



El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

FILING FOR A STATE FAIR HEARING

If you, as a member of El Paso Health disagree with El Paso Health’s decision, you have the right to ask for a fair hearing. You may name someone to represent you by writing a letter to El Paso Health 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 El Paso Health, you or your representative must ask for the fair hearing within 90 days of the date on El Paso Health’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 El Paso Health at:

El Paso Health
Attention: Health Services Department
1145 Westmoreland Drive
El Paso, TX 79925

or call at:
(915) 532-3778 or toll free at (877) 532-3778

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 calendar days following the El Paso Health’s mailing of the notice of the Action, or (2) the day El Paso Health’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.

The Texas Health and Human Services Commission (HHSC) will give you a final decision within 90 days from the date that you asked for the hearing.

✂-----

Member Name: _____

Member Address: _____

Member Phone No.: _____ Member Medicaid No.: _____

Service Denied: _____ Date Service Denied: _____

Yes, I would like to request a State Fair Hearing from HHSC. I have attached a copy of the letter from El Paso Health.

Member’s Signature

Date

