

COMMUNITY HEALTHCARE

Provider Newsletter | Spring/Summer 2021

Key Changes to CDC
Immunization Schedules

Care Management: How Our Team
Can Help Your Patients

What's New: Care Coordination
Toolkit For Providers

FROM CONCERN TO CONFIDENCE

BUILDING TRUST IN THE COVID-19 VACCINE

As your patients' most trusted source of information on vaccines, you play a critical role in helping Members understand the importance of the vaccine, including its safety and effectiveness. Learn how to share clear and accurate information about the vaccine, raise awareness about its benefits, and address common questions and concerns.

Is the
vaccine
safe?

What can I do
once I'm fully
vaccinated?

I'm pregnant.
Can I get the
vaccine?

How long does
protection last?

When can my
child get the
vaccine?

How can I
make a vaccine
appointment?

Does it protect me
from variants of the
COVID-19 virus?

COMMUNITY FIRST
HEALTH PLANS

MAIN OFFICE

12238 Silicon Drive, Suite 100
San Antonio, Texas 78249

COMMUNITY OFFICE AT AVENIDA GUADALUPE

1410 Guadalupe Street, Suite 222
San Antonio, Texas 78207

VISIT OUR WEBSITE OR CALL AT:

CommunityFirstHealthPlans.com
(210) 227-2347 or
toll-free (800) 434-2347

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UTILIZATION MANAGEMENT

The Process Behind The Decision

Community First Health Plans utilizes evidence-based criteria and clinical guidelines to make Utilization Management (UM) decisions. The criteria are applied in a fair, impartial, and consistent manner that serves the best interest of our Members.

Community First approves or denies services based on whether the service is medically needed and a covered benefit. Criteria used to make a determination are available upon request.

Service Review. A service review for authorization will occur before a Member receives care. All requests are reviewed by our experienced clinical staff. Service requests that fall outside of standard criteria and guidelines are reviewed by our physician staff for plan coverage and medical necessity.

If care is received that was not authorized in advance (for emergency services), a service review will occur before the claim is processed. Please note, a service review that happens after (emergency) services are received does not guarantee payment of claims.

Generally, your office staff will request prior authorization from Community First before providing care. You have a responsibility to make sure you are following Community First rules for receiving care.

Out-of-Network Care. Out-of-network requests include assessing whether the necessary and covered service can be provided in a timely manner with a network provider. Out-of-network care that is not approved in advance by Community First is not covered.

Hospital Care. We also review care received by our Members while they are in the hospital. We work with hospital staff to help ensure Members have a smooth transition home or to their next care setting.

Appeals. The Member, Member's representative, or a physician acting on behalf of the Member may appeal a decision if we deny a request for services. Members can do this through our appeals process.

Information on Utilization Management (UM) criteria utilized to make a decision can be obtained upon request by contacting Population Health Management. To request this information, please call (210) 358-6050 and press "3" for authorizations, Monday through Friday from 8 a.m. to 5 p.m.

Our UM staff is also available to assist you with any questions you may have regarding the processing of a request for services. Calls or communications received after hours will be addressed by the next business day. Should our staff attempt to reach you, they will provide you with their full name and title at Community First Health Plans when contacting you regarding any issues related to services.



PROVIDER ASSISTANCE

We're Here To Help

Community First Health Plans values the relationship with our contracted Providers.

We would like to remind you to please contact Community First's Network Management Department with concerns or to ask for assistance with accessing the following:

- > Provider Portal
- > Jiva
- > Provider forms (i.e., Member Education, Provider Education, Provider Concerns, Grievances/ Complaints)
- > Resource materials
- > Staff safety, education, and resources
- > Point of contact for Member-related issues
- > Staff training
- > Contracting
- > Credentialing
- > Information updates (i.e., address, phone/fax number, tax ID number, etc.)
- > Provider terminations

For assistance with any of the matters listed above, you may contact either your Provider Relations Representative or Network Management by phone at (210) 358-6294 or via email at nmcfhp@cfhp.com. We are here to help.

MTM

ELIMINATING BARRIERS TO HEALTH CARE

On June 1, Community First Health Plans began a new partnership with a new transportation provider, Medical Transportation Management (MTM), to help ensure that a lack of transportation is less of a barrier to health care for our STAR and STAR Kids Members.

STAR & STAR Kids Members can now schedule non-emergency medical transportation (NEMT) through MTM. As a Provider, you can help Members obtain these services.

1. Call the MTM Member Reservation Line at 1-888-444-0307 (TTY 7-1-1) Monday through Friday, from 8 a.m. to 5 p.m. to reserve transportation on behalf of a Member.
2. When you call MTM, please be ready to provide:
 - a. Member's Medicaid ID number
 - b. Name, address, and phone number of the health care setting they will be traveling to
 - c. The medical reason for the Member's visit
3. To assist a Member after hours, please call 1-888-444-0924, seven days a week, 5 a.m. to 7 p.m.

NEMT services include:

- » Standing orders for transportation to a health care setting
- » Passes or tickets for mass transit
- » Curb-to-curb transportation
- » Wheelchair-accessible vehicles
- » Advanced funds to cover meals, lodging, and/or mileage for qualifying Members
- » Covered expenses for travel attendants

To learn more about NEMT and our partnership with MTM, please view our [MTM Overview for Providers](#) or our [MTM Provider FAQs](#).

Each year, 3.6 million people in the U.S. do not get medical care due to transportation issues. Thank you for helping our Members get access to the care they need when they need it.

Population Health Management

OUR STRATEGY

Community First Health Plans has implemented a Member-centric Population Health Management (PHM) strategy that allows us to focus on methods of care that address each Members' preferences, needs, and values. The framework for this strategy (1) identifies the needs of our population and stratifies these needs for intervention, and (2) focuses on the transition to value-based care in our contracted network.

In order to carry out this strategy, we use a variety of tools, including:

- 1. Health Assessments** – Health assessments collect important information about Members, including their health literacy, risks and health behaviors, demographic, values, and special needs. Health Assessments also help us connect with our Members at all stages of life (i.e., early childhood, adolescence, adulthood, and old age) in order to better understand how they approach disease and want to receive information.
- 2. Risk Stratification** – Risk stratification arranges Members into meaningful categories for personalized intervention targeting. This includes our entire Member population, from low-risk to high-risk. Most health care costs are incurred by a minority of the population so it is important to strategize where to target investments that can yield the highest return, both in improved health outcomes and cost reductions.
- 3. Enrollment and Engagement** – Enrollment and engagement includes coordination of care across all settings for the whole person, not just Members who are ill. Engaging Members in their health care helps them appropriately access care and services. Enrollment and engagement include self-determined participation in intervention-directed activities that are in alignment with Member goals.



- 4. Person-Centered Interventions** – Person-centered clinical and wellness interventions include a broad range of approaches and activities tailored to improve the health and well-being of an individual. These interventions can direct resources toward the areas of greatest population risk and opportunities for health improvement. This includes disease management, medication adherence, lifestyle management, and ongoing behavioral health coaching and education.

Providers play a key role in this overall strategy, including promoting healthy habits and increasing Member engagement in our Health & Wellness Programs. We currently offer the following no-cost programs for Members of all ages:

- > **Healthy Expectations: Maternity Program**
- > **Asthma Matters: Asthma Management Program**
- > **Healthy Mind: Behavioral Health Program**
- > **Healthy Living: Healthy Lifestyle Program**
- > **Diabetes in Control: Diabetes Management Program**
- > **Healthy Heart: Blood Pressure Management Program**

You can learn more about each program at CommunityFirstHealthPlans.com/Health-and-Wellness-Programs.com.

If you identify Members that may benefit from our Health & Wellness Programs, please contact our Health Promotion and Wellness team at (210) 358-6349 or email healthyhelp@cfhp.com.

LTSS: WHO QUALIFIES & WHAT'S NEW

What is LTSS?

LTSS stands for Long Term Services and Supports. LTSS encompasses services and supports used by individuals of all ages with functional limitations and chronic illnesses who need assistance to perform routine daily activities such as bathing, dressing, preparing meals, and administering medications.

Who Qualifies for LTSS?

Community First STAR Kids Members ages 0-20 who either:

- > receive SSI,
- > receive disability-related Medicaid services, and/or
- > are enrolled in the Medically Dependent Children's Program (MDCP).

Waiver Programs

Children or youth currently enrolled in an Individual Developmental Disabilities/Individuals with Intellectual Disabilities (IDD/IID) waiver such as CLASS, DBMD, HCS, or Texas Home Living will be required to enroll in a STAR Kids health plan in their area in order to receive acute care services through their STAR Kids health plan. All LTSS services are provided through their waiver program.

What is EVV?

EVV stands for Electronic Visit Verification. EVV is a computer-based system that verifies the occurrence of authorized personal attendant service visits by electronically documenting the precise time a service delivery visit begins and ends.

Texas requires EVV for certain Medicaid-funded home and community-based services provided through the Health and Human Service Commission (HHSC) and managed care organizations.

EVV is required for all Medicaid personal care services per the 21st Century Cures Act, Section 12006 (Cures Act).

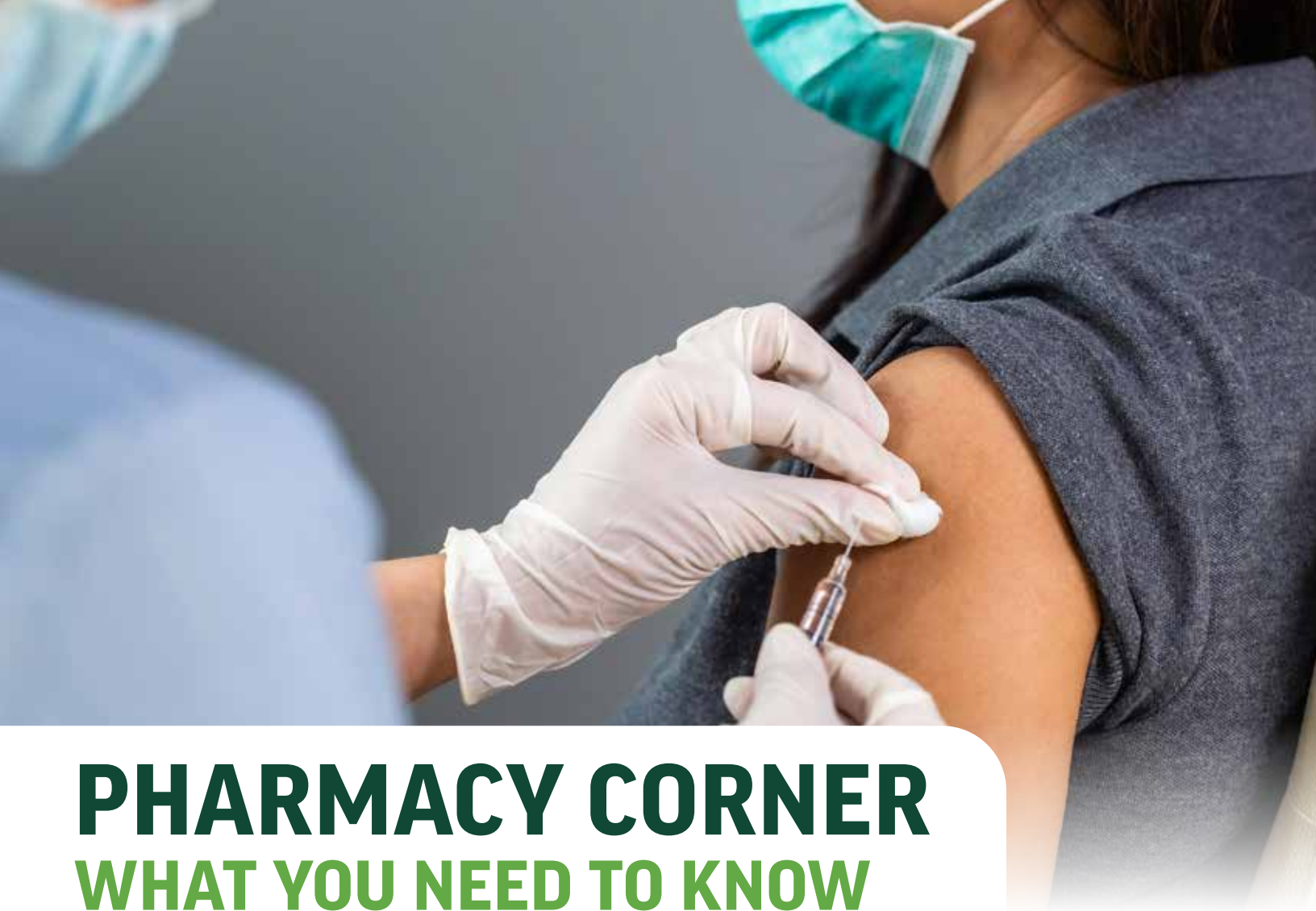
HHSC requires EVV for about 90 percent of personal care services, habilitation, and respite. Review a full list of effected services at HHSC EVV Programs, Services, and Service Delivery Options Required to Use EVV.

What's New?

HHSC is extending the visit maintenance timeframe for all program providers, financial management services agencies, and consumer directed services employers required to use EVV from:

- > 60 days to 180 days for visits with dates of service between January 1, 2021 through March 31, 2021.
- > 60 days to 90 days for visits with dates of service from April 1, 2021 through June 30, 2021.





PHARMACY CORNER

WHAT YOU NEED TO KNOW

In the following article, you will find a compilation of important information about Community First Health Plans' pharmacy benefits and key changes to the 2021 CDC Immunization Schedules.

Pharmacy Benefit Program

Looking for information about our pharmacy benefit program? Community First Health Plans offers Members prescription drug benefits through our partner, Navitus Health Solutions. Find what you're looking for by logging into the Navitus Health Solutions Provider Portal.

1. Visit <https://prescribers.navitus.com/>.
2. Click "Sign In" and enter your NPI number and state.

Once logged in, Providers can access the following information:

- > List of covered drugs, also called a formulary, and other information including drug tiers and quantity limits.

- > Updates to the formulary.
- > Prior authorization forms and clinical criteria used for certain medications.
- > Information on how to request a formulary exception.
- > List of network pharmacies and specialty pharmacies.

Preferred Drug List

The Texas Vendor Drug Program publishes a Preferred Drug List (PDL) every January and July. This list contains preferred covered medications and requirements for using non-preferred medications. For the most up-to-date version of the Medicaid PDL, please visit [Medicaid Pharmacy Prior Authorization and PDL](#). To obtain a paper copy, please contact Member Services at (210) 227-2347.

KEY IMMUNIZATION CHANGES

1. Child and Adolescent Immunization Schedules

- > The **Haemophilus influenzae type b** vaccination note was revised to indicate that for catch-up vaccination, no further doses are recommended if a previous dose was administered at age 15 months or older.
- > The “Birth Dose” section of the **HepB** note contains additional text clarifying the recommendation for infants with birth weight of <2,000 grams who have HBsAg-negative mothers. Administer one dose at chronological age 1 month or hospital discharge (whichever is earlier, and even if weight is still <2,000 grams).
- > The **HPV** note was revised to include recommendations for interrupted schedules. If vaccination schedule is interrupted, the series does not need to be restarted.
- > The “Special Situations” section of the **Influenza** note has been revised for persons who have an egg allergy with symptoms other than hives, and for situations where LAIV4 should not be used.
- > The **MenACWY** note contains information about use of MenQuadfi, and the “Special Situations” section contains information about use of Menveo in infants who received dose one at ages 3 to 6 months.

2. Adult Immunization Schedules

- > The **HPV** note was revised to indicate that HPV vaccination is recommended for all persons through age 26. No additional doses of HPV are recommended after completing a series at the recommended dosing intervals using any HPV vaccine. The “Shared Clinical Decision-Making” section was modified for adults ages 27–45.
- > Under the **Pneumococcal** vaccination “Shared Clinical Decision-Making” section, the following was reordered:
 - PCV13 and PPSV23 should not be administered during the same visit.
 - If both PCV13 and PPSV23 are to be administered, PCV13 should be administered first.
 - PCV13 and PPSV23 should be administered at least one year apart.

- > The **HepB** note was revised under the “Shared Clinical Decision-Making” section to include HepB vaccines in persons with diabetes 60 years or older.
- > The **HepA** note was revised to include dosing for the accelerated Twinrix (HepA-HepB) schedule of three doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months for travel in countries with high or intermediate endemic hepatitis A.
- > The “Special Situations” section of the **Influenza** note has been revised for persons who have an egg allergy with symptoms other than hives, and for situations where LAIV4 should not be used.
- > **Men ACWY and Men B** booster doses have been added to “Booster Dose Recommendations for Groups” listed under the “Special Situations” section and in an outbreak setting.

3. Tetanus Toxoid-containing Vaccine for Wound Management:

- > In children less than age 7 years with a history of three or more doses of tetanus-toxoid-containing vaccine:
 - Administer DTaP if more than five years since last dose of tetanus-toxoid-containing vaccine for all wounds with the exception of clean and minor wounds.
- > In persons age 7 years or older with history of three or more doses of tetanus-toxoid-containing vaccine:
 - Administer Tdap or Td if more than 10 years since last dose of tetanus-toxoid-containing vaccine for clean and minor wounds.
 - For all other wounds, administer Tdap or Td if more than five years since last dose of tetanus-toxoid-containing vaccine.
 - Tdap is preferred for persons age 11 years or older who have not previously received Tdap or whose Tdap history is unknown.
 - If a tetanus-toxoid-containing vaccine is indicated for a pregnant adolescent, use Tdap.

2021 CDC IMMUNIZATION SCHEDULE UPDATES

The updated 2021 CDC immunization schedules have been published and can be accessed at [CDC.gov/Vaccines/Schedules](https://www.cdc.gov/Vaccines/Schedules).



Download the “CDC Vaccine Schedules”
app for health care providers.

WHAT CAN THIS APP DO FOR ME?

- > Provide instant access to all CDC recommended immunization schedules.
- > Provide valuable footnotes to help identify the latest immunization recommendations.

The CDC Vaccine Schedules app is available for download on both iOS and Android devices. For more information, visit [CDC Vaccine Schedules App](https://www.cdc.gov/Vaccines/Schedules).

Community First thanks you for your partnership in protecting our community through vaccination.

IMMUNIZATIONS FOR ADOLESCENTS

Providers should always make immunization recommendations for adolescents by determining needed vaccines based on age; determining appropriate intervals for catch-up, if needed; assessing for medical indications; and reviewing special situations.

HEDIS® Measure Combo 2 (IMA 2)

HEDIS® Measure Combo 2 (IMA 2) assesses adolescents 13 years of age who receive the following vaccinations by their 13th birthday:

- One Meningococcal vaccine (MCV) given on or between 11th and 13th birthdays.
 - Serogroup B (MenB) will not meet compliance.
- One tetanus, diphtheria, and pertussis (Tdap) given on or between 10th and 13th birthdays.
- HPV vaccines given between their 9th and 13th birthday.
 - Two-dose vaccination series with at least 146 days between the doses with different dates of service between 9th and 13th birthdays (male and female), or
 - At least three HPV vaccines with different dates of service between 9th and 13th birthdays (male and female).

Description	CPT
MCV	90734
Tdap	90715
HPV	90649, 90650, 90651

Primary care providers, please note: IMA 2 is a 2021 PCP Incentive Program metric for STAR and CHIP lines of business. Eligible PCPs may earn incentive rewards for improvement in administrative rates (based on appropriate billing/claims) on a quarterly basis.

IMA PROVIDER TIPS

Immunization Records

- Record date(s) and immunization(s) provided at other practices (including out of state) and the health department in the patient's medical record.
- Record all immunizations in [Texas Immunization Registry ImmTrac2](#).
 - Community First receives records from the state as a part of routine HEDIS reporting.
- Be sure to code/bill all immunizations given.
 - Documentation of physician orders, CPT codes, or billing charges is NOT compliant.
- During HEDIS medical record requests, provide all sources of immunizations from medical record: administration/vaccine log, school certificate, and state registry documentation.

Immunization Recommendations

- Use each visit to review vaccine schedule and catch up on missing immunizations.
- Schedule 13-year-old patient well-visits before the patient's 13th birthday.
 - Patient will NOT be compliant for HEDIS if final HPV dose is given after 13th birthday.
- Recommend the HPV vaccine the same way (and on the same day) you recommend other adolescent vaccines.
 - Discuss HPV in terms of cancer prevention and explain that the HPV vaccine is most effective before sexual activity begins.
 - List HPV in between other vaccines being received as a pre-teen bundle. (For example: Tdap, HPV, and then MCV.)
 - Hardwire scheduling of second (or third) HPV appointment and reminders.
 - Administer first HPV vaccine at 9-10 years old instead of later to help increase compliance.

Visit [HPV Educational Materials](#) to access additional resources to help relay to Members the importance of the HPV vaccine.

Source

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>



CARE MANAGEMENT

How Community First Can Help Your Patients

Community First Health Plans cares about the overall health and well-being of our Members. We know that sometimes, health problems can get complicated. Whether a Member is dealing with a chronic condition, a serious illness, or a catastrophic injury, our Care Management Team can help.

Care Manager & Care Management Team

Members who choose to enroll in Community First Care Management are assigned a Care Manager. A Care Manager provides support to the Member by phone. Our Care Management Team is made up of specialists who assist Members with special needs – and their families – plan and implement ways to allow for the greatest degree of health, safety, independence, and quality of life. Each Care Manager works closely with the Member, their family, their primary care provider, and other health care providers to help the Member understand their condition and better take care of themselves. Our Care Management Team also provides the Member with resources that can help them get the best care possible by utilizing the right providers, in the right setting, and in the right time frame.

Care Management Services

Care Management Services may include:

- > Facilitation of conference calls between the Member, the Provider, and the Care Manager, as needed, to clarify treatment plans, medication regimens, or other urgent issues.
- > Medication adherence monitoring.
- > An assessment of the Member's daily living activities and cognitive, behavioral, and social support.
- > An assessment of the Member's risk for falls and access to fall-prevention education.
- > Facilitating connections between Members and their families with professionals who can help them address medical, legal, housing, insurance, and financial issues facing older adults.
- > Assistance for caregivers, including access to support and respite care.
- > Access to transportation arrangements.
- > Assistance for Members to obtain home health and durable medical equipment.
- > Referrals for meal-delivery programs and advance directive preparation services.

Member Qualifications

Our Care Management team can help Members with a wide range of qualifying special needs, including:

- > **High-Risk Pregnancy:** Support and education to help pregnant Members to a full-term delivery while minimizing the risks to mother and baby.
 - Providers can also request to refer pregnant Members for specialized home health services for the management of preterm birth, gestational diabetes, and pregnancy-induced hypertension. Complete the [Option Care Women's Health Referral Form](#) on our website.

- > **Organ Transplant:** Coordination of services between Member and Providers, both before and after an organ transplant.
- > **Emergency Room Intervention:** For Members who visit the emergency room frequently, a review of the reasons for emergency care and options for care in other health care settings, like urgent care or the Member's PCP. Community First also notifies a Member's PCP when the Member is seen in the ER to allow for follow-up.
- > **Serious illness:** Coordination of all care and services between Member and Providers.
- > **Behavioral Health or Substance Use:** Assistance finding a behavioral health provider or substance use services, and coordination of all necessary care and services between Member and Providers.

Care Management Referrals

Community First accepts referrals for Care Management Services directly from Providers.

To make a referral:

1. Complete the [Request for Care Management Services](#) form on our website,
2. Submit the completed form via secure email* to caremanagementhelp@cfhp.com, or
3. Fax the completed form with a cover sheet to 210-358-6388.

Community First Care Management is committed to working with our Members, their family, Providers, and other members of their health care team to improve the Member's overall health and to help the Member obtain the services they need.

If you would like to learn more about Care Management, call Population Health Management at (210) 358-6050 or email caremanagementhelp@cfhp.com.

*Standard email is not secure and may expose information to unauthorized parties.

COVID-19 AND SERVICE COORDINATION

Community First Health Plans is continuing to provide Service Coordination for our STAR Kids Members through the public health emergency. However, because in-person contact is currently restricted, our Service Coordinators have had to shift gears. All Service Coordination activities are currently being conducted via telephonic or telehealth modes of delivery.

We request your assistance in encouraging participation so that our Service Coordinators can continue to perform thorough assessments to identify all current needs, identify gaps in care, and put services in place that our Members need in the midst of the pandemic.

If the Member completes a STAR Kids Screening and Assessment Instrument (SAI), a copy of their SAI and Individualized Service Plan (ISP) can be found on the [Provider Portal](#).

We are also encouraging our Members to schedule their Texas Health Steps and receive all age appropriate vaccines, including the COVID-19 vaccine, if recommended by the Provider and for those who are eligible.

As a reminder, Community First is no longer extending prior authorizations for services ending after December 31, 2020. All requests for services must now be submitted for individual consideration.



WHAT'S NEW

Behavioral Health Care Coordination Toolkit

Community First Health Plans is dedicated to providing easy access to beneficial tools that will assist our Providers in facilitating high quality care for Members.

In February 2021, Community First created a Behavioral Health Care Coordination Toolkit which provides both primary care and behavioral health providers valuable resources that can be utilized as a guide to provide Member-centric quality care.

Resources available in this toolkit include:

1. Guidelines for Behavioral Health Medical Record Documentation
2. Behavioral Health Medical Record Review Scorecard Template
3. Tip Sheet for Coordination of Care between Medical and Behavioral Health Providers
4. Matrix of Community First Clinical Practice Guidelines for Behavioral Health

The Behavioral Health Care Coordination Toolkit can be found on our website under [Provider Resources: Behavioral Health](#).

We look forward to continuing our collaboration with our behavioral health providers and invite you to review and use the resources available in this toolkit.

Building trust in the COVID-19 VACCINE

Health care professionals are patients' and parents' most-trusted source of information on vaccines, including the COVID-19 vaccine. **Your answers to their questions matter and your recommendation to get the vaccine is important.** Here are a few CDC-recommended conversation tips when discussing the COVID-19 vaccine:

1. Listen, do not assume, and seek to understand the patient's point of view.
2. Ask open-ended questions and for permission to share more information about the vaccine.
3. Respond to concerns with empathy and acknowledge uncertainty about what we don't yet know about the vaccine.
4. Give your strong recommendation to get the vaccine and tailor your recommendation to include reasons why the vaccine might be particularly important for that specific patient.

USE THESE WORDS/PHRASES MORE

Getting the vaccine will help keep you and your loved ones safe.

These are the benefits of getting the vaccine.


I understand your concerns/skepticism about the vaccine.

USE THESE WORDS/PHRASES LESS

Getting the vaccine is the right thing to do.

These are the consequences of not getting the vaccine.

You've been misled/you're confused about the vaccine.



When talking about the COVID-19 vaccine, the words you choose matter.

ADDITIONAL TALKING POINTS

- "Nearly all doctors who have been offered the vaccine have taken it."
- "Millions of people have been vaccinated safely."
- "Tens of thousands of people participated in the trials for the three vaccines. After being fully vaccinated, no trial participants were hospitalized or died from COVID-19."
- "Severe side effects are rare and treatable. Minor side effects usually go away within a few days."
- "While the vaccines were developed quickly, they weren't created from scratch. Researchers have been studying and working with mRNA vaccines (Pfizer and Moderna) for decades, and scientists began creating viral vectors (Johnson & Johnson) in the 1970s."

After you've talked, tell your patient that you are open to continuing the conversation about the vaccine and encourage them to take at least one step. This may include the patient scheduling a vaccination appointment or reviewing information you provide about the safety and importance of the vaccine.

Community First Providers can visit CommunityFirstHealthPlans.com/COVID-Provider-Resources for downloadable Provider resources, including information about the COVID-19 vaccine designed for Members.



Non – Discrimination Notice

Community First Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation. Community First Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Community First Health Plans:

- 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 the Community First Health Plans director of Compliance at (210) 510-2482.

If you believe that Community First Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with:

Community First Health Plans
Pamela Mata, Compliance Manager
12238 Silicon Dr., Suite 100,
San Antonio, Texas 78249
Phone: (210) 510-2484
TTY: 1-800-390-1175
Fax : (210) 358-6014
Email: pmata@cfhp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pamela Mata, Compliance Manager, 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)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-434-2347 (TTY: 1-800-390-1175).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-434-2347 (TTY: 1-800-390-1175).

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 1-800-434-2347 (TTY: 1-800-434-2347)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-434-2347 (TTY: 1-800-390-1175) 번으로 전화해 주십시오.

ل ص ت ا ر ب م ق 1-800-434-2347 م ق ر
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ر ب 1-800-434-2347 (TTY: 1-800-390-1175).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-434-2347 (TTY: 1-800-390-1175).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-434-2347 (ATS : 1-800-390-1175).

ध्यान द: यदि आप हदी बोलते ह
तो आपके लिए मुफ्त म भाषा
सहायता सेवाएं उपलब्ध ह।
1-800-434-2347 (TTY: 1-800-390-1175)
पर काल कर।

وگتفگ ی سراف ن ابز م ب رگا : هجوت
تروص ب ی ن ابز ت ا ل ی مس ت ، د ی ن ک ی م
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1-800-434-2347 (TTY: 1-800-390-1175)
ا ب . د ش ا ب ی م م ه ا ر ف

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-434-2347 (TTY: 1-800-390-1175).

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-434-2347 (телетайп: 1-800-390-1175).

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。1-800-434-2347 (TTY: 1-800-390-1175)まで、お電話にてご連絡ください。

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