



Aetna Better Health® of Texas
750 W John Carpenter Fwy, #1200
Irving TX 75039

State Fair Hearing and External Medical Review Request Form

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) , email us at TXMemberAdvocate@aetna.com, Fax: 1-877-223-4580,

Mail: Aetna Better Health of Texas
Complaints and Appeals
P.O. Box 81139
5801 Postal Road

Cleveland, OH 44181

You must request a state fair hearing by date 120 Days from the date this notice is mailed.

If you kept receiving services during your health plan appeal, you may be able to keep getting your services during your state fair hearing. Make your request by the later of the following: 10 Days from the date this notice is mailed, or the date services will change only if you kept services during your health plan appeal.

Mark the state fair hearing option you want:

Only select one.

- State fair hearing
- State fair hearing and external medical review
- Emergency state fair hearing*
- Emergency state fair hearing and emergency external medical review*

*Emergency state fair hearings and emergency external medical reviews should only be requested if you believe your health will be seriously harmed by waiting for your fair hearing or external medical review decisions.

Denial Reference Number _____

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Do you want your services to continue? ___ Yes ___ No

Your services can only be continued if they were also continued during your health plan appeal. If you want your services to continue, you must request a state fair hearing and ask to keep your services by **the later of the following: 10 Days from the date this notice is mailed or the date services will change.**

You can make this request by phone. Call us at 1-800-248-7767 (Bexar) or 1-800-306-8612 (Tarrant) or 1-844-787-5437 (STAR Kids) if you believe this form will not reach us by mail before the deadline

Your Personal Information*

| | |
|---|--------------------------------|
| Member last name: | Member first name: |
| Parent or guardian last name: | Parent or guardian first name: |
| Member Medicaid ID and subscriber number: | Preferred phone number: |

*If any of your contact information has changed, call the enrollment broker at 800-964-2777 and Aetna Better Health of Texas at 1-844-787-5437 (TTY: 711). Aetna Better Health of Texas at 1-800-248-7767 (Bexar) or 1-800-306-8612 (Tarrant).

Your Hearing Representative's or Parent's Information

You can represent yourself. If you would like someone to represent you, such as, parent, relative or friend, complete the following information. By completing this section, you are authorizing your designated representative to appeal and obtain information on your behalf.

| |
|----------|
| Name: |
| Address: |

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Phone number:

Reason for the State Fair Hearing

This section is optional. You can fill it out to tell us about your services under appeal and why you think they're needed.

Services under appeal:

Why you need them:

Sign this form

By signing this form, you or your representative are requesting a state fair hearing and giving the Texas Health and Human Services Commission authorization to get your medical records and to contact a representative if you listed one.

Member/Authorized representative signature

Printed Name

Date

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Link for English

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/texas/pdf/tx_aetna_fair_hearing_form.pdf

Link to Spanish

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/Aetna%20Fair%20Hearing%20Form_Spanish%2004062020.pdf