

Section 6

Appeal and Grievance Processes

You have many rights with CHP+. You have the right to complain about RMHP. You have the right to complain about your care. You, your provider or a Designated Client Representative may complain about anything you are unhappy about or have a problem with. A Designated Client Representative (DCR) is someone you choose to help you with an Appeal or a Grievance. You must sign a form to give your DCR permission to act for you. The form must have the person's name, address, and telephone number. If your complaint is about your medical care, your DCR will have access to your medical records and specific details about your medical care. You have the right to "Appeal an Action." This means you can ask for a review of something RMHP has done. Actions are just those things listed in Section A. You have the right to "File a Grievance." This means you can complain about any matter other than an Action (see Section A). Grievances are the kinds of things listed in Section B.

In addition to filing an appeal or grievance with RMHP, you may file for a State Fair Hearing, with the State of Colorado. The State Fair Hearing process is described in Section C below.

Section A. Appeal an Action

RMHP may do something ("take an action") that you are not happy with. Then you, your provider or your DCR may ask for an appeal. An appeal is a review of an RMHP action. For example, your doctor may order you a medication or service that RMHP must okay. If it is approved, you will receive what the doctor wanted you to have. If RMHP does not approve the request, then the request by the doctor has been denied by RMHP. The action RMHP took is to deny the request.

Once RMHP has taken an action, you always have the right to appeal. This means you ask that RMHP take a second look. These are the actions you may appeal.

1. RMHP denies services your doctor requested for you.
2. RMHP denies payment for services you received.
3. RMHP shortens or ends a service we had agreed to provide you.
4. RMHP does not provide services in a timely way.
5. RMHP does not act within the amount of time it says it will. (This includes answering appeals, grievances and fast reviews in the number of days listed below.)
6. RMHP denies certain services if you live in a rural area. (This means the rights you have to use a provider, even if he or she is not in our network, when you live in a rural area.)

There are three types of review that can happen.

First level review

You must call or write to complain within 30 days of the day we tell you about the action that RMHP has taken. You or your DCR can fill out the complaint form at the back of this booklet and mail it to us. If you want us to fill out the form for you, please call Customer Service.

Within two working days of the day RMHP gets your Appeal, RMHP will write to tell you we got your appeal. In that letter RMHP will tell you how you may get a copy of RMHP's file about your appeal. RMHP will also give you a

chance to give us any more information about your appeal that you would like us to have. You can arrange to meet a person face to face at RMHP to listen to you about your appeal. Or you may send more information to us.

The Appeals and Grievance Coordinator will get all the facts about your case. Within 10 working days after we hear from you, we will send you our decision in writing. After this review, RMHP may decide to change its action.

Second level review

You may not like the decision RMHP makes about your appeal. Then you have the right to ask for a State Fair Hearing about your appeal. You can ask for the State Fair Hearing before RMHP makes a decision. But it is a good idea to wait, because RMHP may change its action. If you did not wait for RMHP to make a decision about your appeal, then you must ask for a State Fair Hearing within 30 days of the date of RMHP's action.

Expedited (fast) review

You can ask for an expedited or fast appeal. Fast appeals are used when RMHP's decision puts you in danger. You can ask for a fast appeal if you have a disability. We have only 72 hours to complete the fast appeal, so you have a short amount of time to get a copy of the file RMHP has about your appeal. You will also have less time to give RMHP any more information about your appeal.

Continuing Your Benefits

For any appeal, you can still get services when you ask the plan to take a second look at an action. The same is true when you have asked for a State Fair Hearing, (see below Section C). To have your benefits continue while your appeal is being reviewed, the following must occur:

- The appeal must involve termination, suspension or reduction of a previously approved course of treatment;
- The original approval must not have expired.
- You must send us your appeal within 10 days of the mailing of the action, or no later than the date our action is supposed to occur.
- You must tell RMHP you want to keep getting your services when you send us your appeal.
- The care was ordered by a provider that works with RMHP.
- You asked RMHP to cover the care during your appeal.
- If you lose your appeal you may have to pay for the care you have received.

To get more information about grievances, appeals, or any other subject, call RMHP Customer Service at 970-243-7050 or 800-346-4643. If you are hearing impaired and use TTY equipment, dial 711. RMHP's hours are 8 A.M. to 5 P.M., Monday through Friday.

Section B. File a Grievance

You may have a problem or be unhappy with RMHP about something other than an action (see Section A). To complain about something other than an action, you may "file a grievance." This means you send your complaint to someone who can help. Please call us if you want to complain. We can help you file a grievance.

A grievance is a verbal or written statement that says you are not happy. You will not lose your CHP+ coverage because of your complaint. You will be treated the same as any other Member.

Here are some things that you can complain about.

1. You are unhappy with your doctor, clinic, or any RMHP provider.
2. You can't find a doctor or get in to see your doctor.
3. You have a problem with RMHP Customer Service.
4. You are unhappy with how your doctor took care of you.
5. You feel you have been treated in a different way by RMHP or one of our providers. This could be because of your age, race, sex, national origin, sexual orientation, religion, or disability.
6. You are unhappy because a provider or RMHP employee was rude to you.

If you want help at any time filing a grievance

You may want someone to help you file a grievance. You may give that person written permission to speak for you. This person is called your Designated Client Representative (DCR). You must sign a form to give your DCR permission. The form must have the person's name, address, and telephone number. If your complaint is about your medical care, your DCR will have access to your medical records and specific details about your medical care.

How grievances are handled

You, your provider or your DCR can fill out the complaint form in this handbook and mail it to RMHP. Or, we can fill out the form for you. Call us for help. You must call or write to file your grievance within 30 days of the event you want to complain about. In two working days, RMHP will tell you in writing that we got your grievance. RMHP will review your grievance and send you a response within 15 working days of the day we get your grievance. RMHP may respond to your grievance sooner than two working days. If we do, then you will not get a separate letter telling you that we got your grievance.

If you do not like our response, you may call or write the Health Plan Manager of the State Department:

Department of Health Care Policy and Financing
1570 Grant
Denver, CO 80203

The phone number is 800-221-3943. The State Department will tell you that they got your request. They will look into your complaint and send you a response.

Section C. State Fair Hearing

A State Fair Hearing is a chance for a CHP+ client to make a case to a judge that a denied service should have been approved, or that a denied claim should have been paid. You do not have to wait for an answer to an appeal from RMHP before you file.

To file a State Fair Hearing you must:

1. Write a request for a hearing within 30 days from the date of an action (see Section A.)
2. If you need help, RMHP Customer Service or the State Fair Hearing Department will help you write your request for a hearing.
3. Include your name, your address, and your CHP+ ID in your request for a hearing.

4. Write what RMHP did or did not do that has caused you a problem with your care.
5. Tell in writing what you think should be done to solve your problem.

State Fair Hearing
633 17th St., Suite 1300
Denver, CO 80202

For help with asking for a State Fair Hearing, call 303-866-2000. Please use Relay Colorado to contact the Office of Administrative Courts if you have a hearing or speech impairment. Note: Office of Administrative Courts does not have a Spanish Language line or interpreter service.

For help from RMHP in writing and submitting a request for State Fair Hearing you may call:

- RMHP Customer Service — 970-243-7050 or 800-346-4643.
- If you are hearing impaired and use TTY equipment, dial 711
- Para asistencia en español — 800-346-4643.

If you lose your State fair hearing, you may have to pay for the services you got while your appeal was pending. See Section A Continuing Your Benefits above.

Your provider may file for a State Fair Hearing for you. Your provider must have your written permission to file for you.

- You have certain rights under Colorado rules covering State Fair Hearing:
- You have the right to represent yourself at the hearing.
- You have the right to choose someone to be your representative at the hearing.
- You have the right to present information or evidence to the administrative judge during the hearing.
- You have the right to read or examine all RMHP documents related to the appeal before and during the hearing.

Jurisdiction and Venue

No court shall have subject matter jurisdiction of any disagreement or dispute referred to in this Section 6, including, but not limited to, any disagreements, disputes or claims that are or may be the subject of a class action. The complaint and appeal procedures are the exclusive and mandatory dispute resolution procedures for disagreements and disputes subject to this Section 6. In the event any disagreement or dispute referred to in this Section 6 is attempted to be resolved in any court by either party, the venue of the matter shall only be in Mesa County, Colorado.

Time is of the Essence

All time periods to take or request action provided or required under this section will be strictly construed and will be of the essence of this plan.

HIPAA Privacy Complaints

If you have a complaint governed by RMHP's HIPAA Notice of Privacy Practices, you must follow the procedures described in the Notice and as described below. If you desire to file an expression of dissatisfaction concerning RMHP's or any Participating Provider's privacy practices under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (a "HIPAA Complaint"), you must submit the HIPAA Complaint in writing, by mail, delivery or facsimile to:

**Rocky Mountain Health Plans
Attention: Privacy - HIPAA
2775 Crossroads Blvd.
PO Box 10600
Grand Junction, Colorado 81502-5600
Fax: 970-244-7880**

RMHP will investigate the HIPAA Complaint and respond in writing to you within 30 calendar days of RMHP's date of receipt. You will not be entitled to any further review of HIPAA Complaints after we make our written response to you. You may make a HIPAA Complaint to the Office of Civil Rights of the United States Department of Health and Human Services at any time.

Quality of Care Concerns

If you express concern to RMHP about the quality of care your providers render, our Quality Improvement Department may investigate your concern. The matter may be referred to a medical practice review committee. The records of such committee are confidential under Colorado law.

Release of Records

By submitting a complaint, you authorize RMHP to obtain and review all necessary medical records and similar documents and information related to the complaint, and to release the medical records, documents and information to the Member Appeals Committee.

Changes to the Dispute Resolution Procedures

RMHP reserves the right to modify the dispute resolution procedures at any time by amending this benefits booklet in accordance with the terms of this benefit booklet.

RMHP Member Complaint Form

Complaint is being filed for:

Member's Name: _____

Address: _____

Telephone: _____

Member's Identification No: _____

Relationship to Subscriber: self dependent other

Subscriber's Name: _____

Address: _____

Telephone: _____

Subscriber's Identification No: _____

Nature of Complaint (please describe in detail): _____

Mail to:

Rocky Mountain Health Plans
Member Concerns Coordinator
PO Box 10600
Grand Junction, CO 81502-5600

Required time limit for filing complaints is six months from the notice of denial or failure to provide services or duties owed to the Member. For complaints, reasonable accommodation will be provided upon request for persons with disabilities or communication barriers or for persons who do not speak English.

If you need information concerning the filing of a complaint or if you would like us to complete the form for you, please call 970-243-7050 and speak with a Customer Service representative.

TDD/TTY users dial 711 for Relay Colorado.

Para asistencia en español llame al 970-243-7050.

For callers who speak languages other than English or Spanish,

RMHP uses **Certified Language International (CLI) Language Interpreters.**

Member or Subscriber's Signature: _____

Date: _____

Fold here

STAMP



ROCKY MOUNTAIN
HEALTH PLANS®

We understand Colorado. We understand you.

2775 Crossroads Blvd.
PO Box 10600
Grand Junction, CO 81502-5600