

State Fair Hearing Form

****Please call Aetna Better Health and ask to speak with the Member Advocate if you have questions about how to fill out this form**

If you disagree with Aetna Better Health'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 Aetna Better Health 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 Aetna Better Health by telephone at 1-888-306-8612 (STAR - Tarrant) or 1-800-248-7767 (STAR - Bexar) or 1-844-787-5437 (STAR Kids – Tarrant) in writing to:

Aetna Better Health
Attention: Member Advocate
P. O. Box 569150
Dallas, TX 75356-9150

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 Aetna Better Health's Appeal decision. If a Fair Hearing is not requested within 30 days from receipt of Aetna Better Health's Appeals 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 120 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