



**20 Day Member Appeal  
Member Info**

***Behavioral Healthcare Inc.***  
**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 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?**

If *Behavioral Healthcare Inc.* has made a decision or taken an action 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 reviewed. This letter tells you what your rights are and how to ask for an appeal.

***We encourage you to file with the Administrative Law Judge (ALJ) at the same time that you file your appeal with Behavioral Healthcare Inc. This will keep you within the calendar day deadline, and protect your right to an ALJ hearing.***

***The ALJ contact information is provided in the section below named "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 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 to pay 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 for 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 20 calendar days* from the date on the letter saying what action *BHI* 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 Medicaid *Behavioral Healthcare Inc.* member. Tell them 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 Inc.*

155 Inverness Drive West, Suite 201  
Englewood, Colorado 80112

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.

### **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. (BHI)* 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 *Behavioral Healthcare Inc.*'s records that have to do with your appeal. Let us know if you or your DCR want to do any of these things.

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 would be made within three business days, instead of 10 business days for a regular appeal.

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 the decision within 3 business days. Your services will stay the same until a decision is made.

If your request for a rush appeal is denied, *Behavioral Healthcare Inc.* will call you as soon as possible to let you know. 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.

### **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 20 calendar days*** from the date on the letter that tells you what action *BHI* 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.

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