

What is the Grievance/Appeal Process?

We want to make sure you get the best care possible. However, if you are not happy with the service you are receiving, you have the right to complain (also called a grievance) or file an appeal.

You cannot lose your benefits for doing either.

A complaint/grievance is a problem you have with your Health First Colorado services or provider. If you have a problem, we would like you to tell us about it. Contact CCHA Member Support Services and we will try to solve the problem on the phone. If we cannot take care of the problem when you call us, your complaint/grievance will be reviewed, and we will send you a letter with our decision.

Who can file a complaint/grievance?

- A member
- A member's provider with written consent
- A member's authorized representative with written consent

Examples of complaints (grievances):

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

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

1. Call us toll free: Call **855-627-4685**, select option 3 and file a complaint/grievance.
2. Call us locally in Region 6 (Boulder, Broomfield, Clear Creek, Gilpin and Jefferson counties). If your provider is in Region 6, call **303-256-1717**.
3. Call us locally in Region 7 (El Paso, Park and Teller counties). If your provider is in Region 7, call **719-598-1540**.
4. Fill out a form: You can fill out a complaint/grievance form available online at CCHAcares.com and send it to us at the address below.

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.

5. Write a letter: You can write a letter to tell us about your complaint/grievance in detail.

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:

1. Call us at **855-627-4685**.
2. Call the Ombudsman for Health First Colorado Managed Care at **303-830-3560** or **877-435-7123** (State Relay **711**).
3. Email the Ombudsman for Health First Colorado Managed Care at 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 may choose to appeal include, but are not limited to:

- a. A service you get is set to be reduced, suspended or stopped
- b. A type or level of service you requested is denied or limited
- c. 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. You will not lose your coverage by filing an appeal.

Note: *Providers may submit appeals on a member's behalf with written consent from the member or the member's representative.*

The request for an appeal may be verbal or written.

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

A member can 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 should be mailed or faxed to:

Colorado Community Health Alliance
Behavioral Health Appeals
P.O. Box 62429
Virginia Beach, VA 23466-2429
Fax: 877-376-3194

What Happens Next?

After you file an appeal:

1. Upon notice of the appeal, CCHA will send a written acknowledgement letter to you in two business days letting you know we received your appeal request.
2. 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 on your appeal would seriously affect your life or health, you may ask for an expedited (rush) appeal.
3. If you disagree with the decision of the appeal, you can ask for a State Fair Hearing or choose someone to ask for you. A State Fair Hearing is a court hearing with an administrative law judge.
4. You must ask for a State Fair Hearing within 120 calendar days from the date you receive the appeal decision from your health plan.
5. You must send your request in writing and sign it. Send your 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 under Section 7, Complaints of the *Member Handbook*.

Do you have questions about anything you read here or in the *Member Handbook*? **Contact CCHA Member Support Services** to connect with a care coordinator.

If you need this information in another format or language, please contact CCHA Member Support Services at **1-855-627-4685 (TTY 711)**.

Si necesita esta información en otro formato o idioma, comuníquese con los Servicios de ayuda para miembros de CCHA 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 CCHAcares.com/non-discrimination-notice.