

**YOUR RIGHTS FOR APPEAL UNDER
BLUE CROSS AND BLUE SHIELD OF TEXAS
CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)**

Blue Cross and Blue Shield of Texas (BCBSTX) can help you with problems you might have with your 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 doctor if you have questions about your care. You also can call BCBSTX Customer Service toll-free at **1-888-657-6061**, 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 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 **1-888-657-6061**, or TTY at **7-1-1**. You can also send in a written appeal. You must file your appeal with BCBSTX no later than 60 calendar days from the date of this 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. If the Appeal Form is not returned to us, we will make the decision based on information we already have and 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 physician that will look at your case will have the same, or close to the same, specialty as the physician who would usually give care to you or your child for health issues. This physician was not involved in the prior denial. The doctor reviewer will decide if the care you are asking for is needed based on your child's health record.

If an appeal is denied and within 10 working days your health care provider submits a request in writing to BCBSTX demonstrating good reason for having a particular type of specialty provider review your appeal, BCBSTX will have a provider in the same or similar specialty review the case. We will complete the specialty appeal and send our written decision to the member or the person acting on the member's behalf and the provider within 15 working days of our receiving the request for the specialty appeal.

An acquired brain injury appeal is an appeal of denied services concerning an acquired brain injury. A decision will be made no later than three business days after the date you submit the appeal. The decision will be provided by phone. We will also send a decision letter within 30 calendar days of receipt of the appeal.

A retrospective (claim) appeal will be completed within 30 calendar days after receipt of the appeal. We may extend this deadline one time for a period not to exceed 15 days.

Fast (Expedited) Appeal Request

If you, a person acting on your behalf, or the provider believe that waiting on a decision for 30 calendar days could make your child's health or well-being worse, you can ask for a faster appeal. A fast appeal can be requested for an emergency care denial, a denial of care for a life-threatening condition, and a denial of a hospital stay while you are still in the hospital. You do not need to send in a written letter of your appeal if you are asking for a fast appeal.

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 we ask you for a faster appeal.

We will look at your case and tell you our decision within the earlier of one (1) working day from receipt of all information necessary to complete the appeal or 72 hours after we receive the appeal request. We will let you know about the decision verbally or electronically. We will also send you a letter telling what we decide within 3 calendar days of the verbal or electronic notification.

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 can call us or write us.

In addition, you, a person acting on your behalf, or the provider may file a complaint if you are not happy with how we handled the review.

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

You can also call us to tell us about your complaint. Call us toll-free at **1-888-657-6061** 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.

Independent Review Organization (IRO)

If you are not happy with the BCBSTX decision on your appeal, you can ask for an external review through an independent review organization. You can only file for an external review after you go through the entire BCBSTX appeals process.

You can only ask for an IRO review 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 have 4 months from the date you received the decision notice to file your external review request. You have the right to an immediate review by an IRO if you have a life-threatening condition. You may also have an immediate review for a denial of prescription drugs or intravenous infusions for which you are currently receiving benefits. The IRO does not have a relationship with BCBSTX or your health care providers

You do not have to pay for the review. You or someone you trust can send a written request to BCBSTX at this address:

**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, your provider, or someone that you trust can also send a request for an external review directly to one of the following IROs:

Call or write to:

**Dane Street
7111 Fairway Drive, Suite 201
Palm Beach Gardens, FL 33418
Ph:888-920-4440**

or

**MAXIMUS Federal Services
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534
Fax number: 1-888-866-6190**

You can find copies of the appeals request and MAXIMUS Federal Services IRO request form on at www.bcbstx.com/CHIP.

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

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 CHIP Customer Service at 1-888-657-6061 (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@hsc.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>.

Para obtener asistencia y servicios auxiliares, o para obtener interpretación oral o escrita para entender la información que se le brinda, lo que incluye materiales en formatos alternativos, como letra grande, braille u otros idiomas, llame al Servicio al Cliente de CHIP de BCBSTX al 1-888-657-6061 (TTY/TDD 7-1-1).

Blue Cross and Blue Shield of Texas cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Blue Cross and Blue Shield of Texas no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Blue Cross and Blue Shield of Texas:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lenguaje de señas capacitados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados.
 - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con Civil Rights Coordinator.

Si considera que Blue Cross and Blue Shield of Texas no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona: 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. Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, Civil Rights Coordinator está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

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)

Puede obtener los formularios de reclamo en el sitio web <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: رگا اها ب ناب زي سراف وگا ٲ فگا يم دي نك، ٲ لاي هسٲ ي ناب ز هب ٲ روص ناگا يار ي ارب امش مهارف ي م د شاب. اب 1-855-710-6984 (TTY: 711) سامٲ دي ري گب.

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 નિઃશુલક 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, ດ້ານມີຜ້ອມໃຫ້ທ່ານ. ໂທສ 1-855-710-6984 (TTY: 711).