El Paso Health

STAR+PLUS Nursing Facilities Member Handbook

CALL TOLL FREE **1-833-742-3127**

TEXAS STAR PLUS Your Health Plan ★ Your Choice

TEXAS Health and Human Services

urac ACCREDITED Health Plan Expires 04/01/2024

EPHMSP8252401

9/2024

El Paso Health STAR+PLUS Value Added Services 2024

	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
Help Getting a Ride A free ride service to help you get to appointments, health education classes, non-medical drivers of health locations, or Member Advisory Group meetings that are not covered under the NEMT benefit.	✓	✓	N/A	N/A
Dental Services Dual eligible members receive up to $2,000 each year for dental check-ups, x-rays, cleanings, filling and simple tooth extractions for members 21 and older for STAR+PLUS non-HCBS waiver members. Medicaid only members receive up to $600 each year for dental check-ups, x-rays, and cleanings (no extractions) for members 21 and older.	✓ **$600** allowance	✓ **$2,000** allowance	✓ **$600** allowance	✓ **$2,000** allowance
Extra Vision Services Medicaid only members get $150 allowance every two years to be used on one pair of eyeglasses (lenses and frames) or contact lenses and get one routine eye exam every two years. Dual eligible members receive a $300 yearly allowance and get one routine eye exam per year.	✓ **$150** biennial allowance	✓ **$300** annual allowance	✓ **$150** biennial allowance	✓ **$300** annual allowance
Extra Foot Doctor (Podiatry) Services Additional routine foot doctor (podiatry) visits each year.	N/A	✓ **12 visits**	✓ **4 visits**	✓ **12 visits**
Discount Pharmacy / Over-the-Counter Benefits Up to $140 once a year: $35 gift card every three months for over-the-counter medicines and other medical or health-related supplies not covered by Medicaid, upon request.	✓	✓	N/A	N/A
Temporary Phone Help El Paso Health Members ages 18 years and older eligible for the Federal Lifeline Program is offered at no cost to the member the exclusive El Paso Health Unlimited Plan that includes: An Android Smartphone, Unlimited Calling, Unlimited Text, Unlimited Data.	✓	✓	✓	✓
Emergency Response Services (ERS) Emergency response services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A
Home Visits Up to an extra 40 hours respite services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A

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

Restrictions and limitations may apply

El Paso Health STAR+PLUS Value Added Services 2024

	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
Extra Hearing Services Hearing aid allowance limited to $2,000 every year.	N/A	✓	N/A	✓
Healthy Eats Program Diabetic STAR+PLUS Non-HCBS waiver members can participate in the Healthy Eats Program and receive a $50 gift card each quarter to obtain nutritious food.	✓	✓	✓	N/A
Delivered Meals Receive up to 14 healthy meals delivered to their home after being discharged from a hospital or nursing facility for STAR+PLUS non-HCBS waiver members 21 and older.	✓	✓	N/A	N/A
Meal Planning Four additional nutritional counseling/meal planning services for diabetic STAR+PLUS non-HCBS waiver members 21 and older.	✓	✓	N/A	N/A
Health Get Fit Program or a Home Fitness Kit STAR+PLUS Non-HCBS waiver members have a choice of the El Paso Health Get Fit Program at the YMCA or a home fitness kit, or both.	N/A	✓	N/A	✓
Care Kit Receive a free personal blanket, skid proof socks, an accessory tote bag, and a large print digital clock.	N/A	N/A	N/A	✓
Gift Programs Members are eligible to receive a $25 gift card as a Thank You from El Paso Health for completing the following Preventative Screenings:	✓	✓	✓	✓

- $25 gift card for members after completing an annual wellness exam each year.
- $25 gift card for members that get an annual flu shot and COVID-19 vaccine.
- $25 gift card for members who have a follow-up doctor visit within 30 days of getting out of the hospital once a year.
- $25 gift card for members after completing an HbA1c blood test each year.
- $25 gift card for members after completing a diabetic eye exam each year.
- $25 gift card for female members ages 21-64 who get a recommended cervical cancer screening once every three years.
- $25 gift card for members that complete a doctor follow-up visit within 30 days of hospital discharge for a mental illness condition. Limit one gift card every 30 days.

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Texas Health and Human Services | Texas STAR+PLUS Your Health Plan ★ Your Choice

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MEMBER HANDBOOK

Introduction to El Paso Health's STAR+PLUS Program

Thank you for choosing El Paso Health! El Paso Health is happy to welcome you to our El Paso Health family. You or your child will get covered benefits and services from doctors, hospitals and other medical care providers who are part of the El Paso Health network of providers. El Paso Health and El Paso Health STAR+PLUS Program, work in partnership with you to provide for you and your families' health care needs. El Paso Health is a Health Maintenance Organization that provides services to people eligible for the health plan. El Paso Health will provide or arrange for covered services to be available to members enrolling in the health plan.

NUMBERS TO REMEMBER

If you have any questions or need help, please call our Member Services Department at **1-833-742-3127** from 8 A.M. to 5 P.M. Mountain Time, Monday through Friday. For TTY, dial **711**. We can provide you with written or oral interpretation of the services provided. Call us toll free at **1-833- 742-3127** to receive support aids and services, including this material in another format.

Important Telephone Numbers and Information

Our Address

EL PASO HEALTH

1145 Westmoreland Dr.

El Paso, Texas 79925

1-833-742-3127

Monday-Friday, during regular business hours 8 a.m. to 5 p.m., Mountain Time excluding state approved holidays. Call center hours of operation are 8 a.m. to 5 p.m.

Member Services

Our Member Services staff consists of highly qualified and trained individuals, fluent in both English and Spanish. You can reach our Member Services Department at **1-833-742-3127**.

The Member Handbook will be made available in audio, larger print, braille, and other languages. Please contact Member Services if you need it in one of these formats.

Our Member Services Department can:

- Explain what services are covered, and help you get the services you need.
- Help you choose a Primary Care Provider for your child if he/she does not have one.
- Help you find a doctor for your child close to your home.
- Help you change your child's primary care provider.
- Help send new ID cards.
- Inform you of what to do when you move out of the area.
- We will transfer members to 211 to change your address or phone number.
- Explain how to get transportation services.
- Act as your patient advo–cate and listen to your complaints and concerns.
- Tell you about classes, health fairs, and other special events in your area.
- Inform you of what to do in case of an emergency.
- You can also call **1-833-742-3127** to learn more about Service Coordination.

Stay Connected with El Paso Health's Mobile App!

The El Paso Health App is convenient and secure. It can help you manage your health care information. You can create a free account that will allow you to:

- View and print a temporary ID
- View eligibility information
- Find a Provider
- Request a PCP change
- View wellness information
- View authorizations
- View claims
- Ask a Question

What should I do if I have an emergency?

Call **911** or go to your nearest hospital/emergency facility, if you think you need emergency care. You can call 911 for help in getting to the hospital emergency room. If you receive emergency services, call your doctor to schedule a follow-up visit as soon as possible. Remember to call El Paso Health at "Toll-Free" **1-833-742-3127** and let us know of the emergency care you/your child received. El Paso Health defines an emergency as a condition in which you think you/your child has a serious medical condition, or not getting medical care right away will be a threat to you/your child's life, limb or sight.

After Hours Answering Service

If you call after regular business, weekend, and holiday hours, your call will still be answered by bilingual staff working during the evening hours that can give you information, or take your message and have someone from our Member Services Department call you the next working day. Our phone number is **1-833-742-3127**.

Behavioral Health Services Hot-line

El Paso Health also has Behavioral Health Services. These services are for an emotional, alcohol,or drug problem. If you need help accessing these services or have an emergency/crisis, please call our 24 hour day/7 days a week, crisis hot-line at **1-877-377-2950** or call **911**. A trained representative, fluent in both English and Spanish will be there to help you. Interpreter services are also available. You do not need a referral to get help for Behavioral Health Services.

NOTICE OF SPECIAL TOLL-FREE COMPLAINT NUMBER TO MAKE A COMPLAINT ABOUT A PRIVATE PSYCHIATRIC HOSPITAL, CHEMICAL DEPENDENCY TREATMENT CENTER, OR PSYCHIATRIC OR CHEMICAL DEPENDENCY SERVICES AT A GENERAL HOSPITAL, CALL:1-800-832-9623

Your complaint will be referred to the state agency that regulates the hospital or chemical dependency treatment center.

Interpreter Services

Interpreter services are available through our Member Services Department. Call **1-833-742-3127**.

TTY Line for the Hearing Impaired

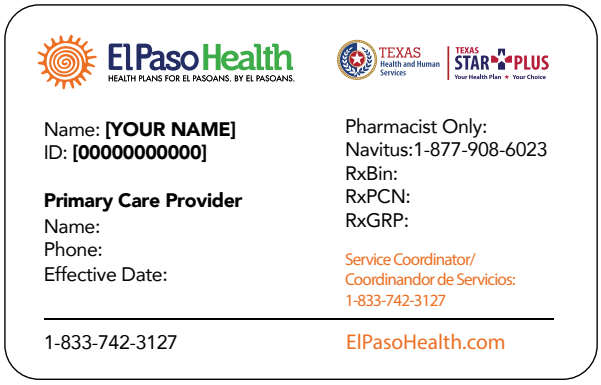
For TTY, dial **711**.

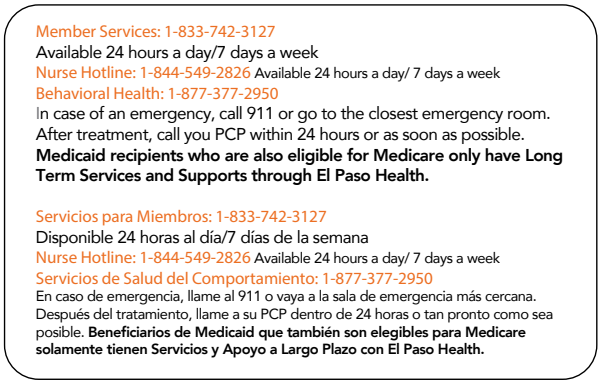
Other helpful numbers:

- EPH 24-hour Nurse line (First Call) **1-844-549-2826**.
- For questions regarding Eye Care Services, please call **1-833-742-3127**
- STAR+ PLUS Program Helpline **1-800-964-2777**.
- For pharmacy information, please call El Paso Health at **1-833-742-3127**.
- For questions about Dental Services call:
  - DentaQuest **1-800-516-0165**/MCNA Dental **1-800-494-6262**/ United HealthCare **1-877-901-7321.**
- Ombudsman Managed Care Assistance Team **1-866-566-8989**
- Finding Help in Texas, please call **2-1-1**.

Your El Paso Health Member ID card

You should receive your El Paso Health ID card in the mail as soon as you are enrolled with El Paso Health. Here's what the front and back of the El Paso Health Member ID card looks like. If you did not get this card, please call El Paso Health at **1-833-742-3127**.





You will not get a new El Paso Health ID card every month. El Paso Health will mail you a new ID card when:

- You change your Primary Care Provider.
- Your Primary Care Provider's address or phone number changes.
- You get a new address or phone number.
- If you lose your ID card, you will need to ask for a new one. Call El Paso Health Member Services Helpline at **1-833-742-3127.**

Your El Paso Health ID card shows:

- The Name of the Health Plan – El Paso Health.
- Member Name – This is your name.
- Member Number – This is your Medicaid ID Number.
- DOB – This is your birth date.
- Name, address, and phone number of your Primary Care Provider – This is your Primary Care Provider's information. You should call your Primary Care Provider for all medical needs.
- The back of the ID card has important information for you and your Primary Care Provider. Remember to call the Primary Care Provider listed on the front of your card for appointments. Call your Primary Care Provider before going to a special doctor (specialist).It also has information on Behavioral (mental) Health and Substance Abuse Helpline**1-877-377-2950**. You can call this number 24 hour a day if you have questions or problems about behavioral (mental) health and substance abuse (such as alcohol or drugs) and it also tells you what to do in an emergency. Be sure to read the back of your card. There is important information which will be used by your Primary Care Provider and other health care providers.
- The front of the ID card also has some important phone numbers. Member Services Helpline **1-833-742-3127** – You can call this number 24 hours a day if you have questions or problems about El Paso Health. If you call after business hours, a bilingual staff will take your information and Member Services will return your call the next business day. Call this number if you want to change your Primary Care Provider.

Remember to show the Your Texas Benefits Medicaid Card and El Paso Health ID card whenever you go to the doctor or get any other health care.

If you lose your card or did not get one, call El Paso Health Member Services Helpline right away. Call **1-833-742-3127** to get a new ID card.

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 you 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 information 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 medical and dental information 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 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 drug store 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 Your Texas Benefits 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

The Medicaid Client Portal lets you do all of the following for anyone who is part of your case:

- View, print, and order a Your Texas Benefits Medicaid card
- See your medical and dental plans
- See your benefit information
- See 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. Legally Authorized Representatives can view anyone who is a part of their case.

Primary Care Providers

- **What is a Primary Care Provider?** A primary care provider is the main doctor you will see for most of your health care and will be your medical home. This means that he/she will get to know you, your health history and help you get the care you need. Your PCP will refer you to specialists, hospitals and other healthcare providers if needed. Your primary care provider must be enrolled in El Paso Health and should have been picked when you enrolled in our plan. If you did not choose one, one was assigned to you.
- **Will I be assigned a Primary Care Provider if I have Medicare?** If you have Medicare, refer to your Medicare's plan Evidence of Coverage for information for information about Primary Care Providers, if one is needed, how to choose one and how to change your PCP.
- **How do I see my Primary Care Provider if s/he does not visit my nursing home?** Your nursing facility should provide you with rides to your medical appointments.
- **How can I change my Primary Care Provider?** Call Member Services if you want to change your PCP. You can find a list of providers on our website www.elpasohealth.com or in the provider directory mailed to you when you enrolled in El Paso Health.
- **When will my Primary Care Provider change become effective?** We can make the change on the same day you ask for the change and it will be effective immediately.
- **What is the Medicaid Lock-in Program?**

Note: For STAR+PLUS Members who are covered by Medicare, no Primary Care Provider will be assigned

What is the Medicaid Lock-in Program?

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

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

- Pick one 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 El Paso Health.

Physician Incentive Plan Information

Physician Incentive Plans

A physician incentive plan rewards doctors for treatments that are cost-effective for people covered by Medicaid. Right now, El Paso Health does not have a physician incentive plan.

Changing Health Plans

What if I want to change health plans?

You can change your health plan by calling the STAR+PLUS Program Helpline at **1-800-964-2777**. You can change health plans as often as you want, but not more than once a month.

If you are in the hospital, a residential Substance Use Disorder (SUD) treatment facility, or residential detoxification facility for SUD, you will not be able to change health plans until you have been discharged.

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.

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

You may have to leave El Paso Health if:

- You let someone else use your El Paso Health card;
- You let someone else use Your Texas Benefits Medicaid Card;
- You don't follow your doctor's advice;
- You keep going to the emergency room when you do not have a true emergency;
- You cause problems at the doctor's office; or,
- You make it difficult for your doctor to help you or other people.

If there are any changes in your health plan, you will be sent a letter.

Benefits

What are my health care benefits? El Paso Health provides you with acute care benefits like doctor visits, hospitalizations, behavioral health services and prescriptions. The nursing facility will provide your daily care and add-on services. If you have both Medicare and Medicaid, your Medicare plan will cover your acute care.

How do I get these services? Your nursing facility will provide your nursing facility benefits and work together with your PCP, will help you get acute care. Your Service Coordinator can also help you get the care you need.

Are there any limits to any covered services? Some services have limits or need to be authorized. Call Member Services or your service coordinator for information on limits or authorizations.

What are Long-Term Services and Supports (LTSS)? Long-term services and supports are benefits to help you perform daily tasks to care for yourself like fixing meals, light housekeeping, personal care and skilled nursing care. The types and amount of LTSS benefits you can get will depend on your needs.

What are my Nursing Facility LTSS benefits? If your doctor has certified that you have a medical condition that requires that you receive care in a nursing facility, the nursing facility will provide your long-term care. El Paso Health covers the daily care nursing facility services, add-on services and Medicare coinsurance for daily care services. Daily care services include: room and board; medical supplies and equipment; personal need items; over-the-counter drugs.

How would my benefits change if I moved into the community? Instead of nursing facility benefits, you will get community-based LTSS. The kind of benefits you will be able to get depends on your Medicaid eligibility category. The three eligibility categories based on needs are:

1. Other Community Care (OCC) – basic benefits
2. Community First Choice (CFC) - mid-level benefits

3. Home and Community Based Services (HCBS) STAR+PLUS Waiver (SPW) – high level benefits for members with complex medical needs.
   — The higher your level of eligibility based on your needs, the more benefits you may able to get. Your service coordinator can help determine what your needs are and what benefits you can get.

What are my Acute Care benefits?

- Emergency and nonemergency ambulance services
- Audiology services including hearing aids
- Inpatient and outpatient Behavioral health services
- Counseling services
- Mental health rehabilitative services
- Outpatient substance use disorder treatment services
- Residential substance use disorder treatment
- Psychological and neuropsychological testing
- Birthing services provided by a doctor or certified nurse-midwife in a licensed birthing center
- Birthing services provided by a licensed birthing center
- Cancer screening, diagnosis and treatment
- Chiropractic services
- Dialysis
- Emergency services
- Family planning
- Federally qualified health center services and other ambulatory services covered by federally qualified health centers
- Inpatient and outpatient hospital services
- Laboratory services
- Mastectomy, breast reconstruction and related follow-up procedures including all inpatient, outpatient and office services for treatment of breast cancer, prevention and procedures during all stages of treatment and reconstruction
- Mental health targeted case management
- Outpatient drugs and biologicals, including those dispensed by a pharmacy or administered by a provider
- Drugs and biologicals provided in an inpatient setting
- Podiatry
- Prenatal care
- Preventive services including annual well-checkups
- Radiology, imaging and x-rays
- Specialists services
- Telehealth/telemedicine
- Transplantation of organs and tissues

— **How do I get these services?** Your primary care provider can help you get these services. If you have questions about your acute care, call Member Services or your service coordinator.

— **What number do I call to find out about these services? 877-742-3127**

What services can I still get through regular Medicaid but are not covered by El Paso Health?

— Preadmission Screening and Resident Review PASRR - PASRR is a federal requirement to help determine whether an individual is not inappropriately placed in a nursing home for long term care.

— Hospice

What are my prescription drug benefits? Non-Duals Only

Most of the medications prescribed by your physician will be paid by Medicaid. Your doctor will send your prescription to the nursing facility and they will give it to you as prescribed. (If you have Medicare prescription drug benefits, your Medicare plan will pay for your prescriptions).

What extra benefits do I get as a Member of El Paso Health?

How can I get these benefits? Follow the plan's guidelines regarding the extra benefits. Call Member Services or your service coordinator for questions or help getting these benefits.

Value-added Service

Up to $2,000 each year for Dental check-ups, x- rays, cleanings, fillings and simple tooth extractions for members 21 and older for STAR+PLUS non-HCBS waiver members.

- **Dual eligible members** (including those residing in a nursing facility) receive up to $2,000 each year for dental check-ups, x-rays, cleanings, fillings and simple tooth extractions for members 21 and older for STAR+PLUS non-HCBS waiver members.
- **Medicaid only members** (including those residing in a nursing facility) receive up to $600 each year for dental check-ups, x-rays and cleanings (no extractions) for members 21 and older.

- $300 eyewear allowance every year, includes one pair of eyeglasses (lenses and frames) or contact lenses.

  One routine eye exam per year.
- **Medicaid only members** get $150 allowance every two years to be used on one pair of eyeglasses (lenses and frames) or contact lenses and get one routine eye exam every two years.
- **Dual eligible members receive** a $300 yearly allowance and get one routine eye exam per year.

Dual coverage members receive 12 additional routine foot doctor (podiatry) visits per year (including members who reside in a nursing facility); Members with only Medicaid who reside in a nursing facility can receive 4 additional podiatry visits per year.

El Paso Health Members ages 18 years and older eligible for the Federal Lifeline Program are offered at no cost to the member the exclusive El Paso Health Unlimited Plan.

Hearing aid allowance limited to $2,000 every year. Dual coverage members (including those who reside in a nursing facility) can receive a hearing aid allowance limited to $2,000 every year.

Medicaid only and dual coverage members (that do not reside in a nursing facility) can receive four additional nutritional counseling/meal planning services for diabetic STAR+PLUS non-HCBS waiver members 21 and older.

Dual eligible members (including those that reside in a nursing facility) under the STAR+PLUS Non-HCBS waiver program have a choice of the El Paso Health Get Fit Program at the YMCA or a home fitness kit, or both.

$25 gift card for members after completing an annual wellness exam each year.

$25 gift card for members that get an annual flu shot and COVID-19 vaccine.

$25 gift card for members who have a follow-up doctor visit within 30 days of getting out of the hospital once a year.

$25 gift card for members after completing an HbA1c blood test each year.

$25 gift card for members after completing a diabetic eye exam each year.

$25 gift card for female members ages 21-64 who get a recommended cervical cancer screening once every three years.

$25 gift card for members that complete a doctor follow-up visit within 30 days of hospital discharge for a mental illness condition. Limit one gift card every 30 days.

Receive a free personal blanket, skid proof socks, an accessory tote bag, and a large print digital clock.

What health education classes does El Paso Health offer?

Our health education classes are prepared with your family's health in mind. If you have asthma, diabetes or you are pregnant, one of our nurse case managers will be happy to register you in some of our classes. For information about our health education classes, please call Member Services at **1-833-742-3127**.

Health Care and Other Services

What does Medically Necessary mean? Both Acute Care and Behavioral Health Medically Necessary means:

(1) For Members age 21 and over, 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

(2) For Members age 21 and over, 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.

El Paso Health will determine medical necessity for Nursing Facility Add-on Services and Acute Care Services only. Nursing Facility Add-on Services include, but are not limited to emergency dental services, physician-ordered rehabilitative services, customized power wheelchairs, and audio communication devices.

What is routine medical care? Routine medical care is care that includes screenings, checkups, preventive (well care) and counseling to prevent illnesses, health problems or disease that is provided by your PCP.

— **How soon can I expect to be seen?** For routine care, your PCP should see you within two weeks. Call the Primary Care Provider number on your El Paso Health ID card to make your appointment. It is important that you keep your appointment. If you need to cancel, call your doctor 24 hours in advance.

— **Are non-emergency dental services covered?**

El Paso Health is not **responsible** for paying for routine dental services provided to Medicaid Members.

El Paso Health is **responsible**, however, for paying for treatment and devices for craniofacial anomalies.

What is emergency care?

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:

1. placing the patient's health in serious jeopardy;
2. serious impairment to bodily functions;
3. serious dysfunction of any bodily organ or part;
4. serious disfigurement; or
5. 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:

1. requires immediate intervention or medical attention without which the Member would present an immediate danger to themselves or others; or
2. which renders the Member incapable of controlling, knowing, or understanding the consequences of their actions.

Emergency Services and Emergency Care means:

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

- **How soon can I expect to be seen?** You should be able to see a doctor immediately for emergency care.
- **Do I need a prior authorization?** Emergency care does not require an authorization.

Are Emergency Dental Services Covered?

El Paso Health covers limited emergency dental services for the following:

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

El Paso Health is responsible for emergency dental services provided to Medicaid Members in a hospital or ambulatory surgical center setting. We will pay for hospital, physician, and related medical services (e.g., anesthesia and drugs).

Covered emergency dental procedures include, but are not limited to:

- alleviation of extreme pain in oral cavity associated with serious infection or swelling;
- repair of damage from loss of tooth due to trauma (acute care only, no restoration);
- open or closed reduction of fracture of the maxilla or mandible;
- repair of laceration in or around oral cavity;
- excision of neoplasms, including benign, malignant and premalignant lesions, tumors and cysts;
- incision and drainage of cellulitis;
- root canal therapy. Payment is subject to dental necessity review and pre- and post- operative x-rays are required; and

extractions: single tooth, permanent; single tooth, primary; supernumerary teeth; soft tissue impaction; partial bony impaction; complete bony impaction; surgical extraction of erupted tooth or residual root tip.

What is post-stabilization?

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

What if I get sick when I am out of the facility and traveling out of town?

If you need medical care when traveling, call us toll-free at **1-833-742-3127** 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 **1-833-742-3127**.

- **What if I am out of the state?** If you are outside of Texas and need emergency care, go to the nearest emergency room or call **911**. Call us at **1-833-742-3127** for assistance or questions.
- **What if I am out of the country?** Medical services performed out of the country are not covered by Medicaid.

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

- For most healthcare services, your Primary Care Provider will be the only one you will need to see. But if you have a special health condition, your Primary Care Provider may arrange for you to see a special doctor (specialist). This is a doctor who has the special skills needed to treat you. In that case, your Primary Care Provider will give you a form (referral) to take to the specialist.
- **What is a referral?** A referral is when your primary care provider sends you to another doctor for care. If your primary care provider feels that you need care from a specialist, he/she will refer you to a specialist in the El Paso Health plan. You can see a specialist without a referral, but most specialist will request a referral and it is always best to discuss the care you need with your primary care provider first. Your primary care provider and any specialists you are referred to will help coordinate your care.
- **How soon can I expect to be seen by a specialist?** Call the specialist to make an appointment. If you have an urgent situation, the specialist should see you within 24 hours. For routine care, the specialist should see you within two weeks. Be sure to take the referral form with you when you go see the specialist. You will need to give the referral form to him or her. Please be on time to your appointments with a specialist. If you need to cancel an appointment, please call the specialist's office as far in advance as possible. Some specialists include: • heart doctor (Cardiologist) • skin doctor (Dermatologist) • a doctor who specializes in women's health (Gynecologist) • a doctor

who takes care of pregnant women and delivers babies (Obstetrician) • a doctor for the bones (Orthopedist) • a doctor for blood problems (Hematologist) REMEMBER that the specialist can give you only those services requested by your Primary Care Provider on the referral form. The referral is good for a limited number of days. If the specialist says you will need more visits or another referral, the specialist should call your Primary Care Provider or El Paso Health to make sure the added care will be covered.

What services do not need a referral? You can get certain types of services without a referral from your Primary Care Provider. Please refer to our El Paso Health Provider Directory for specific doctors. • 24-hour emergency room care from an emergency room • Family planning services and supplies • Behavioral (mental) health and substance abuse services • OB/GYN care If you have questions, or need help to make an appointment, you can call Member Services at **1-833-742-3127**.

How can I ask for a second opinion? You may go back to your Primary Care Provider or clinic and request to be referred to another doctor for a second opinion or you can reach El Paso Health and a Member Services Representative will help you.

How do get help if I have behavioral health issues, mental health, alcohol, or drug problems? Tell you primary care provider if you need help with mental health, alcohol or drug problems. If you need help finding a provider for these services, you can call your service coordinator or Member Services for help. Sometimes you might need help with a personal or family problem. If you have a problem and you need help, please call our crisis line at **1-877-377-2950**. A trained person will be there to help you. If you or any member of your family has an emergency related to mental health problems or drug or alcohol abuse, go to the nearest hospital emergency room or call 911 for an ambulance.

- **Do I need a referral?** You do not need a referral to get care for mental health, alcohol or drug problems.

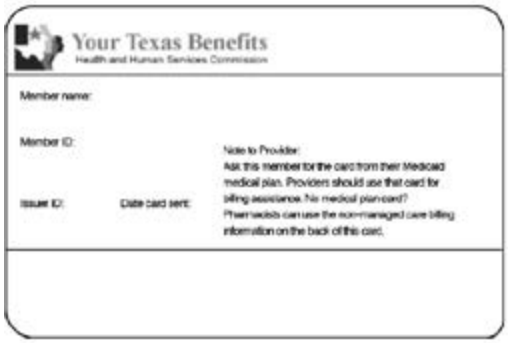
What are mental health rehabilitation services and mental health targeted case management? These are services provided to members with serious emotional disturbance or severe and persistent mental illnesses that can benefit from medication management, skills training, and targeted case management.

- **How do I get these services?** No referral is needed for these services. Behavioral Health providers are listed in the Provider Directory or contact your local mental health authority—Emergence Health Network at **915- 887-3410**.

How do I get my medications?

Medicaid pays for most medicine your doctor says you need. Your doctor will write a prescription and send the prescription for you by calling, faxing or submitting by electronic means to the nursing facility to order, fill, dispense and administer to you.

- **What if I also have Medicare?** You should use your Medicare Part D coverage first. If Medicare does not cover your medicine, Medicaid may pay for it.
- **What if I go to a drug store not in the network?** The pharmacy staff will let you know if they do not accept El Paso Health. You will need to have your prescription filled at a drug store in the El Paso Health plan. If you do not, you may be responsible for charges.
- **What do I bring with me to the drug store?** You will need to take your prescription (or medicine bottle) and your El Paso Health ID card. If you have Medicare, take your Medicare ID card too.



- **What if I need my medications delivered to me?** Your nursing facility will work with a pharmacy to get your prescriptions delivered to you.
- **Who do I call if I have problems getting my medications?** Call El Paso Health and we will work with the nursing facility and the pharmacy to make sure that you get your prescribed medication.
- **What if I can't get the medication my doctor ordered approved?** If your doctor cannot be reached to approve a prescription, you may be able to get a three-day emergency supply of your medication.

Call El Paso Health at **1-833-742-3127** for help with your medications and refills.

- **What if I lose my medication?** Call El Paso Health for help. We will work with your doctor and the pharmacy to replace it.

How do I get family planning services?

- You can get family planning services like birth control or counseling with any family planning provider.
  - — **Do I need referral for this?** You do not need a referral for 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 **https://www.healthytexaswomen.org/healthcare-programs/family-planning-program**, or you can call El Paso Health at **1-833-742-3127** for help in finding a family planning provider.

What is Service Coordination?

Specialized services/care process that includes, but is not limited to:

- Identifying the physical, mental or long term needs of the Member
- Addressing any unique needs of the Member that could improve outcomes & health/well-being
- Assisting the Member to ensure timely & coordinated access to array of services and/or covered Medicaid eligible services.
- Partner with nursing facility to ensure best possible outcomes for the Member's health & safety
- Coordinate the delivery of services for Members who are transitioning back to the community

What will a Service Coordinator do for me?

The service coordinator will review the information we receive about your health and services you get from Medicaid. He or she will talk to you and your doctor about the care you are receiving and your needs.

— He or she will help you get the care you need by visiting you in the nursing facility to learn more about your health needs; work with you to create a service plan that will meet your needs; help you make appointments with your PCP to get needed health and preventive care; coordinate your LTSS, acute care and other social services; help you get authorizations for medically needed care.

How can I talk with a Service Coordinator?

When you join El Paso Health, your service coordinator will send you a letter with his/her name and phone number. You can call them at the number provided or call Member Services and they can connect you with your service coordinator.

— You can contact El Paso Health at **1-833-742-3127**

What transportation services does El Paso Health provide?

El Paso Health Transportation Services For Nursing Facility Residents

What transportation services are offered?

The Nursing Facility is responsible for providing routine non-emergency transportation services. If medically necessary, El Paso Health provides non-emergency ambulance transportation for Members that require this service.

How do I get this service?

To get non-emergency ambulance transportation, your provider must contact El Paso Health to request authorization for these services.

Contact information:
1145 Westmoreland Dr.
El Paso, Texas 79925
MemberServicesDG@elpasohealth.com
Call us at:
1-833-742-3127

— **What services are offered?** Non-emergent transportation to medical appointments. (Provided by the nursing facility)
— **Who do I call for a ride to a medical appointment?** Speak to your nurse or coordinator at the nursing facility. Your nursing facility should provide you with rides to your medical appointments that do not require ambulance transport.

How do I get eye care services?

You can get eye care by calling an eye doctor (optometrist) that is in the El Paso Health network you do not need a referral. Eye care includes vision exams, medically necessary frames and certain plastic lenses every 24 months. If you have Medicare, your vision benefits will be provided by your Medicare plan.

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

El Paso Health can get an interpreter to be present with you at the doctor's office if you need one.

— **Who do I call for an interpreter?** For this service, please call the Member Services Helpline at **1-833-742-3127**. (TTY 711)
— **How far in advance do I need to call?** Please call and schedule this service at least 24 hours in advance.
— **How can I get a face-to-face interpreter in the provider's office?** We also have interpreters who know sign language. Let us know at least two days before your doctor's visit if you need this service.

What if I need OB/GYN care?

Attention Female Members

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

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

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

Do I have the right to choose an OB/GYN? You have the right to pick any in network OB/GYN for your care.

How do I choose an OB/GYN? To pick an OB/GYN as your Primary Care Provider, just call our Member Services Helpline **1-833-742-3127**, and let us know who you want to pick as your OB/GYN. Remember that you have to pick from the OB/GYN providers listed in the El Paso Health Provider Directory.

If I do not choose an OB/GYN, do I have direct access? Yes, you can have direct access. You don't have to pick an OB/GYN as your Primary Care Provider, but if you are pregnant, you should pick an OB/GYN to take care of you and your unborn baby.

Will I need a referral? No, you do not need a referral for OB/GYN care.

How soon can I be seen after contacting my OB/GYN for an appointment? Your OB-GYN should see you within two weeks after contacting them for an appointment. If you need help finding an OB-GYN in our plan, please contact Member Services at 1-833-742-3127.

Can I stay with my OB/GYN if they are not with El Paso Health? If you have already been seen by an OB/GYN who is not part of the El Paso Health, you may be able to continue seeing that OB/GYN. If you are at least six months pregnant when you join El Paso Health you may keep seeing the OB/GYN who is already caring for you. You will not need to get a referral from your Primary Care Provider to keep seeing him or her. However, you will need to call a Nurse Case Manager at **1-833-742-3127**.

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

Sometimes people are too sick to make decisions about their health care. If this happens, how will a doctor know what you want? You can make an Advance Directive.

What are advance directives?

An Advance Directive is a letter that tells people what you want to happen if you get very sick. One kind of Advance Directive is a Living Will. A will tells your doctor what to do if you are too sick to tell him or her. The other kind is a Durable Power of Attorney. A Durable Power of Attorney lets a friend or family member (who you choose) make decisions for you. Any Advance Directive you make starts when you get very sick. It will last until you change or cancel it. Congress made a law that protects your right to make decisions about your health care if you become very sick. An Advance Directive lets you tell your doctor about your future health care. An Advance Directive can be helpful to you, your family, and your doctor. It is your right to accept or refuse health care. You can protect this right even if you become mentally ill. You can also protect it if you become physically unable to make decisions about your health care. An Advance Directive helps your family by not making them decide how to care for you if you cannot make your own medical decisions. It helps your doctor by providing the guidelines for your care.

How do I get an advance directive?

You can get an advance directive form from your doctor or call the Member Services Helpline at **1-833-742-3127** to get an Advance Directive form.

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 Nursing Facility?

If you get a bill from the nursing facility, call El Paso Health for help.

- **Who do I call?** Call Member Services at **1-833-742-3127**.
- **What information will they need?** We will need all information found on the bill: who is billing you? What are they billing you for? The account number and the phone number to call.
- **What is Applied Income, and what are my responsibilities?**

What is applied income?

It is the Member's personal income that the Member must provide to the Nursing Facility as part of their cost sharing obligation as a Medicaid beneficiary.

What are my responsibilities?

Any time Medicaid is billed by the Nursing Facility, the Member must give their applied income to the facility. The amount is determined by the total amount of monthly income divided by the number of days the Member resides in the facility each month. The Member is allowed to keep $60 for themselves for personal needs.

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

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

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 El Paso Health Member Services Department at **1-833-742-3127**. Before you get Medicaid services in your new area, you must call El Paso Health**,** unless you need emergency services. You will continue to get care through El Paso Health until HHSC changes your address.

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

Medicaid and Private Insurance

You are required to tell Medicaid staff about any private health insurance you have. You should call the Medicaid Third Party Resources hot-line 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 hot-line 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.

What are my rights and responsibilities?

MEMBER RIGHTS & 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.
   c. Be given information about your health plan, services, and providers.
   d. Be told about your rights and responsibilities.
4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
   a. Work as part of a team with your provider in deciding what health care is best for you.
   b. Say yes or no to the care recommended by your provider.
5. You have the right to use each complaint and appeal process available through the managed care organization and through Medicaid, and get a timely response to complaints, appeals, External Medical Reviews 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 co-payments or any other amounts for covered services.
10. You have a right to make recommendations to your health plan's member rights and responsibilities.

MEMBER RESPONSIBILITIES:

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
   a. Learn and understand your rights under the Medicaid program.
   b. Ask questions if you do not understand your rights.
   c. Learn what choices of health plans are available in your area.
2. You must abide by the health plan'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.

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 on-line at **www.hhs.gov/ocr.**

Complaint Process

What should I do if I have a Complaint?

COMPLAINTS

What should I do if I have a complaint about my health care, my provider, my service coordinator, or my health plan?

We want to help. If you have a complaint, please call us toll-free at **1-833-742-3127** to tell us about your problem. A El Paso Health Member Services Advocate can help you file a complaint. Just call **1-833-742-3127.** Most of the time, we can help you right away or at the most within a few days.

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

Texas Health and Human Services Commission

Ombudsman Managed Care Assistance Team

P.O. Box 13247

Austin, Texas 78711-3247

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

- **Who do I call? 1-833-742-3127**.
- **Can someone from El Paso Health help me file a Complaint?** If needed, El Paso Health Member Services Department will also help you with the formal complaint process. The complaint process involves a series of steps you can take when you are not happy with the solution to your concern. The Member Services Department can help you understand the complaint process, and then they can also help you go through the process, if you wish.
- **How long will it take to process my Complaint?** Within (5) five business days of receiving your verbal or written complaint, we will send you an acknowledgment letter. The letter will confirm the day we received your complaint. El Paso Health will review the facts and will reach a decision within thirty (30) calendar days of receiving your complaint. A resolution letter will be sent to you.
- **What are the requirements and timeframes for filing a Complaint?** There are no timeframes to filing a complaint. You or your authorized representative may file a complaint either verbally or in writing.

PROCESS TO APPEAL A STAR MEDICAID ADVERSE DETERMINATION

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

You or a representative can appeal El Paso Health's decision to deny or limit a service or medicine that is a covered benefit, or if El Paso Health fails to process your request within the time frames set forth by the state. You may request an appeal for denial of payment for services in whole or in part.

How will I find out if services are denied?

We will send you a letter.

Time frames for the appeals process.

El Paso Health must complete the entire standard Appeal process within 30 Days after receipt of the initial written or oral request for Appeal. This deadline may be extended for up to 14 Days at the request of a Member; or El Paso Health shows that there is a need for more information and how the delay is in the Member's interest. If El Paso Health needs to extend, the Member must receive written notice of the reason for delay.

Can I continue to receive my medical services that El Paso Health has already approved?

If El Paso Health already approved services for you, and you want to continue to get these services, you need to file your appeal on or before the later of: ten (10) Days following El Paso Health's mailing of the notice of the Action or the intended effective date of the proposed Action.

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

You can request an appeal due to lack of medical necessity or for denial of payment for services in whole or in part.

Can someone from El Paso Health help me file an appeal?

Yes, if necessary, a Member Services Advocate will help you fill out your appeal form and explain the appeal process. Please call our Member Services Department at **1-833-742-3127**.

A Member has the right to be provided, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the Member's Adverse Benefit Determination. Such information includes, but is not limited to, medical necessity criteria, and any processes, strategies, or evidentiary standards used in setting coverage limits. For Expedited El Paso Health Internal Appeals the Member's case file will be provided to the Member within two Business Days upon El Paso Health receiving the Expedited El Paso Health

Internal Appeal request. A Member's case file will be provided to the Member within five Business Days upon El Paso Health's receipt of an internal El Paso Health appeals request that is not expedited.

You, your authorized representative or your Legally Authorized Representative (LAR) has the option to request and External Medical Review and State Fair Hearing no later than 120 days after the date El Paso Health mails the appeal decision notice. You also have the option to request only a State Fair Hearing Review no later than 120 Days after El Paso Health mails the appeal decision notice.

Can I have someone else file the appeal for me?

Yes. Your authorized representative or your Legally Authorized Representative can contact El Paso Health to file an appeal for you.

Is there a timeline for filing the appeal?

You will need to appeal within 60 days from when you receive your notice that your covered service(s) have been denied or limited.

How do I file the appeal?

You, your authorized representative or your Legally Authorized Representative (LAR) can submit your appeal in writing, by phone, fax or on-line at the following:

El Paso Health

Attention: Complaints and Appeals Department

1145 Westmoreland Drive

El Paso, TX 79925

Tel: **1-833-742-3127**

Fax No.: **915-298-7872**

Online: **www.elpasohealth.com**

Appeals will be accepted orally or in writing by you, your authorized representative or your Legally Authorized Representative (LAR).

For written appeals you will need to give us the following information:

- A letter letting us know the reason you want to appeal
- A copy of the denial letter you received from El Paso Health
- Any new information that will help with your case

Who will review my appeal?

A doctor or dentist who has not looked at your request before will review your appeal.

What are the time frames for the appeal process?

We will let you know in writing in five (5) Days or less, that we received your appeal. The letter will tell you:

- The date we received the appeal.
- If we need any more information; which may lead to a different decision.

EMERGENCY EL PASO HEALTH INTERNAL APPEAL

What is an Emergency El Paso Health Internal Appeal?

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

How do I ask for an Emergency El Paso Health Internal Appeal?

You can submit your Emergency Appeal in writing, by phone, or fax at the following:

El Paso Health

Attention: Complaints and Appeals Department

1145 Westmoreland Drive

El Paso, TX 79925

Tel: **1-833-742-3127**

Fax No.: **915-298-7872**

Online: **www.elpasohealth.com**

Does my request have to be in writing?

No, El Paso Health will accept your request orally or in writing.

What are the time frames for an Emergency El Paso Health Internal Appeal?

An Emergency Appeal will be resolved within three (3) business days and if the appeal is for an ongoing emergency or you will remain in the hospital, it will take one (1) business day or less to make a decision. El Paso Health will need all the information for our Emergency Appeal.

What happens if El Paso Health denies the request for an Emergency El Paso Health Internal Appeal?

El Paso Health will let you know if we can treat your request as an Emergency Appeal or not.

If El Paso Health decides that your request should be treated as a Standard Appeal instead of an Emergency Appeal, we will let you know in two (2) days or less that your request will be treated as a Standard Appeal and the decision on a Standard Appeal will be made within thirty (30)days from the date of your appeal request.

El Paso Health will give your appeal to a doctor or dentist who has not looked at your request before, and knows the condition or disease you are appealing.

Who can help me file an Emergency El Paso Health Internal Appeal?

You can contact the Member Advocate or the Member Services Department at **1-833-742-3127**.

How will I find out if my appeal was denied?

We will let you know in writing. A letter will be mailed to you letting you know why we did not approve the services, what information we used, and what type of doctor reviewed your appeal. We will let you know as soon as possible, but no longer than thirty (30) Days from when we receive your appeal. The letter will let you know the reason for the decision and what information we used in making the decision.

- The reason for the decision
- What information we used in making the decision
- What type of doctor reviewed your appeal
- Your right to seek a Specialty Review
- Your right to ask for a State Fair Hearing
- What you need to do to request a State Fair Hearing
- What forms you need to file the State Fair Hearing
- How you can file a complaint to Health and Human Services Commission (HHSC)

You can ask for more time for your appeal. You can ask for up to fourteen (14) Days or if El Paso Health shows that there is a need for more information and how the delay is in your best interest. If El Paso Health needs to use the extension, we will send you a written notice of the reason for the delay.

You can request a State Fair Hearing only after exhausting El Paso Health's internal appeals process.

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 1145 Westmoreland Dr. El Paso, Tx 79925 or call **1-833-742-3127**.

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 El Paso Health. To qualify for an emergency State Fair Hearing through HHSC, you must first complete El Paso Health'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 <MCO name> by using the address or fax number at the top of the form.;
- Call the MCO at **1-833-742-3127**;
- Email the MCO at **Complaints&AppealsTeam@elpasohealth.com** or;

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 El Paso Health. To qualify for an emergency External Medical Review and emergency State Fair Hearing review through HHSC, you must first complete El Paso Health's internal appeals process.

Reporting Abuse, Neglect, and Exploitation

How do I report suspected abuse, neglect, or exploitation?

You have the right to respect and dignity, including freedom from Abuse, Neglect, and Exploitation.

What is Abuse, Neglect, and/or Exploitation?

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

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

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

Reporting Abuse, Neglect, and Exploitation

The law requires that you report suspected Abuse, Neglect, or Exploitation, including unapproved use of restraints or isolation that is committed by a provider.

Call 9-1-1 for life-threatening or emergency situations

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

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

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

Suspected Abuse, Neglect or Exploitation by a HCSSA must also be reported to the Department of Family and Protective Services (DFPS).

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

Report Electronically (non-emergency):

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

Helpful Information for Filing a Report

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

Fraud Information

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

FRAUD AND ABUSE

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

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

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

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

- Call the OIG Hot-line at **1-800-436-6184**;
- Visit **https://oig.hhs.texas.gov/** Click "Report Fraud" to complete the on-line form;
- You can report directly to your health plan:
    - El Paso Health1145 Westmoreland Dr.
      El Paso, TX 79925
      1-833-742-3127 (Toll Free)
      1-866-356-8395 (Toll Free waste, abuse, and fraud hot-line)

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

Information That Must Be Available on an Annual Basis

As a Member of El Paso Health you can ask for and get the following information each year:

- Information about network providers – at a minimum primary care doctors, specialists, and hospitals in our service area. This information will include names, addresses, telephone numbers, and languages spoken (other than English) for each network provider, plus identification of providers that are not accepting new patients, and, when applicable, professional qualifications, specialty, medical school attended, residency completion and board certification status.
- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint, appeal, External Medical Review and State Fair Hearing procedures.
- Information about benefits available under the Medicaid program, including amount, duration, and scope of benefits. This is designed to make sure you 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 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.
  - In case of emergency, follow instructions provided by your Nursing Facility. Facility staff will contact appropriate authorities to coordinate emergency transport and/or services.
  - 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.
- El Paso Health's practice guidelines.

El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

1145 Westmoreland Dr.
El Paso, TX 79925
1-833-742-3127
www.elpasohealth.com