



Bravo Health Member Handbook

Bravo Health
121 Airport Centre
2208 Hwy 121
Bedford, TX 76021

1-877-966-9272

TX_11_0009 01042011



Dear Bravo Health Member:

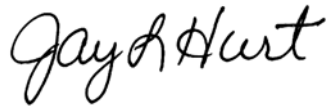
Thank you for choosing Bravo Health as your health care provider!

Please take a moment to read this Member Handbook. It tells you how Bravo Health works and how to keep you and your family healthy. The Handbook also tells you how to get health care when needed and provides you with extra helpful information. This Member Handbook can be made available in audio, larger print, Braille, or another language should you require it.

If you have any questions about the handbook or your benefits, please call Bravo Health Member Services at 1-877-966-9272. We are available Monday through Friday, 8 a.m. to 5 p.m. Central Time. Please call TTY 711.

Thank you again for choosing Bravo Health as your health plan. We are committed to helping you get the right care when you need it.

Sincerely,



Jay Hurt
Chief Operating Officer
Bravo Health Texas, Inc.

Estimado miembro de Bravo Health:

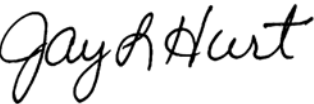
¡Gracias por escoger a Bravo Health como su proveedor de atención médica!

Por favor, tome un momento para leer este Manual para Miembros. Le indica cómo funciona Bravo Health y qué puede hacer para mantener a su familia sana. El manual también le dice cómo recibir atención médica cuando la necesite y le da otra información útil. Si es necesario, este Manual para Miembros se puede obtener en audio, letra grande, Braille o en otro idioma.

Si tiene alguna pregunta sobre el manual o sus beneficios, por favor, llame a Servicios para Miembros de Bravo Health al 1-877-966-9272. Atendemos de lunes a viernes, de 8 a.m. a 5 p.m., hora del centro. Por favor, llame a la línea TTY 711.

De nuevo, gracias por escoger a Bravo Health como su plan de salud. Estamos comprometidos a ayudarle a recibir la atención adecuada cuando la necesite.

Atentamente



Jay Hurt
Chief Operating Officer
Bravo Health Texas, Inc.

IMPORTANT PHONE NUMBERS

Below is a quick reference list of important phone numbers for you to know as a member of Bravo Health.

Member Services	1-877-966-9272
Member Services TTY	711
TTY/Texas Relay English	1-800-735-2989
TTY/Texas Relay Spanish	1-800-662-4954
Service Coordination	1-877-562-4402
Behavioral Health and Substance Abuse	1-866-467-3136
Mental Health Crisis	1-877-562-4397
24 Hour Nurse Advice Line (English/Spanish)	1-888-493-2717
Eye Care	1-866-921-7961
Dental Care	1-866-582-3601
Medicaid Managed Care Helpline	1-866-566-8989
Medicaid Managed Care Helpline TDD	1-866-222-4306
STAR+PLUS Help Line	1-800-964-2777
Medical Transportation Services	1-877-633-8747

Bravo Health Member Services is available to help you with any questions you may have. Our hours are 8 a.m. to 5 p.m. Central Time, Monday through Friday, excluding state-approved holidays.

Our Mental Health Crisis Line and Nurse Advice Line are available 24 hours a day, 7 days a week to help answer any immediate health concerns.

If you have a life threatening emergency or an emergency that poses a threat to the lives of others or property, call 911 or go directly to the nearest emergency room.

WELCOME TO BRAVO HEALTH

You will get most of your Medical Assistance services through Bravo Health. This Member Handbook will tell you how to use Bravo Health to get the health care you need. This Member Handbook can be made available in audio, larger print, Braille, or another language should you require it. Please contact Member Services and a Representative will be happy to help you.

HOW TO GET HELP

Bravo Health Member Services

As a Bravo Health Member, you can receive immediate help related to your benefits, the provider network or any other questions related to your plan. Please call Bravo Health Member Services at 1-877-966-9272 or locally at 1-817-803-2164, 8 a.m. to 5 p.m. Central Time, Monday through Friday, excluding state-approved holidays.

If you are hearing impaired, please call TTY 711. For additional Hearing Impaired services, please contact TTY/Texas Relay at 1-800-735-2989 (English) or 1-800-662-4954 (Spanish).

If you are calling after hours or on the weekend, you will have the option to leave a voice message. Someone will return your call on the next business day.

Bravo Health Representatives are available to assist in English and Spanish and uses the help of vendor Language Line Services. Through this service, Bravo Health can provide interpreter/translation service for over 170 languages.

Service Coordination

Service Coordination is a service Bravo Health provides for you. You and your Bravo Health Service Coordinator will work together to assess your health needs. Together you will create a care plan, organize all your services and then monitor your progress toward your health care goals.

You will be able to contact your Bravo Health Service Coordinator by phone with questions and concerns by calling 1-877-562-4402. You can also call Bravo Health Member Services at 1-877-966-9272 to contact your Service Coordinator.

Behavioral Health and Substance Abuse Services

You can get help by calling the Bravo Health Behavioral Health line at 1-866-467-3136.

If you have a mental health crisis, you also can get help by calling our Bravo Health Crisis Hotline at 1-877-562-4397 24 hours a day, 7 days a week.

There will be people who can speak with you in English or Spanish. If you need other languages, please tell them. Arrangements can also be made to have sufficient interpretation services.

If you have a life threatening emergency or an emergency that poses a threat to the lives of others or property, call 911 or go directly to the nearest emergency room.

Qualified mental health professionals will be available 24 hours per day, 7 days per week. These professionals can answer your questions, assess your mental health, and provide and coordinate services as needed.

24-Hour Nurse Advice Line

Bravo Health offers access to experienced registered Nurses 24 hours a day, 365 days a year for immediate, reliable information for any health concern. Please call 1-888-493-2717. Representatives can help in English or Spanish.

Eye Care

You can get routine eye care services by calling OptiCare at 1-866-921-7961.

Dental care

You can get routine dental care services by calling First Continental Life at 1-866-582-3601.

Other Important Phone Numbers

Medicaid Managed Care Helpline: 1-866-566-8989 (TDD: 1-866-222-4306)

STAR+PLUS Help Line: 1-800-964-2777

Medical Transportation Services

Please call the Medical Transportation Program (MTP) at 1-877-MED-TRIP (1-877-633-8747) to set up routine medical transportation. You must call MTP at least two business days before your appointment. This is a free call in Texas.

BRAVO HEALTH MEMBER HANDBOOK

121 Airport Centre, 2208 Hwy 121, Suite 210
Bedford, TX 76021
Hours of Operation:
Monday through Friday, 8 a.m. to 5 p.m. Central Time

Bravo Health Member Services
1-877-966-9272 (TTY 711)
www.mybravohealth.com/medicaid

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YOUR ID CARD

BRAVO HEALTH MEMBER IDENTIFICATION (ID) CARD

Your Bravo Health Member ID Card tells doctors and hospitals that you are a member of our plan. Every time you go to a doctor's appointment, you have lab tests done, you go to the Emergency Room, or you receive Long Term Care Services, take your ID card with you. Your Member ID Card also contains important information like your Medicaid ID number, your Primary Care Provider (PCP) name and phone number, and our Member Services Phone Number.

Below is a sample of the Bravo Health ID Card:

Medicaid Eligible Only

	
Issuer/Emisor	80840
② Member ID/Núm. de identificación del miembro	<Member ID #>
③ Name/Nombre	<Member Name>
④ PCP Name/Nombre del PCP:	<PCP Name>
④ PCP Phone/Teléfono del PCP:	<PCP Phone>
⑤ PCP Effective Date/Fecha de vigencia del PCP:	XX/XX/XXXX
In Case of Emergency call 911/En caso de emergencia, llame al 911	
Member Services/Servicios para Miembros:	<1-877-966-9272> ⑥
Available 24 hours a day, 7 days a week Disponible las 24 horas del día, los 7 días de la semana	
Hearing Impaired/Personas con problemas de la audición:	<711> ⑦
Service Coordination/Coordinación de servicios:	<1-877-562-4402> ⑧
Behavioral Health/Servicios de salud mental y abuso de sustancias:	<1-866-467-3136> ⑨
Available 24 hours a day, 7 days a week Disponible las 24 horas del día, los 7 días de la semana	
For Prior Authorization:	<1-877-562-4402> ⑩
Inpatient Claims:	All other medical claims:
TMHP	Bravo Health Texas STAR+PLUS
PO Box 200555	PO Box 981706
Austin, TX 78720-0555	El Paso, TX 79998-1706
⑪	

HOW TO READ YOUR ID CARD: MEDICAID ELIGIBLE ONLY

Front

- 1) The Bravo Health and STAR+PLUS Logos
- 2) Your Medicaid Member ID#, issued by HHSC
- 3) Your Name
- 4) The name and phone number of your Primary Care Provider
- 5) The Date you are assigned to your PCP

Back

- 6) The Member Services phone number, available 24 hours a day
- 7) The TTY number for Hearing Impaired Members. For additional Hearing Impaired services, please contact TTY/Texas Relay at 1-800-735-2989 (English) or 1-800-662-4954 (Spanish)
- 8) The Service Coordination department phone number
- 9) The Behavioral Health Crisis Hotline number
- 10) The phone number your Provider will call to obtain prior authorization for hospital visits, doctors' appointments, and Long Term Care Services
- 11) The address where your Providers will send claims

Medicare and Medicaid Dual Eligible

		Member Services/Servicios para Miembros: <1-877-966-9272> 6 Available 24 hours a day, 7 days a week Disponible las 24 horas del día, los 7 días de la semana	
Issuer/Emisor 80840		Hearing Impaired/Personas con problemas de la audición: <711> 7	
2 Member ID/Núm. de identificación del miembro <Member ID #>		Service Coordination/Coordinación de servicios: <1-877-562-4402> 8	
3 Name/Nombre <Member Name>		Behavioral Health/Servicios de salud mental y abuso de sustancias: <1-866-467-3136> 9	
4 PCP Name/Nombre del PCP: <See Medicare ID card>		Available 24 hours a day, 7 days a week Disponible las 24 horas del día, los 7 días de la semana	
5 PCP Phone/Teléfono del PCP: <See Medicare ID card>		Long Term Care Service ONLY/SOLO servicios de atención a largo plazo 12	
PCP Effective Date/Fecha de vigencia del PCP: XX/XX/XXXX		For Prior Authorization: <1-877-562-4402> 10	
In Case of Emergency call 911/En caso de emergencia, llame al 911		Inpatient Claims:	
		TMHP All other medical claims: PO Box 200555 Bravo Health Texas STAR+PLUS Austin, TX 78720-0555 El Paso, TX 981706 El Paso, TX 79998-1706	
		11	

HOW TO READ YOUR ID CARD: MEDICARE AND MEDICAID DUAL ELIGIBLE

Front

- 1) The Bravo Health and STAR+PLUS Logos
- 2) Your Medicaid Member ID#, issued by HHSC
- 3) Your Name
- 4) Your Primary Care Provider is assigned by your Medicare Plan. Please use that Provider for your routine health care needs.
- 5) Your Primary Care Provider is assigned by your Medicare Plan. This field will be blank on your Bravo Health STAR+PLUS ID card.

Back

- 6) The Member Services phone number, available 24 hours a day
- 7) The TTY number for Hearing Impaired Members. For additional Hearing Impaired services, please contact TTY/Texas Relay at 1-800-735-2989 (English) or 1-800-662-4954 (Spanish).
- 8) The Service Coordination department phone number
- 9) The Behavioral Health Crisis Hotline number.
- 10) The phone number your Provider will call to obtain prior authorization for hospital visits, doctors' appointments, and Long Term Care Services
- 11) The address where your Providers will send claims
- 12) This statement shows that Bravo Health only provides Long Term Care Services. Please use your Medicare insurance card for all Doctors visits, Pharmacy Visits, Lab Services, and Hospital Services.

If you lose or misplace your Member ID Card, please call Bravo Health Member Services at **1-877-966-9272**. We will send you a replacement card.

MEDICAID IDENTIFICATION FORM (FORM 3087)

You will get a Medicaid form in the mail each month as long as you are eligible for Medicaid. The Medicaid form tells providers about you and the services that you can get each month. Because you are now in STAR+PLUS, the form will look different than your regular Medicaid form. You will see the STAR+PLUS Program logo on the top right side of your form. This will tell providers that you are part of the STAR+PLUS Program.

The form has a "Good Through" date in the box at the top right side of the form. This means the Medicaid form is good through the last day of the month printed in this box. It will also show your name and the names of any other family members who are part of your Medicaid case.

As a member of the STAR+PLUS Program, your Medicaid form will show a health plan name below each name listed on the form. If you are under 21, you will also see a note under your name if you are due for a Texas Health Steps checkup. You will need to call your Primary Care Provider or health plan to set up a checkup.

The Medicaid form also shows that adults 21 years and older can get more than three prescriptions each month. Be sure to take your Medicaid form to the pharmacy when you need to get a prescription filled. The STAR+PLUS 3087 will not show the unlimited prescription benefit for members covered by Medicare.

In addition, the form has the following information:

- Date Run – This is the date the form was printed.
- BIN – This information is used for pharmacy services.
- BP – This is a code that tells where you live.
- TP – This is the type of Medicaid program you are enrolled in.
- Cat – This is your case category.
- Case No. – This is your case number.
- ID No. – This is your Medicaid number.
- Name – This is your full name as listed with Medicaid.
- Date of Birth – This is your birth date listed with Medicaid by month, day and year.
- Sex – This shows if you are female (F) or male (M).
- Eligibility Date – This is the date your Medicaid coverage started.
- TPR – This shows if you have other insurance. A "P" means you have private insurance and an "M" means you are eligible for Medicare.
- Medicare No. – This is your Medicare Number, if you have one.

Be sure to read the back of the Medicaid form. It tells you more about the form. There is also a box that has specific information for providers.

You must take both your Medicaid form and your Bravo Health plan ID card with you when you get any health care services. You will need to show your Medicaid form and Bravo Health plan ID card each time you need services.

If you lose your Medicaid form, call or visit your local HHSC Benefits Office to get another one. Dial 2-1-1 on your phone and select option 2 to get the location of your closest HHSC office.

A sample 3087 form is on the next page.

1.9 Medicaid Identification Form 3087

Following are examples of Forms 3087G1, 3087G2, 3087GL, and 3087GM. The actual Medicaid forms can be identified by a watermark Medicaid Eligibility Verification (Form 1027-A).

P.O. BOX 149030 952-X
AUSTIN, TEXAS 78714-9030



4 ATFF 01-00004
TEXAS DEPARTMENT OF HUMAN SERVICES
MEDICAID IDENTIFICATION
IDENTIFICACIÓN PARA MEDICAID

RETURN SERVICE REQUESTED
DO NOT SEND CLAIMS TO THE ABOVE ADDRESS

Date Run 07/24/2003	BIH 610098	BP 40	TP 30	Cat. 02	Case No. 123456789	GOOD THROUGH: VÁLIDA HASTA: ▶	JULY 11, 2003
------------------------	---------------	----------	----------	------------	-----------------------	----------------------------------	---------------

952-X 123456789 40 30 02 030711
JOHN DOE
743 GOLF IRONS
DELL VALLE TX 78617

**ANYONE LISTED BELOW
CAN GET MEDICAID SERVICES**

Under 21 years old? Please call your doctor, nurse, or dentist to schedule a checkup if you see a reminder under your name. If there is no reminder, you can still use Medicaid to get health care that you need.

A ✓ on the line to the right of your name means that you can get that service too.

**CADA PERSONA NOMBRADA ABAJO
PUEDE RECIBIR SERVICIOS DE MEDICAID**

¿Tiene menos de 21 años? Por favor, llame a su doctor, enfermera, o dentista para hacer una cita si hay una nota debajo de su nombre. Aunque no haya ninguna nota, puede usar Medicaid para recibir la atención médica que necesite.

Las marcas ✓ a la derecha en el mismo región donde está su nombre significan que usted puede recibir esos servicios también.

READ THE BACK OF THIS FORM!

¡LEA EL DORSO DE LA FORMA!

ID NO.	NAME	DATE OF BIRTH	SEX	ELIGIBILITY DATE	TPR	MEDICARE NO.	EYE EXAM	EYE GLASSES	HEARING AID	CH-ARR DENTAL	PRESCRIPTIONS	MEDICAL SERVICES
765432198	JANE DOE	08-27-1997	F	07-09-2003			✓	✓	✓	✓	✓	✓


MEDICAID FORM 1027-A

The Medicaid form 1027-A is your temporary ID card, which you may have received from DADS (the Department of Aging and Disability Services). The Form 1027-A is your proof of Medicaid eligibility until you receive your monthly Medicaid Identification form (Form 3087). Please remember to present your Form 1027-A with your Bravo Health ID card at all of your Medical appointments, and when receiving any Long Term Care Services.

If you have difficulty obtaining Form 1027-A or your monthly Form 3087, please call the Medicaid Hotline at 1-800-252-8263.

Sample Form 1027-A

Medicaid Eligibility Verification (Form 1027-A)



MEDICAID ELIGIBILITY VERIFICATION
CONFIRMACIÓN DE ELEGIBILIDAD PARA MEDICAID

Texas Department of Human Services/Form 1027-A (1/2008)

<small>Name of Doctor/Nombre del Doctor</small>	<small>Name of Pharmacy/Nombre de la Farmacia</small>
---	---

THIS FORM COVERS ONLY THE DATES SHOWN BELOW. IT IS NOT VALID FOR ANY DAYS BEFORE OR AFTER THESE DATES.
ESTA FORMA ES VÁLIDA SOLAMENTE EN LAS FECHAS INDICADAS ABAJO. NO ES VÁLIDA NI ANTES NI DESPUÉS DE ESTAS FECHAS.

Each person listed below has applied for and is eligible for MEDICAID BENEFITS for the dates indicated below, but has not yet received a client number. Do not submit a claim until you are given a client number. Pharmacists have 30 days from the date the number is issued to file clean claims. However, check your provider manual because other providers may have different filing deadlines. Call the eligibility worker named below if you have not been given the client number(s) within 15 days.

Each person listed below is eligible for MEDICAID BENEFITS for dates indicated below. The Medicaid Identification form is lost or late. The client number must appear on all claims for health services.

BIN

610098

Data Eligibility Verified

Verification Method

Local DCU
 SAVERR Direct Inquiry
 Regional Procedure
 S.O. DCU (A & D Staff Only)

<small>CLIENT NAME NOMBRE DEL CLIENTE</small>	<small>DATE OF BIRTH FECHA DE NACIMIENTO</small>	<small>CLIENT NO. CLIENTE NUM.</small>	<small>ELIGIBILITY DATES PERIODO DE ELEGIBILIDAD</small>		<small>MEDICARE CLAIM NO. NUM. DE RECLAMO DE MEDICARE</small>	<small>STAR/STAR-PLUS HEALTH PLAN INFORMATION INFORMACIÓN DEL PLAN DE SALUD STAR/STAR-PLUS Plan Name and Member Services Toll-Free Telephone No. Nombre del Plan y el Teléfono de Servicios para Miembros para Llamar Gratis</small>
			<small>From/Desde</small>	<small>Through/Hasta</small>		

I hereby certify, under penalty of perjury and/or fraud, that the above client(s) have lost, have not received, or have no access to the Medicaid Identification (Form 3087) for the current month. I have requested and received Form 1027-A, Medicaid Eligibility Verification, to use as proof of eligibility for the dates shown above. I understand that using this form to obtain Medicaid benefits (services or supplies) for people not listed above is fraud and is punishable by fine and/or imprisonment.

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

Signature-Client or Representative/ Firma-Cliente o Representante Date/Fecha

Por este medio certifico, bajo pena perjurio y/o fraude, que los clientes nombrados arriba hemos perdido, no hemos recibido o por otra razón no tenemos en nuestro poder la identificación para Medicaid (Forma 3087) del corriente mes. Solicité y recibí esta Confirmación de Elegibilidad Médica (Forma 1027-A) para comprobar nuestra elegibilidad para Medicaid durante el periodo cubierto especificado arriba. Comprendo que usar esta confirmación para obtener beneficios (servicios o artículos) de Medicaid para alguna persona no nombrada arriba como beneficiario constituye fraude es castigable por una multa y/o la cárcel.

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

Office Address and Telephone No./Oficina y Teléfono

<small>Name of Worker (Type)/Nombre del Trabajador</small>	<small>Worker S/N</small>	<small>WORKER SIGNATURE</small>	<small>Date</small>
		X	↓
<small>Name of Supervisor (Type)/Nombre del Supervisor</small>	<small>Supervisor S/N</small>	<small>SUPERVISOR SIGNATURE</small>	<small>Date</small>
		X	↓

*Not Authorized Lead Worker/No Trabajador Encargado

YOUR DOCTORS

PRIMARY CARE PROVIDERS (PCP)

A Primary Care Provider (PCP) is a doctor you select to coordinate your health care. A PCP can be a doctor, nurse, or clinic that gives you most of your health care. Your PCP is a doctor who meets state requirements and is trained to give you basic medical care. A PCP can also help coordinate any other services you may need.

HOW CAN I CHOOSE MY PCP?

When you enroll in Bravo Health, you need to pick one of our network providers that are listed in our Provider Directory to be your PCP.

If you need help picking a PCP, please call Bravo Health Member Services at 1-877-966-9272.

The following types of providers may be selected by any Bravo Health member as a Primary Care Provider:

- Doctors specializing in Family Practice
- Doctors specializing in General Practice
- Doctors specializing in Internal Medicine
- Certified Registered Nurse Practitioners specializing in Adult and Family Practice

Female Bravo Health members and Bravo Health members with gender-specific health care needs may also select the following Primary Care Providers:

- Doctors specializing in Obstetrics/Gynecology (OB/GYN)
- Certified Registered Nurse Practitioners specializing in Women's Health

Bravo Health members who are under the age of 21 *only* may select the following Primary Care Providers:

- Pediatricians
- Certified Registered Nurse Practitioners specializing in Pediatrics

Bravo Health Members may select a Specialist Doctor to act as their PCP. The Specialist doctor will need to agree to perform all of the duties of a PCP.

Note: For STAR+PLUS Members who are covered by Medicare, you will continue seeing your Medicare Primary Care Provider. You will not need to select a new Primary Care Provider for STAR+PLUS.

HOW CAN I CHANGE MY PCP?

If you would like to change your PCP, you may call Bravo Health Member Services at 1-877-966-9272.

Please inform the Member Services Representative that you would like to change your PCP. They will also assist you with finding a suitable PCP if you have not already identified one.

Some Members may also have coverage for their doctor visits through a Medicare Advantage plan.

If you are receiving Medicare benefits in addition to STAR+PLUS, you will need to contact your Medicare insurance plan to change your Primary Care Provider.

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

There is no limit on how many times you can change your or your child's PCP. You can change PCPs by calling us toll free at 1-877-966-9272 or writing to

Bravo Health
Attention: Membership Accounting
3601 O'Donnell Street
Baltimore, MD 21224

WHEN WILL MY PCP CHANGE BECOME EFFECTIVE?

If you request a change to your PCP, the change will be effective the business day after the request. The change will be reflected in Bravo Health's systems within 3 business days after the request. A new Bravo Health ID card will be mailed to you within 5 business days of the request. The actual delivery time is based on the US Postal Service.

WILL MY REQUEST TO CHANGE MY PCP EVER BE DENIED?

Bravo Health will allow changes to a different PCP except in the following situations:

- The Provider is not age appropriate
- The Provider does not participate in Bravo Health's network
- The Provider is not accepting new patients.

If your choice cannot be met at the time of enrollment, we will let you know in writing. At other times, the Member Services Representative will inform you of the reason your choice cannot be met. You may call Bravo Health Member Services to request a different PCP, or to obtain more information about why your choice could not be met.

WHAT SHOULD I BRING WITH ME TO MY DOCTOR'S APPOINTMENT?

Every time you go to a doctor's appointment, you have lab tests done, you go to the Emergency Room, or you receive Long Term Care Services, you must bring the following items:

- Bravo Health ID card (see page 1 for an example) *and either*
- Monthly Medicaid ID form- Form 3087 (see page 4 for an example) *or*
- Temporary Medicaid ID form- Form 1027-A (see page 5 for an example)

Please note: you will only receive Form 1027-A if you have lost or not received Form 3087.

CAN MY PCP MOVE ME TO ANOTHER PCP FOR NON-COMPLIANCE?

Your PCP can request that you be moved to another PCP for non-compliance to treatment or threatening behavior. Other reasons may include, but are not limited to:

- you often miss office visits without calling
- you do not follow your PCP's advice
- you do not get along with your PCP

All requests will be reviewed by Bravo Health on a case by case basis. You will be notified in writing within ten days, telling you the decision. We will request you call Bravo Health Member Services to select a new PCP. If you do not select a new PCP, Bravo Health will assign a new PCP to you. We will notify you in writing of the change.

If your PCP is no longer able or willing to remain a part of Bravo Health's provider network, you will be automatically assigned to a new PCP. We will let you know in writing of the reason for the assignment and you will be given a new Bravo Health ID card.

If you are automatically assigned to a new PCP, you will be assigned to a Provider who is geographically close to your home. The new provider will also be age and gender appropriate.

Remember, even if you have been automatically assigned to a PCP, you may ask for a different Provider as often as you would like. Please call Member Services and we can help you.

CAN A CLINIC BE MY PCP?

For the following types of Clinics, you may select the Clinic to be your PCP, instead of an individual doctor:

- Federally Qualified Health Centers
- Rural Health Clinics

PHYSICIAN INCENTIVE PLANS

You have a right to know if your Primary Care Provider is participating in a Physician Incentive Plan through Bravo Health. You can call 1-877-966-9272 to get this information.

HOW DO I GET MEDICAL CARE AFTER MY PRIMARY CARE PROVIDER'S OFFICE IS CLOSED?

You should always try to get care that you need from your PCP. It is best if you call early in the day when you or your child needs medical care. If you wait until the evening to call your PCP, you may not be able to get an appointment as soon as you want.

If you get sick in the evening or on the weekend, call your PCP at the telephone number on the back of your Bravo Health ID card. Your PCP is available 24 hours a day, 7 days a week for you so that you can get the help you need. When leaving a message on a machine or with an answering service, be sure to leave a telephone number where your doctor can call you back. Your doctor should call you back within 30 minutes.

You can also call the Bravo Health's 24 hour Nurse Advice Line at 1-888-493-2717 to talk to a nurse about your illness. You can call the Nurse Help Line in the evening or on the weekends. The nurse will help you get the care you need.

WHAT IF I GET SICK WHEN I AM OUT OF TOWN OR TRAVELING? WHAT IF I AM OUT OF THE STATE? WHAT IF I AM OUT OF THE COUNTRY?

When you are traveling within the U.S. and get sick, you can still get medical help – even if you are outside of the Tarrant service area. To get help, you should:

Call Bravo Health Member Services at 1-877-966-9272. The Bravo Health Member Services representative will tell you what to do. If you have a health problem that is an emergency, you should go to the nearest hospital emergency room.

If you are traveling in another country and get sick, your care will not be covered. If you also have Medicare, please check with your Medicare insurance provider for out of area coverage.

WHAT IF I NEED TO SEE A SPECIAL DOCTOR (SPECIALIST)?

A specialist is a doctor who treats specific health problems, like a heart doctor, a skin doctor, or a bone doctor. Your PCP can help you decide when you need to see a specialist.

You can see a Bravo Health OB/GYN, an eye doctor, a dentist, a mental health provider, or go to family planning services without talking to your PCP.

WHAT IS A REFERRAL?

A referral is a form you may need to get some services. Always ask your Primary Care Provider to see if you need a referral to get services you need.

HOW SOON CAN I EXPECT TO BE SEEN BY A SPECIALIST?

Bravo Health specialists will make an appointment with you as shown below:

- If you have an emergency, the specialist doctor will see you immediately.
- If you have an urgent health care need, the specialist doctor will see you within 24 hours of your request.
- If you have a routine health care need, the specialist doctor will see you within thirty days of your request.

An urgent health care need is when you think that your health could be in serious jeopardy if you are not treated by a physician within 24 hours.

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

You pick a PCP when you join Bravo Health. To make sure you stay as healthy as possible, for most services you should see the PCP you chose. If you need health care from a different PCP **in Bravo Health's provider network**, Bravo Health will cover those services.

HOW CAN I ASK FOR A SECOND OPINION?

You can get a second opinion about the use of any health care services. You can get a second opinion from a network provider or from a non-network provider (if a network provider is not available). There is no cost for a second opinion. You can request a second opinion by calling:

- Your PCP
- Your Service Coordinator

- Bravo Health Member Services

Your PCP will let you know about the results of the second opinion.

WHAT IF I NEED OB/GYN CARE?

ATTENTION FEMALE MEMBERS

Bravo Health allows you to pick any OB/GYN, whether that doctor is in the same network as your Primary Care Provider or not.

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

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

You can also receive these services from your PCP if you would like. Ask your PCP if he or she can give you OB/GYN care. You can call your Service Coordinator or Bravo Health Member Services for help in picking an OB/GYN doctor.

If you have Medicare coverage, you do not have to choose an OB/GYN doctor with Bravo Health.

DO I HAVE THE RIGHT TO CHOOSE AN OB/GYN?

Yes, you have the right to choose an OB/GYN. If you need help picking an OB/GYN, please call Bravo Health Member Services at 1-877-966-9272 and they can help you.

HOW DO I CHOOSE AN OB/GYN?

You can get help choosing an OB/GYN in these ways:

- You can choose an OB/GYN from Bravo Health's provider directory
- Your PCP can help you choose an OB/GYN
- Your Service Coordinator can help you choose an OB/GYN
- You can call Bravo Health Member Services to ask for help in choosing an OB/GYN

IF I DO NOT CHOOSE AN OB/GYN, DO I HAVE DIRECT ACCESS?

Yes.

WILL I NEED A REFERRAL?

No, you will not need a referral to see your OB/GYN.

CAN I STAY WITH MY OB/GYN IF THEY ARE NOT WITH BRAVO HEALTH?

Your OB/GYN should be a part of Bravo Health's provider network. If you have been seeing an OB/GYN doctor who is not in Bravo Health's network, in some cases you may be able to keep seeing this OB/GYN.

If you have 12 weeks or less remaining before expected delivery and your current OB/GYN doctor is not in Bravo Health's network, you can continue to

see your doctor through your post-partum check-up. If you have longer than 12 weeks until delivery, you will need to pick an OB/GYN doctor from the Bravo Health network of providers.

You can call Bravo Health Member Services at 1-877-966-9272 or your Service Coordinator at 1-877-562-4402 to help you.

YOUR HEALTH PLAN

WHAT IF I WANT TO CHANGE HEALTH PLANS?

If you are not in the hospital, you can change your health plan by calling the Texas STAR+PLUS Program Helpline at 1-800-964-2777. You can change health plans as many times as you want, but not more than once a month. If you are in the hospital, you will not be able to change health plans until you have been discharged.

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

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

WHO DO I CALL?

You can change your health plan by calling the Texas STAR+PLUS Program Helpline at 1-800-964-2777.

HOW MANY TIMES CAN I CHANGE HEALTH PLANS?

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

WHEN WILL MY CHANGE BECOME EFFECTIVE?

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

CAN BRAVO HEALTH ASK THAT I BE DROPPED FROM THEIR PLAN?

Bravo Health can ask that a Member be dropped from their health plan for non-compliance or threatening behavior. If this happens, Bravo Health will assist with the disenrollment process. If you feel that you have been wrongly dropped by Bravo Health, you may file a complaint by calling Bravo Health Member Services at 1-877-966-9272.

YOUR BENEFITS

WHAT ARE MY HEALTH CARE BENEFITS? HOW DO I GET THESE SERVICES?

The following list shows the health care services and benefits that you receive as a member of Bravo Health. You can receive all the services that you need that are medically necessary. Some services are available only to people of a certain age or who have a certain kind of health problem. Your PCP can give you most of the care you need or refer you to another physician or provider for more specialized care. You can also call your PCP and let the office know what service you need.

If you have questions about your Bravo Health benefits, you can find out more by calling Bravo Health Member Services at 1-877-966-9272.

- Ambulance services
- Audiology services (hearing tests) including hearing aids for adults (audiology services and hearing aids for children under the age of 21 are a non-capitated service)
- Behavioral Health
 - Inpatient mental health services for adults and children
 - Outpatient mental health services for adults and children
 - Outpatient chemical dependency services for children (under age of 21)
 - Detoxification services
 - Psychiatry services
 - Counseling service for adults (21 years of age and over)
 - Assessment via Provider or self-referral
 - Substance use disorder treatment in residential and non-residential settings
 - Medication assisted therapy
- Birthing services provided by a physician or Advanced Practice Nurse in a licensed birthing center
- Birthing services provided by a licensed birthing center
- Chiropractic services
- Dialysis
- Durable medical equipment and supplies
- Emergency services
- Family planning services
- Home health care services
- Hospital services, outpatient
- Laboratory services
- Mastectomy, breast reconstruction, and related follow-up procedures, including:

- Outpatient services provided at an outpatient hospital and ambulatory health care center as clinically appropriate; and physician and professional services provided in an office, inpatient, or outpatient setting for:
- All stages of reconstruction on the breast(s) on which medically necessary mastectomy procedure(s) have been performed;
- Surgery and reconstruction on the other breast to produce symmetrical appearance;
- Treatment of physical complications from the mastectomy and treatment of lymphedemas; and
- Prophylactic mastectomy to prevent the development of breast cancer
- External breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed
- Medical checkups and Comprehensive Care Program (CCP) Services for children (under age 21) through the Texas Health Steps Program
- Oral evaluation and fluoride varnish in the Medical Home in conjunction with Texas Health Steps medical checkup for children 6 months through 35 months of age
- Optometry, glasses and contact lenses, if medically necessary
- Podiatry
- Prenatal care
- Primary care physician services
- Preventive services including an annual adult well check for patients 21 years of age and over
- Radiology, imaging and x-rays
- Specialty physician services
- Therapies: physical, occupational and speech
- Transplantation of organs and tissues
- Vision Care

WHAT ARE MY ACUTE CARE BENEFITS? HOW DO I GET THESE SERVICES?

Your acute care benefits are the same as your health care benefits listed above.

WHAT NUMBER DO I CALL TO FIND OUT ABOUT THESE SERVICES?

If you have questions about your Bravo Health benefits, you can find out more by calling Member Services.

ARE THERE ANY LIMITS TO ANY COVERED SERVICES?

Generally, you can receive all medically necessary Medicaid-covered services that you need to stay healthy. If you have questions about your Covered Services by Bravo Health, call Member Services at 1-877-966-9272.

WHAT ARE MY LONG TERM SERVICES AND SUPPORTS (LTSS) BENEFITS? HOW DO I GET THESE SERVICES?

The following is a list of Long Term Care and Home and Community Based Services for which you may be eligible:

- Adaptive aids and medical equipment such as: wheelchairs, walkers, canes Adult Foster Care
- Assisted Living Services
- Day Activity and Health Services
- Dental Services
- Emergency Response Services
- Home Delivered Meals
- Medical Supplies not available under Texas Medicaid State Plan/1915(b) Waiver
- Minor Home Modifications
- Nursing Services (in home)
- Personal Assistance Services
- In-Home or Out-of-Home Respite Services
- Respite Care Services
- Therapy Services (physical, occupational and speech therapy)

You and your assigned Service Coordinator will complete a health risk assessment that helps to identify services that meet your health care needs. Some of these services may include those services in the list above. If you are eligible for these services and the service is medically necessary, you, your Bravo Health Service Coordinator and your PCP will work together to get these services in place.

WHAT NUMBER DO I CALL TO FIND OUT ABOUT THESE SERVICES?

For more information call your Service Coordinator at 1-877-562-4402 or Bravo Health Member Services at 1-877-966-9272.

WHAT SERVICES ARE NOT COVERED?

The following services are not covered by Medicaid or by Bravo Health:

- Bariatric surgery (weight loss surgery) or diet programs for the following purposes:
 - For weight loss for its own sake
 - For cosmetic purposes
 - For reasons of psychological dissatisfaction with personal body image
 - For the client's or provider's convenience or preference
- Cosmetic surgery
- Experimental services, such as treatment that is still being tested or has not been proven yet to work
- Fertility treatments
- Private hospital room, private duty nursing or personal comfort items when in the hospital
- Reversal of voluntary sterilization
- Routine foot care, except for Members with diabetes or poor circulation (blood flow)
- Services that are not medically necessary
- Services paid by any other health, accident or government benefits program
- Services provided by non-approved providers
- Services provided to any person who is an inmate of a public jail or prison
- Services provided outside of the United States
- Sex change operations
- Sterilization for Members under the age of 21
- Treatment for disabilities associated with military service

WHAT EXTRA BENEFITS DO I GET AS A MEMBER OF BRAVO HEALTH? HOW CAN I GET THESE BENEFITS?

Bravo Health offers our members extra services to help keep you healthy. Please contact Bravo Health Member Services at 1-877-966-9272 and they can help you with these services.

- Adult Dental Services *
 - Oral examinations
 - X-rays
 - Prophylaxis (cleaning)
 - Restorative
 - Extractions
 - \$0 Copayment

- Vision Services *
 - Eye exam and extra choice of frames, up to \$100 above the basic benefit each year (does not include contact lenses)
 - \$0 copayment
- Toll Free 24-Hour Nurse Advise Line
- Transportation assistance to your doctor and other medical appointments *
- Over-the-Counter Medications, up to \$10 monthly allowance

* This benefit is for Medicaid only members. For more information, or to find out what benefits you can get, please call Bravo Health Member Services at 1-877-966-9272.

WHAT OTHER SERVICES CAN BRAVO HEALTH HELP ME GET?

The STAR+PLUS program covers the following services. These services are offered by providers outside the Bravo Health network. Your Service Coordinator can help you get these services if you need them.

- Early Childhood Intervention (ECI) Case Management And Developmental Rehabilitative Services
- Essential Public Health Services
- HHSC Hospice Services
- Medical Transportation Program Services (MTP) available through the Texas Health and Human Services Commission
- Mental Health Rehabilitation Services
- MHMR Targeted Case Management
- Pregnant Women and Infants Case Management (PWI)
- School Health And Related Services (SHARS)
- Texas Agency Administered Programs And Case Management Services
- Texas Commission For The Blind Case Management (TBC)
- Texas Health Steps Dental Services
- Texas Health Steps Medical Case Management
- Tuberculosis (TB) Services Provided by HHSC-Approved Providers
- Vendor Drugs*

- Women Infants and Children Nutrition Program (WIC)

* For Members who are eligible for Medicaid only, the Texas Medicaid Vendor Drug Program pays pharmacies, physicians and other Providers contracted with the Texas Vendor Drug Program for covered outpatient medications. Formulary questions should be directed to the Texas Vendor Drug Program (<http://www.hhsc.state.tx.us/hcf/vdp/vdpstart.html>.)

Bravo Health Service Coordinators and Member Services staff have in depth knowledge of community resources that provide services that are not covered by the STAR+PLUS program. By contacting Bravo Health, you can receive information you requested so that you can explore on your own. You can also request help from our experienced Service Coordinators. They will assist you in accessing community services. Community services that are not covered by the STAR+PLUS program may include but are not limited to:

- Housing Assistance
- Utility Assistance
- Weight Loss Programs
- Child Care Programs

WHAT HEALTH EDUCATION CLASSES DOES BRAVO HEALTH OFFER?

Bravo Health works to help keep you healthy with its health education programs. We can help you find community health classes near your home. These classes are held at no cost to you. You can call Bravo Health Member Services at 1-877-966-9272 or your Bravo Health Service Coordinator to find out where and when these classes are held.

Some of the classes include:

- Childbirth
- Infant care
- Parenting
- Pregnancy
- Quitting cigarette smoking
- Protecting yourself from violence
- Managing Diabetes
- Total Joint Replacement
- Weight Loss

HEALTH CARE

WHAT DOES “MEDICALLY NECESSARY” MEAN?

Medically Necessary means:

Acute care services, other than behavioral health services, that are:

- reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
- provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
- consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
- consistent with the diagnoses of the conditions;
- 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 primarily for the convenience of the member or provider; and

Behavioral health services that are:

- are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
- are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
- are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- are the most appropriate level or supply of service that can safely be provided;
- could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
- are not experimental or investigative; and
- are not primarily for the convenience of the member or provider.

WHAT IS ROUTINE MEDICAL CARE?

Routine medical care is the treatment of most minor illnesses and injuries such as being sick or a scrapped leg. Regular medical checkups are also routine care. Usually, when you need routine medical care, you should call your PCP to schedule an appointment for a visit. Your PCP will treat the condition or inform you if you should see another provider.

HOW SOON CAN I EXPECT TO BE SEEN?

When you call your PCP for routine medical care, you will receive an appointment within 14 days from the day you call. If you have any problems making an appointment or getting an appointment within the required timeframe, please call Bravo Health Member Services at 1-877-966-9272.

WHAT IS URGENT MEDICAL CARE?

Urgent medical care is the treatment of a health care need that is not an emergency, but needs to be taken care of within 24 hours. If you think, you have an urgent care need call your PCP's office. If it is after office hours your doctor will have someone on call to help you.

Some examples are:

- Throwing up
- Minor burns
- Pink Eye
- Earaches
- Minor cuts
- Low-grade fever

For these kinds of conditions, you may self-refer to network Urgent Care Centers that are listed in the Provider Directory. You can also call our 24-hour Nurse Advice Line at 1-888-493-2717 for information on after-hour care.

HOW SOON CAN I EXPECT TO BE SEEN?

You can be seen for urgent care within 24 hours after you ask to be seen. **When you call, tell the person you are talking to that you have an urgent care need.** If you have any problems making an appointment or getting an appointment within the required timeframe, you can call:

- Your PCP's office who will have someone on call to help you

- Bravo Health's Nurse Advice Line at 1-888-493-2717
- Bravo Health Member Services at 1-877-966-9272

WHAT SERVICES DO NOT NEED A REFERRAL?

You should always contact your PCP, who will let you know whether services that you need require a referral. For some conditions such as behavioral health, OB/GYN, and family planning, you will not need a referral.

WHAT IS EMERGENCY MEDICAL CARE?

If you have an emergency, you should call 911 or go to the nearest hospital emergency room right away. If you want advice, call your PCP. The most important thing is to get medical care as soon as possible. You do not need permission from Bravo Health or a referral from your PCP to get emergency care.

Emergency Medical Condition means:

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

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

Here are some examples of problems that are most likely emergencies:

- Trouble breathing
- Chest pains
- Loss of consciousness
- Heavy bleeding
- Very bad burns
- Shakes called convulsions or seizures

You should call your family PCP within 24 hours after you visit the emergency room. If you cannot call, have someone else call for you. Your PCP will give or arrange any follow-up care you need.

HOW SOON CAN I EXPECT TO BE SEEN?

You should be seen as soon as possible in the event of an emergency. The hospital staff will determine how quickly you need to be seen. Care in an emergency room is based on how serious your condition is when you arrived in the emergency room. If you need help getting to the emergency room, call 911.

WHAT IS POST STABILIZATION?

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

HOW DO I GET EYE CARE SERVICES?

You can get routine eye care services by calling OptiCare at 1-866-921-7961.

If you need eye care for an illness or injury to your eye, contact your PCP. If you need specialty eye care from an ophthalmologist, your PCP will let you know.

WHAT IS TEXAS HEALTH STEPS?

Texas Health Steps offers regular medical, dental and vision checkups. It also offers vaccines to infants, children, teens and young adults from birth through 20 years of age. Texas Health Steps helps to:

- Find and treat your child's health, dental and vision problems early
- Make sure your child gets his or her vaccines
- Give health education to keep your child healthy

WHAT SERVICES ARE OFFERED BY TEXAS HEALTH STEPS?

Texas Health Steps covers regular medical checkups. These checkups are very important. Your child might look and feel well, but might have a health problem. With Texas Health Steps you will know how your child is doing and how to help keep them healthy. During your child's medical checkup, your child's doctor will:

- Find illnesses early
- Check to make sure your child is growing right
- Check your child's oral health
- Check your child's eye sight and hearing
- Check to see how well your child is eating
- Give facts and answer questions you might have about your child's health
- Give vaccines
- Blood tests (if needed)

HOW AND WHEN DO I GET TEXAS HEALTH STEPS MEDICAL AND DENTAL CHECKUPS FOR MY CHILD?

Regular medical checkups help make sure that your child grows up healthy. You should take them to their doctor or another Bravo Health Texas Health Steps provider for their medical checkups.

Checkups should occur at the following ages:

3-5 days	2 ½ years	12 years
2 weeks	3 years	13 years
2 months	4 years	14 years
4 months	5 years	15 years
6 months	6 years	16 years
9 months	7 years	17 years
12 months	8 years	18 years
15 months	9 years	19 years
18 months	10 years	20 years
2 years	11 years	

Your child should also get regular dental checkups to make sure his or her teeth and gums are healthy. Dental checkups need to start at six months old and every six months after that. You can go to any Texas Health Steps dentist for a dental checkup. You do not need a referral from your doctor for regular dental checkups, emergency dental care or other dental services. Dental Services include:

- Routine dental checkup every six months
- Fixing cavities
- Cleaning of teeth (as often as every 6 months)
- Braces (except for cosmetic reasons)
- Emergency dental care
- X-rays as needed and
- Fluoride treatments to prevent tooth decay
- Other services as needed

Ask your dentist about dental sealants for your child. A dental sealant is a clear plastic material put on the teeth that can help prevent tooth decay.

You can get these services by calling your child's PCP and/or dental provider to make an appointment. Tell the person on the telephone that you want to schedule a "THSteps" appointment. These checkups are important and should be set up within forty-five days of your child joining the health plan.

DOES MY DOCTOR HAVE TO BE PART OF THE BRAVO HEALTH NETWORK?

Your child may go to any Texas Health Steps Medicaid provider for Texas Health Steps services. Most of Bravo Health's PCPs who treat children are also able to offer Texas Health Steps services. You may want to talk to your child's PCP first. Also, do not forget to show your Bravo Health ID card and Medicaid ID Form 3087 to the provider.

DO I HAVE TO HAVE A REFERRAL?

No, you do not need a referral for Texas Health Steps services for your child. We suggest you to talk to your PCP if you plan to go to a non-Bravo Health PCP for these services.

WHAT IF I NEED TO CANCEL AN APPOINTMENT?

You should call your Texas Health Steps doctor or dentist as soon as you know that you need to cancel a Texas Health Steps checkup. When you call, be sure to setup a new time for your child to be seen. Many providers want to be called 24 hours before the checkup time. Call if you will miss your child's checkup.

WHAT IF I AM OUT OF TOWN AND MY CHILD IS DUE FOR A TEXAS HEALTH STEPS CHECKUP?

When you return, setup an appointment as soon as you can. It is very important that your child get these services.

WHAT IF I AM A MIGRANT FARMWORKER?

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

SERVICES

TRANSPORTATION

If I do not have a car, how can I get a ride to a doctor's office?

If you do not have a car or cannot get a ride for a medical or dental visit, you can call the Medical Transportation Program at 1-877-633-8747 for a ride. This program is in place to help you get to a doctor's or dentist's visit for the care you need. This program is not for emergency transportation. If you have an emergency and cannot get a ride, call 911.

Who do I call for a ride to a medical appointment?

Call the Medical Transportation Program at 1-877-633-8747. Tell them why you need a ride, if you need help during the ride, (like a wheelchair), and give them all of your Medicaid information. If you need help with setting up a ride, call Member Services. They will make the call for you.

How far in advance do I need to call?

You should call for a ride as soon as you make your medical or dental appointment. For routine care, you need to call at least 2 days before your visit. If you have a visit outside of the county you live in, you will need to call at least 5 days before your visit. The sooner you call, the better.

Can someone I know give me a ride to my appointment and get money for mileage?

Yes, but call the Medical Transportation Service Center for approval before someone gives you a ride. Tell them you would like to get a ride from someone you know, and you would like for them to be paid for giving you a ride. A person can only be paid if you are going to an approved medical or dental visit.

Who do I call if I have a complaint about the service or staff?

To make a complaint about the service or staff, call the Medical Transportation Service number and ask for a Supervisor. Your complaint will be taken very seriously. If this does not help, call Bravo Health Member Services and tell them your complaint.

What are the hours of operation and limits for transportation services?

The Medical Transportation Service Center is open to help you Monday through Friday from 8:00 a.m. until 5:00 p.m. Transportation services have some limits. The limits include:

- Members under 18 years of age must have a parent or guardian with them to use this service.
- The Medical Transportation Program cannot give someone a ride if they live in a nursing home.
- This benefit is not available to someone not covered under Medicaid, unless they are helping a person covered under Medicaid and the Member needs help.
- Transportation will not be covered if the health service is not a covered benefit.

If the Medical Transportation Program is not available or cannot meet special needs you have, call Member Services or your Bravo Health Service Coordinator to help arrange transportation for you.

INTERPRETATION SERVICES

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

Yes, when medical services are being rendered, your doctor must provide help to you if you have limited English speaking or reading skills. If you are going to an appointment where interpretation services are not

available such as a routine dental visit (i.e. cleaning, cavities, root canals, etc.), please call Bravo Health Member Services at 1-877-966-9272 and we can help you.

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

When you call to set up your medical visit, tell the person you are talking to you need an interpreter with you during the visit. If they cannot help, call Bravo Health Member Services at 1-877-966-9272.

Who do I call for an interpreter?

If your doctor is unable to accommodate an interpreter for you, they may contact Bravo Health for help by calling the Provider Hotline at 1-800-291-0396. Using our vendor Language Line Services, Bravo Health can provide interpreter/translation service for over 170 languages.

How far in advance do I need to call?

You will need to check with your doctor's office to confirm their procedures for helping with interpreter services. However, if they are utilizing the help of the Bravo Health vendor Language Line Services, no advance notice is required but is only available Monday thru Friday, 8 a.m. to 5 p.m. Central Time.

FAMILY PLANNING SERVICES

How do I get family planning services?

Family planning services such as birth control and counseling are very private; you do not need to ask your PCP to get these services. You can go to any family planning provider who takes Medicaid.

Do I need a referral for this?

No, you do not need to ask your PCP to get these services.

Where do I find a family planning services provider?

The following offices provide family planning services in your service area:

**Planned Parenthood of North Texas, Inc.
Planned Parenthood of North Texas – Lewisville Health Services**

1288 West Main, Ste 209
Lewisville, TX 75067
Phone: 972-221-7644

Fax: 972-420-0734

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

Family Health Care, Inc.

Family Health Care, Inc.

525 South Loop 288, Suite A
Denton, TX 76205

Phone: 940-381-2313

Fax: 940-381-5249

Hours: Mon, Tues, Thurs 8-6; Wed 8-8

Collins Family Planning Clinic, Inc.

Collins Family Planning Clinic – Tarrant

3853 SW Loop 820
Fort Worth, TX 76133

Phone: 817-922-8182

Fax: 866-838-4872

Hours: Mon – Fri 9-6

Planned Parenthood of North Texas, Inc.

Planned Parenthood of North Texas – Arlington North Center

1305 East Abram
Arlington, TX 76010

Phone: 817-277-6610

Fax: 817-860-6893

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

Planned Parenthood of North Texas, Inc.

Planned Parenthood of North Texas – Henderson Center

301 South Henderson, Suite B
Fort Worth, TX 76104

Phone: 817-332-9102

Fax: 817-332-5690

Hours: Mon 9-5; Tues 12-7; Wed 1-8

Planned Parenthood of North Texas, Inc.

Planned Parenthood of North Texas – Northside

2470 Jacksboro Hwy
Fort Worth, TX 76114

Phone: 817-625-2892

Fax: 817-625-5799

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

Planned Parenthood of North Texas, Inc.

Planned Parenthood of North Texas – Southeast Center

3863 Miller
Fort Worth, TX 76119

Phone: 817-536-4942

Fax: 817-536-6205

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

**Planned Parenthood of North Texas, Inc.
Arlington South Clinic**

3701 South Cooper St., Suite 245
Arlington, TX 76015

Phone: 817-472-8196

Fax: 817-472-8926

Hours: Mon 9-7; Wed-Fri 9-5; Sat 9-2

**Planned Parenthood of North Texas, Inc.
Northeast Clinic**

2816 Central Drive, Suite 160
Bedford, TX 76021

Phone: 817-545-0077

Fax: 817-685-7952

Hours: Mon 9-5; Tues 12-7; Wed 8:30-5;
Thurs-Fri 9-5-Fri 9-5; Sat 9-2

**Planned Parenthood of North Texas, Inc.
Burleson Clinic**

251 SW Wilshire Blvd., Suite 118
Burleson, TX 76028

Phone: 817-447-9192

Fax: 817-447-2425

Hours: Mon, Tues & Fri 9-5; Wed 12-7;
Thurs closed; Sat 9-2

**Planned Parenthood Surgical Health Services
Planned Parenthood Surgical Health Services of
North Texas, Inc-Dallas**

7424 Greenville Avenue, Ste 211A
Dallas, TX 75231

Phone: 214-373-1868

Fax: 214-373-7419

Hours: Wed-Fri 8-5; Sat 8-3

**Planned Parenthood of North Texas, Inc.
Powell Clinic (RedBird)**

4343 W Camp Wisdom Road, Suite 213
Dallas, TX 75237

Phone: 972-709-0081

Fax: 972-572-9387

Hours: Mon 11-7; Tues-Fri 9-5; Sat 9-2

**Planned Parenthood of North Texas, Inc.
Shelburne Clinic-Greenville**

9100 N. Central Expwy, Suite 169
Dallas, TX 75231

Phone: 214-368-1485

Fax: 214-368-1482

Hours: Mon & Wed 9-7; Tues & Thurs 9-5; Fri 9-6;
Sat 8:30-2

**Planned Parenthood of North Texas, Inc.
Denton Clinic**

2436 S IH-35E, Suite 340
Denton, TX 76205

Phone: 940-891-0737

Fax: 940-891-0539

Hours: Mon 9-7; Tues-Fri 9-5; Sat 9-2

**Planned Parenthood Surgical Health Services
Planned Parenthood Surgical Health Services of
N. TX-Fort Worth**

301 South Henderson, Ste A
Fort Worth, TX 76104

Phone: 817-882-1175

Fax: 817-332-5690

Hours: Mon 9-5; Tues 12-7; Wed 1-5

**Planned Parenthood of North Texas, Inc.
West Clinic**

6775 Camp Bowie Blvd
Fort Worth, TX 76116

Phone: 817-377-1234

Fax: 817-377-1235

Hours: Mon, Wed, Thurs & Fri 9-5; Tues 12-7; Sat 9-2

**Planned Parenthood of North Texas, Inc.
Garland Clinic**

1015 W Centerville Rd., Suite 118
Garland, Tx 75041

Phone: 972-686-9222

Fax: 972-686-0614

Hours: Mon 11-7; Tues-Fri 9-5; Sat 9-2

**Planned Parenthood Of North Texas, Inc.
Irving Clinic, Tx**

1111 W Airport Freeway, Suite 207
Irving 75062

Phone: 972-258-0021

Fax: 972-258-1527

Hours: Mon, Wed, Thurs & Fri 9-5; Tues 11-7; Sat 9-2

**Planned Parenthood Of North Texas, Inc.
Planned Parenthood McKinney**

1720 El Dorado Parkway, Suite 106
McKinney, Tx 75069

Phone: 972-548-7482

Fax: 972-548-7427

Hours: Mon, Wed & Fri 9-5; Tues 12-7; Sat 9-2

**Planned Parenthood Of North Texas, Inc.
Mesquite Clinic**

1220 Town East Blvd., Suite 240
Mesquite, Tx 75150

Phone: 972-613-0915

Fax: 972-613-8585

Hours: Mon, Thurs & Fri 9-5; Tues 12-7; Sat 9-2

**Planned Parenthood Of North Texas, Inc.
Mesquite Health Services**

3220 Gus Thomason Road, Suite 231
Mesquite, Tx 75150
Phone: 972-285-0271

Fax: 972-682-1156

Hours: Mon, Tues, Thurs & Fri 9-5; Wed 11-7

**Planned Parenthood Of North Texas, Inc.
Plano Clinic**

810 N Central Expressway, Suite 116
Plano, Tx 75074

Phone: 972-424-6311

Fax: 972-422-0164

Hours: Mon-Tues 8:30-7; Wed-Fri 8:30-5; Sat 9-2

**Planned Parenthood Of North Texas, Inc.
Plano Health Services**

1400 Summit Ave., Suite Ca, Plano, Tx 75074

Phone: 972-633-1300

Fax: 972-633-1355

Hours: Mon 9-5; Wed 11-7; Thurs-Fri 9-2

**Planned Parenthood Of North Texas, Inc.
Terrell Health Services**

804 East Moore Ave, Ste A
Terrell, Tx 75160

Phone: 972-563-7571

Fax: 972-563-1141

Hours: Mon & Thurs 9-5; Tues 9-7

**Planned Parenthood Of North Texas, Inc.
Waxahachie Clinic**

507 N Highway 77, Suite 508
Waxahachie, Tx 75165

Phone: 972-923-1720

Fax: 972-938-1380

Hours: Mon, Wed & Fri 9-5; Tues 12-7

**CASE MANAGEMENT FOR CHILDREN AND
PREGNANT WOMEN (CPW)**

What is Case Management for Children and Pregnant Women (CPW)?

The Case Management for Children and Pregnant Women (CPW) program provides services to children from birth through age 20 with a health condition or health risk and to high-risk pregnant women.

What type of services would my child or I get?

CPW can help with:

- Getting medical services

- Family problems
- Education/School issues
- Financial worries
- Finding help near where you live, and
- Equipment and supplies

For more information go to the CPW website at:
<http://www.dshs.state.tx.us/caseman/default.shtm>

FOR PREGNANT WOMEN

What if I am pregnant?

As soon as you find out you are pregnant call Bravo Health Member Services at 1-877-966-9272 8 a.m. to 5 p.m. Central Time, Monday through Friday. We can help you get information on ways to have a healthy pregnancy. We can also help you find a doctor for yourself and your baby once the baby is born.

Who do I need to call?

Call Bravo Health Member Services at 1-877-966-9272 or your Bravo Health Service Coordinator at 1-877-562-4402 for information on benefits for pregnant women.

What other services/activities/education does the health plan offer pregnant women?

Bravo Health offers you information on having a healthy pregnancy and important things to do for your baby. You will also work with a pregnancy expert who will help you during your pregnancy. This person will also help you with what to do after your baby is born.

Nurse Service Coordinators work closely with moms with complex needs. They also support and help Members to follow their prenatal care plan. The Nurse Service Coordinators also work with your PCPs and help with other services you may need. As always, all calls will be confidential.

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

You will be seen within 2 weeks of your request for an appointment. If you have any problems making an appointment or getting an appointment within the required timeframe, please call Bravo Health Member Services at 1-877-966-9272.

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

If your child is enrolled in Bravo Health, you may call Bravo Health Member Services to change his or

her PCP at any time. Please inform the Member Services Representative that you would like to change your child's PCP. They can also assist you with finding an appropriate PCP if you have not already identified one.

If your child is enrolled in STAR or in any other health plan, you must contact that health plan to change your child's PCP.

SERVICE COORDINATION

What is Service Coordination?

Service coordination is a service Bravo Health provides for you. You and your Bravo Health Service Coordinator will work together to assess your health needs. You will also create a care plan, organize all your services and then monitor your progress toward your health care goals.

How can I talk with a Service Coordinator?

When you talk or meet with your Bravo Health Service Coordinator, you will be given the Service Coordinator's name and phone number. You will be able to contact your Bravo Health Service Coordinator by phone at 1-877-562-4402 with questions and concerns. You can also call Bravo Health's Member Services at 1-877-966-9272 to contact your Service Coordinator.

What will a Service Coordinator do for me?

The Bravo Health Service Coordinator's job is to help you coordinate all of the services needed to meet your health care needs. Your Service Coordinator will:

- Call you and get to know you and your health care, long-term care and behavioral health needs
- Use a health risk assessment to help decide if you need more help right away
- Talk with any case managers, doctors, pharmacists or other persons that you say are important for your care needs
- Help you find the services you need in your community
- Write a care plan with you, your family's and your PCP's help
- Stay in contact with you to check up on your health and keep track of your care plan and the progress you are making toward your care plan goals

BEHAVIORAL HEALTH SERVICES

What are Behavioral Health services?

Behavioral health refers to the care and treatment of mental health issues or people with an addiction to drugs or alcohol.

How do I get Behavioral Health services if needed?

If you have a life threatening emergency or an emergency that poses a threat to the lives of others or property, call 911 or go directly to the nearest emergency room.

If you have a mental health crisis, you can get help by calling the Bravo Health Crisis Hotline at 1-877-562-4397.

You can get help by calling the Bravo Health Behavioral Health Line at 1-866-467-3136.

Qualified mental health professionals will be available 24 hours per day, 7 days per week to answer your questions, assess your mental health, and provide and coordinate services as needed.

There will be people who can speak with you in English or Spanish. If you need other languages, please tell them. Arrangements can also be made to have adequate translation services.

Bravo Health covers medically necessary Substance Abuse and Behavioral Health Care.

A referral from your PCP is not necessary to receive mental health and/or substance abuse services.

Behavioral Service Coordinator

You will be assigned a Bravo Health Service Coordinator to manage your total healthcare needs. If you also have a behavioral health condition, you may also be assigned a Behavioral Health Service Coordinator to help manage your mental health condition. These two professionals will work together to manage your total health care.

What to do if you are already in treatment

If you are already getting treatment, ask your mental health provider if he/she is a Bravo Health provider for the STAR+PLUS Program. If the answer is "yes", you do not have to do anything. If the answer is "no", call Bravo Health Member Services at 1-877-966-9272. We will ask your provider if he/she wishes to join our network. We want to help you in getting the behavioral health services you need with the provider of your preference.

Can a Mental Health Mental Retardation Center "MHMR" be my behavioral healthcare provider?

You can receive or continue to receive care from the MHMR servicing your county of residence.

What Behavioral Services are available?

The following services are offered:

- Telephonic and face to face education, planning and coordination of behavioral health services
- Outpatient services with licensed psychiatrist, psychologist, social worker and counselor
- Inpatient Psychiatric Hospitalization
- Partial Hospitalization Services
- Intensive Outpatient Services
- Residential Care (children and adolescents only)
- Mobile Crisis Intervention Services
- Stabilization and Observation Services
- Respite Care (Member only)

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

You will receive treatment for mental health, alcohol, and drug use through Mental Health Mental Retardation of Tarrant County (MHMRTC). MHMRTC provides these types of behavioral health services to members who live in Tarrant County. They will coordinate with the MHMR agencies in each of the additional counties in the service area. If you have behavioral health issues, call your Service Coordinator to arrange for services. You do not need a referral from your PCP but you may want to talk to your PCP about your concerns.

What substance abuse services are available?

The following outpatient substance abuse services are available (*Please note these services will be available on September 1, 2010*):

- Outpatient mental health services for children and adults
- Outpatient chemical dependency services for members under the age of 21
- Detoxification services
- Psychiatry services
- Counseling services for adults age 21 and older
- Assessment by a provider or a self-referral
- Substance use disorder treatment in nonresidential settings
- Medication-assisted therapy

The following inpatient services are available (*Please note these services will be available on January 1, 2011*):

- Inpatient mental health services for children and adults
- Substance use disorder treatment in residential settings

OTHER INFORMATION

HOW DO I GET HELP IF I HAVE MENTAL HEALTH OR DRUG PROBLEMS?

You can get help by calling the Bravo Health Behavioral Health Line at 1-866-467-3136.

If you have a mental health crisis, you can get help by calling our Bravo Health Crisis Hotline at: 1-877-562-4397.

There will be people who can speak with you in English or Spanish. If you need other languages, please tell them. Arrangements can also be made to have adequate translation services.

If you have a life threatening emergency or an emergency that poses an immediate threat to the lives of others or property, call 911 or go directly to the nearest emergency room.

Qualified mental health professionals will be available 24 hours per day, 7 days per week to answer your questions, assess your mental health, and provide and coordinate services as needed.

DO I NEED A REFERRAL FOR THIS?

A referral from your PCP is not necessary to receive mental health and/or substance abuse services.

HOW DO I GET MY PRESCRIPTIONS?

You can go to any Medicaid pharmacy and show your Medicaid ID form. If you need help finding a Medicaid Pharmacy call the STAR+PLUS Program Help Line at 1-800-964-2777. They will help you find a pharmacy close to you. You do not have a limit on the number of prescriptions you get each month.

WHO DO I CALL IF I HAVE PROBLEMS GETTING MY PRESCRIPTIONS?

You can call the STAR+PLUS Program help-line at 1-800-964-2777 or Bravo Health Member Services at 1-877-966-9272 if you are having trouble getting a prescription. After hours, Bravo Health's Nurse Advice Line may be able to help you.

WHAT IF I CAN'T GET MY PRESCRIPTION APPROVED?

If your doctor cannot be reached, the pharmacy must give you a three-day emergency supply of the drug on the prescription.

WHAT IF I ALSO HAVE MEDICARE?

If you have Medicare coverage in addition to STAR+PLUS, your Medicare coverage will be your primary coverage. This means that your Medicare coverage is always the first insurance to be used. STAR+PLUS will not change your Medicare coverage.

WHAT HAPPENS IF I LOSE MY MEDICAID COVERAGE?

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

WHO DO I CALL IF I HAVE SPECIAL HEALTH CARE NEEDS AND NEED SOMEONE TO HELP ME?

You can call Member Services to get help with special health care needs. We can tell you about services that Bravo Health has in your area or community resources in your area. It is also important to tell your PCP that you have special health care needs. The best way to tell your doctor about your special health care needs is to make an appointment to see your PCP. You should also communicate your special needs to your Bravo Health Service Coordinator. Our Service Coordinators have experience in this area and will ensure:

- You have access to needed specialists
- You receive materials prepared in a way that will help you understand
- You receive follow-up when appointments are missed

Our providers have the experience and training for both adults and children to provide medical equipment and assistive technology services to fit your needs.

For additional information, please call Bravo Health Member Services at 1-877-966-9272. If you are hearing impaired, please call TTY 711. For additional Hearing Impaired services, please contact TTY/Texas Relay at 1-800-735-2989 (English) or 1-800-662-4954 (Spanish).

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 Bravo Health Member Services at 1-877-966-9272. Before you get Medicaid services in your new area, you must call Bravo Health, unless you need emergency services. You will continue to get care through Bravo Health until HHSC changes your address.

WHAT IF I HAVE OTHER HEALTH INSURANCE IN ADDITION TO MEDICAID?

Medicaid and Private Insurance

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

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

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

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

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

WHAT IF I GET A BILL FROM MY DOCTOR?

If you receive a bill from your doctor, you should contact Bravo Health's Member Services. Our representatives will be ready and available to answer all of your questions and concerns. You may also call the doctor's office and make sure they have your Medicaid information. All of the information your doctor needs to bill for the services is on your ID card.

WHAT INFORMATION WILL THEY NEED?

Bravo Health representatives will need your Bravo Health ID and other personal information to verify and protect your identity as well as some of the information listed on the bill you received from your doctor.

WHAT IF I AM TOO SICK TO MAKE A DECISION ABOUT MY MEDICAL CARE?

To make sure you get the kind of care you want if you are too sick to make a choice about your medical care, you can fill out an Advance Directive.

WHAT IS AN ADVANCE DIRECTIVE?

Under federal law, you have the right to fill out an Advance Directive. Advance Directives are written documents that tell your doctor what kind of treatment you want or do not want, and any actions you want carried out if you become too sick to make decisions about your health care.

HOW DO I GET AN ADVANCE DIRECTIVE?

If you would like some information and/or have questions about creating an Advance Directive, contact a Bravo Health Service Coordinator at 1-877-562-4402. Please be advised, however, Bravo Health cannot offer legal advice or serve as a witness. After you create your Advance Directive, take it or mail it to your doctor. Your doctor will then know what kind of care you want to get.

You can change your mind anytime after you have signed an Advance Directive. Call your doctor to remove the Advance Directive from your medical record. You can also make changes in the Advance Directive by filling out and signing a new one.

RIGHTS AND RESPONSIBILITIES

MEMBER RIGHTS

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

to pay copayments or any other amounts for covered services.

MEMBER RESPONSIBILITIES

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

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.

COMPLAINT PROCESS

WHAT SHOULD I DO IF I HAVE A COMPLAINT?

We want to help. If you or an authorized representative wishes to file a Complaint you may call Bravo Health Member Services at 1-877-966-9272 or locally at 1-817-803-2164, 8 am to 5 pm Central Time Monday through Friday, excluding state-approved holidays. If the call is after hours, please leave a message and your call will be returned within 1 business day. You can also write to us and send to:

Bravo Health
Attention: Appeals and Grievance Department
P.O. Box 17089
Baltimore, MD 21297-1089

CAN SOMEONE FROM BRAVO HEALTH HELP ME FILE A COMPLAINT?

Bravo Health's Member Services Representatives and also Bravo Health's Member Advocates are available to help you or your authorized representative file a Complaint if necessary.

HOW LONG WILL IT TAKE TO PROCESS MY COMPLAINT?

Within 5 business days from the date of receipt of your Complaint, the Investigator will send you or your authorized representative a letter acknowledging receipt of the Complaint. The complaint is investigated and corrective action is taken as necessary. You or your authorized representative will receive the final outcome within thirty calendar days from the date your Complaint was received.

IS THERE A TIMEFRAME FOR FILING A COMPLAINT?

A Member can file a Complaint verbally or in writing. There is no timeframe by which a Member must file a Complaint.

HOW DO I FILE A COMPLAINT WITH HHSC, ONCE I HAVE GONE THROUGH THE BRAVO HEALTH COMPLAINT PROCESS?

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

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

If you can get on the Internet, you can send your complaint in an email to HPM_Complaints@hhsc.state.tx.us.

APPEAL PROCESS

WHAT CAN I DO IF MY DOCTOR ASKS FOR A SERVICE FOR ME THAT'S COVERED BUT THE HEALTH PLAN DENIES IT OR LIMITS IT?

You or your authorized representative may file an Appeal with Bravo Health. Your provider can be your authorized representative.

HOW WILL I FIND OUT IF SERVICES ARE DENIED?

Bravo Health sends you a denial letter if a covered service is denied, delayed, limited or stopped.

WHAT ARE THE TIMEFRAMES FOR THE APPEAL PROCESS?

You or your authorized representative must file your appeal request within 30 days from when you received your denial letter. When your appeal request is received you or your authorized representative will receive an acknowledgement letter within 5 business days letting you know that we have received your Appeal request.

You or your authorized representative will receive a letter within thirty days from the date we received your Appeal request with our decision. Your Appeal request can be extended up to fourteen calendar days if you or your authorized representative requests an extension or if we need additional information and if it is in your best interest. If the Appeal request timeframe is extended by us, you or your authorized representative will receive a letter telling you the reason we are taking the extension.

WHEN DOES A MEMBER HAVE THE RIGHT TO ASK FOR AN APPEAL?

You or your authorized representative have the right to ask for an Appeal if a covered service is denied, delayed, limited or stopped or for denial of payment of services in whole or in part.

When you receive a letter for denial of delayed, limited or stopped services, you will be provided in the letter how you may continue to receive benefits pending resolution of your Appeal. For you to continue to receive these services, you must file your Appeal request and request that your services be continued on or before the later of ten days following Bravo Health's denial letter.

If you appeal verbally, Bravo Health will send you an Appeal Filing Form to complete, sign, and return to Bravo Health within thirty days. Every verbal Appeal received must be confirmed by a written, signed Appeal by the Member or his or her representative, unless an Expedited Appeal is requested. If Bravo Health does not receive the completed, signed Appeal Filing Form within 30 days, your appeal will not be reviewed.

CAN SOMEONE FROM BRAVO HEALTH HELP ME FILE AN APPEAL?

Bravo Health's Member Advocate is available to help file an Appeal if necessary by calling Bravo Health's Member Services toll free at 1-877-966-9272 or locally at 1-817-803-2164. You or your authorized representative can request a State Fair Hearing at any time during the Appeals process or after we uphold our decision on your appeal.

EXPEDITED HEALTH PLAN APPEAL

WHAT IS AN EXPEDITED APPEAL?

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

HOW DO I ASK FOR AN EXPEDITED APPEAL?

You or your authorized representative can ask for an Expedited Appeal by calling a Member Services Representative toll free at 1-877-966-9272 or locally at 1-817-803-2164 8 a.m. to 5 p.m. Central Time, Monday through Friday, excluding state-approved holidays. Or you can fax your Expedited Appeal to 1-877- 809-0783. You can write us and send your request to:

Bravo Health
Attention: Appeals and Grievance Department
P.O. Box 17089
Baltimore, MD 21297-1089

WHAT ARE THE TIMEFRAMES FOR EXPEDITED APPEALS?

We will tell you or your authorized representative of our decision within 3 business days. If your Expedited Appeal request is for an ongoing emergency of denial of continued hospitalization, then we will tell you not later than 1 business day after receiving your request.

Except for an Appeal relating to an ongoing emergency or denial of continued hospitalization, the timeframe for notifying you or your authorized representative of the outcome of the Expedited Appeal may be extended up to fourteen calendar days if you or your authorized representative requests an extension or Bravo Health shows (to the satisfaction of HHSC, upon HHSC's request) that there is a need for additional information and how the delay is in your best interest. If the timeframe is extended Bravo Health must give you or your authorized representative a written notice of the reason for delay if you or your authorized representative did not request the delay.

WHAT HAPPENS IF THE HEALTH PLAN DENIES THE REQUEST FOR AN EXPEDITED APPEAL?

If Bravo Health determines your health or life is not in serious jeopardy and denies the request for an expedited reconsideration, Bravo Health will attempt to contact you or your authorized representative immediately to notify you of the decision. They will let you know that the standard appeal process will be followed. Bravo will also follow up with you or your authorized representative with a written notice within two calendar days. This will move the Appeal back to standard Appeal timeframes.

WHO CAN HELP ME FILE AN EXPEDITED APPEAL?

Bravo Health's Member Services Representative or Member Advocate is available to help you or your authorized representative file an Appeal by calling Bravo Health Member Services at 1-877-966-9272 or locally at 1-817-803-2164 8 a.m. to 5 p.m. Central Time, Monday through Friday, excluding state-approved holidays.

STATE FAIR HEARING

CAN I ASK FOR A STATE FAIR HEARING?

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

Bravo Health
Attention: Appeals and Grievances
Department – Fair Hearings
P. O. Box 17089
Baltimore, Maryland 21297-1089

Or you can call Bravo Health Member Services at 1-877-966-9272 or locally at 1-817-803-2164. You can also fax us at 1-877-809-0783.

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

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

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

FRAUD AND ABUSE

HOW DO I REPORT SOMEONE WHO IS MISUSING/ABUSING THE PROGRAMS OR SERVICES?

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

Reporting Waste, Abuse or Fraud by a Provider or Person Who Receives Benefits

You can report directly to your health plan any providers or persons who receive benefits you suspect of waste, abuse, or fraud:

Bravo Health
3601 O'Donnell Street
Baltimore, Maryland 21224
Phone: 1-888-810-0025

Or if you can get on the Internet, go to www.hhsc.state.tx.us and select the "Reporting Waste, Abuse and Fraud" tab on the left side of the screen. The site tells you about the types of waste, abuse and fraud to report. If you cannot get on the Internet and you would rather talk to a person, call the HHSC Office of Inspector General Fraud Hotline at 1-800-436-6184.

You also can send a note or letter to the following 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 someone who receives benefits, use this address:

Office of Inspector General
General Investigations/Mail Code 1362
P.O. Box 85200
Austin, TX 78708-5200

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

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

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

When reporting someone who receives benefits, include:

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

INFORMATION THAT MUST BE MADE AVAILABLE ON AN ANNUAL BASIS

The following information must be made available to members on an annual basis

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

Information about network providers – at a minimum primary care doctors, specialists, and hospitals in our service area. This information will include names, addresses, telephone numbers, and languages spoken (other than English) for each network provider, plus identification of providers that are not accepting new patients.

Any limits on your freedom of choice among network providers.

Your rights and responsibilities.

Information on complaint, appeal and fair hearing procedures.

Information about benefits available under the Medicaid program, including amount, duration and scope of benefits. This is designed to make sure you understand the benefits to which you are entitled.

How you get benefits including authorization requirements.

How you get benefits, including family planning services, from out-of-network providers and/or limits to those benefits.

How you get after hours and emergency coverage and/or limits to those kinds of benefits, including:

What makes up emergency medical conditions, emergency services and post-stabilization services.

The fact that you do not need prior authorization from your Primary Care Provider for emergency care services.

How to get emergency services, including instructions on how to use the 911 telephone system or its local equivalent.

The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.

A statement saying you have a right to use any hospital or other settings for emergency care.

Post-stabilization rules.

Policy on referrals for specialty care and for other benefits you cannot get through your Primary Care Provider.

Bravo Health's practice guidelines.

