

## The Grievance System

Behavioral HealthCare, Inc. (BHI) strongly supports the right of members to file grievances and appeals about the type and amount of care provided, the quality of care provided, their care provider(s), the denial of care, access to care, or any service or program problem.

The grievance system refers to two different procedures by which members can seek to resolve problems they are having with their BHI services. These are the grievance and appeal processes. Each of these processes is outlined in detail below. Members or their Designated Client Representative can file grievances and appeals. A Designated Client Representative [DCR] is any person, including a treating health care professional, authorized by a member or member's legal guardian to represent his or her interests related to grievances or appeals about health care benefits and services.

The BHI Office of Consumer and Family Affairs is available to help members and their representatives access the grievance and appeal processes at any level. Members or their representatives may call or write the BHI Director of Consumer and Family Affairs, 155 Inverness Drive West, Suite 201, Englewood, CO 80112, Fax: (720) 490-4395, Phone: (720) 490-4403, Toll-Free Phone: 1-877-349-7379. TDD users please call 1-800-659-2656.

### The Appeal Process

The appeal process is available to any member whose services are affected by an Action. An **Action** refers to several specific situations affecting a member's services, defined as follows:

1. The denial or limited authorization of a requested service including the type or level of service;
2. The reduction, suspension or termination of a previously authorized service
3. The failure to provide services in a timely manner; or
4. The failure to act within required timeframes for the grievance and appeal processes.

In most instances, a member will receive an Action Notification letter from BHI indicating that an Action has occurred. If a member disagrees with an action taken by BHI, the member or their DCR can Appeal by calling the Director of Utilization Management at (720) 490-4402 or in writing to: BHI Director of Utilization Management, 155 Inverness Drive West, Suite 201, Englewood, CO 80112.

Appeals may be filed, orally or in writing, within 20 calendar days from the date of the BHI Notice of Action.

Appeals will be resolved and a notice provided to the member within 10 working days unless an extension is requested by the member or BHI. If the member or their provider feels that the Appeal must be handled more quickly due to health concerns, an Expedited Appeal can be requested. This process requires a resolution in 3 working days.

If a member is dissatisfied with an Action taken by BHI, it is their right to request a State Fair Hearing before an independent Administrative Law Judge (ALJ). A member does not have to exhaust the BHI appeal process before appealing to the ALJ. At the hearing, a member is entitled to be represented by an authorized representative, such as legal counsel, relative, friend, or other spokesperson. A member can also represent themselves. A request for Fair Hearing request must be submitted in writing to the Division of Administrative Hearings within 20 days of the date that a Notice of Action was mailed. For more information regarding State Fair Hearings, call the Office of Administrative Courts at (303) 866-2000 or write to them at:

Division of Administrative Hearings  
633 17<sup>th</sup> Street  
Suite 1300  
Denver, CO 80202

If a member needs assistance in requesting a Hearing, including making a request in writing, they can call the BHI Office of Consumer and Family Affairs at (720) 490-4403 or the Ombudsman at (303) 830-3560 for metro Denver, 1-877-435-7123 toll-free or 1-888-876-8864 for TTY.

A member has the right to request a continuation of the mental health benefits identified in the Action while the resolution of the Appeal is pending. BHI will provide for the continuation of benefits while the Appeal and the State Fair Hearing are pending if:

1. The member files the Appeal within the required time frame;
2. The Appeal involves the termination, suspension or reduction of a previously authorized service;
3. The services were ordered by an authorized provider;
4. The original time period covered by the service authorization has not expired; and
5. The member requests an extension of benefits.

A member or their representative may contact the BHI Director of Utilization Management at (720) 490-4402 to request that benefits be continued during the appeal process. The member may be required to pay the cost of services furnished while the Appeal is pending if the final resolution of the Appeal is adverse to the member. BHI may recover the cost of the services furnished solely because of the requirements of the State and Federal regulations.

## **The Grievance Process**

The second process that members can access to resolve problems with their services is called the grievance process. A grievance is an expression of dissatisfaction about any matter other than an Action, as "Action" was defined above. Examples of grievances include:

- A member feels that her confidentiality was broken by her provider.
- A member believes he was given the wrong medication while in residential treatment.
- A parent feels that she has been treated rudely by her daughter's provider.

A member or their DCR may file a grievance orally or in writing. Grievances can be filed through the BHI Department of Consumer and Family Affairs.

Grievances will be acknowledged in writing within 2 working days. A member of the BHI Office of Consumer and Family Affairs will investigate the member's concern and attempt to reach a satisfactory resolution for the member. For a standard grievance, a resolution must be issued as expeditiously as the member's condition requires, not to exceed 15 working days. Similar to the appeal process, expedited processes and extensions are possible in certain circumstances. There is no BHI level appeal for grievances, but members can request that the Department of Health Care Policy and Financing (HCPF) review any decisions made by BHI regarding grievances. They can be reached area by calling 303-866-3513 or toll free at 1-800-221-3943.

Additional information regarding grievances, including the BHI Grievance policy is available by calling the BHI Director of Consumer and Family Affairs at (720) 490-4403 or through BHI's main number.

If members would like help filing a grievance from someone outside of BHI, they can contact the Medicaid Managed Care Ombuds program run by Maximus. They represent the needs and issues of members and their families. They can be reached at 303-830-3560 for metro Denver, 1-877-435-7123 toll free or 1-888-876-8864 for TTY.