What are the requirements and timeframes for filing a complaint?
You can file a complaint at any time. You will get a letter within 5 days telling you your complaint was received.

How long will it take to process my complaint?
Within 5 business days of receiving your oral or written complaint, Member Services will send you a letter. It will confirm the day we received your complaint. Texas Children's Health Plan will review the facts and take action within 30 days of receiving your complaint. A resolution letter will be sent to you.

The letter will:
- Describe your complaint.
- Tell you what has been or will be done to solve your problem.
- Tell you how to ask for a second review of your complaint.

How do I file a complaint with HHSC, once I have gone through Texas Children's Health Plan's complaint process?
Once you have gone through Texas Children's Health Plan's complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free 1-866-566-8989.

If you would like to make your complaint in writing, send it to the address below:

Texas Health and Human Services Commission
Health Plan Operations—H-320
PO Box 85200
Austin, TX 78708-5200
ATTN: Resolution Services

You can also send your complaint in an e-mail to HPM-Complaints@hhsc.state.tx.us.

Appeals

If you would like to file an appeal about how we solved your problem, including a denial of payment of service in whole or in part, you must tell us within 30 days of getting your complaint resolution letter.

What is an appeal?
An appeal is the process you or someone acting on your behalf can ask for when you do not agree with Texas Children's Health Plan's action and you want a review. An action means the denial or limited authorization of a requested service. It includes the:
- Denial in whole or part of payment for a service.
- Denial of a type or level of service.
- Reduction, suspension, or termination of a previously authorized service.
- Failure to give services in a timely manner.
- Failure to act within regulatory timeframes.

How will I find out if services are denied?
We will send you a letter if a covered service requested by your doctor is denied, delayed, limited, or stopped.

What can I do if my doctor asks for a service or medicine for me that's covered but Texas Children's Health Plan denies it or limits it? Can someone from Texas Children's Health Plan help me file an appeal?
You have the right to ask for an appeal if you are not satisfied or disagree with the action. Call Member Services toll-free at 1-866-959-2555. A Member Advocate can help you file your request for an appeal. You can also allow someone like a friend, family member, or your doctor to ask for an appeal on your behalf. You will need to give your consent in writing to have them act on your behalf. Your request for an appeal must be filed within 30 calendar days from the receipt of the notice of the action.

To keep receiving currently authorized services, you must file the appeal on or before the later of 10 days following Texas Children's Health Plan mailing the letter telling you of the action or the intended effective date of the proposed action. You can ask that your services continue until a decision is made. If the final decision is to uphold Texas Children's Health Plan's action, then you can be asked to pay back what it cost to continue your services.

Each appeal is promptly investigated. Texas Children's Health Plan will send you a letter within 5 business days to let you know that we received your appeal request. The letter will list all the information we will need to receive to review the appeal. If you make a verbal request for an appeal, a form will also be enclosed with your letter. You will need to sign and return the form to confirm your request for an appeal.

Texas Children's Health Plan will answer you in writing with a decision about your appeal within 30 days of when we receive your appeal request. You or your representative can ask for an extension of 14 days. Texas Children's Health Plan can also ask you for an extension if we need to get additional information. If we ask for an extension you will receive a letter explaining the reason for the delay.

If your appeal is denied, the answer will explain the reason why it was denied and tell you how to appeal to the next level.

If you appeal the action a second time, the Texas Children's Health Plan Complaint and Appeal Panel will meet to hear your second-level appeal. This panel is made up equally of Texas Children's Health Plan staff, Members and providers. You have the right to make your appeal in person or through family or friends. Texas Children's Health Plan will answer you in writing with a decision about your appeal within 30 days of when we receive your second appeal request.

What is a fair hearing?

A fair hearing is a chance for you tell the reasons why you think the services you asked for and couldn't get should be allowed.

Can I ask for a State Fair Hearing?

If you, as a member of Texas Children's Health Plan, disagree with the health plan's decision, you have the right to ask for a fair hearing. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A doctor or other medical provider may be your representative. If you want to challenge a decision made by Texas Children's Health Plan, you or your representative must ask for the fair hearing at any time up until 90 days of the date on the health plan's letter with the decision. If you do not ask for the fair hearing within 90 days, you may lose your right to a fair hearing.

To ask for a fair hearing, you or your representative should either send a letter to the health plan or call:

Texas Children's Health Plan
Attention: Appeals Department NB8390
PO Box 300709
Houston, TX 77230
Fax: 832-825-8796
Phone: 832-828-1001 or 1-866-959-2555
TDD 1-800-735-2989 (Texas Relay) or 7-1-1

You have the right to keep getting any service the health plan denied or reduced, at least until the final hearing decision is made if you ask for a fair hearing by the later of: (1) 10 days from the time you get the health plan's decision letter, or (2) the day the health plan's letter says your service will be reduced or end. If you do not request a fair hearing by this date, the service the health plan denied will be stopped.

If you ask for a fair hearing, you will get a packet of information letting you know the date, time, and location of the hearing. Most fair hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied.

HHSC will give you a final decision within 90 days from the date you asked for the hearing.

If you need help filing a request for a fair hearing you can call Member Services and ask a Member Advocate to help you.

What is an expedited HMO appeal?

An expedited appeal is when Texas Children's 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.

What happens if the health plan denies the request for an expedited appeal? What are the timeframes for an expedited appeal?

Requests for expedited appeals can be oral or written. When we get your request for an expedited appeal we will decide if your appeal requires a fast review. If we decide that your appeal does not need a fast review, we will let you know by phone or mail within 2 calendar days. Your appeal will then be a regular appeal. That means we will finish it in 30 days.
If we decide that your appeal does need a fast review, the appeal will be reviewed and resolved within 3 business days. In cases of an ongoing emergency or denial of continued hospitalization, a decision will be made in 1 business day after receipt of the expedited appeal request.