



### Appeal and Grievance Processes

You have many rights with Medicaid. 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 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, please call Customer Service.

Within two working days of the day RMHP gets your Appeal, RMHP will write you to tell 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:

- RMHP must have approved the 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.
- Your RMHP provider must have ordered the services.
- If you lose your appeal you will 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



970-244-7860 or 888-282-8801. If you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370. 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 Medicaid 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

If you need help making a complaint or grievance, you can call the Managed Care Ombudsman at 877-HELP-123 (877-435-7123). You can e-mail them at [123@maximus.com](mailto:123@maximus.com). TTY users should call 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 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 20 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 Medicaid Department:

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

The phone number is 800-221-3943. The State Medicaid 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 Medicaid 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 Medicaid 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

6. 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 — 970-244-7860 or 888-282-8801.
- If you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370.
- Para asistencia en español — 888-282-8801.

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

If you lose your State Fair Hearing, you will have to pay for the care you have received.



### **Additional Information**

You can get more information about how RMHP works. You can get information on how RMHP is arranged. You can also get information on our physician incentive plans. Call us at 888-282-8801.