



## Important Information: EXTERNAL REVIEW NOTICE

Dear Member,

We recently sent you a letter with a wrong phone number listed for Member Services. The correct phone number is 1-866-959-6555. Everything else on the letter is correct.

We are sorry if this has caused you any difficulty in reaching us.

Sincerely,

Texas Children's Health Plan

Updated letter:

### **RE: External Review**

Dear Member:

Texas Children's Health Plan wants to notify you of a change to the Appeal Process. You have the right to an External Review if you receive a Notice for denial of services or treatment.

We have included below the information to request an Internal Appeal through Texas Children's Health Plan and the Right to an External Review. We have included the procedures for providing a standard external review under the HHS-Administered Federal External Review Process.

Since 07/01/2018, you have the right to request an External Review.

If you have questions, please call Texas Children's Health Plan at 1-866-959-6555.

### **Our Internal Appeal Process**

You, a representative, or the provider who gave the service/treatment have the right to appeal an adverse determination (denial) orally or in writing. You may represent yourself or be represented by your health care provider, a friend, a relative, a lawyer, or another spokesperson. We will send you a copy, free of charge, of the reasons and all records used to make this decision if you ask for a copy. You or your health care provider, a friend, a relative, lawyer, or another spokesperson may send us written comments, documents, or any other information you feel is important. A doctor who has not reviewed the case before will make the appeal decision. You or your representative must send us the appeal no later than 60 days after the date of this letter.



**Texas Children's<sup>®</sup>  
Health Plan**

## **Important Information: EXTERNAL REVIEW NOTICE**

If you need help filing your request for an appeal, you can call Member Services toll-free at 1-866-959-6555.

**Written Appeal:** To submit a written appeal, you can mail or fax it to:

**Texas Children's Health Plan  
Attn: Utilization Management Appeals Department  
P.O. Box 301011, WLS 8390  
Houston, TX 77230-1011  
Fax Number: 832-825-8796**

**Oral Appeal:** To file an oral appeal, you can call Member Services toll-free at **1-866-959-6555**.

## **Notice of Right to an External Review**

If Texas Children's Health Plan upholds its initial decision on appeal, you are entitled to request an external review. In some cases, you are entitled to request an external review even before you have completed the Texas Children's Health Plan internal appeals process, including when the health plan's internal review process does not comply with Federal standards, or in the case of medical urgency.

If we have denied your request for services or treatment, you may have the right to have our decision reviewed by health care professionals who have no association with us. You may do so if our decision involved the medical necessity, appropriateness, health care setting, level of care or effectiveness of the health care service or treatment that was requested.

The request can be submitted to MAXIMUS Federal Services. Instructions for how to submit this request are in the sections below.

## **Standard External Review Process**

You or your representative may file a written request for an external review with the external review examiner. This written request can be filed within 4 months after the date of receipt of an adverse benefit determination notice or a final internal adverse benefit determination notice.

If there is no matching date 4 months after the date of receipt of one of these notices, then the request must be filed by the 1<sup>st</sup> day of the 5<sup>th</sup> month following the receipt of the notice. For example, if the date of receipt of the notice is October 30, the request must be filed by March 1 because there is no February 30. If the last filing date would fall on Saturday, Sunday, or a Federal holiday, the last filing date is extended to the next day that is not Saturday, Sunday or a Federal holiday.

You can request an external review in writing by faxing the request to 1-888-866-6190. You can also send the request by mail to:

MAXIMUS Federal Services  
3750 Monroe Avenue, Suite 705  
Pittsford, NY 14534

If you have any questions or concerns during the external review process, you can call MAXIMUS toll-free at 1-888-866-6205.

You can submit additional written comments to the external reviewer at the MAXIMUS mailing address above. If any additional information is submitted, it will be shared with Texas Children's Health Plan to give the plan an opportunity to reconsider the denial.

### Expedited External Review Process

You or your representative may make a written or oral request for an expedited external review with the examiner at the time the member receives:

- An adverse benefit determination, if the adverse benefit determination involves the member's medical condition for which the timeframe for completion of an expedited internal appeal would seriously jeopardize the member's life or health or would jeopardize the member's ability to regain maximum function and the member has filed a request for an expedited internal appeal; or
- A final internal adverse benefit determination, if the member has a medical condition where the timeframe for completion of a standard external review would seriously jeopardize the member's ability to regain maximum function, or if the final internal adverse benefit determination concerns an admission, availability of care, continued stay, or health care item or service for which the member received emergency services, but the member has not been discharged from the facility.

You can request an expedited external review by calling the toll-free number for MAXIMUS at 1-888-866-6205.

FAQs for Members

## **CONSUMER INFORMATION**

### **1. What is the External Review Process?**

The External Review Process gives you the right to an independent, third-party review when your health insurance plan denies care or refuses to pay for care you already received. Under the Affordable Care Act, health insurance issuers in certain States (which have not met minimum consumer protections in their external review process) may choose either: the HHS-Administered Federal External Review Process, or they may contract with accredited Independent Review Organizations (IROs) to review external appeals on their behalf.

### **2. Under the HHS-Administered Federal External Review Process, who may request external review?**

A consumer (or patient) or their authorized representative may request an external review.

### **3. When can I request an external review?**

A consumer (or their authorized representative) must request an external review within 4 months of receiving a final internal adverse benefit determination notice from their health plan or issuer.

### **4. Are there times when I can request a simultaneous internal appeal and external review?**

Yes, you may request a simultaneous internal appeal and external review:

- When an adverse benefit determination involves a medical condition of the claimant for which the timeframe for completion of an expedited internal appeal would seriously jeopardize the life or health of the claimant or the ability of the claimant to regain maximum function,
- When a final internal adverse benefit determination involves a medical condition of the claimant for which the timeframe for completion of an expedited internal appeal would seriously jeopardize the life or health of the claimant or the ability of the claimant to regain maximum function, or
- When a final internal adverse benefit determination concerns the admission, availability of care, continued stay or health care service for which the claimant received emergency services but has not yet been discharged from a facility.

### **5. How can I appoint an "authorized representative" for my external appeal?**

You can designate an authorized representative (such as your physician) to request an external appeal by completing an "Appointment of Representative" Form. You must complete and sign Section 1 of the form and the individual you are appointing must complete and sign Section 2 of the form. You should keep a copy of the signed form and include the signed original with your review request.

The HHS-Administered Federal External Review Process "Appointment of Representative" Form is available by fax or e-mail request, and it is available at: [www.externalappeal.com](http://www.externalappeal.com).

In addition, your health plan or issuer, or Consumer Assistance Program in your home State may have an Appointment of Representative form. If so, you may submit a copy of that form with your request for external review (provided all the information required by the HHS form is contained in this form).

### **6. Can a provider submit an external appeal on its own behalf?**

No. A provider may not submit an external appeal directly, but may serve as an authorized representative for a patient.

### **7. How much does an external review cost under the HHS-Administered Federal External Review Process?**

There is no cost to you or the insurer.

### **8. Who operates the HHS-Administered Federal External Review Process?**

MAXIMUS Federal Services, Inc. was selected as the independent, third party reviewer to operate the HHS-Administered Federal External Review Process.

### **9. Who conducts the external review?**

MAXIMUS has a group of experts, including lawyers, doctors, nurses and other consultants, who conduct the external review.

### **10. How can I ask for an external review under the HHS-Administered Federal External Review Process?**

You can mail or fax a written request for a standard external review. Starting soon, you will also be able to use a secure web-based portal to request a standard external review.

You can ask for an expedited external review by calling the toll-free telephone number: 1-888-866-6205. You can ask for an expedited external review by mail or fax.

You can mail a request to the address listed on the notice provided by the health insurance issuer denying benefits or you can mail your request directly to MAXIMUS.

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

### **11. Can I ask for an external review by phone?**

Only requests for expedited (fast) external review can be made by phone. Standard requests must be submitted in writing (mail or fax) or online (starting soon).

### **12. How long does it take MAXIMUS to make an external review decision for the HHS-Administered Federal External Review Process?**

For a standard external review, the MAXIMUS reviewer must give you written notice of the decision as soon as possible, but no more than 45 days after the reviewer receives your request for an external review.

For an expedited external review, the MAXIMUS reviewer must give you and the health plan the decision as quickly as medical circumstances require, but no more than 72 hours of receiving your request. The reviewer can give you an oral decision but must follow up in writing within 48 hours.

### **13. Where can I get more information about the HHS-Administered Federal External Review Process?**

You can get more information on this website:

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Consumer-Support-and-Information/External-Appeals.html>