

STAR

Member Handbook

Veá español al otro lado



For more information, call 1-800-431-7798.
FirstCare.com/STAR



Welcome to FirstCare

We are happy to have you as a member and look forward to helping you with your health care needs. This member handbook tells you about FirstCare STAR, how to use this plan and helps you with any questions you might have. Please take a few minutes to read this handbook. You will learn about the benefits and how to get the services you or your child needs. REMEMBER your Primary Care Provider (PCP) must direct all care.

What if I need help with the member handbook?

If you need help to understand the member handbook, call FirstCare Customer Service at 1-800-431-7798. You can get this handbook in larger print, audio (CD), braille, or in any other language format if needed. If you need a sign language interpreter, please call FirstCare Customer Service at 1-800-431-7798.

Our Customer Service Representatives speak both English and Spanish. If you speak another language, we can connect you with an interpreter. Members with hearing loss can call FirstCare's TTY Line, Relay Texas at 7-1-1. Relay Texas is a free telephone interpreting service to help people with hearing or speech disabilities.

Customer Service Hours

FirstCare Customer Service is open Monday through Friday from 7 a.m. to 7 p.m. Central Standard Time (CST), excluding state approved holidays. If you call after-hours, please leave us a message. We return all calls the next business day.

Behavioral Health Services

Behavioral Health Services are offered to FirstCare STAR members. This is care for an emotional, alcohol, or drug problem. For this kind of help, call FirstCare's Behavioral Health Services at 1-800-327-6934. To reach the FirstCare Behavioral Health Crisis Line, call 1-800-327-6943, 24 hours a day, 7 days a week.

You do not need a referral to get help from FirstCare's Behavioral Health Services. Our Customer Service Representatives speak both English and Spanish. If you speak another language, we can connect you with an interpreter.

What do I do if I have an emergency?

If you are having an emergency and need immediate medical care, go to the nearest Emergency Room (ER) or call 9-1-1. They can send an ambulance and help you get to the Emergency Room. Remember to call your doctor and FirstCare to let us know you needed and received emergency services. You will also need to schedule your follow-up care with your doctor.

If you do not have life-threatening injuries or symptoms or do not need immediate medical care, call your Primary Care Provider first. Your doctor can help you and give you advice.

Obtaining more information

To obtain information on companies, coverages, rights or complaints, you may call the Texas Department of Insurance (TDI) at 1-800-252-3439. You may also write to TDI at:

PO Box 12030

Austin, TX 78711

Fax: 1-512-475-1771

Web: tdi.state.tx.us

Email: ConsumerProtection@tdi.state.tx.us

The member handbook is available to be mailed to you at no charge, anytime. You can expect it to arrive within five business days. To request a member handbook, call FirstCare Customer Service at 1-800-431-7798.

Where's My Ride? Help with Nonemergency Medical Transportation (NEMT)

To set up a ride, contact us one of the following ways:

- Call 1-833-779-3105 from 8 a.m. to 5 p.m. Central Time Monday to Friday (except for state-approved holidays)
- Download the A2C app, Access2Care's no cost mobile app. You can find it in both Apple App and Google Play stores.

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

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

Contact Information

FirstCare Office Locations

Customer Service Dept.

7005 Salem Park Drive, Suite #100
Lubbock, TX 79424
1-800-431-7798

Corporate Office

1206 W. Campus Dr.
Temple, TX 76502
1-737-401-9000

Lubbock Regional Office

7005 Salem Park Drive, Suite #100
Lubbock, TX 79424
1-800-264-4111

Important Phone Numbers

FirstCare Customer Service	1-800-431-7798
Hours of operation: Monday to Friday from 7 a.m. to 7 p.m. CST.	
TTY Line	7-1-1
- Questions about your benefits	
- Questions about prescription drugs	
- Change your Primary Care Provider (PCP)	
- Make a complaint	
- Ask for a fair hearing	
- Request Service Coordination	
STAR Helpline	1-800-964-2777
- Change health plans	
Ombudsman Managed Care Assistance Team	1-866-566-8989
TTY Line	1-866-222-4306
STAR Hotline	1-800-252-8263
Prescription Drugs	1-800-431-7798
Eye Care	1-800-431-7798
Liberty Dental	1-877-550-4374
Dental Plans	
DentaQuest	1-800-516-0165
MCNA Dental	1-800-494-6262
United Dental	1-877-901-7321
Behavioral Health Service	1-800-327-6934
Behavioral Health Crisis Line	1-800-327-6943
Nonemergency Medical Transportation (NEMT)/Where's My Ride?	
– Access2Care	1-833-779-3105
Hours of operation: Monday to Friday from 8 a.m. to 5 p.m. CST.	
TTY Line	7-1-1
24 Hour Nurseline	1-855-828-1013
Disease Management	1-855-828-1013

FirstCare Customer Service email: CSservice@FirstCare.com

FirstCare STAR web address: FirstCare.com/STAR

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Dear FirstCare New Member:

Welcome to FirstCare Medicaid STAR. We are glad to have you in the FirstCare plan. You will find many answers to questions you may have in your FirstCare Member Handbook. If you don't see what you are looking for you can always call us.

Make sure your information is correct on your member ID card and that the correct Primary Care Physician (PCP) is listed.

See your doctor in ninety days and keep a medical home

We hope that you will see your doctor in the first 90 days. If a Texas Health Steps checkup is due this should be done within 2 months. We hope that you will think of your primary care doctor as your medical home. When you know your doctor, it is easier to get an appointment and to call the office with your questions.

Important Things to Remember about FirstCare Medicaid STAR benefits

- Do you have a family member involved in farm work or farm related areas of work? We offer help with getting medical and dental care when you need it fast. We can help with your Medicaid coverage. Call 1-800-431-7798 for details.
- FirstCare Service Coordination is available for all members. We can help you with education on a new medical condition, help getting medication, help finding a provider, getting a ride to an appointment and more! Call customer service to find out more. We also have a special Pregnancy Service Coordination team, Expecting the Best® too!

FirstCare Customer Service is available Monday through Friday, 7 a.m. to 7 p.m. Call us at 1-800-431-7798 with your questions. TTY users, please call 7-1-1.

Thank you,

FirstCare Health Plans

About FirstCare STAR

FirstCare STAR is a Medicaid managed care health plan that gives you all of your benefits and more. With FirstCare it is easy to get checkups, labs, hospital stays, eye care, and other care. A large group of doctors and hospitals is there to help you when medical care is needed. Free transportation and childcare for medical visits can be set up. Your FirstCare STAR eligibility start date is on your ID card. If you have any questions about your eligibility, please call FirstCare Customer Service 1-800-431-7798 or dial 2-1-1.

It is important to renew your coverage, so you don't lose your health benefits. If you lose eligibility, or do not renew your coverage your membership in this plan will end.

How does my FirstCare STAR plan work?

When you join in FirstCare STAR, you pick a Primary Care Provider. A Primary Care Provider can be a doctor, nurse, or clinic that gives you most of your health care. For kids, a Primary Care Provider can be a pediatrician (children's doctor). You may also choose a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your Primary Care Provider. These are clinics approved by the Federal Government. Your Primary Care Provider will get to know you and your family. He or she will schedule regular checkups and treat you when you are sick. Your Primary Care Provider will give you prescriptions for medicine. You will also get medical supplies if you need them. Your Primary Care Provider will send you to a specialty doctor if you need one.

When you or your family need to see the doctor, call your Primary Care Provider. The number is listed on your FirstCare STAR ID card. Call your Primary Care Provider's office early to make an appointment. Tell them that you are a FirstCare STAR member. It is very important that you keep your appointment. If you cannot keep the appointment, call your Primary Care Provider to let them know that you cannot come. They will schedule you at a time that is better for you.

FirstCare is open Monday through Friday from 7 a.m. to 7 p.m. CST, excluding state approved holidays. If you call after-hours, please leave us a message. Your call is important, and we will get back to you. We return all calls the next business day.

Behavioral Health Services are offered to FirstCare STAR members. This is care for an emotional, alcohol, or drug problem. For this kind of help, call FirstCare's Behavioral Health Services. You may call FirstCare's Behavioral Health Services at 1-800-327-6934. To reach the FirstCare Behavioral Health Crisis Line, call 1-800-327-6943, 24 hours a day, 7 days a week. You do not need a referral to get help from FirstCare's Behavioral Health Services. If you have an emergency, go to the nearest Medicaid provider or emergency room. If you can't drive or you do not have transportation, call 9-1-1. FirstCare's Behavioral Health Services has staff that speaks both English and Spanish. Interpreter services are also available.

New Technology

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

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

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

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

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

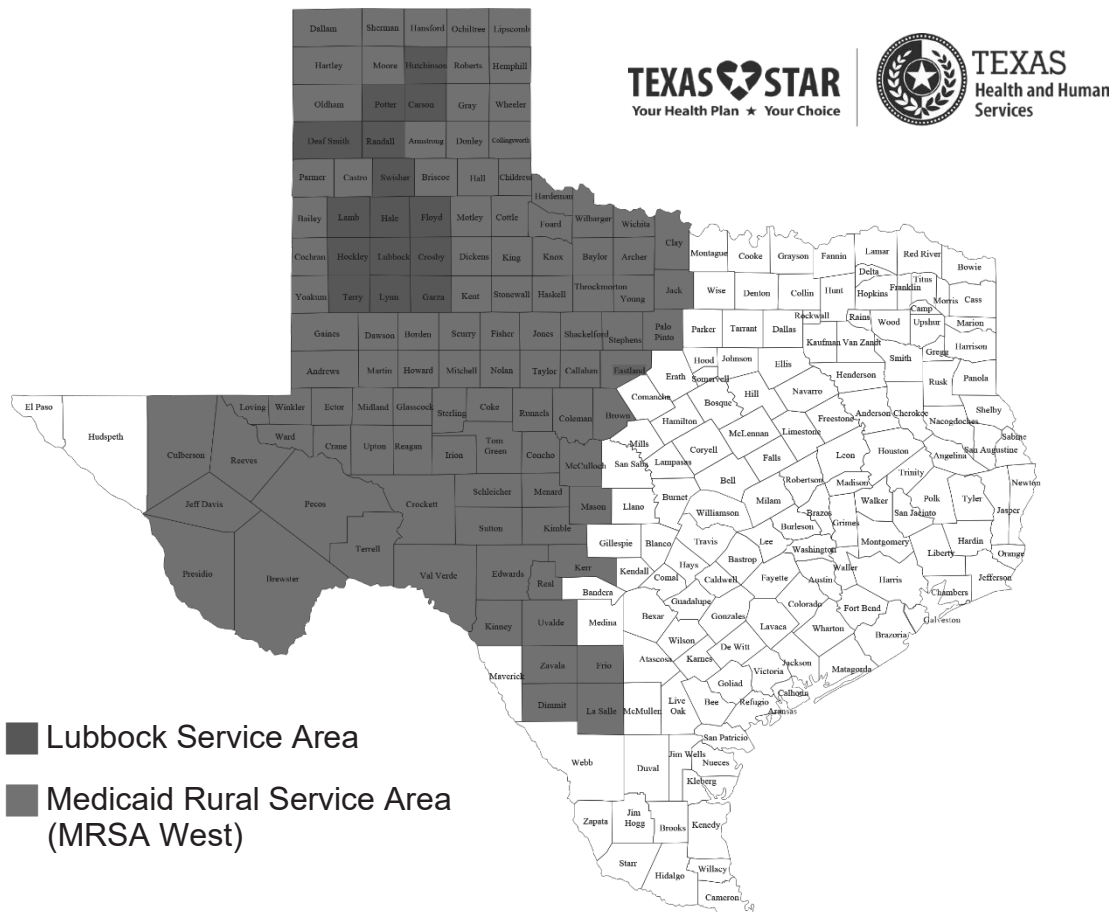
FirstCare STAR service areas

Lubbock Service Area:

Carson, Crosby, Deaf Smith, Floyd, Garza, Hale, Hockley, Hutchinson, Lamb, Lubbock, Lynn, Potter, Randall, Swisher and Terry counties.

Medicaid Rural Service Area (MRSA) West:

Andrews, Archer, Armstrong, Bailey, Baylor, Borden, Brewster, Briscoe, Brown, Callahan, Castro, Childress, Clay, Cochran, Coke, Coleman, Collingsworth, Concho, Cottle, Crane, Crockett, Culberson, Dallam, Dawson, Dickens, Dimmit, Donley, Eastland, Ector, Edwards, Fisher, Foard, Frio, Gaines, Glasscock, Gray, Hall, Hansford, Hardeman, Hartley, Haskell, Hemphill, Howard, Irion, Jack, Jeff Davis, Jones, Kent, Kerr, Kimble, King, Kinney, Knox, La Salle, Lipscomb, Loving, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Palo Pinto, Parmer, Pecos, Presidio, Reagan, Real, Reeves, Roberts, Runnels, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Taylor, Terrell, Throckmorton, Tom Green, Upton, Uvalde, Val Verde, Ward, Wheeler, Wichita, Wilbarger, Winkler, Yoakum, Young and Zavala counties.



FirstCare Member ID Cards

How to read your FirstCare STAR ID card

Group #: This is the group number given to you as a FirstCare member.

Benefit Effective Date: The date you became a member.

Member Name: Your name.

Member #: This is your FirstCare identification number.

DOB: Your birth date listed with FirstCare by month, day, and year.

Name, Phone number, and Effective Date of your Primary Care Provider:

Call your Primary Care Provider for all your medical needs.

Customer Service toll-free number: 1-800-431-7798.

Please be sure to read the back of your STAR ID card. It tells you to call your Primary Care Provider to make appointments. It also tells you to call the Primary Care Provider before going to a specialist and has emergency information.

How do I use my ID card?

You will need to show your ID card every time you need health care services.

How do I replace a lost ID card?

Call FirstCare’s Customer Service toll-free number at 1-800-431-7798.

How long can I use my ID card?

Your FirstCare member ID card can be used as long as you are a member of FirstCare STAR. If you lose eligibility, you will no longer be enrolled in FirstCare STAR. As a member you will get only one ID card unless you lose your ID card or change your Primary Care Provider.

Always keep your FirstCare ID card with you. Please be sure to read the back of your ID card.

Front of card (sample)



Back of card (sample)



Your Texas Benefits (YTB) Medicaid Card

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

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

If you are not sure if you are covered by Medicaid, you can find out by calling toll-free at 1-800-252-8263. You can also call 2-1-1. 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 or opt out of sharing your health information at www.YourTexasBenefits.com.

The YTB Medicaid card has these facts printed on the front:

- Your name and Medicaid ID number.
- The date the card was sent to you.
- The name of the Medicaid program you're in if you get:
 - Medicare (QMB, MQMB);
 - Healthy Texas Women Program (HTW);
 - Hospice;
 - STAR Health;
 - Emergency Medicaid; or
 - Presumptive Eligibility for Pregnant Women (PE).
- Facts your pharmacy will need to bill Medicaid.
- The name of your doctor and drug store if you're in the Medicaid Lock-In program.

The back of the YTB Medicaid card has a website you can visit (www.YourTexasBenefits.com) and a phone number you can call toll-free (1-800-252-8263) if you have questions about the new card.

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

The YourTexasBenefits.com Medicaid Client Portal

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

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

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

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

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

If you lose the Your Texas Benefits Medicaid card or it is stolen, you can get a new one by calling toll-free at 1-855-827-3748. They will provide you with a temporary verification form – Form 1027-A. You can use this form until you receive another card.

How to read Your Texas Benefits Medicaid Card

What does the Medicaid card look like?

The card is plastic, like a credit card, and it has your name and Medicaid ID number on the front.

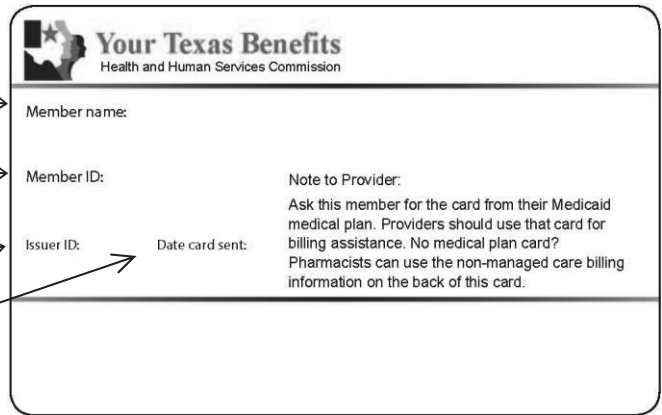
Front of the card:

This is where your name appears.

This is your Medicaid ID number. This is HHSC's agency ID number.

Doctors and other providers need this number.

This is the date the card was sent to you.

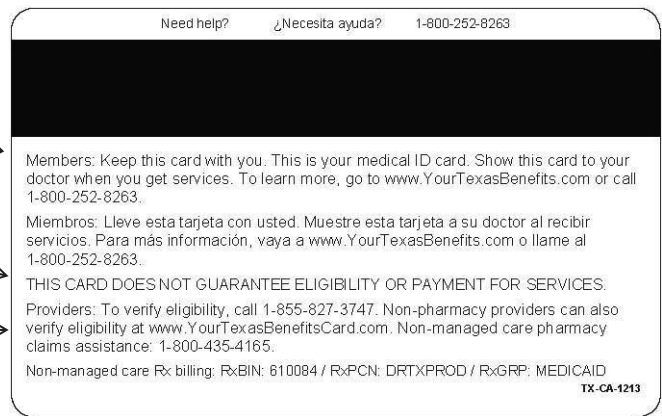


Back of the card:

This message is for you.

This reminds your doctor to make sure you are still in the Medicaid program before giving you services.

These messages help doctors and providers get paid for the Medicaid services they give you.



Primary Care Providers

What do I need to bring with me to my doctor's appointment?

Bring Your Texas Benefits Medicaid Card with you. You will need this card each time you go to the doctor or drug store.

If you need a sign language interpreter, call FirstCare Customer Service at 1-800-431-7798.

What is a Primary Care Provider?

A Primary Care Provider (PCP) can be a doctor, nurse, or clinic that gives you most of your health care. For kids, a Primary Care Provider is a pediatrician (children's doctor). You may also choose a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your Primary Care Provider. These are clinics approved by the Federal Government. Your Primary Care Provider will get to know you and your family. He or she will schedule regular checkups and treat you when you are sick. Your Primary Care Provider will give you prescriptions for medicine. You will also get medical supplies if you need them. Your Primary Care Provider will send you to a specialty doctor if you need one.

Can a specialist be considered a Primary Care Provider?

If you need a specialist for a special health problem or want to see another doctor, your Primary Care Provider will give you a referral. Members with disabilities, special health care needs, or complex conditions have a right to see a specialist. This specialist may serve as your Primary Care Provider. Please call FirstCare Customer Service if you need a specialist to serve as your Primary Care Provider.

How do I choose a Primary Care Provider?

Choose your Primary Care Provider carefully. Your Primary Care Provider must be a FirstCare STAR provider – see our provider directory (for Lubbock, visit firstcare.com/FirstCare/media/First-Care/PDFs/Medicaid-CHIP/STAR-Provider-Directory-Lubbock.pdf and for MRSA West, visit firstcare.com/FirstCare/media/First-Care/PDFs/Medicaid-CHIP/STAR-Provider-Directory-MRSA.pdf). When you fill out your Enrollment Form, list the Primary Care Provider you have chosen. There is a space on the form for the name and provider number.

Your Primary Care Provider will be the doctor in charge of your health care. You can go to specialists, hospitals, and other providers in the directory. You do not need a referral. Visiting the same doctor for checkups and when you are sick can help your doctor keep an eye on your health.

Your Primary Care Provider can leave FirstCare STAR. If this happens and you have questions, call FirstCare Customer Service toll-free at 1-800-431-7798. We are open weekdays, between 7 a.m. and 7 p.m. CST, excluding state approved holidays.

FirstCare's Provider Directory

FirstCare's STAR provider directory is on our website and updated weekly. You can see any doctor or specialist in the directory. For information about the pharmacies, hospitals, specialists, and other providers in FirstCare's STAR network, you can call us at 1--800--431--7798. We can help answer your questions about doctor's qualifications, or where they went to school. To look at our directory go to FirstCare.com/Find-a-Provider or FirstCare.com/STAR-pharmacy.

How can I change my Primary Care Provider?

If you are unhappy with your current Primary Care Provider, please call FirstCare Customer Service toll-free at 1-800-431-7798.

We understand you may want to change your Primary Care Provider because:

- You have moved and your Primary Care Provider is no longer close to you.
- You have a Primary Care Provider you did not choose.
- You are unhappy with your Primary Care Provider.
- Your Primary Care Provider is no longer a FirstCare STAR doctor.
- You and your Primary Care Provider do not get along.

There may be times when FirstCare STAR may not be able to give you the Primary Care Provider you want. Some reasons you may not get the Primary Care Provider you asked for are:

- The Primary Care Provider you have chosen only sees patients in certain age groups.
- The Primary Care Provider is not accepting new patients.

If this happens, FirstCare will help you make another choice. FirstCare will let you know when you can begin seeing your new Primary Care Provider.

Can a clinic be my Primary Care Provider?

Yes, a Rural Health Clinic (RHC) can be a Primary Care Provider if they are a FirstCare STAR provider. Look in our provider directory to find out if a clinic is part of the FirstCare network.

A Federally Qualified Health Center (FQHC) can also be a Primary Care Provider if they are in our FirstCare STAR provider directory. If you need help finding a clinic, call FirstCare Customer Service toll-free at 1-800-431-7798.

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 1-800-431-7798 or writing to:

FirstCare STAR
7005 Salem Park Drive, Suite #100
Lubbock, Texas, 79424

To give you the best care possible, your Primary Care Provider needs to know your medical history. Your medical records are private and confidential. Only you, your doctor, and people you allow can see them. If you change your Primary Care Provider, be sure to give your new Primary Care Provider any information needed to give you the best care possible.

When will my Primary Care Provider change become effective?

If you call to change your Primary Care Provider, the change will happen the day you call to make the change.

Are there any reasons why my request to change a Primary Care Provider may be denied?

You may be denied because:

- The Primary Care Provider you have chosen only sees patients in certain age groups.
- The Primary Care Provider sees current patients only.
- The Primary Care Provider is not in the FirstCare STAR network.

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

Your Primary Care Provider or specialist may ask that we change you to another doctor. The provider must have good reasons. Some of those reasons may be:

- You and your doctor do not get along.
- You are abusive (insult or offend) with the doctor and/or the staff.
- You do not keep appointments and/or you do not call to cancel appointments.
- You do not follow your doctor's advice.

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

You do not need a referral to see doctors within FirstCare's STAR network. You can see any doctor or specialist in FirstCare's STAR provider directory.

Can I see a doctor that is not a FirstCare provider?

For Medicaid to cover the bill, you need to use a Medicaid provider. The doctors in our directory are signed up to take Medicaid. Our goal is to give you quality care and a great network of primary care and specialty providers. Our STAR service area is listed on page 3 of the handbook. If you know of a doctor that is not in our directory, and they are in our service area we can always ask that doctor to join our network.

If your doctor left FirstCare and they were treating you for an illness, FirstCare can work with your doctor until your medical records can be moved to a new doctor in FirstCare's STAR network. If you have any questions or need help finding a doctor, please call us at 1-800-431-7798.

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

Some doctor offices are open late and on weekends. Make sure you know if your Primary Care Provider is open after-hours or on weekends. If you do get sick at night or on a weekend, call the Primary Care Provider on your FirstCare STAR ID card. Your Primary Care Provider or someone who is taking calls for your Primary Care Provider is available 24 hours a day, 7 days a week. The person on call can answer your questions and help you. He or she may ask you to explain to them what is wrong with you. Be ready to tell them how you are feeling and how long you have not been feeling well. Your illness may be able to be treated at home or wait until the next day. You may be told to see your Primary Care Provider the next day. If it is an emergency, your doctor or the person on call will tell you to go to the nearest emergency room or Medicaid provider.

Access a Doctor, 24/7/365

With MDLIVE, you can communicate with a doctor from anywhere, anytime. Simply use one of the access points listed below to get in touch with a provider today.

Connecting with MDLIVE

- Log on to the MDLIVE registration portal (app.mdlive.com/landing/fcmedicaid) and complete your enrollment. **** ATTENTION:** Please update the provider information as part of your account setup. This is required to allow your Primary Physician to see the results from your MDLIVE treatment.
- You may then start scheduling appointments.
- You can also call this number **1(844)677-6856** or **1(800)718-5082** to have an agent walk you through the enrollment process or through the scheduling process.
- Once you have enrolled, you may download the mobile app (MDLIVE.com/mobileapp) and use that service as well

Physician Incentive Plans

The MCO cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to members. Right now, FirstCare does not have a physician incentive plan.

STAR Benefits

What are my health care benefits?

Below is a list of some of the services you can get from FirstCare STAR.

Doctor and Clinic Visits

- Texas Health Steps (medical and dental care for children age 20 and younger).
- Vaccines (shots to prevent infections).
- Preventive care for adults (yearly adult well check for 21 years and over).
- Care and treatment when you are sick.
- Prescriptions (medicine).
- Lab tests, radiology, imaging, and x-rays.
- Cancer screening and treatment services.
- Transplants (organs/tissue).
- Chiropractic services (used for some back/neck pain).
- Foot Care (Podiatry).
- Audiology services (check hearing, balance).
- Dialysis (if kidneys are not working).

Eye Care

- Eye checkups.
- Eye glasses.
- Surgical services.
- Consultations.

Dental Care

- Dental checkups.
- Fillings (tooth decay).
- Fluoride varnish (prevent tooth decay).
- Orthodontics (braces).

Hospital Care (inpatient and outpatient)

- Ambulance service (emergency use only).
- Emergency care.
- Transplant services (organs and tissues).

Women's Health

- Family Planning (birth control and education).
- Pregnancy/Prenatal and Postpartum care.
- Birthing services/Childbirth care.
- Mastectomy.
- Breast reconstruction and related follow-up procedures (medically necessary).

Specialists

A specialist is a doctor who practices in a specific field of medicine. Your Primary Care Provider will refer you to a specialist if it is needed. An example would be an ear, nose and throat specialist called an Otolaryngologist. Some specialists may ask for a referral from your doctor.

Behavioral Health Services (inpatient and outpatient)

- Mental health services (for example: depression, anxiety, bipolar disorders).
- Emotional health (for example: learning, mood, and eating disorders).
- Counseling services for adults 21 years of age and older.
- Psychiatry services (evaluation, counseling, and treatment of mental disorders).
- Autism Services (for example, Applied Behavior Analysis)

Substance Use Disorders and Treatment (alcohol and/or drugs)

- Assessment of substance use disorder and/or dependence.
- Detoxification services (the process when the body returns to normal after being used to having alcohol or drugs in the body).
- Counseling.
- Medication assisted therapy.

Therapies

- Physical therapy.
- Occupational therapy.
- Speech therapy.

Medical Equipment/Supplies

- Hearing aids for adults.
- Canes, crutches, and wheelchairs (only if medically necessary).

Other Services

- Transportation to doctor visits.
- Early Childhood Intervention (ECI) services.
- Home health care services.
- Care in your home.

How do I get these services?

You can get these services, when medically necessary, from a FirstCare STAR provider. For questions, call us at 1-800-431-7798.

Are there any limits to any covered services?

Yes, there are some Medicaid services that have limits. If you have questions about limits on any covered services, call us toll-free at 1-800-431-7798. We can let you know if a covered health benefit has a limit.

What services are not covered?

The following is a list of some of the services **not covered** by the STAR program or FirstCare:

- Care that is not medically necessary.
- Services and procedures considered experimental or investigational.
- Cosmetic plastic surgery.
- Intra-gastric balloon for obesity (not medically necessary weight loss surgery).
- Custodial care (non-medical care that helps a person with activities of daily living).
- Dentures.
- Elective abortions.
- Sterilization reversal.

If you get a service that is not covered by the STAR program you may have to pay for it.

If you have questions about what benefits are or are not covered, call FirstCare toll-free at 1-800-431-7798.

What are my prescription drug benefits?

You get prescriptions through STAR Medicaid if you go to a pharmacy that is in the FirstCare network. For a list of covered drugs, updates, or any limits, please visit txvendordrug.com. If you have questions or need the list printed, call us at 1-800-431--7798 -7 a.m. to 7 p.m. CST Monday through Friday, excluding state approved holidays, or visit our website at FirstCare.com. The printed list is available without charge. There are some drugs that may not be covered through STAR Medicaid. A FirstCare pharmacy can let you know which medications are not covered, or help you find another medication that is covered. You can also ask your Primary Care Provider (PCP) what medications are covered and what is best for you.

What extra benefits do I get as a member of FirstCare?

All eligible FirstCare members can receive the following Value-Added Services:

- Wellness Webinars – FirstCare members can access the quarterly wellness webinars through the FirstCare Member Portal.
- Grow Well™ Smart Phone app for trusted health information for you and your family through every age and stage of life. Plus, you can directly connect to resources.
- Online social services resource directory is available on the FirstCare member portal to locate community supports such as food and nutrition, housing, education, and employment services.
- 24 Hour Nurse Line – Need care advice? Have a medical question? Not sure if you should see a doctor? For non-emergency symptoms and health or treatment questions, FirstCare Members have access to talk with a nurse 24 hours a day, every day. Get the information you need any time of the day or night by calling 1-855-828-1013. Information is available in English and Spanish. Interpreter services available upon request. TTY users can call 7-1-1.

- In-home support for pregnant FirstCare members in Service Coordination for high-risk conditions such as diabetes, hypertension, and severe nausea. Services will be determined by a FirstCare Service Coordinator and require an order from a member's provider; the FirstCare Service Coordination team will help with coordination.
- Annual Sports and School Physicals – Members 19 years old and younger, can get one sports physical by an in-network provider each year. Members must be current with their Texas Health Steps checkups.
- Extra Vision Services for Adults – Members can get an annual eye exam through a FirstCare STAR eye care provider. This value-added service only includes the vision exam not glasses, contacts, etc. You must get your eye care services from FirstCare STAR eye care providers. If you need help finding a FirstCare STAR provider, call us at 1-800-431-7798. Vision services are available through Texas Health Steps for members under the age of 21.
- Limited to \$200 for eyewear services normally not a covered benefit under the Medicaid programs benefits (such as tint, anti-reflective coating, scratch resistant coating, deluxe lens, progressive lenses.) for adults (over 21 years of age)
- Expecting The Best® Pregnancy Management Program (see flyer on page 71)
 - Early enrollment in service coordination support program
 - Access to a nurse 24 hours a day, 7 days a week
 - Educational smart phone app
 - Planning for delivery, including individual support during and after pregnancy
 - Perinatal and Postpartum depression screening during pregnancy and up to one year post delivery
 - Parental education for newborn health
 - Planning for returning to work
- Gift Cards for Pregnant Members – Pregnant members can get gift cards for getting care while pregnant and after delivery:
 - \$75 for completing a prenatal visit during the 1st trimester or within 42 days of enrollment;
 - \$75 for getting a postpartum visit between 21 and 56 days after delivery.
 - The member must be a FirstCare member during all of their qualifying visits. Members must request within 3 months after their postpartum visit. Limited to one per pregnancy. The voucher to get these gift cards is available online at FirstCare.com or by calling FirstCare Customer Service.
- Up to \$500 a year for Extra Dental Services for Pregnant Women – Pregnant women, 21 and older can get up to \$500 a year for dental checkups, which includes cleaning every 6 months, x-rays once a year, simple extractions, limited fillings, and fluoride treatments through Liberty Dental.
- FirstCare Baby Shower – New moms can get a diaper bag and other small items for their participation in a FirstCare Baby Shower. The FirstCare Baby Shower will be hosted at set locations and times. FirstCare will provide notice

to pregnant members of the Baby Shower details. Members are limited to one diaper bag with other small items and gifts per pregnancy and can attend as many Baby Showers as they desire. The Baby Showers will include health facts, community resources, activities, and healthy snacks.

- \$20 gift card for members attending a FirstCare Baby Shower and completing one prenatal visit during the 1st trimester or within 42 days of enrollment with FirstCare.
- \$20 gift card for members attending a FirstCare Baby Shower and a timely postpartum visit between 21 to 56 days after delivery.
- \$25 gift card for members age 20 and younger – Members age 20 and younger who get a timely Texas Health Steps checkup can get a \$25 gift card. Members will be required to complete a voucher that is available online at FirstCare.com or by calling FirstCare Customer Service. Limited to one gift card per member per year. Member must request this within 3 months following their Texas Health Steps checkup.
- \$20 gift card for Behavioral Health Inpatient Follow-up Appointment – Members can get a \$20 gift card for seeing their Behavioral Health doctor for a timely follow-up after discharge from a behavioral health-hospital stay. Members must be a FirstCare member during all visits. The gift card voucher is available online at FirstCare.com or call FirstCare Customer Service for more facts. Members must request this gift card within 3 months of the date of the qualifying event.
- \$25 gift card for having a well-child checkup on time.
- Asthma Disease Management – Members can get a \$25 gift card for actively participating in Asthma Disease Management for not well controlled or very poorly controlled asthma (Level 2 or 3). Members can request this gift card by visiting FirstCare.com/STAR/VAS and completing a voucher. Limited to one per year. Call FirstCare Customer Service for more facts.
- Diabetes Disease Management – This program is provided to all members in a diabetes service coordination with not well controlled or poorly controlled diabetes (Level 2 or 3), upon request. Limited to one \$20 gift card per member per year.
- One monthly ride for members to go to the grocery store, WIC appointments, health education classes, fitness centers, vocational trainings, job interviews, self-help group meetings, places of worship/religious services, pregnancy/birthing classes, newborn classes, CPR/first aid classes, FirstCare Member Advisory Groups, or FirstCare Baby Showers.

How can I get these benefits?

You can get your extra benefits by calling FirstCare Customer Service toll-free at 1-800-431-7798 or by visiting FirstCare.com/STAR/VAS and completing a voucher for the benefit you qualify for.

What health education classes does FirstCare offer?

FirstCare members can access quarterly wellness webinars through the FirstCare Member Portal.

What other services can FirstCare help me get?

FirstCare STAR can help you with Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Programs (SNAP) also known as Food Stamps.

How can I find out about Women, Infants, and Children (WIC)?

- WIC has been offering support to families in Texas for more than 20 years.
- WIC helps mothers, babies, and children be healthier.
- WIC is for good health. At WIC, you can get answers to your health questions. WIC helps mothers make feeding choices for their babies. WIC also gives breastfeeding support, childhood shots, and children's checkups.
- WIC teaches how to eat healthy. You can go to a class or get one-on-one help. WIC can help you learn how to make healthy meals for your family. WIC provides dairy foods like milk, cheese, eggs, and also cereal and juice. WIC families get monthly supplies of foods high in protein, iron, vitamin C, and calcium.
- WIC is another way to do something good for your family. It's easy to find out if you can get WIC. If you are pregnant, breastfeeding, or have children under the age of five, call 1-800-942-3678 and speak to someone in the WIC office to learn more or visit texaswic.org.

Routine, Urgent and Emergency Care

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. Traylor, et al. partial settlement agreements; and
 - (ii) May include consideration of other relevant factors, such as the criteria described in parts (2)(b-g) and (3)(b-g) of this definition.
2. For members over age 20, non-behavioral health related health care services that are:
 - (a) Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
 - (b) Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member’s health conditions;
 - (c) Consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
 - (d) Consistent with the diagnoses of the conditions;
 - (e) No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
 - (f) Not experimental or investigative; and
 - (g) Not primarily for the convenience of the member or provider; and
3. For members over age 20, Behavioral Health Services that:
 - (a) Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
 - (b) Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
 - (c) Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
 - (d) Are the most appropriate level 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 routine medical care?

Routine medical care means well-checks and screenings for disease. It includes medically necessary health care services that are not urgent or emergency care.

How soon can I expect to be seen?

FirstCare providers will see you for routine medical care within two weeks of the time you call their office.

What is urgent medical care?

Another type of care is urgent care. There are some injuries and illnesses that are probably not emergencies but can turn into emergencies if they are not treated within 24 hours. Some examples are:

- Minor burns or cuts.
- Earaches.
- Sore throat.
- Muscle sprains/strains.

What should I do if my child or I need urgent medical care?

For urgent care, you should call your doctor's office even on nights and weekends. Your doctor will tell you what to do. In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes FirstCare Medicaid. For help, call us toll-free at 1-800-431-7798. You also can call our 24-hour Nurse HelpLine at 1-855-828-1013 for help with getting the care you need.

How soon can I expect to be seen?

You should be able to see your doctor within 24 hours for an urgent care appointment. If your doctor tells you to go to an urgent care clinic, you do not need to call the clinic before going. The urgent care clinic must take FirstCare Medicaid.

What is emergency medical care?

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

Emergency Medical Condition means:

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

- Placing the member'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 women, serious jeopardy to the health of a

woman or her unborn child.

Emergency Behavioral Health Condition means:

Any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent layperson, possessing average knowledge of medicine and health:

- Requires immediate intervention 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 Care means:

Covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition or Emergency Behavioral Health Condition, including post-stabilization care services.

How soon can I/my child expect to be seen?

If you think you are having a medical emergency, immediately call 9-1-1 or go to the nearest emergency room. You will get care right away. After you leave the hospital, call your doctor for follow-up care.

Are Emergency Dental Services Covered by the health plan?

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

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

What do I do if my child needs Emergency Dental Care?

During normal business hours, call your child's Main Dentist to find out how to get emergency services. If your child needs emergency dental services after the Main Dentist's office has closed, call us toll-free at 1-800-431-7798 or call 9-1-1.

Should I go to the emergency room or urgent care or wait?

The emergency room should not be used for regular doctor visits or because your Primary Care Provider's office is closed. Call your doctor if you cannot wait until the next day. Some offices are open after-hours or on weekends, see if your doctor has extended hours. Your doctor may still be open or may be able to see you the next morning.

You can call your doctor 24 hours a day, 7 days a week. They can give you advice over the phone; let you know if you need to go to an urgent care center, or what you can do at home. You can also go to the nearest urgent care center or walk in clinic if needed. Urgent care is for when you need prompt treatment, but there is no serious health threat. Urgent care centers can treat sprains, broken fingers, minor burns, to rashes.

Remember if it's not an emergency, always wait and see your doctor for things such as:

- Non-urgent medical problems.
- Colds, cough and sore throat.
- Allergies.
- Prenatal visits.
- Follow-up visits.

What do I need to do if I go to the Emergency Room?

If you go to the Emergency Room, be sure to call your Primary Care Provider as soon as you can. If you are not able to call your Primary Care Provider, a family member or friend may call for you.

If the nearest hospital is not a FirstCare network hospital, you may be moved to a FirstCare network hospital when you are medically stable.

If you go to an Emergency Room when you are not in serious danger, often you will have to wait a long time to see a provider. In most cases, your Primary Care Provider can see you quicker at their office. Reasons to NOT go to the Emergency Room are:

- Minor burns or cuts
- Earaches
- Sore throat
- Muscle sprains/strains
- Cold, cough, flu
- Sinus problems
- Allergy issues
- Minor headaches
- Rash
- Minor sun burns
- Toothache or baby teething
- Chronic back pain
- Prescription refills
- Broken cast
- Stitches need to be removed

Instead, call your Primary Care Provider and request an urgent appointment. If you need help making an urgent appointment you can call Member Services at 1-800-431-7798. If a representative of the health plan instructs you to seek emergency services, the health plan may not deny payment for the emergency services.

What if I need hospital care and it's not an emergency?

Medicaid covers services that are medically necessary. Some examples of hospital services are:

- Hospital admission (going to a hospital).
- The use of hospital for a medical operation (surgery).
- The use of hospital medical equipment (like an MRI or CT scan).

There are some services that FirstCare must approve before you can get them. Your doctor will need to send FirstCare a prior authorization request. If you need to be admitted to a hospital, your doctor will send FirstCare a request along with information on why you need to use a hospital. This is just part of the process to show what you need and that the care is medically necessary.

Non-Emergency hospital admissions

If the request for admission is not approved, you or your doctor can appeal. Please see the Complaints and Appeals section in this handbook.

In Case of Emergency (ICE)

If there was an accident or if something were to happen, how will a stranger know who to call?

Having “ICE” in your cell phone tells friends, paramedics, firefighters, and police officers who to call in case of emergency. If you have a cell phone, program an emergency contact under ICE in your address book.

In your cell phone, enter the name “ICE” as a contact. Then enter the phone number of your husband, wife, parent, or whoever you want to be called in case of an emergency. For example, ICE-Dad.

What is post-stabilization?

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

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

Some Primary Care Provider’s offices are open after-hours and on weekends.

Make sure you know if your Primary Care Provider is open after-hours or on weekends. If you do get sick at night or on a weekend, call the Primary Care Provider on your FirstCare STAR ID card. Your Primary Care Provider or someone who is taking calls for your Primary Care Provider is available 24 hours a day, 7 days a week. The person on call can answer your questions and help you. He or she may ask you to tell what is wrong with you. Be ready to tell how you are feeling and how long you have not been feeling well.

Your illness may be able to be treated at home or can wait until the next day. You may be told to see your Primary Care Provider the next day. If it is an emergency, your doctor or the person on call will tell you to go to the nearest emergency room or Medicaid provider.

Specialists

What if I need to see a special doctor (specialist)?

It is important to build a relationship with your Primary Care Provider. A doctor who knows you and your past illnesses can help you get better and help keep you healthy. If you are sick, your doctor will do tests to see what is wrong.

If something is or is not working, let your doctor know. If you or your doctor feels that they cannot provide the care you need, your doctor will help you find a specialist. A specialist is a doctor who has special training and experience in your type of medical condition.

What is a referral?

A referral is sending you to see another doctor or specialist. Your Primary Care Provider will give you a referral to see a specialist, if one is needed. If you are referred to a specialist, do not worry they are just doctors that are experts in certain parts of the body.

How soon can I expect to be seen by a specialist?

When you make your appointment with the specialty provider's office, tell them you are a FirstCare STAR member. You will also need to give them your Primary Care Provider's name. You can expect to be seen within 30 days of the request.

What services do not need a referral?

You do not need a referral for:

- Routine care such as medical, vision, dental, obstetrician/gynecologist (OB/GYN), family planning services, or to see in-network FirstCare specialty providers.
- FirstCare's Behavioral Health Services.
- Emergency Care.

How can I ask for a second opinion?

You have the right to ask for a second opinion when it comes to your health and/or treatment options. Let your doctor know that you would like a second opinion.

If you are unsure, ask your doctor questions. Your doctor can also help by referring you to a specialist. You can also call FirstCare, we can help you find another doctor or specialist in network.

When you make the appointment with the specialist's office:

- Tell the doctor you are a FirstCare STAR member.
- Give the doctor the name of your Primary Care Provider. Let them know he/she referred you.
- Bring your FirstCare STAR ID card with you.

Behavioral Health

If you are going through a tough time, not sleeping well, or don't feel "yourself," you can call your doctor or FirstCare's Behavioral Health Services for help.

FirstCare STAR members can get help with emotional problems, alcohol, or drug abuse. You do not need a referral.

- Do you feel alone?
- Do you want to hurt yourself?
- Not sure what to do?
- Do you have an uncontrollable need to drink?
- Unhappy?

If you have talked with a friend or a family member and it didn't help. You need to see your doctor. The sooner you get help, the sooner you will feel better.

If you do not want to talk to your doctor, you can call FirstCare's Behavioral Health Services at 1-800-327-6934.

How do I get help if I have behavioral (mental) health, alcohol, or drug problems?

There may be times you are upset, worried, or feeling at a loss because something is not quite right. You may have recently lost a loved one. Or, you may have a problem with drugs or alcohol. As a FirstCare STAR member, you may call your Primary Care Provider, or you can call FirstCare's Behavioral Health Services at 1-800-327-6934. To reach the FirstCare Behavioral Health Crisis Line, call 1-800-327-6943, 24 hours a day, 7 days a week.

FirstCare's Behavioral Health Services provides help for drug, alcohol, or emotional problems.

Do I need a referral for this?

You do not need a referral from your Primary Care Provider to get this help.

There is always someone to listen to you and help you with your problems. Please let FirstCare know if you are now under the care of a doctor or specialist for these types of problems. FirstCare may refer you to a special doctor or provider who knows how to take care of these problems. He or she will decide what health services you need to help your problem. He or she may prescribe Behavioral Health Services.

FirstCare's Behavioral Health Services may refer you to a special doctor or provider who knows how to take care of these problems. He or she will decide what health services you need to help your problem. He or she may prescribe Behavioral Health Services.

What are mental health rehabilitation services and mental health targeted case management?

You can get mental health rehabilitation services and support if you or your child has serious behavioral or emotional problems that get in the way of day-to-day life with family, friends, or school. Mental health targeted case management is based on diagnosis and for those with severe mental illness. A case manager will act on your behalf to help you get what you need to recover.

How do I get these services?

You can call your Primary Care Provider, or you can call FirstCare's Behavioral Health Services to ask about these services. You can reach FirstCare's Behavioral Health Services and request a referral at 1-800-327-6934. To reach the FirstCare Behavioral Health Crisis Line, call 1-800-327-6943, 24 hours a day, 7 days a week.

Pharmacy and Prescriptions

What are my Prescription Benefits?

You get prescriptions through STAR Medicaid if you go to a pharmacy that is in the FirstCare network. For a list of covered drugs, updates, or any limits, please visit txvendordrug.com. If you have questions or need the list printed, call us at 1-800-431-7798 or visit our website at FirstCare.com. The printed list is available without charge. There are some drugs that may not be covered through STAR Medicaid. A FirstCare pharmacy can let you know which medications are not covered, or help you find another medication that is covered. You can also ask your Primary Care Provider (PCP) what medications are covered and what is best for you.

How Do I Find Out What Drugs Are Covered?

FirstCare uses the state Vendor Drug Program (VDP) list of drugs that your doctor can choose from. It includes all medicines covered by Medicaid and CHIP. To view the Texas Formulary Drug Search, go to txvendordrug.com/formulary/formulary-search. To view the Texas Preferred Drug List, go to . When there is a generic drug available, it will be covered if it is on the VDP formulary. Generic drugs are equal to brand-name drugs as approved by the Food and Drug Administration (FDA).

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

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

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

What is a Pharmacy Benefits Manager?

A Pharmacy Benefits Manager (PBM) manages prescription benefits. In Medicaid, all health plans are contracted with a PBM. FirstCare is contracted with Navitus Health Solutions. FirstCare and Navitus work together to help you get your prescriptions.

What does FirstCare's Pharmacy Benefits Manager do?

They are the contact for your drug store. Your drug store will contact Navitus if they have any questions about what Medicaid covers. Navitus will also tell your pharmacist if there are any limits on drugs or drug interactions.

What if I get a bill or have other insurance?

There are no copayments for prescription medications. FirstCare covers all prescription drugs approved by Medicaid. As long as you use a FirstCare drug store and show your ID card, you will not have to pay for your prescriptions.

If you did not bring your FirstCare Medicaid ID card with you, or you did not use a FirstCare drug store you may have to pay. It is important to tell FirstCare, your doctor, and your drug store if you have other insurance. If you get a bill call FirstCare Customer Service at 1--800--431--7798.

What does formulary mean?

Formulary is a list of prescription drugs. This is where you can do a search to see if your drug is covered by Medicaid. They were selected because they are safe, clinically effective, and cost effective compared to other drugs. For a list of covered drugs, updates, or any limits, please visit .

There are also some preferred drugs on your formulary. You can get preferred drugs without a prior authorization. Non-preferred drugs will need a prior authorization. Your doctor will send the prior authorization request for you.

Find out if your drug is covered by:

- Checking the list of covered drugs; or
- Calling FirstCare Customer Service toll-free at 1-800-431-7798.

Please have the name of your prescription ready when you call. We can look up your medication and see if it is covered by Medicaid.

If the request is not approved, you or your doctor can appeal. Please see our Complaints and Appeals section in the handbook.

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

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

Call 1-800-431-7798 for more information about these benefits.

What is the Medicaid Lock-In Program?

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

To avoid being put in the Medicaid Lock-In Program:

- Pick one drug store at one location to use all the time.
- Be sure your main doctor, main dentist, or the specialists they refer you to are the only doctors that give you prescriptions.
- Do not get the same type of medicine from different doctors.

To learn more, call FirstCare at 1-800-431-7798.

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.

It is best to use the same drug store. The pharmacist keeps records of what drugs you are taking and have taken in the past. This way they can check for possible drug reactions and check to see that your new medication will work okay with something else you may be taking.

How do I find a network drug store?

To find a network drug store visit [FirstCare.com/STAR-pharmacy](https://www.firstcare.com/STAR-pharmacy) or call FirstCare at 1--800--431--7798.

What if I go to a drug store not in the network?

The drug store can call the Pharmacy Help Desk number on the back of your FirstCare STAR ID Card. The drug store will assist in obtaining a fill for you. You can also call FirstCare at 1--800--431--7798 for help.

What do I bring with me to the drug store?

Take your FirstCare ID card, Your Texas Benefits Medicaid ID Card, and state (or other government-issued) photo identification with you to the drug store.

What if I need my medications delivered to me?

If you need medications delivered, please visit the online Pharmacy Directory at [FirstCare.com/STAR-pharmacy](https://www.firstcare.com/STAR-pharmacy) to find a list of drug stores that deliver. Or you can call FirstCare at 1-800-431-7798 to find drug stores that offer free delivery.

Who do I call if I have problems getting my medications?

If you have problems getting your medications, call FirstCare at 1-800-431-7798.

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

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

Call FirstCare at 1-800-431-7798 for help with your medications and refills.

What if I lose my medication(s)?

Contact your drug store if your medication was lost or damaged. Some medications may need prior authorization for refills. The drug store may have to contact your doctor for approval. Your drug store will call you with the decision. If you need an emergency refill on your medication and your doctor cannot be reached, your drug store can give you a three--day emergency supply.

Why do some drugs need prior authorization?

Some medications can be dangerous if given or used incorrectly. Prior authorization is to be sure that medicine is used only when necessary and given in the right amount.

Some reasons you may need prior authorization:

- The drug is not used for your health condition or for certain use.
- The dose is higher than what is usually expected.
- There are other drugs that should be tried first.
- The drug can be misused/abused.

How long do I have to wait?

Your doctor will be contacted within 24 hours after sending the request. In an emergency, you may get up to a 72-hour supply while waiting for the decision. Unless the medication could jeopardize your health or safety.

Medication Safety

We work with Navitus, our pharmacy benefits manager to ensure your safety. There are requirements in place to be sure your prescription is safe. We also have a team of doctors and pharmacists that meet to go over drugs on the formulary. Our goal is to make sure the medication you take is effective based on your health and condition. The prior authorization process is one of those steps. Some other ways we keep you safe include:

Checking the dose and the strength.

The dose is checked for your safety. There are a system of checks in place to check the drug and the strength. It is very important that our members are taking the right dose of the right drug.

Checking for possible drug interactions.

There are checks for drug interactions on all prescriptions. If the pharmacy notices there may be a problem with a new medication, they will tell you and your doctor.

Medicine can improve your condition, but it can also be dangerous. Which is why your prescriptions are checked. To be sure you are safe, and medicine will not interact with something else we know you are taking.

If you have any questions on the prior authorization process or how the drug formulary works, please call FirstCare Customer Service at 1-800-431-7798.

Family Planning

What is family planning?

Planning for your future is important, but even more important is planning your family. Family planning is more than “How to prevent a pregnancy.” It is a place to go where you can ask questions and learn. All visits are kept private.

What do they do? What do they offer?

- Counseling.
- Health and sex education.
- Contraceptives: ways to prevent pregnancy like condoms and birth control.
- Preconception care: before a baby, if you are trying or thinking about having a baby.
- Emergency contraception: Plan B One-Step to prevent pregnancy (backup method).
- Screening: finding and taking care of any problems that may affect you or your baby.
- HIV/AIDS testing.
- Pregnancy testing.

What can I learn?

- How to pick the right kind of birth control, one that works for you.
- How to have a healthy baby. How to prepare for children.
- How to reduce the risk of birth defects.
- How to prevent sexually transmitted diseases (STDs).
- How to find out if you have an STD.
- How to spot early signs of illness like breast, cervical, and testicular cancer.

Who is family planning for?

- Anyone – married, unmarried, men, women, teens, and young adults.
- Teens and young adults who have questions about sex and birth control.
- Men and women who want to prevent pregnancy.
- Couples who want to learn about pregnancy or birth control options.

Do I have to tell or ask my parents?

No. Parental consent is not required. Anyone can see a family planning provider. If you are a minor and need help or have questions, your visit is private. You only have to tell your parents if you choose to.

How do I get family planning services?

You can choose any Medicaid provider who does family planning. If you are not comfortable talking to your doctor, please call one of the family planning providers near you.

Do I need a referral for this?

No, you do not need a referral from your doctor to get family planning services.

Where do I find a family planning services provider?

You can find the locations of family planning providers near you online at healthytexaswomen.org/ or you can call FirstCare toll-free at 1-800-431-7798 for help in finding a family planning provider.

Service Coordination

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

If you have special health care needs, like complex or chronic conditions, serious ongoing illness, or a disability, FirstCare offers a Service Coordination program that may benefit you.

Service Coordination Program

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

What Service Coordination Can Help With

The nurses and social workers are here to help you:

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

What to Expect

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

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

How to Request Service Coordination to Help You:

To request Service Coordination, call 1-800-431-7798 and ask to speak with a member of our team. You can also email us to request Service Coordination at: CaseMgmt@BSWHealth.org.

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

Case Management for Children and Pregnant Women (CPW)

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

Who can get a case manager?

- Children, teens, young adults (birth through age 20) and pregnant women who get Medicaid and:
- Have health problems, or
- Are at a high risk for getting health problems.

What do case managers do?

A case manager will visit with you and then:

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

What kind of help can you get?

Case managers can help you:

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

How can you get a Case Manager or Service Coordinator?

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

FirstCare Service Coordination 1-800-431-7798

FirstCare.com/STAR

FirstCare's Disease Management Program

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

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

Texas Health Steps

What is Texas Health Steps?

Texas Health Steps is the Medicaid health care program for children, teens, and young adults — birth through age 20. Texas Health Steps offers medical and dental checkups. Checkups are a chance for a doctor or dentist to find problems that you may not see. Even if your child looks and feels healthy, he or she may still have a health problem.

What services are offered by Texas Health Steps?

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

Texas Health Steps gives your child:

- Free regular medical checkups starting at birth.
- Free dental checkups starting at 6 months of age.
- A case manager who can find out what services your child needs and where to get these services.

Texas Health Steps checkups:

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

When to set up a checkup:

- You will get a letter from Texas Health Steps telling you when it's time for a checkup. Call your child's doctor or dentist to set up the checkup.
- Set up the checkup at a time that works best for your family.

If the doctor or dentist finds a health problem during a checkup, your child can get the care he or she needs, such as:

- Eye tests and eyeglasses.
- Hearing tests and hearing aids.
- Dental care.
- Other health care.
- Treatment for other medical conditions.

Call FirstCare at 1-800-431-7798 or Texas Health Steps 1-877-847-8377 (1-877-THSTEPS) (toll-free) if you:

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

If you cannot get your child to the checkup, Medicaid may be able to help. Children with Medicaid and their parent can get free rides to and from the doctor, dentist, hospital, or drug store.

- Houston/Beaumont area: 1-855-687-4786.
- Dallas/Ft. Worth area: 1-855-687-3255.
- All other areas: 1-877-633-8747 (1-877-MED-TRIP).

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

Be sure to get 6 checkups in your baby's first 15-months of life. Texas Health Steps checkups coincide with important vaccines that protect your baby. Babies need checkups more often because they are growing so fast. Things to check for your baby:

- Is your baby feeding and growing well?
- Is your baby developing normally?
- Is your baby growing normally?

You could be asked questions like how your baby is sleeping, plays, uses language and interacts with others. Safety questions may be asked like the water heater temperature for bathing, car seats, medicine, and how you deal with your baby's crying.

Be sure to write down any questions you have for the checkup. Things like:

- How can I help my baby get to sleep?
- How can I comfort my crying baby?
- When do I introduce solid foods?
- How much Tylenol do I give at each age?

Be sure to set up the next checkup before you leave the office.

Your child's Medicaid dental plan provides all other dental services, including services that help prevent tooth decay and services that fix dental problems. Call your child's Medicaid dental plan to learn more about the dental services they offer. See page iii to get the phone numbers for DentaQuest, MCNA Dental and United Dental health plans.

Does my doctor have to be part of the FirstCare STAR network?

You can pick any Texas Health Steps provider. To find a Texas Health Steps provider, look for the symbol in your STAR provider directory.

Do I have to have a referral?

You do not need a referral.

What if I need to cancel an appointment?

If you need to cancel, you must call your doctor to cancel. If you need a ride to the doctor, hospital, dentist, or drug store you can call the medical transportation service (toll-free) at 1-877-633-8747. Before you call for a free ride, you must call at least two work days before you need a ride and have a visit already set up with your doctor. If you called for a free ride, please be sure and call and cancel the ride.

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

If you will be out of town and your child is due for a checkup, call FirstCare (toll-free) at 1-800-431-7798. We can help you set up a visit when you get back.

Nonemergency Medical Transportation (NEMT) Services

What are NEMT services?

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

What services are part of NEMT?

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

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

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

How to get a ride?

FirstCare will provide you with information on how to request NEMT services.

To set up a ride, contact us one of the following ways:

- Call 1-833-779-3105 from 8 a.m. to 5 p.m. Central Time Monday to Friday (except for state-approved holidays)
- Download the A2C app, Access2Care's no cost mobile app. You can find it in both Apple App and Google Play stores.

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

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

Eye and Dental Care

How do I get eye care services?

You do not need a referral for routine eye care. You can see an ophthalmologist or a therapeutic optometrist. There is no limit for eye exams that are medically necessary eye exams for illness or injury.

Children (birth-20 years)

One eye exam to see if eyeglasses are needed each year.

Covered: Replacement of lost or damaged eyeglasses.

Adults (age 21 and older)

One eye exam to see if eyeglasses are needed every two years.

Not covered: Replacement of lost or damaged eyeglasses.

You must get your eye care services from FirstCare STAR eye care providers. If you need help finding a FirstCare STAR provider, call us at 1-800-431-7798.

What is an Ophthalmologist?

A doctor who specializes in eye care and can do eye surgeries.

What is a Therapeutic Optometrist?

An eye doctor who treats eye diseases and injuries.

What dental services does FirstCare cover for children?

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

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

FirstCare covers hospital, physician, and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other drugs.

FirstCare is also responsible for paying for treatment and devices for craniofacial anomalies.

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

Women's Health

What if I need OB/GYN care?

FirstCare allows you to pick any OB/GYN, whether that doctor is in the same network as your Primary Care Provider or not. The OB/GYN must be in the FirstCare STAR network.

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 (specialist) within the network.

How do I choose an OB/GYN?

You can pick an OB/GYN from FirstCare's STAR provider directory. Or you can call FirstCare Customer Service (toll-free) at 1-800-431-7798.

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

If you do not pick a FirstCare OB/GYN as your Primary Care Provider, you can still get care from an OB/GYN. You do not need a referral.

Will I need a referral?

No, you do not need a referral.

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

You or your daughter can expect to see an OB/GYN within two weeks of your request.

Can I stay with an OB/GYN who is not with FirstCare?

Members who are past the 24th week of pregnancy can keep their current OB/GYN, even if the doctor is out of FirstCare's STAR network. If your or your daughter's OB/GYN is not in FirstCare provider directory, please call FirstCare Customer Service at 1-800-431-7798.

What if I am pregnant?

FirstCare STAR wants to help take care of you and your baby. It is very important for you to get the best care as soon as possible. This care continues through your pregnancy and after delivery to make sure you are recovering with no problems.

Who do I need to call?

If you are already seeing an OB/GYN, call FirstCare Customer Service at 1-800-431-7798 and let us know. You must pick your OB/GYN for your care. You will not need to get a referral from your Primary Care Provider to keep seeing him or her.

How many postpartum checkups do I get?

Postpartum checkups (after the baby's birth) are very important. Even if you are feeling fine, you should not miss any. STAR provides two postpartum checkups. They not only check on your physical recovery, but also to see if you are doing well emotionally.

Schedule your first checkup three weeks after you have your baby. If your doctor wants to see you sooner, he or she will let you know. After your checkup, set your next appointment for three weeks later. You may have some questions for your doctor about depression, exercise, or breastfeeding. You should see your doctor twice after your baby is born.

What other services, activities, and/or education does FirstCare offer pregnant women?

Expecting the Best® Maternity Service Coordination Program

FirstCare has a special program for pregnant members. It is called Expecting the Best® Maternity Service Coordination Program. It offers helpful information on taking care of you and your baby. For example, did you know that your baby needs the last three to four weeks of a full-term pregnancy for brain and lung growth? If you have delivered a baby early (pre-term delivery) before or if you are at high-risk for an early delivery (pre-term birth), there may be medications that could help your baby be full-term. Our Expecting the Best® team members can help you get these medications. Our Expecting the Best® team can also help you:

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

As part of the program, FirstCare wants to know how you are getting along in your pregnancy. You may get a call to go over some questions about your pregnancy.

How to Enroll

Learn more by calling FirstCare Customer Service at 1-800-431-7798 or email HPmaternitycasemanagement@bswhealth.org. If you contact us by email, include your name, member number, phone number, and any needs you might have.

Service Coordination

FirstCare offers service coordination to members. The program is at no cost to you. Service coordinators help members manage their health care. If you or your baby have any complications, FirstCare can help you get the right services. The program is on a voluntary basis and you may choose to participate or opt-out at any time. It is one of the many benefits available to you as a FirstCare member.

The nurses and social workers will help you:

- Get the most from your medical benefits
- Find information and resources
- Organize your health care services
- Answer your health care questions and concerns
- Set goals and make a plan to help improve your health

If you choose to join the program, a nurse or social worker will be assigned to you. You can call them directly when you need help with your health care or finding community programs. They will work with you and your doctor to meet your needs.

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

If you have special health care needs, like complex or chronic conditions, serious ongoing illness or disability, call Service Coordination at 1-800-431-7798. We can give you information on special services that FirstCare has for you and help you make appointments.

For more information, call 1-800-431-7798 7 a.m. to 7 p.m. CST Monday through Friday, excluding state approved holidays, and ask to speak with a service coordinator. You can also email us at: CaseMgmt@BSWHealth.org

Where can I find a list of birthing centers?

Please call FirstCare Customer Service at 1-800-431-7798 to find a birthing center near you.

Newborn Care

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

Yes. Call FirstCare Customer Service at 1-800-431-7798. They will take your Primary Care Provider pick for your baby. If you need help picking a Primary Care Provider for your baby, customer service will help you.

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

You can change your baby's Primary Care Provider at any time. Call FirstCare Customer Service at 1-800-431-7798. If you call to change your baby's Primary Care Provider, the change will happen the day you call.

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 do I sign up my newborn baby?

If you are on FirstCare STAR when your baby is born, you should:

- Notify the Texas Health and Human Services Commission (HHSC) of the baby's birth by calling 2-1-1 and reporting the change on your case.
- You may also update your case on YourTexasBenefits.com.

How and when do I tell my health plan?

Call FirstCare as soon as possible after your baby is born. We may already know about your baby's birth but call so we can check the information.

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

After your baby is born you may lose Medicaid coverage. You may be able to get some healthcare services through the Healthy Texas Women Program. These services are for women who apply and get approved for the services.

Healthy Texas Women Program

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

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

Texas Health and Human Services
Healthy Texas Women, MC 0224
P.O. Box 14000
Midland, TX 79711-9902
Phone: 1-800-335-8957
Fax: (toll-free) 1-866-993-9971
Website: www.texaswomenshealth.org/

Healthy Texas Women Plus

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

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

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

Primary Health Care Program

The Primary Health Care Program serves women, children, and men who are unable to access the same care through insurance or other programs. To get services through this program, a person's income must be at or below the program's income limits (200 percent of the federal poverty level). A person approved for services may have to pay a co-payment, but no one is turned down for services because of a lack of money.

Primary Health Care focuses on prevention of disease, early detection and early intervention of health problems. The main services provided are:

- Diagnosis and treatment.
- Emergency services.
- Family planning.
- Preventive health services, including vaccines (shots) and health education, as well as laboratory, x-ray, nuclear medicine or other appropriate diagnostic services.

Secondary services that may be provided are nutrition services, health screening, home health care, dental care, rides to medical visits, medicines your doctor orders (prescription drugs), durable medical supplies, environmental health services, treatment of damaged feet (podiatry services), and social services.

You will be able to apply for Primary Health Care services at certain clinics in your area. To find a clinic where you can apply, visit the Office of Primary and Specialty Health Service Locator at txclinics.dshs.texas.gov/chcl/.

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

Website: hhs.texas.gov/services/health/primary-health-care-services-program

Phone: 1-512-776-5922

Email: PrimaryHealthCare@hhsc.state.tx.us

Family Planning Program

The Family Planning Program has clinic sites across the state that provide quality, low-cost, and easy-to-use birth control for women and men.

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

Website: hhs.texas.gov/doing-business-hhs/provider-portals/health-services-providers/womens-health-services/family-planning

Phone: 1-512-776-7796

Fax: 1-512-776-7203

Email: famplan@hhsc.state.tx.us

How and when do I tell my caseworker?

Call your caseworker as soon as possible after your baby is born. Your caseworker may already know about your baby's birth but call so he or she can check the information.

Other Services

What is Early Childhood Intervention (ECI)?

ECI is a statewide program for families with children, birth up to age 3, with disabilities and developmental delays. ECI helps families support their children through developmental services. ECI evaluates and assesses, at no cost to families, to see if they are eligible and what services they will need. Families and professionals work together to plan services based on the unique needs of the child and family.

A local ECI program will determine if a child can get ECI services, and it will develop a child's individual service plan. FirstCare is responsible for paying for the services in the plan.

Do I need a referral for this?

No, you do not need a referral to receive ECI services.

Where do I find an ECI provider?

Participation in an ECI program is voluntary. If you choose not to use a local ECI program, FirstCare must provide medically necessary services for your child. Call us at 1-800-431-7798 (TTY 7-1-1) if you need help getting these services. Or visit: hhs.texas.gov/services/disability/early-childhood-intervention-services.

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

FirstCare has staff that can speak both English and Spanish.

Who do I call for an interpreter?

If you need someone to translate or if you need a sign language interpreter, please call FirstCare Customer Service at 1-800-431-7798. FirstCare's TTY line for deaf or hearing impaired is 7-1-1.

How far in advance do I need to call?

Please call at least 48 hours before your visit.

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

FirstCare will send someone to go to your doctor's appointment if you do not speak English for a face-to-face interpreter. Call FirstCare Customer Service at 1-800-431-7798.

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

If you have specific needs because of an illness, disability, or medical condition FirstCare can help. Life can be stressful, and it can be hard if you or your child is sick or has special needs. We can help make things easier, call us at 1-800-431-7798.

FirstCare can help you get the care you need, find a doctor, or find a program to help you or your child.

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

If you are too sick to make a health care decision, your doctor will ask your family to decide what is best for you. Does your family know how you feel about treatments or machines to keep you alive, or what you would do or want? By having your wishes in writing, it can help your family and doctors in making those difficult decisions.

What are advance directives?

Accidents or serious illness can happen suddenly without any warning. The best way to prepare is to have your wishes put in writing. Advance directives are written legal papers (or forms) that speak for you when you cannot. They are living wills that tell doctors and family members your wishes in a medical emergency. If you cannot speak for yourself, an advance directive will tell them about what you want, or don't want.

For example, how you feel about care that is needed to keep you alive, such as:

- Being resuscitated if your heart stops or if you stop breathing; or
- Breathing machines, tube feedings, life support, or organ donation.

You can change or cancel advance directives at any time.

How do I get an advance directive?

You can get forms online and learn more at hhs.texas.gov/laws-regulations/forms/advance-directives.

If you have questions, your doctor can give you more information. You can also call FirstCare Customer Service at 1-800-431-7798.

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

You must renew your Medicaid coverage every year. In the months before your coverage is due to end, HHSC will send you a renewal packet in the mail. The renewal packet contains an application. It also includes a letter asking for an update on your income and cost deductions. You need to:

- Look over the information on the renewal application.
- Fix any information that is not correct.
- Sign and date the application.
- Look at the health plan options, if Medicaid health plans are available.
- Return the renewal application and documents of proof by the due date.

Once HHSC receives the renewal application and documents of proof, the staff checks to see if you still qualify for Medicaid or if you qualify for a different program. If you are referred to another program, HHSC sends you a letter telling you about the referral and then looks to see if you can get benefits in the other program. If you qualify, the coverage in the new program begins the month following the last month of your Medicaid coverage. During renewal, you can pick new medical and dental plans by calling the Texas STAR Program Helpline at 1-800-964-2777.

When you still qualify for Medicaid coverage, HHSC will send you a letter showing the start date for the new coverage period. If you qualify for CHIP and an enrollment fee is due, you must pay the enrollment fee by the due date or risk losing the coverage.

Medicaid renewal is complete when you sign and send to HHSC the appropriate Enrollment/Transfer Form if you pick a new medical or dental plan.

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.

What if I get a bill from my doctor?

There are no copayments in Medicaid. Doctors, hospitals, and others cannot require you to pay copayments for covered services. Remember to always show your Medicaid ID card and FirstCare member ID card before you see the doctor.

If you see a doctor that is not a FirstCare STAR provider or you have received services that are not covered under the STAR Program – you may be billed. The provider (doctor) should have told you that the service was not a benefit of Medicaid. You will need to pay for services that are not covered by Medicaid.

Who do I call?

If you get a bill from your doctor, call FirstCare's Customer Service at 1-800-431-7798.

What information will they need?

You need to have your bill in front of you when you call. They will ask for the date of the service, the name of your doctor, the amount of the bill, and the phone number on the bill.

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 FirstCare's Member Services Department at 1-800-431-7798. Before you get Medicaid services in your new area, you must call FirstCare, unless you need emergency services. You will continue to get care through FirstCare until HHSC changes your address.

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

The adoptive parent or the permanency care assistance caregiver should contact the Texas Department of Family and Protective Services' regional adoption assistance eligibility specialist assigned to his or her case.

If the parent or caregiver does not know who the assigned specialist is, they can contact the DFPS hotline, 1-800-233-3405, to find out.

The parent or caregiver should contact the adoption assistance eligibility specialist to assist with the address change.

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 1-800-431-7798 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 1-800-431-7798.

What if I am out of the state?

If you see a doctor out of town or out of state, show them your FirstCare Medicaid card and ask them to call FirstCare. Medicaid benefits are covered with FirstCare approval.

What if I am out of the country?

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

What if I am a migrant farmworker?

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

Medicaid and Private Insurance

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

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 canceled.
- You get new insurance coverage.
- You have general questions about third party insurance.

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

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

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

Member Rights and Responsibilities

What are my rights and responsibilities?

Member Rights:

1. You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. That includes the right to:
 - (a) Be treated fairly and with respect.
 - (b) Know that your medical records and discussions with your providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health care plan and Primary Care Provider. This is the doctor or health care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
 - (a) Be told how to choose and change your health plan and your Primary Care Provider.
 - (b) Choose any health plan you want that is available in your area and choose your Primary Care Provider from that plan.
 - (c) Change your Primary Care Provider.
 - (d) Change your health plan without penalty.
 - (e) Be told how to change your health plan or your Primary Care Provider.
3. You have the right to ask questions and get answers about anything you do not 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, External Medical Reviews and State Fair Hearings. That includes the right to:
 - (a) Make a Complaint to your health plan or to the state Medicaid program about your health care, your provider, or your health plan.
 - (b) Get a timely answer to your Complaint.
 - (c) Use the plan's appeal process and be told how to use it.
 - (d) Ask for an External Medical Review and State Fair Hearing from the state Medicaid program and get information about how that process works.
 - (e) Ask for a State Fair Hearing without an External Medical Review from the state Medicaid program and receive information about how that process works.

6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
 - (a) Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
 - (b) Get medical care in a timely manner.
 - (c) Be able to get in and out of a health care provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
 - (d) Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.
 - (e) Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.
7. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.
8. You have a right to know that doctors, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals, and others cannot require you to pay copayments or any other amounts for covered services.
10. You have the right to get information and make recommendations about FirstCare's member rights and responsibilities.

Member Responsibilities:

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
 - (a) Learn and understand your rights under the Medicaid program.
 - (b) Ask questions if you do not understand your rights.
 - (c) Learn what choices of health plans are available in your area.
2. You must abide by the health plan's and Medicaid's policies and procedures. That includes the responsibility to:
 - (a) Learn and follow your health plan's rules and Medicaid rules.
 - (b) Choose your health plan and a Primary Care Provider quickly.
 - (c) Make any changes in your health plan and Primary Care Provider in the ways established by Medicaid and by the health plan.
 - (d) Keep your scheduled appointments.
 - (e) Cancel appointments in advance when you cannot keep them.
 - (f) Always contact your Primary Care Provider first for your non-emergency medical needs.

- (g) Be sure you have approval from your Primary Care Provider before going to a specialist.
- (h) Understand when you should and should not go to the emergency room.
- 3. You must share information about your health with your Primary Care Provider and learn about service and treatment options. That includes the responsibility to:
 - (a) Tell your Primary Care Provider about your health.
 - (b) Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
 - (c) Help your providers get your medical records.
- 4. You must be involved in decisions 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 provider about all of your medications.
 - (f) Follow plans and instructions for care.

Additional Member Responsibilities while using Nonemergency Medical Transportation Services (NEMT) from FirstCare and Access2Care

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

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

Changing Health Plans

What if I want to change health plans/who do I call?

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

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

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

When will my health plan change become effective?

If you call to change your health plan within the first two weeks of the month, before the Texas Health and Human Services Commission (HHSC) “cut-off,” the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. HHSC “cut-off” dates vary each month.

How many times can I change health plans?

You can change health plans as often as you want.

Can FirstCare ask that I get dropped from their health plan (for non-compliance, etc.)?

Yes, FirstCare can ask that you be taken off the health plan. Some examples include, but not limited to:

- A member lets another person use their member ID card for health care.
- A member is disruptive, unruly, or uncooperative with FirstCare.
- Refusal to follow FirstCare’s policies and procedures.
- Harassment or behavior that threatens a provider or FirstCare staff.
- A member knowingly provides information that is false or deliberately misleading.
- A member has moved and FirstCare does not offer Medicaid coverage in that area.
- Loss of Medicaid eligibility.
- FirstCare is no longer participating in the Medicaid program.
- Theft.

FirstCare will not ask you to leave because of your health. If you have any questions, please call FirstCare at 1-800-431-7798. The Texas Health and Human Services Commission will decide if a member can be told to leave the program.

Complaints and Appeals

Complaints

What should I do if I have a complaint?

We want to help. If you have a complaint, please call us toll-free at 1-800-431-7798 (TTY 7-1-1) to tell us about your problem. A FirstCare Member Services Advocate can help you file a complaint. Just call 1-800-431-7798. Most of the time, we can help you right away or at the most within a few days.

FirstCare will acknowledge, investigate, and resolve a complaint within 30 days after the date FirstCare receives your complaint.

What are the requirements and timelines for filing a complaint?

You can file a complaint anytime. A complaint can be done over the phone or in writing:

FirstCare Health Plans
Attn: Complaints & Appeals
1206 West Campus Drive
Temple, TX 76502
Fax: 806-784-4319

You can also file a complaint with FirstCare Self-Service on my.FirstCare.com:

- Log into the portal
- Choose “Send a Message” in the Message Center
- Select “Complaint” under Message Type
- Enter and submit your complaint

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

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

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

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

If I am not satisfied with the outcome, who else can I contact?

If you cannot get things worked out to your satisfaction with FirstCare, you can complain to the Health and Human Services Commission (HHSC).

How to file a complaint with HHSC?

Once you have gone through the FirstCare complaint process you can complain to the Health and Human Services Commission (HHSC) by calling toll-free 1--866--566--8989 (TTY 7-1-1), 8 a.m. to 5 p.m. CST, Monday to Friday. If you would like to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission
Ombudsman Managed Care Assistance Team
P.O. Box 13247
Austin, TX 78711-3247
Fax: 888-780-8099

If you can get on the Internet, you can submit your complaint at:
hhs.texas.gov/managed-care-help. See flyer on page 71 for more information.

Appeals

Coverage Determinations

All denials of services are made by the FirstCare Medical Director(s), after review of medical facts given by your provider. Any person making decisions for services makes them based only on the appropriateness of care and services. No rewards are based on review of services or service denials. FirstCare does not offer money or rewards, to providers or other people making decisions on services.

What can I do if my doctor asks for a service or medicine for me that's covered but FirstCare denies it or limits it?

There may be times when FirstCare's Medical Director denies services or medicines. When this occurs, you may appeal this decision. Call Member Services at **1-800-431-7798** to find out more.

How will I find out if services are denied?

FirstCare will send you a letter telling you that the services were denied or limited.

When do I have the right to ask for an appeal?

You can appeal a decision if Medicaid covered services are denied based on lack of medical need. You can appeal a denial if you feel FirstCare:

- Denied coverage for care you think should be covered;
- Stopped care you think you need;
- Did not pay for services in whole or in part; or
- Limited a request for a covered service.

What are the requirements and timelines for filing an appeal?

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

We will send you a letter within five (5) business days of receiving your appeal, to let you

know that we got it and let you know what other information you can send. You can send us proof, or any claims of fact or law that support your appeal, in person or in writing.

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

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

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

How can I ask for continuation of current authorized services?

If you are receiving services that are being ended, suspended or reduced, you must file an appeal on or before the later of:

- 10 days following the FirstCare’s mailing of the notice of the action (using the postage stamp date) or
- The intended effective date of the proposed action for the service to end, suspend, or be reduced
- If you are already getting services, you may ask that they be continued until you find out the results of your appeal. You may have to pay for the services, if the decision is upheld.

Call FirstCare at 1-800-431-7798 for more information.

Does my appeal request have to be in writing?

No, you can call Customer Service at 1-800-431-7798 (TTY 7-1-1) to let us know you want to appeal an action. You can also submit your appeal in writing. If you need help, FirstCare can help you write your appeal by requesting a Member Advocate. Your written appeal should be mailed to:

FirstCare Health Plans
Attn: Complaints & Appeals
1206 West Campus Drive
Temple, TX 76502
Fax: 806-784-4319

Can someone from FirstCare help me file an appeal?

Yes. Call FirstCare Customer Service at 1-800-431-7798 and a Member Advocate can help guide you through the appeals process.

Emergency Appeals

What is an Emergency Appeal?

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

How do I ask for an expedited appeal?

Call FirstCare Customer Service at 1-800-431-7798 (TTY 7-1-1) if you need help.

Does my request have to be in writing?

No, you may ask for an Emergency Appeal by phone or in writing, but we may be able to help you faster if you call us.

What are the timeframes for an expedited appeal?

If your Emergency Appeal is about an ongoing emergency or denial to stay in the hospital, FirstCare will review your case and get back to you within one (1) workday after we receive your request. Other emergency appeals will be decided within 72 hours. The appeal process may be extended up to 14 calendar days if you request an extension. Or, if FirstCare explains the need and how the extension is best for you. You will receive a letter if the emergency appeal process is extended.

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

If FirstCare decides we do not need to make a decision quickly based on the condition of your health, we will let you know right away. The appeal will still be reviewed, and the decision may take up to thirty (30) days.

Who can help me file an Emergency Appeal?

FirstCare Customer Service can help you with your appeal. Call FirstCare Customer Service toll-free at 1--800--431--7798 (TTY 7-1-1) and a Member Advocate can help you.

STATE FAIR HEARING

Can I ask for a State Fair Hearing?

If you, as a Member of the health plan, disagree with the health plan's internal appeal decision, you have the right to ask for a State Fair Hearing. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A provider may be your representative. If you want to challenge a decision made by your health plan, you or your representative must ask for the State Fair Hearing within 120 days of the date on the health plan's letter with the internal appeal decision. If you do not ask for the State Fair Hearing within 120 days, you may lose your right to a State Fair Hearing. To ask for a State Fair Hearing, you or your representative should either send a letter to the health plan at:

FirstCare Health Plans
ATTN: Complaints & Appeals
1206 West Campus Drive
Temple, Texas 76502
Or call 1-800-431-7798

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

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

Can I ask for an emergency State Fair Hearing?

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

EXTERNAL MEDICAL REVIEW INFORMATION

Can a Member ask for an External Medical Review?

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

- Fill out the 'State Fair Hearing and External Medical Review Request Form' provided as an attachment to the Member Notice of MCO Internal Appeal Decision letter and mail or fax it to FirstCare by using the address or fax number at the top of the form.;
- Call the MCO at 1-800-431-7798;
- Email the MCO at Complaints@BSWhealth.org;

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

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

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

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

Can I ask for an emergency External Medical Review?

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

Report Waste, Abuse or Fraud

Do you want to report waste, abuse or fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care provider, 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 click the red "Report Fraud" box to complete the online form; or
- You can report directly to your health plan:
FirstCare Health Plans
Special Investigations Unit
12940 N Highway 183
Austin, TX 78750
Telephone: 1-800-718-5205
Email: firstcaresiu@FirstCare.com

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

- When reporting about a provider (a doctor, dentist, counselor, etc.) include:
 - Name, address, and phone number of provider.
 - Name and address of the facility (hospital, nursing home, home health agency, etc.).
 - Medicaid number of the provider and facility, if you have it.
 - Type of provider (doctor, dentist, therapist, pharmacist, etc.).
 - Names and phone numbers of other witnesses who can help in the investigation.
 - Dates of events.
 - Summary of what happened.
- When reporting about someone who gets benefits, include:
 - The person's name.
 - The person's date of birth, Social Security Number, or case number if you have it.
 - The city where the person lives.
 - Specific details about the waste, abuse, or fraud.

Getting More Information

Getting More Information

As a member of FirstCare, 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 limits to those benefits.
- How you get after-hours and emergency coverage and limits to those kinds of benefits, including:
 - What makes up Emergency Medical Conditions, emergency services, and post-stabilization services.
 - The fact that you do not need prior authorization from your Primary Care Provider for emergency care services.
 - How to get emergency services, including instructions on how to use the 9-1-1 telephone system or its local equivalent.
 - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
 - A statement saying you have a right to use any hospital or other 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.
- FirstCare's practice guidelines.
- Call FirstCare at 1-800-431-7798 to get paper copies of helpful information. This information will be sent at no cost to you within five (5) business days:
 - Member Handbook
 - Provider Directory
 - Privacy Practices
 - Members Rights & Responsibilities
 - Anything on our website.

FirstCare Privacy Policy

Notice of Privacy Practices

This notice describes how medical information about you may be used and shared with others. It also explains how you can get this information. Please review it carefully.

FirstCare is required by law to protect the privacy of your health information. FirstCare would like to tell you the policies regarding your Protected Health Information (PHI).

FirstCare provides STAR coverage and services. We must collect information about you to provide these services. We receive information about you from many sources. Some examples include, but are not limited to the following:

- Doctors.
- Other insurance companies.
- Our internet web portal.
- Other sources.

This Notice of Privacy Practices will tell you how FirstCare may use or share information about you. Not all situations will be described. FirstCare is required to give you a notice of our privacy practices for the information we collect and keep about you.

FirstCare protects oral, written, and electronic PHI. We do not sell your information to anyone. We have many internal policies and procedures designed to control and protect your health information. We train all employees about these policies and procedures. Our policies and procedures are evaluated and updated for compliance with applicable laws.

FirstCare may use and share protected health information without your authorization:

- **For treatment.** Example: Information may be shared to create and carry out a plan for your treatment.
- **For payment.** Providers send bills (“claims”) to us for payment of services provided to you under your FirstCare STAR coverage.
- **For health care operations.** FirstCare may use or share information in order to manage its programs and activities. For example, FirstCare may use PHI to review the quality of services you receive from health care providers.
- **When requested by a public health authority by law or regulation.** Example: For compliance with communicable disease reporting requirements.
- **For health oversight activities.** Federal, state, and local health oversight agencies, as authorized by law, may require information for audits, investigations, and inspections.

- **As required by federal, state, or local law.** Some examples include, but are not limited to:
 - Disclosures to courts or agencies involved in judicial or administrative proceedings.
 - Government officials for matters of national security or for military activities.
 - Correctional institutions if you are an inmate.
 - Medical examiners and funeral directors.
 - Organ donation programs.
 - Parents or guardians in compliance with state parental access laws.
 - Government officials engaged in disaster relief.
 - As required for compliance with workers' compensation programs.
- **For abuse reports and investigations,** such as possible child abuse or domestic violence.
- **For government benefit programs.** We may use and share information for public benefits as required under government-sponsored programs.
- **To avoid harm.** FirstCare may share PHI to law enforcement in order to avoid a serious threat to your safety or another person's, or the public's, safety.
- **For research.** FirstCare uses information for studies and to develop reports as required on occasion by regulation or legislative mandate. These reports usually do not identify specific people, however.
- **Disclosures to family, friends, and others.** At critical times, or upon your request, FirstCare may share information to your family or other persons who are involved in your medical care. You have the right to disagree to the sharing of this information.
- **For identification and location purposes.** FirstCare may share information to help law enforcement officials in identifying a suspect or a missing person.
- **For criminal investigations.** FirstCare may share information in response to law enforcement officials' requests in connection with criminal investigations.
- **For the promotion of health maintenance and wellness.** FirstCare may use information for purposes of telling you of health benefits or services, or treatment choices, that may be of interest to you.
- **For data breach notification purposes.** We may use your contact information to provide legally required notices of unauthorized acquisition, access, or disclosure of your health information.
- **Additional restrictions on use and disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you.

“Highly confidential information” may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information. Including state laws that protect the following types of information:

- HIV/AIDS.
- Mental health.
- Genetic tests.
- Alcohol and drug abuse.
- Sexually transmitted diseases and reproductive health information.
- Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

NOTE: We do not sell, rent, or license your PHI. Your PHI is not marketed to anyone by us.

Other uses and disclosures require your written authorization.

For other situations that do not involve treatment, payment, or health care operations, or the other specific situations listed above, FirstCare will ask for your written authorization before using or disclosing information. You can cancel this authorization at any time in writing. However, FirstCare cannot take back anything that was already shared with your authorization.

Your PHI Privacy Rights

Your Protected Health Information (PHI) Rights

You have the right to see and get copies of your records.

In most cases, you have the right to get copies of your records. You must make the request in writing by sending a letter to:

Custodian of Records, FirstCare
7005 Salem Park Drive, Suite #100
Lubbock, Texas, 79424

The records will be a “designated record set,” which means we have a standard set of records for all requests of this nature. Information about mental health claims or services will not be included: you will need to contact your mental health care provider for that information.

NOTE: FirstCare pays medical claims and our records consist mostly of claim information. We do not create or maintain medical records like those created and maintained by doctors, hospitals, and other medical providers. For those records, you will need to contact your doctor. **Also, you can obtain many of the same records instantly, and at no charge by using our secure FirstCare member web portal at FirstCare.com.**

Right to request to correct or update your records.

You can ask FirstCare to change or add missing information to your records if you think there is a mistake. You must make the request in writing and provide a reason for your request. It is unlikely that we have any records that would require corrections. We have the right to disagree with any proposed changes and will contact you of our decision. Since we are not a medical provider, it is unlikely that we would agree to any changes of medical records held by us. We will, of course, make changes to address, phone number, or similar items when notified by your employer.

Right to get a list of disclosures.

You can ask FirstCare for a list of disclosures of your PHI. You must make the request in writing. This list will not include the times that information was shared for routine health plan services which are “treatment, payment, or health care operations” as noted above. The list will not include information provided directly to you or your family, or information that was sent with any previous authorization made by you.

Right to request limits.

You have the right to ask that FirstCare limit how your information is used or shared. You must make the request in writing. Tell us what information you want to limit and to who. FirstCare is not required to agree to the restriction. You can request (in writing or verbally) when you want the restrictions to come to an end.

Right to cancel your authorization.

If you signed an authorization for FirstCare to use or share information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared with your authorization.

Right to choose how we communicate with you.

You can ask that FirstCare share information with you in a certain way or in a certain place. For example, you may ask FirstCare to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain your request.

Right to file a complaint.

You can file a complaint if you do not agree with how FirstCare has used or shared information about you.

Right to Get a Copy of this Notice.

You can ask for a copy of this notice at any time.

NOTE: We have the right to confirm the identity of anyone making any of the requests above. This is to protect your PHI.

How to contact FirstCare to review, correct, or limit your PHI

You can contact FirstCare at the address listed at the end of this notice to:

- Ask to look at or receive a copy your records.
- Ask to correct or change your records.
- Ask to limit how information about you is distributed.
- Ask for a list of the times FirstCare shared information about you outside of treatment, payment, or operations.
- Ask to cancel your authorization.

FirstCare may not approve your request to look at, copy, or change your records. If FirstCare does not approve your request, FirstCare will send you a letter that tells you why and how you can ask for a review of the denial. You will also receive information about how to file a complaint with FirstCare or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to file a complaint or report a problem

You can contact any of the people listed below if you want to file a complaint or to report a problem with how FirstCare has used or shared information about you. Your benefits will not be changed by any complaints you make. FirstCare cannot retaliate against you for filing a complaint, cooperating in an investigation, or saying no to something that you believe to be unlawful.

FirstCare Custodian of Records
7005 Salem Park Drive, Suite #100
Lubbock, Texas, 79424
Phone: 1-844-633-5325
Fax: 1-877-878-8422
Email:
custodianofrecords@FirstCare.com

Office for Civil Rights, Region VI
U.S. Dept of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
Phone: 1-214-767-4056
Fax: 1-214-767-0432
TDD: 1-214-767-8940
Email: www.hhs.gov/ocr

If you have any questions or need more information, please contact the FirstCare Privacy Office.

FirstCare Privacy Officer
301 N. Washington Ave.
Dallas, TX 75246
Phone: 1-866.218.6920

FirstCare may change its Notice of Privacy Practices at any time. A copy of the new notice will be given to you as required by law. The most current notice will always be posted on our web site. You can ask for a copy at any time by calling FirstCare Customer Service at 1-800-431-7798 or get it online at FirstCare.com.

Keeping Your Coverage

Keeping FirstCare Medicaid coverage

It is important to keep your FirstCare Medicaid without a break in coverage for many reasons. It makes it easier for your doctor to know which company to bill. Look for the Texas STAR Program on your ID.

Tips on how to keep your STAR benefits without a break:

- **Keep all your letters from HHSC in one spot for easy reference.** The number of months that you receive Medicaid coverage depends on the type of Medicaid. Most often, the coverage lasts six months unless it is for a newborn or a pregnant woman. A letter from HHSC will tell you the dates. So keep all your letters in an easy to find spot so you can find an office, name, or number when you need it.
- **Did you know that the Post Office cannot forward your Medicaid card or any mail from Health and Human Services Commission (HHSC)?** HHSC requires the post office to forward all their letters back to Austin. Report your address change to HHSC after your move. Your case may be put on hold and not approved if HHSC does not have your current address.
- **Look for your Medicaid renewal letter in the mail two months before your coverage ends.** You have seven days to renew. It takes six weeks to work your case. This is why they ask you to return the form and verifications within seven days. They have many cases to work.
- **Call HHSC for questions and forms.** If you do not receive your renewal form eight weeks before your coverage ends call 2-1-1 and ask them to mail it to you. The best renewal form is the one from HHSC because it has your printed information and bar codes at the bottom of each page.
- **FirstCare can help you with calling HHSC and free faxes to HHSC.** FirstCare can help you get to the right office for your questions, call us and we can have a conference call with HHSC. FirstCare offers free copies and free fax services to HHSC for all FirstCare members renewing Medicaid.

Thank you for being a FirstCare STAR member.

We look forward to serving you!

Glossary of Terms

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

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

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

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

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

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

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

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

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

Grievance - A complaint to your health insurer or plan.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



EXTRA HELP: STAR

FIRSTCARE HEALTH PLANS WOULD LIKE TO LET YOU KNOW OF SEVERAL NEW PROGRAMS AVAILABLE AT NO CHARGE FOR MEMBERS WHO QUALIFY



FIRSTCARE HEALTH PLANS

Grow Well®

Health Education and Resource App

FirstCare Health Plans is here for our members, helping to keep families, children and pregnant moms healthy. With the Grow Well® app, we're your partner in health for pregnancy, pediatrics and family health. It's your one place for trusted health information and direct connections to FirstCare resources through every age and stage.

Who qualifies?

Grow Well® is for eligible FirstCare Medicaid & CHIP members.

How can I get the app on my phone?

1. Text "App" to 844.903.4769 (GROW), or
2. Use QR code:



FirstCare™
HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

Mindoula: Behavioral Health Tool

Who qualifies?

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

How can Mindoula help?

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

Programs provided via Mindoula:

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

Papa Pals: Extra Support for New Moms

Who qualifies?

Papa Pals is for active FirstCare STAR members from birth to one year of age and pregnant STAR members. You can receive up to 120 hours of service per year.

How can Papa Pals help?

Papa Pals can help new parents with:

- Social support
- Laundry and light cleaning
- Short-distance travel for errands and appointments
- Home visits
- Grocery and prescription delivery
- And more
- Child care assistance
- Meal preparation

How can I get Papa Pals?

1. You may receive a phone call from Papa Pals. They can sign you up during the phone call.
2. You can call Papa Pals to sign up. Phone number: 888.345.2619; TTY users, please call 711. Business hours are 7 AM – 10 PM from Monday – Friday, and 7 AM – 7 PM Saturday – Sunday. (Tell them you are a member of FirstCare Health Plans.)

findhelp: Find Free or Reduced Cost Local Resources

What can findhelp do?

Find free or reduced cost local resources to help with:

- Child care assistance
- Rent
- And more
- Food
- Social Services

How can I access findhelp?

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



TEXAS
Health and Human
Services

HOW TO SUBMIT A COMPLAINT

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

STEP 1: Call your health plan

FirstCare™
HEALTH PLANS

800-431-7798

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

800-335-8957.

STEP 2: If you still need help...

Call the Office of the Ombudsman:

866-566-8989

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



or

Fill out

this
form



<http://bit.ly/ComplaintSubmission>

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

What to expect

- › Call you back within **one business day**

- › Start working on your complaint

- › Check in with you once every **five business days** until it's resolved

- › Tell you what happened and anything you might need to do

Tell you what happened and anything you might need to do

When you call, you'll need

- Your Medicaid ID card number

- Your name, birthday and address

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

- A phone number for your doctor, drugstore or medical equipment company

- Paperwork related to your complaint like letters, bills, or prescriptions

Visit our website: bit.ly/MedicaidCHIPContacts

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

Expecting the Best®

Information for STAR and CHIP Members



FirstCare Health Plans is pleased to offer Expecting the Best® for our members. This program, with our service coordinators, helps mothers and babies have healthy outcomes. Expecting the Best® members will receive helpful tips and aid during pregnancy and for one year after birth.

Program Features

- Early one-on-one support and education during your pregnancy and one year after your child's birth
- In-home help for high-risk conditions such as diabetes, high-blood pressure, severe nausea and vomiting.
- Support for postpartum depression and maternal mental health during and after pregnancy. This includes screening, working with your care team, resources and individual help based on your needs.
- Immunization and well-child reminders.
- Work with you and your healthcare team to support your health and wellbeing.

Grow Well™: Health Education and Resource App

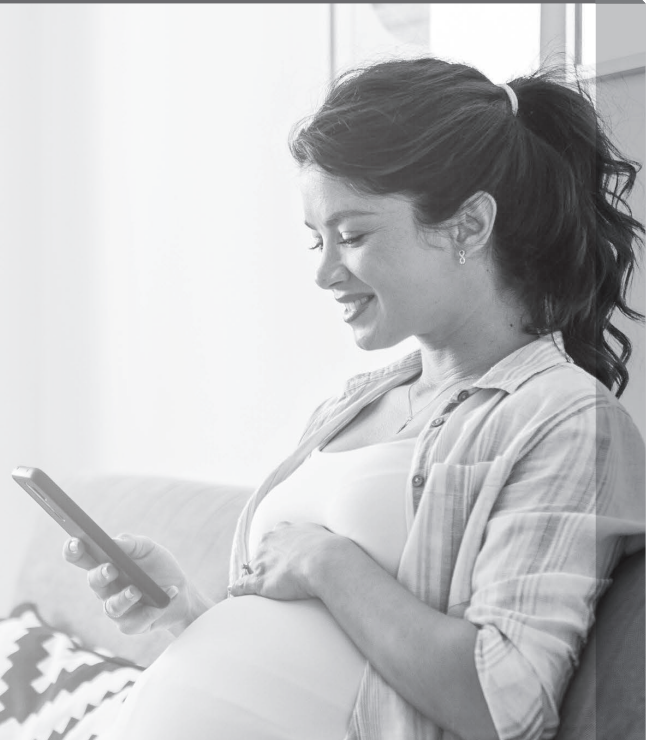


We are your partner in health information and help for pregnant moms, children and families. Download our app to take pregnancy screenings that can link you to our Expecting the Best® program and provide helpful resources. You also have access to important phone numbers, a health library and much more!

Enroll in the Expecting the Best Maternity Program

To sign up, call the customer service number on the back of your ID card. You can also email us at HPMaternityCaseManagement@BSWHealth.org for more information.

A Service Coordinator may call to invite you to join when we receive a doctor's referral or pregnancy claim. You can opt in or out of this program at any time through a Service Coordinator or customer service.



Look for Urgent Maternal Warning Signs.

If something doesn't feel right, get help.



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

During Pregnancy

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

After Pregnancy

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

Tips:

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

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

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

Urgent Maternal Warning Signs

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

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

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

Use This Guide to Help Start the Conversation:

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

Sample questions to ask:

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

Notes:



Learn more at dshs.texas.gov/HearHerTX

HEAR and Hear Her Concerns are trademarks of U.S. Department of Health and Human Services (HHS).

Texas Department of State Health Services





Welcome to MDLIVE®

Your anytime, anywhere doctor's office

We have teamed up with MDLIVE to provide you with telehealth access to doctors, 24/7. FirstCare Health Plans members can visit a doctor by phone or secure video for no cost.

Download the app. Join for free. Visit a doctor.

Step 1:

- Log on to the FirstCare self-service portal (my.FirstCare.com) and click on the "Virtual Care" option; or
- Call 800.718.5082 or go to app.MDLIVE.com/landing/fcmedicaid; or
- Download the MDLIVE mobile app (MDLIVE.com/mobileapp).

Step 2:

Register in about 15 minutes.

Step 3:

See a doctor right away or schedule an appointment time that works for you.

Step 4:

Start your virtual visit.



Care from **board-certified doctors**, 24/7, including holidays



Online visits are secure and easy by phone or video



Prescriptions sent to your pharmacy when needed



my.FirstCare.com
844.677.6856

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MD_FC_23MDLIVEMemberFlyer-0723-NR



MDLIVE® Cont'd

Download the app. Join for free. Visit a doctor.

Common Conditions Treated

General Health

- Allergies
- Common cold/flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Headache
- Insect bites
- Nausea/vomiting
- Pink eye
- Sore throat

Behavioral Health

- Addictions
- Anxiety/stress
- Bipolar disorders
- Depression
- Eating disorders
- Grief and loss
- Life changes
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Trauma and PTSD

FirstCare[™]
★
HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

my.FirstCare.com
844.677.6856

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MD_FC_23MDLIVEMemberFlyer-0723-NR

**Your Information.
Your Rights.
Our Responsibilities.**

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

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

Your Rights

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

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical records and other health information we have about you. **See page 2 for how to do this.**
- We will provide a copy or a summary of your health information in accordance with applicable state and federal requirements. We may charge a reasonable, cost-based fee.
- You may revoke an authorization to use or disclose your health information, except to the extent that action has already been taken in reliance on your authorization. **See page 2 for how to do this.**

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. **See page 2 for how to do this.**
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, mobile, home or office phone) or send mail to a different address. **See page 2 for how to do this.**
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request. For example, we may say “no” if it would affect your care. **See page 2 for how to do this.**
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why. **See page 2 for how to do this.**
- We will include all the disclosures except for those about treatment, payment, health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.
- You may also view a copy of this Notice on our **websites**.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your privacy rights have been violated

- You can complain if you feel we have violated your privacy rights by contacting us using the Office of HIPAA Compliance contact information below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1.877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Hospital or Clinic

To get an electronic or paper copy of your medical records, contact the **Health Information Management Department** at the **hospital** or the outpatient clinic directly where you received care.

For questions or other complaints, you may also contact the **outpatient clinic** directly or the **Patient Relations Department** at the **hospital** where you received care toll-free at **1.866.218.6919**.

Office of HIPAA Compliance

For requests relating to an authorization, amendment, confidential communication, restriction, list of those with whom we've shared information, revocation of an authorization, opting in or out of the HIE, or to file a complaint, contact us at:

1.866.218.6920 (toll-free); or **BSWHealth.com/PrivacyMatters;** or BSWH Office of HIPAA Compliance 301 N. Washington Ave., Dallas, TX 75246.

Health Plan

To get an electronic or paper copy of the health information we have about you, or for questions or other complaints relating to your Health Plan Coverage, contact the Customer Advocacy line:

1.800.321.7947 Scott and White Health Plan ("SWHP") and also doing business as **Baylor Scott & White Health Plan**, and **Baylor Scott & White Insurance Company;** or **1.800.884.4901 FirstCare;** or **1.855.897.4448 RightCare;** or 1206 West Campus Drive, Temple, TX 76502, ATTN: Customer Advocacy.

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

You have the right to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information unless you give us written permission to do so for:

- Marketing purposes
- Sale of your information, as this activity is defined under HIPAA
- In most instances, sharing of psychotherapy notes

Fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Treat

- We can use your health information and share it with other professionals who are treating you, and for purposes of recommending treatment alternatives, care coordination, and alternative settings of care.

Run our organization

- We can use and share your health information to run our organization and improve patient/member care
Example: We can use and share your health information to support programs and activities to improve the quality of treatment services and provide customer service. For example, we may combine health information about many patients to evaluate the need for new services or treatments to improve the quality of patient care.

Bill for our services

- We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

For payment

- We can use and share your health information for payment of premiums due to us, to determine your coverage, and for payment of health care services you receive.
Example: We might tell a doctor if you are eligible for coverage and what percentage of the bill might be covered.

For underwriting

- We may use or share your health information for underwriting purposes; however, we will not use or share your genetic information for such purposes.

How else can we use or share your health information?

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

Public health and safety	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • Preventing Disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
Student immunizations	<ul style="list-style-type: none"> • We may disclose proof of your child’s immunizations to their school based on your verbal or written permission.
Research	<ul style="list-style-type: none"> • We can use or share your information for health research under certain circumstances.
Compliance with the law	<ul style="list-style-type: none"> • We will share information about you if federal, state, or local law or regulations require it, including with the Department of Health and Human Services, if it wants to see that we’re complying with federal privacy law.
Organ and tissue donation	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations.
Medical examiners or funeral directors	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Workers’ compensation, law enforcement and other governmental entities	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security and presidential protective services
Service provider	<ul style="list-style-type: none"> • We can share health information about you with service providers that assist us and who have the same contractual obligation to safeguard the information.
De-identified information	<ul style="list-style-type: none"> • We may use health information about you to create de-identified information. This is information that has gone through a rigorous process so that the risk that the information can identify you is very small. Once health information is de-identified in compliance with HIPAA, we may use or disclose it for various purposes, such as research or development of new health care technologies, and the de-identified information will no longer be subject to this Notice or your rights described herein. We may receive payment for the de-identified information.
Lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Electronic Health Information Exchange (“HIE”)	<ul style="list-style-type: none"> • We use HIEs to exchange electronic health information about you with other health care providers or entities that are not part of our health care system. Information exchanged between providers or entities may be stored in their own systems. • Our health care system and these other providers or entities can use the HIEs to see your electronic health information for the purposes described in this Notice, to coordinate your care and as allowed by law. • We monitor who can view your information within our health care system, but other individuals and entities who use the HIEs may disclose your information to others subject to each HIE’s rules. • You may opt-out of all HIEs by providing a written request to the BSWH Office of HIPAA Compliance. If you opt-out, others may still request your information through the HIEs, but your information will not be viewable through the HIEs. You may opt back in to the HIEs at any time. See page 2 for how to do this. • You do not have to participate in any HIE to receive care.

Our Responsibilities

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

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

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

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-639-2447 (TTY: 711).

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-639-2447 (TTY: 711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-639-2447 (TTY: 711).

Chinese:

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-877-639-2447 (TTY:711)。

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-639-2447 (TTY: 711) 번으로 전화해 주십시오.

Arabic:

هاتف الصم والبكم: 711. ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-639-2447 (رقم

Urdu:

کریں (TTY: 711). 1-877-639-2447 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-639-2447 (TTY: 711).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-639-2447 (ATS : 711).

Hindi:

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-639-2447 (TTY: 711) पर कॉल करें।

Persian:

فراهم می باشد. با 1-877-639-2447 (TTY: 711) تماس بگیرید. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-639-2447 (TTY: 711).

Gujarati:

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-639-2447 (TTY: 711).

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-639-2447 (телетайп: 711).

Japanese:

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-877-639-2447 (TTY: 711) まで、お電話にてご連絡ください。

Laotian:

ໄປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຈຶ່ງມີ ມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-639-2447 (TTY: 711).

Nondiscrimination Notice

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-639-2447 (TTY: 711).

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

FirstCare Health Plans:

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

If you need these services, contact the Compliance Officer at 1-214-820-8888 or send an email to HPCompliance@BSWHealth.org

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

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

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

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

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

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

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

FirstCareTM

HEALTH PLANS

PART OF BAYLOR SCOTT & WHITE HEALTH

