The process outlined in this flyer apply to all health plan appeals including emergency appeals.

**Request a Health Plan Appeal by either:**

* Filling out the attached “Health Plan Appeal Request Form” and mailing or faxing it to us using the address or fax number listed at the top of the form;
* Call Driscoll Health Plan at 1-877-324-7543; or
* Emailing us at DHP\_QM\_Appeals@dchstx.org

**You must request an appeal by: [date 60 days from the date this notice is mailed]**

If you have a good reason like receiving our notice late, we may be able to accept your appeal request after this date.

**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. Make a request by checking “Yes” where it says “Do You Want Your Services to Continue?” on the Health Plan Appeal Request Form. You can also call Driscoll Health Plan at 1-877-324-7543 and say you want to keep your services during your appeal.

**You must make this request by: [date must be the later of the following: 10 days from the date, this notice is mailed or the date services will change]**

If you lose your Health Plan Appeal, you may have to pay your Health Plan back for services provided to you during your appeal. Driscoll Health Plan cannot ask you to pay them back for services you received without permission from HHSC.

If you do not ask for a Health Plan Appeal and to keep your services by **[date must be the later of the following: 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 or your Doctor can ask for an Emergency Health Plan Appeal. We will review your case and determine if you qualify for an Emergency Health Plan Appeal. We must decide to approve or deny your appeal within 72 hours of your request. If you do not qualify for an Emergency Appeal, we will let you know. We will process your appeal according to the standard timeframe detailed below. You can file a complaint if you do not agree with our decision to deny your request for an Emergency Health Plan Appeal.

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 five business days of receiving your request.
* We must make a decision about your health plan appeal and send it to you 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 will send it to you free, before your appeal, and within five calendar days of your request.
* You, your doctor, or your healthcare provider can submit written comments, documents, or other information about your health plan appeal by mail, fax, or email. If you need more, time to send us 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, lawyer, or someone else 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 legal aid providers list that came with this letter and a directory at: www.texaslawhelp.org
* When we send you our decision about the approval or denial of your appeal, we will also include information about your right to a State Fair Hearing and External Medical Review.

**Need Help?**

You or your representative can call us at 1-877-324-7543 and speak with a Member Advocate to learn more about your appeal rights.

If you have more questions about the Health Plan Appeal Process, call an HHS Ombudsman at 1-866-566-8989 or complete the online form at: www.hhs.texas.gov/managed-care-help