



Colorado Center
on Law and Policy

A photograph of a white metal spiral staircase with wooden treads, set against a dark grey wall. The staircase winds upwards and is partially obscured by the text.

Step-by-step:

A guide to
Medicaid
appeals

Step 1:

*How (and why!) to
request an appeal*

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About Colorado Center on Law and Policy

Colorado Center on Law and Policy is a non-profit advocacy organization dedicated to the vision that every Coloradan should have what they need to succeed. Standing with diverse communities, organizations, and individuals, we are but one piece of the rising movement to fight poverty across our state. We serve our fellow Coloradans using the powers of legal advocacy, legislative advocacy, coalition building, community engagement, research, and analysis.

We depend upon the generosity of individuals to continue our fight against poverty in Colorado. Visit CCLPonline.org/donate to support our work.

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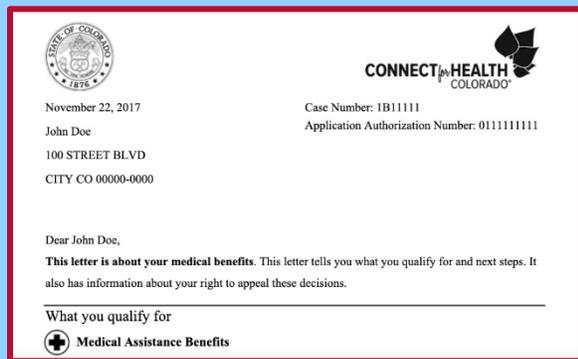
Legal notice

This guide is not legal advice. This guide is for general information only. Information in this guide may not be the most up-to-date legal or other information.

I got a letter from Medicaid! What do I do?

Medicaid¹ must tell you in a letter if they make any changes to your benefits. This letter is called a **notice**.

This letter could look like this...



November 22, 2017
John Doe
100 STREET BLVD
CITY CO 00000-0000

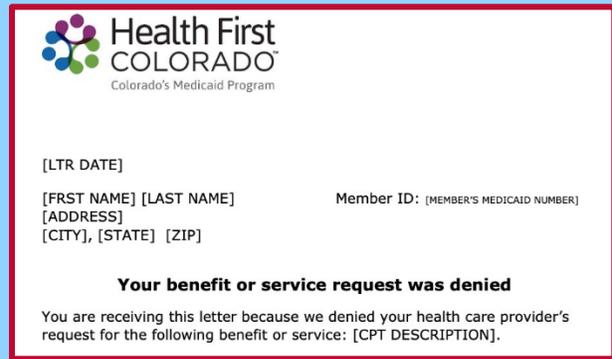
Case Number: IB11111
Application Authorization Number: 0111111111

CONNECT ^{for} HEALTH
COLORADO

Dear John Doe,
This letter is about your medical benefits. This letter tells you what you qualify for and next steps. It also has information about your right to appeal these decisions.

What you qualify for
+ Medical Assistance Benefits

...or this...



Health First
COLORADO
Colorado's Medicaid Program

[LTR DATE]

[FRST NAME] [LAST NAME] Member ID: [MEMBER'S MEDICAID NUMBER]
[ADDRESS]
[CITY], [STATE] [ZIP]

Your benefit or service request was denied

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



It's important to open any emails or mail from Medicaid **as soon as you can**.

We know these letters can be confusing and stressful. But these letters will give you **important information, including short deadlines**.

Keep a copy of your letter and the envelope or email you got with it. If Medicaid misses its deadline, you can use the date on the letter as proof.

If you **didn't** get a letter, write down how you found out about any changes. Save any voicemails, emails, etc. that you have about it.

¹ There are many other names related to Medicaid: PEAK, Health First Colorado, the State of Colorado, your county Medicaid office, or a managed care organization like Rocky Mountain Health Plan.

What must my notice letter include?

Medicaid should send you a notice that is dated **at least 10 days before the day they make a change**. The day they will make a change is called the “date of action.”

If Medicaid is ending your medical benefits or your health care organization is changing your services, the notice should say:

1. The date of action
2. What the decision is
3. Why the decision was made
4. The regulations² or law
5. Your right to request an appeal and how to do it
6. Your right to represent yourself, get a lawyer, or get another person to help you
7. Information on continuing benefits

If Medicaid is denying your application, the notice should say:

1. The date of action
2. Your right to request an appeal and how to do it
3. Right to represent yourself, get a lawyer, or get another person to help you.



If your notice letter is missing any of this information, you can request an appeal based on an **“insufficient notice.”**

This means it is a notice that doesn't follow the rules!

² A regulation is a rule. It tells Medicaid what they can and cannot do.

Example of a notice

Health First COLORADO
Colorado's Medicaid Program

Notice date → [LTR DATE]

[FRST NAME] [LAST NAME] Member ID: [MEMBER'S MEDICAID NUMBER]
[ADDRESS]
[CITY], [STATE] [ZIP]

Your benefit or service request was denied → *Decision*

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

Why we denied 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.

Regulation³ → The doctors and nurses at eQHealth determined that your request does not meet the criteria for Health First Colorado coverage 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]

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.

Reason →

 1 

³ The regulation listed here will be the reason Medicaid believes you do not qualify for the benefit or service requested.

Example, continued

*Appeal
deadline⁴*

*Date of
Action⁵*

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 Services 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]
Total units requested:	[XXXX]
Total units denied:	[XXXX]
Review request date:	[XX/XX/XXXX]
Review ID:	XXXXXXX

⁴ Your appeal deadline date is the day by which you **must** request your appeal.

⁵ The date of action is the day your Medicaid benefits will change.

Medicaid must send you a notice **at least 10 days before the date of action.**

I disagree with Medicaid's decision! What are my options?

You have a few options if you disagree with Medicaid's decision in a notice letter. You can:

1. **Request an appeal**
2. **Request an informal meeting with Medicaid**
3. **Reapply for Medicaid**
4. **Send additional information, if required**



Option 1: Request an appeal

You have the right to request an appeal for any decision you disagree with. You can do this when you disagree about whether you qualify for Medicaid benefits or when you disagree about the medical service you should get.

What is an appeal?

An appeal is a legal word that means you disagree with a decision that affects you. When you request an appeal, you file paperwork asking a judge to review the decision and make a different one.

Requesting an appeal may seem stressful. But you are not alone. This guide is here to help!



Why appeal?

- You have a right to tell your story when you disagree.
- Requesting an appeal is the **only** way to keep your medical benefits while you try to change the decision.
- When you request an appeal, you have a right to more information from Medicaid about why they made the decision.
- You can talk to Medicaid at any time during the appeal process to try to fix the issue without a hearing.

Option 2: Request an informal meeting

You can request an informal meeting with Medicaid to try to fix the issue. (Learn more on page 17.)

Option 3: Reapply for Medicaid

Sometimes reapplying can be a faster process. But you won't be able to keep your benefits while you wait.

Option 4: Send additional information

Sometimes, Medicaid may ask you for more information, and stop your medical benefits if you don't provide it. If this happens, send them the information anyways **within 90 days of losing your medical benefits**. You may be able to avoid reapplying!

Timeline of an appeal

1. You receive a **notice letter**.

Send your appeal request **within 60 days...** or **sooner** to continue your benefits while you wait for the judge to decide your appeal!

2. You send a request for appeal to the Office of Administrative Courts.

In some cases you can also talk with Medicaid and try to fix the issue without a hearing. More info in the **Step Two Guide**.

3. You have a hearing with a judge at the Office of Administrative Courts.

AND... Don't worry! There is more information on each of these steps in the rest of our guides.

4. The judge will make an initial decision. This decision is not final.

If you disagree with the judge's initial decision, you have options.

YOU CAN DO THIS!

How to request an appeal

A request for appeal is made with the **Office of Administrative Courts (OAC)**. This is a separate office from Medicaid.

You must make a request for an appeal **in writing**.

You may write a letter using the information on pages 13-14. **OR** you can fill out the “Request for State Level Hearing” form in the General Services section of the OAC forms page found at:

<https://oac.colorado.gov/resources/oac-forms>



REQUEST FOR STATE LEVEL HEARING	
Section A - Contact Information	Section B - Representative Contact Information
File Name _____ MI _____	<input type="checkbox"/> Check this box if you will have someone else represent you and complete the information below. Please read instructions.
Last Name _____ Suffix _____	Attorney Reg No. (enter if your representative is a licensed attorney) _____
Company _____	First Name _____ MI _____
Address _____	Last Name _____ Suffix _____

What if I need help requesting an appeal?

You can ask for an interpreter or other accommodations to help you understand your notice letter or write your appeal. Contact:

504/ADA Coordinator

Address: 1570 Grant St
Denver, CO 80203
Phone: 303-866-6010

Fax: 303-866-2828
State Relay (TTY): 711
Email: hcpf504ada@state.co.us

When do I send my request?

You have **60 days from your notice letter date** to request an appeal.

This means the Office of Administrative Courts **must receive** your request for an appeal by then.

If you want to keep your benefits during the appeal process, you must request an appeal even sooner: **before the date of action.**

Often the date of action is just **10 days** from your notice letter date. You must also state in your request that you wish to continue your benefits.

Learn more about keeping your benefits on page 16.




Colorado's Medicaid Program

[LTR DATE]

[FRST NAME] [LAST NAME] Member ID: [MEMBER'S MEDICAID NUMBER]
[ADDRESS]
[CITY], [STATE] [ZIP]

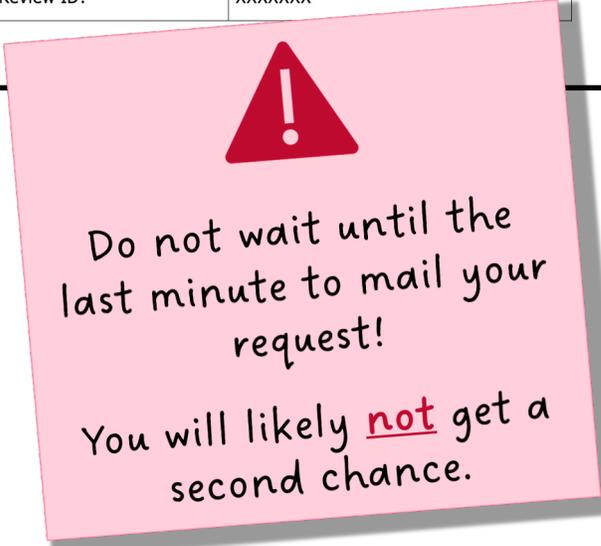
Your benefit or service request was denied

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



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]
Total units requested:	[XXXX]
Total units denied:	[XXXX]
Review request date:	[XX/XX/XXXX]
Review ID:	XXXXXXX



Do not wait until the last minute to mail your request!

You will likely **not** get a second chance.

What to include in your request for appeal

You can request an appeal by writing a letter. You should include the following in your letter:

1. Your name, address, phone number, and Medicaid number

If you are appealing for someone else — such as your child — explain how you know them.

2. The date

This matters for other deadlines the government must meet.

3. Why you want a hearing

You do not need to include a lot of details. You should write what happened and that you disagree with the decision. For example, you could write:

“Health First (Medicaid) denied my application. I disagree with this decision.”

OR: *“Health First (Medicaid) took away my Medicaid benefits. I disagree with this decision.”*



If you are worried about the life or health of you or your child, **ask for an “expedited” appeal.** An expedited appeal can get you a faster decision. Tell them why you need a fast decision!

4. A list of any accommodations you need

If you need assistance with English, you may ask for an interpreter.

You may also ask for accommodations such as an ASL and/or Deaf interpreter, CART or closed captioning, or other accommodations.

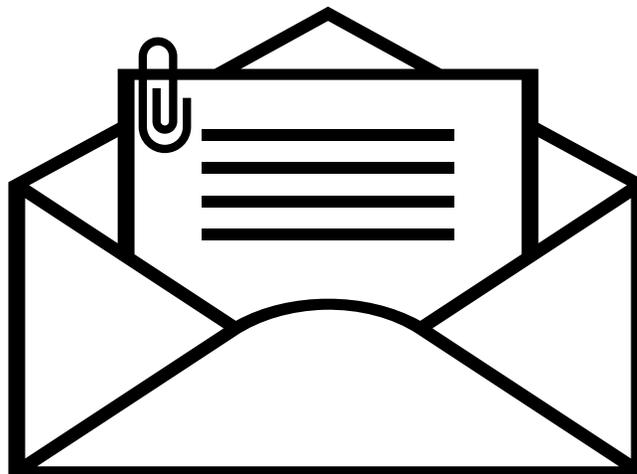
5. Whether you want your benefits to continue

You must state if you want your benefits to continue during the appeal process. More info on how to keep your benefits during your appeal on page 16.

6. Your signature



7. If you received a notice, attach a copy of this notice to your letter.



Where do I send my request for an appeal?

Be sure to follow the instructions in your notice letter! For most appeals, you will need to mail, fax, or deliver your request to the Office of Administrative Courts.

Office of Administrative Courts

1525 Sherman Street,
4th Floor
Denver, CO 80203

Fax: 303-866-5909

Tips

1. Mail your appeal at least one week before the deadline. It will be late if it arrives after the deadline!
2. If sending by fax, do **not** send more than 10 pages.

Managed care organizations

Requesting an appeal may be different, however, if you are a part of a **managed care organization**.

Colorado's managed care organizations are *Denver Health Medicaid Choice* or *Rocky Mountain Health Plan*. If you are in one of these, you may need to request an appeal with your health plan first. Information on how to do this should be in your notice letter.

What happens to my benefits when I appeal?

If you want to keep your benefits until the end of the appeal process, the Office of Administrative Courts will need your request for an appeal earlier: **before the date of action.**

If you miss this deadline but need your benefits to continue, request your appeal within 10 days of your date of action. Medicaid *may* let you keep your benefits if you have a good reason.

1. **Say why you missed the deadline**
2. **Say how your health will be impacted without benefits**
3. **Include any papers that show why you missed the deadline or how you will be impacted.**

If you keep your benefits during the appeal AND you **lose**, Medicaid may make you pay for the cost of any medical care you got during the appeal process.

If you win, Medicaid will continue to pay for your medical care.

Tip

You can always write Medicaid a letter to stop your benefits during your appeal.

Can I try to get my benefits back without an appeal?

Yes! A formal request for an appeal is the only way to get a person outside of Medicaid to listen to your story. But you can also ask for an informal meeting to try to work out the issue.

How do I request this meeting?

You can call, or you can write a letter to request a meeting. In your letter, tell them:

1. Your name
2. Address
3. Phone number
4. Case number, if you have it
5. Why you disagree with the decision

Who you contact to request the meeting will depend on your notice letter. Some-

times, this is your county office. **Be sure to request your meeting by the date listed on your notice letter!** Example:

This informal meeting doesn't change the deadline to request an appeal to keep your benefits. You may want to do both at the same time!

To ask for an informal meeting for Health First Colorado (Medicaid)	
Deadline to request an informal meeting for Health First Colorado (Medicaid): XX/XX/XXXX	To ask for an informal meeting (county conference), you can call your county human services office and request one. Or, send a letter to your county with your name, address, telephone number, case number, and the reason you disagree with the decision. Send the letter to: XXXXXX County

Other resources

I still need help. Who can help me request an appeal?

You can contact these government offices with questions:

Health First Colorado Member Contact Center

The Health First Colorado Member Contact Center is where you should go if you have questions about Medicaid.

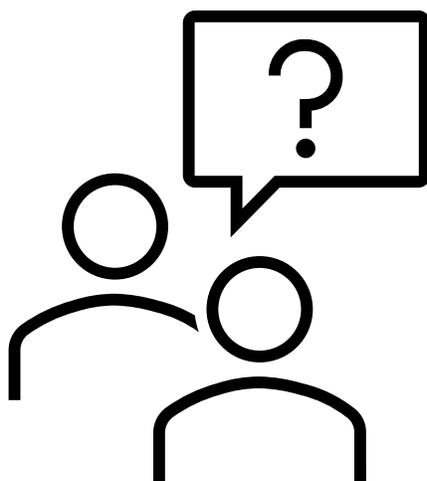
Phone: 1-800-221-3943

State Relay (TTY): 711

Office of Administrative Court's Clerk's Office

The Office of Administrative Court's Clerks Office may be able to help you with questions about how to file an appeal, questions about your hearing, and any questions about how to get information to your judge.

Phone: 303-866-5626



Can I get a lawyer?

Unfortunately, there are not many lawyers who can help. But here are two organizations who may be able to help:

Colorado Legal Services

CLS may be able to help. They provide legal help for low-income Coloradans with civil legal needs, and they are free.

Call CLS at 303-837-1313, or fill out their online intake form at: coloradolegalservices.org

Colorado Cross-Disability Coalition (CCDC)

CCDC has non-lawyer advocates who may be able to help with appeals if you have a disability.

Call the main office at 303-839-1775, or email Donna Sablan at dsablan@ccdconline.org. Learn more at ccdconline.org/contact.

Remember:

You don't have to have a lawyer.
You can request an appeal by yourself, or with someone who is not a lawyer.

You can also check with your case manager to see if they can help!

What if I can't mail or fax?

These places may be able to help:

St. Francis Center

Phone: 303-297-1576

Address: 2323 Curtis Street,
Denver, CO 80205

Harm Reduction Action Center

Phone: 303-572-7800

Address: 112 E 8th Ave, Den-
ver, CO 80203

The Gathering Place

Phone: 303-321-4198

Address: 1535 High St, Den-
ver, CO 80218

Don't forget your
local library!

Check your local library.
Arapahoe and Denver Pub-
lic Libraries offer FREE
faxing

What if I'm experiencing discrimination?

If you believe you are being treated differently because of who you are, you can file a discrimination complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

You can file online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.

OR by mail, phone, or fax at:

Address: 1961 Stout Street Room 08-148, Denver, CO 80294

Phone: 1-800-368-1019

Fax: 1-202-619-3818

Learn more about filing complaints with the Office for Civil Rights at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>

You may also file a discrimination complaint with Colorado's Department of Health Care Policy & Financing (HCPF):

Address: 1570 Grant St, Denver, CO 80203

Phone: 303-866-6010

Fax: 303-866-2828

State Relay: 711

Email: hcpf504ada@state.co.us

Questions about next steps?

Check out the other guides in this series!

Step 2: All about your hearing

Step 3: Options after your hearing