

STAR Kids Personal Worksheet



Use this worksheet to help you organize the information you need to pick the STAR Kids health plan that's best for you.

1. Write down all your doctors and other providers on the chart on the back of this page. Note: If you're in one of the following waiver programs, you will continue getting your waiver services as you do now, so you don't need to list those waiver providers:
 - Community Living Assistance and Supports Services (CLASS)
 - Deaf Blind with Multiple Disabilities (DBMD)
 - Home and Community-based Services (HCS)
 - Texas Home Living (TxHmL)
 - Youth Empowerment Services (YES) program.
2. Write the name of each health plan in the boxes provided. Health plans for your area are listed on the blue chart included in this packet.
3. Find out if your doctors and other providers will participate in each health plan by:
 - Asking your doctors and other providers,
 - Calling each health plan and asking if your doctors or other providers are in their network,
 - Looking online at each health plan's provider directory.
 - You can find phone numbers and web addresses for health plans on the blue chart included in this packet.
4. Mark the box on the worksheet for each health plan your providers have joined.
5. If your providers are not listed in each health plan in your area, call the health plan to see if they are planning to contact your provider and attempt to include them in their network.
6. Look at the "value-added services", or extra services, for each health plan that are listed on the blue chart that came with this letter. Does one health plan offer services you usually use or want to be able to use? Write those services on the worksheet.
7. Look over the worksheet. When you're done, decide which health plan is best for you.
8. If you get Supplemental Security Income (SSI), make sure your address is correct with the Social Security Administration by calling 1-800-772-1213. If you don't get SSI, make sure your address is correct with Texas Medicaid by calling 2-1-1.
9. About a month after getting this letter, you will get information in the mail that will tell you how to sign-up for the plan you choose.

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Check the boxes for the health care services you currently use.	Write the name of your current provider.	Name of Health Plan #1:	Name of Health Plan #2:	Name of Health Plan #3*:	Notes or Comments
		Has your provider joined?	Has your provider joined?	Has your provider joined?	
<input type="checkbox"/> Primary care provider or Clinic					
<input type="checkbox"/> Hospital					
<input type="checkbox"/> Orthopedist (Bone and joint doctor)					
<input type="checkbox"/> Cardiologist (Heart doctor)					
<input type="checkbox"/> Pulmonologist (Lung doctor)					
<input type="checkbox"/> Neurologist (Brain/nerve doctor)					
<input type="checkbox"/> Gastroenterologist (Stomach doctor)					
<input type="checkbox"/> Nutritionist or dietician					
<input type="checkbox"/> Mental health provider (Psychiatrist)					
<input type="checkbox"/> Mental health provider (Psychologist)					
<input type="checkbox"/> Physical therapist					
<input type="checkbox"/> Speech therapist					
<input type="checkbox"/> Occupational therapist					
<input type="checkbox"/> Eye doctor or eye glasses					
<input type="checkbox"/> Home health services					
<input type="checkbox"/> Attendant services (PCS or CFC)					
<input type="checkbox"/> Nursing services (PDN)					
<input type="checkbox"/> Pharmacy					
<input type="checkbox"/> Medical equipment					
<input type="checkbox"/> Medical supplies					
<input type="checkbox"/> Other:					
<input type="checkbox"/> Other:					
<input type="checkbox"/> Other:					

*In most areas, there are TWO health plans to choose from.