

# Medicaid Member Handbook

Aetna Better Health (Texas)

Tarrant/Bexar  
Service Areas —  
March 2012



To learn more, please call  
1-800-306-8612 (Tarrant) or  
1-800-248-7767 (Bexar)

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

**Aetna Better Health  
covers members in the  
following counties:**

**Tarrant Service Area:** Denton,  
Hood, Johnson, Parker, Tarrant  
and Wise Counties.

**Bexar Service Area:** Atascosa,  
Bandera, Bexar, Comal, Guadalupe,  
Kendall, Medina, and Wilson  
Counties.

**TEXAS** ★ **STAR**  
PROGRAM  
Your Health Plan ■ Your Choice

 **Aetna**<sup>®</sup>  
Better Health

# Aetna Better Health STAR Member Handbook



To learn more, please call 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar)

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

Aetna Better Health covers Members in the following counties:

**Tarrant Service Area:** Tarrant, Denton, Hood, Johnson, Parker, and Wise Counties.

**Bexar Service Area:** Bandera, Bexar, Atascosa, Comal, Guadalupe, Kendall, Medina, and Wilson Counties.

Tarrant/Bexar Service Areas –March 2012

043.067.MS.AMED.MH.03-01-12.doc



## Important Numbers

Your Medicaid ID Number \_\_\_\_\_

Your Primary Care Provider (PCP) Name \_\_\_\_\_

Your Primary Care Provider (PCP) Address \_\_\_\_\_

Your Primary Care Provider (PCP) Phone \_\_\_\_\_

**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 Better Health Member Services**

Toll-free:

**Tarrant Service Area: 1-800-306-8612**

**Bexar Service Area: 1-800-248-7767**

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 Better Health**

Attention: Aetna Better Health Member Services

PO Box 569150

Dallas, TX 75356-9150

**TTY:** For people that are deaf or hearing impaired, please call through the Relay of Texas TTY line at 1-800-735-2989 and ask them to call the Aetna Better Health Member Services Line.

## Important Phone Numbers

<b>Informed Health<sup>®</sup> Line (Health information from a registered nurse) 24 hours a days, 7 days a week</b>	<b>1-800-556-1555</b>
<b>Transportation for Medical Services</b>	<b>1-877-633-8747</b>
<b>STAR Help Line</b>	<b>1-800-964-2777</b>
<b>Prescription Information</b>	<b>1-800-306-8612 (Tarrant)</b> <b>1-800-248-7767 (Bexar)</b>
<b>Dental Contractors</b>	<b>Delta Dental -- 972-410-3700</b> <b>Dental Quest -- 1-800-685-9971</b> <b>MCNA Dental -- 1-800-494-6262</b>
<b>Block Vision – vision services</b>	<b>1-800-879-6901</b>
<b>Medicaid Managed Care Help Line/ MMC Help Line TTY</b>	<b>1-866-566-8989 / 1-866-222-4306</b>
<b>Behavioral Health Services (includes mental health and substance abuse)* 24 hours a day, 7 days a week</b>	<b>1-800-306-8612 (Tarrant)</b> <b>1-800-248-7767 (Bexar)</b>
*For behavioral health care services, call the number on your ID card. If you have a behavioral health emergency and need treatment, please go to the closest Emergency Room. You or someone on your behalf will need to call us at 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar) and to tell us that you had an emergency. Staff are available who speak both English and Spanish.	

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

We have staff who speak English or Spanish that can help you understand this handbook. We also have special 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 or CD, we will mail it to you. To get help, visit our website at [www.aetnamedicaid.com](http://www.aetnamedicaid.com) or call us at the toll free number on your ID card.

## Member Services

### Member Services Department

We are available by phone Monday through Friday from 8 a.m. to 5 p.m. Call us at the toll free number on your Medicaid ID card.

- Ask questions about your benefits and coverage.
- Change your address or phone number.
- Change your Primary Care Provider.
- Find out more about how to file a complaint.

*Call your Primary Care Provider with questions about appointments, hours of service or getting care after hours.*

### Plan Information and Resources Online

#### Aetna Better Health<sup>sm</sup> Website

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.

This website allows you to:

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

# Aetna Better Health Privacy Notice

This privacy notice tells you how your health information may be used and shared. It also tells what you need to do to see it. Please read this letter closely. Please call us if you have any questions about this notice.

## What do we do with your health information?

We sometimes need to see your health information to answer your questions.

**Help take care of you:** We may use your health information to help with your health care. We also use it to decide what services your benefits cover. We may tell you about services you can get. This could be shots, checkups, or medical tests. We may also remind you of appointments.

We may share your health information with other people who give you care. This could be doctors, hospitals, drug stores, and others. We may have an internet website where doctors and the others who give you care can look at your health information. If you are no longer with our plan, with your okay, we will give your health information to your new doctor.

**Family and friends:** We may give out your health information to your family or friend who is helping you with your care or helping pay for your care. Example: if you have an accident, we may need to talk with one of these people. Please tell us if you do not want us to give your health information to your family or friend. Our address and phone number are at the end of this letter.

**For payment:** We may give your health information to others who pay for your care. Your doctor must give a claim form to us that contains your health information. We may also use your health information to go over the care your doctor gives you. We can also check your use of health services.

**Health care operations:** We may use your health information to help us do our job. We may use your health information for:

- Health promotion and disease prevention
- Case management
- Legal matters
- Quality improvement
- Accounting and audits
- Fraud prevention
- Insurance administration
- Business management and planning

A case manager may work with your doctor or others who give you care. The case manager may tell you about programs or places that can help you with your health problem.

**Public purposes:** We may use or give out your health information for some public reasons. Such as:

- *Required by law:* Federal, state, or local laws sometimes need us to give your health information to others.
  - For workers' compensation if you get hurt on the job
- *Public safety:* We may give out your health information for public safety and police purposes.
  - If they give us a search warrant or a grand jury witness request
  - To help them name or find someone
  - To stop harm to someone
  - For other reasons
- *Research:* We may use your health information for research. We will ask for your okay before we do this. We will make sure that no one will know it is your health information.
- *Oversight:* We can be checked by state and federal agencies to make sure your doctors are doing a good job and we are doing a good job. When these agencies do their checks, they may ask for our members' information and we must let them see our members' information.
- *Disputes:* We may give out your health information if it is required in a lawsuit or legal matter.

**Drug or Alcohol Information:** We may have information about your treatment for drug or alcohol addiction. We will not share this information with others except with your consent, if needed in a medical emergency or if required by law or a court.

**Uses of your information:** By joining the plan, you let us use your health information for the reasons we have described in this letter.

## **What are your rights?**

### **Right to see your health information:**

- You have the right to look at your health information and to get a copy of it. To get a copy of your health information, write to us at the address at the end of this letter.
- You can ask for your medical records. Call your doctor's office or the health care facility where you were treated to get a copy of these records.

### **Right to ask for a change to your information:**

- If you look at your information and see that something is not right, you can ask us to change it.
- To ask us to change your information, please write to us at the address at the end of this letter. You must clearly tell us what you want to change.

### **Right to get a list of people or groups that have a copy of your health information:**

- You have the right to get a list of the people and groups that we gave your health information to.
- If you want to get that list, please write to us at the address at the end of this letter.

### **Right to ask for a safe way to be in touch with you:**

- If you think the way we keep in touch with you is unsafe, please let us know. We will do our best to be in touch with you in a way that is more private.

### **Right to ask for special care for your health information:**

- We may use your health information in the ways we talked about in this letter.
- You can ask us not to use your information in these ways.
- We are not required to agree to this, but we will think about it carefully.
- If we do agree to how you want us to use your health information, we will tell you.
- If you want to ask for this change, please write to us at the address at the end of this letter.

### **Right to get a paper copy of this letter:**

- You have the right to a paper copy of this letter.
- To get a copy of this letter, visit our website at [www.aetnamedicaid.com](http://www.aetnamedicaid.com)
- You can also ask for a copy. Write to us at the address at the end of this letter. We will mail you a copy.

### **Will we change this letter?**

By law, we must keep private your health information. We must follow what we say in this letter. We also have the right to change this letter. If we change this letter, the changes apply to all of your information we have or will get in the future. You can get a copy of the most recent letter on our website at [www.aetnamedicaid.com](http://www.aetnamedicaid.com)

### **What if you have questions?**

If you have any questions about this notice or about how we use or share information, please contact Aetna Better Health Member Services at 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar). Our office is open Monday through Friday from 8:00 a.m. to 5:00 p.m. You may also write us at:

Aetna Better Health  
PO Box 569150  
Dallas, TX 75356-9150

If you feel that your privacy rights – as explained in this Notice – have been violated, you may complain to Aetna Better Health or to the Secretary of Health & Human Services through the Office for Civil Rights (OCR). In order to file a complaint, please contact Member Services or you may contact Aetna Better Health's Privacy Officer.

Please remember that we will not take any action against you for filing a complaint. This is one of your rights. If our investigation of your complaint confirms that there has been a breach of your privacy through the actions of one of our employees or contractors, we will take disciplinary action against the employee or contractor who has caused the violation.

## About Your Plan

As a member of Aetna Better Health, you can ask for and get the following information each year:

- Information about network providers - at a minimum primary care doctors, specialists and hospitals in your service area. This information will include names, addresses, telephone numbers, and languages spoken (other than English) for each network provider, plus identification of providers that are not accepting new patients.
- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint, appeal and fair hearing procedures.
- Information about benefits available under the Medicaid program, including amount, duration and scope of benefits. This is designed to make sure you understand the benefits to which you are entitled.
- How you get benefits including authorization requirements.
- How you get benefits, including family planning services, from out-of-network providers and/or limits to those benefits.
- How you get after hours and emergency coverage and/or limits to those kinds of benefits, including:
  - What makes up emergency medical conditions, emergency services and post-stabilization services
  - The fact that you do not need prior authorization from your Primary Care Provider for emergency care services
  - How to get emergency services, including instructions on how to use the 911 telephone system or its local equivalent
  - The addresses of any places where providers and hospitals furnish emergency services covered by the Medicaid program.
  - A statement saying you have a right to use any hospital or other settings for emergency care
  - Post-stabilization rules
- Policy on referrals for specialty care and for other benefits you cannot get through your Primary Care Provider.
- Aetna Better Health's practice guidelines.

## Table of Contents

IMPORTANT NUMBERS.....	I
MEMBER SERVICES .....	III
AETNA BETTER HEALTH PRIVACY NOTICE .....	IV
ABOUT YOUR PLAN.....	VI
YOUR STAR MEMBER HANDBOOK .....	1
HOW YOUR AETNA BETTER HEALTH PLAN WORKS .....	1
PRIMARY CARE PROVIDER (PCP) INFORMATION.....	6
PHYSICIAN INCENTIVE PLAN INFORMATION .....	7
HEALTH PLAN INFORMATION.....	8
BENEFITS.....	8
HEALTH CARE AND OTHER SERVICES .....	11
BEHAVIORAL HEALTH .....	15
MEDICATIONS .....	16
FAMILY PLANNING SERVICES .....	18
CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN.....	18
VISION SERVICES .....	19
DENTAL SERVICES.....	19
TEXAS HEALTH STEPS CHECK-UPS.....	19
TRANSPORTATION SERVICES.....	21
INTERPRETER SERVICES.....	21
WOMEN'S HEALTH .....	22
OTHER MEMBER SERVICES.....	23
MEMBER RIGHTS AND RESPONSIBILITIES.....	24
MEMBER SAFETY .....	26
COMPLAINT PROCESS .....	27
APPEAL PROCESS.....	28
EXPEDITED APPEAL PROCESS.....	29
FRAUD INFORMATION.....	31
ANNUAL NOTIFICATION .....	32
SUBROGATION .....	32
FAMILY PLANNING CLINICS BY COUNTY.....	33

# Your STAR Member Handbook

This handbook is a guide to help you understand your Aetna Better Health plan.

If you have questions about your benefits, or what is covered, refer to the benefits section of this handbook.

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 us at the toll free number on your ID card. We will be happy to help you. To learn more about Member Services, turn to page ii.

## Tips for members

1. Keep this handbook for future use.
2. Write your ID number(s) in the front of this book or other safe place.
3. Always carry your ID card with you.
4. Keep your Primary Care Provider's name and number near the phone.
5. Use the hospital Emergency Room (ER) only for emergencies

# How Your Aetna Better Health Plan Works

## The Basics

- You pick a primary care provider (PCP) from our large list of providers. You can pick a different Primary Care Provider for each covered member in your family.
- Go to your Primary Care Provider for routine and preventive care.
- Your Primary Care Provider will send you to a specialist or coordinate precertification for care when needed.
- You have coverage in an emergency.
- Generally, no claim forms or balance bills.



## Health Plan ID Card

When you sign-up with Aetna Better Health, you will get an ID card from us. The ID card lists the name and phone number(s) of your Primary Care Provider. The back of the ID card has important phone numbers for you to call if you need help. Please make sure your information on your ID card is correct.

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

You will not get a new Aetna ID card every month. If you call us to change your Primary Care Provider, you will get a new ID card. If your ID card is lost or stolen, please call us right away so we can send you another ID card.

# Aetna Better Health Member ID Card

 <p><b>Aetna</b> Better Health</p>	 <p><b>TEXAS STAR</b> PROGRAM Your Health Plan ■ Your Choice <b>Medicaid</b></p>
<p><b>Attention Doctor/Hospital—You Must Call 1-800-306-8612 For Precertification Or Case Management</b></p>	

MEMBER NAME:

MEDICAD ID:

EFF. DATE:

PCP:

PCP TEL:

PCP EFFECTIVE DATE:

**Carry this card with you and present it at time of service.**

**Directions for What to Do in An Emergency:**

In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.

**In case of an emergency, please call 911**

For additional information regarding emergency services, please refer to your member handbook.

Mail claims to this address:  
Claims Processing Center  
P.O. Box 68938  
Phoenix, AZ 85062  
Paper ID: 30692

Member Services / Servicios para Miembros: **1-800-306-8612**

Behavioral Health/Salud Mental: **1-800-306-8612**

24 hours / 7 days per week /

24 horas del día/seis días de la semana

Infused Health Line/ Línea de salud infundada: **1-800-536-1555**

Block Vision of Texas, Inc. Services line / Línea de Servicios para

Miembros de Block Vision of Texas, Inc.: **1-800-879-6991**

Relay Texas TTY: **1-800-735-2609**

**Pharmacy Coverage**

RxSN: 61008

RxPON: ADV

RxGRP: R6901

**Pharmacy Use Only**

**18778743257**

MEMBER NOMBRE:

MEDICAD NÚM:

EFFECTIVO:

PCP:

TELÉFONO DEL PCP:

FECHA DE EFECTIVIDAD EL PCP:

**Lleve esta tarjeta con usted y preséntela antes de recibir servicios.**

**Instrucciones en caso de emergencia:**

En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después de recibir tratamiento, llame al PCP de su tipo dentro de 24 horas o tan pronto como sea posible.

**En caso de una emergencia, por favor llame al 911**

Para más información sobre servicios de emergencia, aver de referirse al Manual para Miembros.

Envíe reclamos a este dirección:  
Claims Processing Center  
P.O. Box 68938  
Phoenix, AZ 85062  
Paper ID: 30692

## Your Texas Benefits Medicaid Card

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

You will get a new Your Texas Benefits Medicaid card every time you change your health plan.

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

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

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

- Your name and Medicaid ID number.
- The name of the Medicaid program you're in if you get your Medicaid services through a health plan. This would be STAR, STAR Health, or STAR+PLUS.
- The date HHSC made the card for you.
- Facts your drug store will need to bill Medicaid.
- The name of the health plan you're in and the plan's phone number.
- The name of your doctor and drug store if you're in the Medicaid Limited program.

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

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

If you lose the Your Texas Benefits Medicaid card, you can get a new one by calling toll-free at 1-855-827-3748.

## Information About The Temporary ID Card (Form 1027 – A)

Medicaid also has a temporary ID card called a Form 1027-A. You will get this card in the mail when Your Texas Benefits Medicaid Card has been lost or stolen. The Medicaid temporary ID card tells providers about you and the services that you can get for the time period listed on the Form 1027-A.

Be sure to read the back of the Form 1027-A. The back of the card tells you how and when to use the card. There is a box that has specific information for providers.

You **must** take your Form 1027-A and your Health Plan ID card with you when you get any health care services. You will need to show these cards every time you need services. You can use the temporary ID card until you get Your Texas Benefits Medicaid Card.



**Medicaid Eligibility Verification**  
Confirmación de elegibilidad para  
Medicaid

	Name of Doctor/Nombre del doctor	Name of Pharmacy/Nombre de la farmacia
--	----------------------------------	--

**THIS FORM DOES NOT AUTHORIZE MEDICAID COVERAGE. PLEASE VERIFY ELIGIBILITY PRIOR TO PROVIDING SERVICES.**  
**ESTA FORMA NO AUTORIZA LA COBERTURA DE MEDICAID. FAVOR DE VERIFICAR LA ELEGIBILIDAD ANTES DE PRESTAR LOS SERVICIOS.**

Each person listed below has applied for **MEDICAID BENEFITS** for the dates indicated below, but has not yet received a client number. Do not submit a claim until you are given a client number. Pharmacists have 90 days from the date the number is issued to file clean claims. However, check your provider manual because other providers may have different filing deadlines. Call the eligibility worker named below if you have not been given the client number(s) within 15 days.

The Medicaid Identification form is lost or late. The client number must appear on all claims for health services.

Date Eligibility Verified	Verification Method <input type="checkbox"/> SAVERR Direct Inquiry Integrity (A & D Staff Only) <input type="checkbox"/> Regional Procedure <input type="checkbox"/> Data	BIN  <b>610098</b>
---------------------------	--	--------------------------

CLIENT NAME NOMBRE DEL CLIENTE	DATE OF BIRTH FECHA DE NACIMIENTO	CLIENT NO. CLIENTE NÚM.	ELIGIBILITY DATES PERIODO DE ELEGIBILIDAD		MEDICARE CLAIM NO. NÚM. DE SOLICITUD DE PAGO DE MEDICARE	STAR/STAR+PLUS HEALTH PLAN INFORMATION INFORMACIÓN DEL PLAN DE SALUD STAR/STAR+PLUS <b>Plan Name and Member Services Toll-Free Telephone No.</b> Nombre del plan y teléfono gratuito de Servicios para Miembros
			From/Desde	Through/Hasta		

I hereby certify, under penalty of perjury and/or fraud, that the above client(s) have lost, have not received, or have no access to Medicaid Identification (Your Texas Benefits Medicaid Card). I have requested and received Form 1027-A, Medicaid Eligibility Verification. I understand that using this form to obtain Medicaid benefits (services or supplies) for people not listed above is fraud and is punishable by fine and/or imprisonment.

**CAUTION: If you accept Medicaid benefits (services or supplies), you give and assign to the state of Texas your right to receive payments for those services or supplies from other insurance companies and other liable sources, up to the amount needed to cover what Medicaid spent.**

Por este medio certifico, bajo pena de perjurio o fraude, que los clientes nombrados arriba hemos perdido, no hemos recibido o por otra razón no tenemos en nuestro poder la tarjeta de Medicaid de Your Texas Benefits, Identificación de Medicaid del mes actual. Solicité y recibí esta Forma 1027-A, Confirmación de elegibilidad para Medicaid. Comprendo que usar esta confirmación para obtener beneficios (servicios o artículos) de Medicaid para alguna persona no nombrada arriba como beneficiario constituye fraude y se puede castigar con una multa o la cárcel.

**ADVERTENCIA:** Si usted acepta beneficios de Medicaid (servicios o artículos), otorga y concede al estado de Texas el derecho de recibir pagos por los servicios o artículos de otras compañías de seguros y otras fuentes responsables, hasta completar la cantidad que se requiere para cubrir lo que haya gastado Medicaid.

\_\_\_\_\_  
Signature—Client or Representative/ Firma—Cliente o Representante      Date/Fecha

Office Address and Telephone  
No./Oficina y Teléfono

Name of Worker (type)/Nombre del trabajador	Worker BJN	Worker Signature <b>X</b>	Date
Name of Supervisor* (type)/Nombre del supervisor*	Supervisor* BJN	Supervisor Signature <b>X</b>	Date

\*or Authorized Lead Worker/\*o Trabajador encargado

Form 1027-A  
Page 2/10-2004

**Medicaid clients do not have to pay bills which Medicaid should pay. It is very important that you tell your doctor, hospital, drugstore, and other health care providers right away that you have Medicaid. If you do not tell them that you have Medicaid, you may have to pay these bills. If you get a bill from a doctor, hospital, or other health care provider, ask the provider why they are billing you. If you still get a bill, call the Medicaid hotline at 1-800-252-8263 for help. If Medicaid will not pay the bill or if Medicaid benefits (services and supplies) are denied, you may request a fair hearing by writing to the address or calling the telephone number listed on the letter you get.**

**NOTE: Family planning clinics and other providers give free physical exams, lab tests, birth control methods (including sterilization) and contraceptive counseling.**

El cliente de Medicaid no tiene que pagar cuentas médicas que Medicaid debe pagar. Es muy importante que usted avise inmediatamente a su médico, al hospital, a la farmacia y a otros proveedores de servicios médicos que usted tiene Medicaid. Si no les dice que tiene Medicaid, es posible que usted tenga que pagar estas cuentas. Si usted recibe una cuenta de un doctor, un hospital u otro proveedor de servicios médicos, pregunte por qué le mandaron la cuenta. Si de todas maneras recibe una cuenta, llame a la línea directa de Medicaid al 1-800-252-8263 para pedir ayuda. Si Medicaid no va a pagar la cuenta o si se niegan los beneficios de Medicaid (los servicios o los artículos), usted puede pedir una audiencia imparcial escribiendo a la dirección o llamando al número de teléfono que aparecen en la carta que recibió.

NOTA: Las clínicas de planificación familiar y otros proveedores ofrecen exámenes físicos, análisis de laboratorio, métodos anticonceptivos (inclusive la esterilización) y orientación sobre los anticonceptivos, gratis.

**Provider Information/Información para el proveedor**

This form does not authorize Medicaid coverage. Please verify eligibility prior to providing services.

**PLEASE NOTE:** Payment for Family Planning Services is available without the consent of the client's parent or spouse.

Confidentiality is required. Family planning drugs, supplies, and services are exempt from the prescription drug and "LIMITED" restrictions.

**Key to terms that may appear on this form:**

**LIMITED** – Except for family planning services, and for Texas Health Steps (EPSDT), medical screening, dental, and hearing aid services, the client is limited to seeing the doctor **and/or** limited to using the pharmacy named on the form for drugs obtained through the Vendor Drug Program. In the event of an emergency medical condition as defined below, the "LIMITED" restriction does not apply.

**EMERGENCY** – The client is limited to coverage for an emergency medical condition. This means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson (who possesses an average knowledge of health and medicine) would think that the absence of immediate medical attention could reasonably be expected to result in (1) placing the patient's health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.

**HOSPICE** – The client is in hospice and waives the right to receive services related to the terminal condition through other Medicaid programs. If a client claims to have canceled hospice, call the local hospice agency or Texas Department of Aging and Disability Services to verify.

**QMB** – The Medicaid agency is providing coverage of Medicare premiums, deductible, and coinsurance liabilities, but the client is not eligible for regular Medicaid benefits.

**MQMB** – The Medicaid agency is providing regular Medicaid coverage as well as coverage of Medicare premiums, deductibles, and coinsurance liabilities.

**PE** – Medicaid covers only family planning and medically necessary outpatient services.

**STAR/STAR+PLUS HEALTH PLAN** – The client is enrolled in the Medicaid Managed Care program and is assigned to the health plan named on the form.

**NOTE TO PHARMACY/NOTA PARA LA FARMACIA: Medicaid will pay for more than three prescriptions each month for any Medicaid client who is under age 21, or lives in a nursing facility, or has the STAR/STAR+PLUS Health Plan, or gets services through the Community Living Assistance and Support Services (CLASS), Community Based Alternatives (CBA) and other non-SSI community-based waiver programs. Clients with Medicare who are enrolled in STAR+PLUS may be limited to three prescriptions per month. Contact the Pharmacy Resolution Help Desk at 1-800-435-4165 for information.**

# Primary Care Provider (PCP) Information

## Role of the Primary Care Provider (PCP)

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

A Primary Care Provider is your primary health care provider. Your Primary Care Provider will give or arrange for all the medical care you need. Your Primary Care Provider can take care of routine medical problems. Sometimes you may have a problem that needs to be handled by a specialist. The Primary Care Provider can arrange to have you see the right specialist. The Primary Care Provider will authorize you to see the specialist with a referral and tell you how to schedule an appointment. If you need to be admitted to a hospital, your Primary Care Provider can arrange that for you.

Our goal is your good health. We urge you to see your Primary Care Provider to get preventive care services within the next sixty (60) days or as soon as possible. This will help your doctor learn about you so he or she can help you plan for your future health care needs. Getting started with your doctor can also help prevent delays in care when you are sick. Remember that you and your Primary Care Provider are the most important members of your healthcare team.

## Choosing Your Primary Care Provider

### ***Can a Clinic Be My Primary Care Provider?***

If you have been getting health care services at a clinic and you want to keep going there, please pick one of the doctors in the clinic as your Primary Care Provider. The Primary Care Provider you pick needs to be listed in our Provider Directory.

Some of the providers that you can also pick from to be your Primary Care Provider 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 Primary Care Providers. You must pick a Primary Care Provider who is in our Aetna Better Health network. You can get a copy of the provider directory on [www.aetnamedicaid.com](http://www.aetnamedicaid.com) or by calling us at 1-800-306-8612 for Tarrant or 1-800-248-7767 for Bexar.

You can keep seeing your current Primary Care Provider if the Primary Care Provider is listed in our Provider Directory. There might be times when we can let a specialist be your Primary Care Provider.

## Visiting Your Primary Care Provider

### ***What Do I Need To Bring with Me to My Doctor's Visit?***

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

- Your Texas Benefits Medicaid Card and/or your Form 1027A
- Aetna Better Health ID card
- Immunization (shot) records
- Paper to take notes on information you get from the doctor

### ***What If I Choose to Go to Another Doctor Who Is Not My Primary Care Provider?***

You will need to go to your Primary Care Provider for most health services or you might have to pay for the services.

### ***What Type of Care Does Not Require Me to First Be Seen by Primary Care Provider?***

For the following types of care you do not have to go to your Primary Care Provider first:

- Emergency
- Family Planning
- OB/GYN
- Routine Eye Care

- Behavioral Health
- Texas Health Step Medical and Dental Check-ups

To learn more, use our website ([www.aetnamedicaid.com](http://www.aetnamedicaid.com)) or call us at the toll free number on your ID card.

## Changing Your Primary Care Provider

### ***How Can I Change My Primary Care Provider?***

You can change your Primary Care Provider by calling us at the toll free number on your 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/ My Child's Primary Care Provider?***

There is no limit on how many times you can change your or your child's primary care provider. You can change primary care providers by calling us toll-free at 1-800-306-8612 for Tarrant or 1-800-248-7767 for Bexar or writing to:

**Aetna Better Health**

Attention: Aetna Better Health Member Services  
 PO Box 569150  
 Dallas, TX 75356-9150

### ***When Will My Primary Care Provider Change Become Effective?***

If you change your Primary Care Provider, you will get a new ID card. The new ID card will tell you the new Primary Care Provider's name, address, phone number and date the new Primary Care Provider will be effective. The Primary Care Provider change will become effective the same day that you call Member Services to make the change.

### ***Are There Reasons Why My Request to Change a Primary Care Provider May Be Denied?***

In some cases, your request to change your Primary Care Provider can be denied. Your request can be denied if:

- The Primary Care Provider you picked is not accepting new patients, or
- The Primary Care Provider you picked is no longer a part of Aetna Better Health.

### ***Can My Primary Care Provider Move Me to Another Primary Care Provider for Non-Compliance?***

Your Primary Care Provider can request that you pick a new Primary Care Provider for the following reasons:

- You often miss your appointments and do not call to let the Primary Care Provider know, or
- You do not follow advice from your Primary Care Provider.

### ***What If My Primary Care Provider Leaves the Aetna Better Health Network?***

If your Primary Care Provider leaves the Aetna Better Health network, we will send you a letter telling you the new Primary Care Provider we have chosen for you. If you are not happy with the new Primary Care Provider, call us at the toll free number on your ID card and tell us the Primary Care Provider you want. If you are getting medically necessary treatments, you might be able to stay with that doctor if he or she is willing to see you. When we find a new Primary Care Provider on our list who can give you the same type of care, we will change your Primary Care Provider.

## After Hours Care

### ***How Do I Get Medical Care After My Primary Care Provider's Office is Closed?***

If you get sick at night or on a weekend and cannot wait to get medical care, call your Primary Care Provider. Your Primary Care Provider 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<sup>®</sup> at 1-800-556-1555 to speak with a registered nurse to help you decide what to do.

## Physician Incentive Plan Information

A physician incentive plan rewards doctors for treatments that reduce or limit services for people covered by Medicaid. Right now, Aetna Better Health does not have a physician incentive plan

## Health Plan Information

### Changing Your Health Plan

#### ***What If I Want to Change My Health Plan? Who do I Call?***

If you are **not** in the hospital, you can change your health plan by calling the Texas STAR Program Helpline at 1-800-964-2777.

#### ***How Many Times Can I Change My Health Plan?***

You can change plans as many times as you want, but not more than once a month. If you **are** in the hospital, you will **not** be able to change health plans until you have been discharged.

#### ***When will my Health Plan Change Become Effective?***

If you call to change your health plan on or before the 15<sup>th</sup> of the month, the change will take place on the first day of the next month. If you call after the 15<sup>th</sup> of the month, the change will take place the first day of the second month after that. For example:

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

### Disenrollment from the Health Plan

#### ***Can Aetna Better Health Ask that I Get Dropped from Their Plan for Non-Compliance?***

You can be disenrolled from our plan if:

- You move out of the service area.
- You keep going to the ER when you do not have an emergency.
- You keep going to another doctor or clinic without first getting approval from your Primary Care Provider.
- You or your children show a pattern of disruptive or abusive behavior not related to a medical condition.
- You miss many appointments without letting your doctor know.
- You let someone else use your ID card.
- You often do not follow your doctor's advice.

## Benefits

### Health Care Benefits

#### ***What are My Health Care Benefits?***

Here is a list of services you can get. You should see your Primary Care Provider to ask about medical services. Please follow your Primary Care Provider's advice. Your Primary Care Provider is responsible for coordinating all of your care.

- Needed medical care for adults and children
- Vaccines to prevent illness (immunizations)
- Chiropractic services
- Podiatrists (foot doctor)
- Laboratory and x-ray services
- Surgery as an outpatient (no hospital stay)
- Hospital care and outpatient care
- Maternity care and newborn care
- 24-hour nurse help line
- 24-hour emergency care from an emergency room
- Eye doctor services (includes eyeglasses and contact lens, if medically necessary)
- Hearing services and hearing aids
- Home health agency services
- Ambulances (for emergencies only)
- Dialysis for kidney problems
- Major organ transplants
- Texas Health Steps Medical and Dental Check-ups
- Once a year physical exam for adults

- Physical, occupational and speech therapy
- Family planning services and supplies
- HIV and sexually transmitted disease treatment
- Behavioral health services – (such as counseling and treatment)
- Substance abuse assistance (such as alcohol or drug abuse)
- Diabetic supplies
- Health education classes
- Transportation to medical appointments through the Medical Transportation Program

***Services covered for members birth through 20 years of age can be different than services covered for members 21 years of age or older.***

### ***How do I Get These Services?***

You should see your Primary Care Provider to ask about medical services. To learn how to get these or other services, please use the website ([www.aetnamedicaid.com](http://www.aetnamedicaid.com)) or call us at the toll free number on your ID card.

### ***Are There Any Limits to Any Covered Services?***

There can be limits on some services. Call us at the toll free number on your ID card to learn more.

### ***What Services are Not Covered?***

Aetna Better Health does not cover all health care services. The following is a list of services that are not covered:

- Faith healing
- Acupuncture
- Cosmetic surgery
- Any service that is not medically necessary
- Any service that your Primary Care Provider does not approve, except for Texas Health Steps Medical and Dental check-ups, family planning services, routine vision and hearing services, Ob/Gyn, behavioral health services and emergency services.

If you agree to get services that we do not cover or approve, you might have to pay for them.

### ***What are My Prescription Drug Benefits?***

Aetna Better Health covers all prescription drugs approved by the State Medicaid program. For a listing of covered drugs, please go to our website [www.aetnamedicaid.com](http://www.aetnamedicaid.com) or call us at the toll-free number on your ID card.

## **Additional Benefits**

### ***What Extra Benefits Do I Get As Member of Aetna Better Health?***

Aetna Better Health 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 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 about your health care needs.
- Vital Savings by Aetna (SM) - Discount Program - 1-888-238-4825 – (*only members over 21*) You can get discounts on dental services from dental providers participating within our network. You will get a packet in the mail with a Vital Savings ID card. You will need to show your Vital Savings ID card when you go to a participating dentist office. You will pay a discounted fee at the time of service directly to the dentist. **YOU WILL HAVE TO PAY FOR ALL SERVICES OR PRODUCTS BUT WILL GET A DISCOUNT FROM PROVIDERS WHO HAVE CONTRACTED WITH THE DISCOUNT MEDICAL PLAN ORGANIZATION (AETNA LIFE INSURANCE COMPANY).** To get a list of participating dentists, you can call the phone number listed above or go to our website at [www.aetnamedicaid.com](http://www.aetnamedicaid.com). This program also provides you with discounted fees for fitness club memberships, exercise equipment, chiropractic care,

acupuncture, nutrition counseling and vitamins. Please call Vital Savings to learn more on the types of discounts that are offered.

- Sports Physical Exams – Aetna Better Health members 19 years and younger, can get one sports physical exam per year.
- Smoking Cessation Program – Aetna will offer smoking cessation benefits including assessment and counseling to Medicaid members 12 years of age and older. Nicotine replacement products to Medicaid members 18 years of age and older unless prescribed by a physician.
- Weight Management Program –Aetna will offer weight management programs including family counseling with a nutritionist/dietician for non-pregnant members 12-19 years old.
- Contact Lenses Program –Aetna will offer a benefit for contact lenses, including a fitting exam, with additional benefits to be applied towards the purchase of contact lenses to correct vision for members 12-18 years old.
- Behavioral Health Services - Partial Hospitalization/ Extended Day Treatment (only members under 21) –\_At least 4 hours a day and 3 days a week, members will be offered planned, structured services as a step down from a more restrictive level of care like a hospital. The amount, how long and how much of the service the member will get will be based on medical need decided by the health plan.
- Behavioral Health Services – Intensive Outpatient/Day Treatment (only members over 21) – At least 2 hours a day and 3 days a week members will be offered planned, structured services as a step down from a more restrictive level of care like a hospital. How long and how much of the service the member will get will be based on medical need decided by the health plan.
- Behavioral Health Services – Residential (only for members over 21) – for members with long term or serious mental and substance abuse problems that require 24 hour care that is not available by other community programs, services can be given in residential treatment centers. How long and how much of the service the member will get will be based on medical need decided by the health plan.

**Extra Benefits**

- Free Member Newsletter – You will get a newsletter in the mail with information on health topics to help you.
- Case Management and Disease Management - Nurses give you information about your 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 Primary Care Provider to get these services. If you have questions or need help with these services, go to our website ([www.aetnamedicaid.com](http://www.aetnamedicaid.com)) or call us at the toll free number on your ID card.

***Are there Health Education Classes Available for Members?***

We work with our community partners to make available free and/or low-cost classes for parents and children. Some health topics include:

Car Seat Safety	Poison Safety
Drug & Alcohol Awareness	Prenatal Care
Immunizations	Sexually Transmitted Diseases
Infant Mortality	Smoking Cessation
Nutrition	Teen Pregnancy Prevention
Oral Health	Vision Awareness
Physical Fitness	Weight Management

Please call us to learn more. Please check with your provider before you begin any new health or wellness program.

### ***What Other Services Can Aetna Better Health Help Me Get (non-capitated services)?***

In addition to the services listed in the benefits section, you may be able to get some of the following services or programs:

- Department of State Health Services (DSHS) Targeted Mental Health Case Management
- DSHS mental health services
- DSHS Case Management for Children and Pregnant Women
- Department of Assistive and Rehabilitative Services (DARS) Case Management for the Blind
- Tuberculosis (TB) services offered by DSHS-approved providers
- Department of Aging and Disability Services (DADS) Hospice Services
- Medical Transportation Program
- Supplemental Nutrition Program for Women, Infants and Children (WIC)

Additional services available for members birth through 20 years of age include:

- Texas Health Steps Dental, including braces (These services are available when medically necessary and do not include dental services that are mainly for cosmetic purposes.)
- Early Childhood Intervention (ECI) Program
- Texas School Health and Related Services (SHARS)

You do not have to go to your Primary Care Provider to get these services. If you have questions or need help with these services, call us at the toll free number on your ID card.

## **Health Care and Other Services**

### **Routine Medical Care**

#### ***What Is Routine Medical Care?***

#### ***How Soon Can I Expect to be Seen by a Doctor or Other Medical Professional?***

**Routine care** is non-emergency or non-urgent care that you receive from your Primary Care Provider and/or other health care providers.

The Primary Care Provider you picked is called your “medical home” and will help you with all of your medical care. Your Primary Care Provider will give you regular check-ups, and treat you when needed. Your Primary Care Provider will order prescription drugs and medical supplies. Your Primary Care Provider will also send you to a specialist if needed. A specialist can be your Primary Care Provider as decided by your Primary Care Provider and Aetna Better Health. It is important that you follow your Primary Care Provider’s advice and take part in decisions about your health care.

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

### **Urgent Medical Care**

#### ***What Is Urgent Medical Care?***

#### ***How Soon Can I Expect to be Seen by a Doctor or Other Medical Professional?***

**Urgent care** is when you have a medical problem that is **not** an emergency, including a cold, cough, small cuts, minor burns or bruises.

You must first call your Primary Care Provider at the number shown on your 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 go 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 you need urgent care, you should see your Primary Care Provider within 24 hours after you ask for care.

## **Emergency Care**

### ***What Is Emergency Medical Care?***

#### ***How Soon Can I Expect to be Seen by a Doctor or Other Medical Professional?***

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

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

- placing the patient’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 a woman or her unborn child.

**“Emergency Behavioral Health Condition”** means any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent layperson, possessing average knowledge of medicine and health :

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

**“Emergency Services” and “Emergency Medical Care”** means covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition or Emergency Behavioral Health Condition, including post stabilization services.

### ***Guidelines***

You should be seen the same day if you need emergency care. We ask that you follow the guidelines below when you believe you need 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 health, call your Primary Care Provider. Tell your Primary Care Provider as soon as possible after getting treatment.
- As soon as your health condition is stabilized, the emergency facility should call your Primary Care Provider for information on your medical history.
- If you are admitted to an inpatient facility, you, a relative, or friend on your behalf should tell your Primary Care Provider 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)
- you have thoughts of causing harm to yourself or others
- about to deliver a baby

### ***What Is Post Stabilization?***

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

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

You might need follow-up care after you go to the emergency room. If so, make an appointment with your Primary Care Provider. Do not go back to the emergency room (unless it is an emergency). Do not go back to the doctor that treated you at the hospital unless told to by your Primary Care Provider.

## **Emergency Dental Care**

### ***Are Emergency Dental Services Covered?***

Aetna Better Health covers limited emergency dental services for the following:

- Dislocated jaw.
- Traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.
- Treatment and devices for craniofacial anomalies.
- Drugs for any of the above conditions.

Aetna Better Health also covers dental services your child gets in the hospital. This includes services from the doctor providers and other services your child might need, like anesthesia.

### ***What Do I Do If My Child Needs Emergency Dental Care?***

During normal business hours, call your child’s Main Dentist to find out how to get emergency services. If your child needs emergency dental services after the Main Dentist’s office has closed, call us toll-free at 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar).

## **After-Hours Care**

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

If your Primary Care Provider’s office is closed and you get sick at night or on a weekend and cannot wait to get medical care, call your Primary Care Provider for advice. Your Primary Care Provider 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 I Get Sick When I Am Out of Town or Traveling?***

If you need medical care when traveling, call us toll-free at 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar) and we will help you find a doctor.

If you need emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar).

### **What If I Am Out of the Country?**

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

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

### **What is Pre-Certification?**

Some services need approval before they are given. Your doctor should get this approval from Aetna Better Health before you are treated. You can ask us or your doctor if an approval is needed for a service or treatment.

### **What does Medically Necessary Mean?**

"Medically necessary" means:

- 1) For Members birth through age 20, the following Texas Health Steps services:
  - a) Screening, vision and hearing services; and
  - b) Other health care services, including behavioral health services that are necessary to correct or ameliorate a defect or physical or mental illness or condition. A determination of whether a service is necessary to correct or ameliorate a defect or physical or mental illness or condition;
    - i. Must comply with the requirements of the Alberto N., et al.v. Suehs et al. partial settlement agreements; and
    - ii. May include consideration of other relevant factors, such as the criteria described in parts (2)(b-g\_ and (3)(b-g) of this definition.
- 2) For Members over age 20, non-behavioral health related health care services that are:
  - a) reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a Member, or endanger life;
  - b) provided at appropriate facilities and at the appropriate levels of care for the treatment of a Member's health conditions;
  - c) consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
  - d) consistent with the diagnoses of the conditions;
  - e) no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
  - f) are not experimental or investigative; and
  - g) are not primarily for the convenience of the Member or Provider; and
- 3) For Members over age 20, behavioral health services that are:
  - a) are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve or to maintain, or prevent deterioration of function 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.

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

A referral is an approval from your Primary Care Provider for you to get specialty care and follow-up treatment.

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

- You should talk to your Primary Care Provider about the referral to know what special services you may be getting and why.
- Only some benefits can be used directly. If the specialist suggests more treatments or tests, you might need another referral from your Primary Care Provider. If you need another referral and you do not get one, you might have to pay.

- You **cannot ask for referrals** for *specialist services* **after** you go to see a *specialist*. You must get the referral from your Primary Care Provider before getting specialty care (except in an emergency).

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

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

- Emergency care;
- Texas Health Steps (Medical and Dental Check-ups from birth through age 20);
- Obstetrician/Gynecologist (OB/GYN) care;
- Routine eye care;
- Family planning services;
- Behavioral health (mental health and drug and alcohol abuse) services.

## **Specialty Care**

### ***What if I Need to See a Special Doctor (Specialist)?***

Your Primary Care Provider can send you to another doctor if a special type of care your Primary Care Provider cannot offer. Your Primary Care Provider will tell you if you need to see a specialist. You should not go to another doctor for services if your Primary Care Provider does not agree to make a referral. If you see a specialist without a referral, you might have to pay for the services.

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

After getting a referral from your Primary Care Provider, you should be able to see a specialist within 3 weeks for a routine appointment; within 24 hours for urgent care appointments.

### ***How Can I Ask for a Second Opinion?***

You can get a second opinion about the use of any health care service from a network provider. If a network provider is not available, you can see an out-of-network provider. There is no cost to you for getting a second opinion. To learn more on how to ask for a second opinion please call us at the toll free number on your ID card.

### ***What if I Need to Receive Services in My Home?***

In certain cases your doctor may recommend home nursing care. You may also need equipment or supplies that can be delivered to your home. These services require prior authorization. Your provider will need to send documentation about the medical need before these services can be approved.

- HHSC has settled a lawsuit that affects Private Duty Nursing, Home Health Skilled Nursing, Durable Medical Equipment and Supplies, and Personal Care Services for Medicaid beneficiaries under the age of 21. A copy of the Settlement Agreement is at: [www.hhsc.state.tx.us](http://www.hhsc.state.tx.us) and [www.advocacyinc.org](http://www.advocacyinc.org). If you have any questions, call Advocacy, Inc. at (800) 252-9108.

## **Behavioral Health**

### **Behavioral Health**

#### ***How Do I Get Help If I Have Behavioral (Mental) Health, Alcohol or Drug Problems?***

We offer behavioral health care services (e.g., treatment or care for mental disease or illness, alcohol abuse and/or substance abuse). We will help you get the care you need.

Our goal is to give you more choices in the places you get care. We will work with your provider to help pick the best choice for you. We will cover care in intensive outpatient and partial hospitalization programs when medically appropriate.

These extra benefits will help you get the care you need in the least restrictive setting.

If you are having a mental health, alcohol or drug abuse problem, you can call your Primary Care Provider or us at 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar).

For behavioral health care services, call us at 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar). Your behavioral health doctor should be able to see you within two (2) weeks after you ask for routine appointment. If you have a behavioral health emergency and need treatment, go to the nearest Emergency Room. You or someone on your behalf will need to call us at 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar) and tell them that you had an emergency.

### ***Do I Need a Referral For This?***

You do not need a referral from your Primary Care Provider to get behavioral health care services.

## **Medications**

### ***How Do I Get My Medications?***

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

### ***How Do I Find a Network Drug Store?***

- You can find a network pharmacy by visiting our website at [www.aetnamedicaid.com](http://www.aetnamedicaid.com), and then search for a pharmacy in your area.
- Call Member Services toll-free at **1-800-359-5613**. Ask the representative to help you find a network pharmacy in your area.

### ***What If I Go To a Drug Store Not In the Network?***

Prescriptions filled at other pharmacies that are not in the Aetna Better Health network will not be covered. All prescriptions must be filled at a network pharmacy

### ***What Do I Bring With Me To the Drug Store?***

You will need to bring the prescription your doctor wrote for you. You will also need to show Your Texas Benefits Medicaid Card and your Aetna Better Health Plan ID card.

### ***What If I Need My Medications Delivered To Me?***

If you take medication for an ongoing health condition, you can have your medications mailed to your home. CVS Caremark is your mail service pharmacy.

If you choose this option, your medication comes right to your door. You can schedule your refills and reach pharmacists if you have questions. Here are some other features of home delivery.

- Pharmacists check each order for safety.
- You can order refills by mail, by phone, online, or you can sign up for automatic refills.
- You can talk with pharmacists by phone.

### **It's easy to start using mail service**

Choose ONE of the following three ways to use mail service for a medication that you take on an ongoing basis:

- Call the FastStart<sup>®</sup> toll-free number at 1-800-875-0867, Monday through Friday, 7 a.m. to 7 p.m. (CT). A representative will let you know which of your prescriptions can be filled through CVS Caremark Mail Service Pharmacy. CVS Caremark will then contact your doctor for a prescription and mail the medication to you.

When you call, be sure to have:

- Your Aetna Better Health member ID card
- Your doctor's first and last name and phone number

- Your payment information and mailing address
- Log on to [www.caremark.com/faststart](http://www.caremark.com/faststart). Going online is a quick and easy way to start using mail service. Once you provide the requested information, CVS Caremark will contact your doctor for a new prescription. If you haven't registered yet on [www.caremark.com](http://www.caremark.com), be sure to have your member ID card handy when you register for the first time.
- Fill out and send a mail service order form. If you already have a prescription, you can send it to CVS Caremark with a completed mail service order form. If you don't have an order form, you can print one online or you can request one by calling toll-free 1-855-271-6603.
- Please have the following information with you when you complete the form:
  - Your Aetna Better Health member ID card
  - Your complete mailing address, including ZIP code
  - Your doctor's first and last name and phone number
  - A list of your allergies and other health conditions
  - Your original prescription from your doctor.

If you need your prescription filled right away, ask your doctor to write two prescriptions for your long-term medication:

- One for a short-term supply (30 days or less) that can be filled at a participating network pharmacy AND
- One for the maximum days supply allowed by your plan, with refills as needed. Enclose this prescription along with the mail service order form.

### ***Who Do I Call If I Have Problems Getting My Medications?***

If you have a problem getting your medications, call us at the toll free number on your ID card.

### ***What if I Can't Get My Medication My Doctor Ordered Approved?***

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

Call Aetna Better Health at 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar) for help with your medications and refills.

### ***What If I Lose My Medication(s)?***

If you have a problem getting your medications, call us at the toll free number on your ID card.

### ***What is the Medicaid Limited Program?***

You may be put in the Limited Program if you did not follow Medicaid rules. It checks how you use Medicaid pharmacy services. Your Medicaid benefits remain the same.

Medicaid pharmacy rules to follow:

- Pick one pharmacy at one location to use all the time
- Be sure your main doctor or the specialists he refers you to are the only doctors that give you prescriptions.
- Do not get the same type of medicine from different doctors.

To learn more call 1-800-436-6184 Option 4

### ***What If I Need Durable Medical Equipment (DME) or Other Products Normally Found in a Pharmacy?***

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

Call 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar) for more information about these benefits

# Family Planning Services

## Family Planning

### ***How Do I Get Family Planning Services?***

Family planning services help you plan or control pregnancy. **You do not need a referral from your Primary Care Provider to receive family planning services or supplies.** If you are under age 21, you do not have to get permission from your parent to get family planning services or supplies. You can get family planning services from your Primary Care Provider, or you can go to any family planning provider who is in our Provider Directory. The services you can get include:

- A yearly check-up
- An office or clinic visit for a problem, counseling, or advice
- Laboratory tests
- Prescriptions and contraceptive supplies like birth control pills, diaphragms, and condoms
- Pregnancy testing
- Sterilization services (Only if you are 21 years of age or older; Federal Sterilization Consent Form needed)

### ***Do I Need a Referral For This?***

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

### ***Where Do I Find a Family Planning Services Provider?***

You can find the location of family planning providers near you online at <http://www.dshs.state.tx.us/famplan/locator.shtm> or you can call us at 1-800-306-8612 (Tarrant) 1-800-248-7767 (Bexar) for help in finding a family planning provider.

You can also turn to the back of this handbook to find a family planning provider list.

# Case Management for Children and Pregnant Women

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

### **Who can get a case manager?**

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

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

A case manager will visit with you and then:

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

### ***What kind of help can you get?***

Case managers can help you:

- Get medical and dental services.

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

### ***How can you get a case manager?***

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

To learn more, go to: [www.dshs.state.tx.us/caseman](http://www.dshs.state.tx.us/caseman)

## **Vision Services**

### ***How Do I Get Eye Care Services?***

Block Vision will offer vision services like exams and glasses. Block Vision will help you get the care you need while coordinating with Aetna Better Health.

If you need vision services, please call Block Vision at 1-800-879-6901.

**For routine eye exams, you can visit an eye care doctor without a referral from your Primary Care Provider.** You can pick an eye doctor that is close to you. Vision services are different for adults and children.

***Children, teens, and young adults, birth through age 20,*** you can get an eye exam and prescription eyeglasses once during a 12 month period. You may be able to get more services if there is a change in your vision. You may be able to get more services if they are requested in writing by the child's Primary Care Provider, teacher or school nurse.

***If you are age 21 or over,*** you can get an eye exam once every 24 months.

## **Dental Services**

### ***How Do I Get Dental Services For My Child?***

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

Aetna Better Health covers emergency dental services your child gets in a hospital or ambulatory surgical center. This includes services the doctor provides and other services your child might need like anesthesia.

## **Texas Health Steps Check-ups**

### ***What is Texas Health Steps? What Services Are Offered by Texas Health Steps?***

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

#### **Texas Health Steps gives your child:**

- Free regular medical checkups starting at birth.
- Free dental checkups starting at 6 months of age.

## **Texas Health Steps checkups:**

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

## ***How and When Do I Get Texas Health Steps Medical and Dental Check-ups for My Child?***

Dental check-ups should start at 6 months of age. Dental check-ups should be done every six months unless the dentist needs to see your child more often. You do not need a referral from your Primary Care Provider. Call Texas Health Steps at 1-877-847-8377 for help finding a dentist.

Children under 6 months of age can get dental services in an emergency.

First Dental Home (FDH) –is for children from age 6 months to 35 months. Take your child to the dentist starting at 6 months of age and make this your child’s dental home

FDH is offered by dentists who have been trained and certified by the Department of State Health Services. These children may be seen as frequently as every 3 months depending on their risk for tooth decay. To find a certified FDH provider call 1-877-847-8377.

Medical check-ups should be completed within the first 90 days of becoming an Aetna Better Health member. Getting regular Texas Health Steps medical check-ups is important. Your doctor will need to know your health history and will want to make sure you are up to date on vaccines. You and your doctor can make a plan for any future care that might be needed.

Regular Texas Health Steps check-up for babies and toddlers are done within five days after leaving the hospital, and at 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and 30 months.

For older children, an easy way to remember when Texas Health Steps check-ups are due is to make sure it is scheduled no later than 60 days after their birthday.

- Children – 3 years, 4 years, 5 years, 6 years, 7 years, 8 years, 9 years, and 10 years
- Preteens, teens and young adults – 11 years, 12 years, 13 years, 14 years, 15 years, 16 years, 17 years 18 years, 19 years and 20 years

Texas Health Steps will send a letter to let you know when your child or teen needs a Texas Health Steps medical or dental check-up. You can call us at the toll free number on your ID card to learn more on when checkups are due.

## ***Why is it Important to Get Texas Health Steps Check-up for My Child within 90 Days?***

As a new member to Aetna Better Health, it is important for your child to see a provider within the first 90 days you are enrolled with us for a Texas Health Steps check-up. To avoid health problems for your children, teens, and young adults, make sure they get their Texas Health Steps medical and dental checkups.

## ***Does My Doctor Have To Be Part of the Aetna Better Health Network?***

You can go to any Texas Health Steps Provider. This can include your Primary Care Provider. If you go to a Texas Health Steps provider who is not your Primary Care Provider, ask the Texas Health Step provider to send a copy of your check-up results to your Primary Care Provider.

## ***Do I Have to Have a Referral?***

You do not need a referral from your Primary Care Provider to get Texas Health Steps medical or dental check-ups.

## ***What If I Need to Cancel an Appointment?***

If you need to cancel or change your appointment for a Texas Health Steps check-up, please call your Texas Health Steps provider as soon as possible.

### ***What If I Am Out of Town and My Child is Due for a Texas Health Steps Checkup?***

It is important to schedule your child's check-up before you leave town. If you are out of town when the Texas Health Steps check-up is due, make an appointment with a Texas Health Steps provider as soon as you get home. If you have moved, please call Aetna Better Health Services at the toll free number on your ID card to get the name of a Texas Health Steps provider close to where you live.

### ***What if I am a Migrant Farmworker?***

You can get your checkup sooner if you are leaving the area.

## **Transportation Services**

### **Transportation**

#### ***If I Do Not Have a Car, How Can I Get a Ride to a Doctor's Office? Who Do I Call for a Ride to a Medical Appointment?***

If you need a ride to your doctor's office, you may be able to get help from the Medical Transportation Program (MTP). You should call MTP as soon as you know your appointment date. To learn more about MTP or to make a reservation, call MTP at 1-877-633-8747.

#### ***How Far In Advance Do I Need to Call?***

MTP requires that you call them at least 2 work days (48 hours) before your appointment. If you need to cancel a ride, call MTP no later than one work day before your doctor's appointment.

#### ***Can Someone I Know Give Me a Ride to My Appointment and Get Money for Mileage?***

MTP can help with money for gas for someone who drives you to an appointment. These drivers can be your family members, neighbors or other volunteers.

#### ***Who Do I Call If I Have a Complaint About the Transportation Service or Staff?***

If you have a complaint about MTP, you can call us toll free at the number on your ID card, or call MTP at 1-877-633-8747.

#### ***What Are the Hours of Operation and Limits for Transportation Services?***

MTP can take your calls Monday through Friday, from 8:00a.m. until 5:00p.m. To learn more about MTP or to make a reservation, call MTP toll free at 1-877-633-8747.

## **Interpreter Services**

### **Interpreter Services**

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

Our staff speak both English and Spanish. We have a language line if your first language is not English or Spanish. If you need an interpreter, call us at the toll free number on your ID card. At the time of your call, we will get a language interpreter that speaks your language on the line. People that are deaf or hearing impaired can call the TTY line 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 also help you if you need an interpreter to go with you to your doctor's office. As soon as you know the date of your appointment, please call us at the toll free number on your ID card. We need 72 hours advance notice of a need for an interpreter.

# Women's Health

## Obstetric and Gynecologic Care

### ***What If I Need Ob/Gyn Care? Do I Have the Right to Choose an Ob/Gyn?***

Attention Female Members -

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

You have the right to pick an OB/GYN without a referral from your Primary Care Provider. An OB/GYN can give you:

- one well-woman checkup each year
- care related to pregnancy
- care for any female medical condition
- referral to special doctor within the network

### ***How Do I Choose an Ob/Gyn?***

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

### ***If I Do not Choose an Ob/Gyn, Do I Have Direct Access?***

You can contact any Ob/Gyn in the Aetna Better Health network directly to receive services.

### ***Will I Need a Referral?***

You have the right to pick an Ob/Gyn from our network without a referral from your Primary Care Provider.

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

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

### ***Can I Stay with My Ob/Gyn if they are not with Aetna Better Health?***

If you are pregnant and are the past the 24<sup>th</sup> week of your pregnancy when you join, you will be able to stay under the care of your current Ob/Gyn. If you want, you can pick an Ob/Gyn who is in our network as long as the provider agrees to treat you. We can help with the changes between doctors.

### ***What If I Am Pregnant? Who do I Need To Call?***

Call us at the toll free number on your ID card, as soon as you know you are pregnant. You will need to call your Medicaid caseworker as soon as your baby is born to enroll your baby in Medicaid. Your baby can be eligible for Medicaid from birth up to a year old.

### ***How do I sign up my newborn baby? How and when do I tell my Health Plan?***

It is important that you call us at the toll free number on your ID card, as soon as possible so we can make sure you know about the health services for your baby.

### ***Can I Pick a Primary Care Provider for My Baby Before the Baby is Born?***

You should call us before your baby is born or as soon as possible to pick a pediatrician (baby doctor). You will be able to pick your baby's doctor from a list of doctors in the Aetna Better Health Provider Directory.

### ***How and When Can I Switch My Baby's Primary Care Provider?***

To change your baby's Primary Care Provider, call us at the toll free number on your ID card. . We can change your baby's Primary Care Provider on the same day you ask for the change. The change will be effective immediately.

### ***Can I Switch My Baby's Health Plan?***

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

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

### ***How and When Do I Tell My Caseworker?***

You will need to contact your Medicaid caseworker as soon as your baby is born to enroll your baby in Medicaid

### ***What is Case Management for Children and Pregnant Women?***

Case Management of Children and Pregnant Women is a program offered by DSHS. It provides services to children with a health condition or risk, birth through 20 years for age and high-risk pregnant women of all ages.

### ***What Type of Services Would My Child or I Get?***

Case Management for Children and Pregnant Women is a Medicaid service. They can help you or your child get medical and dental services; get medical supplies or equipment, work on school or education issues, or work on other problems. To learn more about the program, go to <http://www.dshs.state.tx.us/caseman/default.shtm>

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

### ***Case Management***

Case management services are offered by Aetna Better Health to help you if you are pregnant to get the services you need. We can also help you get referrals when needed.

### ***Prenatal Education***

We will mail a prenatal packet to all pregnant women. This packet has information about how to stay healthy during pregnancy and other topics. Call us for information regarding prenatal classes. We can help you locate prenatal classes in the community (fees might apply-usually discounted fee for Medicaid eligibles).

## **Other Member Services**

### **Special Health Care Needs**

#### ***Who Do I Call if I Have Special Health Care Needs and Need Someone to Help Me?***

Case Managers are ready to help you if you have special health care needs. You can also have your health care provided by a specialist if you have special health care needs. If you have special health care needs and you need someone to help you, please call us at the toll free number on your ID card to learn more.

### **Medical Care Decisions**

#### ***What If I Am Too Sick to Make a Decision About my Medical Care?***

#### ***What Are Advance Directives? How Do I Get an Advance Directive?***

An advance directive is a written statement that you complete before a serious illness. This statement tells how you want medical decisions made. If you can't make treatment decisions, your doctor will ask your closest relative or friend to help you decide what is best for you. Sometimes everyone doesn't agree about what to do. That's why it is helpful if you tell us in advance what you want to happen if you can't speak for yourself.

If you do not have an advance directive and you would like more information on how to get one, call us at the toll free number on your ID card. We will be glad to help you.

## Provider Billing

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

If the bill is for a Medicaid covered service, you will not have to pay. Call us at the toll free number on your ID card if you get a bill in the mail from your doctor. We will call the doctor's office for you to explain your benefits and arrange for your bill to be paid. When you call us, please have your Aetna ID card, Your Texas Benefits Medicaid Card, and the doctor's bill with you. We will need this information so we can help you quickly.

## Member Services Notice

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

As soon as you have your new address, give it to the local HHSC benefits office and Aetna Better Health's Member Services Department at 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar). Before you get Medicaid services in your new area, you must call Aetna Better Health unless you need emergency services. You will continue to get care through Aetna Better Health until HHSC changes your address.

### ***What If I Have Other Health Insurance In Addition to Medicaid?***

#### **Medicaid and Private Insurance**

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

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

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

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

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

### ***What Happens If I Lose My Medicaid Coverage?***

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

## Member Rights and Responsibilities

Aetna Better Health members have both rights and responsibilities related to their membership and care.

### **Member Rights:**

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

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

### **Member Responsibilities:**

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
  - a. Learn and understand your rights under the Medicaid Program.

- b. Ask questions if you don't understand your rights.
  - c. Learn what choices of health plans are available in your area.
2. You must abide by the health plan and Medicaid policies and procedures. That includes the responsibility to:
    - a. Learn and follow your health plan rules and Medicaid rules.
    - b. Choose your health plan and a primary care provider quickly.
    - c. Make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan.
    - d. Keep your scheduled appointments.
    - e. Cancel appointments in advance when you cannot keep them.
    - f. Always contact your primary care provider first for your non-emergency medical needs.
    - g. Be sure you have approval from your primary care provider before going to a specialist.
    - h. Understand when you should and should not go to the emergency room.
  3. You must share information about your health with your primary care provider and learn about service and treatment options. That includes the responsibility to:
    - a. Tell your primary care provider about your health.
    - b. Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
    - c. Help your providers get your medical records.
  4. You must be involved in decisions relating to service and treatment options, make personal choices, and take action to keep yourself healthy. That includes the responsibility to:
    - a. Work as a team with your provider in deciding what health care is best for you.
    - b. Understand how the things you do can affect your health.
    - c. Do the best you can to stay healthy.
    - d. Treat providers and staff with respect.
    - e. Talk to your providers about all of your medications.

If you think that you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 1-800-368-1019. You also can view information concerning the HHS Office of Civil Rights online at [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

## Member Safety

We think it is important to teach our members about health safety. Here are some important tips:

- *Be involved in every decision about your health care.* You can know what you and your doctor can do to improve and/or stay healthy if you are involved.
- *Ask questions.* You have a right to question anyone who is involved with your care.
- *Make sure your doctor knows about all medicines you are taking.* Medications can include those given to you by your doctor or bought in a store. Ask that these be written down in your medical file.
- *Make sure your doctor knows if you have any allergies or bad reactions to medicines.* This can help you avoid getting medicines that could harm you.
- *Ask for information about your health care in a language you can understand.* Be sure you are clear on the amounts of medicine you should take. You should ask your doctor how you will react if taking one or more kinds of medicines at the same time.

# Complaint Process

## Complaints

### ***What Should I Do If I Have a Complaint? Who Do I Call to Help Me With Filing a Complaint?***

We want to help. If you have a complaint, please call us toll-free at 1-800-302-8612 (Tarrant) or 1-800-248-7767 (Bexar) to tell us about your problem. An Aetna Better Health Member Services Advocate can help you file a complaint. Just call 1-800-306-8612 (Tarrant), 1-800-248-7767 (Bexar) or 214-200-8140. Most of the time, we can help you right away or at the most within a few days.

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

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

If you can get on the Internet, you can send your complaint in an email to [HPM.Complaints@hhsc.state.tx.us](mailto:HPM.Complaints@hhsc.state.tx.us).

### ***Can Someone from Aetna Better Health Help Me File a Complaint?***

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

Aetna Better Health  
Attention: Member Advocate  
PO Box 569150  
Dallas, TX 75356-9150  
1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar) or 214-200-8140

### ***How Long Will It Take to Process My Complaint?***

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

### ***What are the Requirements and Timframes for Filing a Complaint?***

If you have a complaint, please call us toll-free at 1-800-302-8612 (Tarrant) or 1-800-248-7767 (Bexar). You can also send a written complaint to us at:

Aetna Better Health  
Attention: Member Advocate  
PO Box 569150  
Dallas, TX 75356-9150

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

If you are not happy, you can call us at the toll free number on your ID card and ask for an appeal. You can ask for an appeal of a complaint resolution by writing to:

Aetna Better Health  
Attention: Member Advocate  
PO Box 569150  
Dallas, TX 75356-9150  
1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar) or 214-200-8140

## ***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 sent us and discuss your case. It is not a court of law. You have the right to appear in front of the Appeal Panel at a specific place to talk about the written appeal you sent to us. When we make the decision on your appeal, we will send you a response in writing within thirty (30) after we receive your appeal.

Once you have gone through the Aetna Better Health complaint process, you can complain to the Texas Health and Human Services Commission (HHSC) by calling 1-866-566-8989 or writing to:

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

If you can get on the Internet, you can send your complaint in an email to [HPM\\_Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us)

## **Appeal Process**

### **Appeal**

#### ***What Can I Do if My Doctor Asks for a Service or Medicine for Me that's Covered but the Health Plan Denies it or Limits it?***

Aetna Better Health will send you a letter about an action on a covered service that your doctor requests. An **action** means the denial or limited authorization of a requested service. It includes:

- the denial in whole or part of payment for a service
- the denial of a type or level of service
- the reduction, suspension, or termination of a previously authorized service

You have the right to ask for an appeal if you are not happy or disagree with the action. An appeal is the process by which you or a person authorized to act on your behalf, including your doctor, requests a review of the action. You or your doctor can send any additional medical information that supports why you disagree with the decision. You can call us at the toll free number on your ID card and ask for an appeal. The Member Advocate will write down the information and send it to you for review. A written appeal can be sent to:

Aetna Better Health  
Attention: Member Advocate  
PO Box 569150  
Dallas, TX 75356-9150

#### ***How Will I Find Out If Services are Denied?***

If your services are denied, you and your doctor will get a letter that tells you the reason for denial. The letter will tell you how to file an appeal and how to ask for a State Fair Hearing.

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

Your request for an appeal must be filed within thirty (30) days from the date of the notice of the action. To ensure continuity of currently authorized services, you must file the appeal on or before the later of 10 days following: Aetna Better Health mailing of the notice of the action or the intended start date of the proposed action.

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 receiving services that are being limited or denied, you can call and ask for an expedited appeal. The expedited appeal process is explained below.

Your request for an appeal can be verbal or in writing. If the appeal is received verbally, the Member Advocate will write down the information and send it to you for review. You will need to return the form to the Member Advocate. A written request can be sent to:

Aetna Better Health  
Attention: Member Advocate  
PO Box 569150  
Dallas, TX 75356-9150

The resolution of your appeal can be extended up to fourteen (14) calendar days of the appeal if you ask for more time, or if Aetna Better Health can show that we need more information. We can only do this if more time will help you. We will send you a letter telling you why we asked for more time.

For a standard appeal, the Member Advocate will send you a letter within five (5) days of receiving the request for an Appeal. This letter is to let you know that your request came to us. Aetna Better Health will send all information we have to a doctor who was not part of making the first decision. You will get a written response on your appeal within thirty (30) days after your appeal was sent to us. You can ask a State Fair Hearing any time during or after Aetna Better Health's appeal process.

***When Do I have the Right to Ask for an Appeal?***

If you don't agree with the decision made by Aetna Better Health about a benefit or service, you can ask Aetna Better Health for an appeal. You do not have a right to an appeal if the services you requested are not covered under Medicaid. You do not have a right to an appeal if a change is made to the state or federal law, which affects some or all of Medicaid recipients.

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

Your request does not have to be in writing. You can ask for an appeal by calling us and asking for the Member Advocate. We will write down what you tell us and send it to you to review

***Can Someone from Aetna Better Health Help Me File an Appeal?***

You can get help in filing an appeal by calling us at the toll free number on your ID card or writing to:

Aetna Better Health  
Attention: Member Advocate  
PO 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?***

An expedited appeal is when the health plan has to make a decision quickly based on the condition of your health and taking the time for a standard appeal could jeopardize your life or health.

***How do I Ask for an Expedited Appeal?***

You can ask for an expedited appeal by calling us at the toll free number on your ID card or writing to:

Aetna Better Health  
Attention: Member Advocate

PO Box 569150  
Dallas, TX 75356-9150

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

Your request does not have to be in writing. You can ask for an expedited appeal by calling our Member Services Department.

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

The timeframe for resolution 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 receive all information necessary to review your appeal. Aetna Better Health will let you know the final decision of the expedited appeal in writing within three (3) business days.

### **What Happens if Aetna Better Health Denies the Request for an Expedited Appeal?**

If you ask for an expedited appeal that does not involve an emergency, an ongoing hospitalization, or services that are already being provided, you will be told that the appeal cannot be rushed. We will continue to work on the appeal within the standard timeframe and respond to you within thirty (30) days from the time the appeal was received.

Once you have gone through the Aetna Better Health complaint process, you can complain to the Texas Health and Human Services Commission by calling 1-866-566-8989 or writing to:

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

If you can get on the Internet, you can send your complaint in an email to [HPM\\_Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us)

If you do not agree with this decision, you can ask for a State Fair Hearing. The procedure for asking for a State Fair Hearing is explained below.

### **Who Can Help Me in Filing an Appeal?**

You can ask for an appeal by calling us at the toll free number on your ID card and asking for the Member Advocate or writing to:

Aetna Better Health  
Attention: Member Advocate  
PO Box 569150  
Dallas, TX 75356-9150

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

### **Can I Ask for a State Fair Hearing?**

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

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

or call:

**Bexar - 1-800-248-7767**  
**Tarrant -1-800-306-8612**  
or **Member Advocate: 214-200-8140**

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

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

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

## **Fraud Information**

### **Do you want to report Waste, Abuse, or Fraud?**

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

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

- Call the OIG Hotline at 1-800-436-6184;
- Visit <https://oig.hhsc.state.tx.us/> and pick "Click Here to Report Waste, Abuse, and Fraud" to complete the online form; or
- You can report directly to your health plan:
  - Aetna Better Health
  - Attention: SIU Coordinator
  - PO Box 569150
  - Dallas, TX 75356-9150
  - 1-888-761-5440 (toll free)

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

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

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

When reporting about someone who gets benefits include:

- The person's name;

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

## Annual Notification

The following information is available to you on an annual basis:

- As a member of Aetna Better Health you can ask for and get the following information each year:
- Information about network providers – at a minimum primary care doctors, specialists, and hospitals in our service area. This information will include names, addresses, telephone numbers, and languages spoken (other than English) for each network provider, plus identification of providers that are not accepting new patients.
- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint, appeal and fair hearing procedures.
- Information about benefits available under the Medicaid program, including amount, duration and scope of benefits. This is designed to make sure you understand the benefits to which you are entitled.
- How you get benefits including authorization requirements.
- How you get benefits, including family planning services, from out-of-network providers and/or limits to those benefits.
- How you get after hours and emergency coverage and/or limits to those kinds of benefits, including:
  - What makes up emergency medical conditions, emergency services and post-stabilization services.
  - The fact that you do not need prior authorization from your Primary Care Provider for emergency care services.
  - How to get emergency services, including instructions on how to use the 911 telephone system or its local equivalent.
  - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
  - A statement saying you have a right to use any hospital or other settings for emergency care.
  - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your Primary Care Provider.
- Aetna Better Health's practice guidelines.

## Subrogation

### Subrogation

We can 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 can be responsible) for causing the illness or injury to you. We can also ask to get back the cost of medical expenses from you if you get expenses from the other party.

# Family Planning Clinics by County

## Bexar Service Area

### Bexar County

#### **CentroMed Somerset Family Clinic**

7315 S. Loop 1604 West

Somerset, TX 78069

Phone: (830) 429-3582

Hours: 8a-6p, Mon-Thurs Fri; 8a-5p

#### **University Health System – Naco Perrin Clinic**

4020 Naco Perrin Drive

San Antonio, TX 78217

Phone: (210) 358-8255

Hours 8a-4:30p, Mon-Fri

#### **Barrio Comprehensive Family Health Care System**

Ella Austin Health Center

1023 N. Pine

San Antonio, TX 78202

Phone: (210) 224-2351

Hours: 8a-5p, Mon-Fri

#### **CentroMed Walzem Clinic**

5253 WalzemWindcrest, TX 78218

Phone: (210) 651-1050

Hours: 8a-10a, Mon-Fri, 8a-5p Sat

#### **University Health System – Westend Clinic**

1226 N. W. 18<sup>th</sup> Street

San Antonio, TX 78207

Phone: (210) 358-8255

Hours: 8a-4:30p, Mon-Fri

#### **University Health System - Downtown**

903 W. Martin

San Antonio, TX 78207

Phone: (210) 358-8255

Hours: 8a-4:30p, Mon-Fri

#### **Community Clinic, Inc.**

Hope Action Care's Steward Community Center

1711 Guadalupe Street

San Antonio, TX 78207

Phone: (210) 212-4235

Hours: 8a-5p Mon-Wed, 12p-9p Thurs, 8a-5p Fri

#### **University Health System – Zarzamora Clinic**

4503 South Zarzamora

San Antonio, TX 78211

Phone: (210) 358-8255 Hours: 8a-4:30p, Mon-Fri

**CentroMed South Park Medical Clinic**

6315 S. Zarzamora  
San Antonio, TX 78211  
Phone: (210) 923-4646  
Hours: 8a-7p, Mon-Fri; 8a-1p, Sat

**Planned Parenthood of San Antonio and South Central Texas**

Lupe Center  
120 W. Ashby  
San Antonio, TX 78212  
Phone: (210) 736-2475  
Hours: 8a-5p, Mon-Fri; 10a-7p, Tues; 9a-1p, 2<sup>nd</sup> and 4<sup>th</sup> Sat

**University Health System – Eastside Clinic**

210 North Rio Grande  
San Antonio, TX 78202  
Phone: (210) 358-8255  
Hours: 8a-4:30p, Mon-Fri

**University Health System – Kenwood Clinic**

302 Dora Street  
San Antonio, TX 78212  
Phone: (210) 358-8255  
Hours: 8a-4:30p, Mon-Fri

**CentroMed Palo Alto Clinic**

9011 Poteet Jourdanton Highway 16  
San Antonio, TX 78224  
Phone: (210) 921-6010  
Hours: 9a-5p, Mon-Fri

**Planned Parenthood of San Antonio and South Central Texas**

104 Babcock Road  
San Antonio, TX 78201  
Phone: (210) 736-2262  
Hours: 10a-7p Mon; 9a-6p Tues; 7a-4p Wed; 8a-5p Thurs and Fri

**Planned Parenthood of San Antonio and South Central Texas**

6749 Bandera Road  
San Antonio, TX 78238  
Phone: (210) 681-7800  
Hours: 9a-5p Mon; 8a-6p Tues; 8a-4p Wed; 8a-6p Thurs; 8a-3p Fri; 9a-1p, 2<sup>nd</sup> and 4<sup>th</sup> Sat

**CentroMed Southside Medical Clinic**

3750 Commercial  
San Antonio, TX 78221  
Phone: (210) 334-3790  
Hours: 8a-8p, Mon-Fri

**Planned Parenthood of San Antonio and South Central Texas**

Southeast Center  
2346 E. Southcross Blvd.  
San Antonio, TX 78223  
Phone: (210) 333-5454  
Hours: 10a-7p, Mon; 8a-5p, Tues-Fri; 9a-5p, 1<sup>st</sup> and 3<sup>rd</sup> Thursday, 1<sup>st</sup> and 3<sup>rd</sup> Sat, 9a-1p

**University Health System – Old Highway 90 Clinic**

911 Old Highway 90  
San Antonio, TX 78237  
Phone: (210) 358-8255  
Hours: 8a-4:30p, Mon-Fri

**University Health System – South Flores Clinic**

7902 South Flores  
San Antonio, TX 78221  
Phone: (210) 358=8255  
Hours: 8a-4:30p, Mon-Fri

**Planned Parenthood of San Antonio and South Central Texas**

Las Palmas Center  
803 Castrovilla Road  
San Antonio, TX 78237

Phone: (210) 434-4811

Hours: 8a-5p, Mon-Tues & Thurs-Fri; 10a-7p, Wed; 9a-1p, 1<sup>st</sup> and 2<sup>nd</sup> Sat

**University Health System-Salinas Health Center**

630 S. Gen. McMullen

San Antonio, TX 78237

Phone: (210) 358-8255

Hours: 8a-4:30p, Mon-Fri

**Planned Parenthood of San Antonio and South Central Texas**

8725 Marbach Road, Suite 215

San Antonio, TX 78227

Phone: (210) 674-2222

Hours: 9a-6p Mon; 10a-3p Tues; 6a-3p Wed; 9a-6p Thurs; 8a-4p Fri; 9a-1p, 2<sup>nd</sup> and 4<sup>th</sup> Sat

**Planned Parenthood of San Antonio and South Central Texas**

11514 Perrin Beitel

San Antonio, TX 78217

Phone: (210) 590-0202

Hours: 10a-7p Mon; 9a-3p Tues; 8a-3p Wed; 10a-7p Thurs; 8a-4p Fri; 10a-2p, 1<sup>st</sup> and 3<sup>rd</sup> Sat

**Atascosa County**

**Atascosa RHI Health Clinic, Inc.**

Pleasanton Family Planning Clinic

310 W. Oaklawn Road

Pleasanton, TX 78064

Phone: (830) 569-2527

Hours: 8a-5p, Mon-Wed, Fri; 9a-5p, Thurs

**Comal County**

**Community Council of South Central Texas, Inc.**

New Braunfels Family Planning Clinic

272 S. Krueger Avenue New Braunfels, TX 78130

Phone: (830) 625-6268

Hours: 8a-5p, Tues-Fri; 8a-6p, Mon

**Guadalupe County**

**Community Council of South Central Texas, Inc.**

Seguin Family Planning Clinic

808 E. Pine Street

Seguin, TX 78155

Phone: (830) 379-3022

Hours: 8a-5p, Tues-Fri; 8a-6p, Fri

**Kendall County**

**No clinics listed for this county. See surrounding counties.**

**Medina County**

**South Texas Rural Health Services, Inc.**

South Texas Rural Health Services – Devine

1010 W. Hondo Avenue

Devine, TX 78016

Phone: (830) 663-5450

Hours: 9a-6p, Mon, Tues, Thurs; 8a-6p, Wed; 9a-5p, Fri

**South Texas Rural Health Services, Inc.**

South Texas Rural Health Services, Inc. – Hondo

2912 Avenue E

Hondo, TX 78861

Phone: (830) 426-5288

Hours: 9a-6p, Mon, Tues, Thurs; 8a-6p, Wed; 9a-5p, Fri

**Wilson County**

**Community Council of South Central Texas, Inc.**

Floresville Family Planning Clinic

1019 "B" Street, Suite C

Floresville, TX 78114

Phone: (830) 393-3063

Hours: 8a-5p, Tues-Fri; 8a-6p, Mon

## **Tarrant Service Area**

### **Tarrant County**

#### **Planned Parenthood of North Texas, Inc.**

Arlington North Center

1305 East Abram

Arlington, TX 76010

Phone: (817) 277-6610

Hours: 9a-5p, Mon & Thurs; 12p-7p, Tues; 1p-5p, Wed;  
9a-3p, Fri

#### **Planned Parenthood of North Texas, Inc.**

Henderson Center

301 S. Henderson

Forth Worth, TX 76104

Phone: (817) 332-9102

Hours 9a-5p, Mon; 12p-7p, Tues; 1p-5p, Wed

#### **Planned Parenthood of North Texas, Inc.**

Northside Clinic

2470 Jacksboro Highway

Fort Worth, TX 76114

Phone: (817) 625-2893

Hours: 9a-5p, Mon, Thurs; 12p-7p, Tues; 1p-5p, Wed;  
9a-3p, Fri

#### **Planned Parenthood of North Texas, Inc.**

Southeast Center

3863 Miller

Fort Worth, TX 76119

Phone: (817) 536-4942

Hours: 9a-5p, Mon, Thurs; 1p-5p, Wed; 9a-3p, Fri

### **Denton County**

#### **Planned Parenthood of North Texas, Inc.**

Lewisville health Services

1288 West Main, #209

Lewisville, TX 75067

Phone: (972) 221-7644

Hours: 9a-5p, Mon & Wed; 11a-7p, Tues; 9a-2p, Fri

#### **Family Health Care, Inc.**

North Texas Community Clinic

525 South Loop 288, Suite A

Denton, TX 76205

Phone: (940) 381-2313

Hours: 8a-6p Monday-Thursday, 8a-8p Wednesday

### **Hood County**

**No clinics listed for this county. See surrounding counties.**

### **Johnson County**

**No clinics listed for this county. See surrounding counties.**

### **Parker County**

**No clinics listed for this county. See surrounding counties.**

### **Wise County**

#### **Family Health Care, Inc.**

308 W. Rock Island Suite B

Boyd, TX 76023

Phone: (940) 433-3465

Hours: 8a-5p, Tues & Thurs; 8a-6p, Wed

