

KELSEY CARE POWERED BY COMMUNITY HEALTH CHOICE

MEMBER HANDBOOK

Plan Year 2016

September 1, 2015 - August 31, 2016



ERSKelseyCare.com
(713) 295-6792
(844) 515-4877

ERS
EMPLOYEES' RETIREMENT
SYSTEM OF TEXAS

KelseyCare[®]
powered by COMMUNITY
HEALTH CHOICE



IMPORTANT PHONE NUMBERS

(844) 515-4877

Member Services
8 a.m. – 7 p.m., Monday – Friday, CT,
excluding federal legal holidays.

(713) 295-6792

Provider Services
(Eligibility / Authorizations / Benefits / Claims)
8 a.m. – 7 p.m., Monday – Friday, CT

Information is available in English and Spanish or call KelseyCare powered by Community Health Choice to get an interpreter.

7-1-1

TDD for Hearing Impaired

(713) 442-0000

24-Hour Nurse Help Line / Appointment Desk
24 hours / 7 days

(713) 442-1ERS
(1377)

KelseyCare Concierge
8 a.m. – 5 p.m., Monday – Friday, CT

(844) 268-9788

Pharmacy (Navitus Health Solutions)
24 hours / 7 days

(877) 935-5797

Mail-Order Pharmacy (Wellpartner)
9:30 a.m. – 7:00 p.m., Monday – Friday, CT

(844) 265-7587

Mental Health / Substance Abuse Services (Beacon Health Options)
Crisis Hotline: 24 hours / 7 days
Information is available in English and Spanish. Call us to get an interpreter.

(877) 888-0002

Ethics and Compliance Hotline

Write or visit us at:
KelseyCare powered by
Community Health Choice, Inc.
2636 South Loop West, Suite 900
Houston, TX 77054
ERSKelseyCare.com

In an emergency call 9-1-1 or go to the nearest emergency room.

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Welcome to KelseyCare powered by Community Health Choice

Thank you for choosing KelseyCare powered by Community Health Choice. (KelseyCare powered by Community).

KelseyCare powered by Community Health Choice for ERS Participants is a partnership between:

- Kelsey-Seybold Clinic, the nation's first accountable care organization accredited by the National Committee for Quality Assurance, and
- Community Health Choice, a Houston-based non-profit health maintenance organization (HMO).

ERS participants will benefit from KelseyCare by Community's expansive provider network and Community Health Choice's experienced plan administration.

Community Health Choice is a **LOCAL**, non-profit HMO that genuinely **CARES** for and **SERVES** our community. With Community, you'll have a **TRUSTED** friend who respects you and your family, provides access to high quality health care, and makes the process **EASY**.

Community Health Choice is a qualified health plan and therefore demonstrates compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA).

Member Handbook

This handbook is a guide to help you get the health care you need. It is not an all-inclusive document. It is a companion piece to your **Evidence of Coverage** and your **Summary of Benefits**. Please read all of these documents carefully for information about your coverage. All documents are online at ERSKelseyCare.com. Upon request, they can be mailed to you. Contact KelseyCare powered by Community Health Choice Member Services at (713) 295-6792 or toll-free at (844) 515-4877 or email MemberServices@ERSKelseyCare.com.

Evidence of Coverage

An Evidence of Coverage (EOC) is a document that a Texas-licensed HMO uses to describe the services and benefits to which a covered person is entitled. It is a contract that describes all terms, conditions, exclusions, and limitations that apply to your plan. A **Summary of Benefits** is a document that is part of the EOC and summarizes benefit information and copayments for covered services that are more fully described in the Contract Benefit Management section of the EOC.

Summary of Benefits and Coverage

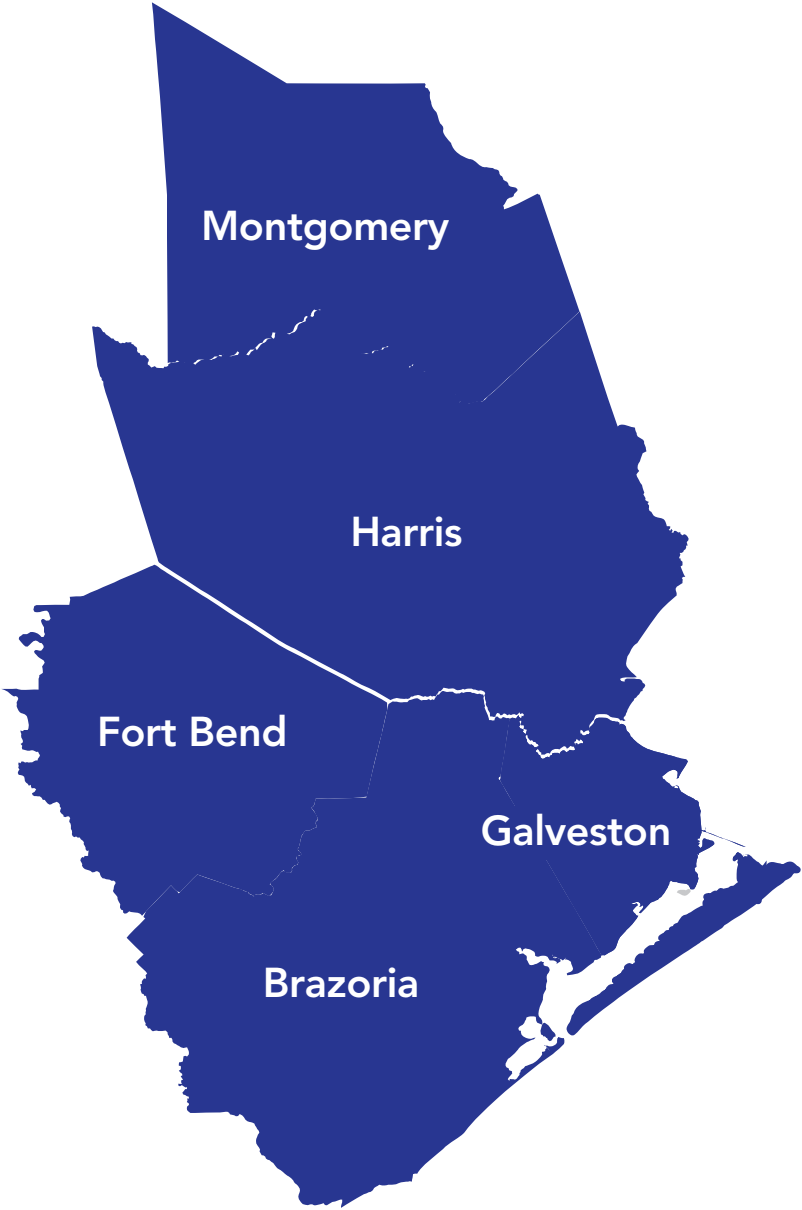
A Summary of Benefits and Coverage (SBC) is a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage. This Summary of Benefits and coverage document will help you better understand the coverage you have and allow you to easily compare different coverage options. It will summarize the key features of the plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions. You will receive an SBC in your New Member Welcome Packet. You may also view and print on online at ERSKelseyCare.com. Upon request, it can be mailed to you.

Member Services

Call KelseyCare powered by Community Health Choice Member Services for help at (713) 295-6792 or toll-free at (844) 515-4877 or email MemberServices@ERSKelseyCare.com. Our hours are 8 a.m. – 7 p.m., Monday - Friday, CT, excluding federal legal holidays. We speak English, Spanish or can get you an interpreter who speaks your language. KelseyCare powered by Community Health Choice Member Services can help you:

- understand your benefits,
- locate a Kelsey-Seybold Clinic,
- send you a new identification card if yours is lost or stolen, and
- solve complaints or problems.

KelseyCare powered by Community Health Choice Service Area



Financial Responsibilities

Deductibles / Copayments / Coinsurance

In addition to your monthly premium payment, you are responsible for all deductibles, copayments, and coinsurance for covered services. Please read the definition of these terms under Health Coverage Definitions. You may also be responsible for all non-covered services, and in some cases, out-of-area expenses.

This information is included in your Summary of Benefits and your Evidence of Coverage. Both are available online at ERSKelseyCare.com. Upon request, we can mail you a copy. Contact KelseyCare powered by Community Member Services at (713) 295-6792 or toll-free at (844) 515-4877 or email MemberServices@ERSKelseyCare.com.

What if I receive a bill from a network provider?

You should not receive a bill from a network provider for a covered service. If you do, contact KelseyCare powered by Community Health Choice Member Services for assistance. You may be required to submit a copy of the itemized billing statement and a copy of your member ID card.

Covered Services, Limitations, and Prior Authorizations

Covered Services

Covered health care expenses must be considered medically necessary, and in some cases, require prior authorization by KelseyCare powered by Community. A list of covered services and services requiring prior authorization is available at [ERSKelseyCare.com](https://www.ERSKelseyCare.com). You may also contact KelseyCare powered by Community Health Choice Member Services for the list at (713) 295-6792 or toll-free at (844) 515-4877 or email MemberServices@ERSKelseyCare.com.

Limitations and Exclusions

KelseyCare powered by Community does not provide coverage for all health care expenses. Your plan does contain limitations and exclusions. Please read your Evidence of Coverage to determine which health care services are covered under your plan and to what extent. Please review the entire document, as there may be multiple limitations applicable to a particular service. These limitations and exclusions apply even if a physician or provider has performed or prescribed a medically-appropriate service. This does not prevent provider(s) from providing or performing the service; however, it will not be a covered service that we pay for. Read your Evidence of Coverage online at [ERSKelseyCare.com](https://www.ERSKelseyCare.com). Upon request, we can mail you a copy. Contact KelseyCare powered by Community Health Choice Member Services at (713) 295-6792 or toll-free at (844) 515-4877 or email MemberServices@ERSKelseyCare.com.

Prior Authorization

Prior authorization means that KelseyCare powered by Community determines if the services proposed to be provided to you are medically necessary and appropriate. We require prior authorization for certain services and prescription drugs.

Prior authorization does NOT guarantee that we will cover or pay for the service, procedure or prescription drug reviewed if the health care practitioner, for those services, has materially misrepresented the proposed services or has substantially failed to perform the proposed services.

Services and prescription drugs that do or do not require prior authorization are subject to change. We have a list of services that require prior authorization and the prescription drug formulary that tells you when prior authorization is required for prescription drugs. To obtain a list, go to [ERSKelseyCare.com](https://www.ERSKelseyCare.com) or contact KelseyCare powered by Community Health Choice Member Services at (713) 295-6792 or toll-free at (844) 515-4877 or email MemberServices@ERSKelseyCare.com.

You are responsible for informing your physician or provider of our prior authorization requirements. Your physician or provider must contact us by telephone, electronically or in writing to request the appropriate authorization. The telephone number to call to request authorization is on your member ID card. No benefits are payable for services or prescription drugs that are not covered services.

Please read all of the information about prior authorizations in your Evidence of Coverage. It is available online at [ERSKelseyCare.com](https://www.ERSKelseyCare.com). Upon request, we can mail you a copy. Contact KelseyCare powered by Community Health Choice Member Services at (713) 295-6792 or toll-free at (844) 515-4877 or email MemberServices@ERSKelseyCare.com.

Continuity of Care

If you have special circumstances, you may be eligible for continuation of services from a terminated provider through continuity of care. A terminated provider is a network provider whose contract is terminated or not renewed.

All terms and provisions of this contract are applicable to covered services provided during the period of continued care by the terminated provider.

Continuity of care is not available:

- if the provider was terminated due to reason of medical competence or professional behavior;
- after the 90th day after the effective date of the provider's termination; or
- after the expiration of the nine-month period after the effective date of the provider's termination if you were diagnosed as having a terminal illness at the time of the termination.

If you are past the 24th week of your pregnancy at the time of the provider's termination, continuity of care extends through delivery of your child and applies to the immediate postpartum care and follow-up checkup within the six-week period after delivery.

Exhaustion of Benefits

Some benefits have limits. Once those limits are met, this is known as exhaustion of benefits and you are responsible for the total cost of care. Here are some consumer tools to assist you when you are responsible for the total cost of care and making health care decisions:

<https://www.healthcarebluebook.com/>

<http://www.webmd.com/>

<https://www.urac.org/resource-center/consumers/tools-for-patients/>

Using Your Benefits

Benefits Information

You may obtain all participant benefit information online at ERSKelseyCare.com. You may also contact KelseyCare powered by Community Health Choice Member Services at (713) 295-6792 or toll-free at (844) 515-4877 or email MemberServices@ERSKelseyCare.com.

Creating a Member Account






To create a member account:

- Go to ERSKelseyCare.com
- Click on the member login.
- Click "Register."
- Enter your member information.

Your KelseyCare powered by Community Health Choice member ID Card

Take your ID card with you whenever you use medical and pharmacy services.

KelseyCare powered by Community Health Choice member ID Card

 TDI Administered by Community Health Choice Coverage Effective Date: 09/01/2015 Group: 15000 ID: XXXXXXXXXXXX Name: Jonathan Doe 	 PCP Visit \$15 Specialist \$25 Hospital ER \$150/20% Urgent Care \$50/20% Deductible: \$0 RX: (Network Pharmacy): Tier 1, 2, and 3 Non-Maintenance \$10/\$35/\$60 Maintenance \$10/\$45/\$75 Deductible \$50	<p>www.ERSKelseyCare.com</p> <p>You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud.</p> <p>INPATIENT ADMISSION AND OUTPATIENT PROCEDURES: Your Network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, and then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within 48 hours. To pre-certify services, call Kelsey-Seybold at (888) 684-5283.</p> <p>Pharmacy: (844) 268-9788 RxBin: 610602 PCN#: NVT Mental Health: (844) 265-7587 </p> <p>Send Professional Claims to: Kelsey-Seybold Clinic P.O. Box 841209, Pearland, Texas 77584 EDI Payer # KELSE For claims questions call (713) 442-1ERS (1377) or toll-free (855) 442-1377.</p> <p>Send all other Claims to: Community Health Choice, Inc. P.O. Box 301424, Houston, Texas 77230 Electronic claims: Payer ID 60495 Pharmacy (Navitus Health Solutions): BIN: 610602; PCN: NVT; RXGroup: ERS</p> <p>Customer Service: (713) 295-6792 or toll-free at (844) 515-4877 24/7 Nurse Line: (713) 442-0000</p> <p>We encourage you to use a PCP as a valuable resource and personal health advocate. </p>
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Kelsey-Seybold Clinic

Kelsey-Seybold Clinic is Houston's premier multi-specialty group practice, with more than 420 providers and allied health professionals, practicing at 20 locations and an accredited Sleep Center in the Greater Houston area. Services offered by Kelsey-Seybold include medical care in 55 medical specialties, including primary care and specialty care, outpatient surgery centers, an accredited Sleep Center, laboratory services, advanced radiology services and other diagnostic services, and 15 on-site Kelsey pharmacies.

When you choose KelseyCare powered by Community Health Choice, you will receive your primary and specialty care physician services at a Kelsey-Seybold Clinic.

You are not required to choose a primary care physician (PCP) with Kelsey-Seybold and you are able to self-refer to specialists within Kelsey-Seybold Clinics.

You will contact Kelsey-Seybold Clinics when:

- you need medical advice,
- you are sick,
- you need preventive care, like well-child, well-woman or well-man exams or
- you need to see a specialist, like a cardiologist or dermatologist.

Receiving Medical Care

When you go to receive medical care:

- Present your member ID card.
- Bring a pen and note pad to write down all questions or concerns you have so that you can get them addressed at one time—Ask questions and take notes.
- Give your PCP a list of all medicines, vitamins, and supplements that you are taking.
- Provide your medical history (including family history), and mention all allergies you may have.
- Address any health issues or symptoms you are experiencing.

Questions to Ask Your Provider

Asking questions and providing information to your doctor can improve your care. You are encouraged to ask your providers about your diagnosis, treatments, and medicines in order to improve the quality, safety, and effectiveness of your health care. Here is a list of sample questions that you may use to help you make a list of your own questions:

- What is my diagnosis?
- What are my treatment options?
- What are the benefits of each option? What are the side effects?
- Will I need a test? What is the test for? What will the results tell me?
- What will the medication you are prescribing do? How do I take it? Are there any side effects?
- Do I need to change my daily routine?

Finding a Network Provider

Search our online directory of network providers at [ERSKelseyCare.com](https://www.ERSKelseyCare.com). Our online directory is updated in real time. Please check the online directory before you obtain services to ensure that the provider is still in our network. If you do not have access to our online directory, contact KelseyCare powered by Community Health Choice Member Services at (713) 295-6792 or toll-free at (844) 515-4877 or email MemberServices@ERSKelseyCare.com.

Our online directory listing includes physicians and providers, including specialists. Our online directory also provides a listing for behavioral health and substance abuse treatment providers. Search our online directory at [ERSKelseyCare.com](https://www.ERSKelseyCare.com).

Using Kelsey-Seybold Clinic Providers and Specialists

When you join KelseyCare powered by Community, you can see any Kelsey-Seybold Clinic physician without a referral or prior authorization. If you have been going to a Kelsey-Seybold Clinic physician, you are not required to continue going to that physician, even if that physician is your PCP. You may simply schedule an appointment with any Kelsey-Seybold Clinic physician of your choice. A referral is not required to see a Kelsey-Seybold Specialist.

Affiliate Contract Providers

When Kelsey-Seybold Clinic does not have the specialist you need at any of their locations, you can be referred to a specialist who has been selected by Kelsey-Seybold physicians. Your Kelsey-Seybold physician will submit a request to KelseyCare powered by Community for a referral to a non-Kelsey-Seybold provider. Both you, and the specialist to whom you are referred, will receive written confirmation if the service is approved. All services provided by affiliate contract providers require a referral or prior authorization from KelseyCare powered by Community Health Choice.

Referrals

You may decide to see any Kelsey-Seybold Clinic PCP or specialist within the clinic at any time without a referral. It is not necessary to notify KelseyCare powered by Community Health Choice Member Services if you decide to change doctors. Simply schedule an appointment with the Kelsey-Seybold physician of your choice. However, you can contact KelseyCare powered by Community Health Choice Member Services if you need assistance.

We do require prior authorization for certain services. Visit our Web site at ERSKelseyCare.com or call the Member Services' telephone number on your member ID card for a list of services that require prior authorization.

What does "medically necessary" mean?

Medically necessary means the required extent of a health care service, treatment or procedure that a health care practitioner would provide to his/her patient for the purpose of diagnosing, palliating or treating an illness or bodily injury or its symptoms. Such health care services, treatments or procedures must be:

1. in accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;
2. clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;
3. not primarily for the convenience of the patient or health care practitioner;
4. clearly substantiated and supported by the medical records and documentation concerning the patient's condition;
5. performed in the most cost effective setting required by the patient's condition;
6. supported by the preponderance of nationally-recognized, peer-reviewed medical literature, if any, published in the English language as of the date of service; and
7. not experimental, investigational or for research purposes.

What is emergency care? How soon can I expect to be seen?

An emergency medical condition means your symptoms are severe and sudden. An average person with average knowledge of health and medicine could expect that you would place your health or life in jeopardy by not getting help right away. For pregnant women, this includes unborn children.

If you need emergency care:

1. Call 911 or go to the nearest network hospital emergency room; or
2. Find the nearest hospital emergency room if your condition does not allow you to go to a network hospital.
3. Call your doctor or PCP as soon as possible.

You, or someone on your behalf, must call us within 48 hours after you are admitted to a non-network hospital for emergency care. If your condition does not allow you to call us within 48 hours after your admission, please contact us as soon as your condition allows. We may transfer you to a network hospital in our service area when your condition is stable. You must see a network provider for any follow-up care.

What is urgent care? How soon can I expect to be seen?

Urgent care means health services or mental health services provided in a non-emergency situation, which are typically provided in a setting such as a physician or provider's office or urgent care center, as a result of acute injury or illness that is severe or painful enough to lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, illness or injury is of such nature that failure to obtain treatment within a reasonable period of time would result in serious deterioration of the condition of his or her health.

An urgent problem is when you are sick or hurt and need treatment right away to keep you from getting worse. If your problem is urgent (but not an emergency), go to your PCP. You should expect to be seen for an urgent problem,

including urgent specialty care, within 24 hours. Follow these steps for seeking after hours or urgent care services:

1. Contact your PCP or the 24-hour Nurse Help Line at (713) 442-0000.
2. If your PCP is not available, go to an urgent care center that is a network provider. Search our online directory of network providers at [ERSKelseyCare.com](https://www.ERSKelseyCare.com). Our online directory is updated in real time. Please check the online directory before you obtain services to ensure that the provider is still in our network. If you do not have access to our online directory, contact KelseyCare powered by Community Health Choice Member Services at (713) 295-6792 or toll-free at (844) 515-4877 or email MemberServices@ERSKelseyCare.com.
3. You must receive any follow-up services from your PCP or a network provider.
4. You must pay any deductible and/or copayment required for urgent care.

What is routine medical care? How soon can I expect to be seen?

Routine medical care is when you visit your PCP in pursuit of good health. It includes preventive care, checkups, immunizations, treatment for illnesses, and follow-up care. You should expect to be seen within two weeks of your call.

Emergency Care and Out-of-Network Providers

Emergency care is covered

- when medically necessary or
- if covered services are not available through our Kelsey-Seybold Clinic network providers a Kelsey-Seybold provider will refer you to an affiliate contract provider.

When Kelsey-Seybold Clinic does not have the specialist you need at any of their locations, you can be referred to a specialist who has been selected by Kelsey-Seybold physicians. Your Kelsey-Seybold physician will submit a request to KelseyCare powered by Community Health Choice for a referral to a non-Kelsey-Seybold provider. All services provided by affiliate contract providers require a referral or prior authorization from KelseyCare powered by Community Health Choice.

Search our online directory of network providers at [ERSKelseyCare.com](https://www.ERSKelseyCare.com). If you do not have access to our online directory, contact KelseyCare powered by Community Health Choice Member Services at (713) 295-6792 or toll-free at (844) 515-4877 or email MemberServices@ERSKelseyCare.com.

What if I get sick when I am outside of the service area?

If you need emergency services while outside of our service area, go to the nearest hospital. We cover care for true emergencies when outside of our service area. You do not need to call your PCP before getting emergency care. You must receive any services in follow-up to an emergency room visit from your PCP or a network provider.

Return to our service area for follow-up care when you are well enough.

What do I do when I receive a bill for services received outside of the service area?

If you receive a service outside of our service area that will not be billed to KelseyCare powered by Community by the physician or provider, you must send us a letter with your name, the service received, and your member ID number.

Mail the letter to the address on your member ID card. KelseyCare powered by Community must receive this letter informing us of the claim no later than 90 days after the date of service.

Emergency services that take place outside of the United States will not be covered.

KelseyCare powered by Community will acknowledge that we received the claim within 15 days, and we will verify.

We may need to contact you for more information.

Pharmacy Services

Pharmacy services are provided by Navitus Health Solutions (Navitus). Their network includes more than 64,000 independent and chain retail pharmacies with national chains such as CVS, Walgreens, Target, Wal-Mart, and others. A complete list of participating pharmacies is available at www.Navitus.com or through Navitus Member Services at toll-free at (844) 268-9788. You can call Navitus 24 hours a day, seven days a week. Navitus also provides a useful Member Guide that we have placed on our Web site at ERSKelseyCare.com.

A mail-order program is included in your pharmacy benefit. Mail-order benefits are provided through Wellpartner Mail Order Pharmacy. By participating in the mail-order program, you can have up to a 90-day supply mailed directly to your home or office. To enroll online, go to Wellpartner.com and choose "Mail Order Pharmacy" or call Wellpartner toll-free at (877) 935-5797.

Prescription Drug Coverage

KelseyCare powered by Community has a preferred drug list that provides the details and level copayments for each covered drug. Your plan includes a \$50 plan year deductible that you are responsible for before your prescription drug benefit begins. You are required to pay all deductibles, copayments or coinsurance for the level copay or coinsurance amount listed on your Summary of Benefits. You can view a copy of your Summary of Benefits online at ERSKelseyCare.com. You may also request a copy from our KelseyCare powered by Community Health Choice Member Services Department. Contact KelseyCare powered by Community Health Choice Member Services at (713) 295-6792 or toll-free at (844) 515-4877 or email MemberServices@ERSKelseyCare.com.

Not all prescription drugs are covered under this plan, and some prescriptions require prior authorization. Please review the preferred drug list first. Contact your provider, if necessary, to obtain prior authorization or a referral for a covered prescription drug. In some cases, you may have to try one prescription before receiving authorization to take another prescription drug. This is called step-therapy. Your provider may request you skip one of these drugs for medical reasons. If so, your provider must contact KelseyCare powered by Community to request a medical exception.

Behavioral Health

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

If you or your dependent has a problem with drugs, alcohol or mental health, call Beacon Health Options toll-free at (844) 268-9788, the KelseyCare powered by Community Health Choice provider of mental health and drug and alcohol abuse treatment services. You can call Beacon Health Options 24 hours a day, seven days a week. Information is available in English and Spanish. Call us to get an interpreter. In case of an emergency, call 9-1-1 or go to the nearest hospital.

Do I need a referral for this?

You do not need to see your PCP first or get a referral from your PCP. Some mental health or substance abuse problems may also need urgent care. For help with these problems or for more information, please call Beacon Health Options.

KelseyCare powered by Community Health Choice follows the Mental Health Parity Addiction Equity Act (MHPAEA). We review to make sure that requirements for authorization and treatment of mental health benefits are the same or less than medical benefits.

Value-Added Programs

24-Hour Nurse Help Line

You can call the Kelsey-Seybold Clinic **Nurse Help Line**, seven days a week at (713) 442-0000. Call the Nurse Help Line before going to the emergency room, if you are unsure whether or not your condition warrants that visit.

A nurse will answer your health care questions and help you get the care you need. Specially-trained nurses can answer questions related to your health and give you information when your doctor is not available that will help you choose the proper level of care based on your symptoms.

The Nurse Help Line **does not** take the place of your doctor. Always follow up with your doctor if you have questions about your health care.

Disease Management Program

Disease Management can help improve the health outcomes of people with chronic diseases or conditions. KelseyCare powered by Community Health Choice's Disease Management team collaborates with providers and patient educators to empower patients with the tools and knowledge to achieve healthier outcomes.

Using sound research-based data, providers can identify patients who require medical interventions, such as standard preventive testing. Emphasizing prevention and early detection means proactive care for you.

KelseyCare by Community participants with the conditions below will have access to Disease Management services.

- [Asthma](#)
- [Diabetes](#)
- [High-risk pregnancy](#)

If you have questions about our Disease Management services, call KelseyCare Concierge at (713) 442-1ERS (1377) or toll-free at (855) 442-1ERS (1377).

KelseyCare Concierge

KelseyCare Concierge is a special, complimentary concierge service that includes the following:

- personalized assistance in scheduling appointments and selecting physicians,
- assistance in finding nearby clinic locations,
- expert guidance regarding specific services available at each clinic location, and
- expert help resolving your questions and concerns regarding the KelseyCare plan.

Call the KelseyCare Concierge at (713) 442-1ERS (1377) or toll-free at (855) 442-1ERS (1377), 8 a.m. - 5 p.m., Monday through Friday, CT.

Member Rights and Responsibilities

Effective health care delivery requires a partnership between patients and their health care providers. In order to facilitate an effective relationship between providers and our members, it is important for KelseyCare powered by Community Members to understand their rights and responsibilities. Therefore, KelseyCare powered by Community has adopted the following Member's Rights and Responsibilities statement:

As a KelseyCare powered by Community member, you have certain rights and responsibilities. KelseyCare powered by Community is committed to ensuring that members' rights are protected.

Members have the right to:

- ask questions and get answers about all health care options and treatment needed for a condition,
- agree to or refuse treatment and actively participate in treatment decisions,
- get the information needed to make an informed decision,
- be treated with respect and dignity,
- make a complaint or file an appeal, and
- timely access to care.

Members have the responsibility to:

- learn and understand each right they have and ask for help when they need it,
- follow all health care plan rules and policies,
- treat all doctors and health care providers with respect and courtesy,
- inform providers if they do not understand any type of care they are receiving or what is expected from them as part of a treatment plan. Work with their doctor, to the best of their ability, to make a treatment plan on which all can agree,
- provide the information needed to providers, KelseyCare powered by Community, and other health care contractors to get the best possible care and benefits to which you are entitled, and
- inform ERS of any changes to name, address or family members covered under plan. To make these changes, you can contact ERS directly or login to your ERS account.

KelseyCare powered by Community is committed to providing high-quality benefits and customer service to our members. Benefits and coverage for services provided under the benefit program are overseen by the member's signed benefit contract and not by this Member Rights and Responsibilities statement.

Complaints

We want to help. You, your provider or your representative can file a complaint on your behalf. If you have a complaint, please call us at (713) 295-6792 or toll-free at (844) 515-4877. A KelseyCare powered by Community Health Choice Member Services Advocate can help you file a complaint. Most of the time, we can help you right away or at the most within a few days.

If you complain orally, we will send you a one-page Complaint Form. The Complaint Form must be returned to us for prompt resolution. You can also write a letter. Send your complaint to the address below:

KelseyCare powered by Community Health Choice
Member Complaints Coordinator
2636 South Loop West, Suite 900
Houston, TX 77054

If you notify us orally or in writing of a complaint, we will, no later than the fifth business day after the date of the of the complaint, send to you a letter acknowledging the date we received your complaint. If the complaint was received orally, we will enclose a one-page Complaint Form clearly stating that the Complaint Form must be returned to us for prompt resolution.

After receipt of the written complaint or one-page Complaint Form from you, we will investigate and send you a letter with our resolution. The total time for acknowledging, investigating and resolving your complaint will not exceed 30 calendar days after the date we receive your complaint.

Your complaint concerning an Emergency or denial of continued stay for hospitalization will be resolved in one business day of receipt of your complaint. The investigation and resolution will be concluded in accordance with the medical immediacy of the case.

KelseyCare powered by Community Health Choice is prohibited from retaliating against a group contract holder or enrollee because the group contract holder or enrollee has filed a complaint against KelseyCare powered by Community or appealed a decision of KelseyCare powered by Community. KelseyCare powered by Community is prohibited from retaliating against a physician or provider because the physician or provider has, on behalf of an enrollee, reasonably filed a complaint against the KelseyCare powered by Community or appealed a decision of KelseyCare powered by Community.

You may use the appeals process to resolve a dispute regarding the resolution of your complaint.

Appeals to Community

1. If the complaint is not resolved to your satisfaction, you have the right either to appear in person before a Complaint Appeal Panel where you normally receive health care services, unless another site is agreed to by you, or to address a written appeal to the Complaint Appeal Panel. We will complete the appeals process not later than the 30th calendar day after the date of the receipt of the request for appeal.
2. We will send an acknowledgment letter to you not later the fifth day after the date of receipt of the request of the appeal.
3. We will appoint members to the Complaint Appeal Panel, which will advise us on the resolution of the dispute. The Complaint Appeal Panel will be composed of an equal number of Community staff, Physicians or other providers, and enrollees. A member of the Complaint Appeal Panel may not have been previously involved in the disputed decision.
4. Not later than the fifth business day before the scheduled meeting of the panel, unless you agree otherwise, we will provide to you or your designated representative:
 - a. any documentation to be presented to the panel by our staff;

- b. the specialization of any physicians or providers consulted during the investigation; and
 - c. the name and affiliation of each of our representatives on the panel.
5. You, or your designated representative if you are a minor or disabled, are entitled to:
- a. appear in person before the Complaint Appeal Panel;
 - b. present alternative expert testimony; and
 - c. request the presence of and question any person responsible for making the prior determination that resulted in the appeal.
6. Investigation and resolution of appeals relating to ongoing emergencies or denial of continued stays for hospitalization will be concluded in accordance with the medical immediacy of the case but in no event to exceed one business day after your request for appeal.

Due to the ongoing emergency or continued hospital stay, and at your request, we will provide, in lieu of a Complaint Appeal Panel, a review by a physician or provider who has not previously reviewed the case and is of the same or similar specialty as typically manages the medical condition, procedure, or treatment under discussion for review of the appeal.

7. Notice of our final decision on the appeal must include a statement of the specific medical determination, clinical basis, and contractual criteria used to reach the final decision.

Filing Complaints with the Texas Department of Insurance

You have the right to file a complaint to the Texas Department of Insurance by calling toll-free at (800) 252-3439. If you would like to make your request in writing, please send it to the following address:

Texas Department of Insurance
P. O. Box 149104
Austin, TX 78714-9104
Web: <http://www.tdi.texas.gov>
Email: ConsumerProtection@tdi.state.tx.us

Appeals

An adverse determination is a determination made by KelseyCare powered by Community that the health care services provided or proposed to be provided to an enrollee are not medically necessary or appropriate or are experimental or investigational. You have the right to appeal an adverse determination. You, your provider or someone else that you choose as your representative may also appeal. You have 30 calendar days from the date of the adverse determination to file your appeal. You may request your appeal verbally or in writing. Please send your appeal to:

KelseyCare powered by Community Health Choice
Attention: Appeals Coordinator
2636 South Loop West, Suite 900
Houston, Texas 77054
(713) 295-6792 or (844) 515-4877
Fax to: (713) 295-7017/Attn: Appeals Coordinator

During the Appeal Process

We will let you know in a letter that we received your appeal within five business days. KelseyCare powered by Community may need additional information to help us with your appeal. The letter will include a list of documents that you, your representative or provider must send to KelseyCare powered by Community for the appeal. You have the right to give us information which supports your appeal. You may review any information we use to make our decision.

KelseyCare powered by Community will have someone review the appeal to make sure we have all the required information. KelseyCare powered by Community will also have a doctor review your appeal. This doctor will be trained in treating your type of illness. This will be a doctor who was not part of the original decision.

Answering your Standard Appeal

KelseyCare powered by Community will answer your appeal within 30 calendar days after the date received. The response will include:

- reasons for the resolution,
- clinical basis for the decision,
- types of doctors that reviewed the appeal,
- your right to a review by Texas Department of Insurance Independent Review Organization (IRO), and
- how to request an IRO.

Your provider has the right to ask for a specialty review within 10 working days of our decision.

Expedited Appeal Process

You have the right to ask for an expedited appeal. This type of appeal is for emergencies, continued hospitalizations and life-threatening conditions. You can request an expedited appeal, either verbally or in writing. KelseyCare powered by Community will resolve your expedited appeal no later than one working day from the date all of the necessary information to complete the appeal is received. KelseyCare powered by Community may provide the appeal determination by telephone or electronic transmission but you will receive a letter within three working days of the initial notification.

Appeal Denial – Review by an IRO

You have the right to a review of an appeal by an Independent Review Organization (IRO) for urgent or life-threatening conditions without going through KelseyCare powered by Community's internal appeal process. KelseyCare powered by Community will send you information on how to request an IRO and the Request Form, with your appeal response letter.

You can get a expedited IRO if KelseyCare powered by Community does not meet the internal time frames for your appeal. You can also get a expedited IRO if it is urgent or life threatening care.

Retrospective Adverse Determinations

Adverse determinations related to retrospective reviews will be made within a reasonable period but not to exceed 30 calendar days after the claim is received. The determination will be sent to the provider, enrollee or a person acting on behalf of the enrollee in writing.

You may also file a complaint with the Texas Department of Insurance:

Texas Department of Insurance
Consumer Protection Section (MC 111-1A)
P.O. Box 149091
Austin, TX 78714-9091
(800) 252-3439
Fax (512) 490-1007

Fraud and Abuse

You can report members/provider/agent suspected fraud, waste or abuse directly to KelseyCare powered by Community by:

1. Calling the hotline toll free number at (877) 888-0002 or
2. Writing a letter marked as "Confidential" to:

The Vice President of Compliance & Privacy
2636 South Loop West, Suite 900
Houston, TX 77054

If you have access to the Internet go to Texas Department of Insurance (TDI) Web site at <http://www.tdi.texas.gov/fraud/index.html> and select the online reporting forms.

If you do not have access and/or prefer to talk to a person, call the TDI Fraud Hotline toll-free at (800) 252-3439.

When reporting a provider (e.g., doctor, dentist, counselor, etc.) have the following information available:

- name, address, and phone number of provider,
- name and address of the facility (hospital, nursing home, home health agency, etc.),
- type of provider (physician, physical therapist, pharmacist, etc.),
- names and phone numbers of other witnesses who can aide in the investigation,
- dates and timeline of events, and
- summary of what happened (relevant to the dates of events).

When reporting a member (a person who receives benefits) provide the following information available:

- the person's name,
- the person's date of birth, Social Security number or case number if available,
- the city where the person resides, and
- specific details including dates and observations pertaining to waste, abuse or fraud.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact KelseyCare powered by Community Privacy Officer at DSPC@communitycares.com or (713) 295-6779.

This Notice of Privacy Practices is given to you as part of the Health Insurance Portability and Accountability Act (HIPAA). It says how we can use or share your Protected Health Information (PHI) and Personally Identifiable Information (PII). This privacy notice explains:

- our legal duties to protect your PHI,
- how we may use or disclose your PHI, and
- your individual rights to request your PHI.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you, in our next annual distribution, either a revised notice or information about the material change and how to obtain a revised notice. We will provide you with this information either by direct mail or electronically, in accordance with applicable law. In all cases, we will post the [revised notice](#) on the health plan Web site.

You may request a copy at ERSKelseyCare.com.

We maintain physical, electronic, and procedural security safeguards in the handling and maintenance of our members' information, in accordance with applicable state and federal standards. KelseyCare powered by Community Health Choice remains committed to protect against risks such as loss, destruction or misuse of our members' PHI.

Our Responsibility to You Regarding Protected Health Information

PHI/PII is information that identifies a person or patient. This data can be your age, address, e-mail address, and medical record information. It can be about your past, present or future physical or mental health conditions. It also can be about health care services and other personal facts.

By law, KelseyCare powered by Community must:

- make sure that your PHI/PII is kept private;
- give you this notice of our legal duties and privacy practices. It describes the use and disclosure of your PHI/PII. Follow the terms of the notice in effect now;
- tell you about any changes in the notice;
- notify you that your health information (PHI/PII) created or received by KelseyCare powered by Community is subject to electronic disclosure;
- give you an electronic copy of your record within 15 days after you ask in writing. We can also provide you with the records in another form, if requested. There are some exceptions to this rule;
- with exceptions, not sell any PHI/PII; and
- notify you in the event of a breach of your PHI/PII.

How KelseyCare powered by Community Health Choice Can Use or Disclose Your Protected Health Information Without Your Authorization

Here are some examples of allowed uses and disclosures of your PHI/PII. These are not the only ones.

Treatment — KelseyCare powered by Community Health Choice may use and share your PHI/PII to provide, coordinate or manage your health care and other services. We might share it with doctors or others who help with

your care. In emergencies, we will use and share it to get you the care you need. We will only share what is needed. KelseyCare powered by Community and its representatives will not knowingly cause or permit the misuse or distribution of enrollee information.

Payment — We use and share your PHI/PII for payment purposes to cover the necessary health care services that you received.

Health Care Operations — We can use or share your PHI/PII as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example:

- to call you to remind you of your visit;
- to conduct or arrange other health care activities such as suggesting disease management or wellness programs;
- to conduct medical reviews,
- to review health plan performance, and
- to give you information about treatment choices or other benefits.

Business Associates — We can share your PHI/PII with our business associates. They must also protect all member information. Business associates must follow HIPAA privacy and security rules, Health Information Technology for Economic and Clinical Health Act (HITECH) rules, and Texas privacy laws. They can face fines and penalties. They have to report any event of potential breaches of member PHI/PII.

Required by Law — By law, sometimes we must use or share your PHI/PII. Here are some examples:

Public Health Authorities

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report problems with medicines or other products; and
- to notify authorities if we believe a patient has been the victim of abuse, neglect or domestic violence.

Communicable Diseases — We can share your PHI/PII to tell a person they might have been exposed to a disease. We can tell a person they might be at risk for getting or spreading a disease or condition.

Health Oversight Agencies and U.S. Food and Drug Administration — We will share your PHI/PII when health oversight agencies request it.

Legal Proceedings — We will share your PHI/PII for legal matters. We must receive a legal order or other lawful request.

Law Enforcement and Criminal Activity — We will share your PHI/PII if we believe it helps solve a crime. We will share it to stop or reduce a serious threat. We can also share it to help law enforcement officers find or arrest a person.

Coroners, Funeral Directors, and Organ Donations — We share PHI/PII with coroners, medical examiners, and funeral directors. We can also share it to help manage organ, eye or tissue donations.

Research — If KelseyCare powered by Community agrees to be part of an approved research study, we will provide that data after certain measures and safeguards are established to protect your privacy.

Military Activity and National Security — We can share PHI/PII of Armed Forces personnel with the government.

Workers' Compensation — We will share your PHI/PII to follow workers' compensation laws and similar programs.

Inmates — We can use or share your PHI/PII if you are a correctional facility inmate and we created or received your PHI/PII while providing your care.

Disclosures by the Health Plan — We will share your PHI/PII to get proof that you are able to get health care. We will work with other health insurance plans and other government programs.

Parental Access — We follow Texas laws regarding the treatment of minors. We follow the law about giving their PHI/PII to parents, guardians or personal representative..

For People Involved in Your Care or Payment for Your Care — We will share your PHI/PII with your family or other people you want to know about your care. You can tell us who is allowed or not allowed to know about your care. You must fill out an authorization form that will be part of your medical record.

Restrictions on Marketing — The HITECH Act does not let KelseyCare powered by Community receive any money for marketing communications.

Other Laws that Protect Health Information — Other laws protect PHI/PII about mental health, alcohol and drug abuse treatment, genetic testing and HIV/AIDS testing or treatment. You must agree in writing to share this kind of PHI/PII.

Your Privacy Rights with Respect to your Health Information

Right of Access to PHI — You have the right to access, inspect, and copy your health information. Requests must be made in writing and reasonably describe the information you would like to inspect or copy.

We have the right to charge a reasonable cost-based fee for paper or electronic copies as established by state or federal law. Under certain circumstances, we may deny your request. If we do so, we will send you a written notice of denial describing the basis of our denial. You may request that we send a copy of your PHI directly to another person that you designate. Your request must be in writing, signed by you, and clearly identify the person and the address where the PHI should be sent. In most cases, you have the right to look at your PHI/PII. You can get a printed copy of the record we have about you. It can also be given to you in an electronic form.

Right to Amend PHI — You can request that we amend your health information if you believe it to be incorrect or incomplete. All request must be made in writing. We may deny your request under certain circumstances. If we deny your request, we will send you a written notice of denial. This notice will describe the reason for our denial and your right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures — You have the right to a written accounting of the disclosures of your PHI that we made in the last six years, prior to the request date, but not prior to April 14, 2003. The accounting will not include disclosures made for treatment, payment or operations use. If more than one request is made an a 12-month period, a nominal fee may be charged.

Right to Ask For Restrictions — You may request that we restrict part of your PHI/PII for treatment, payment or health care operations. All requests must be made in writing. You must tell us (1) PHI/PII you want restricted; (2) if you want to change our use and/or disclosure; (3) who it applies to (e.g., to your spouse); and (4) expiration date.

If we think it is not best for those involved, or cannot limit the records, we do not have to agree. If we agree, we will only share that PHI/PII in an emergency.

If you pay for a health care services out of pocket, you can request that the provider not share this information with KelseyCare powered by Community.

Right to Receive Confidential Communications — You have a right to request that we send communications of your PHI/PII to you at the address of your choice or that we communicate with you in a certain way. All requests must be made in writing.

Right to a Copy of this Notice — You have the right to request a copy of this notice in paper or electronic form upon request.

Right to Withdraw an Authorization for Disclosure — If you have let us use or share your PHI/PII, you can change your mind at any time. All requests must be made in writing.

Right to be Notified of Breach — You have the right to receive a written notification if we discover a breach of your PHI/PII and assess that a notification is required.

Federal Privacy Laws

This Notice of Privacy Practices is given to you as part of HIPAA. There are other privacy laws that also apply. Those include the Freedom of Information Act; Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act; HITECH and the Texas Privacy Law, Health and Safety Code, Section 181 et al.

Complaints

You can file a complaint if you believe your privacy rights have been violated. You can call or write to KelseyCare powered by Community's Privacy Officer at:

KelseyCare powered by Community
Attn: Privacy Officer
2636 South Loop West, Suite 900
Houston, Texas 77054
Phone: (713) 295-6792 or toll free at (844) 515-4877
Fax: (713) 295-7038

You can also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights. Please refer to the Office of Civil Rights contact information at the end of this notice. We urge you to tell us about any privacy concerns. You will not be retaliated against in any way for filing a complaint.

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: (877) 696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html

Health Coverage Definitions

Coinsurance

Your share of the costs of a covered health care service after any applicable deductible has been met. After you have met your deductible, you begin paying a percentage of the allowed amount for most covered medical services and supplies until you reach our annual out-of-pocket maximum.

Copayment

A fixed amount you pay for a covered health care service.

Deductible

The amount you owe for pharmacy services before your health insurance plan begins to pay.

Formulary

A list of preferred prescription drugs that are approved for coverage by KelseyCare powered by Community's pharmacy benefit program. It includes brand name and generic drugs approved by the U.S. Food and Drug Administration (FDA).

HMO

A health maintenance organization (HMO) provides benefits for covered services to providers within the HMO's network. Typically, services outside of an HMO's network are not covered unless it was pre-authorized or in the case of an emergency.

Network

Doctors, hospitals, and other health care providers who have a contract with KelseyCare powered by Community to provide services at a negotiated rate of payment for our members.

Out-of-pocket Maximum

The most you pay for covered services each year. Once reached, the plan pays 100% for most covered services for the rest of the year.

Primary Care Provider

A primary care provider (PCP) is a Participating Provider; holds an unrestricted license to practice in the State of Texas; is an Advanced Practice Nurse (APN) or Physician Assistant who practices under the supervision of a Physician specializing in:

- family/general practitioners (doctors who treat patients of all ages),
- internists (doctors who treat adults and may have a subspecialty),
- pediatricians (doctors who treat children), and
- obstetricians/gynecologists (OB/GYNs) (doctors who treat pregnant women and women who are not pregnant).

Prior Authorization

A medically-necessary health care service, treatment plan, prescription drug or medical equipment that requires you or your provider to obtain approval or pre-certification prior to receiving services, except in an emergency.

Referral

A referral is a consultation for evaluation and/or treatment of a patient, requested by one doctor to another doctor.

Specialist

A physician specialist focuses on a specific area of medicine or group of patients.

Examples of specialists include:

- cardiologist,
- dermatologist, and
- surgeon.

Step Therapy

Step therapy is a type of prior authorization. In most cases, you must first try a less expensive drug on the plan's drug list that has been proven effective for most people with your condition before you can move up a "step" to a more expensive drug. This might mean trying a similar, more affordable generic drug instead of a more expensive, brand-name medication.

Pharmacy Frequently Asked Questions

Where can I find the locations and hours of Kelsey-Seybold Clinic pharmacies?

To find Kelsey-Seybold Clinic locations and hours, visit our [Find a Pharmacy](#) page.

Can I use a retail pharmacy to refill my prescriptions?

Yes, you can use any pharmacy in our [pharmacy network](#).

Can I fax a new prescription to the pharmacy?

No, state law requires that a physician's office fax a prescription to a pharmacy.

How do I order refills of my prescriptions?

We offer several easy and convenient ways for you to refill your prescription medications.

- To request a refill online, use your [MyKelseyOnline](#) account to request refills.
- You can use our [secure online refill service](#) for Kelsey-Seybold pharmacy refills.
- You can also refill most of your prescription at a Kelsey-Seybold pharmacy.
 1. Calling the pharmacy telephone number printed on your prescription label.
 2. Entering the nine numbers after the RX#, including the first seven and the two numbers after the dash. You don't need to enter the dash.
 3. Finish by pressing #.
- Stop by or call any Kelsey-Seybold Clinic [pharmacy location](#).
- Stop by or call your [network pharmacy](#).

Please note: Maintenance medications (medications that you take on a long-term basis) must be refilled only at a Kelsey-Seybold Clinic pharmacy location or through mail order.

Can I get my refills by mail?

Yes, if the refills are for maintenance drugs. [Click here for mail order](#) and fill out the form. You can also call Navitus Health Solutions at (844) 268-9788, 8 a.m. - 5 p.m., Monday - Friday, CT.

I've moved, how do I transfer my prescriptions to a new pharmacy.

Call or drop by the new pharmacy during regular business hours, and give them all your information, including the names of your medications and your doctors' names. The new pharmacy will contact your old pharmacy to get the required information. Allow approximately 24 hours for your prescriptions to transfer.

I want to make sure I don't run out of my maintenance medication. How long do I have to wait to order another refill?

Retail members must use 70% of the Rx before being eligible for a refill.

For example: A prescription can be refilled at a retail location when you have nine days left of a 30-day medication supply.

Mail-order members must use 50% of the Rx before being eligible for a refill through mail order.

For example: A prescription can be refilled when you have 45 days left of a 90-day medication supply.

Will the pharmacy call my doctor when my last refill runs out?

No. You need to keep track of when your refills expire. This information is printed on the label of your prescription. Call your pharmacy at least 72 hours before your last prescription runs out. Your pharmacy will call your doctor, who might need time to review your medical chart before authorizing a refill.

What is a prescription drug formulary?

A formulary is a list of drugs covered by a health plan. Here is the [drug formulary](#) for KelseyCare by Community members.

Who decides what drugs are included in this formulary?

The formulary is developed by a committee of physicians and pharmacists. Safety and effectiveness are the most important criteria for the drugs that are included in our formulary. Secondly, cost is also considered in order to offer the best value to our members.

Thank You

Thank you for selecting KelseyCare powered by Community Health Choice! We strive to give you the best service and the best access to health care possible.