

# STAR+PLUS NURSING FACILITY MEMBER HANDBOOK

## Cigna-HealthSpring STAR+PLUS

### **Hidalgo Service Area:**

Cameron, Duval, Hidalgo, Jim Hogg,  
Maverick, McMullen, Starr, Webb,  
Willacy and Zapata Counties

### **Tarrant Service Area:**

Denton, Hood, Johnson, Parker,  
Tarrant and Wise Counties

### **Medicaid Rural Service Area (MRSA) - Northeast:**

Anderson, Angelina, Bowie, Camp,  
Cass, Cherokee, Cooke, Delta, Fannin,  
Franklin, Grayson, Gregg, Harrison,  
Henderson, Hopkins, Houston, Lamar,  
Marion, Montague, Morris, Nacogdoches,  
Panola, Rains, Red River, Rusk, Sabine,  
San Augustine, Shelby, Smith, Titus, Trinity,  
Upshur, Van Zandt and Wood Counties

**March 2015**

**1-877-653-0327**

Monday to Friday, 8 a.m. to 5 p.m. Central Time  
2208 Hwy 121, Suite 210, Bedford, TX 76021

[http://starplus.mycignahealthspring.com/  
starplushandbook](http://starplus.mycignahealthspring.com/starplushandbook)



# WELCOME.

## We are here to help you in every way.

### Congratulations on choosing Cigna-HealthSpring as your STAR+PLUS plan.

We thank you for your Membership. Our team looks forward to helping you improve your health, well-being and sense of security. At Cigna-HealthSpring, our goal is to give you more from life. This includes helping you get quality care that is affordable, easy to understand and tailored to meet your individual needs.

This Member Handbook can help you get the most from your STAR+PLUS plan. It is important to read it carefully and keep it in a safe, convenient place.

You will learn many important things from your Member Handbook, such as:

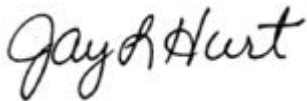
- › What is the role of your main doctor or Primary Care Provider (PCP)
- › How to find out what drugs are covered on the preferred drug list
- › When you need a referral or prior authorization from your main doctor
- › Who to call and what to do if you become ill or injured
- › How to take advantage of preventive health services and other benefits

At Cigna-HealthSpring, we want you to be involved in your own health. This means you need to follow the advice of your main doctor (Primary Care Provider). It also means you should call us when you have a question about your health plan. We are always ready to guide you in the right direction.

Our team is your team. We are here to help you. If you have questions about your STAR+PLUS plan, please call Member Services at **1-877-653-0327**, Monday to Friday, 8 a.m. to 5 p.m. Central Time.

On behalf of the entire Cigna-HealthSpring family in Texas and beyond, I welcome you. We look forward to helping you lead a healthier life.

Healthy regards,



Jay L. Hurt  
Texas Division President  
Cigna-HealthSpring Life & Health Insurance Co., Inc.



#### **P.S.**

Please let us know if you would like your Member Handbook in audio, larger print, braille or another language. We are happy to help.

# WE ARE HERE FOR YOU.

It is important that you know where to turn when you need help. Your team is ready to guide you in the right direction. If you need help or information, call Member Services at **1-877-653-0327**. You can also reach our mental health crisis line 24 hours a day, 7 days a week by calling **1-800-959-4941**.



## Important

If you have a life-threatening emergency or an emergency that poses a threat to the life or property of others, call **9-1-1** or go directly to the nearest emergency room.

## Cigna-HealthSpring Member Services

You can get immediate answers to questions about your benefits, the provider network or any other issues related to your plan. Please call Member Services at **1-877-653-0327**, Monday to Friday 8 a.m. to 5 p.m. Central Time, excluding state-approved holidays.

## Bilingual or interpreter services

Cigna-HealthSpring representatives are ready to help in English and Spanish. Cigna-HealthSpring can provide interpreter and translation services in over 170 languages. Please call Member Services at **1-877-653-0327** for assistance.

## Hearing impaired

If you are hearing-impaired, please call **TTY 7-1-1**. For more services, please call **TTY/Texas Relay at 1-800-735-2989** (English) or **1-800-662-4954** (Spanish).

## After-hours

If you call after-hours, on a weekend or holiday, you are able to speak to a nurse, speak with a behavioral health specialist, or leave a voice message. We will return your call on the next business day when a voice message is left.

## Service coordination

Cigna-HealthSpring provides service coordination. You and your service coordinator will work together to:

- › Assess your health needs.
- › Create a care plan.
- › Organize all your services.
- › Monitor your progress toward your health care goals.

You can call your Cigna-HealthSpring service coordinator at **1-877-725-2688**. You can also call your service coordinator through Member Services at **1-877-653-0327**.

## Behavioral health and substance abuse services

For questions about behavioral health and substance abuse, call the behavioral health Line at **1-877-725-2539**. If you have a mental health crisis, you can get help by calling our mental health crisis hotline at **1-800-959-4941**, 24 hours a day, and 7 days a week. Qualified mental health professionals will be ready to:

- › Answer your questions.
- › Assess your mental health.
- › Provide and coordinate services as needed.

## Bilingual or interpreter services

Cigna-HealthSpring representatives are ready to help in English and Spanish. Other language interpreter services are ready upon request. Cigna-HealthSpring can provide interpreter and translation services in over 170 languages.



## Please remember

If you have a life-threatening emergency or an emergency that poses a threat to the life or property of others, call **9-1-1** or go directly to the nearest emergency room.

## Eye care

Members eligible for Medicaid only can get routine eye care services by calling Block Vision at **1-800-879-6901**.

If you need eye care for an illness or injury to your eye, call your main doctor for help first. You do not need a referral for specialty eye care from an ophthalmologist.

## Dental care

Members eligible for Medicaid can get routine dental care services. STAR+PLUS Waiver Members are also eligible for some dental care. To get covered dental care, call DentaQuest at **1-855-418-1628**.

**Medicaid and STAR+PLUS**

Medicaid managed care help line:

**1-866-566-8989 (TTY 1-866-222-4306)**

STAR+PLUS help line:

**1-800-964-2777**

**Medical transportation services**

To set up routine medical transportation, please call toll-free **1-877-633-8747** if you live in the Hidalgo Service Area or 1-855-687-3255 if you live in the MRSA Northeast or Tarrant Service Area.

**Member handbook information**

**2208 Hwy 121, Suite 210 Bedford, TX 76021**

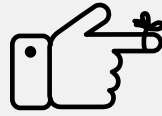
**Cigna-HealthSpring Member Services**

**1-877-653-0327 (TTY 7-1-1)**

**Monday to Friday, 8 a.m.**

**to 5 p.m. Central Time**

**<http://starplus.mycignahealthspring.com>**



**Don't forget**

Your satisfaction is very important to us. If you have any concerns, please let us know. We will be happy to help.



**Quick Reference Guide**

Member services	<b>1-877-653-0327</b>	Dental care - DentaQuest	<b>1-855-418-1628</b>
Bilingual/interpreter services	<b>1-877-653-0327</b>	Medicaid managed care help line	<b>1-866-566-8989</b>
Member services for hearing impaired TTY	<b>1-877-653-0327 (7-1-1)</b>	Medicaid managed care help line for hearing impaired	<b>1-866-222-4306</b>
TTY/Texas Relay English	<b>1-800-735-2989</b>	STAR+PLUS help line	<b>1-800-964-2777</b>
TTY/Texas Relay Spanish	<b>1-800-662-4954</b>	Medical transportation services Hidalgo or MRSA-Northeast service areas Tarrant service area	<b>1-877-633-8747</b> <b>1-855-687-3255</b>
Service coordination	<b>1-877-725-2688</b>	Medicaid mental health/drug/alcohol help	<b>1-877- 966-3784</b>
Behavioral health and substance abuse	<b>1-877-725-2539</b>	2-1-1 Help in Texas	<b>2-1-1 or</b> <b><a href="http://www.2-1-1texas.org">www.2-1-1texas.org</a></b>
Mental health crisis	<b>1-800-959-4941</b>	Medicaid prescription help line	<b>1-877-653-0327</b>
Eye care	<b>1-800-879-6901</b>		

<b>Introduction to Cigna-HealthSpring</b> .....	<b>a</b>
<b>Important phone numbers</b> .....	<b>b</b>
Cigna-HealthSpring Member Services .....	b
Bilingual or interpreter services.....	b
Hearing impaired.....	b
After-hours.....	b
Service coordination.....	b
Behavioral health and substance abuse services.....	b
Bilingual or interpreter services.....	b
Eye care .....	b
Dental care .....	b
Medicaid and STAR+PLUS .....	c
Medical transportation services.....	c
Member handbook information.....	c
Cigna-HealthSpring Member Services.....	c
Quick Reference Guide.....	c
<b>Welcome to Cigna-HealthSpring</b> .....	<b>1</b>
What is Cigna-HealthSpring?.....	1
What does Cigna-HealthSpring do?.....	1
How has Cigna-HealthSpring changed? .....	1
What makes Cigna-HealthSpring unique? .....	1
What does Cigna-HealthSpring offer?.....	1
<b>Your Cigna-HealthSpring ID card</b> .....	<b>2</b>
How to use your ID card.....	2
How to read your ID card.....	2
How to replace your ID card.....	3
Your Texas Benefits Medicaid card .....	4
Temporary verification form (Medicaid form 1027-A).....	5
<b>Your main doctor</b> .....	<b>6</b>
What is a Primary Care Provider (PCP or main doctor)?.....	6
Will I be assigned a Primary Care Provider if I have Medicare?.....	6
How do I see my Primary Care Provider if she or he does not visit my nursing home?.....	6
What type of provider can I pick as my main doctor?.....	6
How can I change my Primary Care Provider?.....	6
When will my Primary Care Provider change become effective? .....	6
How do I get medical care after my Primary Care Provider's office is closed?.....	6
What is the Medicaid Lock-In Program? .....	7
What is the Physician Incentive Plan?.....	7
<b>Health plan changes</b> .....	<b>7</b>
What if I want to change health plans?.....	7
Who do I call?.....	7

How many times can I change health plans?.....	7
When will my health plan change become effective?.....	7
Can Cigna-HealthSpring ask that I get dropped from their health plan (for non-compliance, etc.)?.....	7
<b>Health care benefits.....</b>	<b>8</b>
What are my health care benefits?.....	8
How do I get these services?.....	9
Are there any limits to any covered services?.....	9
What are Long Term Services and Supports (LTSS) Benefits? .....	10
What are my Nursing Facility LTSS Benefits?.....	10
How would my benefits change if I moved into the Community?.....	10
How do I get these services?.....	10
What number do I call to find out about these services?.....	10
What are my acute care benefits? .....	10
How do I get these services?.....	10
What number do I call to find out about these services?.....	10
What are my prescription drug benefits?.....	10
What extra benefits do I get as a Member of Cigna-HealthSpring?.....	10
What Value-Added Services can Cigna-HealthSpring Nursing Facility Medicaid-only Members get?.....	10
All members.....	11
How can I get these benefits?.....	11
What health education classes does Cigna-HealthSpring offer?.....	11
What services can I still get through regular Medicaid, but are not covered by Cigna-HealthSpring?.....	11
<b>Health care and other services.....</b>	<b>11</b>
What does medically necessary mean?.....	11
What is routine medical care?.....	12
How soon can I expect to be seen?.....	12
Are non-emergency dental services covered? .....	12
What is urgent medical care?.....	12
What should I do if I need urgent medical care?.....	12
How soon can I expect to be seen?.....	12
What is emergency medical care?.....	12
How soon can I expect to be seen?.....	12
Do I need a prior authorization?.....	12
Are emergency dental services covered?.....	12
What do I do if I need emergency dental care?.....	13
What is post-stabilization?.....	13
How do I get medical care when my Primary Care Provider's office is closed?.....	13
What if I get sick when I am out of the facility and traveling out of town?.....	13
What if I am out of the state?.....	13
What if I am out of the country?.....	13
What if I need to see a special doctor (specialist)?.....	13
What is a referral?.....	13
How soon can I expect to be seen by a specialist?.....	13

What services do not need a referral?.....	14
How can I ask for a second opinion?.....	14
What is “My Personal Health Coach” program?.....	14
How can I contact “My Personal Health Coach”?.....	14
<b>Behavioral health.....</b>	<b>14</b>
What are behavioral health services?.....	14
How do I get help if I have mental health, alcohol, or drug problems, or I have behavioral health issues? .....	14
How do I get emergency help for behavioral health or substance abuse issues?.....	14
Do I need a referral for this?.....	14
What are mental health rehabilitation services and mental health targeted case management?.....	14
How do I get these services?.....	14
What behavioral health services are available?.....	15
What outpatient substance abuse services are available?.....	15
What is a behavioral health service coordinator?.....	15
What if I am already in treatment?.....	15
Can a mental health mental retardation center be my behavioral health care provider?.....	15
<b>Prescription drug and pharmacy benefits.....</b>	<b>15</b>
What are my prescription drug benefits?.....	15
How do I get my medications?.....	15
How do I find network drug store?.....	15
What if I go to a drug store not in the network?.....	15
What do I bring with me to the drug store?.....	15
What if I need my medications delivered to me?.....	16
Who do I call if I have problems getting my medications?.....	16
What if I can’t get the medication my doctor ordered approved?.....	16
What if I lose my medications?.....	16
What if I also have Medicare?.....	16
<b>Family planning.....</b>	<b>16</b>
How do I get family planning services?.....	16
Do I need a referral for this? .....	16
Where do I find a Family Planning services provider?.....	16
<b>Service Coordination.....</b>	<b>16</b>
What is Service Coordination? .....	16
What will a Service Coordinator do for me?.....	16
How can I talk with a Service Coordinator?.....	17
<b>Medical Transportation Program (MTP).....</b>	<b>17</b>
What transportation services are offered? .....	17
How do I get this service? .....	17
What is Medical Transportation Program? .....	17
What services are offered by Medical Transportation Program? .....	17

How to get a ride?.....	17
Who can I call for a ride to a medical appointment?.....	17
<b>Eye care.....</b>	<b>18</b>
How do I get eye care services?.....	18
<b>Interpretation services.....</b>	<b>18</b>
Can someone interpret for me when I talk with my doctor?.....	18
Who do I call for an interpreter?.....	18
How far in advance do I need to call?.....	18
How can I get a face-to-face interpreter in the provider's office?.....	18
<b>OB/GYN care.....</b>	<b>18</b>
What if I need OB/GYN care?.....	18
Do I have the right to choose an OB/GYN?.....	18
How do I choose an OB/GYN?.....	18
If I do not choose an OB/GYN, do I have direct access?.....	18
Will I need a referral?.....	18
How soon can I be seen after contacting my OB/GYN for an appointment?.....	18
Can I stay with my OB/GYN if they are not with Cigna-HealthSpring?.....	19
<b>Special needs and advance directives.....</b>	<b>19</b>
Who do I call if I have special health care needs and need someone to help me?.....	19
What if I am too sick to make a decision about my medical care?.....	19
What are advance directives?.....	19
How do I get an advance directive?.....	19
What do I do with an advance directive?.....	19
How do I change or cancel an advance directive?.....	19
<b>Bills, change of address and lost or limited coverage.....</b>	<b>20</b>
What if I get a bill from my Nursing Facility?.....	20
What information will they need?.....	20
What is Applied Income?.....	20
What are my responsibilities?.....	20
What do I have to do if I move?.....	20
What happens if I lose my Medicaid coverage?.....	20
<b>Medicaid-Medicare beneficiaries (duals).....</b>	<b>20</b>
What if I also have Medicare?.....	20
Can my Medicare provider bill me for services or supplies if I am in both Medicare and Medicaid?.....	20
What if I have other health insurance in addition to Medicaid?.....	20
<b>Rights and responsibilities.....</b>	<b>21</b>
What are my rights and responsibilities?.....	21



<b>Complaints</b> .....	<b>22</b>
What should I do if I have a complaint about my health care, my provider, my service coordinator, or my health plan?.....	22
Who do I call?.....	22
Can someone from Cigna-HealthSpring help me file a complaint?.....	22
How long will it take to process my complaint?.....	22
What are the requirements and timeframes for filing a complaint?.....	22
Information on how to file a Complaint with HHSC, once I have gone through the Cigna-HealthSpring Complaint process.....	22
<b>Appeals</b> .....	<b>23</b>
What can I do if my doctor asks for a service or medicine for me that's covered but Cigna-HealthSpring denies or limits it?.....	23
How will I find out if services are denied?.....	23
What is the timeframe for an appeal?.....	23
When do I have the right to ask for an appeal?.....	23
How can I keep getting services while my appeal is in process?.....	23
Can I file my appeal verbally?.....	23
Can someone from Cigna-HealthSpring help me file an appeal?.....	23
When can I ask a State Fair Hearing to review my appeal?.....	23
<b>Expedited Appeals</b> .....	<b>24</b>
What is an Expedited appeal?.....	24
How do I ask for an Expedited appeal?.....	24
How do I ask for a prescription drug/pharmacy Expedited appeal?.....	24
Does my request have to be in writing?.....	24
What are the timeframes for an Expedited appeal?.....	24
What is the timeframe for an emergency Expedited appeal?.....	24
What happens if the Cigna-HealthSpring denies the request for an Expedited Appeal?.....	24
Who can help me file an Expedited appeal?.....	24
<b>State Fair Hearing</b> .....	<b>24</b>
Can I ask for a State Fair Hearing?.....	24
Where do I send my request for a State Fair Hearing? .....	25
Where do I send my request for a State Fair Hearing related to prescription drugs/pharmacy?.....	25
Can I keep getting services that are not approved if I filed for a State Fair Hearing?.....	25
Who can I talk to about a State Fair Hearing?.....	25
<b>Waste, fraud, and abuse</b> .....	<b>25</b>
Do you want to report waste, abuse, or fraud?.....	25
To report waste, abuse or fraud, choose one of the following?.....	25
When reporting a provider (a doctor, dentist, counselor, etc.) include: .....	25
When reporting about someone who gets benefits, include .....	26
<b>Annual information</b> .....	<b>26</b>
As a member of Cigna-HealthSpring you can ask for and get the following information each year.....	26

# AHHH.

## It feels good to have a whole team focused on you.

### What is Cigna-HealthSpring?

In 2012, Cigna and HealthSpring joined to create a company that offers many different health plans. Together, Cigna-HealthSpring offers the strength of a leading health services company with the hands-on focus of a local STAR+PLUS managed care company. Today, Cigna-HealthSpring serves the needs of millions of people all over the world. We welcome you to the family.

### What does Cigna-HealthSpring do?

Cigna-HealthSpring works with the state of Texas to help people and families get health coverage in the Texas STAR+PLUS Program. STAR+PLUS is a Texas Medicaid managed care program that provides health care, acute care and Long Term Services and Supports. Through STAR+PLUS, Cigna-HealthSpring provides Members with many quality health care services. We are excited to help you get started.

### How has Cigna-HealthSpring changed?

We are the same company you might already know, but now we offer you the extra strength and resources of Cigna. We understand your needs and we are here for you. You can call us at any time.

### What makes Cigna-HealthSpring unique?

Cigna-HealthSpring offers a unique team-approach to your care. Our doctors focus on preventive health and quality care to keep you healthier and living life to its fullest. Our focus on prevention supports healthier Members and lowers medical costs. This is all good news for you.



#### Helpful hint

If you have questions, please call Member Services at **1-877-653-0327**. You can also call the phone numbers listed in the Quick Reference Guide on page c.

### What does Cigna-HealthSpring offer?



**Primary and specialty provider care**



**Medical supplies**



**Behavioral health and substance abuse services**



**Hospital care**



**Routine dental services**



**Eye care**



**Over-the-counter medications monthly allowance**



**Service coordination**



**Transportation services**



**Member services**



**Bilingual or interpreter services**



**Hearing impaired help**

# SAFE.

## The feeling of having your Cigna-HealthSpring ID card with you.

### How to use your ID card



Your Cigna-HealthSpring Member ID card tells doctors and hospitals that you are a Member of our plan. Take your ID card every time you go to the following:

- › Doctor's visit.
- › Laboratory testing.
- › Emergency room.
- › Urgent care center.
- › Long term care services.

### How to read your ID card

Below is a sample of the Cigna-HealthSpring Medicaid-Only eligibility ID card. If you have a Medicaid-Only eligibility ID card, it will contain important information such as:

#### STAR+PLUS Member Card - Medicaid Only

1	 											
2	Issuer/Emisor	80840										
3	Member ID/Núm. de identificación del miembro											
4	Name/Nombre											
5	PCP Name/Nombre del PCP:											
6	PCP Phone/Teléfono del PCP:											
	<p>In case of <b>emergency call 911</b> or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. <b>En caso de emergencia, llame al 911</b> o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP dentro de 24 horas o tan pronto como sea posible.</p>											
	<table border="1"> <tr> <td style="width: 50%;"> <b>Member Services/Teléfono de Servicios para Miembros:</b> 1-877-653-0327  <b>Hearing Impaired/Personas con problemas de la audición:</b> 711  <b>Service Coordination/Coordinación de servicios:</b> 1-877-725-2688  <b>Behavioral Health/Servicios de salud mental y abuso de sustancias:</b> 1-877-725-2539                      Available 24 hours a day, 7 days a week                      Disponible las 24 horas del día, 7 días a la semana                 </td> <td style="width: 5%;"></td> <td style="width: 45%; text-align: right;"> <b>1</b>  <b>2</b>  <b>3</b>  <b>4</b>  <b>5</b>  <b>5</b>  <b>6</b> </td> </tr> <tr> <td colspan="2"> <b>For Prior Authorization:</b> 1-877-725-2688                 </td> <td></td> </tr> <tr> <td colspan="2"> <b>Cigna-HealthSpring® STAR+PLUS Claims:</b>                      P.O. Box 981709-STAR+PLUS                      El Paso, TX 79998-1709                 </td> <td style="text-align: right;"> <b>Catamaran</b>                      RxBIN: 017010                      RxPCN: CIHSCAID                      RxGroup: MEDICAID                 </td> </tr> </table>			<b>Member Services/Teléfono de Servicios para Miembros:</b> 1-877-653-0327 <b>Hearing Impaired/Personas con problemas de la audición:</b> 711 <b>Service Coordination/Coordinación de servicios:</b> 1-877-725-2688 <b>Behavioral Health/Servicios de salud mental y abuso de sustancias:</b> 1-877-725-2539 Available 24 hours a day, 7 days a week Disponible las 24 horas del día, 7 días a la semana		<b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>5</b> <b>6</b>	<b>For Prior Authorization:</b> 1-877-725-2688			<b>Cigna-HealthSpring® STAR+PLUS Claims:</b> P.O. Box 981709-STAR+PLUS El Paso, TX 79998-1709		<b>Catamaran</b> RxBIN: 017010 RxPCN: CIHSCAID RxGroup: MEDICAID
<b>Member Services/Teléfono de Servicios para Miembros:</b> 1-877-653-0327 <b>Hearing Impaired/Personas con problemas de la audición:</b> 711 <b>Service Coordination/Coordinación de servicios:</b> 1-877-725-2688 <b>Behavioral Health/Servicios de salud mental y abuso de sustancias:</b> 1-877-725-2539 Available 24 hours a day, 7 days a week Disponible las 24 horas del día, 7 días a la semana		<b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>5</b> <b>6</b>										
<b>For Prior Authorization:</b> 1-877-725-2688												
<b>Cigna-HealthSpring® STAR+PLUS Claims:</b> P.O. Box 981709-STAR+PLUS El Paso, TX 79998-1709		<b>Catamaran</b> RxBIN: 017010 RxPCN: CIHSCAID RxGroup: MEDICAID										

MCDTX\_15\_23513 11212014

#### Front



1. Cigna-HealthSpring and STAR+PLUS logos.
2. Medicaid Member ID#, issued by Health and Human services Commission (HHSC).
3. Your name.
4. Name of your main doctor (PCP or main doctor).
5. Phone number of your main doctor.
6. Date you were given your main doctor.

#### Back

1. Member services phone number, available Monday to Friday, 8 a.m. to 5 p.m. Central Time. Voice mail is available after 5 p.m. and on weekends along with our 24-Hour Nurse Line.
2. **TTY** number for hearing impaired Members. For additional hearing impaired services, please call **TTY/Texas Relay at 1-800-735-2989** (English) or **1-800-662-4954** (Spanish).
3. Service coordination department phone number.
4. Behavioral health crisis hotline number.
5. Phone number a provider will call to get prior authorization for hospital visits, doctors' visits and long term care services.
6. Address where providers will send claims.

Below is a sample of the Cigna-HealthSpring Medicare and Medicaid Dual eligibility ID card. If you have a Medicare and Medicaid Dual Eligible ID card, it shows important information such as:

**STAR+PLUS Member Card—Dual Eligible**

1 2 3	 																						
	Issuer/Emisor	80840																					
	Member ID/Núm. de identificación del miembro Name/Nombre																						
<p>If you get Medicare, Medicare is responsible for most primary, acute, and behavioral health services; therefore, the PCP's name, address and telephone number are not listed on the card. The member receives long-term services and support through Cigna-HealthSpring®. <b>In case of emergency call 911</b> or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. Si usted cuenta con Medicare, Medicare es responsable de cubrir la mayor parte de los servicios de atención básica, intensiva y de comportamiento; por lo tanto, su tarjeta no incluye el nombre, la dirección, ni el número de teléfono de su médico. El miembro recibe apoyo y servicios de largo plazo a través de Cigna-HealthSpring. <b>En caso de emergencia, llame al 911</b> o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame a su PCP dentro de 24 horas o tan pronto como sea posible.</p>																							
		<table border="0"> <tr> <td><b>Member Services/Teléfono de Servicios para Miembros:</b></td> <td>1-877-653-0327</td> <td style="text-align: right;">1</td> </tr> <tr> <td><b>Hearing Impaired/Personas con problemas de la audición:</b></td> <td>711</td> <td style="text-align: right;">2</td> </tr> <tr> <td><b>Service Coordination/Coordinación de servicios:</b></td> <td>1-877-725-2688</td> <td style="text-align: right;">3</td> </tr> <tr> <td><b>Behavioral Health/Servicios de salud mental y abuso de sustancias:</b></td> <td>1-877-725-2539</td> <td style="text-align: right;">4</td> </tr> <tr> <td colspan="3">Available 24 hours a day, 7 days a week Disponible las 24 horas del día, 7 días a la semana</td> </tr> <tr> <td colspan="3">Long Term Care Service ONLY/SOLO servicios de atención a largo plazo</td> </tr> <tr> <td><b>For Prior Authorization:</b></td> <td>1-877-725-2688</td> <td style="text-align: right;">5</td> </tr> </table>	<b>Member Services/Teléfono de Servicios para Miembros:</b>	1-877-653-0327	1	<b>Hearing Impaired/Personas con problemas de la audición:</b>	711	2	<b>Service Coordination/Coordinación de servicios:</b>	1-877-725-2688	3	<b>Behavioral Health/Servicios de salud mental y abuso de sustancias:</b>	1-877-725-2539	4	Available 24 hours a day, 7 days a week Disponible las 24 horas del día, 7 días a la semana			Long Term Care Service ONLY/SOLO servicios de atención a largo plazo			<b>For Prior Authorization:</b>	1-877-725-2688	5
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	RxGroup: MEDICAID																						
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**Front**

1. Cigna-HealthSpring and STAR+PLUS logos.
2. Medicaid Member ID#, issued by Health and Human services Commission (HHSC).
3. Your name.

**Back**

1. Member services phone number, available Monday to Friday, 8 a.m. to 5 p.m. Central Time.
2. **TTY** number for hearing impaired Members. For additional hearing impaired services, please call **TTY/Texas Relay at 1-800-735-2989** (English) or **1-800-662-4954** (Spanish).
3. Service coordination department phone number.
4. Behavioral health crisis hotline number.
5. Phone number a provider will call to get prior authorization for hospital visits, doctors' visits and long term care services.
6. Address where providers will send claims.

**How to replace your ID card**

If you lose your Member ID Card, please call Member Services at **1-877-653-0327**. We will send you a replacement card.

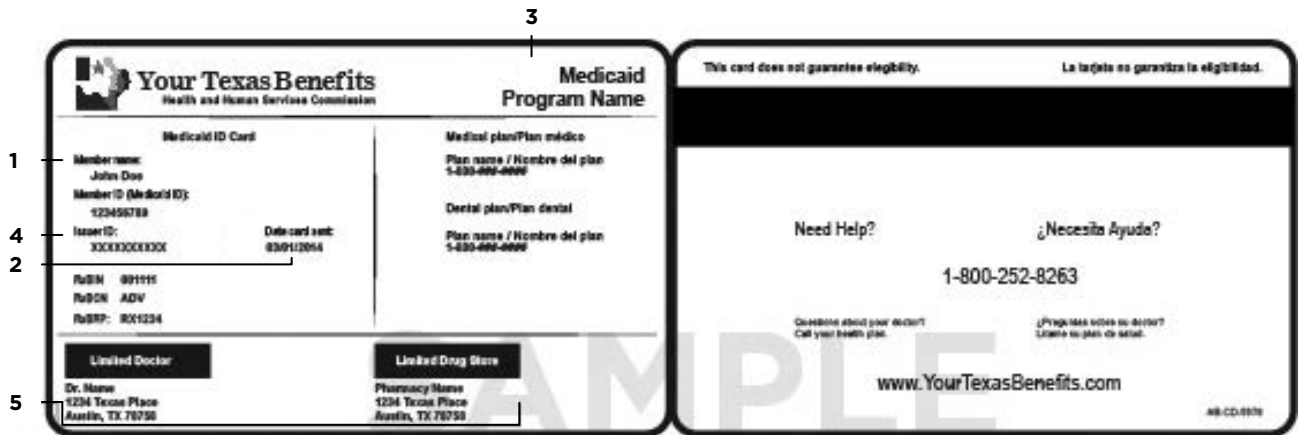
## Your Texas Benefits Medicaid card

When you are approved for Medicaid, you will get a Your Texas Benefits Medicaid card. This plastic card will be your everyday Medicaid ID card. You should carry and protect it just like your driver's license or a credit card. The card has a magnetic stripe that holds your Medicaid ID number. Your doctor can use the card to find out if you have Medicaid benefits when you go for a visit.

You will only be issued one card, and will only receive a new card in the event your card is lost or stolen. If your Medicaid ID card is lost or stolen, you can get a new one by calling toll-free **1-855-827-3748**, or by going online to print a temporary card at **www.YourTexasBenefits.com**.

If you are not sure if you are covered by Medicaid, you can find out by calling toll-free at **1-800-252-8263**. You can also call **2-1-1**. First, pick a language and then pick option 2.

Your health history is a list of medical services and drugs that you have gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care you need. If you don't want your doctors to see your health history through the secure online network, call **1-800-252-8263**.



The Your Texas Benefits Medicaid card has these facts printed on the front:

1. Your name and Medicaid ID number.
2. The date the card was sent to you.
3. The name of the Medicaid program you're in if you get:
  - Medicare (QMB, MQMB)
  - Texas Women's health Program (TWHP)
  - Hospice
  - STAR health
  - Emergency Medicaid; or
  - Presumptive Eligibility for Pregnant Women (PE).
4. Facts your drug store will need to bill Medicaid.
5. The name of your doctor and drug store if you're in the Medicaid Lock-In program.


The back of the Your Texas Benefits Medicaid card has a website you can visit (**www.YourTexasBenefits.com**) and a phone number you can call toll-free (**1-800-252-8263**) if you have questions about the new card.

If you forget your card, your doctor, dentist, or drug store can use the phone or the Internet to make sure you get Medicaid benefits.

# Temporary verification form (Medicaid form 1027-A)

The Medicaid form 1027-A is your temporary ID card. You may have received it from the Department of Aging and Disability services. Form 1027-A is your proof of Medicaid eligibility until you receive Your Texas Benefits Medicaid card. Please remember to present Your Texas Benefits Medicaid card with your Cigna-HealthSpring ID card at all of your health care visits, and when receiving any long term care services.

If you can't get Form 1027-A or Your Texas Benefits Medicaid card, please call the Medicaid Hotline at **1-800-252-8263**. You can also apply for the temporary form in person at a Health and Human Services Commission (HHSC) benefits office. To find the nearest office, call **2-1-1** (pick a language and then pick option 2).



**MEDICAID ELIGIBILITY VERIFICATION**

THIS FORM COVERS ONLY THE DATES SHOWN BELOW. IT IS NOT VALID FOR ANY DAYS BEFORE OR AFTER THESE DATES

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.

Form 1027-A/1-2000

Texas Department of Human Services

Name of the Doctor

Name of the Pharmacy

Date Eligibility Verified

Verification Method

**TIERS**

CLIENT NAME	DATE OF BIRTH	CLIENT NO.	ELIGIBILITY DATES		MEDICARE CLAIM NO.	STAR/STAR+PLUS HEALTH PLAN INFORMATION Plan Name and Member Services Toll-Free Telephone No.
			FROM	THROUGH		

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, Medical 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

\_\_\_\_\_

Date

Office Address and Telephone No.

Name of the Worker	Worker Number	Worker Signature
Name of the Supervisor*	Supervisor Number*	Supervisor Signature*
* or Authorized Lead Worker		Date

## RELATIONSHIP.

### It is important to have a relationship with your main doctor.

#### What is a Primary Care Provider (PCP or main doctor)?

A Primary Care Provider can be called your PCP or main doctor. Your Primary Care Provider is the main doctor, nurse or clinic that gives you most of your health care. Your main doctor can also help coordinate other services you need.

#### Will I be assigned a Primary Care Provider if I have Medicare?

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

#### How do I see my Primary Care Provider if she or he does not visit my nursing home?

Your Nursing Facility will arrange transportation for you. If you need further assistance, please contact Service Coordination at **1-877-725-2688**.

#### What type of provider can I pick as my main doctor?

You can pick the following types of providers as your main doctor:

- › Doctors specializing in family practice.
- › Doctors specializing in general practice.
- › Doctors specializing in internal medicine.
- › Physician Assistant (PA).
- › Advanced Practice Registered Nurse (APRNs) Practitioners specializing in adult and family practice.
- › Federally qualified health center.
- › Rural health clinic.

Female Members and Members with gender-specific needs can also pick from the following Primary Care Providers:

- Doctors specializing in Obstetrics/ Gynecology (OB/GYN).
- Advanced practice registered nurse practitioners specializing in women's health.

#### How can I change my Primary Care Provider?

If you would like to change your main doctor, you can call Member Services at **1-877-653-0327**. Please tell the representative that you want to change your main doctor. They can help you pick a new main doctor if you still need to pick one.

#### Please note

For STAR+PLUS Members covered by Medicare, a main doctor is not assigned. Please call your Medicare plan to pick a new main doctor.

#### Tip

Always keep your ID cards with you in a safe, convenient place. Your ID card is important to ensure a quick, easy and satisfying experience.

#### Remember

For most services, you should see the main doctor you picked when you joined Cigna-HealthSpring.

#### When will my Primary Care Provider change become effective?

If you ask to change your main doctor, the change will start on the business day after the request. The change will show up in the Cigna-HealthSpring system within three business days. Cigna-HealthSpring will mail you a new ID card within five business days of the request. The actual delivery time depends on the U.S. Postal Service.

#### How do I get medical care after my Primary Care Provider's office is closed?

If you get sick during the evening, weekend or a holiday, you should:

- › Call your main doctor (Primary Care Provider) at the phone number on the back of your Cigna-HealthSpring ID card. Call early in the day to help make sure you get the earliest appointment. Leave a message with the answering service or the answering system. Make sure to leave your name and a phone number where your doctor can call you back. Your doctor should call you back within 30 minutes.
- › If your main doctor does not call you back within 30 minutes, you can go to the nearest urgent care center. Look in your Provider Directory for a list of urgent care centers and acute care hospitals.
- › Your Nursing Facility will arrange transportation for you. If you need further assistance, please contact Service Coordination at **1-877-725-2688**.



### What is the Medicaid Lock-In Program?

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

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

- › Pick one drug store at one location to use all the time.
- › Be sure your main doctor, main dentist, or the specialists they refer you to are the only doctors that give you prescriptions.
- › Do not get the same type of medicine from different doctors.

To learn more call Cigna-HealthSpring Member Services at **1-877-653-0327**.

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

### What is the Physician Incentive Plan?

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

## RELAX. We can work with you to meet your needs.

### What if I want to change health plans?

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

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

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

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

### Who do I call?

To change your health plan, please call the STAR+PLUS program helpline at **1-800-964-2777**.

### How many times can I change health plans?

You can change health plans as often as you want but not more than once a month.

### When will my health plan change become effective?

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

place the first day of the second month after that. For example:

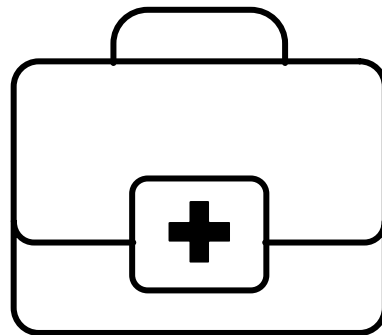
- › If you call on or before April 15, your change will take place on May 1.
- › If you call after April 15, your change will take place on June 1.

### Can Cigna-HealthSpring ask that I get dropped from their health plan (for non-compliance, etc.)?

Yes, Cigna-HealthSpring can ask the Texas Health and Human Services Commission to remove you from our health plan for not following the rules when:

- › Cigna-HealthSpring takes reasonable measures to help your behavior through education and/or counseling, and
- › You continue to refuse to meet the program rules and restrictions.

If the HHSC Disenrollment Committee agrees to remove you, Cigna-HealthSpring will help with the process. If you feel that the HHSC Disenrollment Committee has wrongly dropped you, you can ask for an appeal from the Disenrollment Committee.





# MORE.

## You get more benefits and more from life.



**Ambulance services**



**Audiology services (hearing tests)**



**Behavioral health services**

Including:

- › Inpatient mental health services for adults.
- › Outpatient mental health services for adults.
- › Detoxification services.
- › Psychiatry services.
- › Counseling services for adults (age 21 and older).
- › Substance Use Disorder treatment services, including.
  - Outpatient services, including:
    - Assessment.
    - Detoxification services.
    - Counseling treatment.
    - Medication assisted therapy.
  - Residential services, including:
    - Detoxification services.
    - Substance use disorder treatment (including room and board).



**Birth services provided by a licensed birthing center**



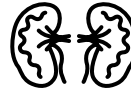
**Birth services provided by a physician or advanced practice nurse in a licensed birthing center**



**Cancer screening, diagnostic, and treatment services**



**Chiropractic services**



**Dialysis**



**Disease management programs**



**Drugs and biologicals provided in nursing facility**



**Durable medical equipment and supplies**



**Emergency dental services**



**Emergency services**



**Family planning services**



**Health education related to obesity**



**Hospital services, inpatient and outpatient**



**Laboratory services**



**OB/GYN**



**Optometry, glasses and contact lenses, if medically necessary**



**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.
  - 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.



**Outpatient drugs and biologicals; including pharmacy-dispensed and provider-administered outpatient drugs and biologicals**



**Radiology, imaging and x-rays**



**Outpatient drug programs**



**Service coordination**



**Podiatry**



**Specialty physician services**



**Prenatal care**



**Transplantation of organs and tissues**



**Preventive services including a yearly wellness checkup for Members age 21 and older**



**Vision**



**Primary care services**

**How do I get these services?**

Your main doctor can give you most of the care you need or refer you to another physician for specialized care. You can also call your main doctor and let the office know what service you need. If you have questions about your Cigna-HealthSpring STAR+PLUS benefits, call Member Services at **1-877-653-0327**.

**Are there any limits to any covered services?**

Generally, you can receive all medically necessary Medicaid-covered services that you need to stay healthy. Some services need to be reviewed by Cigna-HealthSpring before a doctor or hospital can perform the service. If you have questions about your covered services by Cigna-HealthSpring STAR+PLUS, call Member Services at **1-877-653-0327**.



**Remember**

If you receive Medicare and Medicaid, Medicare covers your health care benefits.

## What are Long Term Services and Supports (LTSS) Benefits?

LTSS stands for Long Term Services and Supports. Long Term Services and Supports are additional home- and community-based benefits and services for which you may be eligible. You can find a complete description on page 24 of this Member Handbook. To learn more, call Member Services at **1-877-653-0327**.

### What are my Nursing Facility LTSS Benefits?

You may be eligible for the following Long Term Services and Supports:

- › Adaptive aids and medical equipment such as: wheelchairs, walkers, canes.
- › Adult Foster Care.
- › Assisted Living services.
- › Cognitive Rehabilitation services
- › Day Activity and Health services.
- › Dental services.
- › Emergency Response services.
- › Employment assistance and supported employment services.
  - Employment assistance helps people locate paid employment in the community.
  - Supported employment is provided to a person who has paid employment in a setting that includes non-disabled workers to help him or her sustain that employment.
- › Home delivered meals.
- › Medical supplies not available under the Texas Medicaid State Plan/HCBS STAR+PLUS Waiver.
- › Minor home modifications.
- › Nursing services (in home) not available under Texas Medicaid State Plan HCBS STAR+PLUS Waiver.
- › Personal assistance services.
- › Respite Care services.
- › Therapy services (physical, occupational and speech therapy).
- › Transitional assistance services.

### How would my benefits change if I moved into the Community?

If you move back into the community, your benefits may change, and you may get more benefits. Other benefits you may receive include home health care, mental health rehabilitation services or targeted case management. You may also qualify for other Long Term Services and Supports benefits, like meals delivered to your home, minor home modifications or Emergency Response Systems.

Your Service Coordinator can help you understand your benefits if you move back into the community. You can call your Service Coordinator at **1-877-725-2688** or Member Services at **1-877-653-0327**.

## How do I get these services?

You and your 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 will work with your Cigna-HealthSpring service coordinator and main doctor to get services in place.

### What number do I call to find out about these services?

If you have questions about your Long Term Services and Supports benefits, call your service coordinator at **1-877-725-2688** or Member Services at **1-877-653-0327**.

### What are my acute care benefits?

Your acute care benefits are the same as your health care benefits listed on page 8.

## How do I get these services?

Your main doctor 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 main doctor and let the office know what service you need.

### What number do I call to find out about these services?

If you have questions about your Cigna-HealthSpring benefits, or need help obtaining information about covered services, you can find out more by calling Member Services at **1-877-653-0327**.

### What are my prescription drug benefits?

\* Non-Duals Only

Cigna-HealthSpring is responsible for prescription coverage. The prescription drug program does not limit the number of prescriptions allowed each month for Medicaid-only Members enrolled in STAR+PLUS. For questions about prescription drug benefits, you can turn to page 18. You can also call Member Services at **1-877-653-0327** or visit **StarPlus.CignaHealthSpring.com/STARPLUSToolsPrescription**.

### What extra benefits do I get as a Member of Cigna-HealthSpring?

As a Member of Cigna-HealthSpring, you get additional benefits called Value-Added Services. These Value-Added Benefits are not applicable to MMP members in a Nursing Facility.

### What Value-Added Services can Cigna-HealthSpring Nursing Facility Medicaid-only Members get?

- › Bath mat (1) per Member each year.
- › Choice of (1) Active&Fit Home Fitness Kit in a 12-month period.
- › Fans of Cigna-HealthSpring program (yearly box fan).
- › Cold and flu kit (1) per Member each year.

- › Hygiene kit (1) each year.
- › Extra dental services for adults
  - Up to \$500 each year for check-ups, x-rays, cleanings, fillings and simple tooth extractions for Members 21 and older.
- › Extra vision benefits for adult Members:
  - Eye exam and extra choice of frames, up to \$100 above basic benefit each year (does not include contact lenses).
- › Good health rewards:
  - \$20 gift card for getting an annual well visit and certain labs and immunizations.
- › **NEW!** \$20 gift card for completing a recommended mammogram each year.
- › **NEW!** \$20 gift card for diabetic Members that complete a recommended HbA1c lab test.

#### ALL MEMBERS

- › Bath Mat (1) per Member each year.
- › Choice of (1) Active & Fit Home Fitness Kit in a 12-month period.
- › Fans of Cigna-HealthSpring program (yearly box fan).
- › Cold and Flu Kit (1) per Member each year.
- › Hygiene kit (1) each year.

## PEACE OF MIND. EVERYTHING REVOLVES AROUND YOU.

#### What does medically necessary mean?

1. For Members age 21 and over,, non-behavioral health related health care services that are:
  - a. Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
  - b. Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
  - c. Consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
  - d. Consistent with the diagnoses of the conditions;
  - e. No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
  - f. Not experimental or investigative; and

#### How can I get these benefits?

To learn more about extra benefits, please call member services at **1-877-653-0327**.

#### What health education classes does Cigna-HealthSpring offer?

Cigna-HealthSpring offers health education classes on the following subjects:

- › Diabetes-high blood sugar.
- › COPD-lung disease.
- › CHF-heart failure.
- › Asthma-breathing problems.
- › CAD-heart disease.

For health education materials, you can call Member Services at **1-877-653-0327** or your service coordinator at **1-877-725-2688**.

#### What services can I still get through regular Medicaid, but are not covered by Cigna-HealthSpring?

- › Preadmission Screening and Resident Review (PASRR) – PASRR is a federal requirement to help determine whether an individual is not inappropriately placed in a nursing home for long term care.
- › Hospice.
- › Behavioral Health (BH) services in Dallas Service Area.

- g. Not primarily for the convenience of the member or provider.
2. For Members age 21 and over, behavioral health services that:
  - a. Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
  - b. Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
  - c. Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
  - d. Are the most appropriate level or supply of service that can safely be provided;
  - e. Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
  - f. Are not experimental or investigative; and
  - g. Are not primarily for the convenience of the member or provider.

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

### What is routine medical care?

Routine medical care is:

- › The treatment of most minor illnesses and injuries.
- › Regular medical checkups.

When you need routine medical care, you should call your main doctor to schedule a visit. Your main doctor will treat you or tell you if you should see another provider.

### How soon can I expect to be seen?

When you call your main doctor for routine medical care, you can schedule a visit within 14 days. If you have problems scheduling a doctor's visit within 14 days of request, please call Member Services at **1-877-653-0327**.

### Are non-emergency dental services covered?

Cigna-HealthSpring is not responsible for paying for routine, dental services provided to Medicaid Members.

Cigna-HealthSpring is responsible, however, for paying for treatment and devices for craniofacial anomalies.

### What is urgent medical care?

Another type of care is urgent care. There are some injuries and illnesses that are probably not emergencies but can turn into emergencies if they are not treated within 24 hours. Some examples are:

- › Minor burns or cuts.
- › Earaches.
- › Sore throat.
- › Muscle sprains/strains.

### What should I do if I need urgent medical care?

For urgent care, you should call your doctor's office even on nights and weekends. Your doctor will tell you what to do. In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes Cigna-HealthSpring Medicaid. You can also tell your nurse or other staff at the nursing facility that you need urgent medical care. For help, call us toll-free at **1-877-653-0327**.

### How soon can I expect to be seen?

You should be able to see your doctor within 24 hours for an urgent care appointment. If your doctor tells you to go to an urgent care clinic, you do not need to call the clinic before going. The urgent care clinic must take Cigna-HealthSpring Medicaid.

### What is emergency medical care?

Emergency medical care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions.

- › **Emergency Medical Condition means:** A medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain), such that a prudent layperson, who

possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

- 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.

- › **Emergency Behavioral Health Condition means:** Any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent layperson, possessing average knowledge of medicine and health:

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

- › **Emergency services and Emergency Care means:** Covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an emergency medical condition or emergency behavioral health condition, including post-stabilization care services.

Covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an emergency medical condition or emergency behavioral health condition, including post-stabilization care services.

### How soon can I expect to be seen?

Emergency room care depends on how serious your condition is when you arrive. If the emergency room doctor thinks you can be treated outside the emergency room, you may need to go to your main doctor or an urgent care center. You should be seen as soon as possible in an emergency. If you wait over 30 minutes or your condition worsens, tell the front desk staff. The hospital staff will decide how quickly you need to be seen. Emergency services must be provided when you arrive at service delivery site including at non-network and out-of-area facilities.

### Do I need a prior authorization?

You do not need a prior authorization for emergency medical care.

### Are emergency dental services covered?

Cigna-HealthSpring covers limited emergency dental services for the following:

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

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

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

- › Alleviation of extreme pain in oral cavity associated with serious infection or swelling;
- › Repair of damage from loss of tooth due to trauma (acute care only, no restoration);
- › Open or closed reduction of fracture of the maxilla or mandible;
- › Repair of laceration in or around oral cavity;
- › Excision of neoplasms, including benign, malignant and premalignant lesions, tumors and cysts;
- › Incision and drainage of cellulitis;
- › Root canal therapy. Payment is subject to dental necessity review and pre- and post- operative x-rays are required; and
- › Extractions: single tooth, permanent; single tooth, primary; supernumerary teeth; soft tissue impaction; partial bony impaction; complete bony impaction; surgical extraction of erupted tooth or residual root tip.

### What do I do if I need emergency dental care?

During normal business hours, call your main dentist to find out how to get emergency services. If you need emergency dental services after the main dentist's office has closed, call us toll-free at **1-877-653-0327** or **9-1-1**.

### What is post-stabilization?

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



#### Remember

You should always try to get care that you need from your main doctor first.

### How do I get medical care when my Primary Care Provider's office is closed?

If you get sick during the evening, weekend, or a holiday, call your main doctor at the phone number on the back of your Cigna-HealthSpring ID card. Your main doctor is available 24 hours a day, 7 days a week so that you can get the help you need. You can also let your nurse or other staff at the nursing facility know you need care when your Primary Care Provider's office is closed. When leaving a voicemail, message on a machine, or with an answering service, be sure to:

- › Leave a phone number where your doctor can call you back.
- › Your doctor should call you back within 30 minutes.

- › If you don't get a call back, you can go to the nearest urgent care center.
- › Your Provider Directory has a listing of urgent care centers and acute care hospitals.

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

If you need medical care when traveling, call us toll-free at **1-877-653-0327** and we will help you find a doctor. If you need emergency services while traveling, go to a nearby hospital, then call us toll-free at **1-877-653-0327**.

### What if I am out of the state?

If you need medical care when traveling, call Member Services at **1-877-653-0327**. We will help you find a doctor. If you need emergency care, go to a nearby hospital and then call the number above.

### What if I am out of the country?

Medical services performed out of the country are not covered by Medicaid.

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

A specialist is a doctor who treats specific health problems, like a heart doctor, a skin doctor, or a bone doctor. Your main doctor can help you decide when you need to see a specialist. You can see a Cigna-HealthSpring OB/GYN, eye doctor, dentist, mental health provider or go to family planning services without talking to your main doctor.

### What is a referral?

A referral may be needed from your main doctor to get some services. Your main doctor must provide routine specialty care referrals on a timely basis based on the urgency of your medical condition but no later than 30 days after request if a referral is required. Always ask your main doctor if you need a referral to get the services you need.

### How soon can I expect to be seen by a specialist?

Cigna-HealthSpring specialists will schedule a visit 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 30 days of your request for a referral from your main doctor, if a referral is required. Routine specialty care must be provided within 60 days of authorization if authorization is required.

An urgent care clinic is an office-based practice meeting urgent care needs. An urgent care clinic is available when your main doctor may not be available, such as after-hours and/or on weekends. Some multi-specialty clinics may offer after-hours / holiday service.

**What services do not need a referral?**

You should always call your main doctor to find out if the services you need require a referral. You don't need a referral for:

- › Behavioral health.
- › OB/GYN.
- › Family planning.

**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. If you need help finding a network provider for care or a second opinion, you can call:

- › Your main doctor.
- › Your service coordinator.
- › Cigna-HealthSpring Member Services.

**What is “My Personal Health Coach” program?**

This program helps you manage illnesses such as:

- › Heart, lung and blood pressure problems.
- › Diabetes.
- › Obesity.
- › Kidney disease.

This program will help you learn about your illness. You will learn how to take an active part in staying healthy. You will have a team of people who will help you and your doctor:

- › Develop a plan to get healthy.
- › Set goals along the way. You don't have to do it all at once!
- › Make sure all your caregivers follow your plan.
- › Make sure all your needs are being met.

**How can I contact “My Personal Health Coach”?**

If you need more information about “My Personal Health Coach” program, call your service coordinator at **1-877-725-2688**.

**CARE.**  
**Everything focuses on you.**

**What are behavioral health services?**

Behavioral health refers to the care and treatment of Members with:

- › Mental health issues.
- › An addiction to drugs or alcohol.

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

For routine help, call the behavioral health line at **1-877-725-2539**. Cigna-HealthSpring covers medically necessary substance abuse and behavioral health care.

**How do I get emergency help for behavioral health or substance abuse issues?**

If you have a mental health crisis, you can get help by calling the mental health crisis hotline at **1-800-959-4941**. Qualified mental health professionals are ready 24 hours a day to:

- › Answer your questions.
- › Assess your mental health.
- › Provide and coordinate services you need.
- › Speak with you in English or Spanish.
- › Speak with you in other languages when you ask.

**Do I need a referral for this?**

A referral from your main doctor is not necessary to receive mental health and substance abuse services.



**Attention**

If you have a life-threatening emergency or an emergency that threatens the lives of others or property, call **9-1-1** or go directly to the nearest emergency room.

**What are mental health rehabilitation services and mental health targeted case management?**

- › Mental health rehabilitative services are services that may help to reduce a Member's disability resulting from severe mental illness, serious emotional, behavioral, or mental disorders.
- › Targeted Case Management are services that assist Members with getting access to needed medical, social, educational, and other services and supports. These services help the member maintain independence in the home and community.

**How do I get these services?**

To learn more, call your service coordinator at **1-877-725-2688** or Member Services at **1-877-653-0327**.

**What behavioral health services are available?**

The following services are offered:

- › Education over the phone or face-to-face.
- › Planning and coordination of behavioral health services.
- › Outpatient services with licensed psychiatrist, psychologist, social worker and counselor.
- › Inpatient psychiatric hospitalization.
- › Partial hospitalization services.
- › Residential care.
- › Mobile crisis intervention services.
- › Stabilization and observation services.
- › Electroconvulsive therapy.

**What outpatient substance abuse services are available?**

The following outpatient substance abuse services are offered:

- › Assessment.
- › Detoxification.
- › Counseling treatment.
- › Medication-assisted therapy.

**What is a behavioral health service coordinator?**

You will have a Cigna-HealthSpring service coordinator to manage your total health care needs. If you also have a behavioral health condition, you can also have a behavioral health service coordinator to help manage your condition. These two professionals will work together to manage your total health care.

**What if I am already in treatment?**

If you are already getting treatment, ask your mental health provider if he/she is a Cigna-HealthSpring provider for the STAR+PLUS Program.

- › If the answer is “yes,” you don’t have to do anything.
- › If the answer is “no,” call Member Services at **1-877-653-0327** to find a provider.

**Can a mental health mental retardation center be my behavioral health care provider?**

You can keep getting care from the mental health mental retardation center in the county where you live.

## CONFIDENCE.

### Knowing we are here to help you.

**What are my prescription drug benefits?**

Cigna-HealthSpring is responsible for prescription coverage. The Prescription Drug Program does not limit the number of prescriptions allowed each month for Medicaid-only Members enrolled in STAR+PLUS. If you have concerns related to your prescriptions, Cigna-HealthSpring can help you with questions regarding your Prescription Drug Program benefit. You can call Member Services at **1-877-653-0327** for questions regarding prescription drugs or visit **StarPlus.CignaHealthSpring.com**.

**How do I get my medications?**

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

**How do I find network drug store?**

If you need help finding a Medicaid Pharmacy, call Member Services at **1-877-653-0327**. We will help you find a pharmacy close to you.

**What if I go to a drug store not in the network?**

You have to go to a Cigna-HealthSpring pharmacy. Call us if you are out of state and need emergency prescriptions. We can help you find a network pharmacy. Call Member Services at **1-877-653-0327**.

**What do I bring with me to the drug store?**

When you go to the pharmacy, you should bring:

- › Your Member ID card.
- › Your Texas benefits ID card.
- › The original, signed prescription your doctor gave you.

If you are refilling your prescription, or if your doctor’s office faxed your prescription to the pharmacy, you will only need your ID cards.

**Helpful Hint**

Make sure you carry your ID cards at all times. It will help make every experience easier.



**What if I need my medications delivered to me?**

In Medicaid fee-for-service, the Prescription Drug Program pays qualified community retail pharmacies for pharmaceutical delivery services. Cigna-HealthSpring STAR+PLUS will make sure that you get free outpatient pharmaceutical deliveries from community retail pharmacies in the service delivery area. This is in addition to mail order delivery and is not a substitute for delivery from a qualified community retail pharmacy unless you ask for mail order delivery. To learn more, call **1-877-653-0327**.

**Who do I call if I have problems getting my medications?**

You can call Member Services at **1-877-653-0327**, Monday to Friday, 8 a.m. to 5 p.m. Central Time.

**What if I can't get the medication my doctor ordered approved?**

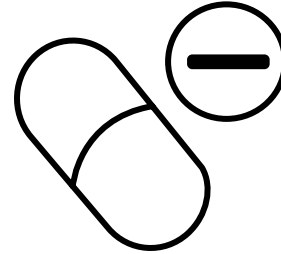
If your doctor cannot be reached to approve a prescription, you may be able to get a three-day emergency supply of your medication. Call Cigna-HealthSpring at **1-877-653-0327** for help with your medications and refills.

**What if I lose my medications?**

If your prescription is lost or stolen, we can help. Your pharmacy can call Cigna-HealthSpring. They can get authorization from us. They can ask us to give early refill prescriptions. Call Member Services at **1-877-653-0327** for help.

**What if I also have Medicare?**

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



**RESPECT.**  
**Your privacy is always respected.**

**How do I get family planning services?**

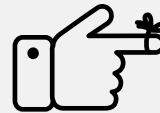
If you are under or over age 18 and over, family planning services such as birth control and counseling are private. You don't need to ask your main doctor to get these services. The Texas Women's health program offers family planning services that fit the way you live. You can go to any family planning provider who takes Medicaid. We can help you find the care you need. Please call **1-877-653-0327**.

**Do I need a referral for this?**

No, you don't need to ask your main doctor to get family planning services.

**Where do I find a Family Planning services provider?**

You can find the locations of family planning providers near you online at <http://www.dshs.state.tx.us/famplan/locator.shtm>, or you can call Cigna-HealthSpring at **1-877-653-0327** for help in finding a family planning provider.



**P.S.**

You should never feel like you are all alone. Call Cigna-HealthSpring at **1-877-653-0327** for help.

**What is Service Coordination?**

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

- › Identifying the physical, mental or long term needs of the member.
- › Addressing any unique needs of the member that could improve outcomes & health/well-being.
- › Assisting the member to ensure timely & coordinated access to array of services and/or covered Medicaid eligible services.

- › Partner with nursing facility to ensure best possible outcomes for the member's health & safety.
- › Coordinate the delivery of services for members who are transitioning back to the community.

**What will a Service Coordinator do for me?**

The Cigna-HealthSpring Service Coordinator can:

- › Call you and get to know you and your health care, long-term care and behavioral health needs.

- › Help you find services that are not normal Medicaid benefits. This could be physical therapy with the schools or help with getting food or electricity from community resources.
- › Help you get services you need.
- › Help coordinate doctor's visits.
- › Help coordinate transportation.
- › Help find resources that help with special health care needs.
- › Help caregivers deal with stress caused by illness, money problems or family problems.

## GOOD TO GO. We can help you get where you need to go.

### Cigna-HealthSpring Transportation services for Nursing Facility Residents

#### What transportation services are offered?

The Nursing Facility is responsible for providing routine non-emergency transportation services. If medically necessary, Cigna-HealthSpring provides non-emergency ambulance transportation for members that require this service.

#### How do I get this service?

To get non-emergency ambulance transportation, your provider must contact Cigna-HealthSpring to request authorization for these services.

To set up routine medical transportation, please call toll free **1-877-633-8747** if you live in the Hidalgo Service Area or **1-855-687-3255** if you live in the MRSA Northeast or Tarrant Service Areas

#### What is Medical Transportation Program?

MTP is an HHSC program that helps with non-emergency transportation to healthcare appointments for eligible Medicaid clients who have no other transportation options. MTP can help with rides to the doctor, dentist, hospital, drug store, and any other place you get Medicaid services.

#### What services are offered by Medical Transportation Program?

- › Passes or tickets for transportation such as mass transit within and between cities.
- › Air travel.
- › Taxi, wheelchair van, and other transportation.
- › Mileage reimbursement for enrolled individual transportation participant (ITP). The enrolled ITP can be the responsible party, family member, friend, neighbor, or client.

#### How can I talk with a Service Coordinator?

Within 2 weeks of your enrollment, you will receive a letter telling you who your service Coordinator is and how to reach them. You can call your Cigna-HealthSpring Service Coordinator at **1-877-725-2688**. You can also call Member Services at **1-877-653-0327** Monday to Friday, 8 a.m. to 5 p.m. Central Time..

- › Meals at a contracted vendor (such as a hospital cafeteria).
- › Lodging at a contracted hotel and motel.
- › Attendant services (responsible party such as a parent/guardian, etc., who accompanies the client to a healthcare service).

#### How to get a ride?

If you live in the counties of Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Tarrant, and Wise:

- › Call LogistiCare phone reservations: **1-855-687-3255**  
Phone Ride help line: **1-877-564-9834**
  - Hours: LogistiCare takes requests for routine transportation by phone Monday through Friday from 8:00 a.m. to 5:00 p.m. Routine transportation should be scheduled 48 hours (2 business days) before your appointment.
  - If you live in the counties of Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller and Wharton.
- › Call MTM phone reservations: **1-855-687-4786**  
Phone Where's My Ride: **1-888-513-0706**
  - Hours: 7am to 6pm, Monday-Friday/ Call **1-855-MTP-HSTN** or **1-855-687-4786** at least 48 hours before your visit. If it's less than 48 hours until your appointment and it's not urgent, MTM might ask you to set up your visit at a different date and time.
  - If you live in any other county.
- › Call MTP phone reservations: **1-877-633-8747**
  - All requests for transportation services should be made within 2-5 days of your appointment. Exceptions may be authorized in the event of an emergency.

#### Who can I call for a ride to a medical appointment?

If you need help setting up a ride, call Member Services. They will make the call for you.

## LOOK TO US. We are here to help you in every way.

### How do I get eye care services?

Members with Medicaid can get routine eye care services by calling Block Vision at **1-800-879-6901**. If you need eye care for an illness or injury to your eye, call your main doctor.



### Important

If you have an emergency, call **9-1-1** or go directly to the nearest emergency room.

## COMFORT. We can help you in a language that is comfortable to you.

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

Yes. When you get medical care, your doctor must provide an interpreter if you have limited English speaking or reading skills. If you are going to a doctor's visit where an interpreter is not available, please call Member Services at **1-877-653-0327**.

### Who do I call for an interpreter?

If your doctor's office can't provide an interpreter, your doctor can call the Cigna-HealthSpring provider hotline at

**1-877-653-0331** for help. Our vendor TeleLanguage can provide interpreter and translation service in over 170 languages.

### How far in advance do I need to call?

You should ask your doctor's office about scheduling interpreter services. If your doctor uses Cigna-HealthSpring vendor language line services, no advance notice is required.

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

When you call to set up your doctor's visit, tell the person you are talking with that you need an interpreter with you. If they can't help, call Member Services at **1-877-653-0327**.

## CHOICES. You can make choices that meet your individual needs.

### ATTENTION FEMALE MEMBERS

### What if I need OB/GYN care?

Cigna-HealthSpring 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 a special doctor within the network.

You can also receive these services from your main doctor. Ask your main doctor if he or she can give you OB/GYN care. You can call Member Services for help in choosing an OB/GYN. If you have Medicare coverage, you don't have to pick an OB/GYN in the Cigna-HealthSpring network.

### Do I have the right to choose an OB/GYN?

Yes. You have the right to pick an OB/GYN.

### How do I choose an OB/GYN?

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

- › Pick an OB/GYN from the Cigna-HealthSpring provider directory.
- › Ask your main doctor to help you pick an OB/GYN.
- › Call 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. To learn more, call Member Services at **1-877-653-0327**.

### Will I need a referral?

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

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

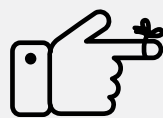
You can be seen within 14 days. If you have problems scheduling a visit within 14 days, please call member services at **1-877-653-0327**.

## Can I stay with my OB/GYN if they are not with Cigna-HealthSpring?

Your OB/GYN should be a part of the Cigna-HealthSpring provider network. However, if your current OB/GYN is not in the network and you are:

- › Pregnant with less than 12 weeks until your due date:
  - You can keep going to see your current OB/GYN through your postpartum check-up.
  - Your current OB/GYN needs to call Cigna-HealthSpring for authorization.
- › Pregnant with more than 12 weeks until your due date:
  - You need to pick an OB/GYN from the Cigna-HealthSpring network of providers.

To learn more, call Member Services at **1-877-653-0327** or your service coordinator at **1-877-725-2688**.



### Keep in mind

We handle all matters with confidence and focus on protecting your private information

## DECISIONS. We can help you make the right ones.

### 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 or community resources in your area. It is important to tell your main doctor that you have special needs. The best way to tell your main doctor about your special needs is to schedule a doctor's visit. You should also tell your Cigna-HealthSpring service coordinator. Your main doctor and service coordinator can help you get:

- › Access to needed specialists.
- › Materials prepared in a way you understand.
- › Help rescheduling missed doctor's visits.
- › Medical equipment.
- › Assistive technology services for adults.

To learn more, please call Member Services at **1-877-653-0327**. If you are hearing impaired, please call **TTY 7-1-1**. For additional hearing impaired services, please call **TTY/Texas Relay at 1-800-735-2989** (English) or **1-800-662-4954** (Spanish).

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

Under federal law, you have the right to fill out an advance directive. You should fill out an advance directive to make sure you get the kind of care you want. Call Member Services at **1-877-653-0327**, Monday to Friday, 8 a.m. to 5 p.m. Central Time. A service coordinator can provide help.

### What are advance directives?

Advance directives are documents that state:

- › What kind of treatment you want or don't want.
- › What actions you want carried out if you become too sick to make decisions about your care.
- › Who should make health care decisions for you if you are too sick to do this yourself.

### How do I get an advance directive?

If you would like information or have questions about creating an advance directive, call a Cigna-HealthSpring service coordinator at **1-877-725-2688**.

### What do I do with an advance directive?

After you create your advance directive, you can take it or mail it to your doctor. Your doctor will know what kind of care you want.

### How do I change or cancel an advance directive?

You can change your mind any time 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.



### Important

Cigna-HealthSpring can't offer legal advice or serve as a witness. Talk to your family, your main doctor or your service coordinator to help with an advance directive

## NO WORRIES. We focus on helping you.

### What if I get a bill from my Nursing Facility?

Who do I call?

- › Call the doctor's office to make sure they have your correct Medicaid information on file. All of the information your doctor needs to bill for the services is on your ID card. You can also call Member Services at **1-877-653-0327**, Monday to Friday, 8 a.m. to 5 p.m. Central Time.

What information will they need?

- › You may be asked for your Cigna-HealthSpring ID and other personal information to verify your identity and protect the information on the bill you received

If you need additional assistance please call Cigna-HealthSpring Member Services at **1-877-653-0327**.

### What information will they need?

You may be asked for your Cigna-HealthSpring ID and other personal information to verify your identity and protect the information on the bill you received.

### What is Applied Income?

It is the member's personal income that the member must provide to the nursing facility as part of their cost sharing obligation as a Medicaid beneficiary.

### What are my responsibilities?

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

If you need additional assistance please call Cigna-HealthSpring Member Services at **1-877-653-0327**.

### 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 Cigna-HealthSpring Member Services department at **1-877-653-0327**. Before you get Medicaid services in your new area, you must call Cigna-HealthSpring, unless you need emergency services. You will continue to get care through Cigna-HealthSpring until HHSC changes your address.

### What happens if I lose my Medicaid coverage?

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



## COORDINATION OF BENEFITS It makes life easier for you.

### What if I also have Medicare?

If you have Medicare and STAR+PLUS, Medicare will be your main coverage. This means that your Medicare coverage is always the first insurance to use. STAR+PLUS will not change your Medicare coverage.

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

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

### 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.

# KNOWING.

## Your needs are important.

### What are my rights and responsibilities?

#### Member rights:

- › 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.
- › 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:
  - Be told how to choose and change your health plan and your Primary Care Provider.
  - Choose any health plan you want that is available in your area and choose your Primary Care Provider 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.
- › 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.
- › 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.
- › 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.

- › 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.
- › 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.
- › 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.
- › 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:

- › 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.
- › You must abide by the health plan's 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.
  - Cancel appointments in advance when you cannot keep them.
  - Always contact your Primary Care Provider first for your non-emergency medical needs.
  - Be sure you have approval from your Primary Care Provider before going to a specialist.
  - Understand when you should and should not go to the emergency room.

- › 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.
- › 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.

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**.

## WE LISTEN. Let's work to fix things.

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

We want to help. If you have a complaint, please call us toll-free at **1-877-653-0327** to tell us about your problem. A Cigna-HealthSpring Member Services Advocate can help you file a complaint. Just call **1-877-653-0327**. Most of the time, we can help you right away or at the most within a few days.

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

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

If you can get on the Internet, you can send your complaint in an email to: **HPM\_Complaints@hhsc.state.tx.us**

### Who do I call?

If you or your authorized representative need help filing your complaint, a Cigna-HealthSpring Member Services representative or a Cigna-HealthSpring Member advocate can help you. You can call Member Services at **1-877-653-0327**.

### Can someone from Cigna-HealthSpring help me file a complaint?

If you or your authorized representative need help filing your complaint, a Cigna-HealthSpring Member Services representative or a Cigna-HealthSpring Member advocate can help you. You can call Member Services at **1-877-653-0327**.

### How long will it take to process my complaint?

You can expect your complaint to be handled within five business days from the date Cigna-HealthSpring receives your complaint.

- › An 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 outcome within 30 calendar days of the date your complaint is received.

### What are the requirements and timeframes for filing a complaint?

You can file a complaint over the phone or in writing at any time.

### Information on how to file a Complaint with HHSC, once I have gone through the Cigna-HealthSpring Complaint process:

Once you have gone through the Cigna-HealthSpring complaint process, you or your authorized representative can make the complaint to the Health and Human services Commission by calling **1-866-566-8989**. If you would like to make your complaint in writing, you can send it to:

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

You can also email your complaint to :

**HPM\_Complaints@hhsc.state.tx.us**

If you need help filing your complaint, a Cigna-HealthSpring Member advocate can help you. Call Member Services at **1-877-653-0327**.

# STAND UP. For your rights.

## What can I do if my doctor asks for a service or medicine for me that's covered but Cigna-HealthSpring denies or limits it?

You or your authorized representative can file an appeal with Cigna-HealthSpring. Your provider can be your authorized representative.

## How will I find out if services are denied?

You will receive a letter if a covered service is:

- › Not approved.
- › Delayed.
- › Reduced or limited.
- › Stopped.

## What is the timeframe for an appeal?

The timeframe for an appeal is:

- › You or your authorized representative must file your appeal request within 30 days from the date Cigna-HealthSpring did not approve the service.
- › Within 5 business days of receiving your request, Cigna-HealthSpring will send you or your authorized representative written confirmation that your request has been received.
- › Cigna-HealthSpring will send you or your authorized representative a written decision within 30 days from the date we received your appeal request.
- › Your appeal request can be extended up to 14 calendar days if you or your authorized representative asks for an extension, or if Cigna-HealthSpring shows how the need for more information or a delay is in your best interest.
- › If the timeframe is extended, Cigna-HealthSpring will send you or your authorized representative written notice of the reason for the delay if you did not ask for the delay.



### Important

If Cigna-HealthSpring does not receive your appeal filing form within 30 days of the date of the decision letter, your appeal will not be reviewed.

### Help is always there

If you have any questions, just call Member Services at **1-877-653-0327**.

## When do I have the right to ask for an appeal?

You or your authorized representative has the right to ask for an appeal if a covered service is:

- › Not approved.
- › Delayed, limited, or stopped.
- › If a payment for a covered service is not approved in whole or in part.

## How can I keep getting services while my appeal is in process?

The letter you receive will tell you how you can keep getting benefits while your appeal is in process.

To keep getting these services, you must:

- › File your appeal request and ask that your services keep going on or before the later of:
  - 10 days from the date of the health plan's decision letter, or
- › The day the health plan's letter says your services will be reduced or end.

## Can I file my appeal verbally?

If you appeal verbally over the phone, Cigna-HealthSpring will send you an appeal filing form to complete, which must be signed and returned to Cigna-HealthSpring. The appeal filing form must be:

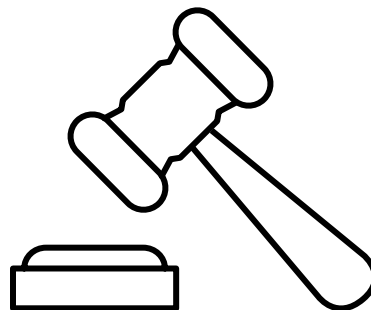
- › Received by Cigna-HealthSpring no later than 30 days after the date of decision letter.
- › Completed and signed by you or your representative, unless you have asked for an Expedited appeal.

## Can someone from Cigna-HealthSpring help me file an appeal?

Yes. A Cigna-HealthSpring Member advocate can help you file an appeal if necessary. Call Member Services at **1-877-653-0327**.

## When can I ask a State Fair Hearing to review my appeal?

You or your authorized representative can ask for a State Fair Hearing at any time during the appeals process or after the decision on your appeal. For more information, you can turn to the State Fair Hearing Section on page 30.





## RUSH IT. Get your needs met faster.

### What is an Expedited appeal?

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

### How do I ask for an Expedited appeal?

For medical services, you or your authorized representative can mail or fax a request to:

**Cigna-HealthSpring Appeals and Complaints Department**  
**PO Box 2-1-1088**  
**Bedford, TX 76095**

Fax: **1-877-809-0783**

### How do I ask for a prescription drug/ pharmacy Expedited appeal?

For Prescription Drug/Pharmacy services, you or your authorized representative can mail or fax a request to:

**Cigna-HealthSpring**  
**STAR+PLUS Appeals**  
**PO Box 24207**  
**Nashville, TN 37202**

Fax: **1-866-593-4482**

### Does my request have to be in writing?

No, you or your authorized representative can ask for an Expedited appeal by calling a Member Services representative at **1-877-653-0327**, Monday to Friday, 8 a.m. to 5 p.m. Central Time excluding state-approved holidays.

### What are the timeframes for an Expedited appeal?

We will tell you or your authorized representative of our decision within 3 business days. Unless your request relates to an ongoing emergency or denial of continued hospitalization, the timeframe for telling you or your authorized representative of the outcome of the Expedited appeal can be extended up to 14 calendar days. This timeframe can be extended if you or your authorized representative asks for an extension or Cigna-HealthSpring shows that there is a need for more information and how the delay is in your best interest. If the timeframe is extended, Cigna-HealthSpring must give you or your authorized representative a written notice of the reason for delay if you or your authorized representative did not ask for the delay.

### What is the timeframe for an emergency Expedited appeal?

If your Expedited appeal request is for an ongoing emergency or denial of continued hospitalization, then we will tell you no later than one business day after receiving your request.

### What happens if the Cigna-HealthSpring denies the request for an Expedited Appeal?

If Cigna-HealthSpring determines your health or life is not in serious jeopardy and denies the request for an Expedited appeal, Cigna-HealthSpring will try to:

- ▶ Call you or your authorized representative to tell you a standard appeal process and timeframe will be followed.
- ▶ Follow up with you or your authorized representative with a written notice within 2 calendar days.

### Who can help me file an Expedited appeal?

A Cigna-HealthSpring Member Services representative or member advocate can help you or your authorized representative file an Expedited appeal. Call Member Services at **1-877-653-0327**, Monday to Friday, 8 a.m. to 5 p.m. Central Time, excluding state-approved holidays.

## FAIR. We want you to feel you're treated fairly.

### 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 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 representative should either send a letter to the health plan at:

**Cigna-HealthSpring Appeals and Complaints Department - Fair Hearing**  
**PO Box 2-1-1088**  
**Bedford, TX, 76095**

Or call : **1-877-653-0327**

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) 10 calendar days following the MCO's mailing of the notice of the action, 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.

**Where do I send my request for a State Fair Hearing?**

To ask for a State Fair Hearing, you or your authorized representative can mail or fax a letter to:

**Cigna-HealthSpring Appeals and Complaints Department- Fair Hearing**  
**PO Box 2-1-1088**  
**Bedford, TX 76095**

Fax: **1-877-809-0783**

**Where do I send my request for a State Fair Hearing related to prescription drugs/pharmacy?**

To ask for a Fair Hearing for prescription drugs/pharmacy, you or your authorized representative can mail or fax a letter to:

**Cigna-HealthSpring STAR+PLUS Appeals**  
**PO Box 24207**  
**Nashville, TN 37202**

Fax: **1-866-593-4482**

**Can I keep getting services that are not approved if I filed for a State Fair Hearing?**

If you asked for a State Fair Hearing, you have the right to keep getting any service that has been denied or reduced up until the

final hearing decision. To keep getting these services, you must file a request for a State Fair Hearing on or before the later of:

- › 10 days from the date of the health plan's decision letter; or
- › The day the health plan's letter says your service will be reduced or end.

If you ask for a State Fair Hearing, you will get information telling you the date, time and location of the hearing. Most State Fair Hearings are done by phone. At that time, you or your representative can say why you need the service the health plan did not approve. A final decision is made within 90 days from the date you ask for the hearing.

**Who can I talk to about a State Fair Hearing?**

You can call Member Services at **1-877-653-0327**.



**Always remember**

Your satisfaction is very important to us.

**FEEL GOOD.**  
**It's what happens when you do the right thing.**

**Do you want to report waste, abuse, or fraud?**

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

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

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

- › Call the OIG hotline at **1-800-436-6184**;
- › Visit <https://oig.hhsc.state.tx.us/> Under the box labeled "I WANT TO" click "Report waste, abuse, and fraud" to complete the online form; or
- › You can report directly to us:  
**Cigna-HealthSpring**  
**2208 Hwy 121, Ste. 210**  
**Bedford, TX, 76021**  
 Phone: **1-877-653-0327**

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 about someone who gets benefits, include:**

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

**KNOWLEDGE.**  
**It's here for you all year long.**

**As a member of Cigna-HealthSpring 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 limits to those benefits.

- › How you get emergency coverage and limits to those kinds of benefits, including:
  - What makes up emergency medical conditions, emergency services, and post- stabilization services.
  - The fact that you do not need prior authorization from your Primary Care Provider for emergency care services.
  - In case of emergency, follow instructions provided by your Nursing Facility. Facility staff will contact appropriate authorities to coordinate emergency transport and or services.
  - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
  - A statement saying you have a right to use any hospital or other settings for emergency care.
  - Post-stabilization rules.
- › Policy on referrals for specialty care and for other benefits you cannot get through your main doctor.
- › Cigna-HealthSpring's practice guidelines.

