

Who to contact if you need help

Your STAR Kids Health Plan

- Your service coordinator is trained to help families resolve issues, such as finding a provider.
- Each health plan must offer member advocates, who are there to help members navigate the health plan's system. See your health plan's member manual for more information.

Health and Human Services Commission (HHSC)

- HHSC Command Center - ManagedCareExpansion@hhsc.state.tx.us - Issues, questions, concerns and complaints about the STAR Kids program may be sent to the HHSC Command Center, which receives, prioritizes and assigns issues to subject matter experts for resolution.
- Office of the Ombudsman - Ombudsman Managed Care Assistance Team - 1-866-566-8989

Complaints

If you have a complaint, please call your health plan toll-free at the number found in their member handbook to tell them about your problem.

- A member services advocate can help you file a complaint.
- The health plan must use appropriately trained pediatric providers for the purposes of reviewing all medically-based member complaints and appeals, such as member appeals regarding a benefit denial or limitation and member complaints about the quality of care or services, the accessibility or availability of services, or claims processing.

Once you have gone through the health plan's complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free 1-866-566-8989. If you would like to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission
Health Plan Operations - H-320
P.O. Box 85200
Austin, TX 78708-5200
ATTN: Resolution Services

You can also send your complaint in an email to HPM_Complaints@hhsc.state.tx.us.

Fair hearings

If you, as a member of the health plan, disagree with the health plan's decision, you have the right to ask for a fair hearing.

- You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A doctor or other medical provider may be your representative.
- If you want to challenge a decision made by your health plan, you or your representative must ask for the fair hearing within 90 days of the date on the health plan's letter with the decision.

If you don't ask for the fair hearing within 90 days, you may lose your right to a fair hearing.

- To ask for a fair hearing, you or your representative should either send a letter to or call the health plan. Contract information for each MCO can be found in the health plan profiles below.

To keep getting the denied service until a final hearing decision is made:

- Ask for a fair hearing within 10 days the Notice of Action was mailed or the day the letter says your service will be reduced or end, whichever is later. If you don't request a fair hearing by this date, the service the health plan denied will be stopped or reduced.
- You aren't financially responsible for services provided before the fair hearing's decision, if the health plan's decision is upheld.

If you ask for 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. At that time, you or your representative can explain why you need the service the health plan denied.

HHSC will give you a final decision within 90 days from the date you asked for the hearing.

Enrollment Form

The STAR Kids enrollment packet that you received in the mail includes a form titled "Medical Enrollment Form" that includes the following language:

I, the client, agree that I will go only to my main doctor for all Medicaid services unless I am referred to another doctor by my main doctor, or unless I need emergency care, family planning or other non-referral services listed in my Health Plan Member Handbook. For children from birth through age 20, main doctor approval is not required for Texas Health Steps checkups.

Please know that you, as a condition of enrolling in STAR Kids, aren't bound by the referral requirement in this document. For information about each health plan's referral policy, you should

instead look at the document titled "STAR Kids MCO Profiles" that is found on [this website](#) or your health plan's member handbook. These are the referral policies that will apply.