



COLORADO

Department of Health Care
Policy & Financing

303 E. 17th Ave. Suite 1100
Denver, CO 80203

OFFICE OF ADMINISTRATIVE COURTS FORMAL APPEAL FORM: PROVIDER REQUEST FOR APPEAL OF RAC OVERPAYMENT DETERMINATION

The Department encourages providers to use this form if they choose to submit a formal appeal of an overpayment determination made through a Recovery Audit Contractor (RAC) audit.

If you use this form, please review and submit all of the following information before submitting this form to the Office of Administrative Courts.

NOTE: If you use this form, the Office of Administrative Courts must receive this appeal form within 30 calendar days from the date of the Notice of Adverse Action, Overpayment Determination letter.

Section A - Provider Contact Information

Name of Provider

Name of Provider Representative

Provider Address

City State Zip

Provider Phone Number

E-Mail Address

Health First Colorado Provider ID

Provider NPI

Section B - Attorney Contact Information

☐ Check this box if provider will have legal representation for this appeal.

Attorney Registration Number

Attorney Name

Firm Name

Address

City State Zip

Attorney Phone Number

Attorney E-Mail Address



Section C - Appeal Information

I request a formal appeal before an Administrative Law Judge of the Notice of Adverse Action dated _____ sent to me by the Colorado Department of Health Care Policy and Financing regarding RAC ID # _____

☐ By checking this box, I verify that this appeal is timely, as it was filed within 30 days of the date of the Notice of Adverse Action.

Section D - Disputed Claims on Appeal (Please clearly identify the specific claims and the reason for appealing each claim. If additional space is necessary, you may add lines to the table below and/or an attachment to this form.)

The total overpayment amount I am disputing in this appeal is \$_____

The claims I am disputing in this appeal that make up this total overpayment amount are:

ICN	Claim Line	Overpayment Amount	Reason for Appeal
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

☐ By checking this box, I certify that I participated in Informal Reconsideration as to each of the above listed claims in dispute, thereby rendering them eligible for review on appeal.

PLEASE DO NOT SUBMIT MEDICAL RECORDS WITH YOUR APPEAL

Please note that OAC requests that providers not submit medical records with the initial filing of their formal appeal. Any medical records submitted with the appeal will not be considered a part of the official record and will not be retained by the OAC. You will have an opportunity during the appeal process to submit medical records to the Department.

If the provider's contact information, including address, phone number, or email changes, provider will immediately notify the Office of Administrative Courts.

Provider's Signature

Date



The content of this form is suggested guidance for providers and does not constitute legal advice. This information is not intended to create, and its use or receipt does not constitute, an attorney-client relationship. You should consult with a qualified attorney for advice regarding your specific situation.

Although not mandatory, this form is available as guidance to help providers include the necessary information to the Office of Administrative Courts when requesting a formal appeal. If you choose to use this form, please complete the form in its entirety.

For your appeal to be timely, the OAC must receive the appeal within 30 days of the date of the Notice of Adverse Action. The Department cannot extend this deadline.

If you choose to use this form, you may submit it to OAC through one of the following methods:

- Emailing to the OAC general services at dpa_oac-gs@state.co.us ; or
- Electronic submission through OAC e-filing at:
https://socgov12.my.site.com/CourtLink/PV_CommunityLogin ; or
- Sending by U.S. Mail to the OAC at:

Office of Administrative Courts
Department of Personnel and Administration
1525 Sherman Street, 4th Floor
Denver, CO 80203

The Department requests that you also provide a courtesy copy of this Formal Appeal Form to the State Attorney General's Office through this email box: HC.OAC@COAG.gov.

