Program of All-Inclusive Care for the Elderly

Appeal of Coverage and Payment Denials

An appeal is defined as a participant's and/or designated representative's action with respect to PACE Place's non-coverage of, or non-payment for, a service including denials, reductions or termination of services. PACE Place'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 PACE Place, including decisions not to authorize or pay for items and services which you believe are covered by PACE Place.

An appeal may be expressed 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.

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. You will be assisted to complete an appeal by PACE Place if you choose to do so.

For Medicaid participants, PACE Place will continue to furnish the disputed services until issuance of the final determination if the following conditions are met:

A. PACE Place proposes to terminate or reduce services currently being furnished to you;
B. You 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.

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

Participant appeals will be treated by all PACE Place employees in a confidential manner and violations of confidentiality will result in disciplinary action. PACE will utilize an unaffiliated third party to review your Appeal. The third party will not have participated in the original decision to deny the service, will use credentialed healthcare professionals in the review of your appeal and will not have a stake in the outcome of your appeal.

You or your designated representative may file an appeal.

There Are Two Kinds of Appeals You Can File:

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. If the third-party reviewer upholds PACE Place's original decision to deny the service, PACE Place will provide you with a written notice of the appeal decision and reason for the denial.
If the appeal is resolved in your favor, PACE Place 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.

PACE Place will respond as expeditiously as your health condition requires, but no later than 72 hours of receipt of your appeal. PACE Place may extend the 72-hour timeframe by up to 14 calendar days if you request an extension, or if PACE Place 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.

If the third-party reviewer upholds PACE Place's original decision to deny the service, PACE Place will provide you with a written notice of the appeal decision and reason for the denial.

If the appeal is resolved in your favor, PACE Place will provide or pay for the disputed service as quickly as your health condition requires.

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:

PACE Place
Attention: Quality and Compliance Manager
5450 Ramona Boulevard
Jacksonville, Florida 32205

For an Expedited Appeal: you or your designated representative should contact us by

Telephone (904) 428-0400 or Fax (904) 428-0404 for the hearing-impaired TTY: (800) 955-8771.

Remember, if you appeal, we will 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.

Additional Appeal Rights under Medicaid or Medicare

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.

If we do not make a decision that is in your favor, you may file an external appeal verbally or in writing through one of the options below.

Which Appeal Process You May Use:

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

If you are enrolled in Medicare only you may appeal using Medicare's external appeal process.

If you are enrolled in Medicaid only you may appeal using Medicaid's appeals process.

If you are not sure which program you are enrolled in, ask us. You have the right to submit your appeal at any time.

Appeals Through Medicare

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 the PACE Place organization.

Please note, this appeal option cannot be used for Denials of Enrollment or Involuntary Disenrollment Appeals.

PACE Place can send your case file to Medicare's Independent Review Entity (IRE) for you. If you need information or help, call us at: (904) 428-0400.

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 Medicare's IRE 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.

Appeals Through Medicaid

The Medicaid appeal is through the Florida Fair Hearing process. The appeal should be sent within 90 calendar days from the date of the denial to:

Agency for Health Care Administration
Medicaid Hearing Unit
P.O. Box 60127
Ft. Myers, FL 33906
Telephone: (877) 254-1055 (toll-free)
Fax: (239)338-2642 E-mail: MedicaidHearingUnit@ahca.myflorida.com

Appeals With the State of Florida When You Are Not Eligible for Medicaid

ACHA (The Agency For Health Care Administration) conducts an independent review for participants who are not eligible for Medicaid and pay privately for a portion of PACE Place services.