



**10 Day Member Appeal
Member Info**

Behavioral Healthcare Incorporated
APPEAL INFORMATION

If you have questions about this notice or the appeal process, please call our Department of Member and Family Affairs at (720) 490-4403.

If you want help with any part of this process, please contact us, we will be glad to assist. We can help you with any questions you have or help you file an appeal. Call us at (720) 490-4400.

You can also call the Ombudsman for Medicaid Managed Care, operated by MAXIMUS. They can help you with your appeal. The phone number is (303) 830-3560. The toll free number is 1 (877) 435-7123, and the TTY number is 1 (888) 876-8864.

WHAT IS AN APPEAL?

Behavioral Healthcare Inc. (BHI) has made a decision or taken an action (see **below for types of actions**) that affects your services. An appeal is when you ask for a review of the decision or action **if** you do not agree with it. You have the right to have the decision or action that we take reviewed. This letter tells you what your rights are and how to ask for an appeal.

We encourage you to file with the Office of Administrative Courts (OAC) at the same time that you file your appeal with Behavioral Healthcare Inc. That way, you will not lose your right to a State Fair Hearing.

The ALJ (Administrative Law Judge), a Division of the OAC, contact information is provided in the section below titled "HOW DO I GET A STATE FAIR HEARING." You must make your request for an ALJ hearing in writing and you must sign your request.

You will never lose your Medicaid benefits by filing an appeal. As a Member of Behavioral Healthcare Inc., you have the right to file an appeal. Behavioral Healthcare Inc. will not take any action against you if you choose to appeal our decision or action.

WHAT IS AN ACTION?

- *Behavioral Healthcare Inc.* denies or limits a type or level of service you requested;
- *Behavioral Healthcare Inc.* reduces, suspends or stops a service that was previously approved;
- *Behavioral Healthcare Inc.* denies, in whole or in part, payment for a service;
- *Behavioral Healthcare Inc.* does not provide or authorize (approve) services in a timely manner;
- *Behavioral Healthcare Inc.* does not act within timelines required by the state to provide notifications to you; or
- If you live in a rural area, the denial of your request to seek care outside the *Behavioral Healthcare Inc.* network.

WHAT IS A DESIGNATED CLIENT REPRESENTATIVE (DCR)?

A DCR is someone you choose to speak for you when you file an appeal. It could be a provider, an advocate, a lawyer, a family member, or other person you trust. You may file an appeal yourself or have your DCR do it for you.

If you decide to use a DCR, you must sign a form with the name, address, and phone number of your DCR. This is so that we can contact him or her during the appeal process. If you want this person to see your medical records or get information about your services regarding your appeal, there is another form that you or your legal guardian must also sign.

Your provider may file an appeal for you or help you with your appeal as your DCR.

HOW DO I FILE AN APPEAL WITH *Behavioral Healthcare Inc.*?

You or your DCR must request an appeal *within 10 calendar days* from the date on the letter saying what action *Behavioral Healthcare Inc.* has taken.

You or your DCR can call *Behavioral Healthcare Inc.*'s Department of Member and Family Affairs to start your appeal. The phone number is (720) 490-4403 or toll free at 1 (877) 349-7379. Tell them you are a *Behavioral Healthcare Inc. Medicaid* member. Tell *Behavioral Healthcare Inc.* you want to appeal the decision or action.

If you call to start your appeal you or your DCR must send us a letter after you call. The letter must be signed by you or your DCR. We can help you with the letter if you need help. You must send the letter to:

The Department of Member and Family Affairs
Behavioral Healthcare Incorporated
155 Inverness Drive West, Suite 201
Englewood, Colorado 80012

You or your DCR can request a “rush” or expedited appeal if you are in the hospital, or feel that waiting for a regular appeal would threaten your life or health. There is a section below that tells you more about expedited appeals.

You may be able to keep getting the services that have already been approved by *Behavioral Healthcare Inc.* while you appeal, if all of these requirements are met:

- Your appeal has been sent to us within the required timeframes by you or your provider;
- A *Behavioral Healthcare Inc.* provider has asked that you receive the services;
- The time period approved for the services has not ended; and
- You specifically request that the services continue.

You may have to pay for any service that you get during the appeal if you lose the appeal. If you win the appeal you will not have to pay. Please let us know when you ask for an appeal if you want to keep getting your services.

If you continue getting the approved services, they will continue for a certain time period. The services will continue until:

- You withdraw your appeal;
- A total of 10 days passes after we mailed the original notice to you that we are denying your appeal. If you request a State Fair Hearing within those 10 days, your benefits will continue until the hearing is finished.
- The State Fair Hearing Office decides that your appeal is denied.
- The authorization for services ends.

WHAT WILL HAPPEN WITH MY APPEAL?

After we receive your phone call or letter, you will get a letter within two business days. This letter will tell you that we got your request for an appeal.

You or your DCR can tell us in person or in writing why you think *Behavioral Healthcare Inc.* should change its decision or action. You or your DCR can also give us information or records that you think would help your appeal. You or your DCR can ask questions, and ask for the criteria (rules) or information we used to make our decision. You or your DCR can look at *any records that Behavioral Healthcare Inc.* has that have to do with your appeal. Let us know if you or your DCR want to do this.

You or your DCR can present any additional information, statement of fact or law.

If your request was denied because it is not a covered benefit, your doctor can submit medical information to help explain why the service should be considered a covered benefit.

If the decision or action you are appealing is about a denial or change of services, a doctor will review your medical records and other information. This doctor will not be the same doctor who made the first decision to deny or change your services.

Behavioral Healthcare Inc. will make a decision and notify you within 10 business days from the day we get your request. We will send you a letter that tells you the decision and the reason for the decision.

If we need more time to make the decision, we will send you a letter to let you know. Or, you or your DCR can ask for more time.

WHAT HAPPENS WITH AN EXPEDITED (“RUSH”) APPEAL?

There may be times when an appeal must happen very fast. You or your DCR might feel that waiting for a regular appeal would seriously affect your life or mental health. For an expedited appeal, a decision will be made within three business days, instead of the usual ten business days for a regular appeal. If we need more time to make the decision, we will send you a letter to let you know. Or, you or your DCR can ask for more time.

If you or your DCR ask for an expedited (or “rush”) appeal and the request is approved, *Behavioral Healthcare Inc.* will call you to let you know within three business days. Your services will not change until a decision is made on your appeal, at which time a BHI representative will notify you of the outcome. We will also send you a letter within two business days. Then we will take care of your appeal in the regular way. You will get a letter that tells you the decision and the reason our decision.

HOW DO I GET A STATE FAIR HEARING?

A State Fair Hearing means that a State Administrative Law Judge (ALJ) will review *Behavioral Healthcare Inc.*'s decision or action. If you are not happy with *BHI*'s decision about your appeal, you or your DCR must ask for a State Fair Hearing *within ten calendar days* from the date on the letter that tells you what action *Behavioral Healthcare Inc.* has taken. If you or your DCR want to ask for a State Fair Hearing, you or your DCR may call or write to:

Office of Administrative Courts
633 Seventeenth Street - Suite 1300
Denver, CO 80202
Phone: (303) 866-2000
Fax: (303) 866-5909

If you or your DCR ask for a State Fair Hearing, the Office of Administrative Courts will send you a letter. This letter will explain the process. A request for a State Fair Hearing **must be in writing**. They will set a date for your hearing. The Judge will review *Behavioral Healthcare Inc.*'s decision or action. Then the Judge will make a decision.

You may be able to keep getting the services that have already been approved by *Behavioral Healthcare Inc.* while you are waiting for the Judge's decision. But you may have to pay for any services that you get while you are appealing with the State Fair Hearing. If you lose the State Fair Hearing, you may have to pay. If you win, you will not have to pay.