Healthy Blue

State Fair Hearing Request Form

If you disagree with our decision, you have the right to ask for a fair hearing from the state after the Healthy Blue appeal process is finished. You may ask for a fair hearing within 120 calendar days from the date at the top of the appeal decision letter that said we denied coverage of services.

We will pay for continuation of healthcare services you get during the state fair hearing review if the decision is in your favor. If the decision is made in favor of Healthy Blue, you must pay for any and all charges during this time. To request continuation of benefits please call Member Services within 10 days if this notice.

To ask for a state fair hearing, complete the State Fair Hearing Form using one of the following ways:

- Online at http://laserfiche.adminlaw.state.la.us/Forms/hSgLX.
- Print and fax the form to 225-219-9823.
- Mail the completed form to the Office of the Administrative Law Judge. Include the letter we sent you that lets you know our decision to your appeal and any more data you would like the judge to review. You can mail it to:

  Division of Administrative Law
  Health and Hospitals Section
  P.O. Box 4189
  Baton Rouge, LA 70821-4189

- You can also file by calling the Division of Administrative Law (DAL) at **225-342-5800**.

Be sure to include a phone number where we can reach you if we have any questions.

If you ask for a fair hearing, you will get a letter from the hearing officer. This letter will tell you the date and time of a meeting that will help prepare you for the hearing. This meeting will be held by phone, and you can explain why you do not agree with the decision made by Healthy Blue. There is no cost to take part in the hearing.

If you have any questions about the State Fair Hearing process, you can contact Healthy Blue Member Services at **844-521-5941 (TTY 711).**

DEPARTMENT OF HEALTH & HOSPITALS
REQUEST FOR STATE FAIR HEARING FORM

[Health Plan to INSERT Recipient Name]
[Health Plan to INSERT Street Address]
[Health Plan to INSERT City, State & Zip Code]

I want to appeal the decision [INSERT Health Plan Name] made on my case because:
_____
_____
_____
_____

Date: _____ Recipient signature: _____

_____
Recipient/Representative printed name

Your address if different from the address shown above:
_____
_____

Phone number:_____
Social Security Number:_____
Email address: _____
Name, address and phone number of your authorized representative at the Hearing, if any:
_____
_____

MAIL THIS COMPLETED FORM TO:

DIVISION OF ADMINISTRATIVE LAW
HEALTH AND HOSPITALS SECTION
P.O. BOX 4189
BATON ROUGE, LA 70821-4189

The postmark showing the date you mailed your appeal will be the date of your appeal request.

You may fax the completed form to 225 219-9823 or complete the form online at: http://www.adminlaw.state.la.us/HH.htm.

After you ask for a State Fair Hearing, the Division of Administrative Law will send you a notice by mail of the date, time, and location of your State Fair Hearing. If you are unable to mail or fax the attached form, you may call **225-342-5800** to give the information for your appeal.

*** REMEMBER TO INCLUDE THE NOTICE OF ADVERSE ACTION LETTER WITH THIS FORM***

Member's name: _____

Member's ID #:_____

Member's address:_____

Member's phone number: _____

Authorized representative's name: _____

Authorized representative's phone number: _____

Authorized representative's address: _____

Plan name: _____

Service denied: _____

Date service denied: _____

Yes, I would like to ask for a fair hearing from the Division of Administrative Law. I have attached a copy of the notice of decision from Healthy Blue.

_____ _____

Member Signature Date