Table of Contents

About Cook Children’s Health Plan .................................................................................. 2
CCHP Toll-Free Member Services Line ........................................................................ 2
Important Quick Reference Telephone Numbers ......................................................... 2
CHIP Perinatal Member Identification Card .................................................................. 2
Your CHIP Perinatal Provider ....................................................................................... 3
Referrals ....................................................................................................................... 4
Routine, Urgent, and Emergency Care ......................................................................... 4
Claims Information ...................................................................................................... 5
Traveling Outside the Service Area .............................................................................. 6
Pharmacy Services ........................................................................................................ 6
Member Services .......................................................................................................... 7
Enrollment Information .............................................................................................. 8
Your CHIP Perinatal Benefits ..................................................................................... 9
Health Education Services ......................................................................................... 11
CHIP Perinatal Scope of Benefits ............................................................................... 12
Value Added Services .................................................................................................. 16
CHIP Perinatal Benefit Exclusions ............................................................................. 17
Member Rights and Responsibilities ......................................................................... 18
Additional CCHP Rights and Responsibilities ............................................................ 19
Complaints ................................................................................................................... 20
Process to Appeal a CHIP Adverse Determination .................................................... 21
Expedited MCO Appeal .............................................................................................. 21
Independent Review Organization Process .................................................................. 22
Report CHIP Waste, Fraud, and Abuse ........................................................................ 22
ABOUT COOK CHILDREN’S HEALTH PLAN

Thank you for choosing Cook Children’s Health Plan (CCHP) to manage your CHIP Perinatal benefits. CCHP is a health maintenance organization (HMO). CCHP is pleased to be a health plan for CHIP Perinatal. We are committed to giving you the best care to help you have a healthy baby. This handbook will tell you about the services that are available to you.

CCHP TOLL FREE MEMBER SERVICES LINE

If you have a question or need help, call CCHP’s Member Services at 682-885-2247 or 1-800-964-2247. You can reach Member Services during regular business hours Monday to Friday from 8 a.m. to 5 p.m., local time for service area (not including state approved holidays). You can leave a message after business hours and on weekends and holidays. CCHP will call you back the next working day. The phone message is recorded in English and Spanish.

CCHP Offers:

- Translation services for members who speak languages other than English. Call Member Services and a Member Services Representative will put you in touch with someone who speaks your language. If you need an interpreter in the doctor’s office call Member Services at least one week in advance.
- TTY services for members who have a hearing loss. You can call CCHP’s TTY line at 682-885-2138 and a Member Services Representative will be able to help you.
- The Member Handbook in audio tape, large print, Braille or other language if you ask for it or if CCHP finds that you need it.

IMPORTANT QUICK REFERENCE TELEPHONE NUMBERS

<table>
<thead>
<tr>
<th>For Questions About:</th>
<th>Company:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP Perinatal Enrollment</td>
<td>CHIP</td>
<td>1-800-647-6558</td>
</tr>
<tr>
<td>CHIP Prescriptions</td>
<td>CCHP</td>
<td>1-800-964-2247 or 682-885-2247</td>
</tr>
<tr>
<td>CHIP Perinatal Benefits</td>
<td>CCHP</td>
<td>1-800-964-2247 or 682-885-2247</td>
</tr>
<tr>
<td>Hearing Impaired Members</td>
<td>Call the CCHP TTY Line</td>
<td>682-885-2138</td>
</tr>
<tr>
<td>24 Hour Nurse Advice Line</td>
<td>CCHP</td>
<td>1-866-971-2665</td>
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</tbody>
</table>

CHIP PERINATAL MEMBER IDENTIFICATION CARD

How can I show that I am a CHIP Perinatal Member?
CCHP will mail you a CHIP Perinatal Member Identification Card (ID card). It will look like the one on page 3. You must show your CHIP Perinatal ID card when you receive services.

How do I read the CHIP Perinatal ID card?
The front of the ID card has your:

- Name
- CHIP Perinatal ID number
- Effective date
- Benefit category
- CCHP’s Member Services Toll-Free number
The Back of the ID card has:
- Other important toll-free numbers
- Billing information for providers

What if I lose my CCHP CHIP Perinatal ID card?
If you lose your CCHP CHIP Perinatal member ID card, call Member Services at 682-885-2247 or 1-800-964-2247. A new ID card will be sent to you in as little as 7-10 business days.

What do I need to bring to a Perinatal Provider's appointment?
You will need to show proof that you are covered by CHIP Perinatal. You can do this by showing your CCHP CHIP Perinatal ID card. You should also take a list of any medicines that you are taking with you.

Can a clinic be a Perinatal Provider? (Rural Health Clinic, Federally Qualified Health Center)
Yes. A Perinatal Provider at one of the clinics can be your CHIP Perinatal Provider. You can find a list of available doctors in your CHIP Perinatal Provider Directory.

How do I choose a Perinatal Provider?
You can choose a Perinatal Provider by:
- Looking through your CHIP Perinatal provider directory. You should have received one when you enrolled
- Going to CCHP's website at www.cookchp.org for a list of available CHIP Perinatal Providers near you. The list will tell you where each doctor is located. The list will also tell you if they speak a language other than English.
- Calling Member Services at 682-885-2247 or 1-800-964-2247. They can help you find a CHIP Perinatal Provider near you.

Will I need a referral?
You do not need a referral to see your CHIP Perinatal Provider. You should call your CHIP Perinatal Provider as soon as possible to make an appointment.
How soon can I be seen after contacting a Perinatal Provider for an appointment?
When you call your CHIP Perinatal Provider to make an appointment, they should be able to see you within 2 weeks of your call.

Can I stay with a Perinatal Provider if they are not with CCHP?
If you are seeing a doctor that is not in the CCHP network, call Member Services 682 885-2247 or 1-800-964-2247. They can help you find a doctor who is with CCHP.

Can I select my baby’s Primary Care Provider before they are born? Who do I call?
Yes. You can pick a Primary Care Provider for your baby before they are born. Call Member Services at 682-885-2247 or at 1-800-964-2247. They can help pick a Primary Care Provider for your unborn baby or send you a CCHP CHIP provider directory.

What information do they need?
Member Services will need your CHIP Perinatal ID number as well as the name of the Primary Care Provider you would like to pick for your baby.

How do I get after hours care? How do I get medical care after my Primary Care Provider’s office is closed?
Your doctor is available to you 24 hours a day. If you need care after normal office hours, call your CHIP Perinatal Provider. They will have a doctor on call that can give you advice on what to do.

You can also call our 24 hour Nurse Advice Line at 1-866-971-2665 if you have a medical concern that is not an emergency.

If you have an emergency, go to the nearest hospital or call 9-1-1 if you need help.

REFERRALS

What is a referral?
For most of your prenatal care, you will see your CHIP Perinatal Provider. Your CHIP Perinatal Provider will send you to another doctor for any special medical needs that he or she may not be able to take care of. This is called a “referral”.

What services do not need a referral?
You do not need a referral for:
- Emergency Care- If you have an emergency, go to the nearest hospital emergency room or call 9-1-1. If you are admitted to the hospital call your CHIP Perinatal Provider to let them know that you are in the hospital.
- Prenatal Care- You can get your covered prenatal care from your CHIP Perinatal provider without a referral.

ROUTINE, URGENT AND EMERGENCY CARE

What is routine medical care? How soon can I expect to be seen?
Routine care is care that is not urgent or emergent. Routine care may include your prenatal checkups as well as any follow-up care that you may need.

You should be seen within 2 weeks for routine medical care. It is important for you to keep your appointments so that you can have a healthy baby.
What is urgent medical care? How soon can I expect to be seen?
Urgent medical care is when your medical need is urgent enough to see your CHIP Perinatal Provider, but is not life-threatening.

Your CHIP Perinatal Provider should be the first person to call if you:
- need to be seen for any urgent medical problems
- have any questions about your unborn baby

You should be seen within 24 hours if you have an urgent medical need.

What is an Emergency, an Emergency Medical Condition and an Emergency Behavioral Health Condition?
Emergency care is a covered service if it directly relates to the delivery of the unborn child until birth. Emergency care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions.

An “Emergency Medical Condition” is 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 condition, sickness, or injury is of such a nature that failure to get immediate care could result in:
- Placing the unborn child’s health in serious jeopardy;
- Serious impairment to bodily functions as related to the unborn child;
- Serious dysfunction of any bodily organ or part that would affect the unborn child;
- Serious disfigurement to the unborn child; or
- In the case of a pregnant woman, serious jeopardy to the health of the woman or her unborn child.

“Emergency Behavioral Health Condition” means any condition, without regard to the nature or cause of the condition, that in the opinion of a prudent layperson, possessing average knowledge of medicine and health:
- Requires immediate intervention and/or medical attention without which the mother of the unborn child would present an immediate danger to the unborn child or others;
- That renders the mother of the unborn child incapable of controlling, knowing or understanding the consequences of her actions.

What is Emergency Services and/or Emergency Care?
“Emergency Services” and/or “Emergency Care” are covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition and/or Emergency Behavioral Health Condition, including post-stabilization care services related to labor and delivery of the unborn child.

How soon can I expect to be seen?
You should be seen right away for any emergency services. If you need help getting to the hospital, dial 9-1-1.
CLAIMS INFORMATION

What if I get a bill from a Perinatal Provider?
If you get a bill from a Perinatal Provider for covered services call CCHP right away. If you do not call us, the provider may send the bill to a collection agency.

If the bill is for a covered service, we will help you take care of the bill.

Who do I call? What information will they need?
If you get a bill, you should call:

- The provider or hospital billing you. Ask them why they are sending you a bill. Remind them that you are covered by the CHIP Perinatal and give them your CHIP Perinatal member information. That way, they can send the bill to the right place.
- CCHP’s Claims Department at 682-885-2247 or 1-800-964-2247. Let them know you received a bill. They will talk to whoever is sending you the bill. You need to give them the:
  ▶ name of the CHIP Perinatal doctor
  ▶ date the service was given
  ▶ type of service received
  ▶ amount of the bill

You will have to apply for emergency Medicaid to pay the bills:
- if you went to the hospital; and
- you did not deliver your baby

You will receive Form H3038. Your doctor will usually complete and return this form for you at the hospital at the time of delivery.

TRAVELING OUTSIDE THE SERVICE AREA

What if I get sick when I am out of town or traveling?
If you/your child needs medical care when traveling, call us toll-free at 682-885-2247 or 1-800-964-2247 and we will help you find a doctor.

If you/your child needs emergency services while traveling, go to a nearby hospital, then call us toll free at 682-885-2247 or 1-800-964-2247.

What if I am out of the state?
You can still get covered emergency services if you are out of the state of Texas. You also need to call CCHP at 682-885-2247 or 1-800-964-2247. Let them know that you need services outside of the state of Texas.

CCHP will not pay for any service that is not covered under the CHIP Perinatal.

What if I am out of the country?
Medical services performed out of the country are not covered by CHIP.
PHARMACY SERVICES

How do I get my medications?
CHIP Perinatal covers most of the medicine your unborn child’s doctor says you need. Your doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription for you.

There are no co-payments required for CHIP Perinatal Members.

How do I find a network drug store?
If you need to find a drug store, you can:
• Call CCHP at 682-885-2247 or 1-800-964-2247.
• Go to the CCHP website at www.cookchp.org.
• Refer to your CHIP Perinatal Provider Directory

What if I go to a drug store not in the network?
If you go to a pharmacy that is not in the network, that pharmacy can call the Pharmacist Help Line number on the back of your ID card. They can help you get your refills.

What do I bring with me to the drug store?
You need to be sure to take your CHIP Perinatal ID card with you when you go to the drug store.

What if I need my medications delivered to me?
For a list of pharmacies that deliver, you can:
• Call CCHP at 682-885-2247 or 1-800-964-2247.
• Go to the CCHP website at www.cookchp.org.
• Refer to your CHIP Perinatal Provider Directory

Who do I call if I have problems getting my medications?
If you have problems getting your medications, please call CCHP’s Member Services Department at 682-885-2247 or 1-800-964-2247.

What if I can’t get the medication my doctor ordered approved?
If your doctor cannot be reached to approve a prescription, you may be able to get a three day emergency supply of your medication.

Call CCHP at 1-800-964-2247 for help with your medications and refills.

What if I lose my medication?
Medications that are lost or stolen are not a covered benefit. You can call your pharmacy for an early refill and pay the cost of the medication.

What if I need an over the counter medication?
The pharmacy cannot give you an over the counter medication as part of your CHIP Perinatal benefit. If you need an over the counter medication, you will have to pay for it.

What if I need more than 34 days of a prescribed medication?
The pharmacy can only give your child as much of medication as your child needs for 34 days. For any other questions, please call CCHP at 1-800-964-2247.

What are my unborn child’s prescription drug benefits?
Your unborn child is covered for prescriptions and Prenatal Vitamins. If you have any questions about your unborn child’s pharmacy benefits, please call CCHP at 1-800-964-2247.
INTERPRETER

Can someone interpret for me when I talk with my Perinatal Provider?
Yes. CCHP can help you talk with your doctor. CCHP will provide an interpreter that can speak your language.

Who do I call for an interpreter? How far ahead of time do I need to call?
Call Member Services at 682-885-2247 or 1-800-964-2247 at least 3 days before your appointment.

How can I get a face-to-face interpreter in the provider's office?
Call Member Services at least 3 days before your appointment so they can arrange for the interpreter to go with you to your doctor.

What do I have to do if I move?
As soon as you have your new address, give it to the local HHSC benefits office and CCHP’s Member Services Department at 1-800-964-2247. Before you get CHIP services in your new area, you must call CCHP, unless you need emergency services. You will continue to get care through CCHP until HHSC changes your address.

ENROLLMENT INFORMATION

How much do I have to pay for my unborn child's health care under CHIP Perinatal?
You do not have to pay any cost sharing or co-pays while you are on CHIP Perinatal.

When does CHIP Perinatal coverage end?
Your CHIP Perinatal Coverage will last 12 months. Your CHIP Perinatal Coverage will end on the last day of the month that you deliver your baby. Your baby will continue to receive CHIP Perinatal Newborn coverage for the remainder of the 12 month.

Will the state send me anything when my CHIP Perinatal coverage ends?
Yes. The state will send you a letter letting you know that the coverage under CHIP Perinatal has ended.

- **Attention:** If you meet certain income requirements, your baby will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth.

- Your baby will continue to receive services through the CHIP Program if you meet the CHIP Perinatal requirements. Your baby will get 12 months of continuous CHIP Perinatal coverage through his or her health plan, beginning with the month of enrollment as an unborn child.

What if I want to change health plans?

- Once you pick a health plan for your unborn child, the child must stay in this health plan until the child’s CHIP Perinatal coverage ends. The 12-month CHIP Perinatal coverage begins when your unborn child is enrolled in CHIP Perinatal and continues after your child is born.

- If you live in an area with more than one CHIP health plan, and you do not pick a plan within 15 days of getting the enrollment packet, HHSC will pick a health plan for your unborn child and send you information about that health plan. If HHSC picks a health plan for your unborn child, you will have 90 days to pick another health plan if you are not happy with the plan HHSC chooses.
• If you have children covered by CHIP, their health plans might change once you are approved for CHIP Perinatal coverage. When a member of the family is approved for CHIP Perinatal coverage and picks a perinatal health plan, all children in the family that are enrolled in CHIP must join the health plan providing the CHIP Perinatal services. The children must remain with the same health plan until the end of the CHIP Perinatal Member's enrollment period, or the end of the other children's enrollment period, whichever happens last. At that point, you can pick a different health plan for the children.

• You can ask to change health plans:
  ▶ For any reason within 90 days of enrollment in the CHIP Perinatal; and
  ▶ For cause at any time.

Who do I call?
For more information, call toll free at 1-800-647-6558.

How does renewal work?
You will get a renewal packet during the 10th month of coverage. The packet will have a renewal application and will also tell you how to fill it out. Be sure that you send any information they may ask for. Sign and date the application. Many families do not have to pay anything. You may need to pay a one-time enrollment fee based on your income.

Concurrent Enrollment of Family Members in CHIP and CHIP Perinatal and Medicaid Coverage for Certain Newborns

Children enrolled in CHIP will remain in the CHIP Program, but will be moved to a health plan that is providing CHIP Perinatal coverage. Copayments, cost sharing and enrollment fees will still apply for those children that are enrolled in the CHIP Program.

• If an unborn child enrolled in CHIP Perinatal lives in a family with an income at or below 185% of the Federal Poverty Level, they will be moved to Medicaid for 12 months of continuous Medicaid coverage, beginning on the date of birth.

• If an unborn child enrolled in CHIP Perinatal lives in a family with an income above 185% to 200% of the Federal Poverty Level, they will continue to receive coverage through the CHIP Program as a “CHIP Perinatal Newborn” beginning on the date of birth.

YOUR CHIP PERINATAL BENEFITS

Does my baby receive benefits at birth?
If your family is at or below 185% of the Federal Poverty Level (FPL), your baby will get Medicaid benefits on the date of birth for the duration of the 12 months enrollment.

If your family is above 186% to 200% of the FPL, your baby will continue to get benefits through the CHIP Program for the duration of the 12 months enrollment.

Call CHIP Perinatal at 1-877-KIDS-NOW (1-877-543-7669) to let them know that you gave birth. Make sure to give them the baby’s:

• Date of Birth
• Gender
• Name
What are my unborn child’s CHIP Perinatal benefits?
Your unborn child’s benefits include:

- Up to 20 prenatal visits
  - one visit every four weeks for the first 28 weeks of pregnancy
  - one visit every two to three weeks from 28 to 36 weeks of pregnancy
  - one visit per week from 36 weeks to delivery
  - Extra prenatal visits are allowed if they are medically necessary
- Pharmacy services
- Limited laboratory testing
- Assessments
- Planning services
- Education
- Counseling
- Prescription coverage. This is based on the current CHIP formulary
- Hospital facility charges related to the delivery
- Professional services charges related to the delivery.

Pre-term labor that does not result in a birth and false labor are not covered benefits.

How do I get these services?
Call your Perinatal Provider to schedule a visit to get these benefits. If you have any questions about your CHIP Perinatal benefits, please call Member Services at 682-885-2247 or 1-800-964-2247.

What Extra Benefits does CCHP offer?
You can get these extra benefits:

- Up to $25.00 for over-the-counter medicines
- Up to $70.00 for prepared childbirth, Lamaze and breast feeding classes.
- Free 24 hour Nurse Advice Line

How can I get these benefits for my unborn child?
Call Member Services at 682-885-2247 or 1-800-964-2247 to learn more about the benefits.

What services are not covered?
Some benefits not covered include:

- Inpatient hospital care for the mother of the unborn child that is not related to labor with delivery, such as a broken arm.
- Labor without delivery of the baby (false labor)
- Most outpatient specialty services, such as mental health and substance abuse treatment, asthma and cardiac care.

Please turn to page 17 of this handbook on page for a full list of covered and non covered services and any services that may have limits.

Will I have to pay for services that are not covered benefits?
If you get services that are not covered by CHIP Perinatal, you will have to pay for those services.

If you have an emergency condition, you can apply for Emergency Medicaid to pay for those services.
What if I need services that are not covered by CHIP Perinatal?
Your CHIP Perinatal Provider can give you information on other clinics or doctors that can give you those services that are not covered under the CHIP Perinatal.

You can also call CCHP’s Member Services Department at 682-885-2247 or 1-800-964-2247. They may be able to help you to find other ways to get those services that are not covered.

HEALTH EDUCATION SERVICES

What Health Education classes does CCHP offer?

Baby Steps Program

When you join the “Baby Steps” Program, we mail you a “Baby Basics” book that tells you about your pregnancy, childbirth, and newborn care.

CCHP will also pay up to $70.00 for prepared childbirth, Lamaze, and breastfeeding classes.

The Baby Steps Program team includes:

- Nurse Case Managers
- a Social Worker
- Case Management Assistants

They can help you throughout your pregnancy from 8am-5pm, Monday to Friday. The team can:

- Tell you about your benefits
- Help you find services in your community
- Help you get the services that the doctor thinks you and your baby need
- Tell you about state and local programs that could help you and your baby
- Help you decide on a plan of care to help meet your needs
- Send you information that can help you understand your health care needs and those of your unborn baby

Call CCHP at 682-885-2247 or 1-800-964-2247 Monday to Friday from 8a.m. to 5p.m. to get more information about these services.

24 Hour Nurse Advice Line

CCHP offers a free 24 hour nurse advice line. Members can have their health questions answered 24 hours a day, 7 days a week.

You can talk with a nurse about hundreds of health issues like:

- Coughs
- Colds
- Fever
- Headache
- Stomach pain
- Children’s health
- Food & diet
- Smoking
- Weight loss
- Pregnancy
Audio Health Library

The Nurse Advice Line also has an Audio Health Library where you have 24/7 access to over 1,500 health topics for:

- Adults
- Women
- Children

Members can call the 24 hour nurse advice line at 1-866-971-2665 (COOK).

CHIP PERINATAL SCOPE OF BENEFITS

What are Medically Necessary Services?

Covered services for CHIP Perinatal Members must meet the CHIP Perinatal definition of “Medically Necessary.”

**Medically Necessary Services** are health services that are:

**Physical:**
- Reasonable and necessary to prevent illness or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical malformation or limitations in function, threaten to cause or worsen a Disability, cause illness or infirmity of an unborn child, or endanger life of the unborn child
- Provided at appropriate facilities and at the appropriate levels of care for the treatment of an unborn child’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 unborn child’s; and
- No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness and efficiency.
- Are not experimental or investigative; and
- Are not primary for the convenience of the mother of the unborn child or health care provider.

**Medically necessary services** must be furnished in the most appropriate and least restrictive setting in which services can safely be provided and must be provided at the most appropriate level or supply of service which can safely be provided and which could not be omitted without adversely affecting the unborn child’s physical health and/or the quality of care provided.

INPATIENT GENERAL ACUTE AND INPATIENT REHABILITATION HOSPITAL SERVICES

**COVERED BENEFIT:**

Services include:

- Operating, recovery, and other treatment rooms
- Anesthesia and administration (facility technical component)
- Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero.)
Inpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to:

- Dilation and curettage (D&C) procedures,
- Appropriate provider administered medications,
- Ultrasounds, and
- Histological examination of tissue samples.

**LIMITATIONS:**

- Medically necessary surgical services are limited to services that directly relate to the delivery of the unborn child, and services related to miscarriage or non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero).
- For CHIP Perinates in families with incomes at or below 185% of the Federal Poverty Level, the facility charges are not a covered benefit; however, professional services charges associated with labor with delivery are a covered benefit.
- For CHIP Perinates in families with incomes above 185% to 200% of the Federal Poverty Level, benefits are limited to professional service charges and facility charges associated with labor with delivery until birth, and services related to miscarriage or a non-viable pregnancy.

**OUTPATIENT HOSPITAL, COMPREHENSIVE OUTPATIENT REHABILITATION HOSPITAL, CLINIC (INCLUDING HEALTH CENTER) AND AMBULATOR E HEALTH CARE CENTER**

**COVERED BENEFIT:**

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:

- X-ray, imaging, and radiological tests (technical component)
- Laboratory and pathology services (technical component)
- Machine diagnostic tests
- Drugs, medications and biologicals that are medically necessary prescription and injection drugs
- Outpatient services associated with (a) miscarriage or (b) a non-viable pregnancy include, but are not limited to:
  - Dilation and curettage (D&C) procedures,
  - Appropriate provider-administered medications,
  - Ultrasounds, and
  - Histological examination of tissue samples,
- Amniocentesis, Cordocentisis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for the Cordocentisis, FIUT are covered benefits with an appropriate diagnosis.
- Outpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero.)
- Surgical services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero.)

**LIMITATIONS:**

- May require prior authorization and physician prescription
- Laboratory and radiological services are limited to services that directly relate to ante partum care and/or the delivery of the covered CHIP Perinatal until birth.
- Ultrasound of the pregnant uterus is a covered benefit when medically indicated. Ultrasound may be indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation, or gestational age confirmation or miscarriage or non-viable pregnancy.
• Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Cordocentesis, FIUT are covered benefits with an appropriate diagnosis.
• Laboratory tests are limited to:
  ▶ Non-stress testing
  ▶ Contraction stress testing
  ▶ hemoglobin or hematocrit repeated once a trimester and at 32-36 weeks of pregnancy; or complete blood count (CBC)
  ▶ urinalysis for protein and glucose every visit
  ▶ blood type and RH antibody screen
  ▶ repeat antibody screen for Rh negative women at 28 weeks followed by RHO immune globulin administration if indicated
  ▶ rubella antibody titer
  ▶ serology for syphilis
  ▶ hepatitis B surface antigen
  ▶ cervical cytology
  ▶ pregnancy test
  ▶ gonorrhea test
  ▶ urine culture
  ▶ sickle cell test
  ▶ tuberculosis (TB) test
  ▶ human immunodeficiency virus (HIV) antibody screen
  ▶ Chlamydia test
  ▶ other laboratory tests not specified but deemed medically necessary
  ▶ multiple marker screens for neural tube defects (if the client initiates care between 16 and 20 weeks)
  ▶ screen for gestational diabetes at 24-28 weeks of pregnancy
  ▶ other lab tests as indicated by medical condition of client

PHYSICIAN/PHYSICIAN EXTENDER PROFESSIONAL SERVICES

COVERED BENEFIT:

Services include but are not limited to the following:

• Medically necessary physician services are limited to prenatal and postpartum care and/or the delivery of the covered unborn child until birth
• Physician office visits, in-patient and out-patient services
• Laboratory, x-rays, imaging and pathology services including technical component and/or professional interpretation
• Medically necessary medications, biologicals and materials administered in Physician’s office
• Professional component (in/outpatient) of surgical services, including:
  ▶ Surgeons and assistant surgeons for surgical procedures directly related to the labor with delivery of the covered unborn child until birth
  ▶ Administration of anesthesia by Physician (other than surgeon) or CRNA
  ▶ Invasive diagnostic procedures directly related to the labor with delivery of the unborn child
• Surgical services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero.)
• Hospital-based Physician services (including Physician-performed technical and interpretive components)
• Professional component of the ultrasound of the pregnant uterus when medically indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation or gestational age confirmation
• Professional component of Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Amniocentesis, Cordocentesis, and FIUT
• Professional component associated with (a) miscarriage or (b) non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero.
• Professional services associated with miscarriage or non-viable pregnancy include, but are not limited to:
  ▶ dilation and curettage (D&C) procedures,
  ▶ appropriate provider-administered medications,
  ▶ Ultrasounds, and
  ▶ Histological examination of tissue samples.

LIMITATIONS:
• May require prior authorization and physician prescription

PREGNATAL CARE AND PRE-PREGNANCY FAMILY SERVICES AND SUPPLIES

COVERED BENEFIT:
Covered services are limited to an initial visit and subsequent prenatal (ante partum) care visits that include:
(1) One visit every four weeks for the first 28 weeks of pregnancy
(2) One visit every two to three weeks from 28 to 36 weeks of pregnancy
(3) One visit per week from 36 weeks to delivery

More frequent visits are allowed as Medically Necessary.

LIMITATIONS:
• Limit of 20 prenatal visits and 2 postpartum visits (maximum within 60 days) without documentation of a complication of pregnancy.
• More frequent visits may be necessary for high-risk pregnancies. High-risk prenatal visits are not limited to 20 visits per pregnancy. Documentation supporting medical necessity must be maintained in the physician’s files and is subject to retrospective review.

Visits after the initial visit must include:
• Interim history (problems, maternal status, fetal status)
• Physical examination (weight, blood pressure, fundal height, fetal position and size, fetal heart rate, extremities) and
• Laboratory tests (urinalysis for protein and glucose every visit; hematocrit or hemoglobin repeated once a trimester and at 32-36 weeks of pregnancy; multiple marker screen for fetal abnormalities offered at 16-20 weeks of pregnancy; repeat antibody screen for Rh negative women at 28 weeks followed by Rho immune globulin administration if indicated; screen for gestational diabetes at 24-28 weeks of pregnancy; and other lab tests as indicated by medical condition of client)
EMERGENCY SERVICES, INCLUDING EMERGENCY HOSPITALS, PHYSICIANS, AND AMBULANCE SERVICES

COVERED BENEFIT:

CCHP cannot require authorization as a condition for payment for emergency conditions related to labor with delivery.

Covered services are limited to those emergency services that are directly related to the delivery of the unborn child until birth.
- Emergency services based on prudent lay person definition of emergency health condition
- Medical screening examination to determine emergency when directly related to the delivery of the covered unborn child
- Stabilization services related to the labor with delivery of the covered unborn child
- Emergency ground, air and water transportation for labor and threatened labor is a covered benefit
- Emergency ground, air and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic, or a fetus that expired in utero.) is a covered benefit.

LIMITATIONS:

Post delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinatal are not covered benefits.

CASE MANAGEMENT AND CARE COORDINATION SERVICES

These covered services include:

- Outreach
- Informing
- Case management
- Care coordination
- Community referral

VALUE ADDED SERVICES

Over the counter drug benefit

Value Added Benefit:

CCHP will provide a maximum of $25.00 in reimbursement for over the counter medication.

Limitations:

- Members must send receipts to CCHP once total reaches $25.00.
- Benefit is limited to one reimbursement per year.

Prepared childbirth classes

Value Added Benefit:

CCHP will provide coverage for up to $70 for prepared childbirth, Lamaze and breast-feeding classes.
Limitations

- Classes are limited to one program enrollment per pregnancy.

24 hour Nurse Advice Line

Value Added Benefit:

CCHP offers a free 24 hr nurse advice line. Members can have their health questions answered 24 hours a day, 7 days a week. You can talk with a nurse about hundreds of health issues like:

- Coughs
- Colds
- Fever
- Headache
- Stomach pain
- Children's health
- Food & diet
- Smoking
- Weight loss
- Pregnancy

Audio Health Library

The Nurse Advice Line also has an Audio Health Library where you have 24/7 access to over 1,500 health topics including:

- Adult
- Children’s health
- Women’s health concerns

Members can call the 24 hour nurse advice line at 1-866-971-2665 (COOK).

CHIP PERINATAL BENEFIT EXCLUSIONS

- For CHIP Perinates in families with incomes at or below 185% of the Federal Poverty Level, inpatient facility charges are not a covered benefit if associated with the initial Perinatal Newborn admission. “Initial Perinatal Newborn admission” means the hospitalization associated with the birth.
- Inpatient and outpatient treatments other than prenatal care, labor with delivery, services related to (a) miscarriage and (b) a non-viable pregnancy, and postpartum care related to the covered unborn child until birth.
- Inpatient mental health services
- Outpatient mental health services
- Durable medical equipment or other medically related remedial devices
- Disposable medical supplies
- Home and community-based health care services
- Nursing care services
- Dental services
- Inpatient substance abuse treatment services and residential substance abuse treatment services
- Outpatient substance abuse treatment services
- Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders
- Hospice care
- Skilled nursing facility and rehabilitation hospital services
- Emergency services other than those directly related to the labor with delivery of the covered unborn child.
- Transplant services
- Tobacco Cessation Programs
- Chiropractic services
- Medical transportation not directly related to the labor or threatened labor, miscarriage or non-viable pregnancy and/or delivery of the covered unborn child.
- 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 related to labor with delivery or post partum care.
- 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
- Coverage while traveling outside of the United States and U.S. Territories (including Puerto Rico, U.S. Virgin Islands, Commonwealth of Northern Mariana Islands, Guam, and American Samoa).
- Mechanical organ replacement devices including, but not limited to, artificial heart
- Hospital services and supplies when confinement is solely for diagnostic testing purposes and not a part of labor with delivery
- 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 related to the labor with delivery of the covered unborn child
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity
- 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)
- Corrective orthopedic shoes
- Convenience items
- Orthotics primarily used for athletic or recreational purposes
- Custodial care (care that assists 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 caregiver. This care does not require the continuing attention of trained medical or paramedical personnel.)
- 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, vision therapy, or vision services
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered
- Donor non-medical expenses
- Charges incurred as a donor of an organ
MEMBER RIGHTS AND RESPONSIBILITIES

What are my rights and responsibilities?

Members Rights:

1. You have a right to get accurate, easy-to-understand information to help you make good choices about your unborn child's health plan, doctors, hospitals and other providers.
2. You have a right to know how the perinatal providers are paid. Some may get a fixed payment no matter how often you visit. Others get paid based on the services they provide for your unborn child. You have a right to know about what those payments are and how they work.
3. You have a right to know how the health plan decides whether a perinatal service is covered and/or medically necessary. You have the right to know about the people in the health plan who decides those things.
4. You have a right to know the names of the hospitals and other perinatal providers in the health plan and their addresses.
5. You have a right to pick from a list of health care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
6. You have a right to emergency perinatal services if you reasonably believe your unborn child's life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with the health plan.
7. You have the right and responsibility to take part in all the choices about your unborn child's health care.
8. You have the right to speak for your unborn child in all treatment choices.
9. You have the right to be treated fairly by the health plan, doctors, hospitals, and other providers.
10. You have the right to talk to your perinatal provider in private, and to have your medical records kept private. You have the right to look over and copy your medical records and to ask for changes to those records.
11. You have the right to a fair and quick process for solving problems with the health plan and the plan’s doctors, hospitals and others who provide Perinatal services for your unborn child. If the health plan says it will not pay for a covered Perinatal service or benefit that your unborn child’s doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
12. You have a right to know that doctors, hospitals, and other Perinatal providers can give you information about your or your unborn child's health status, medical care, or treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.

Member Responsibilities:

You and your health plan both have an interest in having your baby born healthy. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Stay away from tobacco and eat a healthy diet.
2. You must become involved in the decisions about your unborn child’s care.
3. If you have a disagreement with the health plan, you must try first to resolve it using the health plan’s complaint process.
4. You must learn about what your health plan does and does not cover. Read your CHIP Perinatal Handbook to understand how the rules work.
5. You must try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
6. You must report misuse of the CHIP Perinatal by health care providers, other members, or health plans.
7. You must talk to your provider about your medications that are prescribed.

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

ADDITIONAL CCHP MEMBER RIGHTS AND RESPONSIBILITIES

The Member has the right to:

1. Receive information about the organization, its services, its practitioners and providers, and member rights and responsibilities.
2. Be treated with respect and recognition of their dignity and their right to privacy.
3. Candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
4. Make recommendations regarding the organization's member rights and responsibilities policy.

The Member has the Responsibility to:

1. Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
2. Follow plans and instructions for care that they have agreed to with their practitioners.

COMPLAINTS

What should I do if I have a complaint? Who do I call?
We want to help. If you have a complaint, please call us toll-free at 682-885-2247 or 1-800-964-2247 to tell us about your problem. A CCHP Member Services Advocate can help you file a complaint. Just call 682-885-2247 or 1-800-964-2247. Most of the time, we can help you right away or at the most within a few days.

If I am not satisfied with the outcome, who else can I contact?
If you are not satisfied with the answer to your complaint, you can also complain to the Texas Department of Insurance by calling toll-free 1-800-252-3439. If you would like to make your request in writing send it to:

Texas Department of Insurance
Consumer Protection
P.O. Box 149091
Austin, Texas 78714-9091

Can someone from CCHP help me file a complaint?
Yes. Member Services will help you file your complaint. You may also send your complaint in writing to CCHP.

Mail your letter to:
Cook Children’s Health Plan
PO Box 2488
Fort Worth, TX. 76113-2488
Attention: Complaints and Appeals

How long will it take to process my complaint?
CCHP will send you a letter within 5 working days telling you that we have received your complaint. If you called CCHP with your complaint, we will also send a complaint form with the letter. You need to fill out the complaint form and send it back to CCHP.

**What are the requirements and timeframes for filing a complaint?**
CCHP will mail you a letter with the outcome of the complaint within 30 days of receiving your written complaint.

**If I am not satisfied with the outcome, who else can I contact? Do I have the right to meet with a complaint appeal panel?**
If you do not like the response to your complaint, you may contact CCHP and request an “appeal” by asking for a hearing with the Complaint Appeal Panel.

This is a group of people that includes equal numbers of:

- Community people who have CHIP
- People who work on the CCHP team
- Our Quality Management staff
- Health care providers

**PROCESS TO APPEAL A CHIP ADVERSE DETERMINATION**

**What can I do if my doctor asks for a service or medicine for me that’s covered but CCHP denies or limits it?**
You may ask CCHP for another review of this decision.

**How will I find out if services are denied?**
If services are denied, CCHP will send your provider a letter explaining why the service was denied. CCHP will send you a copy of the letter.

**What are the timeframes for the appeal process?**
An appeal shall be completed no later than 30 calendar days after CCHP receives your request.

Your doctor can ask for a specialty review if he thinks it is necessary. The specialty review will be completed within 15 working days from receipt of the request for an appeal. If CCHP does not approve an emergency service or longer stay in the hospital, the appeal must be finished in 1 working day.

**When do I have the right to request an appeal? Does my request have to be in writing?**
You have the right to ask for an appeal as soon as you get the letter telling you that the service was denied. You can ask for an appeal in writing or by calling CCHP at 682-885-2247 or 1-800-964-2247.

**Can someone from CCHP help me file an appeal?**
Yes. CCHP Case Managers can help you file an appeal.

**EXPEDITED MCO APPEAL**

**What is an Expedited Appeal?**
An Expedited Appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.
How do I ask for an Expedited Appeal? Does my request have to be in writing?
Call Care Management at 682-885-2247 or 1-800-964-2247. You can ask for an expedited appeal orally or in writing.

What are the timeframes for an Expedited Appeal?
The appeal must be completed based on the medical or dental immediacy of the condition, procedure or treatment. The appeal will be completed within one working day from the date all information necessary to complete the appeal is received.
We will call you right away with the results and send you a letter within one working day.

What happens if the CCHP denies the request for an Expedited Appeal?
If the request does not meet the expedited appeal criteria, the appeal request will follow the appeal process described above.
CCHP will let you know in writing if the request for appeal was denied.

Who can help me in filing an Expedited Appeal?
Care Management can help you file an appeal. Call 682-885-2247 or 1-800-964-2247 and a Case Manager will help you.

INDEPENDENT REVIEW ORGANIZATION PROCESS

What is an Independent Review Organization?
It is a review performed by an outside organization. The IRO is selected by the Texas Department of Insurance (TDI) to review the request for an appeal and render a decision on the request.

How do I ask for a review by an Independent Review Organization?
CCHP will send you a letter if we deny a service because it is not medically necessary. There are two ways you can ask for an IRO. You can:

- Fill out the form that you get with the letter from CCHP; or
- Call Care Management at 682-885-2247 or 1-800-964-2247.

CCHP will contact TDI and send them all of the facts about the appeal.

What are the timeframes for this process?
For other than a life-threatening condition, no later than the earlier of:

- The 15th day after the date the IRO receives the information they need to make their decision; or
- The 20th day after the date the IRO receives the request that a decision has been made

In the case of a life-threatening condition, no later than the earlier of:

- 5th day after the IRO receives the information they need to make their decision; or
- 8th day after the date the IRO receives the request that a decision be made.
Do you want to report CHIP Waste, Abuse, or Fraud?

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

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

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

- Call the OIG Hotline at 1-800-436-6184
- Visit [http://www.hhsc.state.tx.us/](http://www.hhsc.state.tx.us/) and pick “Click Here to Report Waste, Abuse, and Fraud” to complete the online form; or
- You can report directly to your health plan:
  - Cook Children’s Health Plan
  - Attention: Fraud, Waste, and Abuse Officer
    - PO Box 2488
    - Fort Worth, TX 76113-2488
  - 1-800-964-2247

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

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

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

When reporting about someone who gets benefits, include:

- The person’s name
- The person’s date of birth, Social Security Number, or case number if available
- The city where the person lives
- Specific details about the waste, abuse or fraud