

MEMBER APPEAL RIGHTS

If you agree with the decision, you do not need to take any further action.

If you think the decision is wrong, you can appeal and ask for a hearing. You may have an appeal hearing with an Administrative Law Judge. You may represent yourself, or have a lawyer, a relative, a friend, or other spokesperson assist you as your authorized representative.

How To Appeal

1. You must ask for a hearing in writing. This is called a **LETTER OF APPEAL**.
2. Your letter of appeal must include:
 - a. Your name, address, phone number and Medicaid number;
 - b. Why you want a hearing; and
 - c. A copy of the front page of the notice of action you are appealing.
3. You may ask for a telephone hearing rather than appear in person.
4. Mail or fax your letter of appeal to:

OFFICE OF ADMINISTRATIVE COURTS
1525 Sherman Street, 4th Floor
Denver, CO 80203
Fax 303-866-5909

5. Your letter of appeal **must be received** by the Office of Administrative Courts no later than sixty (60) calendar days from the date on this notice of action. The date of the notice of action is located on the front of this notice.
6. The Office of Administrative Courts will contact you by mail with the date, time, and place for your hearing with the Administrative Law Judge.

Continued Benefits

To continue receiving the denied services listed on the notice, you must file your request for a hearing in writing no later than 60 calendar days after the date on the front of this notice. You may continue receiving services while you are waiting for a decision on your appeal. If you lose your appeal, you must pay back the cost of the services you received during the appeal. If you win your appeal, the State will pay your provider for the service(s) you received during your appeal process. Your provider is responsible for reimbursing you for the amount you paid them during your appeal.

If you have questions about this process, please call:

Health First Colorado Member Contact Center

1-800-221-3943

State Relay 711

Se Habla Español



NONDISCRIMINATION NOTICE

The Colorado Department of Health Care Policy and Financing does not discriminate on the basis of race, color, ethnic or national origin, ancestry, age, sex, gender, sexual orientation, gender identity and expression, religion, creed, political beliefs, or disability in any of its programs, services, or activities.

The Department provides auxiliary aids and services, to individuals with disabilities, and language services, to individuals whose first language is not English, when needed to ensure equal opportunity and meaningful access to the department's programs, services, and activities. Examples of aids and services include, but are not limited to, qualified sign language interpreters, written information in other formats, foreign language interpreters, and information translated into other languages. The department will provide aids and services in a timely manner and free of charge.

For further information about this policy, to request free disability and/or language aids and services, or to file a discrimination complaint, please contact:
504/ADA Coordinator, 1570 Grant St, Denver, CO 80203,
Phone: 303-866-6010, Fax: 303-866-2828, State Relay: 711,
E-mail: hcpf504ada@state.co.us.

Civil rights complaints can also be filed with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the [Office for Civil Rights Complaint Portal](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf) at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail, phone, or fax at 1961 Stout Street Room 08-148, Denver, CO 80294, Telephone: 1-800-368-1019, Fax: 1-202-619-3818, TDD: 1-800-537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>.

For more information, please visit our website at <https://www.colorado.gov/hcpf/nondiscrimination-policy> or <https://www.colorado.gov/hcpf/americans-disabilities-act>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-221-3943 (State Relay: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-221-3943 (State Relay: 711).

STATEMENT OF PENALTIES

If you make a willfully false statement or representation, or use other fraudulent methods to obtain public assistance or medical assistance you are not entitled to, you



could be prosecuted for theft under state and/or federal law. If you are convicted by a court of fraudulently obtaining such assistance, you could be subject to a fine and/ or imprisonment for theft.

