

TABLE OF CONTENTS

INTRODUCTION

About Managed Care	1
Important Telephone Numbers	1
El Paso First Identification Card	3

PRIMARY CARE PROVIDERS

What do I need to bring with me to my child's doctors' appointment?.....	4
What is a primary care provider?	4
Can a Clinic be my child's PCP?.....	4
How can I change my child's PCP?	5
How many times can I change my child's PCP?	5
When will my child's PCP change become effective?	5
Are there any reasons why my request to change my child's PCP may be denied?.....	6
Can a PCP request that my child be changed to another PCP for non-compliance?	6
What if I choose to go to another doctor who is not my child's PCP?	6
How can I get medical care if my child's PCP's office is closed?.....	6

CHANGING HEALTH PLANS

What if want to change health plans?	7
--	---

CONCURRENT ENROLLMENT IN THE CHIP AND CHIP PERINATAL PROGRAMS

.....	7
-------	---

BENEFITS FOR CHIP MEMBERS

What are my child's CHIP benefits?.....	8
What benefits are not covered?	18
What are Co-payments? How much are they and when do they apply?.....	23
What extra benefits does a member of El Paso First Health Plans get?	24
What Health Education classes does El Paso First Health Plans offer?	24

HEALTH CARE AND OTHER SERVICES FOR CHIP MEMBERS

What is routine medical care?	25
What is urgent care?.....	25
What is emergency medical care?	25
What does medical necessary mean?.....	27
What if my child gets sick when he/she is out of town or traveling?.....	28
What is a referral?.....	28
What services do not need a referral?	28
What if my child needs to see a special doctor (specialist)?	28



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How do I request authorization for specialty medical services for my child?	29
How do I get help if my child has behavioral (mental) health or drug problems?	29
How do I get my child's prescriptions?	30
How do I get eye care service for my child?	30
How do I get dental services for my child?	30
Can someone interpret for me when I talk with my child's doctor?	30
What if my daughter needs OB/GYN care?	31
What if my daughter is pregnant?	31
Who do I call if my child has special health care needs and need someone to assist me?	31
What if I get a bill from my child's doctor?	32
What do I have to do if I/my child move(s)?	32

RIGHTS AND RESPONSIBILITIES

What are my rights and responsibilities?	32
--	----

COMPLAINT PROCESS

What should I do if I have a complaint?	34
Can someone from El Paso First help me file a complaint?	34
How long will it take to process my complaint?	34
What are the requirements and timeframes for filing a complaint?	34
If I am not satisfied with the outcome, who else can I contact	34
Do I have the right to meet with a complaint appeal panel?	35

PROCESS TO APPEAL A CHIP ADVERSE DETERMINATION

What can I do if El Paso First Health Plans denies or limits my doctor's request for a covered service?	35
How will I be notified if services are denied?	35
When do I have the right to request an appeal?	35
What are the timeframes for the appeal process?	36
Does my request for an appeal have to be in writing?	36
Can someone from El Paso First assist me in filing an appeal?	36

EXPEDITED EL PASO FIRST APPEAL

What is an expedited appeal?	36
How do I request an expedited appeal?	36
Does my request have to be in writing?	37
What is the timeframes for an expedited appeal?	37
What happens if El Paso First denies the request for an expedited appeal?	37
Who can assist me in filing an appeal?	37

INDEPENDENT REVIEW ORGANIZATION (IRO) PROCESS

What is an independent review organization?	37
How do I request an IRO review?	38
What are the timeframes for this process?	38

FRAUD INFORMATION

Reporting fraud and abuse of the CHIP program	38
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IMPORTANT NOTICE

To obtain information or make a complaint:

You may contact your **Compliance Director at (915) 532-3778**.

You may call El Paso First Health Plans, Inc. toll-free telephone number for information or to make a complaint at:

1-877-532-3778

You may also write to El Paso First Health Plans, Inc. at:

**2501 N. Mesa
El Paso, TX 79902**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the **El Paso First Health Plans, Inc.** first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener información o para someter una queja:

Puede comunicarse con el **Compliance Director al (915) 532-3778**.

Puede llamar al número de teléfono gratis de El Paso First Health Plans, Inc. para más información o para someter una queja al:

1-877-532-3778

Usted también puede escribir a El Paso First Health Plans, Inc. a:

**2501 N. Mesa
El Paso, TX 79902**

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con **El Paso First Health Plans, Inc.** primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para propósito de información y no se convierte en parte o condición del documento adjun.

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CUSTOMER SERVICE:
915-532-3778 or 1-877-532-3778 if outside of the calling area.

INTRODUCTION

THANK YOU FOR CHOOSING EL PASO FIRST!

El Paso First is happy to welcome you to our CHIP family. Your child will receive covered benefits and services from doctors, hospitals and other medical care providers who are part of the El Paso First network of providers. Many of our providers are members of the El Paso County Medical Society or the Southwestern Association of Hispanic-American Physicians (S.W.A.H.A.P.).

El Paso First is a Health Maintenance Organization that provides services to people eligible for the health plan. El Paso First Health Plans will provide or arrange for the covered services to be available to members enrolling in the health plan.

ABOUT MANAGED CARE

El Paso First CHIP is a managed health care program. Managed care allows you to choose your child's primary care provider (PCP). This primary care provider could be a doctor, nurse practitioner or a physician assistant. For this handbook, we will call the primary care provider either the "PCP" or "doctor." References to "you," "my," or "I" apply if you are a CHIP Member. References to "my child" apply if your child is a CHIP Member or a CHIP Perinate Newborn Member.

The biggest advantage of managed care is that your child will have his/her own doctor. This doctor makes sure your child gets all the health care he/she needs. It is not up to you to find the services and arrange for those services. You have a doctor who will give you the information you need to make good choices about your child's treatment.

IMPORTANT TELEPHONE NUMBERS

Our Address

EL PASO FIRST HEALTH PLANS, INC.-CHIP
2501 N. Mesa Street
El Paso, Texas 79902
915-532-3778 or 1-877-532-3778
Monday – Friday, 7 a.m. to 7 p.m.

Customer Service

Our customer service staff consists of highly qualified and trained individuals, fluent in both English and Spanish. You can reach our Customer Service Department at **915-532-3778** or **1-877-532-3778** if outside of the calling area.

Customer Service is available Monday through Friday from 7 a.m. to 7 p.m., Mountain Time. Our Customer Service Department can:

- explain what services are covered,
- help you choose a PCP 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 PCP,
- help send new ID cards,
- inform you of what to do when you move out of the area,
- change your address or phone number,

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- explain how to get free transportation services,
- act as your patient advocate and listen to your complaints and concerns and do something about them,
- tell you about classes, health fairs, and other special events in your area.

After Hours Answering Service

You can reach our Customer Service Department at **915-532-3778** or **1-877-532-3778** if outside of the calling area. Customer Service is available Monday through Friday from 7 a.m. to 7 p.m., Mountain Time.

If you call after regular working hours, El Paso First will still answer your phone call. We have staff working during the evening hours that can provide you with information or take your message and have someone from our Customer Service Department call you the next working day. Our phone number is **915-532-3778** or **1-877-532-3778** if outside the service area.

Behavioral Health

El Paso First also has mental health and substance abuse services. If you need help our phone number is **915-532-3778** or **1-877-532-3778** if outside of the calling area.

Sometimes you might need help with a personal or family problem. If you have an emergency and you need help, please call our 24 hours day/7 days a week, crisis line at **915-779-1800** or **1-877-562-6467** if outside of the calling area. A trained person will be there to help you.

Interpreter Services

Interpreter services are available through our Customer Service Department. Call **915-532-3778** or **1-877-532-3778** if outside the service area.

Nurse Help Line

Our Nurse Help Line is a free service. You can call the toll-free Nurse Help Line 24-hours a day, 7 days a week. Call **1-866-356-8397** to talk to a nurse and find out what to do if, for example, you or someone in your family:

- Has an earache
- Is vomiting
- Has a rash
- Has a stomach ache
- Is in pain
- Has a health-related question

Other Numbers

CHIP **1-800-647-6558**

Opticare Vision **1-888-310-8037**

Delta Denta **1-866-561-5892**

Prescription Drugs HHSC **1-800-274-9154**

Member Handbook

If you need help understanding or reading this Member Handbook, just call the Customer Service Helpline at **915-532-3778** or **1-877-532-3778** if outside the calling area. This number is available 24 hours a day, 7 days a week. You can speak to a Customer Service Representative in English or Spanish. They will gladly help you understand this manual.

If you need the Member Handbook in audio, larger print, Braille, or another language, just call the El Paso First Member Helpline at **915-532-3778** or **1-877-532-3778** if outside of the calling area, to request it.

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TDD Line for the hearing impaired

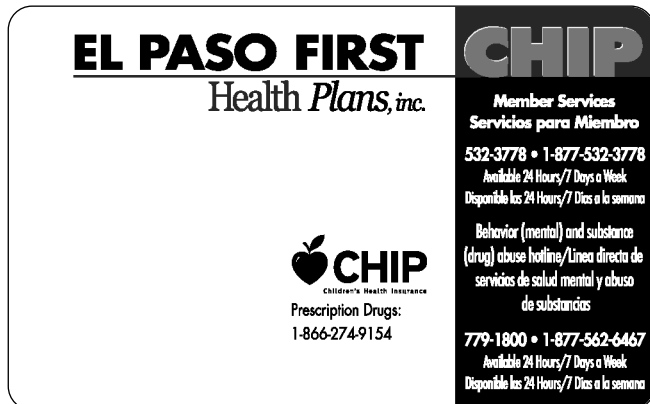
Our TDD phone number is 915-532-3740.

Transportation

For free transportation to a doctor's appointment, call the El Paso First Customer Service Line at 915-532-3778 or 1-877-532-3778 if outside the calling area.

EL PASO FIRST IDENTIFICATION (ID) CARD

We will give your child an identification card that looks similar to the one below:



HOW TO USE THIS CARD: Always carry your ID card. Go to your primary care doctor for medical care. You need a written referral form from your primary care doctor before you can go to a specialty doctor.

MEDICINE: Present this card at drug stores with a prescription from your doctor. Call 1-866-274-9154 if you have any questions or problems getting your medicine.

VISION: Call Member Services if you need an eye exam or glasses.

EMERGENCIAS: Go to the nearest Emergency Room when your medical situation is very serious, when it may be life or death. Call your primary care doctor as soon as you can.

COMO USAR ESTA TARJETA: Cargue su tarjeta de identificación con usted siempre. Visite a su Proveedor de Cuidado Primario para recibir atención médica. Usted necesita ser referido por su Proveedor de Cuidado Primario antes de que puede consultar a un especialista.

MEDICINA: Presente esta tarjeta de identificación en la farmacia junto con la receta de su doctor. Llame a 1-866-274-9154 si tiene preguntas o problemas para obtener la medicina.

VISTA: Llame a Servicios para Miembros si necesita un examen de la vista o anteojos.

EMERGENCIAS: Vaya a la sala de emergencias más cercana si su situación médica es muy grave; o si es de vida o muerte. Llame a su Proveedor de Cuidado Primario tan pronto como pueda.

This is how you will show that your child is an El Paso First member. Always carry this card with you in your wallet or purse. This will assure that you have it in the event of an emergency.

Printed on your child's El Paso First card are:

- The plan ID number and the name and date of birth of your child.
- The name, address and phone number of your child's doctor (PCP).
- The phone number for the 24-hour El Paso First Customer Service line. You can call this number whenever you have a question or a problem – 915-532-3778 or 1-877-532-3778 if outside of the calling area.
- The phone number in case there is a question regarding your medicine benefits.
- The phone number where you can call regarding Behavioral Health care.
- The date in which your child's coverage begins.
- The number you can call if you are having a crisis.

If your child's card is lost or stolen, call the Customer Service Line at 915-532-3778 or 1-877-532-3778 if outside the calling area. A Customer Service Representative will send out a new card to your home.

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CUSTOMER SERVICE:
915-532-3778 or 1-877-532-3778 if outside of the calling area.

PRIMARY CARE PROVIDERS

WHAT DO I NEED TO BRING WITH ME TO MY CHILD'S DOCTORS' APPOINTMENT?

When you need to see your child's PCP, call his or her office ahead of time and make an appointment for a visit. You will not have to wait long if you do this.

When you call, be ready to tell the receptionist about your child's health problem or question.

It is important that you be on time to your child's appointments. If you need to cancel an appointment with your child's PCP, please call the PCP's office as far in advance as possible.

If your child has a medical problem that needs attention the same day, call his/her PCP immediately. Your child's PCP will tell you what you need to do.

Always take your child's El Paso First ID card with you to your appointments. At the doctor's office, you will be asked to show that your child is covered by a health care plan. You do this by showing your child's ID card.

WHAT IS A PRIMARY CARE PROVIDER (PCP)?

A primary care provider (PCP) is the person who gives your child the health care he/she needs when he/she needs it. It is a person who wants to keep your child from getting sick and help you take better care of him/her. A PCP can be a family practice doctor, a pediatrician (children's doctor), or a doctor of internal medicine (doctor for adults). It can also be a clinic or a Federal Qualified Health Center (FQHC).

CAN A CLINIC BE MY CHILD'S PCP?

If you need help choosing a clinic or FQHC, either CHIP or El Paso First can help you. Call El Paso First Customer Service at **915-532-3778** or **1-877-532-3778** if outside the calling area, or CHIP at **1-800-647-6558**.

The following are some examples of the services your PCP can provide for your child:

- Check-ups that help your child stay healthy
- Vaccinations that prevent disease
- Treatment for common health problems
- Make arrangements for your child to get medical tests or treatment when needed
- Make arrangements for your child to see a specialist (special doctor) when needed
- Help you make decisions about your child's health care, such as whether or not he/she should have an operation

Your child's PCP is the first person to call when your child has a health problem or you have a question about his/her health. Your child's PCP will provide the care your child needs or direct you to someone else who can help you.

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HOW CAN I CHANGE MY CHILD'S PCP?

If you decide later that the PCP you chose for your child does not meet your needs, you may choose a different one. To change your child's PCP, call the El Paso First Customer Service Line at **915-532-3778** or **1-877-532-3778** if outside of the calling area. A Customer Service Representative will help you make the change. We will do everything we can to help you find a doctor that is right for your child. Our Customer Service Representative will also tell you when your child can start seeing his/her new PCP.

Please do not change to a new PCP without telling El Paso First. If you take your child to a new PCP without telling us, the services may not be covered.

If your child's PCP decides to leave El Paso First and your child is under treatment, we will arrange for your child's continued treatment with his/her PCP until his/her treatment is complete or you have selected a new PCP that is qualified to treat your child's condition and is acceptable to you.

HOW MANY TIMES CAN I CHANGE MY CHILD'S PCP?

You can change your child's PCP up to four times a year. Your change will not happen right away. It may take about a month. You will get a new El Paso First CHIP ID card at the beginning of the month that your change takes place. Your child's new card will have his/her new PCP's name on it. If your child needs care before you get his/her new card, call the PCP on his/her current card.

WHEN WILL MY CHILD'S PCP CHANGE BECOME EFFECTIVE?

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

Your request to change a PCP may be denied if:

- You have already changed your child's PCP four times in the current year.
- The PCP you want for your child is not taking new patients.

A provider may ask that you choose another PCP if:

- You often miss visits without calling your child's PCP to say you won't be there.
- You don't follow the PCP's advice.
- You and your child's doctor do not get along.

If your child's PCP requests a change, you will get a letter in the mail. You will be able to choose a new PCP for your child. If you do not choose a new PCP, we will pick one for your child.

Remember that in order for your child to get the best health care, his/her PCP needs to know his/her medical information. Your child's medical information is private. Only you, your child's PCP, and other official people can see it. If you change your child's PCP, be sure to give the new PCP any information about your child's health that is important so that your child can continue to get the best care possible.

Please do not change to a new PCP without telling El Paso First. If you go to a new PCP without telling us, the services may not be covered.

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5

ARE THERE ANY REASONS WHY MY REQUEST TO CHANGE MY CHILD'S PCP MAY BE DENIED?

Your request to change a PCP may be denied if:

- You have already changed your child's PCP four times in the current year.
- The PCP you want for your child is not taking new patients.

CAN A PCP REQUEST THAT MY CHILD BE CHANGED TO ANOTHER PCP FOR NON-COMPLIANCE?

A provider may ask that you choose another PCP if:

- You often miss visits without calling your child's PCP to say you won't be there.
- You don't follow the PCP's advice.
- You and your child's doctor do not get along.

WHAT IF I CHOOSE TO GO TO ANOTHER DOCTOR WHO IS NOT MY CHILD'S PCP?

Your child's PCP is their doctor and he or she has the job of taking care of them. It is very important that you stay with the same doctor. Your doctor has your child's medical records and knows what medications they are using and is the best person to make sure they are getting good medical service.

If you take your child to another doctor that is not their PCP, El Paso First Health Plans will not pay the other doctor and this may cause you to get billed for the services.

HOW CAN I GET MEDICAL CARE IF MY CHILD'S PCP'S OFFICE IS CLOSED?

Your child's doctor is available 24 hours a day either in person or by telephone. If your child's doctor is not available, he or she will arrange for another doctor to be available for him/her. This includes weekends and holidays. If you need to speak to your child's PCP, and it is not during regular "office hours," you should still call. Remember that your child's PCP's phone number is on your member identification card. If the doctor's answering service answers your call, just say you need a doctor to call you back. Give the answering service the information requested, and a doctor will call you back within 30 minutes.

You can also visit one of our Night Clinics. Our Night Clinics are open from 6:00 p.m. to 12:00 p.m., seven days a week. All you pay is your co-payment. For more information about our Night Clinics, please call Customer Service at **915-532-3778** or **1-877-532-3778** if outside of the calling area.

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CHANGING HEALTH PLANS

WHAT IF I WANT TO CHANGE HEALTH PLANS?

Families can change plans only once per year. For more information, call CHIP toll-free at **1-800-647-6558**.

El Paso First may request that your child be disenrolled from the plan if:

- You let someone else use your child's El Paso First CHIP ID card
- You do not follow the advice that your child's doctor gives you
- You keep taking your child to the emergency room when he/she does not have a true emergency
- You cause problems at the doctor's office
- You make it difficult for your child's doctor to help you or other people
- Your child no longer lives or resides in the Service Area

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

If you decide to leave El Paso First, you should call our Customer Service Department at **915-532-3778** or **1-877-532-3778**.

There are situations that may cause your child to leave El Paso First. The following are some examples:

- Your child is no longer eligible for coverage
- Your child has other health insurance
- Your child moves out of the El Paso First service area

If your child is facing one of these situations and you have questions, you should call our Customer Service Department at **915-532-3778** or **1-877-532-3778** if you live outside of the service area.

CONCURRENT ENROLLMENT IN THE CHIP AND CHIP PERINATAL PROGRAMS

If your children are enrolled in the CHIP Program, they will remain in the CHIP Program but will be placed with the health plan providing the CHIP Perinatal Program coverage. Co-payments, cost-sharing, and enrollment fees still apply for children enrolled in the CHIP Program. All children enrolled in the CHIP Program must remain with the health plan until the end of their renewal period or after the CHIP Perinatal Program ends. Until then you may choose a new health plan for your children. If you have any questions please contact the Member Services Department at **915-532-3778** or **1-877-532-3778** if you are calling outside the area.

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7

BENEFITS FOR CHIP MEMBERS

WHAT ARE MY CHILD'S CHIP BENEFITS?

The following is a brief summary of important services covered by CHIP. Your child's PCP together with El Paso First, can help you receive these services.

Covered Benefit	Limitations	Co-payments
<p>Inpatient General Acute and Inpatient Rehabilitation Hospital Services</p> <p>Services include:</p> <ul style="list-style-type: none">• Hospital-provided Physician or Provider Services• Semi-private room and board (or private if medically necessary as certified by attending)• General nursing care• Special duty nursing when medically necessary• ICU and services• Patient meals and special diets• Operating, recovery and treatment rooms• Anesthesia and administration (facility technical component)• Surgical dressings, trays, casts, splints• Drugs, medications and biologicals• Blood or blood products that are not provided free-of-charge to the patient and their administration• X-rays, imaging and other radiological tests (facility technical component)• Laboratory and pathology services (facility technical component)• Machine diagnostic tests (EEGs, EKGs, etc.)• Oxygen services and inhalation therapy• Radiation and chemotherapy• Access to DSHS designated Level III perinatal centers or Hospitals meeting equivalent levels of care• In-network or out-of-network facility and Physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section.• Hospital, physician and related medical services, such as anesthesia, associated with dental care.	<ul style="list-style-type: none">• [Requires] [May require] [Does not require] authorization for non-EmergencyCare and care following stabilization of an Emergency Condition.• [Requires] [May require] [Does not require] authorization for in-network or out-of-network facility and Physician services for a mother and her newborn(s) after 48 hours following an uncomplicated vaginal delivery and after 96 hours following an uncomplicated delivery by caesarian section.	Applicable level of inpatient co-pay applies

Covered Benefit	Limitations	Co-payments
<p>Skilled Nursing Facilities (Includes Rehabilitation)</p> <p>Services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Semi-private room and board • Regular nursing services • Rehabilitation services • Medical supplies and use of appliances and equipment furnished by the facility 	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] authorization and physician prescription • 60 days per 12-month period limit 	Co-pays do not apply

Covered Benefit	Limitations	Co-payments
<p>Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center</p> <p>Services include the following services provided in a hospital clinic or emergency room, a clinic or health center, hospital-based emergency department or an ambulatory health care setting:</p> <ul style="list-style-type: none"> • X-ray, imaging, and radiological tests (technical component) • Laboratory and pathology services (technical component) • Machine diagnostic tests • Ambulatory surgical facility services • Drugs, medications and biologicals • Casts, splints, dressings • Preventive health services • Physical, occupational and speech therapy • Renal dialysis • Respiratory services • Radiation and chemotherapy • Blood or blood products that are not provided free-of-charge to the patient and the administration of these products • Facility and related medical services, such as anesthesia, associated with dental care, when provided in a licensed ambulatory surgical facility. 	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] prior authorization and physician prescription 	<p>Applicable level of co-pay applies to prescription drug services</p> <p>Co-pays do not apply to preventive services</p>

Covered Benefit**Limitations****Co-payments****Physician/Physician Extender Professional Services**

Services include, but are not limited to the following:

- American Academy of Pediatrics recommended well-child exams and preventive health services (including but not limited to vision and hearing screening and immunizations)
- Physician office visits, in-patient and out-patient services
- Laboratory, x-rays, imaging and pathology services, including technical component and/or professional interpretation
- Medications, biologicals and materials administered in Physician's office
- Allergy testing, serum and injections
- Professional component (in/outpatient) of surgical services, including:
 - Surgeons and assistant surgeons for surgical procedures including appropriate follow-up care
 - Administration of anesthesia by Physician (other than surgeon) or CRNA
 - Second surgical opinions
 - Same-day surgery performed in a Hospital without an over-night stay
 - Invasive diagnostic procedures such as endoscopic examinations
- Hospital-based Physician services including Physician-performed technical and interpretive components)
- In-network and out-of-network Physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section.
- Physician services medically necessary to support a dentist providing dental services to a CHIP member such as general anesthesia or intravenous (IV) sedation.

- [Requires] [May require] [Does not require] authorization for specialty services

Applicable level of co-pay. applies to office visits

Co-pays do not apply to preventative visits or to prenatal visits after the first visits

Covered Benefit	Limitations	Co-payments
<p>Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies</p> <p>Covered services include DME (equipment which can withstand repeated use and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of Illness, Injury, or Disability, and is appropriate for use in the home), including devices and supplies that are medically necessary and necessary for one or more activities of daily living and appropriate to assist in the treatment of a medical condition, including but not limited to:</p> <ul style="list-style-type: none"> • Orthotic braces and orthotics • Prosthetic devices such as artificial eyes, limbs, and braces • Prosthetic eyeglasses and contact lenses for the management of severe ophthalmologic disease • Other artificial aids including surgical implants • Hearing aids • Implantable devices are covered under Inpatient and Outpatient services and do not count towards the DME 12-month period limit. • Diagnosis-specific disposable medical supplies, including diagnosis-specific prescribed specialty formula and dietary supplements. <i>(See Attachment A)</i> 	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] prior authorization and physician prescription • \$20,000 12-month period limit for DME, prosthetics, devices and disposable medical supplies (diabetic supplies and equipment are not counted against this cap) 	<p>Co-pays do not apply</p>

Covered Benefit	Limitations	Co-payments
<p>Home and Community Health Services</p> <p>Services that are provided in the home and community, including, but not limited to:</p> <ul style="list-style-type: none"> • Home infusion • Respiratory therapy • Visits for private duty nursing (R.N., L.V.N.) • Skilled nursing visits as defined for home health purposes (may include R.N. or L.V.N.). • Home health aide when included as part of a plan of care during a period that skilled visits have been approved. • Speech, physical and occupational therapies. 	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] prior authorization and physician prescription • Services are not intended to replace the CHILD'S caretaker or to provide relief for the caretaker • Skilled nursing visits are provided on intermittent level and not intended to provide 24-hour skilled nursing services. • Services are not intended to replace 24-hour inpatient or skilled nursing facility services 	<p>Co-pays do not apply</p>

Covered Benefit	Limitations	Co-payments
<p>Inpatient Mental Health Services</p> <p>Services include, but are not limited to:</p> <ul style="list-style-type: none"> • Mental health services, including for serious mental illness, furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals and state-operated facilities. • Neuropsychological and psychological testing. 	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] prior authorization for non-emergency services • Does not require PCP referral • Inpatient mental health services are limited to: <ul style="list-style-type: none"> • 45 days 12-month inpatient limit • Includes inpatient psychiatric up to 12-month period limit, ordered by a court of competent jurisdiction under the provisions of Chapters 573 and 574 of the Texas Health and Safety Code, relating to court ordered commitments to psychiatric facilities. Court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. • 25 days of the inpatient benefit can be converted to residential treatment, therapeutic foster care or other 24-hour therapeutically planned and structured services or sub-acute outpatient (partial hospitalization or rehabilitative day treatment) mental health services on the basis of financial equivalence against the inpatient per diem cost. • 20 of the inpatient days must be held in reserve for inpatient use only. 	<p>Applicable level of inpatient co-payment co-pay applies</p>

Covered Benefit	Limitations	Co-payments
<p>Outpatient Mental Health Services</p> <p>Services include but are not limited to:</p> <ul style="list-style-type: none"> • Mental health services ,including for serious mental illness, provided on an outpatient basis. • Medication management visits do not count against the outpatient visit limit. 	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] prior authorization. • Does not require PCP referral. • The visits can be furnished in a variety of community-based settings (including school and home-based) or in a state-operated facility. • Up to 60 days 12-month period limit for rehabilitative day treatment. • 60 outpatient visits 12-month period limit. • 60 rehabilitative day treatment days can be converted to outpatient visits on the basis of financial equivalence against the day treatment per diem cost. • 60 outpatient visits can be converted to skills training (psycho educational skills development) or rehabilitative day treatment on the basis of financial equivalence against the outpatient visit cost. • Includes outpatient psychiatric services, up to 12-month period limit, ordered by a court of competent jurisdiction under the provisions of Chapters 573 and 574 of the Texas Health and Safety Code, relating to court ordered commitments to psychiatric facilities. Court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. • Inpatient days converted to sub-acute outpatient services are in addition to the outpatient limits and do not count towards those limits. 	<p>Applicable level of co-pay applies to office visits.</p>

continued next page

- A Qualified Mental Health Professional (QMHP), as defined by and credentialed through Texas Department of State Health Services (DSHS) standards (TAC Title 25, Part II, Chapter 412), is a Local Mental Health Authorities provider. A QMHP must be working under the authority of an DSHS entity and be supervised by a licensed mental health professional or physician. QMHPs are acceptable providers as long as the services would be within the scope of the services that are typically provided QMHPs. Those services include individual and group skills training (which can be components of interventions such as day treatment and in-home services), patient and family education, and crisis services.

Covered Benefit	Limitations	Co-payments
<p>Inpatient Substance Abuse Treatment Services</p> <p>Services include, but are not limited to:</p> <ul style="list-style-type: none"> • Inpatient and residential substance abuse treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs. 	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] prior authorization for non-emergency services • Does not require PCP referral. • Medically necessary detoxification/stabilization services, limited to 14 days per 12-month period. • 24-hour residential rehabilitation programs, or the equivalent, up to 60 days per 12-month period. • 30 days may be converted to partial hospitalization or intensive outpatient rehabilitation, on the basis of financial equivalence against the inpatient per diem cost. • 30 days must be held in reserve for inpatient use only. 	<p>Applicable level of inpatient co-pay applies</p>

Covered Benefit	Limitations	Co-payments
<p>Outpatient Substance Abuse Treatment Services</p> <p>Services include, but are not limited to:</p> <ul style="list-style-type: none"> • Prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment and referral for chemical dependency disorders. • Intensive outpatient services is defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for four to 12 weeks, but less than 24 hours per day. • Outpatient treatment service is defined as consisting of at least one to two hours per week providing structured group and individual therapy, educational services, and life skills training. 	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] prior authorization. • Does not require PCP referral. • Outpatient treatment services up to a maximum of: • Intensive outpatient program (up to 12 weeks per 12-month period). • Outpatient services (up to six-months per 12-month period). 	Applicable level of co-pay applies to office visits

Covered Benefit	Limitations	Co-payments
<p>Rehabilitation Services</p> <ul style="list-style-type: none"> • Habilitation (the process of supplying a child with the means to reach age-appropriate developmental milestones through therapy or treatment) and rehabilitation services include, but are not limited to the following: • Physical, occupational and speech therapy • Developmental assessment 	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] prior authorization and physician prescription 	Co-pays do not apply

Covered Benefit	Limitations	Co-payments
<p>Hospice Care Services</p> <p>Services include, but are not limited to:</p> <ul style="list-style-type: none"> • Palliative care, including medical and support services, for those children who have six months or less to live, to keep patients comfortable during the last weeks and months before death • Treatment for unrelated conditions is unaffected 	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] authorization and physician • Services apply to the hospice diagnosis • Up to a maximum of 120 days with a 6 month life expectancy • Patients electing hospice services waive their rights to treatment related to their terminal illnesses; however, they may cancel this election at anytime 	Co-pays do not apply

Covered Benefit	Limitations	Co-payments
<p>Emergency Services, including Emergency Hospitals, Physicians, and Ambulance Services</p> <p>Health Plan cannot require authorization as a condition for payment for emergency conditions or labor and delivery.</p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Emergency services based on prudent lay person definition of emergency health condition • Hospital emergency department room and ancillary services and physician services 24 hours a day, 7 days a week, both by in-network and out-of-network providers • Medical screening examination • Stabilization services • Access to DSHS designated Level 1 and Level II trauma centers or hospitals meeting equivalent levels of care for emergency services • Emergency ground, air and water transportation 	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] authorization for post-stabilization services 	<p>Applicable co-pays apply to emergency room visits (facility only)</p>

Covered Benefit	Limitations	Co-payments
<p>Transplants</p> <p>Services include:</p> <ul style="list-style-type: none"> • Using up-to-date FDA guidelines, all non-experimental human organ and tissue transplants and all forms of non-experimental corneal, bone marrow and peripheral stem cell transplants, including donor medical expenses. 	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] authorization 	<p>Co-pay do not apply</p>

Covered Benefit	Limitations	Co-payments
<p>Vision Benefit</p> <p>Services include:</p> <ul style="list-style-type: none"> • One examination of the eyes to determine the need for and prescription for corrective lenses per 12-month period, without authorization • One pair of non-prosthetic eyewear per 12-month period 	<p>The health plan may reasonably limit the cost of the frames/lenses.</p> <ul style="list-style-type: none"> • [Requires] [May require] [Does not require] authorization for protective and polycarbonate lenses when medically necessary as part of a treatment plan for covered diseases of the eye. 	<p>Applicable level of co-pay applies to office visits billed for refractive exam</p>

Covered Benefit	Limitations	Co-payments
<p>Chiropractic Services</p> <p>Services do not require physician prescription and are limited to spinal subluxation</p>	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] authorization for twelve visits per 12-month period limit (regardless of number of services or modalities provided in one visit) • [Requires] [May require] [Does not require] authorization for additional visits. 	<p>Applicable level of co-pay applies to chiropractic office visits</p>

Covered Benefit	Limitations	Co-payments
<p>Tobacco Cessation Program</p> <p>Covered up to \$100 for a 12-month period limit for a plan-approved program</p>	<ul style="list-style-type: none"> • [Requires] [May require] [Does not require] authorization • Health Plan defines plan-approved program. • May be subject to formulary requirements. 	<p>Co-pays do not apply</p>

WHAT BENEFITS ARE NOT COVERED?

There are health services that are not covered by the CHIP program. Some examples are:

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

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DME/SUPPLIES

SUPPLIES	COVERED	EXCLUDED	COMMENTS/MEMBER CONTRACT PROVISIONS
Ace Bandages		X	Exception: If provided by and billed through the clinic or home care agency it is covered as an incidental supply.
Alcohol, rubbing		X	Over-the-counter supply.
Alcohol, swabs (diabetic)	X		Over-the-counter supply not covered, unless RX provided at time of dispensing.
Alcohol, swabs	X		Covered only when received with IV therapy or central line kits/supplies.
Ana Kit Epinephrine	X		A self-injection kit used by patients highly allergic to bee stings.
Arm Sling	X		Dispensed as part of office visit.
Attends (Diapers)	X		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Bandages		X	
Basal Thermometer		X	Over-the-counter supply.
Batteries – initial	X		For covered DME items.
Batteries – replacement	X		For covered DME when replacement is necessary due to normal use.
Betadine		X	<i>See IV therapy supplies.</i>
Books		X	
Clinitest	X		For monitoring of diabetes.
Colostomy Bags			<i>See Ostomy Supplies.</i>
Communication Devices		X	
Contraceptive Jelly		X	Over-the-counter supply. Contraceptives are not covered under the plan.
Cranial Head Mold		X	
Diabetic Supplies	X		Monitor calibrating solution, insulin syringes, needles, lancets, lancet device, and glucose strips.
Diapers/Incontinent Briefs/Chux	X		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Diaphragm		X	Contraceptives are not covered under the plan.
Diastix	X		For monitoring diabetes.

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19

SUPPLIES	COVERED	EXCLUDED	COMMENTS/MEMBER CONTRACT PROVISIONS
Diet, Special		X	
Distilled Water		X	
Dressing Supplies/ Central Line	X		Syringes, needles, Tegaderm, alcohol swabs, Betadine swabs or ointment, tape. Many times these items are dispensed in a kit when includes all necessary items for one dressing site change.
Dressing Supplies/ Decubitus	X		Eligible for coverage only if receiving covered home care for wound care.
Dressing Supplies/ Peripheral IV Therapy	X		Eligible for coverage only if receiving home IV therapy.
Dressing Supplies/Other		X	
Dust Mask		X	
Ear Molds	X		Custom made, post inner or middle ear surgery.
Electrodes		X	Eligible for coverage when used with a covered DME.
Enema Supplies		X	Over-the-counter supply.
Enteral Nutrition Supplies	X		Necessary supplies (e.g., bags, tubing, connectors, catheters, etc.) are eligible for coverage. Enteral nutrition products are not covered except for those prescribed for hereditary metabolic disorders, a non-function or disease of the structures that normally permit food to reach the small bowel, or malabsorption due to disease.
Eye Patches	X		Covered for patients with amblyopia.
Formula		X	Exception: Eligible for coverage only for chronic hereditary metabolic disorders a non-function or disease of the structures that normally permit food to reach the small bowel; or malabsorption due to disease (expected to last longer than 60 days when prescribed by the physician and authorized by plan.) Physician documentation to justify prescription of formula must include: <ul style="list-style-type: none"> • Identification of a metabolic disorder, dysphagia that results in a medical need for a liquid diet, presence of a gastrostomy, or disease resulting in malabsorption that requires a medically necessary nutritional product Does not include formula: <ul style="list-style-type: none"> • For members who could be sustained on an age-appropriate diet. • Traditionally used for infant feeding • In pudding form (except for clients with documented oropharyngeal motor dysfunction who receive greater than 50 percent of their daily caloric intake from this product)

SUPPLIES	COVERED	EXCLUDED	COMMENTS/MEMBER CONTRACT PROVISIONS
Formula <i>continued</i>			<ul style="list-style-type: none"> For the primary diagnosis of failure to thrive, failure to gain weight, or lack of growth or for infants less than twelve months of age unless medical necessity is documented and other criteria, listed above, are met. Food thickeners, baby food, or other regular grocery products that can be blenderized and used with an enteral system that are not medically necessary, are not covered, regardless of whether these regular food products are taken orally or parenterally.
Gloves		X	Exception: Central line dressings or wound care provided by home care agency.
Hydrogen Peroxide		X	Over-the-counter supply.
Hygiene Items		X	
Incontinent Pads	X		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Insulin Pump (External) Supplies	X		Supplies (e.g., infusion sets, syringe reservoir and dressing, etc.) are eligible for coverage if the pump is a covered item.
Irrigation Sets, Wound Care	X		Eligible for coverage when used during covered home care for wound care.
Irrigation Sets, Urinary	X		Eligible for coverage for individual with an indwelling urinary catheter.
IV Therapy Supplies	X		Tubing, filter, cassettes, IV pole, alcohol swabs, needles, syringes and any other related supplies necessary for home IV therapy.
K-Y Jelly		X	Over-the-counter supply.
Lancet Device	X		Limited to one device only.
Lancets	X		Eligible for individuals with diabetes.
Med Ejector	X		
Needles and Syringes/Diabetic			<i>See Diabetic Supplies.</i>
Needles and Syringes/IV and Central Line			<i>See IV Therapy and Dressing Supplies/Central Line.</i>
Needles and Syringes/Other	X		Eligible for coverage if a covered IM or SubQ medication is being administered at home.
Normal Saline			<i>See Saline, Normal.</i>
Novopen	X		

SUPPLIES	COVERED	EXCLUDED	COMMENTS/MEMBER CONTRACT PROVISIONS
Ostomy Supplies	X		Items eligible for coverage include: belt, pouch, bags, wafer, face plate, insert, barrier, filter, gasket, plug, irrigation kit/sleeve, tape, skin prep, adhesives, drain sets, adhesive remover, and pouch deodorant. Items not eligible for coverage include: scissors, room deodorants, cleaners, rubber gloves, gauze, pouch covers, soaps, and lotions.
Parenteral Nutrition/Supplies	X		Necessary supplies (e.g., tubing, filters, connectors, etc.) are eligible for coverage when the Health Plan has authorized the parenteral nutrition.
Saline, Normal	X		Eligible for coverage: a) when used to dilute medications for nebulizer treatments; b) as part of covered home care for wound care; c) for indwelling urinary catheter irrigation.
Stump Sleeve	X		
Stump Socks	X		
Suction Catheters	X		
Syringes			<i>See Needles/Syringes.</i>
Tape			<i>See Dressing Supplies, Ostomy Supplies, IV Therapy Supplies.</i>
Tracheostomy Supplies	X		Cannulas, Tubes, Ties, Holders, Cleaning Kits, etc. are eligible for coverage.
Under Pads			<i>See Diapers/Incontinent Briefs/Chux.</i>
Unna Boot	X		Eligible for coverage when part of wound care in the home setting. Incidental charge when applied during office visit.
Urinary, External Catheter & Supplies		X	Exception: Covered when used by incontinent male where injury to the urethra prohibits use of an indwelling catheter ordered by the PCP and approved by the plan.
Urinary, Indwelling Catheter & Supplies	X		Cover catheter, drainage bag with tubing, insertion tray, irrigation set and normal saline if needed.
Urinary, Intermittent	X		Cover supplies needed for intermittent or straight catheterization.
Urine Test Kit	X		When determined to be medically necessary.
Urostomy Supplies			<i>See Ostomy Supplies.</i>

RESTRICTED BENEFITS

CHIP mental health and substance abuse benefits include:

- 45 days of inpatient mental health treatment per twelve month period.
- 60 outpatient visits for mental health treatment per twelve month period.
- Substance abuse detoxification services (14 days per 12 month period).
- 60 days for substance abuse treatment in a 24-hr. residential rehabilitation program.
- 60 outpatient visits for substance abuse treatment per twelve month period.

Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies have a \$10,000 per enrollment period limit.

WHAT ARE CO-PAYMENTS? HOW MUCH ARE THEY AND WHEN DO THEY APPLY?

Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service. No co-payments are paid for preventive care such as well-child, well-baby visits, or immunizations.

Your child's El Paso First ID card lists the co-payments that apply to your family situation. Present your child's ID card when you receive office visit or emergency room services or have a prescription filled.

It is important that you keep track of your CHIP related expenses. This will help you know when you have reached your cap. When you reach your annual cap, please contact HHSC. They will contact us, El Paso First, and we will issue you a new ID card. This new card will show that no co-payments are due when your child receives services.

Federal Poverty Levels	Office Visits	Emergency Room Visits	Inpatient Hospitalizations	Prescription Generic Drugs	Prescription Brand Drugs	Annual Co-pay Maximum
At or Below 100%	\$3	\$3	\$10	\$0	\$3	1.25% of family's income
101%–150%	\$5	\$5	\$25	\$0	\$5	1.25% of family's income
151%–185%	\$7	\$50	\$50	\$5	\$20	2.5% of family's income
186%–200%	\$10	\$50	\$100	\$5	\$20	2.5% of family's income

You may also have to pay a premium, unless you are a Native American or you are at or below the 100% Federal Poverty Level. If you need to pay a premium, you will receive a bill from HHSC with the amount you need to send. If you have any questions regarding your premium, contact HHSC at **1-800-647-6558**.

If you get a bill from your child's doctor, you should call El Paso First at **915-532-3778** or **1-877-532-3778** if outside the calling area. A Customer Service Representative will be happy to help. Please have your El Paso First ID card and the bill ready.

WHAT EXTRA BENEFITS DOES A MEMBER OF EL PASO FIRST HEALTH PLANS GET?

All eligible El Paso First members will receive the following services:

- \$15 in over the counter medications you and your family need.
- Free transportation to doctor's appointments.
- 25% discount towards purchase of lenses and frames.
- 20% discount towards purchase of disposable contact lenses.
- Free access to our Linea de Salud Help Line. You can call the toll-free Linea de Salud Help Line 24-hours a day, 7 days a week. Call **1-866-356-8397** to talk to a nurse and find out what to do if for example you or someone in your family has symptoms such as:
 - earache
 - vomiting
 - rash
 - stomach ache
 - pain

Please call the Customer Service Helpline at **915-532-3778** or **1-877-532-3778** if outside of the calling area, for more information about these value-added services.

El Paso First will try to help you and your child get other services you may need such as, but not limited to:

- Living arrangements
- Employment
- Job training
- Access to adequate food
- Access to affordable food
- Access to public schools

Customer Service Representatives work with others at El Paso First and the community to help each member connect with services from the many community agencies in El Paso. For more information, please contact Customer Service at **915-532-3778** or **1-877-532-3778** if outside the service area.

TRANSPORTATION

El Paso First covers ambulance services in emergency situations for all members. Severely disabled members, whose condition requires ambulance services, will also be covered.

If you and your child need a ride to a doctor's office, you can get help from El Paso First. Please call our member service line as soon as you know you will need a ride or at least 24 hours in advance at **915-532-3778** or **1-877-532-3778** if outside the service area. El Paso First will provide transportation through bus tokens, taxi rides, or their contracted transportation provider. El Paso First does not reimburse anyone for mileage.

WHAT HEALTH EDUCATION CLASSES DOES EL PASO FIRST HEALTH PLANS OFFER?

Free access to health education classes. Our health education classes are prepared with your family's health in mind. If your child has asthma or diabetes, our health educator will be happy to register you and your child in some of our classes. For information about our health education classes, please call Customer Service at **915-532-3778** or **1-877-532-3778** if outside the service area.

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HEALTH CARE AND OTHER SERVICES FOR CHIP MEMBERS

WHAT IS ROUTINE MEDICAL CARE?

Routine medical care involves regular checkups by your child's PCP and treatment by him or her when your child is sick. During these regular visits, your child's PCP can give you prescriptions for medicine, and send your child to a special doctor (specialist) if he/she needs one.

It is important that you do what your child's PCP says and that you take part in decisions made about your child's health care. If you cannot make a decision about your child's health care, you can choose someone else to make them for you.

When you need to see your child's PCP, call the PCP at the number on your child's El Paso First CHIP ID card. Someone in the PCP's office will set a time for you. It is very important that you keep your appointment. Call early to set up visits, and call back if you have to cancel. If more than one member of your family needs to see the doctor, you need an appointment for each person.

Your child's doctor is available 24 hours a day either in person or by telephone. If your child's doctor is not available, he or she will arrange for another doctor to be available for him/her. This includes weekends and holidays.

When you need to see your child's PCP, call ahead of time and make an appointment for a visit. If your child has a condition that needs medical attention the same day, your child's PCP can arrange for that. Please be on time for your appointments. If you need to cancel an appointment, please call the PCP's office as far in advance as possible.

WHAT IS URGENT CARE?

Urgent care involves the treatment of a medical problem that is not an emergency but needs attention the same day. If your child has a problem that is not an emergency, you should call his/her PCP. Always call your child's PCP before going to the emergency room or to another provider. If your child's PCP feels you need to go to an emergency room, he or she will tell you to go to a hospital close to you. Some good reasons to call your child's PCP are:

- Your child needs more medicine
- Your child has a rash that does not get better
- Your child has a cold
- Your child has the flu
- Your child's cast breaks
- Your child has some stitches to be removed
- Your child has aches and pains in his/her back

WHAT IS EMERGENCY MEDICAL CARE?

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

- placing the child's health in serious jeopardy;
- serious impairment to bodily functions;
- serious dysfunction of any bodily organ or part;
- serious disfigurement; or
- in the case of a pregnant woman, serious jeopardy to the health of the fetus.

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

Your child has an **EMERGENCY** medical need if you think your child’s condition is life threatening; if your child has serious pain; or if serious harm could come to your child without immediate medical attention.

Examples of when to go to the emergency room are:

- Someone may die.
- Someone has bad chest pains.
- Someone cannot breathe or is choking.
- Someone has a severe burn.
- Someone has passed out or is having a seizure.
- Someone is sick from poison or a drug overdose.
- Someone has a broken bone.
- Someone is bleeding a lot.
- Someone has been attacked (raped, stabbed, shot, beaten).
- Someone is about to deliver a baby.
- Someone has a serious injury to the arm, leg, hand, foot, or head.
- Someone has a severe allergic reaction or has an animal bite.
- Someone has trouble controlling behavior and without treatment is dangerous to self or others.

Go to the nearest hospital if you think your child has any of these problems. You may call 911 for assistance in getting to the hospital emergency room.

In a life-or-death situation, go to the nearest hospital emergency room, or call 911 for an ambulance. Emergency room doctors will handle a true emergency immediately. They will continue treatment until the patient is out of danger.

If you go to a hospital emergency room for a true emergency, you must call your child’s doctor, clinic, or El Paso First at **915-532-3778** or **1-877-532-3778** if out of the area, as soon as you can. If you are not able to make the phone call, a family member or friend may call for you. You must also show your child’s El Paso First Identification Card. If the nearest hospital is not an El Paso First contracted hospital, your child may be moved to an El Paso First contracted hospital when strong enough.

When people who are not in serious danger go to an emergency room, they often have to wait a long time for treatment. In most cases they can get the treatment they need more quickly at their doctor’s office or at one of El Paso First’s Night Clinics. El Paso First pays for all visits to your PCP and to our Night Clinics. For more information about our Night Clinics, please call our Customer Service Department at **915-532-3778** or **1-877-532-3778** if outside of the service area.

Remember that ***Non-emergency treatment in an emergency room is not a covered benefit.*** Only true emergency treatments in an emergency room are covered.

If your child has an emergency when you are traveling outside the service area, he/she is still covered for emergency care, even when he/she is outside of the state of Texas. If your child has an emergency situation outside the state of Texas, go to the closest hospital. Then call your child’s PCP and El Paso First as soon as possible. El Paso First will cover your child’s emergency room treatment outside of the state as long as it is a true emergency.

Most medical problems do not need emergency care. You should call your child's PCP whenever your child has one of the following problems.

- Ear ache
- Toothache or baby teething
- Rash
- Colds, cough, sore throat, flu, or sinus problems
- Minor sunburn
- Minor cooking burn
- Chronic back pain
- Minor headache
- Broken cast
- Stitches that need to be removed
- Prescription refills

WHAT DOES MEDICALLY NECESSARY MEAN?

The state of Texas defines “medically necessary” healthcare services as health care services, other than behavioral health services, which are:

- Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that may cause illness or endanger life
- Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member’s medical conditions
- Consistent with health care practice guidelines and standards that are issued by professionally recognized health care organizations or governmental agencies
- Consistent with the diagnosis of the conditions
- No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency

Behavioral Health Services that are:

- Reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or endanger life
- Accordance with professionally accepted clinical guidelines and standards practice in behavioral care
- Provide the most appropriate and least restrictive setting in which services can be safely provided
- Are the most appropriate level or supply of services that can safely be provided?
- Could not be omitted without the approval of the Member’s mental and/or physical health or the quality of care rendered.

One of the most important ways to decide if a service is covered is if the service is “medically necessary.” Usually a doctor decides if a service is “medically necessary.”

WHAT IF MY CHILD GETS SICK WHEN HE/SHE IS OUT OF TOWN OR TRAVELING?

The El Paso First service area includes the El Paso and Hudspeth counties. When you are not in these counties, or in the state of Texas you are outside of the service area.

If your child has an emergency situation outside of the El Paso First service area, go to the closest hospital. Then call your child's PCP and El Paso First as soon as possible.

You must get a written referral for any follow-up care that is needed. If you seek follow-up care for your child without a referral, El Paso First may not pay the bill. Remember that El Paso First does not cover routine care given outside our service area. Routine care includes non-emergency check-ups, physicals, tests or non-urgent surgeries.

Your child's identification card has the El Paso First number that you and the hospital may call if there are questions about your child's coverage.

Services provided outside of the United States are not covered benefits.

WHAT IS A REFERRAL?

Your PCP may give you a form to take to a special doctor. This form is called a "referral." Please take it with you when you go to see the special doctor. You do not need a referral for freedom-of-choice services.

WHAT SERVICES DO NOT NEED A REFERRAL?

These services are called "freedom-of-choice" services. You can visit:

- Night Clinics or the 24-hour emergency room care from an emergency room
- Behavioral (mental) Health and substance abuse services
- OB/GYN (doctor for women's health)
- Eye doctor (routine vision exam)

WHAT IF MY CHILD NEEDS TO SEE A SPECIAL DOCTOR (SPECIALIST)?

Your child's PCP will arrange for him/her to see a specialist when he or she finds it necessary. This is called a referral.

For most health care services, your child's PCP will be the only one he/she will need to see. But if your child has a special health condition, your child's PCP may arrange for him/her to see another doctor who has the special skills needed to treat him/her. In that case, your child's PCP will give you a form called a referral. You can call the specialist to make an appointment once you have a referral from your child's PCP. Be sure to take the referral form with you when you go to 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:

- Cardiologist — heart doctor
- Dermatologist — skin doctor
- Gynecologist — a doctor who specializes in women's health
- Obstetrician — a doctor who takes care of pregnant women and delivers babies
- Orthopedist — a doctor for the skeleton (bones)
- Hematologist — a doctor for blood problems

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REMEMBER that the specialist can give your child only those services requested by his/her Primary Care Physician (PCP) on the referral form.

The referral is good for a limited number of days. If the specialist says your child will need more visits or another referral, the specialist should contact your child's primary care physician (PCP) or El Paso First to make sure the added care will be covered.

Your child can get certain types of services without a referral from his/her PCP. The following is a list of health care providers that you can visit without a referral. Please refer to our El Paso First Provider Directory for specific doctors. You may contact these doctors on your own:

- An obstetrician for your child's first visit when she's pregnant, and
- Wellness and preventive services for children.

If you have questions, or need help to make an appointment, you can call Customer Service at **915-532-3778** or **1-877-532-3778** if outside of the calling area

HOW DO I REQUEST AUTHORIZATION FOR SPECIALTY MEDICAL SERVICES FOR MY CHILD?

If authorization is required for a specialty medical service your doctor must fax the request to the Health Services Department at El Paso First Health Plans, Inc. to request an authorization before this service can be provided.

Decisions related to medically necessary and service coverage are made in compliance with the time frames established by Medicaid guidelines. These decisions will not take more than 3 business days after the Health Services Department receives all the required information.

Answers to authorization requests for out-of-network services will be given within 3 working days after the Health Services Department receives all the required information.

HOW DO I GET HELP IF MY CHILD HAS BEHAVIORAL (MENTAL) HEALTH OR DRUG PROBLEMS?

You can get help for mental health problems and drug abuse. You can also go to a mental health doctor without a note from your PCP. A group of doctors developed by El Paso First provides these services. Call us for help. Our number is **915-532-3778** or **1-877-532-3778**.

Mental health services are very private. You do not need a referral from your PCP for these services. You may call El Paso First anytime you need:

- Help with family problems or other problems that are upsetting in your life, or
- Help for drug or alcohol abuse.

The 24-hour toll free number is **1-877-532-3778**. You will not get a recording. A trained person will answer the phone and arrange treatment—no matter what time of day or night you call.

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 **915-779-1800** or **1-877-562-6467** if outside of the calling area. A trained person will be there to help you.

HOW DO I GET MY CHILD'S PRESCRIPTIONS?

Try to always use the same pharmacy to get more personal service. Always, take your child's El Paso First ID card with you when you go to the pharmacy. You may have to pay a co-payment for the prescription. A prescription for a generic drug may cost you nothing or may cost very little. The co-payment for a brand name drug will be higher. For questions regarding prescription drugs call CHIP at **1-800-274-9154**.

The Pharmacy Benefit does not include:

- Over-the-counter drugs.
- Birth control medications prescribed only for birth control purposes.
- Nutritional products.
- Drugs that must be given in a physician's office or health care facility.

Call CHIP if you have problems getting your child's prescriptions or if you need help finding a pharmacy close to your home. Their number is **1-800-435-4165**.

HOW DO I GET EYE CARE SERVICES FOR MY CHILD?

Please call Customer Service if you need an eye exam or glasses at **915-532-3778** or **1-877-532-3778** if outside of the calling area.

HOW DO I GET DENTAL SERVICES FOR MY CHILD?

For dental services, please call Delta Dental at **1-866-561-5892** (for TDD/TYY, call **1-800-735-2922**) Monday-Friday, 8 a.m. to 7 p.m. (Central Time) and they can assist you with any dental questions you have.

If your child is in CHIP, but has not received or has lost their dental ID card, dental services are still available. Call **1-866-561-5892** (toll free) for help. A representative will ask questions to verify CHIP coverage, help you find a dentist, and set up an appointment.

For more information, visit their website at: <http://www.deltadentalca.org/tchip>

CAN SOMEONE INTERPRET FOR ME WHEN I TALK WITH MY CHILD'S DOCTOR?

El Paso First provides translation services for members who speak languages other than English. El Paso First can get an interpreter to be present with you at the doctor's office. For this service, please call the Member Helpline at least 24 hours in advance at **915-532-3778** or **1-877-532-3778** if outside of the calling area.

We also have interpreters who know sign language to help with doctor visits. Let us know at least two days before your child's visit if you need this service.

El Paso First's telephone staff speaks English and Spanish. We can also mail information to you in other languages. If you need help hearing, El Paso First Health Plans, Inc. has a TDD line. For TDD help, call **915-532-3740**.

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WHAT IF MY DAUGHTER NEEDS OB/GYN CARE?

• ATTENTION FEMALE MEMBERS •

You have the right to select an OB/GYN without a referral from your child's PCP. The access to health care services of an OB/GYN includes:

- One well-woman check-up per year
- Care related to pregnancy
- Care for any female medical condition
- Referral to special doctor within the network

El Paso First does not limit your selection of an OB/GYN to your PCP's network.

You have the right to select an OB/GYN for your child without a referral from your child's PCP. These services are called "freedom-of-choice" services.

To choose an OB/GYN as your child's PCP, just call our Member Helpline at **915-532-3778** or **1-877-532-3778** if outside of the calling area, and let us know who you want to choose as your child's OB/GYN. Remember that you have to choose from the OB/GYN providers listed in the El Paso First Provider Directory.

You also have direct access to an OB/GYN. You are not required to choose an OB/GYN as your child's PCP, but if your child is pregnant, you should choose an OB/GYN to take care of her.

If your child has already been seen by an OB/GYN who is not part of the El Paso First Health Network, she may be able to continue seeing that OB/GYN. However, you will need to contact a Nurse Case Manager at **915-532-3778** or **1-877-532-3778**.

WHAT IF MY DAUGHTER IS PREGNANT?

If your daughter becomes pregnant call El Paso First's Customer Service Department at **915-532-3778** or **1-877-532-3778** if out of the area, as soon as you know your daughter is pregnant. She needs to apply right away for Medicaid services. Your daughter's baby will be enrolled in Medicaid from birth to a year if she enrolls in Medicaid while she is pregnant. If your daughter does not enroll in Medicaid while she is pregnant, she will have to apply for coverage for her newborn after the baby is born. Please note that there could be a gap in coverage for her baby.

Your daughter may also be able to receive WIC assistance. WIC is a program for pregnant women and mothers of children younger than five that provides certain free foods, such as milk, cereal, juice, eggs, and cheese. To apply for WIC, call **771-5850** to make an appointment.

For more information about the program, call WIC at **1-800-942-3678** or call the El Paso First Customer Service Department at **915-532-3778** or **1-877-532-3778** if outside the calling area.

WHO DO I CALL IF MY CHILD HAS SPECIAL HEALTH CARE NEEDS AND NEED SOMEONE TO ASSIST ME?

In certain cases, your child's doctor or another provider or healthcare professional might decide that your child has a special need.

If your child's PCP decides that he/she needs a special medical service or special medical equipment, and you agree, El Paso First will help make the arrangements for your child to receive the help that he/she needs.

If your child has a special health care need, contact our Customer Service Department at **915-532-3778** or **1-877-532-3778** for help.

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WHAT IF I GET A BILL FROM MY CHILD'S DOCTOR?

If you get a bill from your doctor, you should call El Paso First Health Plans, Inc. at **915-532-3778** or **1-877-532-3778** if outside of the calling area. A Customer Service Representative will be happy to help you. Have your El Paso First Plans, Inc. ID card and the bill ready.

WHAT DO I HAVE TO DO IF I/MY CHILD MOVE(S)?

Please call El Paso First Health Plans at **915-532-3778** or **1-877-532-3778** if outside of the calling area and HHSC **1-800-647-6558** as soon as you move away from the city. If you move away from the city, you will no longer be with El Paso First CHIP.

If your child needs care and is still enrolled with El Paso First, please call Customer Service at **1-877-532-3778** so we can help you get the care you need.

RIGHTS AND RESPONSIBILITIES

WHAT ARE MY RIGHTS AND RESPONSIBILITIES?

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your child's health plan, doctors, hospitals and other providers.
2. Your health plan must tell you if they use a "limited provider network." This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. Meaning, you cannot see all the doctors who are in your health plan. If your health plan uses "limited networks," you should check to see that your child's primary care provider and any specialist doctor you might like to see are part of the same "limited network."
3. You have a right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know what those payments are and how they work.
4. You have a right to know how the health plan decides about whether a service is covered and/or medically necessary. You have the right to know about the people in the health plan who make these decisions.
5. You have a right to know the names of the hospitals and other providers in your health plan and their addresses.
6. You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when he/she needs it.
7. If your child is confirmed to have special health care needs or a disability, you may be able to use a specialist as his/her primary care provider. Ask your health plan about this.
8. Children who are confirmed to have special health care needs or a disability have the right to special care.
9. If your child has special medical problems and the doctor you are seeing leaves your health plan, you may be able to continue seeing that doctor for three months and the health plan must continue paying for those services. Ask your plan how this works.
10. Your daughter has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from your primary care provider and without first checking with your health plan. Ask your plan how this works. Some plans may make you pick an OB/GYN before seeing that doctor without a referral.

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11. You have a right to emergency services when your child needs them if you reasonably believe your child's life is in danger or that he/she would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a few dollars depending on your income. This is called a "co-payment."
12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to speak for your child in all treatment choices.
14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
15. You have the right to be treated fairly by your health plan, doctors, hospitals and other providers.
16. You have the right to talk to your child's doctors and other providers in private and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.
17. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals and others who provide services to you. If your health plan says it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan is right.

YOUR RESPONSIBILITIES

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

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

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33

COMPLAINT PROCESS

WHAT SHOULD I DO IF I HAVE A COMPLAINT?

El Paso First wants all members to be satisfied with their health care services. If at any time you are not satisfied, please call Customer Service at **915-532-3778** or **1-877-532-3778** if outside the service area. A Customer Service Representative will work with others at El Paso First to correct the problem. You may mail your complaint letter to:

El Paso First Health Plans
Customer Service Manager
2501 N. Mesa
El Paso, Texas 79902

CAN SOMEONE FROM EL PASO FIRST HELP ME FILE A COMPLAINT?

As soon as you call or write, a Customer Service Advocate will be assigned to help you. This person will try to solve your concern quickly, possibly while you are waiting on the phone. If your concern cannot be resolved on the phone; El Paso First will send you a one page complaint form that must be returned to us for quick resolution of your complaint.

If necessary, a Customer Service Advocate will also help you fill out your formal complaint form and explain our complaint Process. The Complaint Process involves a series of steps you can take when you are not satisfied with the solution to your concern.

HOW LONG WILL IT TAKE TO PROCESS MY COMPLAINT?

You will receive a letter from El Paso First within (5) five days acknowledging your complaint. We shall complete the resolution of your complaint within (30) thirty calendar days after the receipt of your complaint. El Paso First will reach a decision about your complaint and inform you in writing of the decision. You will get a letter that tells you what was found out about your complaint and what El Paso First will do to solve the problem.

WHAT ARE THE REQUIREMENTS AND TIMEFRAMES FOR FILING A COMPLAINT?

You may file a formal complaint by calling **915-532-3778** or **1-877-532-3778** if outside of the calling area, or by writing to El Paso First. Mail your formal complaint letter to:

El Paso First Health Plans
Complaints and Appeal Department
2501 N. Mesa
El Paso, Texas 79902

IF I AM NOT SATISFIED WITH THE OUTCOME, WHO ELSE CAN I CONTACT?

If you are not satisfied or disagree with the decision of your complaint, please call El Paso First Health Plans at **915-532-3778** or toll-free at **1-877-532-3778** if outside of the calling area.

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DO I HAVE THE RIGHT TO MEET WITH A COMPLAINT APPEAL PANEL?

If you are not satisfied with the solution to your complaint, you may “appeal” by asking for a hearing with the Complaint Appeal Panel. This is a group of people, including people who, like you, are members of El Paso First, and people who work on the El Paso First team.

You must ask for the Complaint Appeal Panel meeting no more than 30 days after you get the letter from El Paso First about your complaint. The hearing will be scheduled within 30 days of your request. The Complaint Appeal Committee will send you a letter with a decision from the hearing.

A Member Service Advocate will help you set-up a meeting to meet with the Complaint Appeal Panel or we can mail you an appeal form. You can also request a Complaint Appeal Panel by writing to:

El Paso First Health Plans
Attn: Health Services Department
2501 N. Mesa
El Paso, TX 79902

PROCESS TO APPEAL A CHIP ADVERSE DETERMINATION

WHAT CAN I DO IF EL PASO FIRST HEALTH PLANS DENIES OR LIMITS MY DOCTOR’S REQUEST FOR A COVERED SERVICE?

If you or your physician of record are not satisfied or disagree with an adverse determination, you or your physician may appeal the determination.

HOW WILL I BE NOTIFIED IF SERVICES ARE DENIED?

El Paso First will notify you in writing of our final decision with specific reasons for the denial.

WHEN DO I HAVE THE RIGHT TO REQUEST AN APPEAL?

If you believe that El Paso First has taken an action to deny, delay, reduce or terminate covered services, you may file an appeal. El Paso First will send you a written notice at least 10 days before it takes any action to deny, delay, reduce or terminate covered services, except in some very limited emergency situations.

El Paso First will also send you a written description of how you must file the appeal. You may call the Customer Services Representative for help in following the steps to file the appeal. The Customer Services Representative will also help you during the hearing process if you ask.

You may request an appeal by calling **915-532-3778** or **1-877-532-3778** if outside of the calling area, or by writing to El Paso First. Mail your appeal letter to:

El Paso First Health Plans
Attn: Health Services Department
2501 N. Mesa
El Paso, Texas 79902

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35

WHAT ARE THE TIMEFRAMES FOR THE APPEAL PROCESS?

You will receive a letter from El Paso First within (5) five days acknowledging your appeal. We shall complete the resolution of your appeal within (30) thirty calendar days after the receipt of your appeal. El Paso First will reach a decision about your appeal and inform you in writing of the decision.

If you believe that serious medical consequences will result from El Paso First's failure to provide specific medical services, you may ask the Member Services Advocate for a speedy review. Our Chief Medical Officer will review your request within 24 hours and will inform you in writing of the decision.

DOES MY REQUEST FOR AN APPEAL HAVE TO BE IN WRITING?

Yes, you should submit your appeal in writing to El Paso First's Health Services Department by mail or fax at:

El Paso First Health Plans
Attn: Health Services
2501 N. Mesa
El Paso, Texas 79902
915-298-7866 (fax)

CAN SOMEONE FROM EL PASO FIRST ASSIST ME IN FILING AN APPEAL?

Yes, if necessary, a Customer Service Advocate will also help you fill out your appeal form and explain the appeal process. Please call our Customer Service Department at **915-532-3778** or **1-877-532-3778** if outside of the calling area.

EXPEDITED EL PASO FIRST APPEAL

WHAT IS AN EXPEDITED APPEAL?

An expedited fair hearing is when the HMO is required to make a decision quickly based on your health status and taking the time for a standard appeal could jeopardize your life or health.

HOW DO I REQUEST AN EXPEDITED APPEAL?

If you and/or your doctor believe that taking the full time to resolve your appeal could seriously jeopardize your life or health, you can request and expedite an appeal. You can submit your expedited appeal orally, by contacting El Paso First Health Services department at **915-532-3778** or **1-877-532-3778** if outside of the calling area.

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DOES MY REQUEST HAVE TO BE IN WRITING?

Yes, you should submit your expedited appeal in writing to El Paso First's Health Services Department by mail or fax at:

El Paso First Health Plans
Attn: Health Services
2501 N. Mesa
El Paso, TX 79902
915-298-7866 (fax)

WHAT IS THE TIMEFRAMES FOR AN EXPEDITED APPEAL?

If you appeal relates to on going emergency or denial to continue a hospital stay, El Paso First will resolve your expedited appeal within one business day. Other expedited appeals will be resolved with three days or may be extended up to 14 days if there is need for more information that will take more time to resolve your appeal. If El Paso First determines that your appeal will not be expedited then the resolution will be made within 30 days.

WHAT HAPPENS IF EL PASO FIRST HEALTH PLANS DENIES THE REQUEST FOR AN EXPEDITED APPEAL?

If you are still receiving a service that is being terminated, suspended, or reduced, you must file your appeal with 10 days of the denial letter so that the appeal to continue the services you are currently receiving can be considered. El Paso First will continue to provide benefits you are currently receiving while your appeal is being reviewed if:

- Your appeal is sent in the required time frame
- Your appeal is for a service that was terminated, suspended or reduced, that had been previously approved
- Your appeal is for a service ordered by an El Paso First approved provider.

WHO CAN ASSIST ME IN FILING AN APPEAL?

Please call our Customer Service Department at **915-532-3778** or **1-877-532-3778** if outside of the calling area and we will direct you to one of our nurse case managers.

INDEPENDENT REVIEW ORGANIZATION (IRO) PROCESS

WHAT IS AN INDEPENDENT REVIEW ORGANIZATION?

An Independent Review Organization (IRO) is an outside organization that the Texas Department of Insurance (TDI) chooses to review your health plan's denial of a service you and your doctor feel is medically necessary.

An Independent Review Organization (IRO) will review the decision made by El Paso First to not pay for a treatment it considers medically unnecessary or inappropriate. But, you must first appeal your denial of a service to El Paso First before requesting an IRO review. You can skip the appeal process if you or your doctor believes your condition is life threatening.

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Following the denial of an appeal, you will receive an independent review request form within the envelope of the denial letter. If you want an independent review, fill out the form and mail it to El Paso First in the enclosed envelope. El Paso First will then send your request to TDI. The Texas Department of Insurance (TDI) will let you and El Paso First know who the IRO is. El Paso First will then send all of the records on your case to the IRO. The IRO will make a decision in no more than 15 days from the date they receive all of the information from El Paso First about your case. The IRO will send you a letter that will let you know what they decide.

If at anytime you have any questions or concerns, please call Customer Service at **915-532-3778** or **1-877-532-3778** if outside the service area.

HOW DO I REQUEST AN IRO REVIEW?

You may call El Paso First Member Services or the Consumer Help Line **(800) 252-3449** to ask for an immediate appeal or for questions or help with requesting an independent review. You also have the right to appeal to the state at any time during or after the plan's complaint process.

WHAT ARE THE TIMEFRAMES FOR THIS PROCESS?

You also have the right to appeal to the state at any time during or after the plan's complaint process.

If you believe that serious medical consequences will result from El Paso First's failure to provide specific medical services, you may ask a Customer Service Representative for a speedy review. Our Chief Medical Officer will review your request within 24 hours and will inform you in writing of the decision.

FRAUD INFORMATION

REPORTING FRAUD AND ABUSE OF THE CHIP PROGRAM

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

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

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

El Paso First Health Plans
Fraud Hotline
2501 N. Mesa
El Paso, TX 79902
1-866-356-8395 (Toll Free)

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

To report providers, use this address:
Office of Inspector General
Medicaid Provider Integrity/Mail Code 1361
P.O. Box 85200
Austin, TX 78708-5200

To report clients, use this address:
Office of Inspector General
General Investigations/Mail Code 1362
P.O. Box 85200
Austin, TX 78708-5200

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- When reporting a provider (e.g., doctor, dentist, counselor, etc.) provide the following:
 - Name, address, and phone number of provider;
 - Name and address of the facility (hospital, nursing home, home health agency, etc.);
 - CHIP/Medicaid number of the provider and facility is helpful;
 - Type of provider (physician, physical therapist, pharmacist, etc.);
 - Names and the number of other witnesses who can aide in the investigation;
 - Dates of events; and
 - Summary of what happened.
- When reporting a client (a person who receives benefits) provide the following:
 - The person's name;
 - The person's date of birth, social security number, or case number if available;
 - The city where the person resides; and
 - Specific details about the waste, abuse or fraud.

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39

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