



Part 11

How to resolve a problem with BCBSTX

We want to help. If you have a complaint, call us toll free at **1-888-657-6061**. A complaint can be defined as an oral or written expression of dissatisfaction with our process in conducting utilization review or for any other reason you are not pleased about your services.

You may also write to:

Blue Cross and Blue Shield of Texas
Complaints and Appeals Department
PO Box 27838
Albuquerque, NM 87125-7838

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 us toll-free at **1-888-657-6061** to tell us about your problem. A BCBSTX Member Services Advocate can help you file a complaint. Just call **1-888-657-6061**. 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. If you do not speak English, we can get someone to translate for you. Talk to your child's PCP if you have questions or concerns about your child's care. If you still have questions or concerns, call to speak to a member advocate. To reach the advocate in the Travis SA, call **1-877-375-9097**; to reach the Advocate in the Central RSA, call **1-855-497-0857**. Members with hearing or speech loss may call the TTY line at **7-1-1**. We will help you solve any problems or complaints about your health care. No member will be treated in a different way for filing a complaint.

What information do I need to file a complaint?

If you want to file a complaint for any reason, fill out a complaint form located on the BCBSTX website or write a letter to tell us about the problem. Here are the things you need to tell us as clearly as you can:

- Who is part of the complaint?
- What happened?
- When did it happen?
- Where did it happen?
- Why you were not happy with you/your child's health care services?

Attach any documents that will help us look into the problem.

If you need us to, we can help you file the complaint. Call Customer Service at **1-888-657-6061**. Members with hearing or speech loss may call the TTY line at **7-1-1**.

Once the form or letter is complete, send it (or your letter) to:

Blue Cross and Blue Shield of Texas
Complaint and Appeals Department
PO Box 27838
Albuquerque, NM 87125-7838

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?

You may file a complaint appeal with us if you are not happy with the outcome of your complaint.

If you, your designated representative or your child's physician or provider orally appeal the complaint decision, we will send you, your designated representative or your child's physician or provider a one-page appeal form. You are not required to return the completed form, but we encourage you to because it will help us resolve your appeal.

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 appeal.

Complaint Appeals

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

If you would like to file a complaint appeal about how we solved your problem, you must tell us within 30 calendar days after you get the complaint resolution letter.

Can someone from BCBSTX help me file a complaint appeal? Does my request have to be in writing?

You, or someone you choose to act on your behalf, may ask for a complaint appeal in writing to:

Blue Cross and Blue Shield of Texas
Complaint and Appeals Department
PO Box 27838
Albuquerque, NM 87125-7838

The BCBSTX member advocate can assist you with filing a complaint appeal. To reach the advocate in the Travis SA, call **1-877-375-9097**; to reach the Advocate in the Central RSA, call **1-855-497-0857**; TTY **7-1-1**.

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

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.

How will I be told the outcome of the complaint appeal? What are the time frames for the complaint appeal decision?

We will send you a letter that tells you the final decision of the complaint appeal panel within 30 days of your request.

If I am not satisfied with the outcome, who else can I contact?

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
PO Box 149091
Austin, TX 78714-9104

You can send your complaint in an email to:
<http://www.tdi.texas.gov/consumer/complfrm.html>.

You can also visit <http://www.tdi.texas.gov/consumer/complfrm.html> to get more information about Insurance Complaint Process.

You have the right to have someone you trust act on your behalf and help you with your review request.

Medical decision appeal

How will I find out if services are denied?

We may review some of the services your child's doctor suggests. We may ask your doctor why you or your child needs some services. If we do not approve a service your child's doctor suggests, we will send you and the doctor a letter that says why it was denied.

What can I do if my doctor asks for a service for me that's covered but BCBSTX denies or limits it?

If we deny or limit your doctor's request for coverage for service, we will send you a letter to tell you how you can appeal our decision. You, or your child's doctor, can appeal a denial of medical service or payment for service. Call Customer Service at **1-888-657-6061** to learn more. Members with hearing or speech loss may call the TTY line at **7-1-1**.

What are the time frames 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.

What is an Expedited Appeal?

A fast/expedited appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

A BCBSTX Medical Director will review your request for a faster/expedited appeal. The Medical Director will decide if the standard appeal review time frame would put at risk your:

- Life
- Health
- Being able to attain, maintain, or regain your best level of function

If your request is denied after review, your appeal will go through the standard appeal process. We will try as much as we can to tell you the decision verbally. We also will send you a letter within two calendar days that tells you this.

You have the right to give proof, or claims of fact or law, for your appeal either orally or in writing. But, be aware that you only have a certain amount of time to send what we need during the faster appeal process.

What are the timeframes for an Expedited Appeal?

If your request is approved, we will complete our review and tell you our decision within 72 hours. We will try as much as we can to tell you the decision verbally. We also will send you a letter telling what we decide.

If your request for a faster appeal is related to an ongoing emergency or denial of continued hospitalization, we will complete our review and tell you our decision within one working day. We will try as much as we can to tell you the decision verbally. We also will send you a letter telling what we decide.

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 orally or in writing. If you file your fast appeal orally, you do not need to send it to us in writing also.

Who can help me in filing an appeal?

BCBSTX can help you file your appeal.

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

If we deny your request for a fast appeal, we must:

- Let you know what we decide within 30 days.
- Call you to let you know that we denied your fast appeal and we have changed it back to a regular appeal.
- Follow up within two calendar days with a written notice.

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.

What is an Independent Review Organization (IRO)?

An independent review 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 may file for an IRO review by mailing the Texas Department of Insurance (TDI) IRO form to:

Blue Cross and Blue Shield of Texas
Complaint and Appeals Department
PO Box 27838
Albuquerque, NM 87125-7838

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

Here is how the IRO process works:

- We will send your IRO request, the IRO form that you filled out, medical records and the information needed for an IRO review to TDI.
- The TDI will assign your case to an IRO within one business day after it gets your request. TDI will assign your case between 7 a.m. and 6 p.m. Monday through Friday, except holidays. TDI will also tell all parties who is assigned to your case.
- The IRO must get the information within three business days from the date of the review request.

What are the time frames for this process?

- The normal time frame in which the IRO must reach a decision is:
 - The IRO has 20 days from the date TDI assigned your case to decide whether your plan must pay for the denied treatment.
 - In cases involving life-threatening conditions, the IRO has three days to decide.
- 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.