Notice of Appeals Process

This notice provides an explanation of the Rocky Mountain PACE appeals process for those who wish to appeal a service request denial decision. In addition to the enclosed information regarding the internal appeal process, you are provided with the Medicaid and Medicare appeals information.

Internal Appeals

You have the right to request the internal standard appeal process or the internal expedited appeal process and request a continuation of a service or product:

Standard Appeal Process: Using the standard appeal process, a credentialed and impartial third-party reviewer will make a decision within 30 calendar days.

Expedited Appeal Process: To qualify for the expedited appeal process, you must believe that "your life, health, or ability to regain maximum function would be severely jeopardized, absent of the provision of the service in dispute" and provide information to support this. Using the expedited process, the appeal will be reviewed within seventy-two (72) hours.

Request for Continuation of a Service or Product: If you are requesting the continuation of a service or product, and the interdisciplinary team has denied it, you may also request that the service or product be continued during the appeal by notifying RMPACE. If the Third-Party Reviewer agrees with the denial, you may be liable to pay for the denied services you received during the appeal.

You may begin the internal appeal process by completing the enclosed Request to Appeal Form and mailing or faxing it to:

Rocky Mountain Health Care Services
Attn: Quality & Compliance Department
8595 Explorer Drive
Colorado Springs, CO 80920
Telephone: (719) 466-8777
Fax: (719) 314-0077

You may also bypass the internal appeal process and choose either the Medicaid or the Medicare appeals process. You will need to choose which one you wish to follow.

Medicaid Appeals

If you are enrolled in Medicaid OR Medicare and Medicaid (dually eligible) you may choose the Medicaid appeals process. You must request a State Fair Hearing no later than 60 calendar days after the final internal decision by Rocky Mountain PACE. You request a hearing by sending a written request or by making a verbal request to:

Office of Administrative Courts
1525 Sherman Street, 4th Floor
Denver, CO 80203
Telephone: (303) 866-2000
Fax: (303) 866-5909

Medicaid maintains a standard and expedited appeals process, standard appeals will be resolved as expeditiously as possible after filing of the appeal, but no later than 90 calendar days after the appeal was received by the Office of Administrative courts. Expedited appeals will be resolved with seventy-two (72) hours with a possible fourteen (14) calendar days extension). A participant may request an expedited hearing if the appeal involves an issue where the application of the standard timeframe for making a decision may seriously jeopardize the applicant/recipient's life, health or ability to regain, attain, and maintain maximum function.

You may either represent yourself or be represented by an authorized third party such as legal counsel, relative, friend or any other person you choose.

Medicare Appeals

If you are enrolled in both Medicare and Medicaid OR Medicare only you may choose to appeal using Medicare's external appeals process. If you choose the Medicare appeals process, you may request a review by the Independent Review Entity (IRE), no later than 60 calendar days after the final internal decision by Rocky Mountain PACE. You request the hearing by notifying the Rocky Mountain

Health Care Services Quality and Compliance Department. Quality and Compliance Specialist will follow process to submit appeal.

The IRE maintains a standard and expedited appeals process, standard appeals will be resolved within forty-four (44) calendar days after filing of the appeal, expedited appeals will be resolved with seventy-two (72) hours with a possible fourteen (14) calendar days extension) the IRE will contact Rocky Mountain PACE with the results of the review.

If you have a question about the denial of your service request, please contact your PACE Social Worker. If you have a question about your appeal rights or the appeal process, please contact the RMHCS Quality and Compliance Department at (719) 466-8777

Request to Appeal Form

Please complete this form If you wish to utilize an impartial third-party reviewer to appeal the denial decision made by the RMPACE Interdisciplinary Team.

Instructions:
Complete and mail or fax this form, along with any *supporting documents* to: Rocky Mountain Health Care Services Attn: Quality and Compliance Department 8595 Explorer Drive, Colorado Springs, CO 80920 *OR* fax the form and supporting documents to: 719-314-0077 Attention*:* *Quality and Compliance Dept.* by the appeal deadline on the Service Request Letter.

Contact Information:			
Participant Name:		Appeal deadline: *See Service Request Letter*	
Person Filing Appeal:	☐ Participant ☐ Representative, *if applicable*		
Name of Representative, *If not the participant*			
Best Daytime Phone:			
Alternate Phone:			
Address:			

Appeal Options:

1.	Do you wish to present your case orally to the Third-Party Reviewer?	☐ NO ☐ YES
	*If YES, who will present to the reviewer:	☐ Participant ☐ Representative
	If phone is different than above, indicate here:	

2.	Do you feel you need an expedited review is needed because "your life, health, or ability to regain maximum function would be severely jeopardized, absent of the provision of the service in dispute?"*	☐ NO ☐ YES
	If Yes, please explain why:	
	**refer to Notice of Appeals Process for more information*	

3.	Do you request to continue any current services that are <u>in dispute</u> during the appeal process?	☐ NO ☐ YES ☐ Not applicable
	**If YES, remember that If the Appeal Review agrees with the denial, you may be liable to pay for the disputed services you received during the appeal.*	

Appeal Statement:
If you wish to submit a written statement for the Third-Party reviewer regarding why you wish to appeal this denial, please use the space below. Include additional pages if desired.

Printed Participant/Representative Name: _____

Participant/Representative Signature: _____

Date signed: _____