



Texas Health Insurance Pool Notice of Grievance Procedures

If you do not agree with the decision by the Administrator or other representative of the Pool regarding (1) denial of Pool coverage to you, (2) the amount paid on any outpatient prescription claim, you may appeal that decision.

STEP 1. You must first submit your appeal by letter or fax to the Pool Pharmacy Administrator. Your appeal may include an explanation of the reasons you believe the decision should have been different. Please include the group number 59473 and, if applicable, the 9-digit subscriber number on your Pool I.D. card.

**Texas Health Insurance Pool
c/o Express Scripts, Inc. BCR Dept.
P.O. Box 66587
St. Louis, MO 63166
Fax Number: (325) 793-4134
Phone Number: (888) 398-3927**

The Pool Administrator will review your appeal, and a decision will be sent to you.

STEP 2. If you are not satisfied with the Pool Pharmacy Administrator's response in Step 1, you may make an additional written appeal to the Grievance Committee of the Pool. This committee is comprised of four members of the Pool's Board of Directors and is independent of the Pool Pharmacy Administrator. Your appeal must be received at the following address within sixty (60) calendar days from the date you were notified of the Pool Pharmacy Administrator's response to your initial appeal:

**Texas Health Insurance Pool
Grievance Committee
9211 Broadway Street #17463
San Antonio, TX 78217
poolinfo@txhealthpool.org
Fax Number: (512) 610-5969
Phone Number: (512) 441-7665**

Within forty-five (45) days after your appeal is received, the Grievance Committee will meet to consider it. You will be provided with written notice of the date, time, and location of their meeting. You and/or your representative may attend this meeting. The decision of the Committee will be the final action of the Pool. You will be notified in writing of the decision of the Grievance Committee within ten (10) days after their meeting.