Community outreach

Our community outreach department can normally be found in the community attending health fairs and community events geared towards educating existing and potential members about our plan. Here is an upcoming summer event:

• **Umphress Recreation Center 2nd Annual Back-to-School Bash**
  Umphress Recreation Center
  7616 Umphress Road
  Dallas, TX 75217
  *Saturday, Aug. 18, 2018*
  10 a.m. to 1 p.m.

In addition to providing an overview of our plan, community outreach educates on STAR/CHIP/STAR Kids, well-child checkups, renewal, and accelerated services for children of traveling farmworkers. Here are a few additional services our outreach team offers:

• **Member Advisory Group meetings.** Community outreach schedules quarterly Member Advisory Group meetings and welcomes all members to attend.

• **Well-child checkups.** Well-child checkups can help find health problems before they get worse and harder to treat. Community outreach provides well-child checkup scheduling assistance for those members who need help completing their well-child exams with their providers.

For more information, please call:

• Parkland HEALTHfirst Medicaid STAR: **1-888-672-2277**
• Parkland KIDSfirst CHIP/CHIP Perinate: **1-888-814-2352**

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**Children of seasonal farmworkers**

Do you travel from place to place to work on farms or ranches?

Parkland Community Health Plan wants you to get the health care services your child might need. We can help you plan for checkups and shots with your child’s doctor that may be due when you are working out of the area. Call **1-800-327-0016** for more information.

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**Important reminder.** If your address or phone number has changed, please call **1-800-647-6558**.

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![Image of a woman and child]
Integrated Care Management

We have an Integrated Care Management program that supports members with special health care needs.

This program can help you to get the care you need. This includes:
• Needs when you are pregnant
• Behavioral health needs, such as for depression or anxiety
• Long-term illness, such as diabetes
• Other health care needs

We are here to help as much or as little as you would like. If you are enrolled in the program, your team may include the following people:
• A care manager
• A care management associate

Your team members are here to help you. They will work with you and your providers. They will help you meet the health goals that are important to you. They will provide information about the program that includes:
• How to use the services
• How to be eligible to participate
• How to opt in or opt out

They will also:
• Provide you with resources
• Provide educational handouts
• Help with access to other services

If you are our member and you would like to participate in this program, then you can. Providers, family members or caregivers can also refer a member for care management. Call Member Services at the number below and ask for care management:
• 1-888-672-2277 (STAR)
• 1-888-814-2352 (CHIP)

Children’s health

Knowing your child’s body mass index (BMI) is important

Bright Futures requirements
It is our recommendation that all children from birth to 17 years old complete an annual weight assessment to include:
• Height and weight
• BMI percentile
• Nutritional and physical activity counseling

Body mass index (BMI)
This ratio of weight to height is known as the body mass index (BMI). According to the National Institutes of Health, BMI is an estimate of body fat and a good measure of your risk for diseases that can occur when overweight or obese. People who are overweight (BMI of 25 through 29.9) have too much body weight for their height. People who are obese (BMI of 30 or above) almost always have a large amount of body fat in relation to their height. The higher your BMI or BMI percentile, the higher your risk for health conditions like heart disease, high blood pressure, type 2 diabetes, and certain cancers (e.g., colon, breast). BMI percentile measurement can take place at any well-child or sick visit.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>BMI value</th>
<th>BMI percentile</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>18.5 or below</td>
<td>&lt;5th percentile</td>
<td>Further health screenings</td>
</tr>
<tr>
<td>Normal range</td>
<td>18.5 to 24.9</td>
<td>5th to &lt;85th percentile</td>
<td></td>
</tr>
<tr>
<td>At risk for overweight</td>
<td>25 to 29.9</td>
<td>85th to &lt;95th percentile</td>
<td>Further health screenings</td>
</tr>
<tr>
<td>Overweight</td>
<td>30 or above</td>
<td>≥95th percentile for age</td>
<td>Further health screenings</td>
</tr>
</tbody>
</table>

Nutritional counseling includes:
• Discussion of current nutrition habits
• Guidance and recommendations for nutrition habits
• Referral for nutrition education or obesity education, if needed
• Resources for nutrition and health education within the community

Physical activity counseling includes:
• Discussion of current physical activity behaviors
• Guidance on current physical activity behaviors
• Weight or obesity counseling
• Referral for physical activity, if needed
• Resources for physical activity and health education within the community
Privacy and security of your health care data

Protecting your personal health information (PHI) is one of our most important jobs. We train our staff to keep your health care data safe. We set rules to follow when collecting and using PHI. Our rules describe:
• How to protect access to PHI, either electronic or paper copies
• The right way to treat your health care data no matter what form it is in — written, oral, or electronic
• Your right to permit or refuse the release of PHI except for treatment, payment or health care operations reasons
• Locking up your records and keeping your health care data in safe areas
• Making sure the only staff who have access to your health care data are those who need it to perform their jobs and care for you

We are happy to answer any questions you have about how we protect your health care data.

Notice of privacy practices: We include a notice of privacy practices in your welcome packet. It tells you how we use your information for health plan benefits. It also tells you how you can see, get a copy of, or change your medical records. Your health information will be kept private and confidential. We will give it out only if the law allows or if you tell us to give it out.

For more information or if you have questions, you can call us at:
• 1-888-672-2277 (STAR)
• 1-888-814-2352 (CHIP)

Or you can visit our website at parklandhmo.com/healthfirst. You will find a link to information on our privacy practices at the bottom of the home page.

Utilization Management
Making sure you get the right care

We designed our Utilization Management program to assist members like you in getting the right care at the right time. Our Utilization Management (UM) staff can help you and your doctors make decisions about your health. Your care and satisfaction are at the center of what we do.

How we make decisions
• We base UM decisions on the appropriateness of the care and services you need.
• We do not base our decisions on past coverage.
• We do not reward doctors. We do not reward other people for denying coverage or care services.
• Our decisions are not based on financial incentives. That could result in fewer services that our members need.

If you ever have questions about your services, just call Member Services at:
• 1-888-672-2277 (STAR)
• 1-888-814-2352 (CHIP)

Utilization Management
The UM department has a toll-free voicemail and phone line available 24 hours a day, 7 days a week. The UM department conducts outgoing communications with practitioners and providers regarding authorizations during the hours of 8 a.m. and 5 p.m. CST. Communications received after normal business hours are returned on the next business day. Communications received after midnight Monday through Friday are responded to on the same business day. Member services can also provide callers with TDD/TTY. We have language assistance services for providers and members who need them. UM staff self-identify by name, title and organization name when initiating and returning calls regarding UM issues.
**Member rights and responsibilities**

**Member Rights**

1. You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. That includes the right to:
   - Be treated fairly and with respect
   - 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 doctor. 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:
   - Be told how to choose and change your health plan and your doctor
   - Choose any health plan you want that is available in your area and choose your doctor from that plan
   - Change your primary care provider
   - Change your health plan without penalty
   - Be told how to change your health plan or your primary care provider

3. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
   - Work as part of a team with your provider in deciding what health care is best for you
   - Say yes or no to the care recommended by your provider

4. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
   - 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
   - Be told why care or services were denied and not given

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:
   - 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
   - Use the plan’s appeal process and be told how to use it
   - 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:
   - Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
   - Get medical care in a timely manner.
   - 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.
   - 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.
   - Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.

7. You have the right to not be restrained or secluded when it is for someone else’s convenience, or is meant to force you to do something you do not want to do, or is to punish you.

8. You have a right to know that doctors, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your health
plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.

9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals, and others cannot require you to pay copayments or any other amounts for covered services.

10. You have the right to receive information about the organization, its services, its practitioners and providers and members rights and responsibilities.

11. You have the right to make recommendations regarding the organizations member rights and responsibilities policy.

Member Responsibilities

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

2. You must abide by the health plans’ and Medicaid’s policies and procedures. That includes the responsibility to:
   • Learn and follow your health plan’s rules and Medicaid rules
   • Choose your health plan and a primary care provider quickly
   • Make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan
   • Keep your scheduled appointments

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:
   • Tell your primary care provider about your health
   • Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated
   • 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:
   • Work as a team with your provider in deciding what health care is best for you
   • Understand how the things you do can affect your health
   • Do the best you can to stay healthy
   • Treat providers and staff with respect
   • Talk to your provider about all of your medications

5. You must follow plans and instructions for care that you have agreed to with your practitioners. 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 at hhs.gov/ocr/index.html.

Quality Improvement Program

Parkland Community Health Plan works to give our members better care and services. Each year we report how well we are providing health care services. Many of the things we report on are major public health issues.

These are our 2018 goals:
   • Increase the number of well-visits for children ages 3 to 6 years old
   • Increase childhood vaccinations
   • Raise the number of doctor visits for pregnant women before and after birth
   • Improve overall member satisfaction with the delivery of health care services

We want to hear from you. Our plan conducts member surveys each year. Our 2018 survey showed that members are happy with our customer service and how well doctors communicate. Our goal is to continue to improve the quality of service and care you receive.

We will share these results with you in our member newsletters and on the website throughout the year. You can visit us at parklandhmo.com/healthfirst or call Member Services:
   • 1-888-672-2277 (STAR)
   • 1-888-814-2352 (CHIP)
Second opinions

Parkland Community Health Plan provides for a second opinion from an in-network provider or arranges for the member to obtain a second opinion outside the network.

Your right to a second opinion

As a member of Parkland Community Health Plan, you have the right to get a second opinion from a qualified health care professional. This is at no cost to you.

You may want to confirm you are getting the right treatment for an illness. Or, you may want to ask about surgery your provider says you need. To ask about getting a second opinion, just call Member Services at:
• 1-888-672-2277 (STAR)
• 1-888-814-2352 (CHIP)

There is no extra cost to you for a second opinion from a provider in our network. For a second opinion from an out-of-network provider, you will need approval from us. If there is not a network provider available, we will help you get a second opinion from an out-of-network provider. This is still at no cost to you.

Why did my doctor send me a bill?

It is never fun to get bills in the mail. Doctor bills can be costly and scary. We have some tips for you to keep them out of your mailbox.

1. Always use a provider in the Parkland Community Health Plan Network.
   • Not all providers are Medicaid providers. You may have to pay for bills from providers not with Parkland Community Health Plan.

2. Carry your Parkland Community Health Plan ID card with you, everywhere.
   • An illness or accident can happen anywhere, any time.

3. Be sure to show the doctor or hospital your Parkland Community Health Plan ID card when you arrive or before you leave.
   • Members are responsible for showing proof of coverage at the time of service.

4. Make sure the name on the ID card matches what your doctor has on your file.
   • Check with the provider to make sure the spelling of your name matches your Parkland Community Health Plan card. A wrong spelling can cause the doctor’s bill to be rejected.

5. Be sure to contact Health and Human Services Commission when you move:
   • You can make changes to your address and phone number by calling or going to the Your Texas Benefits website.

Phone: Call one of these toll-free numbers:
• 1-855-827-3748
• 211
• Select English or Spanish.

Web: Go to yourtexasbenefits.com and follow these steps:
• Log in to your account.
• Go to the “View my case” section of the website.
• Click on the “Case facts” tab near the top of the page.
• Find the case number for the record you need to change. Click on “Report a change” button next to that case number.

If you still get a bill from your doctor, do not ignore it. Send it to Parkland Community Health Plan so we can find out why.

Parkland Community Health Plan
Attn: Member Advocate
PO BOX 569005
Dallas, TX 75356-8996
Communication of PHI
Private health information (PHI) use and disclosure

Upon member enrollment and annually thereafter, Parkland Community Health Plan (PCHP) informs members of its policies and procedures regarding the collection, use and disclosure of member PHI. Communication includes:
- PCHP’s routine use and disclosure of PHI
- Use of authorizations
- Access to PHI
- Internal protection of oral, written and electronic PHI across PCHP
- Protection of information disclosed to plan sponsors or employers

Notice of privacy practices
We are required by law to keep your health information private. The notice of privacy practices explains how we use health information about you. It also lets you know when we can share that information with others. It tells you about your rights to your health information and how you can protect those rights.

We use the words “health information” when we mean information about your health that identifies you.

Examples may include:
- Name
- Date of birth
- Health care you received
- Amounts paid for your care

We may need your written OK before sharing some information
In some cases we must ask you for your written OK before using or sharing your health information. Some examples are:
- Before sharing your psychotherapy notes
- For other reasons as required by law

You can cancel your OK at any time. To cancel your OK, let us know in writing.

Also, we cannot use or share your genetic information when we provide you with health care insurance. You have the right to know if we shared your health information without your OK. If this happens, we will send you a letter.

You can get a copy of the updated privacy notice online at parklandhmo.com/healthfirst or by calling toll-free:
- 1-888-672-2277 (STAR)
- 1-888-814-2352 (CHIP)

You can also write to us at:
Parkland Community Health Plan
P.O. Box 569005
Dallas, Texas 75356

This newsletter is published for the members of Parkland HEALTHfirst and KIDSfirst, P.O. Box 569005, Dallas, TX 75356-9005.

This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

Models may be used in photos and illustrations.
Nondiscrimination Notice

Parkland Community Health Plan, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Parkland Community Health Plan, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Parkland Community Health Plan, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or 1-800-385-4104.

If you believe that Parkland Community Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4500 East Cotton Center Boulevard
Phoenix, AZ 85040
Telephone: 1-888-234-7358 (TTY 711)
Email: MedicaidCRCoordinator@aetna.com

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).


TX-16-11-02
Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or 1-800-385-4104 (TTY: 711).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al 1-800-385-4104 (TTY: 711).


CHINESE: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的ID卡背面的電話號碼或1-800-385-4104 (TTY: 711)。

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 1-800-385-4104 (TTY: 711) 번으로 연락해 주십시오.


URDU: توجيه: اگر آپ اردو زبان بولنے والے ہیں تو زبان سے متعلق مدد کی خدمتیں آپ کے لئے مفت دستیاب ہیں۔ اپنے شناختی کارڈ کے پابند موجود نمبر پر 1-800-385-4104 کے تعلق سے کریں۔


HINDI: ध्यान दें: यदि आप हिंदी भाषा बोलते हैं तो आपके लिए भाषा सहायता सेवाओं निःशुल्क उपलब्ध हैं। अपने आईडी कार्ड के पूर्व भाषा में दिए गए नंबर अथवा 1-800-385-4104 (TTY: 711) पर कॉल करें।

PERSIAN: اگر به زبان فارسی صحبت میں کنیت، به صورت رایگان میں توانایی به خدمات کمک زبانی دسترسی داشته باشید. با شماره: 1-800-385-4104 (TTY: 711) درج شده در پشت کارت سناسی پلی بیا شماره 1-800-385-4104 تماس بگیرید.


GUJARATI: ધ્યાન આપો: તમારી સ્નાયુસંખ્યા પણવા પહેલા તમી સાથે હોય છે, તો તમારી ભાષા સહાય સેવા લિંગ્યુસ્ટર ભારતીય આઈડી કોબર નંબર પર કોલ કરો 1-800-385-4104 (TTY: 711).


JAPANESE: 注意事項: 日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。IDカード裏面の電話番号、または 1-800-385-4104 (TTY: 711)までご連絡ください。