Chapter 2: Important phone numbers and resources

**Introduction**

This chapter gives you contact information for important resources that can help you answer your questions about <plan name> and your health care benefits. You can also use this chapter to get information about how to contact your Service Coordinator and others that can advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

[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, “refer to Chapter 9, Section A, page 1.” An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

Table of Contents

[A. How to contact <plan name> Member Services 3](#_Toc103589196)

[A1. When to contact Member Services 3](#_Toc103589197)

[B. How to contact your Service Coordinator 6](#_Toc103589198)

[B1. When to contact your Service Coordinator 6](#_Toc103589199)

[C. How to contact the Nurse Advice Call Line 8](#_Toc103589200)

[C1. When to contact the Nurse Advice Call Line 8](#_Toc103589201)

[D. How to contact the Behavioral Health and Substance Abuse Crisis Line 9](#_Toc103589202)

[D1. When to contact the Behavioral Health and Substance Abuse Crisis Line 9](#_Toc103589203)

[E. How to contact the Nonemergency Medical Transportation (NEMT) Services Line 10](#_Toc103589204)

[E1. When to contact the NEMT Services Line 10](#_Toc103589205)

[E2. When to contact the “Where’s My Ride?” Line 10](#_Toc103589206)

[F. How to contact the State Health Insurance Assistance Program (SHIP) 11](#_Toc103589207)

[F1. When to contact HICAP 11](#_Toc103589208)

[G. How to contact the Quality Improvement Organization (QIO) 12](#_Toc103589209)

[G1. When to contact TMF, Health Quality Institute 12](#_Toc103589210)

[H. How to contact Medicare 13](#_Toc103589211)

[I. How to contact Texas Medicaid 14](#_Toc103589212)

[J. How to contact the HHSC Office of the Ombudsman 15](#_Toc103589213)

[K. How to contact the Texas Long-Term Care Ombudsman 16](#_Toc103589214)

[L. Other resources 17](#_Toc103589215)

# How to contact <plan name> Member Services

| Contact Type |  |
| --- | --- |
| 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 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.] |

## A1. When to contact Member Services

* 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, refer to 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, refer to 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 (refer to 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 (refer to 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 [www.medicare.gov/MedicareComplaintForm/home.aspx](http://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, refer to 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, refer to 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, refer to 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. (Refer to 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 [www.medicare.gov/MedicareComplaintForm/home.aspx](http://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, refer to 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, refer to 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. Refer to 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. If plans do not offer a Service Coordinator, they should instruct members to contact the Nurse Advice Call Line or other appropriate number.]

| Contact Type |  |
| --- | --- |
| 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 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.] |

## B1. When to contact your Service Coordinator

* 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. [Plans should revise this section as necessary to list the specific services that are available.] You might be able to get these services:

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

# How to contact the Nurse Advice Call Line

[Plans should include a brief description and information about what the Nurse Advice Call Line is.]

| Contact Type | Contact Info |
| --- | --- |
| 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 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> |

## C1. When to contact the Nurse Advice Call Line

* 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. Plan should also briefly describe what the Behavior Health and Substance Abuse Crisis Line is.*]

| Contact Type |  |
| --- | --- |
| 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 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> |

## D1. When to contact the Behavioral Health and Substance Abuse Crisis Line

* Questions about behavioral health services
* Questions about substance abuse treatment services

# How to contact the Nonemergency Medical Transportation (NEMT) Services Line

[*If separate from the NEMT Services Line, plans should insert in the section title above:* and the “Where’s My Ride?” Line*. Plans include any additional applicable phone number and days and hours of operation in the table below.*]

[Plans should also briefly describe the NEMT Services Line and the “Where’s My Ride?” Line.]

Remember to schedule rides as early as possible, and **at least two business days before** **you need the ride.**

|  |  |
| --- | --- |
| 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 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> |

## E1. When to contact the NEMT Services Line

* Questions and help with scheduling rides to nonemergency healthcare appointments
* [*If the “Where’s My Ride?” Line is* ***not*** *separate from the NEMT Services Line, plans insert:* Questions about the status of your scheduled ride]

[*If the “Where’s My Ride?” Line is separate from the NEMT Services Line, plans insert the following:*]

## E2. When to contact the “Where’s My Ride?” Line

* Questions about the status of your scheduled ride

# 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.

| Contact Type |  |
| --- | --- |
| CALL | **1-800-252-3439** |
| TTY | [TTY 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/](http://www.tdi.texas.gov/consumer/hicap/) |

## F1. When to contact HICAP

* Questions about your Medicare health insurance
* HICAP counselors can answer your questions about changing to a new plan and help you:
* understand your rights,
* understand your plan choices,
* make complaints about your health care or treatment, **and**
* 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.

| Contact Type |  |
| --- | --- |
| CALL | 1-800-725-9216 |
| TTY | [TTY 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  3107 Oak Creek Drive, Suite 200  Austin, TX 78727-3107 |
| EMAIL | [Email address is optional.] |
| WEBSITE | [www.tmf.org/](https://tmf.org/) |

## G1. When to contact TMF, Health Quality Institute

* 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,
* think your hospital stay is ending too soon, **or**
* 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.

| Contact Type |  |
| --- | --- |
| 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 | [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, doctors, home health agencies, dialysis facilities, Inpatient rehabilitation facilities, and hospices.  It includes helpful websites and phone numbers. It also has booklets you can print right from your computer. If you don’t have a computer, your local library or senior center may be able to help you visit this website using their computer. Or, you can call Medicare at the number above and tell them what 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.]

| Contact Type |  |
| --- | --- |
| CALL | 1-800-252-8263 or 2-1-1 |
| TTY | 1-800-735-2989 or 7-1-1 |
| WRITE | <Mailing address> |
| WEBSITE | [yourtexasbenefits.com/Learn/Home](https://yourtexasbenefits.com/Learn/Home) |

# How to contact the HHSC Office of the Ombudsman

The HHSC Office of the Ombudsman works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. The HHSC Office of the Ombudsman also helps people enrolled in Texas Medicaid with service or billing problems. They are not connected with our plan or with any insurance company or health plan. The HHSC Office of the Ombudsman is an independent program, and their services are free.

| Contact Type |  |
| --- | --- |
| CALL | 1-866-566-8989 |
| TTY | 1-800-735-2989  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 | [www.hhs.texas.gov/about-hhs/your-rights/office-ombudsman/hhs-ombudsman-managed-care-help](http://www.hhs.texas.gov/about-hhs/your-rights/office-ombudsman/hhs-ombudsman-managed-care-help) |

# How to contact the Texas Long-Term Care Ombudsman

The Texas Long-Term Care Ombudsman is an ombudsman program that 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.

| Contact Type |  |
| --- | --- |
| CALL | 1-800-252-2412 |
| TTY | [TTY 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 Health and Human Services  P. O. Box 149030  MC-W250  Austin, TX 78714-9030 |
| EMAIL | [ltc.ombudsman@hhsc.state.tx.us](mailto:ltc.ombudsman@hhsc.state.tx.us) |
| WEBSITE | [apps.hhs.texas.gov/news\_info/ombudsman/](https://apps.hhs.texas.gov/news_info/ombudsman/) |

# 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 or 7-1-1 for TTY users*
* *Dental Contractors*

Plans should format consistently with other sections and include a brief description and information about any other resources they add.]