

HMO Blue[®] Texas

COMPLAINT AND COMPLAINT APPEAL PROCESS

The purpose of this procedure is to address any matters causing you to be dissatisfied with your coverage. You are encouraged to contact the Customer Service Department if you have any questions, complaints or concerns related to your membership in HMO Blue Texas. Written complaints, concerns, or inquiries should be mailed to the following address:

**HMO Blue Texas
Complaint Department
P.O. Box 25916
Houston, TX 77265-5916**

You may also contact the HMO Blue Texas Customer Service by calling:

toll free 1-888-322-2394

SUMMARY OF THE COMPLAINT AND COMPLAINT APPEAL PROCESS

STEP 1 -- When you file a written or verbal complaint, you will be sent an acknowledgment letter within five (5) business days. An HMO Blue Texas representative will investigate and respond to your complaint in writing within thirty (30) calendar days from receipt of written complaint or receipt of the complaint form supplied by HMO Blue Texas.

The investigation and resolution of complaints concerning a presently occurring emergency or denial of a continued hospital stay will be concluded according to the medical immediacy of the case and may not exceed one business day of HMO Blue Texas' receipt of this type of complaint, (known as adverse determinations of medical necessity). If this type of complaint is still not resolved to your satisfaction, you may appeal to an Independent Review Organization.

STEP 2 -- If you are not satisfied with the response to the complaint that is not involved with a presently occurring emergency or denial of a hospital stay, you may send a written appeal or a written request to appeal before the Complaint Appeal Panel (Panel). An HMO Blue Texas representative will contact you to coordinate the location, date and time the Panel will meet. The location of the Panel hearing is scheduled in the area where you receive your health care or at a place mutually agreed upon. You have the right to present the appeal at the Panel hearing in person, or by conference call. If you are unable to be present, you can request that the Panel review your written appeal in your absence. The Complaint Appeal notification process, hearing and response letter will be completed within thirty (30) calendar days from receipt.

For more information concerning the HMO Blue Texas complaint and complaint appeal process, including the process for appealing adverse determinations of medical necessity, refer to the Certificate of Coverage.

Please be advised you may also contact the Texas Department of Insurance to obtain information on companies, coverage, rights or complaints:

By telephone:
1-800-252-3439

In writing:
PO Box 149091
Austin, TX 78714-9091

By fax:
512-475-1771

Via online:
www.tdi.state.tx.us