. If your health plan uses "limited networks," you should check to see that your child's primary care provider and any specialist doctor you might like to see are part of the same "limited network."
3. You have a right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know about what those payments are and how they work.
4. You have a right to know how the health plan decides about whether a service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
5. You have a right to know the names of the hospitals and other providers in your health plan and their addresses.
6. You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.
7. If your child is confirmed to have special health care needs or a disability, you may be able to use a specialist as your child's primary care provider. Ask your health plan about this.
8. Children who are confirmed to have special health care needs or a disability have the right to special care.
9. If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months and the health plan must continue paying for those services. Ask your plan about how this works.
10. Your daughter has the right to see a participating obstetrician/gynecologist (Ob/Gyn) without a referral from her primary care provider and without first checking with your health plan. Ask your plan how this works. Some plans may make you pick an Ob/Gyn before seeing that doctor without a referral.
11. You have a right to emergency services when you need them if you reasonably believe your child's life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a few dollars depending on your income. This is called a "copayment."
12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to speak for your child in all treatment choices.
14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
15. You have the right to be treated fairly by your health plan, doctors, hospitals and other providers.
16. You have the right to talk to your child's doctors and other providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.

17. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals and others who provide services to your child. If your health plan says it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.

## Member Responsibilities:

You and your health plan both have an interest in seeing your child's health improve. You can help by assuming these responsibilities.

1. Try to follow healthy habits, such as encouraging your child to exercise, staying away from tobacco products and eating a healthy diet.
2. Become involved in the doctor's decisions about your child's treatments.
3. Work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with your health plan, try first to resolve it using the health plan's complaint process.
5. Learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. To pay your doctor and other providers copayments that you owe them.
8. Report misuse of CHIP by health care providers, other CHIP members, or CHIP health plans.

# Member Safety

Aetna CHIP is committed to educating our members about health safety. Research shows that most medical errors can be prevented by being an active participant in your child's health care. Here are some important tips:

- **Be involved in every decision about your child's health care.** You are more likely to understand what you and your provider can do to improve and/or maintain your child's health if you are involved with your child's health care.
- **Ask questions.** You have a right to question anyone who is involved with your child's care.
- **Make sure your child's provider knows about all medications your child is taking,** including prescriptions, over-the-counter medications and dietary supplements such as vitamins and herbs. Ask that these be written down in your child's file.
- **Make sure your child's provider knows if your child has any allergies or bad reactions to medications.** This can help you avoid getting medications that could harm your child.
- **Ask for information about your child's medical treatment in a language you can understand.** Be sure you understand all the basics, such as medication dosage, drug interactions, possible side effects and why a particular medication and/or treatment is being recommended.

# Complaint Process



## Complaints

### What Should I Do if I Have a Complaint? Who Do I Call?

If you need help with a problem or have a complaint, please call our Member Services Department at the toll-free number on your child's ID card and ask to speak to the Member Advocate.

### Can Someone from Aetna CHIP Help Me File a Complaint?

The Member Advocate can help you file a complaint. The Member Advocate will write down your concern. You may also send a written complaint to the Member Advocate at:

#### Aetna Medicaid and CHIP Services

Attention: Member Advocate  
P.O. Box 569150  
Dallas, TX 75356-9150  
1-800-245-5380 (Tarrant)  
1-866-818-0959 (Bexar) or  
214-932-4564

### How Long Will It Take to Process My Complaint? What are the Requirements and Timeframes for Filing a Complaint?

When we get the complaint from you, we will send you a letter within five (5) days to let you know that we got it. We will send you another letter within thirty (30) days from the date we get your complaint that will give you the results.

### If I am Not Satisfied with the Outcome, Who Else Can I Contact?

If you are not happy with the result of your complaint, you can call our Member Services Department at the toll-free number on your child's ID card and ask for an appeal. You may also request an appeal of a complaint resolution by writing to:

#### Aetna Medicaid and CHIP Services

Attention: Member Advocate  
P.O. Box 569150  
Dallas, TX 75356-9150  
1-800-245-5380 (Tarrant) or  
1-866-818-0959 (Bexar)

### Do I Have a Right to Meet with a Complaint Appeal Panel?

Within five (5) days of getting your request for an Appeal, the Member Advocate will send you a letter to let you know that your appeal came to us. The Appeal Panel will look over the information you submitted and discuss your child's case. It is not a court of law. You have the right to appear in front of the Appeal Panel at a specified place to talk about the written appeal you sent us. When we make the decision on your appeal, we will send you a response in writing within thirty (30) days after we get the appeal.

You also have the right to file a complaint with the Texas Department of Insurance (TDI) by calling toll free at 1-800-252-3439, or in writing at:

#### Texas Department of Insurance

P.O. Box 149104  
Austin, TX 78714-9104

# Appeal Process

## Appeal

### What Can I Do if Aetna CHIP Denies or Limits My Doctor's Request for a Covered Service?

If Aetna CHIP denies or limits your doctor's request for a covered service for your child, you have the right to ask for an appeal. You or your child's doctor may send us more information to show why you do not agree with the decision. You may call Member Services and ask for an appeal. The Member Advocate will write down the information and send it to you to look over. A written appeal can be sent to:

**Aetna Medicaid and  
CHIP Services**

Attention: Member Advocate  
P.O. Box 569150  
Dallas, TX 75356-9150

### How Will I Be Notified If Services are Denied?

If your child's services are denied, you and your child's doctor will get a letter that tells you the reason for denial. The letter will also tell you how to file an appeal and how to ask for a review by an Independent Review Organization (IRO).

### What are the Timeframes for the Appeal Process?

You may appeal a decision to deny services at any time after you are told of the decision. The timeframe for the resolution of the appeal will depend on what services have been denied. If you are in the hospital or are already getting services that are being limited or denied, you may call and ask for an expedited appeal. The expedited appeal process is explained on page 28.

For a standard appeal, the Member Advocate will send you a letter within five (5) days of getting your request for an Appeal to let you know that we got it. We will send all available information to a doctor who was not involved in making the first decision. You will get a written response on your appeal within thirty (30) days after we get the appeal.

### When Do I Have the Right to Request an Appeal?

If you don't agree with the decision made by Aetna CHIP, you may ask us for an appeal. You do not have a right to an appeal if the services you asked for are not covered under the CHIP program or if a change is made to the state or federal law, which affects CHIP recipients.

### Does My Request Have to be in Writing?

Your request does not have to be in writing. You may request an appeal by calling us at the toll-free number listed on your child's ID card and ask for the Member Advocate. We will write down what you tell us and send it to you to review.

### Can Someone from Aetna CHIP Help Me File an Appeal?

You may get help in filing an appeal by calling us at the toll-free number listed on your child's ID card or writing to:

**Aetna Medicaid and  
CHIP Services**

Attention: Member Advocate  
P.O. Box 569150  
Dallas, TX 75356-9150

The Member Advocate will listen to your appeal and tell you about the rules. The Member Advocate will answer your questions and see that you are treated fairly.

# Expedited Appeal Process



## Expedited Appeal

### What is an Expedited Appeal?

Expedited appeal means an appeal from a member or provider on behalf of the member or when Aetna CHIP decides that taking the time for a standard resolution could seriously hurt the member's life, health or ability to attain, maintain or regain maximum function. You can only ask for an expedited appeal when services have not been provided yet.

### How do I Request an Expedited Appeal?

You may ask for an expedited appeal by calling us at the toll-free number listed on your child's ID card. A written expedited appeal can be sent to:

**Aetna Medicaid and  
CHIP Services**  
Attention: Member Advocate  
P.O. Box 569150  
Dallas, TX 75356-9150

### Does My Request Have to be in Writing?

Your request does not have to be in writing. You may request an expedited appeal by calling Member Services.

### What are the Timeframes for an Expedited Appeal?

The timeframe for resolution of your request of an expedited appeal will be based on your medical emergency condition, procedure, or treatment, but will not take more than one (1) business day from the date we get all information needed to review your appeal.

### What Happens if Aetna CHIP Denies the Request for an Expedited Appeal?

If you ask for an expedited appeal that does not involve an emergency, a hospital stay or services that are already being provided, you will be told that the appeal review cannot be rushed. We will keep processing the appeal and respond to you within 30 days from the time we got your appeal.

If you do not agree with this decision, you may ask for an outside review by an Independent Review Organization (IRO). The procedure to ask for a review by an IRO is explained below. You may also file a complaint with the Texas Department of Insurance by calling toll free at 1-800-252-3439 or writing to:

Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104

### Who Can Assist Me in Filing an Appeal?

You may request an appeal by calling Member Services and asking for the Member Advocate or writing to:

**Aetna Medicaid and  
CHIP Services**  
Attention: Member Advocate  
P.O. Box 569150  
Dallas, TX 75356-9150

The Member Advocate will listen to your appeal and tell you about the rules. The Member Advocate will answer your questions and see that you are treated fairly.

## Independent Review Organization (IRO)

### What is an Independent Review Organization (IRO)?

An IRO is an organization that has no connection to Aetna CHIP or the doctors that were previously involved in your treatment or decisions made by Aetna CHIP about services that have not been provided.

### How Do I Request an IRO Review?

You can ask for an IRO review by filling out the "Request For A Review By An Independent Review Organization" form that is sent with the decision letter. You will have 15 days from the day you get our decision letter to send back to us. Once we get the completed form, we will tell the Texas Department of Insurance (TDI) of your request for an IRO review. There is no cost to you for an independent review.

If you need help filling out the IRO form, please call the toll-free number on your child's ID card. We will be happy to help you.

### What are the Timeframes for this Process?

The standard timeframe for the IRO process should take no longer than twenty (20) calendar days from the date the IRO gets all of your information.

If you have an emergency health condition, the IRO process should take no longer than eight (8) calendar days from the date the IRO gets all of your information.

# Fraud Information

## Subrogation

**What is subrogation?** We may ask for reimbursement for medical expenses to treat an injury or illness that was caused by someone else. This is a “right of subrogation” provision. Under our right of subrogation, we reserve the right to get back the cost of medical benefits paid when another party is (or may be responsible) for causing the illness or injury to you. We may ask to get back the cost of medical expenses from you if you get expenses from the other party.

## Waste, Abuse & Fraud

### How Do I Report Someone Who is Misusing/Abusing the CHIP Program?

If you suspect a client (a person who receives benefits) or a provider (e.g., doctor, dentist, counselor, etc.) has committed waste, abuse, or fraud in the CHIP program, you have the responsibility and a right to report it.

### Reporting Provider/Clients Waste, Abuse and Fraud

You can report provider/clients directly to your health plan at:

#### Aetna Medicaid and CHIP Services

Attention: SIU Coordinator  
P.O. Box 569150  
Dallas, TX 75356-9150  
1-888-761-5440

Or if you have access to the Internet, go to HHSC Office of Inspector General (OIG) website at [www.hhs.state.tx.us](http://www.hhs.state.tx.us) and select “Reporting Waste, Abuse and Fraud”. The site provides information on the types of waste, abuse and fraud to report. If you do not have Internet access and prefer to talk to a person, call the OIG Fraud Hotline at 1-800-436-6184, or you may send a written statement to the following OIG addresses:

### To report providers (Doctors), use this address:

Office of Inspector General  
Medicaid Provider Integrity  
Mail Code 1361  
P. O. Box 85200  
Austin, TX 78708-5200

### To report clients (Members), use this address:

Office of Inspector General  
General Investigations  
Mail Code 1362  
P. O. Box 85200  
Austin, TX 78708-5200

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

When reporting a provider (e.g., doctor, dentist, counselor, etc.) provide the following:

- Name, address, and phone number of provider;
- Name and address of the facility (hospital, nursing home and home health agency, etc.);
  - > Identification number of the provider and facility is helpful,
  - > Type of provider (physician, physical therapist, and pharmacist, etc.);
  - > Names and number of other witnesses who can aide in the investigation
- Dates of events; and
- Summary of what happened.

### When reporting a client (a person who receives benefits) provide the following:

- The person’s name;
- The person’s date of birth social security number, or case number if available;
- The city where the person resides; and
- Specific details about the waste, abuse or fraud.