

Appeal of Coverage & PAYMENT DENIALS

An appeal is defined as a participant's and/or designated representative's action with respect to HopeWest PACE non-coverage of, or non-payment for, a service including denials, reductions or termination of services. HopeWest PACE's decision to involuntarily disenroll a participant may also be appealed.

You have a right to appeal a denial of enrollment and/or treatment decisions made by HopeWest PACE, including decisions not to authorize or pay for items and services.

An appeal may be expressed either orally or in writing to any staff member at any time by you or your designated representative. Everyone who has an interest in the appeal, including you, will be given an opportunity to present evidence related to the appeal in person or in writing. You may request assistance with completion of an appeal by HopeWest PACE if you choose to do so.

The appeals process will be given to you in writing at enrollment, at least annually, and any time the Team denies any request for service or payment and reviewed with you or your designated representative.

A person not involved in the request will review the appeal. This will be an impartial third party from outside HopeWest PACE and someone who has no part of the original decision.

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

For Medicaid participants, HopeWest PACE will continue to provide the disputed services until a final determination is issued and the following conditions are met:

- A. HopeWest PACE proposes to stop or reduce services currently being provided to you. However, you request services continue until final a decision is made.
- B. You may request continuation with the understanding that you may be liable for the costs of the contested services if the determination is not made in your favor.

HopeWest PACE will continue to provide all other required services during the appeals process. Participant appeals will be treated by all HopeWest PACE employees in a confidential manner. There will be no discrimination by HopeWest PACE against you on the grounds that you or your designated representative filed an appeal.

Types of Appeals

Standard

All appeals will be resolved as expeditiously as is required by the condition of your health, but no later than 30 calendar days from our receipt of your appeal. You will have the opportunity to present additional evidence on your case, in person, as well as in writing. HopeWest PACE will provide you with a written notice of the appeal decision and reason for the denial. If the appeal is resolved in your favor, HopeWest PACE will provide or pay for the disputed service as quickly as your health condition requires.

Expedited

Your appeal will be handled on an expedited basis if you indicated on your appeal that you believe your life, health or ability to regain or maintain maximum function could be seriously jeopardized without the disputed service. HopeWest PACE will respond as expeditiously as your health condition requires, but no later than 72 hours from receipt of your appeal. HopeWest PACE may extend the 72 hour time frame by up to 14 calendar days if you request an extension, or if HopeWest PACE can justify to the Administering Agency 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.

How to File an Appeal

For 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:

HopeWest PACE
Attention: HopeWest PACE Quality and Compliance
2754 Compass Drive, Grand Junction, CO 81506

For an Expedited Appeal: you or your designated representative should contact us by Telephone 970-257-2411 or Fax 970-255-7215, for the hearing impaired TTY: (800) 659-2656

If you appeal, we will review our decision and 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 of the appeal to review your appeal.

All appeal information will be kept confidential.

After we review this decision, if any of the services or items you requested are still denied, additional appeal rights under Medicaid and Medicare are available.

Additional Appeal Rights under Medicare or Medicaid

The 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 HopeWest PACE.

The Medicaid appeal is through the State of Colorado Fair Hearing process.

Which Additional Appeal Process You May Use:

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

If you are enrolled in Medicare only, you may appeal using Medicare’s external appeal process—the Independent Review Entity (IRE).

If you are enrolled in Medicaid only, you may appeal using Medicaid’s appeals process—the Medicaid Fair Hearing Process.

If you are not sure which program you are enrolled in, ask us.

Option One: Medicare External Appeals Process (Cannot be used for Denials of Enrollment or Involuntary Disenrollment Appeals)

A written request for reconsideration must be filed with the IRE within 60 calendar days of the date of the decision by the third party reviewer.

We can send your case file to Medicare’s Independent Review Entity (IRE) for you. However, if you want to appeal on your own through Medicare, please call: 1-800-MEDICARE (1-800-633-4227); TTY/TTD: 1-877-486-2048.

If the external decision is in your favor and you have requested a service that you have not received, we must 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 need information or help, call us at 970-257-2411.

Option Two: Medicaid Fair Hearing Process

You can submit a request for reconsideration to the State’s Fair Hearing Process:

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