

## Colorado Community Health Alliance (CCHA) Member Grievance and Appeal Process

We want to make sure you get the best care possible. If you are not happy with the service you are receiving from your health plan, then you have the right to file a complaint (also called a grievance) or an appeal. A grievance is a complaint about:

- The way you were treated.
- The quality of care or services you received.
- Problems getting care.
- Billing issues.

An appeal is a request to change an adverse benefit determination (denied service) made by CCHA.

Some examples of complaints/grievances include:

- You have problems getting appointments
- You wait a long time to see your primary care provider
- Your provider was rude to you

You cannot lose your benefits for filing a complaint/grievance or appeal.

### How to file a complaint/grievance

A complaint/grievance can be filed verbally or in writing at any time. There are several ways to file a complaint/grievance:

1. Call us locally in Region 3 (Boulder, Broomfield, Clear Creek, Gilpin, Jefferson, El Paso, Park, and Teller counties). If your provider is in Region 3, call 1-303-256-1717.
2. Fill out a form: You can fill out a complaint/grievance form available online at [CCHAcares.com/for-members/appeals-and-grievances/](https://CCHAcares.com/for-members/appeals-and-grievances/).
3. Write a letter to tell us about your complaint/grievance in detail. Include your name, state identification (ID) number, address, and phone number. Send your letter to:

Colorado Community Health Alliance  
Attn: CCHA Complaint/Grievance Department  
P.O. Box 13406  
Denver, CO 80202

Include the date of your complaint/grievance, a description of what happened, your name, state identification (ID) number, address, and phone number.

If you need help writing your complaint/grievance, you can:

In Colorado, Medicaid is called Health First Colorado. Every Health First Colorado member belongs to a regional organization that manages their physical and behavioral health care. Colorado Community Health Alliance is a regional organization and supports a network of providers to make sure members can access care in a coordinated way.

1. Call us at 1-855-627-4685 (TTY 711).
2. Call the Ombudsman for Health First Colorado Managed Care at 1-303-830-3560 or 1-877-435-7123 (State Relay 711).
3. Email the Ombudsman for Health First Colorado Managed Care at [help123@maximus.com](mailto:help123@maximus.com).

What happens next?

After you file a complaint/grievance with CCHA:

1. We'll send you a written acknowledgment letter within two working days of receiving your complaint/grievance, saying we got your complaint/grievance.
2. We'll work with you and your representative to find a solution that works best for you and your needs.
3. Someone who isn't involved in the situation you're concerned about will review your complaint/grievance.
4. We may call you or your representative. We may talk with others involved in the situation. We may also review your medical records.
5. Within 15 working days of receiving your complaint/grievance, we'll send another letter to you. We'll let you know what we found and how we fixed it. If we haven't had enough time to fix the complaint/grievance, we may extend the time frame to resolve your grievance by up to 14 calendar days. If we do, we'll let you know we need more time to gather more information and ensure the extension is in your best interest. We'll notify you orally and in writing within two calendar days of the extension with the reason to delay and also to let you know that that you have a right to file a grievance if you disagree with the decision to extend. You also have the right to request an extension.

Your *Health First Colorado Member Handbook* will tell you more about your right to file a complaint in Section 7, Complaints.

## What is the Appeal Process?

An appeal is a request to change an adverse benefit determination made by CCHA. Who can make an appeal?

- a. A member
- b. A member's provider with written consent
- c. A member's authorized representative with written consent

Examples of adverse benefit determinations or CCHA decisions a member can choose to appeal include, but are not limited to:

- A service you get is set to be reduced, suspended, or stopped
- A type or level of service you requested is denied or limited

- Your request to get care outside of your plan network is denied and you live in a rural area where there are no providers in your health plan

## How to file an appeal

A member, the member's provider, and/or the member's representative has 60 calendar days to file an appeal from the date of the *Notice of Adverse Benefit Determination* letter.

*Note: Providers can submit appeals on a member's behalf with written consent from the member or the member's representative. Providers are unable to request continuation of benefits.*

The request for an appeal can be verbal or written.

To submit a verbal appeal, call us at 1-855-627-4685. Explain you're requesting an appeal.

To submit a written appeal, you can mail, fax, or email your appeal request to CCHA. To process your appeal request, we will need the following information:

- Your name
- Your Health First Colorado member ID
- Your phone number

You can submit a written appeal to CCHA one of the following methods:

Mail: Colorado Community Health Alliance (CCHA)  
P.O. Box 62429  
Virginia Beach, VA 23466-2429

Fax: 1-877-376-3194

Email: BHAppealsIntake@anthem.com

You can also fill out, sign, and return the *Member Appeal Request* form that was sent with the *Notice of Adverse Benefit Determination*. The form is also available on our website here: [cchacares.com/Dal/GRv](http://cchacares.com/Dal/GRv).

A member can also use the *Member Appeal Request* form to have someone such as a family member, friend, provider, or advocate serve as their designated representative during the appeals process.

The *Member Appeal Request* form needs to be mailed, faxed, or emailed to:

Colorado Community Health Alliance  
Behavioral Health Appeals  
P.O. Box 62429

Virginia Beach, VA 23466-2429  
Fax: 1-877-376-3194  
Email: BHAppealsIntake@anthem.com

#### What happens next?

After you file an appeal, CCHA will let you know in writing within two business days we received your appeal request. In most cases, we'll send a decision on your appeal within 10 business days. If you feel waiting 10 business days for a decision would seriously affect your life or health, you can ask for an expedited (rush) appeal.

If you disagree with the decision of the appeal, you can ask for a State Hearing or choose someone to ask for you. State Hearing is a court hearing with an administrative law judge.

You need to ask for a State Fair Hearing in writing within 120 calendar days from the date you receive the appeal decision from your health plan. Send your signed request to:

Office of Administrative Courts  
1525 Sherman St., 4th Floor  
Denver, CO 80203  
Phone: 303-866-2000  
Fax: 303-866-5909

Information on an appeal can be found on page 31 of the [Health First Colorado Member Handbook](#).

Do you have questions about anything you read here or in the Health First Colorado *Member Handbook*? Contact CCHA Member Support Services at 1-855-627-4685 (TTY 711), 8 am to 5 pm MDT, Monday through Friday, to connect with a care coordinator.

Do you need help with your health care, talking with us or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 1-855-627-4685 (TTY 711).

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 1-855-627-4685 (TTY 711).

Colorado Community Health Alliance (CCHA) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. For more information, visit [CCHAcare.com/non-discrimination-notice](https://CCHAcare.com/non-discrimination-notice).