

Process for Filing a State Fair Hearing

If you disagree with Parkland Health*first's* Appeal decision, you have the right to ask for a state fair hearing from the Health and Human Services Commission (HHSC) once you have exhausted the health plan's internal appeals process. You may represent yourself at the state fair hearing, or name someone else to be your representative. This could be (a doctor, relative, friend, lawyer or any other person). You may name someone to represent you by writing a letter to Parkland Health*first* telling them the name of the person that you want to represent you.

If you want to challenge an Appeal decision made by Parkland Health*first* you or your representative must ask for the state fair hearing within 150 days of the appeal decision letter. If you do not ask for a state fair hearing by this date, you may lose your right to a state fair hearing. To ask for a state fair hearing, please see the attached State Fair Hearing form. Call us at the phone number below if you need help in filling out the form. You or your representative should write or call Parkland Health*first* at:

Parkland Community Health Plan
Attn: Member Advocate
P.O. Box 569005
Dallas, Texas 75356-9005
1-888-672-2277 (toll free)
or Fax 1-877-223-4580

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 hearings are held by telephone. You can also contact the HHSC hearings officer if you would like the hearing to be held in-person. During the hearing, you or your representative can tell why you need the service or why you disagree with Parkland Health*first's* action.

You have the right to examine, at a reasonable time before the date of the state fair hearing, the contents of your case file and any documents to be used by Parkland Health*first* at the hearing.

Before the hearing, Parkland Health*first* will send you all of the documents to be used at the hearing. HHSC will give you a final decision within 120 days from the date you asked for the hearing.

Expedited State Fair Hearing

If you believe that waiting for a state fair hearing will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you or your representative may ask for an expedited state fair hearing by writing or calling Parkland Health*first* lth. To qualify for an expedited fair hearing through HHSC, you must first complete Parkland Health*first's* internal appeals process.

Continuation of Benefits

If you ask for a state fair hearing within 30 days of receipt of the appeal decision letter you may be able to keep getting any service or benefit that is being terminated, suspended or

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reduced by Parkland Health*first*, at least until the final hearing decision is made. If you do not request a state fair hearing by this date, the service or benefit will be terminated, suspended or reduced. If you lose your state fair hearing appeal, Parkland Health*first* may be able to recover the costs from the provider of services or benefits provided to you while the appeal and state fair hearing were pending. You may have to pay for the services if the decision is upheld.

You can tell the Member Advocate that you want to keep getting care and benefits by contacting:

Parkland Community Health Plan

Attn: Member Advocate

P.O. Box 569005

Dallas, Texas 75356-9005

1-888-672-2277 (toll free)

STATE FAIR HEARING FORM

Please call Parkland Community Health Plan and ask to speak with the Member Advocate if you have questions about how to fill out this form

If you disagree with Parkland Health*first's* Appeal decision, you have the right to ask for a Fair Hearing. You may appoint, in writing, someone to represent you. You must ask for a Fair Hearing within one hundred fifty (150) days of the date that you received a letter from Parkland Health*first* informing you of the Appeal decision. If you do not request a Fair Hearing within 150 days, you may lose your right to a Fair Hearing. To request a Fair Hearing you or your representative need to contact Parkland Community Health Plan by telephone at 1-888-672-2277 or in writing to:

Parkland Community Health Plan
Attention: Parkland HEALTH*first* Member Advocate
P. O. Box 569005
Dallas, TX 75356-9005

You have a right to continue any service you are now receiving until the final hearing decision if you request a Fair Hearing within thirty (30) days from receipt of Parkland Health*first's* Appeal decision. If a Fair Hearing is not requested within 30 days from receipt of Parkland Health*first's* Appeal decision, the services being appealed will be discontinued.

If you request 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 and you or your representative may tell why you asked for the service.

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

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Member Name: _____

Member Address: _____

Member Phone Number: _____

Member Medicaid Number: _____

Plan Name: _____

Service Denied: _____

Date Service Denied: _____

Yes, I would like to request a Fair Hearing from the Texas Health and Human Services Commission. I have attached a copy of the notification letter.

Signature –Member

Date

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