



**TEXAS**  
Health and Human  
Services

# **SMIMCAC Complaints, Appeals, and Fair Hearings Subcommittee Meeting**

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**February 2021**

**Rev: 2/12/21**

# Actions Taken Since August 2020

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## Incorporation of stakeholder input

- Managed care organizations, dental maintenance organizations, providers, advocacy groups, Texas Association of Health Plans, committee members, and other stakeholders associated with managed care programs
- HHSC legal review of Uniform Managed Care Manual (UMCM) 3.21
- Initiated final internal HHSC review before MCO comment period





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# Member Notice of Adverse Benefit Determination

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**Letter**

**Member Notice of Adverse Benefit Determination – Letter**

**Service Partial Denial Notice for non-STAR Members Eligible for PCS**

<MCO letterhead>

Date of Notice: **<Date Notice is Mailed>**

<Member/Parent/Guardian Name and Address>

Member Name: <Member Name>

Member Identification Number: <Medicaid ID or Subscriber Number>

Date of Birth: <Date>

<Denial Reference Number: Number, if applicable>

<Authorization Number: Number, if applicable>

**Subject Line: Important Notice About Your Benefits - Service  
<Partial Denial>**

Service(s) Affected: <Service>

Date your services will change: <Date must be at least 10 Business Days after the date this notice is mailed>

Dear <Member Name>,

**This letter is important. It is about the services you get from us, <MCO>, your health plan. Please read this letter carefully.**

You or <health care provider> asked for <# units, if applicable> <per week or month, if applicable> of <service or treatment> on <date>. Based on the review of the information gathered, we approved <# units, if applicable> per <week or month, if applicable> of <service or treatment> starting <date>.

We made this decision because:

<Plain language explanation of medical or legal reasons for decision>

You can talk with us about this decision. You can also get a free copy of the information and all records used to make this decision from us. To request

this information, you can contact the health plan representative in charge of your case, listed below.

**You may be able to get personal care services.**

Based on the information we have received, you might be able to get personal care services. Personal care services can help you with daily tasks like bathing, eating, getting dressed, preparing your meals, and housekeeping.

For more information on how to get personal care services, call us, <MCO>, at <MCO telephone number>.

**This decision was made by:**

Health Plan Representative Name: <Name>

Title: <Title-Medical Director for Medical Necessity or Utilization Management Reviewer for all other decisions>

Specialization: <Specialty>

Phone: <MCO telephone number>

Fax: <MCO fax number>

Email: <MCO email address>

Your doctor can discuss your denial with our Medical Director by calling us at <MCO telephone number>.

**You have the right to appeal this decision.**

You may be able to keep your services during your appeal. If you want to continue your services, you must make your appeal request by **<Date must be the later of the following: Date 10 Days from the date this notice is mailed or the Date services will change>**.

For more important dates and details, see the attached documents "Health Plan Appeals" and "Health Plan Appeal Request Form."



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# Member Notice of Adverse Benefit Determination

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**Health Plan Appeals Flyer**

## **Member Notice of Adverse Benefit Determination – Flyer**

### **Health Plan Appeals**

#### **Ways You Can Request a Health Plan Appeal**

- Fill out the attached “Health Plan Appeal Request Form” and mail or fax it to us using the address or fax number listed at the top of the form;
- Call us at <MCO phone number>; or
- Email us at <MCO email address>.

#### **How to Keep Your Services during a Health Plan Appeal**

- You may be able to keep getting your services during the health plan appeal process. To keep your services, check “Yes” on the Health Plan Appeal Request Form, or tell your health plan over the phone “I want to keep getting my services.”

**To keep getting your services during your health plan appeal, you must make your request by <Date must be the later of the following: Date 10 Days from the date this notice is mailed or the Date services will change>.**

If you lose your health plan appeal, you won’t have to re-pay the cost of services unless we can prove you asked in bad faith or with intent to commit fraud.

- If you don’t ask for a health plan appeal and to keep your services by **<Date must be the later of the following: Date 10 Days from the date this notice is mailed or the Date services will change>**, you will not continue to receive your services, but you still have time to ask for a health plan appeal. You must make your health plan appeal no later than **<Date 60 Days from the date this notice is mailed>**.

If you have a good reason, we may be able to accept your appeal request after this date. This includes receiving our notice late with not enough time to request an appeal.

#### **Emergency Health Plan Appeals**

If you feel your health will be seriously harmed by waiting for a decision on your health plan appeal, you can ask for an emergency health plan appeal. We will review your case and determine if you qualify for an emergency appeal. If your doctor supports your request, the doctor should submit the support in writing. If you meet the criteria for an emergency appeal, we

must make a decision to approve or deny your appeal within 72 hours of your request.

### **Your Rights During the Health Plan Appeal Process**

- We must send you a letter letting you know we received your health plan appeal request within 5 business days of receiving your request. We must make a decision and send you our decision in writing within 30 calendar days of your request.
- You can ask us for any facts we used to make our decision. If you ask for this information, we must send it to you free of charge, before your appeal and within 5 calendar days of your request.
- You can submit new information about your health plan appeal, or your doctor or healthcare provider can submit information on your behalf by mail, fax or email. If you need more time to provide us with information that may help your appeal, you can ask us to move your appeal date back for up to 14 calendar days.
- You can represent yourself or pick a relative, friend, or lawyer to represent you during the health plan appeal. You will have to pay any fees if they charge to represent you. To find free legal help in your area, see the attached list that came with this letter of legal aid providers. There is also a directory of legal aid providers at [www.texaslawhelp.org](http://www.texaslawhelp.org).
- When we send you our decision about the approval or denial of your appeal, we must also include information and instructions about your right to a state fair hearing and external medical review. But, you must wait until after our decision to ask for a state fair hearing.

### **Need Help?**

For help understanding your appeal rights or to learn more, you or your representative can call us at <MCO and/or MCO Member Advocate toll free telephone number>.

If you have more questions about the health plan appeal process, call the HHSC Ombudsman at 866-566-8989 or email your questions to <https://hhs.texas.gov/managed-care-help>.





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# Member Notice of Adverse Benefit Determination

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**Form**

**Member Notice of Adverse Benefit Determination – Form**  
**Health Plan Appeal Request Form**

To get a health plan appeal, you can fill out this form and mail or fax it to us, <MCO>.

Mail: <MCO address>  
Fax: <MCO fax number>

You can also call us at <MCO telephone number> or email us at <MCO email address> to make your request. You must request an appeal by **<date 60 Days from the date this notice is mailed>**.

If you want to continue your services during your appeal, you must make your request by **<Date must be the later of the following: Date 10 Days from the date this notice is mailed or the Date services will change>**.

**Mark the Appeal You Want**

Select one option below.

- Health Plan Appeal
- Emergency Health Plan Appeal\*

\*Emergency health plan appeals should only be requested if you believe your health will be seriously harmed by waiting for your health plan appeal decision.

<Denial Reference Number: Number>

**Do You Want Your Services to Continue?**     Yes             No

You must request for your services to continue by **<Date must be the later of the following: Date 10 Days from the date this notice is mailed or the Date services will change>**.

You can make this request by telephone. Call us at <MCO telephone number> if you believe this form will not reach us by mail before the deadline.

**Your Personal Information\***

Member Name:	Parent or Guardian Name:
Member Medicaid ID or Subscriber Number:	Preferred Phone Number:

\*If any of your personal contact information has changed, contact the enrollment broker at 1-800-964-2777 and <MCO> at <MCO telephone number>.

## Your Representative's Information\*

Name:
Address:
Phone Number:

\*This is only if you are choosing someone else to represent you. You can represent yourself.

## Reason for the Appeal

You do not have to answer the questions in this section. But answering these questions is a way for you to tell us about the services under appeal. You may also include any information in your answers about why you think you need these services.

Services Under Appeal:
Why:

## Sign this form:

By signing this form, you or your representative are requesting an appeal and giving your health plan, <MCO>, authorization to get your medical records and to contact a representative if you listed one.

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Member/Authorized Representative Signature

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Printed Name



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# **Member Notice of MCO Internal Appeal Decision**

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**State Fair Hearings and External Medical Reviews Flyer**

## **Member Notice of MCO Internal Appeal Decision - Flyer**

### **State Fair Hearings and External Medical Reviews**

A state fair hearing is when the Texas Health and Human Services Commission directly reviews our decisions with your medical care.

If you ask for a state fair hearing, you can also ask for an external medical review where independent healthcare experts review your request to continue receiving services. The external medical review is an optional, extra step you can take before your state fair hearing to get your case reviewed at no cost to you. It doesn't change your right to a state fair hearing.

### **How to Request a State Fair Hearing**

- Fill out the attached "State Fair Hearing and External Medical Review Request Form" and mail or fax it to us using the address and fax number at the top of the form.
- Call us at <MCO telephone number>;
- Email us at <MCO email address>; or
- Go in-person to a local Health and Human Services Commission office.

### **When to Request a State Fair Hearing**

If you kept receiving services during your health plan appeal, you may be able to continue your services during your state fair hearing.

- **If you want to keep getting your services, you must make your request by <Date must be the later of the following: Date 10 Days from the date this notice is mailed or the Date services will change>.**

To keep your services, check "Yes" on the State Fair Hearing and External Medical Request Form, or tell your health plan over the phone "I want to keep getting my services."

If you don't think your request will make it to us in time by mail, please call us at <MCO telephone number>.

If you lose your state fair hearing, you won't have to re-pay the cost of services unless we can prove you asked in bad faith or with intent to commit fraud.

- If you don't ask for a state fair hearing and to keep your services by **<Date must be the later of the following: Date 10 Days from the date this notice is mailed or the Date services will change>**, you will not continue to receive your services, but you still have time to ask

for a state fair hearing. You must make a request for a state fair hearing by **<date 120 Days from the date this notice is mailed>**.

If you don't ask for the state fair hearing by this date, you may lose your right to a state fair hearing.

- If you have a good reason, we may be able to accept your appeal request after this date. This includes receiving our notice late with not enough time to request an appeal.

### **What to Expect After You Make Your Request for a State Fair Hearing**

When you ask for a state fair hearing with or without an external medical review, a hearings officer will be placed in charge of your case.

You'll get a "Notice of Hearing" in the mail **within 10 calendar days** of your request for a state fair hearing. The "Notice of Hearing" will tell you the date, time, and location of your hearing.

If you ask for an external medical review, it will happen before your state fair hearing. An external medical review doesn't affect when your state fair hearing will be scheduled.

#### **About the External Medical Review**

- HHSC will give your information to independent healthcare experts who will review your case.
- Only the information submitted for your health plan appeal will be used. So, you won't be able to give new information for the review.
- These experts can agree with or change our decision. The expert's external medical review decision will be mailed to you **in 10 calendar days or less**.
- After you get your external medical review decision, you can choose if you want to also have the state fair hearing you requested.
- If you want to have your state fair hearing, the external medical review decision may be considered as evidence during your state fair hearing.

#### **About the State Fair Hearing**

- Most hearings are held by phone, but if you have good reason, you can request to hold it in-person.
- You have the right to see any information your health plan will use at the hearing. We are required to send you this information within 10 calendar days from the date you requested a hearing.
- You can submit new facts about your case to HHSC.
- HHSC can agree with or change our decision in a state fair hearing decision. But, if you had an external medical review, the state fair hearing decision will not reduce your benefits below the external medical review decision.

- The written state fair hearing decision will be mailed to you within 90 calendar days of the date you asked for a state fair hearing.
- The decision will explain your right to have the case reviewed by an HHSC attorney if you disagree with the decision made about your services.

## **Emergency State Fair Hearings and External Medical Reviews**

If you feel your health will be seriously harmed by waiting for a decision, you can ask for an emergency state fair hearing. HHSC will review your case and determine if you qualify for an emergency state fair hearing. If your doctor supports your request, the doctor should submit the support in writing.

If you get an emergency state fair hearing, your hearing will be scheduled, and you will get a decision within 3 business days of your request for an emergency state fair hearing.

If you request an emergency external medical review with your emergency state fair hearing, you'll get the external medical review decision within 24 hours. You can choose whether you want to have the state fair hearing you requested.

### **Need Help?**

For help understanding a state fair hearing and external medical review or to learn more, you or your representative can call us at <MCO and/or MCO Member Advocate toll free telephone number>.

If you have more questions about the state fair hearing process, call the HHSC Ombudsman at 866-566-8989 or email your questions to <https://hhs.texas.gov/managed-care-help>.

# Next Steps

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**For an implementation date of September 2021, these are the next steps:**

- Final internal review- Feb/March 2021
- Send UMCM to MCOs for formal comment-mid-April 2021
- UMCM translated & published-July 2021
- MCO system changes-June 2021 to August 2021
- Full Implementation-September 2021



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