

PACE SOUTHEAST MICHIGAN POLICY AND PROCEDURE MANUAL

POLICY TITLE: **Additional Appeal Rights Under Medicare or Medicaid**

POLICY NO: 1.16B

SECTION TITLE: **Administrative Policies**

SECTION: 1

ORIGIN DATE: 2013

REVISED DATE: 8/13/18

VIEW DATE: Annual

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DEFINITION:

An appeal is a participant's action taken with respect to PACE Southeast Michigan's non-coverage of, or non-payment for a service, including denials, reductions or termination of services.

POLICY:

Participants of the PACE Southeast Michigan (SEMI) program who have complaints about denial of services, non-payment of services, and termination of services or reduction of services can file a formal complaint which is called an appeal. A participant may file an appeal either orally or in writing.

The Medicaid participant may request an external appeal at any time during the Appeals Process. The Medicare only participant must follow the internal appeals process first. All appeal rights are provided to participants in writing through the appeals decision letter within thirty (30) calendar days after receipt of the appeal.

PROCEDURE:

1. If a participant is requesting an appeal they will be instructed of their rights under both Medicare and Medicaid
2. The information is provided in writing through the "PACE SEMI Appeals Decision Letter" and any additional questions or guidance is made available by PACE SEMI. Non-expedited requests will be resolved as expeditiously as the participant's health requires, but no later than thirty (30) calendar days after receipt of the appeal.
3. Participants and or families will be provided assistance as to the type of appeal to be processed that would be best feasible to their needs:
 - a. Standard
 - b. Expedited
 - c. External
4. Upon receipt of an appeal the Center Manager will forward the appeal to the appropriate external entity