



PACE

*Program of All-inclusive Care for the Elderly*

## **Appeal of Coverage and Payment Denials**

### **What is an Appeal?**

An appeal is an opportunity for you to state that you disagree with a decision that was made concerning you and your plan of care. Because PACE provides services to you as an enrollee of our program, you may not agree with a decision of the Team, such as a denial for a service you requested or a reduction in a service you were receiving and liked. If that happens you can bring an appeal to us for review

### **Your Right to Appeal**

As a PACE participant or potential enrollee, **you have the right to appeal any decision the TRU PACE Team makes if you do not agree with it.** These reasons may or may not include denying a service you want, stopping a service you were getting, reducing a service to fewer days, disenrolling you from our program involuntarily, and others. An appeal may be either orally or in writing to any staff member at any time and you will be given an opportunity to present evidence related to the appeal in person or in writing. You may be assisted by TRU PACE to complete the appeal process if you so choose.

If you are receiving a service that the Team has determined to discontinue, TRU PACE will continue to furnish the disputed services until a final determination of your appeal has been made. If the appeal is in your favor, we will continue the service as you requested. If the appeal does not go in your favor you may be liable for the costs of the contested services.

### **The Appeal Process**

The appeals process will be reviewed with you or your designated representative at enrollment, at least annually, and any time the Team denies any request for service or payment. All appeal information will be kept confidential.

TRU PACE will continue to furnish all other required services during the appeals process. There will be no discrimination by TRU PACE against you on the grounds that you or your designated representative filed an appeal.

Participant appeals will be treated by all TRU PACE employees in a confidential manner.

### **Filing an Appeal**

There are two types of initial appeals you can file: a Standard Appeal or an Expedited Appeal.

#### ➤ Standard Appeal

Standard appeals are those that are not urgent. These appeals will be resolved as expeditiously as is required by the condition of your health, but no later than 30 days when we received your appeal. You will have the opportunity to present additional evidence on your case, in person, as well as in writing. TRU PACE will provide you with a written notice of the appeal decision. If the appeal is resolved in your favor, TRU



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PACE will provide or pay for the disputed service as quickly as your health conditions requires.

To file a Standard Appeal, you or your designated representative should express your appeal verbally to a member of the staff or mail or deliver your written appeal to the address below:

TRU PACE  
2593 Park Lane  
Lafayette, CO 80026  
Attention: TRU PACE Quality Assurance Coordinator

➤ Expedited Appeal

If you believe a decision is needed quickly and it may seriously affect your life, health, or functioning then you should file an expedited appeal. These appeals are resolved within 72 hours of receipt. TRU PACE may extend the 72 hour timeframe by up to 14 calendar days if you request an extension, or if TRU PACE can justify to the State the need for additional information and how the delay is in your best interest. You will have the opportunity to present evidence on your case, in person, as well as in writing.

To file an Expedited Appeal, you or your designated representative should contact TRU PACE at 303-665-0115 or Fax: 303-604-5393 or for the hearing impaired TTY: 800-659-2656.

To ensure we remain unbiased and make decisions in your best interest, we will review all Expedited decisions and may also appoint an appropriately credentialed and impartial third party who was not involved in the original action and who does not have a stake in the outcome to review your appeal.

### **Understanding the Appeal Decision**

Appeals can be either in your favor (approved, upheld, agreed to) or not in your favor (denied, not in agreement). For decisions in your favor, services will be continued or we will make the necessary changes to meet your original request as expeditious as possible as your medical condition requires. For decisions that do not go in your favor, you still have the option to appeal to an outside entity under Medicaid and or Medicare.

### **Your Right to File a Second Appeal**

If TRU PACE makes a decision that is not wholly in your favor, you may file an external appeal verbally or in writing through one of the options below. If you are not sure which program you are enrolled in, ask us. If you are unsure which option to choose, we will help you. You have the right to submit your appeal at any time.

- **For participants on both Medicare and Medicaid (also known as a Dual Eligible):**



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If you are enrolled in both Medicare and Medicaid, you may choose only one process to file an appeal. If you wish, we can help you understand each appeals process by explaining the different processes.

Option 1: Use the Medicaid process to file.

The State Medicaid program uses the Fair Hearing process. You will need to call and find out how to submit your appeal. They can be reached at:

State Office of Administrative Courts  
1525 Sherman Street, 4<sup>th</sup> Floor  
Denver, CO 80203  
(303) 866-2000

Option 2: Use the Medicare process to file.

The federal Medicare program contracts with an Independent Review Entity (IRE) to provide external review on appeals involving PACE programs like us. This review organization is completely independent of TRU PACE organization. We will send your case file to Medicare's IRE for you. If Medicare's IRE decision is in your favor and you have requested a service that you have not received, we will give you the service as quickly as your health condition requires. If you have requested payment for a service that you have already received, we must pay for the service. If you choose to appeal on your own through Medicare, please call: 1-800-MEDICARE (1-800-633-4227) or for the hearing impaired TTY/TTD: 1-877-486-2048. If you choose to have someone help you with this process, please fill out an Appointment of Representative form SSA 1696 ([www.ssa.gov/forms/ssa-1696.pdf](http://www.ssa.gov/forms/ssa-1696.pdf)).

➤ **For participants on Medicare only:**

If you are enrolled in Medicare only you may appeal using Medicare's external appeal process. The federal Medicare program contracts with an Independent Review Entity (IRE) to provide external review on appeals involving PACE programs like us. This review organization is completely independent of TRU PACE organization. We will send your case file to Medicare's Independent Review Entity (IRE) for you. If Medicare's IRE decision is in your favor and you have requested a service that you have not received, we will give you the service as quickly as your health condition requires. If you have requested payment for a service that you have already received, we must pay for the service. If you choose to appeal on your own through Medicare, please call: 1-800-MEDICARE (1-800-633-4227) or for the hearing impaired TTY/TTD: 1-877-486-2048.

➤ **For participants on Medicaid only:**

If you are enrolled in Medicaid only you may appeal using Medicaid's appeals process. The State Medicaid program uses the Fair Hearing process. They can be reached at:



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➤ **For participants NOT on Medicaid and Pay Privately for any portion of PACE Services:**

HCPF conducts an independent review for participants who are not eligible for Medicaid and pay privately for a portion of PACE services.