

Complaint and Appeal Information

Chapter

01

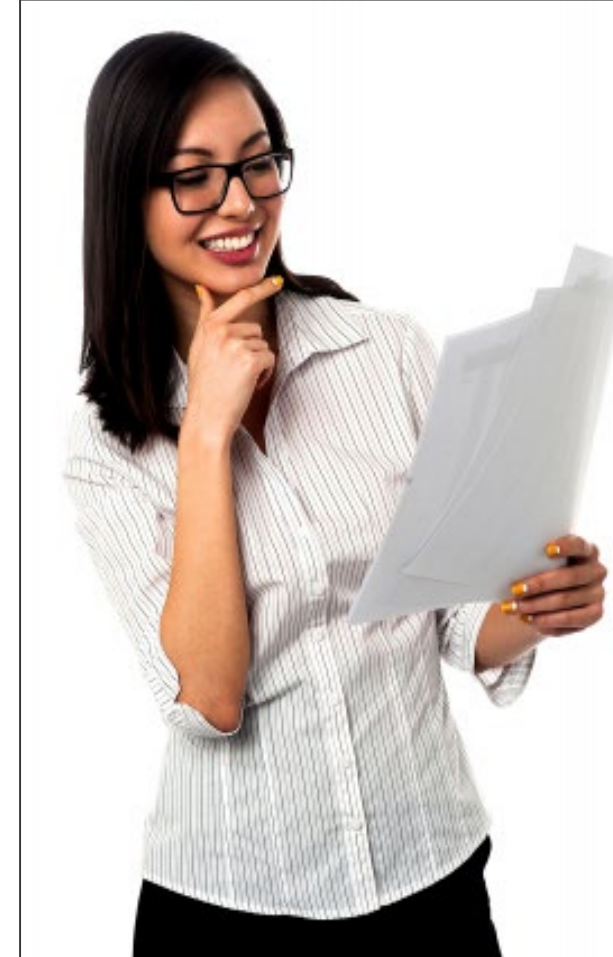
“We help people live
their lives to the
fullest potential.”

Our Commitment

Member Appeals

Appeal Defined

- An **Appeal** is a review by the RAE of an Adverse Benefit Determination completed by an MD who was not part of the original denial.
- An **Adverse Benefit Determination** is the denial or limited authorization of a requested behavioral health service
- There is only one (1) level of appeal for a member.



Items to Keep in Mind

An ***Appeal*** is a Health First Colorado member's right to appeal the RAE's action of a clinical denial. Providers do not have the right to request a Clinical Appeal in the State of Colorado. A provider can request an appeal for a claims issue by calling **(800) 888-3944**.

- 1 The member can designate a person of their choice to appeal on their behalf by filling out a Designated Client Representative Form. This is found on the website under Members/Complaint and Appeals.

- 2 The member has 60 calendar days from the date the notice of adverse benefit determination letter is sent to request an appeal. This date is on the Adverse Benefit Determination Notice sent to the member.

- 3 All appeal rights need to be exhausted prior to members requesting a State Fair Hearing, unless the RAE does not follow appeal timeframes.

Requesting an Appeal

The Deadline for appealing the Adverse decision is 60 calendar days from the Notice of Adverse Benefit Determination date.

Member/Guardian/DCR can call toll free or write:

Member Engagement Specialist
9925 Federal Drive, Suite100
Colorado Springs, CO 80921
TTY: 800-432-9553; Relay: 711

888-502-4185 (Health Colorado)

or

888-502-4189 (Northeast Health Partners)

The Member Engagement Specialist can help the Member with filing their appeal.



Download more graphics at www.psdgraphics.com

“Just the Facts”

- Members can appoint anyone to be their Designated Client Representative (DCR) to request an appeal on their behalf. This person can be a family member, a service provider, or anyone else they choose. The member can call the RAE’s Member Engagement Specialist to find out when a DCR and/or ROI form is needed.
- Members can find an Appeal Guide, ROI or DCR form on our website: www.northeasthealthpartners.org or www.healthcoloradae.com under the member tab/complaints and appeals.
- If a Member/Guardian/DCR requests an Expedited (quick) appeal, the MD for the RAE needs to make a decision if the standard appeal timeframes would jeopardize a member’s life, physical or mental health. If approved, the “appeal clock” starts ticking.



State Fair Hearing (SFH)

- If members receive an Adverse Appeal Decision, they can request a State Fair Hearing before an Administrative Law Judge (ALJ). Members can have any representatives they would like at the SFH

Administrative



- Members/Guardians/DCRs can request a State Fair Hearing up to 120 days from the Appeal Decision date. Members can ask the Member Engagement Specialist to help with requesting a SFH.

Law



- Members need to contact Office of Administrative Courts to request a SFH.
- 1525 Sherman Street, 4th Floor, Denver, CO 80203
- 303-866-2000

Judge



Continuation of Benefits During an Appeal or State Fair Hearing

If a Member wants services to continue during an appeal or State Fair Hearing, the Member must ask the RAE that their services continue. *A provider cannot make this request on behalf of the Member.*

The Member must make this request within ten (10) days from date they received the Notice of Adverse Benefit Determination letter or Upheld Appeal Decision letter. The Member may be liable for the cost of continued services if the appeal or SFH decision is upheld.

There is an Appeal Guide and State Fair Hearing Guide on the RAE's website to provide to the Members

Continuation of Services: Standards that must be met:

Standards for continuation of services during an Appeal or State Fair Hearing

- The service must have been ordered by an authorized provider
- The Member must ask to continue the service by calling their RAE within ten (10) business days

Standards for Continuation of Services during an Appeal

- The time period for the authorized service must not be over yet
- The services were denied, reduced, or stopped
- The Member has sixty (60) days from the date of the adverse benefit determination to file an appeal

Standards for Continuation of Services during a State Fair Hearing

- The previously authorized services were denied, reduced, or stopped
- The Member can request a State Fair Hearing up to 120 days from the upheld appeal
- Services must have been continued during an appeal to request continuation of services during a SFH

Provider Claims Appeals

Providers can contact the Claims Department at Beacon Health Options to appeal or challenge a Behavioral Health Service that was not paid for. *This is different than a claims payment, that is not paid based on a clinical denial.* The number for the Claims Department is **1-800-888-3944**. Providers can also write:

Claims and Claims Appeals Beacon Health Options
Attn: Health First Colorado Claims
PO Box 1850 Hicksville NY 11802-1850

For Physical Health Claims Appeals, providers will need to contact Health First Colorado at 1-844-235- 2387.



Chapter

02

“We help people live
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Our Commitment

Member Complaints

Complaint Defined

- Health First Colorado's Member Handbook informs members: You have a right to complain. This may also be called a grievance. You can complain about anything except a decision about your coverage or pre-approval of services. For example, you can complain if you are unhappy with your service or think you were treated unfairly. You cannot lose your coverage for filing a complaint. That's the law!
- HCPF defines complaint as an oral or written expression of dissatisfaction about any matter other than an Adverse Benefit Determination.



Complaint Takeaways for Members

- If a Member raises an issue or concern about ANY of their providers; which could include their Primary Care Medical Provider, a Specialist, or their Behavioral Health Provider, they can talk to that provider or file a complaint.
- A Member can designate a provider, a family member, or anyone they choose as a Designated Client Representative (DCR) to file a complaint on their behalf.
- Members cannot be punished for filing a complaint.
- Members can file a complaint verbally or in writing.
- Members/Guardians/DCRs can file a complaint at ANY TIME and for ANY REASON.
 - There is no time limit to file a complaint!
- Beacon follows 42 CFR.438 regulations in handling complaints.
- Beacon considers complaints as “failing forward.” WHY?

Failing Forward

People who fail forward are able to see errors or negative experiences as a regular part of life, learn from them and then move on. --John Maxwell.



FAILING
FORWARD

What Happens When a Member Complaint is Filed?

- A letter is sent to the Member within two (2) business days that acknowledges receipt of the complaint.
- The complaint investigation will be completed within fifteen (15) business days of the day they filed the complaint. A one-time fourteen (14) day calendar extension can be requested by the Member or the RAE if it benefits the Member. Members will be informed if more time is needed to resolve the complaint.
- A complaint resolution letter will be sent to the Member explaining the results of the investigation.
- If the Member does not agree with the results of the investigation, they can ask for a “Second Level Review”. This review is completed by the Colorado Department of Health Care Policy and Financing, Medicaid Managed Care Contract Manager. The results of this review are final.
- The Member also has the right to ask for a review by contacting the Ombudsman for Health First Colorado Managed Care.

Where do you direct Members to Make a Complaint?

Member/Guardian/DCR can call or write:

Member Engagement Specialist
9925 Federal Drive, Suite 100
Colorado Springs, CO 80921

888-502-4185 (Health Colorado)
or
888-502-4189 (Northeast Health Partners)

A Complaint Guide can be found on our websites:
www.northeasthealthpartners.org or
www.healthcoloradocolorado.com under the member
tab/complaints and appeals.



****How to File a Complaint Posters available upon request. Please contact the Member Engagement Specialist.****

Chapter

03

“We help people live
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Our Commitment

Provider Complaints

Provider Complaints

Providers can contact Beacon Health Options to file a complaint at our email or toll-free numbers:



coproviderrelations@beaconhealthoptions.com



HCI: 888-502-4185

NHP: 888-502-4189

Member's Rights & Responsibilities

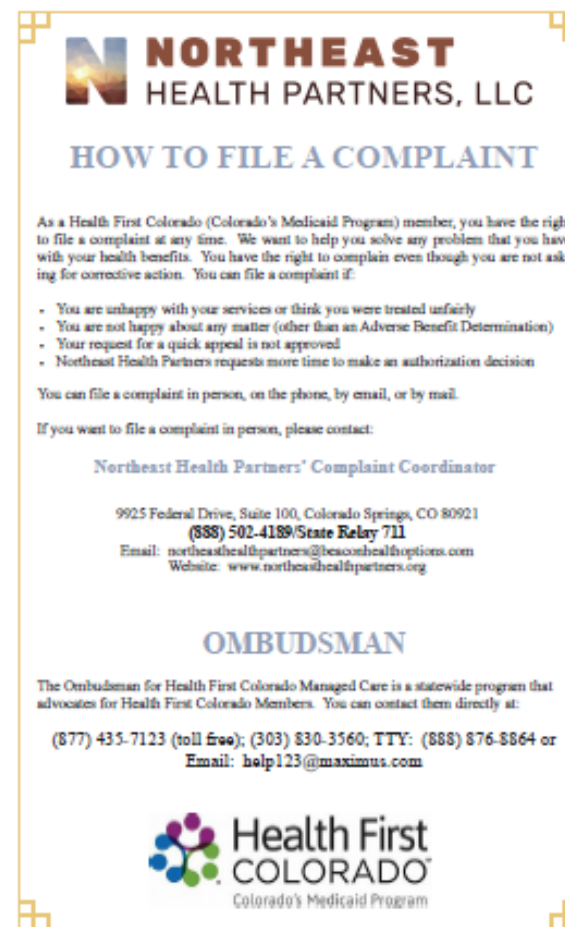
- Member's rights
- Member's responsibilities

Posters Available

- Rights & Responsibilities
- How to File a Complaint
 - English and Spanish

To request posters email:

Coproviderrelations@beaconhealthoptions.com



Provider Responsibilities

- Review rights with members
- Have information about rights and how to file a complaint posted in a prominent place at your practice

Posters Available For Free in Spanish and English

- Rights & Responsibilities
- How to File a Complaint
- You can print these from the websites

To request posters email:

Coproviderrelations@beaconhealthoptions.com

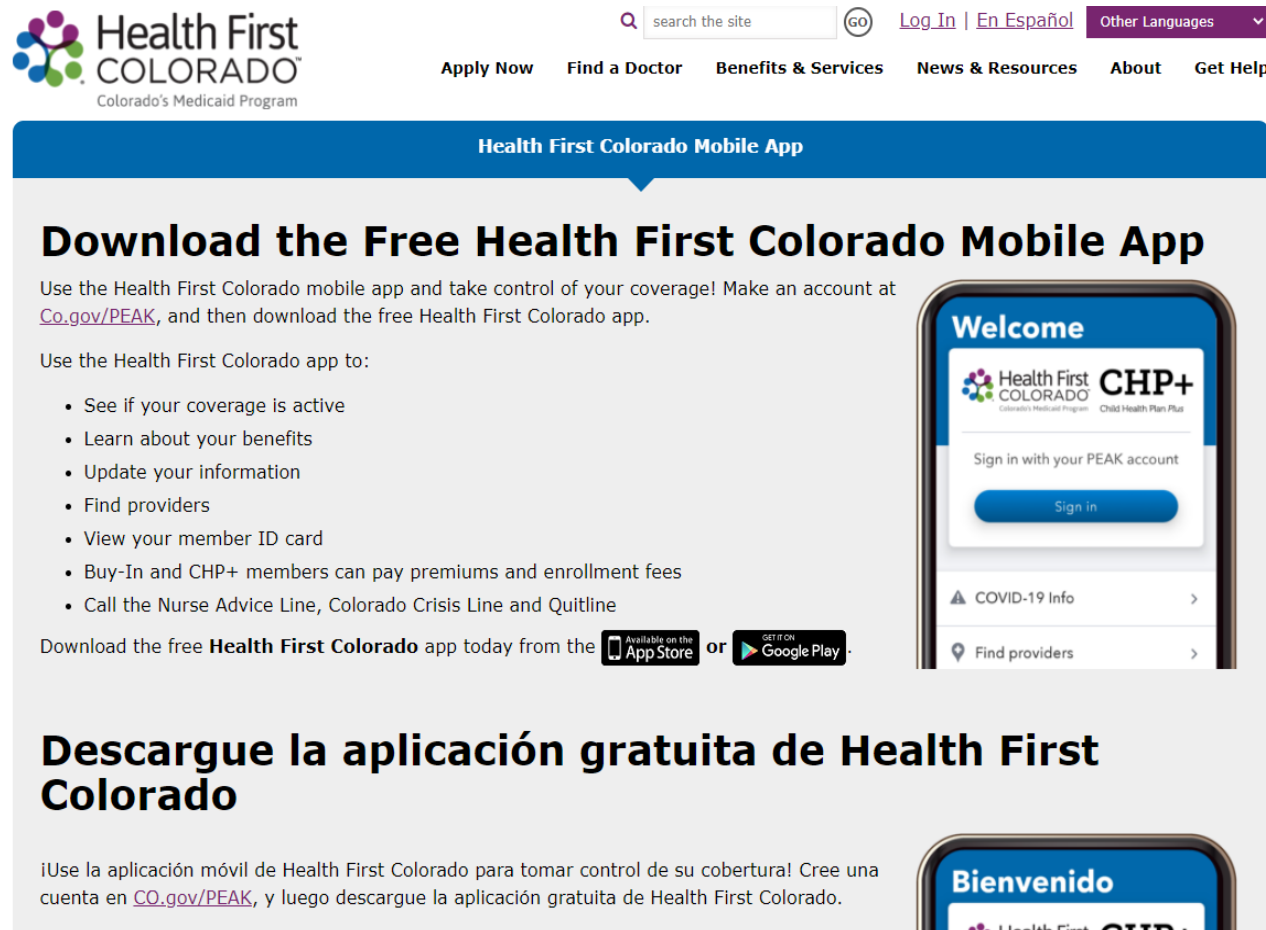


Peak Website and the Health First Colorado Mobile App

Members can:

- Create a free account at co.gov/peak to access their benefits and information online.
- Download the free Health First Colorado mobile app to access their benefits and information on their phone.

Member must create an account at co.gov/peak before they can sign in to the app



The screenshot shows the Health First Colorado website. At the top, there is a search bar and navigation links: "Log In", "En Español", and "Other Languages". Below the navigation bar, there are links for "Apply Now", "Find a Doctor", "Benefits & Services", "News & Resources", "About", and "Get Help". The main content area features a blue header with the text "Health First Colorado Mobile App". Below this, the heading "Download the Free Health First Colorado Mobile App" is displayed. The text explains that users can use the app to take control of their coverage and make an account at [Co.gov/PEAK](https://co.gov/PEAK). A list of features includes checking coverage, learning about benefits, updating information, finding providers, viewing member ID cards, and paying premiums. To the right, a smartphone mockup shows the app's "Welcome" screen with a "Sign in" button and links for "COVID-19 Info" and "Find providers". Below the app download section, there is a Spanish version of the same content, titled "Descargue la aplicación gratuita de Health First Colorado", with a similar smartphone mockup showing the "Bienvenido" screen.

Health First COLORADO
Colorado's Medicaid Program

search the site GO Log In | En Español Other Languages

Apply Now Find a Doctor Benefits & Services News & Resources About Get Help

Health First Colorado Mobile App

Download the Free Health First Colorado Mobile App

Use the Health First Colorado mobile app and take control of your coverage! Make an account at [Co.gov/PEAK](https://co.gov/PEAK), and then download the free Health First Colorado app.

Use the Health First Colorado app to:

- See if your coverage is active
- Learn about your benefits
- Update your information
- Find providers
- View your member ID card
- Buy-In and CHP+ members can pay premiums and enrollment fees
- Call the Nurse Advice Line, Colorado Crisis Line and Quitline

Download the free **Health First Colorado** app today from the [App Store](#) or [Google Play](#).

Descargue la aplicación gratuita de Health First Colorado

¡Use la aplicación móvil de Health First Colorado para tomar control de su cobertura! Cree una cuenta en [CO.gov/PEAK](https://co.gov/PEAK), y luego descargue la aplicación gratuita de Health First Colorado.

Thank You

Contact Us



Health Colorado: 888.502.4185
Northeast Health Partners: 888.502.4189



healthcolorado@beaconhealthoptions.com

northeasthealthpartners@beaconhealthoptions.com