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.

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. An extension is not applicable to cases of an ongoing emergency or denials of continued hospitalization.

We will call you promptly with the decision. We will also send you a letter within 2 business days of the decision.

How do I ask for an expedited appeal? Does my request have to be in writing? Who can help me in filing an expedited appeal?
You can call Member Services toll-free at 1-866-959-2555 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 my rights and responsibilities?

Member rights

1. You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. That includes the right to:
   - Be treated fairly and with respect.
   - Know that your medical records and discussions with your providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health care plan and primary care provider. This is the doctor or health care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
   - Be told how to choose and change your health plan and primary care provider.
   - Choose any health plan you want that is available in your area and choose your primary care provider from that plan.
   - Change your primary care provider.
   - Change your health plan without penalty.
   - Be told how to change your health plan or your primary care provider.
3. You have the right to ask questions and get answers about anything you don't understand. That includes the right to:
   - Have your provider explain your health care needs to you and talk to you about the different ways your health-care problems can be treated.
   - Be told why care or services were denied and not given.
4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
   - Work as part of a team with your provider in deciding what health care is best for you or your child regardless of cost or benefit coverage.
   - Say yes or no to the care recommended by your provider.
5. You have the right to use available complaint and appeal process through the managed care organization and through Medicaid, and get a timely response to complaints, appeals, and fair hearings. That includes the right to:
   - Make a complaint to your health plan or to the state Medicaid program about your health care, your provider, or your health plan.
   - Get a timely answer to your complaint.
   - Use the plan's appeal process and be told how to use it.
   - Ask for a fair hearing from the state Medicaid program and get information about how that process works.
6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
   - Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
   - Get medical care in a timely manner.
   - Be able to get in and out of a health-care provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
   - Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.
   - A right to receive information about the organization, its services, it practitioners and providers and member rights and responsibilities.
7. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you don't want to do or is to punish you.
8. You have the right to know the doctors, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals, and others cannot require you pay copayments or any other amounts for covered services.
10. You have the right to make recommendations regarding the organization's member rights and responsibilities policy.