



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

FILING FOR A STATE FAIR HEARING

If you disagree with El Paso Health's decision made on an appeal, you have the right to ask for a State Fair Hearing. You also have a right to request a State Fair Hearing if El Paso Health does not make a decision on your appeal within the required timeframe. 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 may ask for the State Fair Hearing after receiving notice that El Paso Health is upholding the adverse determination. You may also request a State Fair Hearing if El Paso Health does not make a decision on your appeal within the required timeframe. You or your representative have 120 days of the date on El Paso Health's appeal decision letter to request a State Fair Hearing. If you do not ask for the State Fair Hearing in 120 days, you may lose your right to do so. To ask for a State Fair Hearing, you or your representative should send a letter or call El Paso Health at:

El Paso Health
Attention: Complaints and Appeals Department
1145 Westmoreland Drive
El Paso, TX 79925
Phone: (915) 532-3778
Fax: (915) 298-7872
Toll Free Phone: (877) 532-3778

You have the right to continue receiving any services that the health plan has denied or reduced, at least until the final hearing decision is heard, if you ask for a fair hearing no later than: (1) 10 calendar days after the date the notice of action is mailed by the plan, or (2) the date the service will be reduced or suspended per the plan letter. If you do not ask for a fair hearing before this date, the service that the health plan denied you will be stopped.

If you ask for a State 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.





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Member Name: _____ Date of Birth: _____

Member Address: _____

Provider's Name: _____

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

Type of 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





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IMPORTANT NOTICE TO MEMBERS

If you have any questions or need help, please call our Member Services Department at **915-532-3778** or toll free at **1-877-532-3778** from 7 A.M. to 5 P.M. Mountain Time, Monday thru Friday. Our toll free TTY phone number for the hearing impaired is **1-855-532-3740**. We can provide you with written or oral interpretation of the services provided. Call us toll free at **1-877-532-3778** to receive support aids and services, including this material in another format.

AVISO A LOS MIEMBROS

Si tiene alguna pregunta o necesita ayuda, llame a nuestro Departamento de Servicios para Miembros al **915-532-3778** o al número gratuito **1-877-532-3778** de 7 A.M. a 5 P.M. horario de la montaña, de lunes a viernes. Nuestro número de teléfono TTY gratuito para personas con discapacidad auditiva es **1-855-532-3740**. Podemos proporcionar una interpretación escrita u oral de los servicios brindados. Llámenos sin cargo al **1-877-532-3778** para asistencia técnica y servicios, incluyendo material en otro formato.