



State fair hearing and external medical review request form

To ask for a state fair hearing and external medical review, you can call us at **833-731-2160 (TTY 711)**/STAR Kids **844-756-4600 (TTY 711)**, or mail or fax this form to us.

Mail: State Fair Hearing/EMR Coordinator
Wellpoint
PO Box 62429
Virginia Beach, VA 23466-2429

Fax: **855-883-9039**

You must request a state fair hearing by 120 days from the date the 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 **10 days from the date the notice is mailed** 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.

Reference number: _____

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 **10 days from the date the notice is mailed**.

You can make this request by phone. Call us at **833-731-2160 (TTY 711)**/STAR Kids **844-756-4600 (TTY 711)** 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 Wellpoint at **833-731-2160 (TTY 711)**/STAR Kids **844-756-4600 (TTY 711)**.

Your hearing representative's or parent's information

You can represent yourself. If you would like someone to represent you, such as a 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:
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 is 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

Wellpoint members in the Medicaid Rural Service Area and the STAR Kids program are served by Wellpoint Insurance Company; all other Wellpoint members in Texas are served by Wellpoint Texas, Inc.