

New Medicaid member appeals process changes effective September 1, 2017

Summary of change: Federal Medicaid regulations regarding member appeals have been revised. These changes affect Texas Medicaid members as of September 1, 2017. Provider payment appeals are not affected.

The critical changes to the regulations are listed below.

Internal appeals

- **Time frame:** Members now have 60 days from the date of the denial letter to ask for an internal appeal. (CHIP members will remain at 30 days.)
- **Expedited appeal response time frame:** Appeals that are eligible for expedited processing will be completed within 72 hours unless an extension is issued.
REMINDER: An expedited appeal is available only for cases where the amount of time necessary to participate in a standard appeal could jeopardize the member's life or health or ability to attain, maintain or regain maximum function. Please do not submit an expedited appeal request unless this standard is met.

State fair hearing requests

- Members must complete our internal appeal process before they can ask for a state fair hearing.
- **Time frame:** Members now have 120 days from the date of our appeal decision letter to ask for a state fair hearing.

If you have questions about this communication, received it in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services toll free at 1-800-454-3730.