Each year, Blue Cross and Blue Shield of Texas (BCBSTX) wants to make sure that you understand your rights and responsibilities as our member, and that you have direct access to our Notice of Privacy Practices and other important plan information. This notice also includes our 2017 Quality Performance Results. These are the results of a survey we do every year to tell us if we are doing well or if we need to make changes to our programs.

### IMPORTANT CHIP PHONE NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Toll-free Number</th>
<th>TTY Line for hearing or speech loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBSTX Customer Service</td>
<td>1-888-657-6061</td>
<td>7-1-1</td>
</tr>
<tr>
<td><strong>Hours:</strong> Monday – Friday, 8 a.m. to 8 p.m., Central time, excluding state-approved holidays. During after-hours and weekends, leave a non-urgent message and your call will be returned the next business day. <strong>For TTY after-hours and weekends, call Texas Relay at the numbers below. Help is offered in English and Spanish. Interpreter services are available. In an emergency, call 9-1-1.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Outreach/Member Advocate</td>
<td>1-877-375-9097</td>
<td></td>
</tr>
<tr>
<td>24 Hour Nurse Advice Line</td>
<td>1-844-971-8906</td>
<td>7-1-1</td>
</tr>
<tr>
<td>Value-Added Services information/questions</td>
<td>1-877-375-9097</td>
<td>7-1-1</td>
</tr>
<tr>
<td>Special Beginnings®</td>
<td>1-888-421-7781</td>
<td>7-1-1</td>
</tr>
<tr>
<td>Vision Services</td>
<td>1-888-657-6061</td>
<td>7-1-1</td>
</tr>
<tr>
<td>Behavioral Health (Magellan)*</td>
<td>1-800-327-7390</td>
<td>1-800-735-2988</td>
</tr>
<tr>
<td>Dental Services for Adult CHIP Perinate members (DentaQuest)</td>
<td>1-800-205-4715</td>
<td>7-1-1</td>
</tr>
</tbody>
</table>

*Blue Cross and Blue Shield of Texas contracts with Magellan Behavioral Health, Inc. (“Magellan”), an independent company, to administer Blue Cross and Blue Shield of Texas’ managed mental health program.

### RENEWING YOUR CHIP BENEFITS

You have to renew your or your child’s CHIP benefits each year so that you and/or your child will not miss getting care from your doctor. You will get a renewal letter in the mail or a notification in your online account from Health and Human Services Commission (HHSC) during the 9th month of your 12-month certification.

If you miss the renewal deadline, you or your child may have to wait longer to get benefits or it could cause you to have to apply again.

It is fast and easy to renew your CHIP benefits online at [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com). You can also call HHSC at **2-1-1**.

If you have questions about your BCBSTX benefits, call BCBSTX Customer Service toll free at **1-888-657-6061** from 8 a.m. to 8 p.m. Central time, Monday through Friday. If you have speech or hearing loss you may call the TTY line at **7-1-1**.
LOG IN TO BLUE ACCESS FOR MEMBERS™

Blue Access for Members (BAM™), the secure member portal from Blue Cross and Blue Shield of Texas, can help you get immediate online access to health and wellness information.

On the BAM portal, members can:
• Print a temporary ID card or order a new card.
• Find doctors and hospitals under the ‘Doctors and Hospitals’ tab.
• View your covered benefits.
• See a list of your prescription drugs.
• View your care profile.
• Set up text message alerts.
• Get information on health and wellness.

It is easy to get started:
2. Click the Log In button at the top of the page.
3. Click the Register Now link to create an account.

MEMBER RIGHTS AND RESPONSIBILITIES FOR CHIP AND CHIP PERINATE MEMBERS

At Blue Cross and Blue Shield of Texas, we want to make sure you and your children get the health care you need. We also want to make sure your rights as a member are respected.

MEMBER RIGHTS

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your child’s health plan, doctors, hospitals and other providers.

2. Your health plan must tell you if they use a ‘limited provider network.’ This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. ‘Limited provider network’ means you cannot see all the doctors who are in your health plan. If your health plan uses ‘limited networks,’ you should check to see that your child’s primary care provider and any specialist doctor you might like to see are part of the same ‘limited network.’

3. You have a right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know about what those payments are and how they work.

4. You have a right to know how the health plan decides whether a service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
5. You have a right to know the names of the hospitals and other providers in your health plan and their addresses.

6. You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.

7. If a doctor says your child has special health care needs or a disability, you may be able to use a specialist as your child’s primary care provider. Ask your health plan about this.

8. Children who are diagnosed with special health care needs or a disability have the right to special care.

9. If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months, and the health plan must continue paying for those services. Ask your plan about how this works.

10. Your daughter has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from her primary care provider and without first checking with your health plan. Ask your plan how this works. Some plans may make you pick an OB/GYN before seeing that doctor without a referral.

11. Your child has the right to emergency services if you reasonably believe your child’s life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a copayment depending on your income. Copayments do not apply to the CHIP Perinatal Program.

12. You have the right and responsibility to take part in all the choices about your child’s health care.

13. You have the right to speak for your child in all treatment choices.

14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.

15. You have the right to be treated fairly by your health plan, doctors, hospitals and other providers.

16. You have the right to talk to your child’s doctors and other providers in private, and to have your child’s medical records kept private. You have the right to look over and copy your child’s medical records and to ask for changes to those records.

17. You have the right to a fair and quick process for solving problems with your health plan and the plan’s doctors, hospitals and others who provide services to your child. If your health plan says it will not pay for a covered service or benefit that your child’s doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.

18. You have a right to know that doctors, hospitals, and others who care for your child can advise you about your child’s health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
19. A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.

20. A right to be treated with respect and recognition of their dignity and their right to privacy.

21. A right to participate with practitioners in making decisions about their health care.

22. A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.

23. A right to voice complaints or appeals about the organization or the care it provides.

24. A right to make recommendations regarding the organization’s member rights and responsibilities policy.

25. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.

26. A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.

27. A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

**MEMBER RESPONSIBILITIES**

You and your health plan both have an interest in seeing your child’s health improve. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.

2. You must become involved in the doctor’s decisions about your child’s treatments.

3. You must work together with your health plan’s doctors and other providers to pick treatments for your child that you have all agreed upon.

4. If you have a disagreement with your health plan, you must try first to resolve it using the health plan’s complaint process.

5. You must learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.

6. If you make an appointment for your child, you must try to get to the doctor’s office on time. If you cannot keep the appointment, be sure to call and cancel it.

7. If your child has CHIP, you are responsible for paying your doctor and other providers co-payments that you owe them. If your child is getting CHIP Perinatal Program services, you will not have any co-payments for that child.

8. You must report misuse of CHIP or CHIP Perinatal Program services by health care providers, other members, or health plans.

9. You must talk to your provider about your medications that are prescribed.
If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services toll-free at 1-800-368-1019.

You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr. For a complete list of member rights and responsibilities, see your Member Handbook and Your Rights for Appeal of an Adverse Determination.

**HOW BCBSTX MAKES DECISIONS ABOUT YOUR CARE**

BCBSTX has strict rules about how decisions are made about your care. These rules are in place to make sure that: our doctors and staff make decisions about your coverage based on your benefits and what your medical needs are. This includes seeing a specialist, having surgery or getting supplies and equipment to help you get better. BCBSTX does not ask doctors to give less care than you need and our doctors are not paid to deny care.

If you want to know more about how decisions are made about your care, contact your care manager at 1-877-214-5630, Monday through Friday, 8:00 AM - 5:00 PM Central Time (TDD/TTY 7-1-1).

If you reach us after 5:00 PM, please leave a message and will return your call the next business day. Health Services staff will always identify themselves as BCBSTX employees. They will also give you their names and titles.
Blue Cross and Blue Shield of Texas (BCBSTX) needs to give you a HIPAA Notice of Privacy Practices as well as a State Notice of Privacy Practices. The HIPAA Notice of Privacy Practices talks about how BCBSTX can use or give out your protected health information and your rights to that information under federal law. The State Notice of Privacy Practices talks about how BCBSTX can use or give out your nonpublic private financial information and your rights to that data under state law. Please take a few minutes and review these notices. You can go to the Blue Access for Members™ (BAM) website at www.bcbstx.com to sign up to get these notices by email. Our contact information is found at the end of the notices.

YOUR RIGHTS. When it comes to your health information, you have certain rights.

This section talks about your rights and some of the things we can do to help you.

Get a copy of your health and claims records
- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice.
- We will give you a copy or outline of your health and claims records within 30 days of the request unless we ask for more time. We may charge a small fee.

Ask us to fix health and claims records
- You can ask us to fix your health and claims records if you think they are not right. Ask us how to do this by using the contact information at the end of this notice.
- We may say “no” to your request to fix your records. We will tell you why in writing within 60 days.

Ask for private communications
- You can ask us to reach you in a certain way or to send mail to another address. Ask us how to do this by using the contact information at the end of this notice.
- We will provide a response to all requests. We will say “yes” if you tell us you would be in danger if we do not.

Ask us what not to use or share
- You can ask us not to share or use certain health information. Ask how to do this by using the contact information at the end of this notice.
- We may say “no” to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we have shared data
- You can ask us for a list of when we shared your information, who we shared it with and why during the last six years. Ask us how to do this by using the contact information at the end of this notice.
- We will provide this information to you; however, we will not provide you information about your care payment. We will provide you this information one time a year for free – we may charge a small, cost-based fee if you ask again within 12 months.

Get a copy of this notice
- You can ask for a paper copy of this notice at any time, even if you are OK with getting the notice by mail. To get a copy of this notice, use the contact information at the end of this notice and we will send you one.
Choose someone to act for you
• If you have given someone medical power of attorney or if someone is your legal guardian, that person can also request information and make decisions for you.
• We will make sure that these individuals are allowed to get information about you before we make it available.

File a complaint if you feel your rights are violated
• If you feel we have not done the right thing with your information, you can complain to us. Use the contact information found at the end of the Notice.
• You can also complain to the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775; or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ or by sending a letter to them at: 200 Independence Ave., SW, Washington, D.C. 20201.
• You have a right to complain and if you complain, we will not hold it against you.

YOUR CHOICES. For certain health information, you can tell us your choices about what we share.

If you know how you want us to share your information in the times described below, tell us and we will follow your orders. Use the contact information at the end of this notice.

In these cases, you have both the right and choice to tell us to:
• Share information with your family, close friends, or others involved in payment for your care
• Share information in a bad situation and help you fix the problem
• Reach you for fundraising efforts

If there is a reason you cannot tell us who we can share information with, we may share it if we believe it is best for you. We may also share information for health or safety reasons.

We never sell or use your information for promotional purposes unless you give us your written OK.

INFORMATION USE AND SHARING. How do we use or share your health information?

We use or share your health information in the following ways.

Help you with the health care treatment you get
• We can use your health information and share it with doctors or health staff who treat you.
  Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange more services.

Run our operations
• We can use and give out your information to support and improve our operations.
  Example: We use health information to create better services for you.

We cannot use your genetic information to decide whether we will give you care except for long-term care plans.

Pay for your health services
• We can use and give out your health information to your health plan sponsor for plan administration purposes.
  Example: We share information about you with your dental plan to make a payment for your dental work.

Administer your plan
• We may give out your health information to your health plan sponsor for plan administration purposes.
  Example: We may provide certain information to the sponsor of your health plan to explain how we charge for our services.
How else can we use or share your health information?

We also can share your information in order to help the public good; for example, public health and research. We have to meet many laws before we can share your information for these reasons. For more information go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

• We can share your health data in order to:
  – Stop diseases
  – Help with product recalls
  – Show bad reactions to drug
  – Show suspected harm, neglect or home violence
  – Stop or lessen a threat to someone’s health or safety

Do research

• We can use or share your information for health research.

Follow the law

• We share information about you when a state of federal law says we have to; for example, we may share information with the Department of Health and Human Services so that they can check to see that we follow privacy laws.

Answer organ/tissue donation requests and work with certain experts

• We can share your health information with an organization that helps with organ or tissue donation.

• We can share your information with a medical examiner, coroner or funeral director.

Address workers’ compensation, police, and other government requests

• We can use or share your health information:
  – For workers’ compensation claims
  – For police purposes or with a law enforcement official
  – With health oversight firms for activities approved by law
  – For special government functions such as military, national security, and presidential protective services or with prisons regarding inmates.

Answer to lawsuits and legal actions

• We can share your information in response to a court order, or in response to a request to show up in court.

Certain health information

• State laws may ask us to be extra careful with information about certain health conditions or diseases. For example, the law may stop us from sharing or using data about HIV/AIDS, mental health, alcohol or drug abuse and genetic data without your OK. In these situations, we follow what state law says.

OUR DUTIES. When it comes to your information, we have certain duties.

• We must keep your health information safe and secure.

• We must let you know if your information has been shared or used by someone that could have a bad effect on you.

• We must follow the privacy practices that are described in this notice and make sure that you can get a copy of the notice.

• We will not use or share your information except as described here unless you tell us we can in writing.

You may change your mind at any time. Let us know in writing if you change your mind.

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.
STATE NOTICE OF PRIVACY PRACTICES – Effective 9/23/13

Blue Cross and Blue Shield of Texas (BCBSTX) collects nonpublic private information about you from your health plan, your health care claims, your payment information and other types of reporting firms. BCBSTX agrees to:

– Not give out your information even if you stop being a customer to any non-affiliated third parties except with your OK or according to the law.

– Limit the workers that can see your information to those that perform jobs needed to run our business and give care to our customers.

– Have security and privacy practices that protects your information from unauthorized use.

– Use your information only to process your claims, to bill you and to provide you with customer service.

– Use your information according to the law.

BCBSTX is able to share your information with certain third parties who either perform jobs or services for us. Here are some examples of third parties that we can share your data with:

– Our affiliates
– Clinical and other business partners that offer services on our behalf
– Insurance brokers or agents, financial services firms, stop-loss carriers
– Regulatory and other governmental groups including the police
– Your group health plan

You have a right to ask us what nonpublic financial information we have about you and ask for a copy of this information.

CHANGES TO THESE NOTICES

We have the right to change the terms of these notices, and the changes we make will apply to all the information we have about you. If we make changes, the law requires that we mail you a copy of this notice.

CONTACT INFORMATION

You can get a copy of the notice at any time by:

1. Going to the website at http://www.bcbstx.com/important_info/index.html or
2. Calling us at the toll-free number found on the back of your ID card.

If you have any questions about your rights or these notices, contact us in one of these ways:

1. Call us at 1-877-361-7594 or
2. Write us at Privacy Office
   Divisional Vice President
   Blue Cross and Blue Shield of Texas
   P.O. Box 804836
   Chicago, IL 60680-4110
HOW TO FILE A COMPLAINT WITH BLUE CROSS AND BLUE SHIELD OF TEXAS

We want you to be satisfied with your care. If you have a complaint about any service or care you received from BCBSTX or a provider, we want you to tell us if you are not satisfied. If you are a CHIP member and you have a complaint, call BCBSTX Customer Service toll-free at 1-888-657-6061 (TTY 7-1-1) to get help.

TO REPORT WASTE, ABUSE OR FRAUD, CHOOSE ONE OF THE FOLLOWING:
• Call the Office of the Inspector General (OIG) Hotline at 1-800-436-6184.
• Visit https://oig.hhsc.state.tx.us/ and click ‘Report fraud,’ to complete the online form; or
• You can report directly to your health plan:
  Blue Cross and Blue Shield of Texas
  PO Box 51422
  Amarillo, Texas 79159-1422
  1-888-657-6061

BLUE CROSS AND BLUE SHIELD OF TEXAS 2017 QUALITY PERFORMANCE RESULTS

BCBSTX Quality Management/Quality Improvement Program wants to help members get the best quality of care possible. This means that members get the right amount of care, delivered at the right time and in the right setting of care. The setting of care could be either at a doctor’s office, clinic or in a hospital. Our goal is to create quality programs and services to help care for our members in cooperation with our network providers.

Every year, the BCBSTX Quality Improvement department evaluates the care and services our members receive. This evaluation tells us if we are doing well or if we need to make changes to our programs. Each year, a new Quality Improvement Plan (QIP) is developed that includes goals and objectives to help you or your child stay healthy. The QIP helps us keep on track to meet the goals and objectives we set for patient safety, good health outcomes and satisfaction.

BCBSTX also has Quality Committee meetings many times a year to review our progress. These meetings help us to identify ways to improve our plan, complete projects on time and track if member needs are being met.

Some of our goals from 2017 included:
• Educating and supporting members to go to their doctor for yearly preventive care exams,
• Ensuring members with special health care needs get the appropriate care they need, and
• Improving members’ access and availability to care and services

Throughout the year, you may receive information from us based on your health diagnosis and needs. We would like for you to use this information to help improve your or your child’s health.

If you would like more information about our quality and health promotion programs, please call BCBSTX Member Outreach at 1-512-375-9097 (TTY 7-1-1).
2017 GOALS ACHIEVED

Every spring, BCBSTX collects information to see if members are receiving their recommended care. The results we collected showed that some member participation in preventive care activities went up and some went down. Improvements from the previous year are shown below for the following measures:

- Well-child visits in the first 15 months of life,
- Cervical cancer screening,
- Timeliness of prenatal care,
- Appropriate treatment for children with upper respiratory infections.

BCBSTX improved on some of the performance measures, but some areas that still need improvement are increasing the number of members who get immunizations and well-child or well-care checkups.

WELL-CHILD VISITS

Well-Child visits are important to ensuring that your child is healthy. During these visits, your child’s doctor will provide vaccines that are due and check your child’s development and growth to find or prevent any future health issues.

<table>
<thead>
<tr>
<th>Well-Child Visits (First 15 months of life)</th>
<th>2017 (MY 2016)</th>
<th>2018 (MY 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP</td>
<td>31.25%</td>
<td>54.74%</td>
</tr>
</tbody>
</table>

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<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>CHIP</td>
<td>76.60%</td>
<td>67.88%</td>
</tr>
</tbody>
</table>

Appropriate Treatment for Children with Upper Respiratory Infections

It is important for members to receive appropriate medical treatment for upper respiratory infections from their doctor. Our results show that most members received the appropriate treatment for upper respiratory infections in 2017.

<table>
<thead>
<tr>
<th>CHIP</th>
<th>2017 (MY 2016)</th>
<th>2018 (MY 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP</td>
<td>90.77%</td>
<td>93.98%</td>
</tr>
</tbody>
</table>

Childhood Immunization Status

Immunizations can save your child’s life. One of the best ways to protect your children’s health is to make sure they are up-to-date with their vaccinations.

<table>
<thead>
<tr>
<th>CHIP</th>
<th>2017 (MY 2016)</th>
<th>2018 (MY 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP</td>
<td>42.41%</td>
<td>36.27%</td>
</tr>
</tbody>
</table>

Weight Assessment and Counseling for Nutrition and Physical Activity

Behaviors such as eating habits and physical activity are established during childhood or adolescence. Well-care visits are opportunities for your doctor to let you know if you/your child’s health and development are on track.

<table>
<thead>
<tr>
<th>CHIP</th>
<th>2017 (MY 2016)</th>
<th>2018 (MY 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>70.42%</td>
<td>67.40%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>69.98%</td>
<td>62.04%</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>59.16%</td>
<td>53.53%</td>
</tr>
</tbody>
</table>

MY = Measurement Year
Appropriate Testing for Children with Pharyngitis

Pharyngitis is redness, pain, and swelling of the throat. Treatment will depend on your child’s symptoms, age, general health and how severe the condition is. It is important for members to receive appropriate testing from their doctor. Our results show that most members received the appropriate testing for Pharyngitis in 2017.

<table>
<thead>
<tr>
<th></th>
<th>2017 (MY 2016)</th>
<th>2018 (MY 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP</td>
<td>67.42%</td>
<td>71.52%</td>
</tr>
</tbody>
</table>

OTHER IMPORTANT HEALTH MEASURES

DIABETES CARE

If you have diabetes, it is important to make sure you are visiting your doctor at least once a year to get the correct tests to monitor your health.

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS 5.0 (CAHPS) 2018 RESULTS

Each year, BCBSTX uses the results of an annual survey called Consumer Assessment of Healthcare Providers and Systems (CAHPS) to assess our members’ health care experiences. Examples of some of the topics covered by the surveys include the following:

- Communication with health care professionals,
- Access to care and information,
- Customer service, and
- Coordination of care.

The CAHPS surveys ask members to report on their level of satisfaction. BCBSTX reviews survey results to identify opportunities where improvement is needed. The CAHPS survey results from 2016 through 2018 are listed below. Some areas that showed improvement include: Getting Care Quickly (Adult), Getting Needed Care (Adult), Customer Service (Adult) and Health Plan Rating (Adult). Some areas for improvement are listed below, and will be included in our 2019 Opportunities for Improvement Goals.

2019 OPPORTUNITIES FOR IMPROVEMENT GOALS:

- Getting Care Quickly (CHILD):
  - BCBSTX should make sure that appointments are made available for members who may need more urgent care. Patients should be educated on how and where to receive care after hours. This includes information on when a member should get care at the Emergency Department (ED).

- Getting Needed Care (CHILD):
  - Assist patients with scheduling and coordinating care between providers in a timely manner.

- Customer Service (CHILD):
  - Review call center reports to evaluate the primary reasons why members are calling.
  - BCBSTX will design interventions to address these primary call reasons to help cut down on call volume, and/or improve members’ satisfaction.
**BCBSTX TRENDED 2016-2018 CAHPS RESULTS:**

<table>
<thead>
<tr>
<th>Blue Cross and Blue Shield – CHILD CHIP Texas Member Survey Results</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2017 Quality Compass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Care Quickly (Child)</td>
<td>84%</td>
<td>87%</td>
<td>84%</td>
<td>89%</td>
</tr>
<tr>
<td>Getting Needed Care (Child)</td>
<td>81%</td>
<td>89%</td>
<td>80%</td>
<td>85%</td>
</tr>
<tr>
<td>Customer Service (Child)</td>
<td>93%</td>
<td>92%</td>
<td>90%</td>
<td>88%</td>
</tr>
<tr>
<td>Health Plan rating (Child)</td>
<td>82%</td>
<td>88%</td>
<td>89%</td>
<td>86%</td>
</tr>
</tbody>
</table>

If you would like more information, copies of our Annual Program Plan, Work Plan or Annual Evaluation please contact:

Kathleen M. Thompson MPH, CPHQ  
Director Quality TX Medicaid, Government Programs  
9442 Capital of Texas Hwy N., Suite 500 Arboretum Plaza II  
Austin, TX 78759  
Office number: **1-512-349-4836**

If you are speech or hearing-impaired, call **7-1-1** for TTY service.

Call BCBSTX Customer Service toll free at **1-888-657-6061** from 8 a.m. to 8 p.m., Monday through Friday Central Time if you need help changing your Primary Care Physician or if you have questions about your plan benefits. You can also call them if you have questions about your benefits, or if you need help logging into BAM. Members with hearing or speech loss may call the TTY line at **7-1-1**.
To get auxiliary aids and services, or to get written or oral interpretation to understand the information given to you, including materials in alternative formats such as large print, braille or other languages, please call BCBSTX CHIP Customer Service at 1-888-657-6061 (TTY/TDD 7-1-1).

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Texas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Texas:

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

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Texas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-710-6984 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).


注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-710-6984 (TTY: 711)。


ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-710-6984 (ATS: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-710-6984 (TTY: 711) पर कॉल करें।


注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-710-6984（TTY: 711）まで、お電話にてご連絡ください。


Vнимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-710-6984 (телеграф: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-710-6984（TTY: 711）まで、お電話にてご連絡ください。