

# Appeal and Grievance Processes

The State of Colorado has put in place many rights for Medicaid members. One important right is the right to complain about Rocky Mountain Health Plans (RMHP) or your care. You may complain about anything you are unhappy about or have a problem with.

- You have the right to “File a Grievance.” This means you can complain about any matter other than an Action (see Section B). Grievances are the kinds of things listed in Section A.
- You have the right to “Appeal an Action.” This means you can ask for a review of something RMHP has done. Actions are just the things listed in Section B.

## A. File a Grievance

You may have a problem or be unhappy with RMHP about something other than an action (see Section B). 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 RMHP Customer Service if you want to complain. They will help you file a grievance.

A grievance is a verbal or written statement that says you are not happy. You will not lose your Medicaid coverage because you file a grievance. You will not be treated differently than other members because you file a grievance. Here are some kinds of things that you may file a grievance about.

- You are unhappy with your doctor, clinic, or any RMHP provider.
- You are having trouble finding a doctor or getting an appointment.
- You have a problem with RMHP Customer Service.
- You are not satisfied with the quality of care you got from your provider.
- You feel you have been discriminated against by RMHP or one of our providers because of your age, race, sex, national origin, sexual orientation, religion, or disability.
- You are unhappy with the quality of medical care you got.
- You are unhappy with the rudeness of a provider or RMHP employee.

## If you want help at any time filing a grievance

If you need help to file a complaint or grievance, you can contact the Managed Care Ombudsman at 877-HELP-123, or 877-435-7123; 303-830-3561; 123@maximus.com; TTY for the hearing impaired: 888-876-8864.

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 your DCR permission. The DCR permission must have the person’s name, address, and telephone number. If your grievance 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 or your DCR can fill out the complaint form at the back of this handbook and mail it to RMHP. If you want us to fill out the form for you, call RMHP Customer Service. You must call or write to file your grievance within 20 days of the event you want to complain about. Then one or more of these things will happen.

- RMHP will tell you in writing that we received your grievance within two working days of receiving your grievance.
- RMHP may respond to you about your grievance sooner than two working days. If we do, then you will not get a separate letter telling you that we received your grievance.
- RMHP will review your grievance and send you a response within 15 working days of the day we get your grievance.

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

Department of Health Care Policy and Financing, 1570 Grant, Denver, CO 80203. The phone number is 800-221-3943. The State will tell you that it got your request and it will look into your complaint and send you its response.

## **B. Appeal an Action**

RMHP may do something (“take an action”) that you are not happy with. Then you 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 okayed, you will receive what the doctor wanted you to have. If RMHP does not okay 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.

- RMHP denies services your doctor requested for you.
- RMHP denies payment for services you received.
- RMHP shortens or ends a service we had agreed to provide you.
- RMHP does not provide services in a timely way.
- RMHP does not act with the amount of time it says it will.
- RMHP denies certain services if you live in a rural area.

There are three types of review that could happen.

### **First level review**

You must call or write to complain within 20 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, call Customer Service.

Within two working days of the day RMHP gets your Appeal, RMHP will write you to tell you that it has received 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 do not need to wait for RMHP to make a decision about your appeal before you ask for a State Fair Hearing. But it is a good idea to wait, because RMHP may change its action. You must ask for a State Fair Hearing within 20 days after the date of the RMHP letter to you about your appeal. If you did not wait for RMHP to make a decision about your appeal, then you must ask for a State Fair Hearing within 20 days of the date of RMHP’s action.

To ask for a State Fair Hearing, you must:

- Write a request for a hearing.
- If you need help, RMHP Customer Service or the State Fair Hearing Department will help you write your request for a hearing.
- Include your name, your address, and your Medicaid ID in your request for a hearing.
- Write what RMHP did or did not do that has caused you a problem with your care.
- Tell in writing what you think should be done to solve your problem.

1120 Lincoln St., Suite 1400, Denver, CO 80203

For help from the State of Colorado please call;  
Colorado Division of Administrative Hearings at 303-764-1400

Please use **Relay Colorado** to contact the Division of Administrative Hearings if you have a hearing or speech impairment.

Note: Division of Administrative Hearings does not have a Spanish Language line or interpreter service.

For help from RMHP in writing and submitting a request for hearing you may call:

RMHP Customer Service — 970-243-7050 or 800-346-4643.

TDD for the hearing impaired — 970-248-5019 or 800-704-6370. (You must have TDD equipment to use these phone numbers.)

Para asistencia en español — 800-346-4643.

### **Expedited (fast) review**

If an action by RMHP puts your life, health, or functioning in danger, you may ask for an expedited (fast) appeal. If you have a disability, you may ask for a fast appeal if the denial causes problems with your ability to live independently. We must complete the fast (expedited) appeal within 72 hours. Because RMHP must make its decision faster, you will have less time to get a copy of the file RMHP has about your case. You will also have less time to give RMHP any more information about your appeal.

If you are not happy with how things are going, you can ask for a State Fair Hearing at any time. You may also contact the State health plan manager or Medicaid by calling 800-221-3943 or 303-866-3513. However, RMHP would like you to work through the steps listed in this booklet first.

You can still get other services when you ask the plan to take a second look at an action RMHP has taken. You may have the right to have your benefits continue while your appeal is being reviewed. The following must occur:

- RMHP must have previously authorized the treatment.
- The original authorization must not have expired.
- You must file your appeal within 20 days of the action.
- You must tell RMHP you want your services to continue when you file your appeal.
- Your RMHP provider must have ordered the services.

If you lose your appeal about those services, you may have to pay for those services.

To get more information about grievances, appeals, or any other subject, call:

RMHP Customer Service at 970-243-7050 or 800-346-4643.

TDD for the hearing impaired is 970-248-5019 or 800-704-6370. (You must have TDD equipment to use these phone numbers.)

Hours 8 a.m. to 5 p.m., Monday through Friday (except 8 a.m. to 4 p.m. on Thursday)

### **Additional Information**

If you would like additional information about the operation and structure of RMHP or our physician incentive plans, call RMHP Customer Service.