



### **You have the right to appeal our decision**

If you believe that this decision is incorrect, or you have additional information or documented materials that would affect the decision, you have the right to submit a written request for reconsideration/appeal. You have the right to submit written comments about the initial determination as well. You have the right to be represented by anyone you choose, including an attorney.

### **How to ask for an appeal with CHRISTUS USEHP?**

**Step 1:** You or your representative must ask for an appeal. Your written request must include:

- Your name
- Address
- Member number
- Reason(s) for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

Upon telephone, fax or email, CHRISTUS Health US Family Health Plan will make the diagnosis code and its corresponding meaning, and/or treatment code and its corresponding meaning available. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

**Step 2:** Mail, fax, or deliver your appeal to CHRISTUS Health US Family Health Plan.

All standard appeals request must be submitted by mail or fax to the address below. All expedited reconsideration/appeal request can be submitted by fax or by phone to the numbers below.

CHRISTUS Health US Family Health Plan  
Appeals Processing  
PO Box 169009  
Irving | TX 75016  
Phone: **844.282.0380**  
Fax: **866.416.2840**

### **Expedited Appeals**

An expedited appeal is one in which the decision is required quickly based on the member's health status, and if 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.

Expedited preadmission/pre-procedure reconsideration requests must be filed within three (3) calendar days after the date of receipt of the initial reconsideration determination. A request for reconsideration filed more than three (3) calendar days after the date of receipt but within ninety



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(90) calendar days from the date of the initial reconsideration determination will be addressed as a non-expedited reconsideration.

A reconsideration determination for expedited appeals will be made within three (3) working days of the receipt of an expedited request.

### **Standard Appeals**

Non-expedited (standard) preadmission/pre-procedure reconsideration requests must be filed within ninety (90) calendar days after the date of receipt of the initial reconsideration determination.

The determination of a request for a preservice standard reconsideration/appeal will be made within thirty (30) calendar days after the date of receipt of the reconsideration request. The determination of a request for a post-service standard reconsideration/appeal will be made within sixty (60) calendar days but no later than ninety (90) calendar days after the date of receipt of the reconsideration request.

### **Concurrent Review**

If you are having an urgent situation where you are in an inpatient facility at the time when you make an appeal, your appeal decision will be completed by an external reviewer authorized to make appeal determinations (Tricare Quality Monitoring Contractor – TQMC). CHRISTUS Health US Family Health Plan will not make any direct decisions in this instance. You will have to file no later than noon (12 p.m.) of the day following your denial notification but no later than ninety (90) calendar days after receipt of initial denial.

You can send the concurrent appeal request to:

CHRISTUS Health US Family Health Plan  
Appeals Processing  
PO Box 169009  
Irving, TX 75016  
Phone: **844.282.0380**  
Fax: **866.416.2840**

We will send all your information to the external reviewer and you will be notified of final determination made by the reviewer via mail. The independent external review is available for all CHRISTUS Health US Family Health Plan members.

Additionally, you have the rights to examine and obtain documents and information upon which the initial denial determination was made. This right extends to all parties to this reconsideration. The Health Plan reserves the right to charge for the costs of photocopying and any postage associated with such requests, in accordance with rates established by Texas Medical Association.



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