Grievances and Appeals

Rocky Mountain PACE welcomes feedback and the opportunity to resolve any concerns that arise. You, your family member, your designated representative, and/or caregiver, have the right to voice grievances without discrimination or reprisal, and without fear of discrimination or reprisal.

Definition
A grievance is a complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished. Grievances may be between you and Rocky Mountain PACE or any other entity or individual through which Rocky Mountain PACE provides services to you.

Grievance Process

- All Rocky Mountain PACE associates are trained and can assist you with the grievance process.
- If you do not speak English, an interpreter will be provided to help facilitate the process.
- Grievances forms are located at the reception desks and in the Day Center, or you can request one from any associate.
- Completed grievance forms should be placed in any of the secured lockboxes in the reception areas or Day Center. Complaints may also be emailed directly to the Quality and Compliance Department by emailing grievance@RMHCare.org, or you may submit your grievance orally by calling 719-314-2327 Extension 856.
- If you wish to submit an anonymous grievance, you may do so by calling our hotline at 1-844-986-1433.
- Rocky Mountain PACE maintains the confidentiality of all grievances, including protecting the identity of all individuals involved in the grievance from other employees and contractors when appropriate.
- Rocky Mountain PACE will continue to furnish all required services to you during the grievance process.

When a Grievance is Received

- A letter will be mailed to you, informing you that the grievance was received, outlining the steps that will be taken to address your grievance, and the time frame for which we will address your grievance.
- The grievance will be assigned to an associate in the Quality and Compliance Department. That associate will then gather and review the information pertaining to your concern and will take the appropriate steps to address your grievance.
- Grievances will be addressed within 30 calendar days from the date we received your grievance. When a grievance has been addressed, we will send you a letter that will include the summary of our findings and the actions that were taken to address your grievance.

If you are dissatisfied with the resolution of a grievance, you may contact the Colorado Department of Health Care Policy using the contact information below.

Department of Health Care Policy & Financing
PACE Program Administrator
303 E. 17th Avenue
Denver, Colorado 80203

Telephone: (303)866-2993 Fax: (303)866-4411 TDD: 1-800-659-2656

A Medicare participant also has the right to file a written complaint with the quality improvement organization (QIO) regarding Medicare covered services. You may contact Medicare by calling 1-800-MEDICARE.

Standard Appeals Process
Rocky Mountain PACE is responsible for providing you with comprehensive health care services. If there is an instance where Rocky Mountain PACE has denied coverage of a service, determined not to pay for services, denied services, and/or reduced or terminated services, the participant may appeal this decision.

If we deny your request for a service, we will give you written information on the appeal process, including a form that you can use to request your appeal. You may also make a request for an appeal orally and a Rocky Mountain PACE associate will submit an appeal on your behalf.

An unbiased third party will review your appeal and you may present or submit relevant facts and/or evidence for their review. Within thirty (30) calendar days of receiving the appeal, Rocky Mountain PACE will notify you orally and in writing of the outcome of your appeal.

Rocky Mountain PACE may not stop or reduce services while your appeal is pending. If the result of your appeal is not in your favor, you may be charged for the cost of the contested services.

How to Request an Expedited Appeal
Rocky Mountain PACE has an expedited appeal process for situations in which you, your family member, your designated representative, and/or caregiver, believe your life, health, or ability to regain maximum function would be seriously jeopardized, absent provision of the service in dispute. When an expedited appeal is processed, you will be notified of the outcome of your appeal within 72 hours.

If the Decision is Fully or Partially in Your Favor
We must arrange for you to receive the service as quickly as your health condition requires.

If the Decision is Not in Your Favor

You can pursue your request for services further by filing a Medicare and/or Medicaid appeal.

You may contact Medicare directly by calling:
1-800-MEDICARE (1-800-633-4227), 24 hours per day
TTY 1-800-633-4227

You may contact Medicaid directly by calling:
1-303-866-2993 TTY 1-855-225-1731 AT&T Relay Services #711

Quality Healthcare
Rocky Mountain PACE has made it a priority to provide quality services to all our participants and has developed a quality improvement plan. This plan provides a road map as to how we will implement, maintain, and evaluate our performance in areas that span the full range of services that Rocky Mountain PACE offers.

Quality Improvement
This program includes, but is not limited to the following objective measures:

- Utilization of PACE services, such as decrease inpatient hospitalizations and emergency room visits,
- Caregiver and participant satisfaction,
- Outcome measures that are derived from data collected during assessments,
- Effectiveness and safety of staff-provided and contracted services, and

Nonclinical areas (i.e. grievances and appeals, transportation services, meals, life safety, and environmental issues).