

Complaints and Appeals

Complaints

What should I do if I have a complaint?

We want to help. If you have a complaint, please call us toll-free at 1-800-431-7798 (TTY 7-1-1) to tell us about your problem. A FirstCare Member Services Advocate can help you file a complaint. Just call 1-800-431-7798. Most of the time, we can help you right away or at the most within a few days.

FirstCare will acknowledge, investigate, and resolve a complaint within 30 days after the date FirstCare receives your complaint.

What are the requirements and timelines for filing a complaint?

You can file a complaint anytime. A complaint can be done over the phone or in writing:

FirstCare Health Plans
Attn: Complaints & Appeals
1206 West Campus Drive
Temple, TX 76502
Fax: 806-784-4319

You can also file a complaint with FirstCare Self-Service on my.FirstCare.com:

- Log into the portal
- Choose “Send a Message” in the Message Center
- Select “Complaint” under Message Type
- Enter and submit your complaint

Once we receive your complaint, we will send you a letter letting you know we are working to resolve the problem. This letter will be mailed within five business days after we receive your complaint.

How long will it take to process my complaint? What are the requirements and timeframes for filing a complaint?

We will send you a letter telling you about our decision. You will receive this letter within 30 days after we receive your complaint.

If you have a complaint about an ongoing emergency or hospital stay, we will resolve your complaint as soon as we can based on the urgency of your case and no later than one (1) business day from when you got your complaint.

If I am not satisfied with the outcome, who else can I contact?

If you cannot get things worked out to your satisfaction with FirstCare, you can complain to the Health and Human Services Commission (HHSC).

How to file a complaint with HHSC?

Once you have gone through the FirstCare complaint process you can complain to the Health and Human Services Commission (HHSC) by calling toll-free 1--866--566--8989 (TTY 7-1-1), 8 a.m. to 5 p.m. CST, Monday to Friday. If you would like to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission
Ombudsman Managed Care Assistance Team
P.O. Box 13247
Austin, TX 78711-3247
Fax: 888-780-8099

If you can get on the Internet, you can submit your complaint at:
hhs.texas.gov/managed-care-help. See flyer on page 71 for more information.

Appeals

Coverage Determinations

All denials of services are made by the FirstCare Medical Director(s), after review of medical facts given by your provider. Any person making decisions for services makes them based only on the appropriateness of care and services. No rewards are based on review of services or service denials. FirstCare does not offer money or rewards, to providers or other people making decisions on services.

What can I do if my doctor asks for a service or medicine for me that's covered but FirstCare denies it or limits it?

There may be times when FirstCares's Medical Director denies services or medicines. When this occurs, you may appeal this decision. Call Member Services at **1-800-431-7798** to find out more.

How will I find out if services are denied?

FirstCare will send you a letter telling you that the services were denied or limited.

When do I have the right to ask for an appeal?

You can appeal a decision if Medicaid covered services are denied based on lack of medical need. You can appeal a denial if you feel FirstCare:

- Denied coverage for care you think should be covered;
- Stopped care you think you need;
- Did not pay for services in whole or in part; or
- Limited a request for a covered service.

What are the requirements and timelines for filing an appeal?

You have sixty (60) days from the date of the denial letter to send us an appeal. You or your provider may appeal verbally or in writing.

We will send you a letter within five (5) business days of receiving your appeal, to let you

know that we got it and let you know what other information you can send. You can send us proof, or any claims of fact or law that support your appeal, in person or in writing.

We will complete the entire standard Appeal review within thirty (30) days of your oral or written request. If your appeal is denied, the letter will explain the reason why it was denied and tell you how to appeal to the next level.

If the time frame will be longer, we will notify you by phone followed by a written notice of the reason for the delay (unless you asked for the delay) within two (2) calendar days. The time frame can only be extended up to 14 days. If we need more information, we will reach out to your doctor.

If you wish to appeal a denial of a service that is not a covered benefit, then you can file a complaint with us or the State. See “Complaints Process” section above to see how to file a complaint with us or the state.

How can I ask for continuation of current authorized services?

If you are receiving services that are being ended, suspended or reduced, you must file an appeal on or before the later of:

- 10 days following the FirstCare’s mailing of the notice of the action (using the postage stamp date) or
- The intended effective date of the proposed action for the service to end, suspend, or be reduced
- If you are already getting services, you may ask that they be continued until you find out the results of your appeal. You may have to pay for the services, if the decision is upheld.

Call FirstCare at 1-800-431-7798 for more information.

Does my appeal request have to be in writing?

No, you can call Customer Service at 1-800-431-7798 (TTY 7-1-1) to let us know you want to appeal an action. You can also submit your appeal in writing. If you need help, FirstCare can help you write your appeal by requesting a Member Advocate. Your written appeal should be mailed to:

FirstCare Health Plans
Attn: Complaints & Appeals
1206 West Campus Drive
Temple, TX 76502
Fax: 806-784-4319

Can someone from FirstCare help me file an appeal?

Yes. Call FirstCare Customer Service at 1-800-431-7798 and a Member Advocate can help guide you through the appeals process.

Emergency Appeals

What is an Emergency Appeal?

An Emergency Appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

How do I ask for an expedited appeal?

Call FirstCare Customer Service at 1-800-431-7798 (TTY 7-1-1) if you need help.

Does my request have to be in writing?

No, you may ask for an Emergency Appeal by phone or in writing, but we may be able to help you faster if you call us.

What are the timeframes for an expedited appeal?

If your Emergency Appeal is about an ongoing emergency or denial to stay in the hospital, FirstCare will review your case and get back to you within one (1) workday after we receive your request. Other emergency appeals will be decided within 72 hours. The appeal process may be extended up to 14 calendar days if you request an extension. Or, if FirstCare explains the need and how the extension is best for you. You will receive a letter if the emergency appeal process is extended.

What happens if FirstCare denies the request for an Emergency Appeal?

If FirstCare decides we do not need to make a decision quickly based on the condition of your health, we will let you know right away. The appeal will still be reviewed, and the decision may take up to thirty (30) days.

Who can help me file an Emergency Appeal?

FirstCare Customer Service can help you with your appeal. Call FirstCare Customer Service toll-free at 1--800--431--7798 (TTY 7-1-1) and a Member Advocate can help you.