

How do I get these materials in other languages and formats?

We offer this book and other important information in other languages and formats, including Braille, large print and audio for members with vision or hearing loss. Call the Customer Advocate Department for more information.

Americans with Disabilities Act

We follow the rules of the Americans with Disabilities Act (ADA) of 1990. This law protects your child from being treated in a different way by us because of a disability. If you feel your child has been treated in a different way because of a disability, call the Customer Advocate Department.

Members with Special Health Care Needs

BCBSTX offers special services for members with special needs at no cost. These services are:

- Service Management to help you get the health services you need
- Your specialist can act as your PCP

If you would like to speak to a service manager, please call **1-877-214-5630** between 8 a.m. and 5 p.m., Central time, Monday through Friday.

Part 15

How to Resolve a Problem

We want to help. If you are unhappy with care or service you received from BCBSTX, a doctor or hospital, you can file a complaint. If you have a complaint, call us toll free at **1-888-657-6061**. You may also write to:

Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
P.O. Box 660717
Dallas, Texas 75266-0717

Complaints

**What should I do if I have a complaint?
Who do I call?**

We want to help. If you have a complaint, please call the Customer Advocate Department to tell us about your problem. A BCBSTX CHIP Member Advocate can help you file a complaint. Most of the time, we can help you right away or at the most within a few days. BCBSTX cannot take any action against you as a result of your filing a complaint.

Can someone from BCBSTX help me file a complaint?

A BCBSTX Member Advocate can help you file a complaint. You can reach a Member Advocate at **1-877-375-9097** or call the TTY line: **711**. If you do not speak English, we can get someone to translate for you. No member will be treated differently for filing a complaint.

What information do I need to file a complaint?

If you want to file the complaint for any reason, fill out a complaint form located in the Member Resources section on the CHIP website at www.bcbstx.com/chip or write a letter to tell us about the problem. Clearly state who is involved in the complaint, what happened, when and where it happened and why you are not happy with your health care services. Attach any documents that will help us look into the problem. Send your completed complaint form or letter to:

Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
P.O. Box 660717
Dallas, Texas 75266-0717

How long will it take to process my complaint?

BCBSTX will respond with a decision on your appeal no later than 30 calendar days after we receive your complaint.

What are the requirements and timeframes for filing a complaint?

Once we receive your complaint, we will send you an acknowledgment letter within five (5) days. You will get a complaint resolution letter within 30 calendar days of the date we get your complaint. The letter will:

- Describe your complaint.

- Tell you what will be done to solve your problem.
- Tell you how to ask for a second review of your complaint with BCBSTX.
- Tell you how to ask for an internal appeal of our decision.

If I am not satisfied with the outcome, what else can I do?

If you are not satisfied with the answer to your complaint, you can also complain to the Texas Department of Insurance by calling toll-free to **1-800-252-3439**. If you would like to make your request in writing send it to:

Texas Department of Insurance
Consumer Protection
P.O. Box 149091
Austin, Texas 78714-9091

If you can get on the Internet, you can send your complaint in an email to <http://www.tdi.texas.gov/consumer/complfrm.html>.

Do I have the right to meet with a complaint appeal panel?

Yes. You or your child has a right to appear in person before a complaint appeal panel. You can also mail a written complaint appeal to the complaint appeal panel. You can give us proof, or any claims of fact or law that support your appeal, in person, or in writing. You may also show proof to the complaint appeal panel. We will send you a letter that tells you the final decision of the complaint appeal panel within 30 days of your request.

Appeals

What can I do if my doctor asks for a service for me that's covered but BCBSTX denies or limits it? How will I find out if services are denied?

If we deny or limit coverage for a service or medicine your doctor requests, we will send your doctor a letter to explain the reason for our denial. You will also get a letter that explains the reason for our denial. The letter, which is called a Notice of Action letter, will also tell you how you can appeal the decision to deny or limit services. You, or your child's doctor, can appeal a denial of medical service or payment for service. Call the Customer Advocate Department at **1-888-657-6061** to learn more. Members with hearing or speech loss may call the TTY line at **711**.

When do I have the right to ask for an appeal?

You may ask for an appeal for reasons such as:

- A denial of a claim in whole or in part
- A limited authorization
- The type or level of service and the denial

Does my request have to be in writing?

You can file an appeal by calling Customer Advocate Department or by sending us a written appeal request. There is an Appeal Request Form located at www.bcbstx.com/chip in the "Member Resources" section under "Complaints and Appeals." You can write to:

Blue Cross and Blue Shield of Texas
C/O Complaints and Appeals Department
P.O. Box 660717
Dallas, Texas 75266

Can someone from BCBSTX help me file an appeal?

A BCBSTX Member Advocate can help you file an appeal. You can reach a Member Advocate at **1-877-375-9097**.

What are the timeframes for an appeal?

You must file your appeal with BCBSTX no later than 60 calendar days from the date on your Notice of Action letter that explains the reason for your denial or limit of coverage for a medical service.

We will send you a letter within five business days to let you know that we got your appeal request. If the time frame will be longer, we must give you written notice of the reason for the delay (unless you asked for the delay). You can give us proof, or any claims of fact or law that support your appeal, in person or in writing. We will let you know when to do so. You will get a letter that will explain the final decision of our internal review within 30 days of your request.

Expedited Appeals

What is an expedited appeal?

An expedited appeal is when the health plan has to decide quickly based on the condition of your health and taking the time for a standard appeal could jeopardize your life or health.

If your request for an expedited appeal is denied, your appeal will go through the standard appeal process. We will try as much as we can to tell you the decision verbally.

You have the right to give written comments, documents or other information for your appeal by phone or in writing.

Does my request have to be in writing?

We will take an oral or written request for an appeal. If you file your appeal request orally, you must also send it to us in writing.

How do I ask for an expedited appeal?

You can ask for an expedited appeal orally or in writing.

Who can help me in filing an expedited appeal?

A BCBSTX Member Advocate can help you file your expedited appeal.

What are the timeframes for an expedited appeal?

We will review your expedited appeal the earlier of one (1) working day from the date we receive all of the information we need to complete the appeal or 72 hours after we receive the appeal request. We will call you to tell you our decision and we will also send a letter. If your request for a faster appeal is about an emergency that keeps occurring or denial of a hospital stay while you are still in the hospital, we will look at your case and tell you our decision within one (1) working day. You will get a call about our decision and follow up with a letter within three (3) calendar days.

What happens if BCBSTX denies the request for an expedited appeal?

If we do not approve the expedited appeal after we look at your case, then your appeal will go through the standard appeal steps.

What can I do if I disagree with the appeal decision?

If you still do not agree with the decision, you or your doctor can ask for a review by an Independent Review Organization (IRO). You may ask for an IRO review at any time during the appeal process.

Independent Review Organization

What is an Independent Review Organization (IRO)?

An IRO is a system for a final review to decide if members can get the right health care services that they need for medical reasons (medically necessary). You can ask for a review of the denial by using the IRO process. There is no cost to the member to have an IRO review.

How do I ask for a review by an IRO?

You or someone you trust can send a written request to BCBSTX at this address:

Blue Cross and Blue Shield of Texas
C/O Complaints and Appeals Department
P.O. Box 660717
Dallas, Texas 75266
Fax: **1-855-235-1055**

The person submitting the request must also sign the consent to release medical information to the IRO. You, your provider, or someone that you trust can also send a request for an external medical review directly BCBSTX at the address above or to Maximus:

MAXIMUS Federal Services
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534
Fax number: **1-888-866-6190**

You can find copies of the appeals request and MAXIMUS Federal Services IRO request form on at www.bcbstx.com/chip.

This form will be attached to the appeal decision letter sent to you.

What are the timeframes for this process?

We will send you a copy of the IRO request form that you filled out, medical records and the information needed for an IRO review to the IRO that was chosen to review your case. The IRO must get the information within three business days from the date of the review request. The IRO must make a decision:

- Within 20 days from the date it was assigned your case to decide whether your plan must pay for the denied treatment.
- Within three days for cases involving life-threatening conditions.

- When there is a condition that puts your/your child's life at risk, the IRO must reach a decision:
 - Within three days after it gets the information needed.
 - No later than eight days after the IRO gets its assignment.

You cannot always get an IRO review. It can only be used if we decide that the covered service or treatment is not medically necessary.

You cannot ask for an IRO review if the service you asked for is not a covered benefit.

Part 16**Other Things You May Need to Know****If We Can No Longer Serve You**

We may not cover you if you:

- Move out of the BCBSTX service area permanently.
- Are no longer eligible for CHIP benefits
- Disenroll from the CHIP program

Your BCBSTX coverage is effective as of the date shown on the front of your BCBSTX ID card. It ends on the date given to BCBSTX by the HHSC. HHSC decides:

- The eligibility and enrollment for health plan members.
- If a member is kept out of, or disenrolled from, the plan.

Except as stated in this agreement, we may ask to disenroll your child from our health plan if:

- Your or your child is no longer eligible.

- You or your child let someone else use your child's BCBSTX ID card.
- You or your child make it a habit to use the emergency room (ER) for non-emergency reasons.
- You or your child commit fraud.
- You misrepresent yourself or your child.

BCBSTX no longer may cover your child if he or she acts in such a way that affects the ability of:

- The health plan to give or set up services for your child or other members.
- A provider to give care to other patients.

If you have a complaint about a BCBSTX request to disenroll your child, see **Part 15: How to Resolve a Problem**.

Contact our enrollment broker, Maximus, to request disenrollment at **1-800-964-2777**. You can also contact a Customer Advocate to discuss a complaint or to request to disenroll.