



**BlueCross BlueShield
of Texas**

TEXAS
STAR Kids
Your Health Plan ★ Your Choice



TEXAS
Health and Human
Services

**YOUR RIGHTS FOR APPEAL UNDER
BLUE CROSS AND BLUE SHIELD OF TEXAS
STATE OF TEXAS ACCESS REFORM Kids (STAR Kids)
STATE OF TEXAS MEDICAID MANAGED CARE PROGRAM**

Blue Cross and Blue Shield of Texas (BCBSTX) can help you or your child with problems you might have with your child's health care services, such as:

- Getting health care services
- Care from your doctor or other health care provider
- Problems with your records
- A decision made by BCBSTX

Please talk to your child's doctor if you have questions about your child's care. You can also call BCBSTX Customer Service toll-free at **1-877-688-1811**, Monday through Friday, 8 a.m. to 8 p.m., Central Time, if you have questions or need help filing an appeal. If you have hearing or speech loss, you can call the TTY line at toll-free at **7-1-1**.

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 in a timely way

You can file an appeal, or expedited appeal, by calling BCBSTX Customer Service toll-free at **1-877-688-1811**, or TTY at **7-1-1**. You must also send an appeal in writing. You must file your appeal with BCBSTX no later than 60 calendar days from the date of the letter that explains the reason for your denial of coverage for a medical service. You can write to:

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

- You have the right to have anyone you choose, including a lawyer, to help you with your appeal.
- You have the right to give written comments, documents, or other information for your appeal either by calling or in writing.
- You have the right to see and get copies of all documents, or other information that have to do with your appeal as allowed by law, at no cost to you. You must ask for these copies.
- You can also ask for a copy of the benefits and a copy of the document that tells how the decision was made at no cost to you.

Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

BCBSTX will send you an acknowledgement letter within five (5) business days of our receipt of your appeal telling you that we received it. 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 usually give you or your child care for 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.

BCBSTX will send you a ruling on your appeal within 30 calendar days. If we need to know more about your case before we make a decision on your appeal, BCBSTX might need 14 more calendar days to decide on your appeal if we believe that the extra time will help us make a better decision on your case. Members or Legally Authorized Representatives (LAR) can ask for 14 extra calendar days if you feel like more time is needed to get BCBSTX information that can help us make a decision.

Fast (Expedited) Appeal Request

If you believe that waiting on a decision for 30 calendar days could make your or your child's health or well-being worse, you can ask for a faster appeal. You do not need to send in a written letter of your appeal if you are asking for a faster appeal.

A BCBSTX Medical Director will look at your request for a faster appeal. The Medical Director will decide if the standard appeal time frame would put at risk your child's:

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

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 fast (expedited) 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 a faster 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 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. We will let you know about the decision verbally. We will also send you a letter telling what we decide.

Keeping your Benefits During an Appeal

You might be able to keep your benefits during an appeal if all the following occur:

- You, or your doctor acting on your behalf, ask for the appeal within 10 calendar days from the date on the notice of action stating that the service you asked for was not approved. You can also ask for a State fair hearing before the start date of the notice
- The appeal is about health care that has ended, has been stopped for a while, or has been reduced
- The services were ordered by an approved doctor
- The first period covered by approved care has not ended
- You ask for your benefits to last longer

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

Filing for a Fair Hearing

If you do not agree with BCBSTX's decision on your appeal, you have the right to ask for a State fair hearing from the Health and Human Services Commission (HHSC). The BCBSTX appeals process must be completed before a fair hearing can be filed unless BCBSTX does not make a decision on your appeal within the required timeframe of 30 calendar days. You or your representative must ask for a State fair hearing within 120 calendar days from the date on the appeal decision letter. If you do not ask for the fair hearing within 120 calendar days after the date of the notice of resolution of the appeal, you might lose your rights to a fair hearing. You can stand for yourself at the fair hearing, or name someone else to be your agent (a doctor, someone in your family, friend, lawyer, or other person). You can name someone to stand for you by writing a letter to BCBSTX telling them the name of the person that you want to stand for you.

If you believe that waiting for a fair hearing will badly harm your life or health, or attain, maintain, or regain your best level of function,, you or your agent can ask for an expedited State fair hearing by writing to or calling BCBSTX. You must finish the entire BCBSTX expedited appeals process before you can file for an expedited State fair hearing.

Mail your Fair Hearing or Expedited Fair Hearing request to:

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

Keeping your Benefits During a Fair Hearing

If you ask for a State fair hearing within 10 calendar days of the date on the appeal decision letter, you might be able to keep getting the service or benefit that is being stopped, suspended, or reduced by

BCBSTX, at least until the final hearing decision is made. If you do not ask for a fair hearing by this date, the service or benefit will be stopped, suspended, or reduced. If you lose your fair hearing, BCBSTX might be able to get back the costs of giving the service or benefit to you while the appeal was being looked at.

If you ask for a fair hearing, you will get a packet of info letting you know the date, time, and place of the hearing. Most hearings are held by phone. You can also call the HHSC hearing officer if you would like the hearing to be held in-person. During the hearing, you or your agent can tell the fair hearing office why you need the service or why you do not agree with BCBSTX's action.

You have the right to look at the contents of your case file and any records to be used by BCBSTX at the hearing. BCBSTX will send you all the records to be used at the hearing within 5 calendar days after the fair hearing date is set. HHSC will give you a final decision within 90 calendar days from the date you asked for the hearing.

If You Have a Problem or Complaint

We want to help. You, or someone you choose to represent you, can file a complaint:

- In writing
- By phone
- By any electronic means

We will take care of the complaint when we get it or we will send it to the right place for an answer. We will tell you what decision was made in writing.

How to file a Complaint with BCBSTX:

You can file a complaint if there is a problem with the quality of health care or help that you get. You, or someone you choose to represent you, should put the problem in writing.

You can fill out a Complaint form. You can find a form at the places you get care, such as your doctor's office. You can also write a letter to explain the problem. Clearly state the details of why you are not happy. Tell us who, what, when, where and why. Attach any papers to the form or letter that will help us decide. Mail the form or letter to:

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

If you cannot mail the form or letter, we can help you. Call us toll-free at **1-877-688-1811** or TTY at **7-1-1**.

You have the right to give written comments, documents, or other information for your complaint either by calling or in writing. BCBSTX will send you an acknowledgement letter within five (5) business days of our receipt of your complaint telling you that we received it. If your complaint was received orally, the

acknowledgement letter will include a Complaint Form. You must complete the Complaint form and return it to us. You can include more information that will help us resolve your complaint.

While BCBSTX is looking into your problem, we will be getting facts from all the parties involved in your complaint. This might include providers, facilities, health plan staff or others. We will look at all of the facts.

We will send you a letter with our decision within 30 calendar days of the day we get your complaint in writing. The decision letter will have the reasons why we made the decision.

How to file a complaint with Health and Human Services Commission (HHSC):

If you are not satisfied with the outcome of your complaint with BCBSTX, you can contact HHSC. You must finish the entire BCBSTX complaints process before you can file a complaint with HHSC Office of Ombudsman by either:

- **Call:** 1-877-787-8999 or TTY 1-800-735-2989 or 7-1-1.
- **Mail:** Texas Health and Human Services Commission Office of the Ombudsman
MC H-700P
P.O. Box 13247
Austin, TX 78711-3247
- **Fax:** 1-888-780-8099

If you can get on the Internet, you can send your complaint in an e-mail to:
HPM_Complaints@hhsc.state.tx.us

Low, to no Cost to you, for Legal Services

You might be able to get free or low cost legal services. A list of legal aid providers that might be able to help you is included in this letter as an attachment. *

* Free list of legal aid services by County is attached as part of the mailing.

Join a Case Management Program

You might be able to join one of our case management programs to help you with your plan of care. If you would like to know more about joining one of our BCBSTX Case Management programs, or Service Coordination programs, or to learn about the Case Management for Children and Pregnant Women program, please call us at **1-855-390-6573**. If you have hearing or speech loss, you can call the TTY line toll-free at **7-1-1**.

Meet with a BCBSTX Member Outreach staff person

You have the right to a face-to-face meeting with a Member Outreach staff person. The Member Outreach Manager or designee, Member Advocate, and other BCBSTX staff will be there. They can help you know

your rights and responsibilities. They can help you file an appeal or ask for a State fair hearing. They will help you track the appeal or fair hearing through the steps. We can help you set up a meeting. Call us at **1-877-688-1811** or TTY at **7-1-1**.



**BlueCross BlueShield
of Texas**



REQUEST FOR FAIR HEARING

Member Name: _____

Member Address: _____

Member Phone Number: _____

Member Email Address: _____

Member Medicaid Number: _____

Plan Name: _____

Service Denied: _____

Date Service Denied: _____

Yes, I would like to request a fair hearing from the Texas Health and Human Services Commission. I have attached a copy of the notification letter.

Member Signature

Date

Mail or Fax this form to:

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

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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 BCBSTX STAR Kids Customer Service at 1-877-688-1811 (TTY/TDD 7-1-1).

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Texas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Texas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Texas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.
Call 1-855-710-6984 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số 1-855-710-6984 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-710-6984
(TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-855-710-6984 (TTY: 711) 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-710-6984
(رقم هاتف الصم والبكم: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں
1-855-710-6984 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika
nang walang bayad. Tumawag sa 1-855-710-6984 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-855-710-6984 (ATS: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-855-710-6984 (TTY: 711) पर कॉल करें।

هجوٲ: رڱا هٲ ناب زٲ سراف وڱ ٲ فڱ ٲ م ڊٲ نڪ، ٲ لائٲ هٲ سٲ ٲ ناب ز هٲ ٲ روص ڏاڱ ٲارب ٲ امش مهارف ٲ م ڊ شاب. اب
1-855-710-6984 (TTY: 711) سامٲ ڊٲ رٲ ڱب.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur
Verfügung. Rufnummer: 1-855-710-6984 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો
1-855-710-6984 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните 1-855-710-6984 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-710-6984 (TTY:
711) まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຢູ່ມາໃຫ້ທ່ານ. ໂທ 1-855-710-6984
(TTY: 711).