

# Coastal Health & Wellness



## Patient Guide

CHW website: [www.coastalhw.org](http://www.coastalhw.org)

Mailing address: P.O. Box 939, La Marque, Texas 77568

**Contact Center: 409-938-2234**

# WELCOME TO

## Coastal Health & Wellness

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# Welcome to Coastal Health & Wellness

Thank you for choosing us to be your primary healthcare provider. We are excited to offer you high-quality, coordinated, primary and preventative medical, dental, and behavioral health services. At Coastal Health & Wellness (CHW), you will be at the center of our team approach, and we will encourage and support you to play an active role in your own health care.

**Our Mission:** To provide access to high-quality primary health care to all that we serve.

**Our Values:** I CARE

- **Integrity** - We are honest, trustworthy and transparent in all we do.
- **Customer Service** - We are committed to providing exceptional customer service.
- **Accountability** - We hold ourselves to high standards and take responsibility for our actions.
- **Respect** - We uphold a standard of conduct that recognizes and values the contributions of all.
- **Equality** - We equally value and serve all members of the community.

**Our Goal** is to guide you through the patient experience before your visit, during your visit and after your visit so that you feel well-connected to your provider and care team.

**Our Commitment** is to provide you and your family with **high quality care** which includes treatment of acute illnesses, chronic health conditions and personalized preventative care. We focus on “best practice” medicine which means our care is based on the best available clinical evidence, research, care concepts, and techniques for optimal care.

**Your Care Team**

Your care team will listen to you and by getting to know you, your team can help you understand your healthcare needs and provide you with information and assistance to manage your own health.

## WE FOLLOW THE PATIENT-CENTERED MEDICAL HOME MODEL

We are striving to be a Patient Centered Medical Home (PCMH), which is an innovative program designed to improve the primary care of our patients. We are focused on organizing care around your needs, working in teams, and coordinating and tracking your care over time. Our goal is to be easily accessible and responsive to your healthcare needs. **You are at the center of our team approach.**

## The Joint Commission’s Gold Seal of Approval™.

We pride ourselves on quality services, so we want you to know our state-of-the art clinics are recognized by and have earned **Accreditation by the Joint Commission**. This Accreditation is considered the gold standard in healthcare and is the best measure and validation of processes for health care organizations striving for excellence.



# Our Services

Coastal Health & Wellness provides a full range of comprehensive health care services that include:

- **Adult Primary Care** – Diagnosing and treating acute conditions and chronic diseases; wellness exams, screening tests for diabetes and pre-diabetes, high blood pressure, high cholesterol and cancer; promoting healthy lifestyles with education and special programs; and providing immunizations.
- **Pediatric Services** – Primary care from birth through age 21; Well Child visits, acute care, chronic care management; and immunizations.
- **Women’s Health Services** – Well Woman exams; breast and cervical cancer screenings; screening for sexually transmitting infections; contraception, pregnancy tests, family planning, and low-risk prenatal care.
- **Behavioral Health Services** – Licensed counselors provide confidential one-on-one therapy sessions for mild to moderate mental health conditions including depression and anxiety, grief counseling and behavioral management plans to improve health.
- **Substance Use Disorder – Mental Health (SUD-MH) Program** - Care to those who struggle with opioid addiction, alcohol and other substance use disorders.
- **Dental Services** – Preventative services for children and adults such as dental exams, X-rays, dental cleanings, oral hygiene instructions and dental sealants; dental fillings; dental extractions; special contracted services for dental crowns, root canals, and dentures.
- **Support Services** – Laboratory, X-ray, case management, and referrals for specialty care.

# Your Care Team

Whatever your need, preventative and wellness care, acute care or chronic care, YOU have a dedicated care team where quality, comprehensive care is provided.

The Coastal Health & Wellness “Care Teams” have several members, each with a different function. The teams are identified by colors (Blue Team, Green Team, and Red Team). You will belong to one of these three care teams.

## Your Care Team:

- Consists of healthcare professionals (physicians, physician assistants, nurse practitioners, registered nurses, certified medical assistants and licensed behavior health counselors)
- Focuses on helping you improve and maintain your health and prevent illness.
- Meets regularly to oversee and plan your treatment and check on your progress.
- Works together to provide healthcare based on a trusted partnership with YOU.

Additional CHW staff that play an important role in your access to comprehensive care include dental providers, dental assistants, dental hygienists, unit receptionists, and staff from check-out, Patient Services, Case Management, Referrals, the Galveston County Indigent Health Care Program (CIHCP), Electronic Records and Billing.

# How to Communicate with Us

**(1) The Patient Portal** is the **MOST EFFECTIVE WAY** to communicate with your Care Team and gain convenient access to your medical information. Using the portal, you can:

- Complete the Clinic Registration process
- Send a message to your medical provider, nurse, or the billing department.
- Request and view appointments.
- Request medication refills.
- Access your lab and X-ray results.
- View a summary of your health record.
- Look up information about health topics.
- Review your billing statement and send secure payments online.

## **Patient Portal enrollment is fast and easy.**

When you provide your email address, you will automatically receive an email from CHW to create an account with the Patient Portal. Just click on **SIGN UP!**

**NEW PATIENTS:** Call Patient Services at 409-978-4045 and provide your name, date of birth, and e-mail address. Then, you will receive the email to create an account with the Patient Portal.

For technical support, click on **Help with Portal** on the patient portal website or email us at [coastalportal@gchd.org](mailto:coastalportal@gchd.org).

**(2) Call our CHW main number for assistance:**

**Contact Center 409-938-2234**

## **After Hours / Emergencies**

For any EMERGENCY, day or night, call 911 or have someone take you to the nearest emergency room.

For URGENT medical concerns that occur after business hours, call 409-938-2234 and the answering service will contact the on-call provider regarding your issue.

# Becoming Our Patient

## **To become a Coastal Health & Wellness patient,**

- 1) Call Patient Services at 409-978-4045 for questions about the registration process.
- 2) Complete the [Coastal Health & Wellness Registration form](#) (annually) or when there is a change in your insurance status, financial status or household size.
- 3) Provide proof of photo identification (State ID, Drivers' License, Passport, Foreign Consular, etc.).
- 4) Provide proof of your current mailing address (Current Driver's License, Utility Bill, Lease, etc.).
- 5) Provide your current health insurance identification card.
- 6) If you DO NOT have health insurance coverage OR your plan is LIMITED, you may request to be financially screened for our [Sliding Fee Discount Program](#). Eligibility is determined by your family size and proof of gross household income (before taxes and deductions).

Please review the [Requirements for the Discounted Services Program](#) that lists all the acceptable forms of documentation for proof of your identity, income and address.

- 7) If you DO NOT have health insurance coverage AND you DO NOT wish to provide your household income, you can WAIVE the financial screening process. You would pay for services at the Governing Board approved rates and pay the REQUIRED deposit before each provider visit.

# Sliding Fee Discount Program

If you are **uninsured or under-insured**, Coastal Health & Wellness offers **reduced clinic fees** adjusted according to the Sliding Fee Discount Program. For each provider visit, depending on your discount, a **nominal fee or deposit will be requested** at the time of service; and any remaining charges, based on your discounted rate, will be billed to you.

## Cost of Clinic Services:

The sliding fee discount is determined based on your household income level and the number of members in your household. Using this information, our staff will compute your discount percentage based on the Federal Poverty guidelines. In addition, you will be informed of the nominal fee or deposit amount which will be requested at each provider visit.

If your discount is _____%,	You will pay _____% of all charges
0%	100%
20%	80%
40%	60%
60%	40%
80%	20%
100%	Nominal fee Only

## How does the Sliding Fee Discount Program work?

**Cost of Services:** If you qualify for a 60% discount, you will be responsible for paying 40% of the charges, AND at each provider visit, a \$30.00 deposit will be requested.

Example:

If the total charges for medical, dental, counseling and lab services are \$100.00, our clinic will apply the 60% discount (\$60.00).

\$100 charges - \$60 discount = \$40.00 charges

### **You will be responsible for \$40.00**

The \$30.00 deposit collected at the time of service will be applied, and you will receive a bill for the additional \$10.00 owed.

NOTE: No deposit for Lab only or Nurse only visits. These services are billed to you.

## Medication Discounts

Under the federal **340B Drug Discount Program**, drug manufacturers are required to provide outpatient drugs to eligible health care organizations at significantly reduced prices. As a benefit to you, Coastal Health & Wellness has contracted with selected Walgreens Pharmacies to offer you certain medications under this program.

**Prescription Assistance Program (PAP)** enables patients without medical insurance or who have exhausted all other insurance resources to apply for low-cost prescription drugs.

## Clinic Fees

The itemized **Medical and Dental Fee Schedule** for services performed is available on our website: <https://www.gchd.org/clinical-services/coastal-health-wellness-governing-board/approved-policies>.

**PAYMENT OPTIONS** - CHW accepts CASH, CHECKS, CREDIT CARDS (Visa, MasterCard, & Discover) and MONEY ORDERS. For your convenience, you can make your payment online using the Patient Portal.

Coastal Health & Wellness collects insurance co-pays, nominal fees, deposits, and payments on outstanding balances at the time of service. Payments can also be made online by logging on to the Patient Portal or by contacting the Business Office at 409-938-2248, Monday through Friday between 8:00 am and 5:00 pm. Payments can be made at both clinic locations during hours of operation.

Please review on our website the [Coastal Health & Wellness Financial Guide](#) for more information.

## Billing and Collections

If you have any questions regarding your billing statement, please call 1-888-354-4767 Extension 1.

### Budget Payment Plan

If you have an outstanding balance, **please call 409-938-2248**. We will assist you in creating a budget plan. In addition, you can walk into either clinic location during hours of operation to discuss the option of a payment plan.

### For Patients with Insurance:

- It is your responsibility to understand the terms of your insurance coverage. Please call the phone number on the back of your health insurance identification card if you have questions about your insurance coverage.
- If you have a **high deductible amount** that has not been met, CHW will collect \$50.00 at the time of service until your deductible amount is paid in full.
- If you qualify for the Sliding Fee Discount Program, your patient responsibility portion may be adjusted.

### Primary Care Provider (PCP)

If your insurance plan requires a primary care provider (PCP), you must choose Coastal Health & Wellness or a CHW provider as your PCP from the plan's list of in-network PCPs. If you do not, your plan will assign you one. CHW can only provide you with care if we are your PCP.

We will submit claims to your insurance company for you. However, insurance copays and deductibles are due at the time of check-in for provider visits.

## Your Rights and Responsibilities

As a Coastal Health & Wellness patient, **YOU HAVE THE RIGHT:**

- **TO BE HEARD IF PROBLEMS, COMPLAINTS OR CONCERNS ARISE.**

- **TO BE TREATED WITH RESPECT AND DIGNITY** regardless of race, religion, sex, national origin, physical or mental handicap or disability, age, or other grounds as applicable under federal, state and local laws or regulations.
- **TO RECEIVE CARE IN AN ENVIRONMENT COMMITTED TO PATIENT SAFETY.**
- **TO RECEIVE A COPY OF THE PATIENT PRIVACY NOTICE** describing our privacy practices and the ways that we use, disclose and safeguard your patient information. The Patient Privacy Notice details the various rights granted to you under the Health Insurance Portability and Accountability Act (HIPAA).
- **TO EXPECT THAT ALL COMMUNICATIONS AND RECORDS** pertaining to your health will be treated as confidential and safe guarded.
- **TO DECIDE WHAT MAY BE DONE TO YOUR BODY DURING THE COURSE OF TREATMENT.** Your provider will discuss with you the nature of your condition, the proposed treatment and any alternate procedures that are available. Your provider will provide you with information about the risks associated with certain medical or dental procedures. This information will be in terms you can understand so you can make an informed decision about the kind of treatment you want to receive.
- **TO HAVE AN ADVANCED DIRECTIVE** which are legal documents that ensure your health care wishes are respected. Please discuss this with your provider.
- **TO REFUSE TREATMENT** to the extent permitted by law, after being informed of the risks and potential consequences of refusing such recommended care. You are responsible for the outcome of refusing treatment.
- **TO HAVE INTERVIEWS, EXAMINATIONS AND TREATMENT CONDUCTED IN PRIVATE.**
- **TO HAVE HEALTH CARE TREATMENT THAT IS REASONABLE FOR YOUR CONDITION AND WITHIN OUR CAPABILITY;** however, CHW is not an emergency care facility. You have a right to be transferred or referred to another facility for services that we cannot provide. Please note, we DO NOT PAY for any services you receive from another healthcare provider.
- **TO HAVE AN APPROPRIATE ASSESSMENT AND MANAGEMENT OF PAIN** within the available clinic resources.
- **TO REQUEST AND BE PROVIDED WITH LAUGUAGE ASSISTANCE** if you are not fluent in English or if you are hearing impaired. To help you actively participate in your care, this service will be provided at no cost.
- **TO REQUEST AND RECEIVE AN EXPLANATION OF YOUR CLINIC BILL.** You must pay or arrange to pay all agreed fees; if you cannot pay right away, please contact our billing office at 409-938-2248 so that we can continue to provide care to you as we work out a budget payment plan.
- **TO ACCESS YOUR HEALTH RECORDS.** Both state and federal law gives you the right to access your medical record and billing information. These laws also allow disclosure of your information to legally authorized representatives.



## As Coastal Health & Wellness patient, YOU HAVE A RESPONSIBILITY:

- **TO PROVIDE ACCURATE INFORMATION** including:
  - **CONTACT INFORMATION.** Being able to communicate effectively with you is essential. You must provide current information regarding your phone/cell number, mailing address, email address, and your emergency contact.
  - **HEALTH INSURANCE COVERAGE.** You must provide your current health insurance information and insurance identification card at registration. It is important that CHW be able to verify the details of your health plan for billing purposes.
  - **SLIDING FEE DISCOUNT PROGRAM.** If you are applying for our discount services program, you must be truthful and accurate about your household income and family size. You must report any changes to your financial status within 14-business days.
- **TO REGISTER BEFORE YOUR CLINIC VISIT.** Registration must be completed annually. It is your responsibility to know the date your clinic registration expires. All clinic registrations are completed over the phone, electronically through our Patient Portal or by submitting your registration forms and supporting documents in our secured drop boxes located at each clinic.
- **TO CONFIRM YOUR APPOINTMENT.** Our Clinic will send an appointment reminder, to you via text message, phone call, or email, 48-business hours prior to your scheduled appointment. You **MUST RESPOND** according to the instruction to confirm or cancel.
- **TO KEEP YOUR APPOINTMENT** to improve your health.
- **TO CANCEL YOUR APPOINTMENT.** Give at least a 24-hour notice, if you need to cancel your appointment. Failure to cancel your appointment will have consequences according to our No Show Policy.
- **TO GIVE PRIOR NOTICE TO SCHEDULERS WHEN INTERPRETOR SERVICES ARE NEEDED.**
- **TO ARRIVE 20 MINUTES PRIOR TO YOUR APPOINTMENT.**
- **TO USE THE EXPRESS CHECK IN PROCESS IF YOU ARRIVE IN A VEHICLE.** Park in the Reserved Parking area located directly in front of the clinic entrance. Call the phone number on the sign. While you are in your vehicle, Patient Services will complete the check-in process. You will be instructed to enter the clinic close to your appointment time.
- **TO PROVIDE YOUR PAST HEALTH HISTORY, MEDICATIONS, AND ALLERGIES.**
- **TO ASK QUESTIONS** regarding your diagnosis or treatment for a clear understanding.
- **TO FOLLOW THE TREATMENT PLAN OR THE PROVIDER'S ADVICE.**
- **TO CALL YOUR PROVIDER** if your symptoms are not improving or if your symptoms worsen.
- **TO NOT BRING CHILDREN TO YOUR CLINIC VISIT.** Children are not allowed in the exam room during your clinic visit or during lab services.

## **As Coastal Health & Wellness patient, YOU HAVE A RESPONSIBILITY:**

- **TO PAY FOR THE SERVICES RENDERED**, including any charges not covered by your insurance.
- **TO UNDERSTAND YOUR HEALTH INSURANCE BENEFITS, COPAYS AND DEDUCTIBLES.**
- **TO RECOGNIZE THE IMPACT OF YOUR LIFESTYLE CHOICES ON YOUR PERSONAL HEALTH.**
- **TO BE COURTEOUS AND RESPECTFUL TO CLINIC STAFF AND OTHER PATIENTS.**
- **TO REFRAIN FROM USING YOUR CELL PHONE DURING YOUR VISIT.**
- **TO REFRAIN FROM EATING AND DRINKING IN THE CLINICAL AND LAB AREAS.** The only exception allowed is bottled or covered water.

## **Warnings, Suspensions and Terminations**

### **WARNING LETTER**

If you are reported to show inappropriate behavior, you will receive a letter warning you that such behavior will not be tolerated, and you are at risk of being terminated as a Coastal Health & Wellness patient. Examples of inappropriate behavior that are unacceptable in our clinic would be the use of abusive or offensive language (including raising your voice, swearing, cursing, shouting).

### **SUSPENSION LETTER**

If you have an outstanding balance on your account, you will receive a statement. If you are unable to pay your balance in full, you may establish a budget payment plan as outlined above on page 5. If there is no response after 30 days, a first Debt Warning Notice will be issued. After 60 days from the second Debt Warning Notice, if there is no response or if you have failed to initiate or comply with a payment plan, you will be sent a Notice to Suspend Access for services to Coastal Health & Wellness based on non-payment.

### **TERMINATION LETTER**

If you commit a major behavioral infraction, you will receive a letter terminating you as a CHW patient.

### **RIGHT TO APPEAL**

If you are issued a termination letter, you will have a right to appeal the decision to the Coastal Health & Wellness Governing Board by writing the CHW Executive Director at P.O. Box 939, La Marque, TX 77568. You will also be informed whether your termination is for one year (non-criminal infractions) or permanent (criminal infractions). All criminal infractions will be reported to the police.

### **Potentially Terminable Offenses:**

- Failure to follow Coastal Health & Wellness rules and requirements.
- Threatening the safety or well-being of any staff member, patient or visitor.
- Intentional failure to accurately report your financial status or income.
- Intentional failure to report accurate information concerning your health.
- Intentional failure to follow the health care program such as instruction about taking medications, personal health practices, or follow-up appointments, as recommended by your provider.
- Forging or altering a prescription and/or other criminal acts.

# Before Your Visit

This information is to help you prepare for your upcoming appointment with Coastal Health & Wellness.

## Scheduling Appointments

You can schedule an appointment: (1) Online through the **Patient Portal**, (2) Calling the **Contact Center**. Our Contact Center is available Monday through Friday 7:30am to 5pm, and Saturday 8am to 12-noon.

## Language Assistance Services

To ensure effective communication during your visit, we provide qualified interpreters for all languages and for Sign Language (ASL) at no cost to you. If you need spoken language interpretation or American Sign Language services, please inform our staff during registration and when scheduling your clinic visit.

## Canceling Your Appointment/No Show Policy

**You must call within 24 hours in advance to cancel your appointment.**

When you do not show up for your scheduled appointment, it creates an unused appointment slot that could have been used for another patient in need of healthcare.

For your convenience, you may cancel/reschedule an appointment online by visiting our [Patient Portal](#).

## Confirming Appointments

Our clinic will send an **Appointment Reminder**, (via text message, phone call, or email), 48 business hours prior to your scheduled appointment.

**You must confirm your appointment** using the automated system protocol or it may be cancelled.

- Via-Text – you can confirm by texting “Yes”
- Via-Voice – you must press “1”
- Via -Email – you can select “confirm”
- Opt-out (you must call and confirm or cancel your appointment)

## Please bring the following with you to your clinic visit.

- ✓ Photo identification card
- ✓ All medication bottles (prescriptions and over-the-counter bottles, inhalers, ointments, etc.)
- ✓ Health history (current conditions and past surgeries or illnesses).
- ✓ Immunization records.
- ✓ Hospital discharge paperwork, if applicable.
- ✓ A responsible adult to watch your children under 12 years of age.
- ✓ Durable Power of Attorney for Healthcare or Letters of Guardianship.
- ✓ **BRING YOUR INSURANCE CARD**, if you have insurance coverage.

If you are on the Sliding Fee Discount Program:

- ✓ Bring your nominal fee or deposit depending on the financial responsibility percentage.  
THE DEPOSIT PAID AT THE TIME OF SERVICE will be applied to the final charges billed to you.

## During Your Visit

**Arrival time is IMPORTANT:** You must arrive 20 minutes prior to your scheduled appointment.

### Express Check-in:

For your convenience and safety, we ask that you use the Express Check-in process. Please park in the Reserved Parking area directly in front of the clinic entrance. Our Patient Services staff will complete the check-in process while you are sitting in your vehicle. Patient Services must have enough time prior to your scheduled visit to verify your billing information, your contact information, obtain required signatures, collect your co-pay, nominal fee or deposit.

### Self-Management

**Being an active member in your care team** ensures you receive the highest quality of care. Being actively involved in your health means being prepared, asking questions, making informed decisions about your care, following the recommended treatment plan, making well exam visits and engaging in healthy behaviors. Your care team will provide support so you will have the skills and confidence to take charge of your health.

### Helpful Tips:

- Be open and honest with your provider and the care team.
- Listen and take notes
- Bring someone to help you take notes
- If you don't understand or you are confused about instructions, ask your provider to explain again.
- Keep your scheduled appointments to ensure good health care.

**YOU ARE NOT ALLOWED TO BRING FOOD OR USE A CELL PHONE  
ONCE YOU ARE INSIDE THE CLINIC AREA.**

## After Your Visit

### Scheduling Follow-up Appointments

Schedule your next appointment with one of our checkout staff before you leave the clinic. Our goal is to provide you with timely access to appointments when you need them.

### Check-out Services

At check-out, you will receive an ***After-Visit Summary*** of the services you just received. In addition, Check-out staff will schedule any required ***follow-up appointments*** and give you an ***Appointment Reminder*** which will identify all your future (medical, dental, counseling) appointments. You can obtain a ***Patient Satisfaction Survey***, enroll in the ***Patient Portal***, and make ***Health Records Requests***.

## Patient Satisfaction Survey

### Your Feedback Is Important to Us

Our goal is to deliver an exceptional patient experience before, during and after your scheduled appointment. We aim to be your medical home of choice that you recommend to your family and friends.

Your feedback is an essential component of successfully achieving this goal. We depend on you to keep us informed on what we are doing well and where we can improve. By sharing your candid thoughts and comments, we are able to either recognize members of our care team for their successes or implement changes in areas where we can improve.

You will have the option to fill out the survey at the conclusion of your appointment at Check Out or a link will be sent to your email on file to fill out at your convenience. Your feedback will help us continuously improve the quality of our services.

## Connecting you to Support Services

Our case management staff will give you guidance on various social service programs and local resources. Many support services including nutrition education, behavioral health counseling, case management, care coordination, and free enrollment assistance to help you with Medicaid and Marketplace insurance coverage.

## Specialty Care Referrals

Your CHW Provider may decide that your health condition requires additional care from a specialist. Examples of specialty care are General Surgery, Gastroenterology, Oncology (cancer), Ear, Nose, and Throat (ENT), Cardiology, Orthopedic Surgery, etc.

- Insured patients: Once your provider places the order for a specialist, our referral staff will coordinate with your insurance company to ensure compliance with referral authorization requirements and to locate specialists that are in network with your insurance plan.
- Self-pay patients: If you do not have health insurance, the referral staff will contact the staff of external specialists in our area to get pricing for the initial specialist appointment. The referral staff will contact you with the referral details and the initial out of pocket cost to you.

When you need the attention of a specialist, we will help with referrals to qualified local and regional medical and allied health professionals. To discuss the need for a referral, speak with your provider (physician, nurse practitioner or physician assistant).

## Galveston County Indigent Health Care Program (CIHCP)

This program provides **medically necessary specialty care and hospitalization** to Galveston County residents who meet the income, resource, residency, and household criteria; and who are ineligible for the Texas Medicaid Program or any other state or federal health care assistance program.

The CIHCP Eligibility Specialists will explain the eligibility requirements and assist you with the program's application. The Eligibility Specialists will inform you of the next steps after receiving notification of program approval or denial. If approved, the Referral Coordinator will contact the specialist's office that is in network with the health plan administered by Boon-Chapman in order to coordinate your specialty care through the CIHCP. If you receive a denial, (for example, due to income or resources), staff will help you understand the steps you need to take to obtain specialty care. If you have questions, call 409-949-3439.

## Lab or X-ray Results

### When can you expect your lab and X-ray results?

- Please allow your provider one week to review your results.
- Once the results have been reviewed by your provider, the results will be available for you to view on your Patient Portal.
- When medically necessary or if any follow-up is needed (abnormal/out of range results), you will receive a phone call from a clinical care team member in order to discuss your test results.

**Patient Portal:** Please allow at least one week to be able to request your lab results. Your provider must review and sign off on your labs results for your results to become available. Once you review your results, you are welcome to send your provider any questions you have using the Patient portal. If you have questions you do not want to discuss using the portal, you can make an appointment with your provider to discuss your questions face to face.

## Prescription Refills

To request a prescription refill, please contact your pharmacy directly. If you have no refills remaining, the pharmacy will send a request for a new prescription to your care team. If approved by your provider, a refill will be submitted to your local pharmacy. Your local pharmacy will contact you when your prescription is ready for pick up.

Prescription refill requests typically take three business days to fill. If you have requested a refill and it has been more than three business days, please call (409) 938-2234 to learn the status of your prescription refill.

- If your prescription refill is not approved, please contact our clinic 409-938-2234 to schedule an appointment.
- Schedule your next appointment in advance with adequate time to receive a prescription refill.
- Confirm with your care team that your correct local or mail order pharmacy information is on file.

If you are seen at an **acute visit** your routine prescriptions will NOT be filled during this appointment. Schedule a routine visit with your provider to discuss prescription refills.

**The Patient Portal is the best way to request your prescription refills.** Calling the Contact Center at 409-938-2234 to message your care team is another option.

## Marketplace Insurance & Medicaid Enrollment

Galveston County residents with questions about the Federal Health Insurance Marketplace are encouraged to call Coastal Health & Wellness' certified application counselors at 409-978-4225.

You may qualify for a special enrollment period if you experience certain "qualifying life events" like marriage, relocation, income change, or birth, for example, at any time during the year. There is no open enrollment for individuals to apply for Medicaid, Children's Health Insurance Program, or the Healthy Texas Women's Program. Open enrollment period is Nov. 1 through Dec. 15. Depending on your income, you may qualify for assistance with paying the monthly health care premiums.

## Electronic Health Records

### **You are Assured Privacy**

Your privacy and the privacy of your health information are very important to us. We will not disclose your medical record information unless you direct us to do so, or unless the law authorizes or compels us to do so. Our staff and providers only access patient information as it is necessary to do their jobs and they are annually trained on the [Health Insurance Portability and Accountability Act \(HIPAA\)](#) to maintain the highest standards of patient privacy. If you ever feel like your privacy has been violated, please contact Compliance at 409-938-2492.

### **Your Health Information**

Having this electronic health record helps both you and your provider keep track of any medical conditions, concerns, medications, etc., which all help you to become partners in improving your overall health.

- YOU HAVE THE RIGHT to access your health information, request for amendments to be made to it, and to indicate if anyone else may access it. CHW is required by law to maintain the privacy of your health information, provide you with a notice of our legal duties and privacy practices, and follow the information practices described in the [Notice of Privacy Practices](#).
- YOU HAVE THE RIGHT to receive a copy of your health information that we maintain, with some limited exceptions. Our staff can help you obtain a copy of your medical record. You may request access to your information in writing or in an electronic format. You also have the right to request that your health information be sent to a specific person or entity.

### **How to Request Access to Your Health Information**

To start the process, please review on our website the Authorization for Disclosure forms.

[Authorization for Disclosure Form \(English\)](#)

[Authorization for Disclosure Form \(Spanish\)](#)

### **Where to Send Your Completed Form**

Mail or fax your completed Authorization for Disclosure Form to:

P.O. Box 939, La Marque, Texas 77568

Fax: 409-949-3465

**Cost:** Copies for patients or their representatives may have a reasonable, cost-based fee.

**Processing Time:** Please allow up to 10 business days for processing.

# Clinic Locations and Hours of Operation

## Texas City Clinic

Mid-County Annex  
9850-C Emmett F. Lowry Expressway  
Texas City, TX 77591



### Hours of Operations:

Monday – 8:00 a.m. – 8:00 p.m. (Late Clinic)

Tuesday – Friday: 8:00 a.m. – 5:00 p.m.

Saturday 8:00 a.m. – 12:00 p.m.

2<sup>nd</sup> Wednesday of each month Clinic doors open at 12:30 p.m.

Saturday Clinic may be closed during holiday weekends with prior notice provided to the public.

## Galveston Clinic

Island Community Center  
4700 Broadway F100  
Galveston, TX 77551



### Hours of Operations:

Monday - Friday: 8:00 a.m. – 5:00 p.m.

2<sup>nd</sup> Wednesday of each month Clinic doors open at 12:30 p.m.



