Your Rights for Appeal Under Blue Cross and Blue Shield of Texas State of Texas Access Reform (STAR) and STAR Kids Medicaid Managed Care Program

The processes outlined in this flyer apply to all health plan appeals including emergency appeals.

You can appeal a decision for:

- Not getting a service you wanted
- Not getting all the services approved that you asked for
- A service ending that was approved before
- Not getting a service at the time when it was needed

Request a health plan appeal by either:

- Filling out the attached "Health Plan Appeal Request Form" and mailing or faxing it to us using the address or fax number listed at the top of the form.
- Calling the BCBSTX Customer Advocate department toll-free at **1-888-657-6061** for STAR members, **1-877-688-1811** for STAR Kids members, or TTY at **7-1-1**, Monday through Friday, 8 a.m. to 5 p.m., Central Time.
- You can email at **GPDTXMedicaidAG@bcbsnm.com**.
- Calling Member Advocate for help filing an appeal at **1-877-375-9097 (TTY 711).**

You must request an appeal by 60 days from the date of this notice**.** If you have a good reason, like receiving our notice too late, we may be able to accept your appeal request after this date.

Keeping your Benefits During an Appeal

You may be able to keep getting your services during the health plan appeal process. You can ask for this by checking "Yes" where it says, "Do you want your services to continue?" on the Health Plan Appeal Request Form. You can also call BCBSTX at **1-888-657-6061** for STAR members or **1-877-688-1811** for STAR Kids members and say you want to keep your services during your appeal.

You, or your doctor acting on your behalf, ask for the appeal by 10 calendar days from the date of this notice, stating that the service you asked for was not approved. If you lose your health plan appeal, you may have to pay BCBSTX back for services provided to you during your appeal. BCBSTX cannot ask you to pay us back for services you received without first asking permission from HHSC.

If you don't ask for a health plan appeal and to keep your services by 10 days from the date of this notice or the date services will change, you will not continue to receive your services, but you still have time to ask for a health plan appeal. You must make your health plan appeal no later than 60 days from the date of this notice. If you have a good reason, we may be able to accept your appeal request after this date. This includes receiving our notice late with not enough time to request an appeal.

If the appeal is denied, you might have to pay the cost of services you get while your appeal is still going on.

Emergency Health Plan Appeals

If you feel your health will be seriously harmed by waiting for a decision on your health plan appeal, you or your doctor can ask for an emergency health plan appeal. We'll review your case and determine if you qualify for an emergency health plan appeal. We must decide to approve or deny your appeal within 72 hours of your request. If you do not qualify for an emergency appeal, we will let you know. We will process your appeal according to the standard timeframe detailed below. You can file a complaint if you do not agree with our decision to deny your request for an emergency health plan appeal.

- You do not need to send in a written letter of your appeal if you are asking for an emergency appeal.
- You have the right to give written comments, documents, or other information, for your appeal either by calling or in writing. You only have a certain amount of time to send what we need when you ask for a faster appeal.
- If your request for an emergency appeal is approved, we will keep looking at your case and tell you our decision within 72 hours. We will let you know about the decision verbally. We will also send you a letter telling what we decide.
- If we do not approve an emergency appeal when we look at your case, then your appeal will go through the standard appeal steps. We will let you know about the decision verbally. We also will send you a letter within two (2) calendar days that tells you this.
- If your request for an emergency 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. We will let you know about the decision verbally. We will also send you a letter telling what we decide.

Your Rights During the BCBSTX Appeal Process

- We must send you a letter letting you know we received your health plan appeal request within five business days of receiving your request.
- We must make a decision about your health plan appeal and send it to you in writing within 30 calendar days of your request.
- You can ask us for any facts we used to make our decision. If you ask for this information, we will send it to you for free, before your appeal, and within five calendar days of your request.
    - You, your doctor, or your healthcare provider can submit written comments, documents, or other information about your health plan appeal by mail, fax, or email. If you need more time to send us information that may help your appeal, you can ask us to move your appeal date back for up to 14 calendar days.
    - You can represent yourself or pick a relative, friend, lawyer, or someone else to represent you during the health plan appeal. You'll have to pay any fees if they charge to represent you. To find free legal help in your area, see the attached legal aid providers list that came with this letter and a directory at www.texaslawhelp.org.
- When we send you our decision about the approval or denial of your appeal, we'll also include information about your right to a state fair hearing and external medical review. You must wait until after our decision to ask for a state fair hearing and external medical review.

Need Help?

You or someone you choose can call the BCBSTX Customer Advocate Department tool free at **1-888-657-6061** for STAR members or **1-877-688-1811** for STAR Kids members. If you have more questions about the health plan appeal process, call an HHSC ombudsman at **1-866-566-8989** or complete the online form at hhs.texas.gov/managed-care-help.

- If your appeal was received by phone, the acknowledgement letter will have an Appeal Form. We ask that you complete the Appeal Form and return it to us. The appeal must be followed up in writing and we will respond no later than 30 calendar days after receiving your appeal. The letter also will tell you what information BCBSTX needs to receive to help us review your appeal.

- BCBSTX will look at all the health information about the services you are appealing. The doctor that will look at your case will have the same, or close to the same, specialty as the doctor who would care for you or your child for those types of health issues. This doctor was not involved in the prior denial. The doctor reviewer will decide if the care you are asking for is needed based on your or your child's health record.

To get auxiliary aids and services, or to get written or oral interpretation to understand the information given to you, including materials in alternative formats such as large print, braille or other languages, please call the BCBSTX Customer Advocate Department at the number on the back of your member ID card.

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at **1-855-710-6984**.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: **1-855-664-7270** (voicemail)
TTY/TDD: **1-855-661-6965**
Fax: **1-855-661-6960**
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: **1-800-368-1019**
TTY/TDD: **1-800-537-7697**
Complaint Portal: ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms: https://www.hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at https://www.bcbstx.com/medicaid/pdf/medicaid-non-discrimination-tx.pdf

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-855-710-6984** (TTY: **711**) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **1-855-710-6984** (TTY: **711**) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **1-855-710-6984** (TTY: **711**) أو تحدث إلى مقدم الخدمة.

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **1-855-710-6984**（TTY：**711**）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **1-855-710-6984** (TTY : **711**) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie **1-855-710-6984** (TTY: **711**) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. **1-855-710-6984** (TTY: **711**) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **1-855-710-6984** (TTY: **711**) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il numero **1-855-710-6984** (TTY: **711**) o rivolgiti a un assistente.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **1-855-710-6984 (**TTY: **711**)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' **1-855-710-6984** (TTY: **711**) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسي Farsi	توجه: اگر فارسي صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره **1-855-710-6984** (TTY: **711**) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **1-855-710-6984** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **1-855-710-6984** (TTY: **711**) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **1-855-710-6984** (TTY: **711**) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ **1-855-710-6984** (TTY:**711**) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số **1-855-710-6984** (TTY: **711**) hoặc trao đổi với người cung cấp dịch vụ của bạn.