Aetna Better Health of Texas
Process for Filing a Complaint and Appeal of an Adverse Determination and/or Requesting a State Fair Hearing for Medicaid Members

You or your provider may call or write to us and ask that the request be appealed. You may also complain about how the request was handled. The process for filing an appeal or a complaint is enclosed in this letter. You can give consent for someone to act for you, such as a doctor, a friend, a family member, or a lawyer. A copy of the written consent form is attached for your convenience.

If you need help understanding this notice or if you want to learn more, you or your representative can call or write Aetna Better Health at:

Aetna Better Health of Texas
Attn: Member Advocate
P.O. Box 569150
Dallas, Texas 75356-9150
1-800-306-8612 (toll free) (Tarrant)
1-800-248-7767 (toll free) (Bexar)
1-844-STRKIDS (1-844-787-5437) (toll free)

Filing a Complaint

After making a complaint an acknowledgement letter will be sent within 5 days. Your complaint must be resolved within 30 calendar days. We will work with internal and/or external team to review your complaint. Once a resolution is made, you have the right to get a copy of your complaint and any other related documents.

Appeal

If you do not agree with the decision Aetna made on your services, you can request an appeal. An appeal can be made verbally or in writing. Verbal Appeals must be confirmed in writing. A written or oral appeal may not be filed more than 60 calendar days after the date the written notice is made on your services. The appeal can be filed by the member, the doctor or anyone acting on your behalf of the member. You have the right to look at our file on this request at any time. You can file an appeal by calling or writing the Aetna Better Health Member Advocate.

Continuation of Benefits

You can ask for any service or benefit that may be terminated, suspended or reduced to keep going when you appeal. This must be asked for within thirty (30) business days from the denial decision notice or before the date services will be discontinued, whichever is later. The service or benefit will be terminated, suspended or reduced if you do not ask for it by the times specified above. Aetna Better Health may be able to get back the payment of the service or benefit that was kept going, If the appeal is denied. You may have to pay for these services, if the appeal is denied.

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

The Aetna Better Health Member Advocate
Call Toll Free 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar)
P.O. Box 569150
Dallas, Texas 75356-9150

Verbal Appeal
The Member Advocate can help you file an appeal. Everything you tell us will be written down on a form for you to sign. The form will be mailed to you to review. You can add information or correct anything the Member Advocate wrote. The signed verbal appeal form can be faxed to the Member Advocate. You can also mail it in the envelope provided.

Written Appeal
You can mail or fax an appeal letter to the Member Advocate. Please send any information you want us to review. We would like to get any new information we did not have before to help us make a decision. Send written appeals to:

Aetna Better Health of Texas
Attn: Member Advocate
P.O. Box 569150
Dallas, Texas 75356-9150
or Fax 1-877-223-4580

An acknowledgement letter will be sent within 5 working days from the day we receive the appeal.
The Member Advocate will send you a letter to explain the appeal procedures. The letter will tell you how long we have to make a decision. It will also explain your rights. If more information would help us make a decision, you will also get a list of what we need.

Timeframe to submit additional information after the appeal has been received
Your appeal must be resolved within 30 calendar days. If we do not receive additional information a decision will be made based on the information we have.

Appeal Decision and Timeframe
We have up to 60 calendar days to make a decision about your appeal. If we do not receive additional information a decision will be made based on the information we have.

The doctor who made the first decision cannot review the appeal. It will be sent to a different doctor to make a decision. The doctor will be someone who knows how to manage the same type medical condition you have. The doctor will also be familiar with the services that are being appealed.

The timeframe for notifying the member of the outcome of the Appeal may be extended up to 14 calendar days if the member requests an extension or Aetna Better Health shows that there is a need for additional information and how the delay is in the member's interest. If the timeframe is extended, Aetna Better Health must give the member written notice of the reason for delay if the member had not requested the delay.

Expedited Appeal
You can ask that we review your appeal as soon as possible. You can call or write the Member Advocate to get help. The Member Advocate will explain the process to you. Some of the reasons we would make a decision quickly include:

- The care is needed because of an emergency
- You are in the hospital
- You would be harmed by waiting the standard amount of time for a decision.

If you have already received the services, we will handle your appeal in the standard timeframe.

If we deny a request for expedited review of an appeal, we will:

1. Follow the Standard Appeal process
2. Make an attempt to verbally advise you of the expedited review denial and follow up within two days with a written notice.

Aetna Better Health must notify the member of the outcome of the Expedited Appeal within seventy-two (72) hours.

Except for an Appeal relating to an ongoing emergency or denial of continued hospitalization, the timeframe for notifying the member of the outcome of the Expedited Appeal may be extended up to 14 calendar days if the member requests an extension or Aetna Better Health shows that there is a need for additional information and how the delay is in the member's interest. If the timeframe is extended, Aetna Better Health must give the member written notice of the reason for delay if the member had not requested the delay.

Appeal Resolution Notification

The appeal decision will be mailed to you and the provider who made the request. We will also call or fax the decision to the provider. If the denial is upheld the letter will explain the remaining appeal rights. If the denial is overturned the provider will contact the member and provide the services.

Process for Filing a State Fair Hearing

If you disagree with Aetna Better Health'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 Aetna Better Health telling them the name of the person that you want to represent you.

If you want to challenge an Appeal decision made by Aetna Better Health of Texas you or your representative must ask for the state fair hearing within 150 days from the date 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 Aetna Better Health at:

Attn: Member Advocate
P.O. Box 569150, Dallas
Texas 75356-9150
***Call Toll Free* 1-800-306-8612 (Tarrant)**
***Call Toll Free* 1-800-248-7767 (Bexar)**
***Call Toll Free* 1-844-STRKIDS (1-844-787-5437)**
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 Aetna Better Health'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 Aetna Better Health at the hearing.

Before the hearing, Aetna Better Health will send you all of the documents to be used at the hearing. HHSC will give you a final decision within 90 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 Aetna Better Health. To qualify for an expedited fair hearing through HHSC, you must first complete Aetna Better Health's internal appeals process.

Continuation of Benefits

If you ask for a state fair hearing within thirty (30) business days of the appeal decision letter, you may be able to keep getting any service or benefit that is being terminated, suspended or reduced by Aetna Better Health, 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, Aetna Better Health may be able to recover the costs of providing the service or benefit to you while the appeal was 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:

The Aetna Better Health Member Advocate
Call Toll Free 1-800-306-8612 (Tarrant) or 1-800-248-7767 (Bexar) or 1-844-STRKIDS (1-844-787-5437)
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