



APPEAL GUIDE

If you need help with the information in this document, including written/oral translation; or in a different format like large print or as an audio file, we can help you at no cost. Call NHP at 800-541-6870 or State Relay 711 for callers with speech or hearing disabilities.

Si necesita ayuda con la información en este documento, incluyendo traducción escrita u oral, o en un formato diferente como letra grande o archivo de audio, podemos ayudarle sin costo alguno. Llame a NHP al 800-541-6870 o al servicio de retransmisión del estado marcando 711 para personas con discapacidades del habla o auditivas.

In Colorado, Medicaid is called Health First Colorado. Your regional organization, Northeast Health Partners, wants to hear your concerns and help you solve any problems that you have with your health care. As a member, you have the right to file a complaint at any time by speaking or writing to us. Complaints may also be called grievances. A complaint is when you tell us about your concerns. You have the right to complain even though you are not asking for corrective action. A complaint may include, but is not limited to:

- You are unhappy with your services or think you were treated rudely or unfairly by NHP or your provider. Your provider could be your primary care medical provider (PCMP), behavioral health care provider, community mental health center, or federally qualified health center.
- You are not satisfied about any matter - (other than an adverse benefit determination)
- You are not satisfied about the quality of care that you received
- Your request for a quick appeal is not approved
- NHP Partners requests more time to make an authorization decision

You can file a complaint or you can ask someone to file a complaint or appeal for you. If you want someone else to file a complaint or appeal for you, you must make that person your Designated Client Representative (DCR) and sign a DCR form. This person can be a family member, a service provider, or anyone else you choose to act on your behalf. If you choose to have your service provider act on your behalf, you can sign a DCR form or give your written consent in a letter. You will also need to sign a Release of Information (ROI) for NHP to share your information with your DCR. Both of these forms can be found on our website nhprae2.org.



How to File a Complaint:

You can call Member Services, email or write us a letter. This is a free call.

Our contact information is:

NHP Member Services

(800) 541-6870; State Relay: 711

nhpmembersupport@nhpllc.org

P.O. Box 31364 Salt Lake City UT 84131-0364

You may also file a complaint with a Member Advocate at one of the numbers listed below:

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| o Centennial Mental Health Center | 970-522-4549 #271 & #272 |
| o North Range Behavioral Health | 970-313-1139 |

What Help You Can Expect When You File a Complaint:

The Community Outreach Manager or Member Advocate will listen to you to help solve your concern, will help answer any questions about your complaint, and will send you any forms that you may need. If you need interpreter services or auxiliary aids because you do not speak English, are Deaf, or are hard of hearing, please make sure to let us know. NHP will arrange for interpreter services upon your request.

You will get a letter from NHP within two (2) working days after we receive your complaint. The letter tells you that we received your complaint and when you can expect a decision. We will look into your concerns and call you if we need more information. The person who makes a decision about your complaint will not be the person the complaint is about or anyone who works for that person. This person will review any information you provide related to your complaint. If your complaint involves a clinical issue, we will talk to a clinical person who was not involved in your complaint. You will not lose your Health First Colorado benefits for filing a complaint. You will not be treated different if you file a complaint.

NHP will do our best to make a decision about your complaint within ninety (90) calendar days after we receive your complaint. Once a decision is made, we will send you a letter that explains the outcome. If we need more time to make a decision, or if you request more time, we can extend the time to resolve the complaint for up to fourteen (14) calendar days. We will send you a letter within two calendar days telling you why we extended the time and how it is in your best interest.

If you do not agree with this decision to extend the time frame to resolve your complaint, you may file a complaint.



If you do not agree with the answer you get from NHP about your complaint, you can ask for a second review of your complaint by contacting:

Colorado Department of Health Care Policy and Financing
Medicaid Managed Care Contract Manager
303 East 17th Avenue, Suite 1100, Denver, CO 80203
Phone: 303-866-4623
Email: hcpf_mos@state.co.us

If you ask for a second review of your complaint, the Medicaid Managed Care Contract Manager will work with you. This decision is final.

You also have the right to ask for a review by contacting the Ombudsman for Health First Colorado Managed Care. The Ombudsman is an Advocate who helps Members with Complaints and Appeals. You can contact them at:

Ombudsman for Health First Colorado Managed Care
Phone: 303-830-3560 or toll free: 877-435-7123 711 (Retransmisión Estatal)
Email: help123@maximus.com

Members are protected under the Federal Mental Health Parity and Addiction Equity Act (MHPAEA). This act states that there are not more limits on your behavioral health benefits than your physical health benefits. If you feel these rights have not been upheld, you can contact the behavioral health ombudsman at 303-866-2789. You may Email them at ombuds@bhoco.org. You can also visit their website at www.bhoco.org. The ombudsman will call you to discuss your concern.