



**CCLP'S GUIDE TO PEDIATRIC
HOME HEALTH/PDN SERVICES:
HOW TO FILE
A MEDICAID
APPEAL**

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Information in this guide may not constitute the most up-to-date legal or other information.



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WHY APPEAL?

Medicaid is an “entitlement.”

This means that if you meet the eligibility requirements, you have a right to services under the program when they are medically necessary. The state cannot deny, reduce, or take away your benefits without “due process,” which means they need to send you a legally sufficient notice and give you an opportunity to say why you should be able to get benefits.



You may consider filing an appeal to the Office of Administrative Courts (OAC) if:

- A service or benefit is reduced or denied
- Your request for a new service/benefit is denied
- Your notice of change or denial is not a "Legally Sufficient Notice"



WHAT IS A "LEGALLY SUFFICIENT NOTICE?"

A notice must be mailed to you at least 10 days before the date of action, and include...

1. The date of action (the date the reduction or termination begins)
2. What decision was made
3. The reason for the decision
4. Citations to the regulations.*
5. An explanation of appeal rights

Decision

Notice date

Date of action

Program rule

Reason

Health First COLORADO
Colorado's Medicaid Program

[LTR DATE]
[FIRST NAME] [LAST NAME]
[ADDRESS]
[CITY], [STATE] [ZIP]

Member ID: [MEMBER'S MEDICAID NUMBER]

Your benefit or service request was partially approved

Dear Member,

You are receiving this letter because we partially approved your health care provider's request for the following benefit or service: [REVENUE CODE DESCRIPTION/CPT DESCRIPTION].

We approved part of your request

You were approved for some benefits or services:

Code	Description	Start date	End date	Total units approved	Total units denied
[XXXX]	[TEXT]	[XX/XX/XXXX]	[XX/XX/XXXX]	[XXXX]	[XXXX]
TOTAL				[XXXX]	[XXXX]

Why we denied part of your request

Your health care provider made a request for this service. Medical professionals reviewed this request on behalf of Health First Colorado. A clinical team of nurses and doctors determines whether requested services are medically necessary according to established criteria and guidelines.

The doctors and nurses who reviewed your request determined that part of your request is not medically necessary as described in [REFERENCE CODE CITATION].

We decided that the benefit or service is not medically necessary because:

- [DENIAL LONG DESCRIPTION]
- [CLINICAL RATIONALE FOR THE DETERMINATION]

Health First SOLUTIONS 1 **COLORADO**
Department of Health Care Policy & Financing



You can find the citations here:

<https://www.colorado.gov/pacific/hcpf/department-program-rules-and-regulations>

"LEGALLY SUFFICIENT NOTICE?" (CONTINUED...)

EPSDT rule

If the request for services is for a member 20 years of age or younger, the request was also evaluated for medical necessity under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) regulations at 10 C.C.R. 2505-10, Section 8.280.4.E.

Get Help

- We informed your health care provider of our decision. They can answer questions about the next steps for your medical care, or if you have questions about the request. You may be eligible for a different service or waiver that will meet your needs.
- If you have questions about your Health First Colorado benefits, please call the Member Contact Center at 1-800-221-3943 (State Relay 711) Monday-Friday from 8:00 a.m. to 4:30 p.m.

You can appeal this decision

You have the right to appeal this decision if you disagree with it. Your request for an appeal must be received by the Office of Administrative Courts by [APPEAL DEADLINE DATE]. Instructions for how to appeal are at the end of this letter.

Request details

Prior authorization number:	[XXXXXXXXXX]
Start date:	[XX/XX/XXXX]
End date:	[XX/XX/XXXX]
Agency:	[AGENCY NAME AND NUMBER]
Health care provider:	[ORDERING PROVIDER AND NUMBER]
Benefit or service type:	[SETTING]
Review request date:	[XX/XX/XXXX]
Review ID:	XXXXXXX

Date of action



If **ANY** of these elements are not included, you can appeal the decision just on the basis of an insufficient notice.

HOW DO I REQUEST AN APPEAL?

An appeal letter needs to include the following information...

- **THE NAME, ADDRESS, AND MEDICAID ID NUMBER OF THE PERSON WHOSE BENEFITS HAVE BEEN DENIED OR REDUCED**
 - If you are appealing for someone else, your relationship to that person
 - If you are not a parent or guardian, documentation showing that you can file on their behalf
- **A STATEMENT THAT YOU DISAGREE WITH THE DECISION**
- **IF NEEDED, A REQUEST FOR ACCOMMODATIONS**
 - Language translation, TTY phone access, etc.
- **IF DESIRED, A REQUEST FOR A FACE-TO-FACE HEARING AT THE OFFICE OF ADMINISTRATIVE COURTS (OAC)**
- **IF YOUR LETTER WILL BE RECEIVED BEFORE THE DATE OF ACTION BUT YOU DON'T WANT CONTINUING BENEFITS:**
 - A statement that you do not want the benefits
- **IF YOUR LETTER WILL BE RECEIVED AFTER THE DATE OF ACTION AND YOU DO WANT CONTINUING BENEFITS:**
 - A statement that you do want continuing benefits and the reason why you submitted the request late
- **IF YOU RECEIVED A NOTICE, ATTACH A COPY OF THE NOTICE TO YOUR LETTER.**

NOTE: If you can, file online to reduce any risk of your documents getting lost

NOTE: You will be able to provide medical documents, letters, or other information after the other documents have been submitted, as long as they are provided before the hearing date.

WHERE TO FILE & WHEN

To file, use the state's online case initiation form, or you can mail or fax the appeal request using the information here:

Form: socgov12.force.com/CourtLink/login

Mail: 1525 Sherman Street
Fourth Floor
Denver, CO 80203

Phone: 303-866-5626

Fax: 303-866-5909

Email: OAC-GS@state.co.us



DEADLINE FOR AN APPEAL

If you were already getting services, your benefits can continue during the appeal but only if your request for a hearing is **RECEIVED BEFORE THE DATE OF ACTION**.

All requests for hearings must be **RECEIVED WITHIN 60 DAYS OF THE DATE OF YOUR NOTICE**.

You may have extra time to make a request for continuing benefits if:

- You never got the notice or it arrived late
- Your appeal could not be filed in time because you (or a responsible caretaker) were sick or unavailable

HAVING SECOND THOUGHTS?

Q: If I change my mind later and don't want a hearing after all, can I withdraw my appeal?

A: YES. You can withdraw an appeal if you change your mind.

Q: If I miss the 60-day appeal deadline and decide I do want a hearing, will I get another chance?

A: NO. Late appeals are very rarely accepted.

WHO CAN HELP ME WITH AN APPEAL?

COMMUNITY ADVOCATES

Colorado Cross-Disability Coalition

www.ccdconline.org/individual-advocacy
(303) 839-1775

Family Voices Colorado

www.familyvoicesco.org
(303) 877-1747

LEGAL ORGANIZATIONS

Colorado Legal Services

www.applyonlinecls.org
(303) 837-1313

Colorado Center on Law and Policy

www.cclponline.org
(303) 573-5669



CCLP stands with diverse communities across Colorado in the fight against poverty through research, legislation and legal advocacy. Learn more about CCLP or discover other resources and publications at cclponline.org.

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