

Appeals Process for Participants and Designated Representatives

An appeal is an action you can take when the PACE organization will not pay for a service or reduces, terminates or denies a service. At the time of enrollment the PACE organization will tell you or your designated representative about the appeals process and provide the information in writing. This information will also be shared with you or your designated representative at least annually. Each year, the Social Worker who is assigned to you will provide the most current appeals information to you or your designated representative.

All appeals will remain private and confidential.

If the PACE organization does not rule in favor of your appeal, they will explain the reasons to you or your designated representative and will also provide the information in writing thirty (30) calendar days before the action is taken when it results in a termination or reduction in services. The PACE organization will explain the appeals process to you or your designated representative and provide a copy of the appeals process. The PACE organization will also help you with the appeals process if you so desire. At any time during the appeals process, you may contact the King County ombudsman at (206) 477-1050 or ombuds@kingcounty.gov for additional help and information.

You have ninety (90) calendar days to request a State Administrative Hearing from the date when you received the Appeal Final Decision Form Letter. You may only pursue a State Administrative Hearing when you have exhausted all appeals processes within the PACE organization.

Everyone who has an interest in the appeal, including you, will have a chance to give facts about the appeal in person, as well as in writing.

A person not involved in the request will review the appeal. This person will be an appropriately credentialed impartial third party from outside the PACE organization who was not part of the original decision. They will not have a stake in the outcome of the appeal. You or your designated representative may present your viewpoint to this impartial person in writing, over the phone, or in person. The individual will review the appeal and decide the outcome within 30 calendar days.

Appeals will be reviewed and a decision will be made as quickly as your health necessitates, but no later than 30 calendar days after the PACE organization receives the appeal.

During the appeals process, if you are enrolled in Medicaid the PACE organization will continue to provide services to you under the following conditions:

- If the PACE organization wants to end or reduce services being given, you may request that those services continue until a final decision is made.
- If you choose to continue the services, **you may be liable for the cost of those services if the appeal is not decided in your favor.**

The PACE organization will continue to provide all other services that you are currently receiving.

If you believe your life or health or your ability to regain or maintain maximum function is in danger without the services that are being denied, the PACE organization will respond to the appeal

as quickly as your health calls for or within seventy-two (72) hours after receipt of your request to appeal. This is called an expedited appeal. This expedited appeal may be increased to fourteen (14) calendar days if you ask for more time or if the PACE organization can explain to the DSHS why it needs more time to gather information and how it would be in your best interest to do so.

If the appeal decision is made in your favor, the PACE organization will provide the services that you requested as quickly as your health requires.

If the decision is not made in your favor, the PACE organization must notify you, the Center for Medicare and Medicaid Services, and the DSHS in writing. If you choose, you may file an appeal under Medicare or Medicaid. The PACE program will help you or your designated representative to file an appeal for Medicare, Medicaid, or the state's administrative review. The process you choose depends upon whether you are eligible for Medicaid only, Medicare and Medicaid (dually eligible), Medicare only, or pay privately for PACE services.

If you are enrolled in Medicaid and Medicare or Medicaid ONLY you may pursue a State Administrative Hearing when you have exhausted all appeals processes within the PACE organization.

Office of Administrative Hearings
PO Box 42489
Olympia, WA 98504

If you are enrolled in Medicare only **and are appealing a Denial of Enrollment or an Involuntary Disenrollment**, you can appeal at any time during the appeals process by contacting:

Washington Department of Social and Health Services
PACE Program Manager
DSHS/Aging & Long-Term Support Administration
PO Box 45600
Olympia, WA 98504-5600

If you are **currently enrolled in the PACE Organization** and enrolled in both Medicare and Medicaid OR Medicare only, you may choose to appeal using Medicare's external appeals process. If you decide that you would like to use Medicare's external appeal process, the PACE organization will send your appeal to Medicare's Independent Review Entity (IRE), for an impartial review of the appeal. The IRE maintains a standard and expedited appeals process. Standard appeals will be resolved within 30 calendar days after filing of the appeal. Expedited appeals will be resolved with 72 hours with a possible 14 calendar day extension if the IRE needs additional information. The IRE will contact the PACE organization with the results of the review. The IRE will either uphold the original decision or change the decision and rule in your favor.

Non-Discrimination Notice

The PACE organization complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation, or source of payment for your health care. The PACE organization does not exclude people or treat them differently because of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation, or source of payment.

The PACE organization

- Provides free aids and services to people with disabilities to communicate effectively, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the ICHS Privacy Officer.

If you believe that the ICHS PACE program has failed to provide these services or discriminated in another way on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation, or source of payment, you can file a grievance at: ICHS Privacy Officer, PO Box 3007, Seattle WA 98114-3007; (206) 462-7186, or TTY (206) 788-3774; Fax: (206) 490-4011; Email: shelbym@ichs.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the ICHS Privacy Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Explanation of Appeal: (Attach written appeal if in writing)

- Check box if additional pages are attached for the explanation of the appeal.

Documentation/Form Checklist:

1. or N/A: If the person filing the appeal is not the participant, attach the documentation authorizing the person to file the appeal.
2. or N/A: If this a written appeal, attach the signed letter or document requesting the appeal.
3. or N/A: If this is a verbal appeal, the person filing the appeal should sign and date this form. Note that the appeal time frames begin with date of the verbal appeal.
4. or N/A: Appeals which involve an imminent and serious threat to the health of the participant (expedited review process).

Date to finalize appeal (72 hours): _____

Printed Name of Person Filing the Appeal: _____

Signature (if verbal appeal): _____ Date: _____

Staff Receiving Appeal: _____

Signature: _____ Date: _____

IMMEDIATELY DELIVER THIS FORM AND ALL ATTACHMENTS TO THE PACE QUALITY ASSURANCE ADMINISTRATOR FOR REVIEW AND RESPONSE.

Outcome of appeal: _____

Decision of Impartial Third Party: _____

Date participant informed of decision: _____

Staff Who Informed Participant: _____
Name Title

Decision Not in Favor Of Participant

CMS Notification Date: _____

DSHS Notification Date: _____

Staff Who Informed CMS & DSHS: _____
Name Title