Within 5 business days following the receipt of your written appeal, Texas Children's Health Plan will send you an acknowledgement letter. The Complaints and Appeals Coordinator will arrange for your complaint to be re-reviewed by an Appeals Panel within 30 days of your request. At least 5 business days before the appeals hearing you will get a letter with important information about your appeal rights. You can appear before the panel. After the Appeal Panel hearing we will send you a resolution letter within 30 days of getting your written appeal request.

### Can I file a complaint with the state?

If you are still not happy, you can file a complaint with the Texas Department of Insurance (TDI). You can contact TDI at:

Texas Department of Insurance
PO Box 149104
Austin, TX 78714-9104

Phone: 1-800-252-3439 Fax: 1-512-475-1771
Email: ConsumerProtection@tdi.state.tx.us
Website: www.tdi.state.tx.us

### No retaliation is allowed

Texas Children's Health Plan will not punish a member or other person for:

- Filing a complaint against Texas Children's Health Plan.
- Appealing a decision made by Texas Children's Health Plan.

## When your doctor's request for covered services is not approved or limited

### What can I do if Texas Children's Health Plan denies or limits my doctor's request for a covered service?

There can be times when Texas Children's Health Plan denies or limits services requested by your/your child's doctor if they are not medically necessary.

If you are not satisfied or disagree with the decision to deny or limit the service you have the right to request an appeal. Call Member Services at 832-828-1002 or toll-free at 1-866-959-6555. A Member Advocate can help you file your request for an appeal. Your health-care provider, a friend, a relative, legal counsel, or another spokesperson can also represent you and request an appeal.

### How will I be notified if services are not approved?

Texas Children's Health Plan will send you a letter if a service is not approved or limited. The notice will be sent within 3 business days of the decision. If your child is in the hospital, a notice will also be given by phone within 1 business day.

### What are the timeframes for the appeal process? When do I have the right to request an appeal? Does my request have to be in writing? Can someone from Texas Children's Health Plan help me file an appeal?

If you are not satisfied or disagree with the decision to deny or limit a service you have the right to request an appeal. Call Member Services at 832-828-1002 or toll-free at 1-866-959-6555. A Member Advocate can help you file your request for an appeal. Your health-care provider, a friend, a relative, legal counsel, or another spokesperson can also represent you and request an appeal.

You have 10 days from the date on the denial letter or the date of requested service to send us an appeal. You or your child's provider can appeal verbally or in writing. If your request for an appeal is received verbally, we will send you or your representative a 1-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. If you need more than 10 days to appeal, you can ask for more time. You can have 14 more days to file an appeal. Your request for an appeal will be reviewed and fixed within 30 days from the receipt of your request.

**Appeal requests can be made by phone or mail to:**

Texas Children's Health Plan
Attention: Utilization Review
Utilization Management Department
PO Box 301011
Houston, TX 77230-1011

832-828-1002 or toll-free 1-866-959-6555

We will send you a letter within 5 days of getting your appeal, to let you know that we got it. We will complete the appeal review within 30 days. If we need more time to review the appeal, we will send you a letter telling you why we need more time.

## What if the services I/my child needs are for an emergency or if I/my child is in the hospital?

For emergencies or hospital admissions you can request an expedited appeal.

**What is an expedited appeal?**

An 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.

**How do I request an expedited appeal? Does my request have to be in writing? Who can help me in filing an appeal?**

You can call Member Services toll-free at 1-866-959-6555 and ask for help requesting an appeal. A Member Advocate is ready to help you. Your request does not have to be in writing. Your child's doctor can request this type of appeal on your behalf.

**What are the timeframes for an expedited appeal?**

An expedited appeal will be reviewed and fixed within 1 day from the receipt of the request. The decision will be delivered by phone or face-to-face. Other expedited appeals will be fixed within 3 days or can be extended up to 14 days if there is need to learn more.

**What happens if Texas Children's Health Plan denies the request for an expedited appeal?**

Texas Children's Health Plan might make a decision that your appeal should not be expedited. If so, we will follow the regular appeal process. We will call you to let you know the regular process will be followed. We will also send you a letter within 1 calendar day with this information. We will also send a copy of the letter to your child's doctor. This letter will explain the complete complaint and appeal process and tell you about your appeal rights.

If you are not satisfied with the resolution offered at the close of the Level 1 expedited appeal, you will be allowed to place a verbal appeal followed by a written request for a Level 2 expedited appeal resolution.

A decision will be delivered within 1 business day from the receipt of the request. Verbal notice is given of the expedited appeal determination. A written notice is mailed within 3 calendar days.

## When you can request an independent review

**What is an Independent Review Organization (IRO)?**

If Texas Children's Health Plan denies your adverse determination appeal, you have the right to seek another review of the denial by an independent review organization. An IRO is independent from your health benefit plan and is picked by the Texas Department of Insurance.

The IRO's decision is final on the Health Plan, which pays for the review.

### How do I request an IRO review?

You can call Member Services and ask a Member Advocate for help with the IRO process.

The request for an IRO review must be submitted by you, a person acting on your behalf, or your provider. The request is made in writing by completing a "Request for Review by an Independent Review Organization" form. The completed form should be directed by mail or fax to:

Texas Children's Health Plan
Attention: Utilization Review
Utilization Management Department
PO 301011
Houston, TX 77230

Fax: 832-825-2499

### What are the timeframes for this process?

Texas Children's Health Plan will call TDI the day you call asking for an IRO review. TDI will assign your case within 1 business day and let everyone know who was assigned to your case.

Texas Children's Health Plan will send all the information needed to complete the review to TDI within 3 business days of the day you ask for the review.

The IRO will make a decision on your case within 15 business days, and no later than 20 business days of getting the assignment.

If the reason you asked for the review is life threatening, the IRO will make a decision within 5 business days and no later than 8 business days of getting the assignment.

IRO Information Line: 1-512-322-3400 or toll-free at 1-888-834-2476

## What are my rights and responsibilities?

### Member rights

- You have the right to information about the organization, its services, its practitioners and providers and member rights and responsibilities.
- Your health plan must tell you if they use a "limited provider network." This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. "Limited provider network" means you cannot see all the doctors who are in your health plan. If your health plan uses "limited networks," you should check to see that your child's primary care provider and any specialist doctor you might like to see are part of the same "limited network."
- You have a right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know about what those payments are and how they work.
- You have a right to know how the health plan decides whether a service is covered or medically necessary. You have the right to know about the people in the health plan who decides those things.
- You have a right to know the names of the hospitals and other providers in your health plan and their addresses.
- You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.
- If your doctor says that your child has health care needs or a disability, you may be able to use a specialist as your child's primary care provider. Ask your health plan about this.
- Children who are diagnosed with special health care needs or a disability have the right to special care.
- If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child might be able to continuing seeing that doctor for 3 months and the health plan must keep paying for those services. Ask your plan about how this works.
- Your daughter has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from her primary care provider and without first checking with your health plan. Ask your plan how this works. Some plans might make you pick an OB/GYN before seeing that doctor without a referral.