Chapter 2: Important phone numbers and resources

[If applicable, plans should modify this chapter to include contact information for other   
health services.]

[Plans should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, "see Chapter 9, Section A, page 1."   
An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

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# How to contact <plan name> Member Services

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  [Include information on what to do in case of an emergency.]  [*Include information about after-hours and weekend coverage.*]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY/TDD phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [Web address is optional.] |

## Contact Member Services about:

###### Questions about the plan

###### Questions about claims, billing or Member ID Cards

[If plans have different numbers for the functions listed below, plans should insert separate charts with the additional contact information.]

###### Coverage decisions about your health care

A coverage decision about your health care is a decision about:

* your benefits and covered services, ***or***
* the amount we will pay for your health services.

Call us if you have questions about a coverage decision about health care.

* To learn more about coverage decisions, see Chapter 9 [plans may insert reference, as applicable].

###### Appeals about your health care

An *appeal* is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake.

* To learn more about making an appeal, see Chapter 9 [plans may insert reference, as applicable].

###### Complaints about your health care

You can make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with the health plan. You can also make a complaint about the quality of the care you got to us or to the Quality Improvement Organization (see Section F below [plans may insert reference, as applicable]).

* If your complaint is about a coverage decision about your health care, you can make   
  an appeal (see the section above [plans may insert reference, as applicable]).
* You can send a complaint about <plan name> right to Medicare. You can use an online form at <https://www.medicare.gov/MedicareComplaintForm/home.aspx>. Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* To learn more about making a complaint about your health care, see Chapter 9 [plans may insert reference, as applicable].

###### Coverage decisions about your drugs

A coverage decision about your drugs is a decision about:

* your benefits and covered drugs, ***or***
* the amount we will pay for your drugs.

This applies to your Part D drugs, Medicaid prescription drugs, and Medicaid   
over-the-counter drugs.

* For more on coverage decisions about your prescription drugs, see Chapter 9 [plans may insert reference, as applicable].

###### Appeals about your drugs

An *appeal* is a way to ask us to change a coverage decision.

[Plans should include contact information for appealing Medicaid drugs and Part D drugs. If the contact information is the same, plans should modify the information so only one number is given to appeal all drugs. If applicable, explain how Medicaid drugs are labeled in the Drug List.]

* For more on making an appeal about your prescription drugs, see Chapter 9 [plans may insert reference, as applicable].

###### Complaints about your drugs

You can make a complaint about us or any pharmacy. This includes a complaint about your prescription drugs.

If your complaint is about a coverage decision about your prescription drugs, you can make an appeal. *(See the section above* [plans may insert reference, as applicable]*.)*

You can send a complaint about <plan name> right to Medicare. You can use an online form at <https://www.medicare.gov/MedicareComplaintForm/home.aspx>. Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.

* For more on making a complaint about your prescription drugs, see Chapter 9 [plans may insert reference, as applicable].

###### Payment for health care or drugs you already paid for

[Plans with an arrangement with the state may add language to reflect that the organization is not allowed to reimburse members for Medicaid-covered benefits. Plans adding this language should include reference to the plan’s Member Services.]

* For more on how to ask us to pay you back, or to pay a bill you got, see   
  Chapter 7 [plans may insert reference, as applicable].
* If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. See Chapter 9 [plans may insert reference, as applicable] for more   
  on appeals.

# How to contact your service coordinator

[Plans should use the term “service coordinator.” Plans should include information explaining what a service coordinator is, how members can get a service coordinator, how they can contact the service coordinator, and how they can change their service coordinator.]

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies*.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY/TDD phone number> This call is [insert if applicable: not] free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [Web address is optional.] |

## Contact your service coordinator about:

###### Questions about your health care

###### Questions about getting behavioral health services, transportation, and long-term services and supports (LTSS)

[Plans should include information on eligibility requirements for LTSS.]

Sometimes you can get help with your daily health care and living needs. You might be able to get these services:

* Skilled nursing care
* Physical therapy
* Occupational therapy
* Speech therapy
* Medical social services
* Home health care

[Plans should revise this section as necessary to list the specific services that   
are available through a service coordinator.]

1. **How to contact the Nurse Advice Call Line**

[Plans should include information about what the Nurse Advice Call Line is.]

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY/TDD phone number> This call is [insert if applicable: not] free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

## Contact the Nurse Advice Call Line about:

###### Questions about your health care

# How to contact the Behavioral Health and Substance Abuse Crisis Line

[*Plans must include information on how to access services and what to do in case of an emergency.*]

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies and state that the phone line must be staffed by trained personnel 24 hours a day/7 days a week.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY/TDD phone number> This call is [insert if applicable: not] free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

## Contact the Behavioral Health and Substance Abuse Crisis Line about:

###### Questions about behavioral health services

###### Questions about substance abuse treatment services

# How to contact the State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) gives free health insurance counseling to people with Medicare.In Texas, the SHIP is called the **Health Information Counseling & Advocacy Program of Texas (HICAP)**.

HICAP is not connected with any insurance company or health plan.

|  |  |
| --- | --- |
| CALL | **1-800-252-3439** |
| TTY | [TTY/TDD phone number is optional.]  [Insert if the SHIP uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | www.tdi.texas.gov/consumer/hicap/hicaphme.html |

## Contact HICAP about:

###### Questions about your Medicarehealth insurance

HICAP counselors can:

* help you understand your rights,
* help you understand your plan choices,
* answer your questions about changing to a new plan,
* help you make complaints about your health care or treatment, ***and***
* help you straighten out problems with your bills.

# How to contact the Quality Improvement Organization (QIO)

Our state has an organization called TMF, Health Quality Institute. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.TMF, Health Quality Institute is not connected with our plan.

|  |  |
| --- | --- |
| CALL | 1-800-725-9216 |
| TTY | [TTY/TDD phone number is optional.]  [Insert if the QIO uses a direct TTY number: This number is for people  who have hearing or speaking problems. You must have special telephone equipment to call it.] |
| WRITE | TMF Health Quality Institute Bridgepoint I, Suite 300 5918 West Courtyard Drive Austin, TX 78730-5036 |
| EMAIL | [Email address is optional.] |
| WEBSITE | http://www.tmf.org/ |

## Contact TMF, Health Quality Institute about:

###### Questions about your health care

You can make a complaint about the care you got if:

* You have a problem with the quality of care,
* You think your hospital stay is ending too soon, ***or***
* You think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# How to contact Medicare

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

|  |  |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048 This call is free.  This number is for people who have hearing or speaking problems.  You must have special telephone equipment to call it. |
| WEBSITE | http://[www.medicare.gov](http://www.medicare.gov/)  This is the official website for Medicare. It gives you  up-to-date information about Medicare. It also has information about hospitals, nursing homes, physicians, home health agencies, and dialysis facilities. It includes booklets you can print right from your computer. You can also find Medicare contacts in your state by selecting “Forms, Help & Resources” and then clicking on “Phone numbers & websites.”  The Medicare website has the following tool to help you find plans in your area:  **Medicare Plan Finder:** Provides personalized information about Medicare prescription drug plans, Medicare health plans, and Medigap (Medicare Supplement Insurance) policies in your area. Select “Find health & drug plans.”  If you don’t have a computer, your local library or senior center may be able to help you visit this website using its computer. Or, you can call Medicare at the number above and tell them what information you are looking for. They will find the information on the website, print it out, and send it to you. |

# How to contact Texas Medicaid

[Plans must adapt this generic discussion of Medicaid to reflect the name or features of the Texas Medicaid program.]

[If there are two different agencies handling eligibility and coverage/services, the plan should include both and clarify the role of each.]

[Plans must, as appropriate, include additional telephone numbers for Texas Medicaid program assistance.]

Texas Medicaid helps with medical and long-term services and supports costs for people with limited incomes and resources.

You are enrolled in Medicare and in Medicaid. If you have questions about the help you get from Medicaid, call Texas Medicaid.

[If applicable, plans may also inform members that they can get information about Texas Medicaid from county resource centers and indicate where members can find contact information for these centers.]

|  |  |
| --- | --- |
| CALL | 1-800-252-8263 or 2-1-1 |
| TTY | 1-800-735-2989 or 7-1-1 |
| WRITE | <Mailing address> |
| WEBSITE | http://yourtexasbenefits.hhsc.state.tx.us/ |

# How to contact the HHSC Office of the Ombudsman

The HHSC Office of the Ombudsman helps people enrolled in Texas Medicaid with service or billing problems. They can help you file a complaint or an appeal with our plan. The HHSC Office of the Ombudsman is an independent program and the services are free.

|  |  |
| --- | --- |
| CALL | 1-877-787-8999 |
| TTY | 1-888-425-6889  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WRITE | Texas Health and Human Services Commission Office of the Ombudsman, MC H-700 P O Box 13247 Austin, TX 78711-3247 |
| EMAIL | [Email address is optional.] |
| WEBSITE | http://www.hhsc.state.tx.us/ombudsman/ |

# How to contact the Texas Long-Term Care Ombudsman

### The Texas Long-Term Care Ombudsman helps people learn about nursing homes and other long-term care settings. It also helps solve problems between these settings and residents or their families.

|  |  |
| --- | --- |
| CALL | 1-800-252-2412 |
| TTY | [TTY/TDD phone number is optional.]  [Insert if the LTC ombudsman program uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.] |
| WRITE | Texas Long-Term Care Ombudsman Program Texas Department of Aging and Disability Services P. O. Box 149030 MC-W250 Austin, TX 78714-9030 |
| EMAIL | [Email address is optional.] |
| WEBSITE | http://www.dads.state.tx.us/news\_info/ombudsman/index.html |

# Other resources

[Plans may insert this section to provide additional information resources, such as county aging and disability resource centers, choice counselors, state administrative services contractor, or area agencies on aging.]

[*Plans may include other phone numbers more unique to their plan, for example:*

* *Eye Care*
* *Medicaid Managed Care Helpline 1-866-566-8989; Medicaid Managed Care Helpline TDD# 1-866-222-4306*
* *Dental Contractors*
* *Medical transportation services*]