POLICY TITLE: **Appeals Policy and Process**	POLICY NO: 1.16A
SECTION TITLE: **Administrative Policies**	SECTION: 1
ORIGIN DATE: 1999 REVISED DATE: 8/13/2018 REVIEW DATE: Annual	Page 1 of 3

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.

PACE will inform a participant in writing of his or her appeal rights under Medicare or Medicaid managed care, or both, assist the participant which to pursue if both are applicable, and forward the appeal to the appropriate external entity. 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.

All requests for an appeal will be treated in a confidential manner; all staff will review the PACE SEMI Grievance Appeal Policy at the time of their orientation and sign a confidentiality acknowledgement form. Confidentiality is part of the annual mandatory inservice and violations of the policy will result in disciplinary action. Contracted providers will be held accountable to appeals procedures established by PACE SEMI. PACE SEMI will monitor providers' compliance with this requirement on an annual basis.

The appeal process and applicable procedures will be reviewed both orally and in writing with the participant/family/representative by the designated staff member at the time of enrollment, at least annually at time of annual review, when PACE SEMI denies, reduces or terminates services, or when PACE SEMI denies payment for services. Beneficiary notification will include the availability of assistance with completing an appeal. Such notification will be in writing for denial of coverage or payment. The appeal process and procedure will be made available upon request to the participant/family member/representative.

PROCEDURE:

1. An appeal may be expressed either orally or in writing to the participant's Social Worker, the Center Manager or President CEO.
2. An appeal should be filed within 30 calendar days of the written denial of services, notification of non-payment, termination or reduction in services.
3. Upon receipt of an appeal, the PACE SEMI Social Worker, Center Manager or President CEO will discuss with and provide to the participant in writing within 72 hours, the specific steps, including the time frame for response that will be necessary to resolve the appeal.

4. If the participant/family member/representative wishes to file an appeal during non-center hours, the administrator on call will be responsible for receiving and then communicating the appeal to the PACE SEMI Center Manager or President CEO the next business day.
5. All requests to appeal a decision will be documented by the Center Manager in an appeal log and maintained in a confidential location.
6. 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.

Expedited Appeals

If there is the belief of the participant/ family member/representative that his/her life, health or ability to regain or retain maximum function would be seriously jeopardized without the services in question being provided, then the participant/family member/representative can request an expedited appeal. If the participant/family member/representative does not request an expedited appeal, the Center Manager will determine if the appeal requires an expedited review process.

In the case of an expedited appeal, the Center Manager will:

a. Immediately contact the necessary Interdisciplinary Team members for discussion and review of the recent assessment or request. Only those persons directly involved with resolving the concern will be notified.
b. PACE SEMI must respond to the expedited appeal as expeditiously as the participant's health requires, but not to exceed seventy- two (72) hours after PACE SEMI receives the appeal. PACE SEMI may extend the 72 hour timeframe by up to 14 calendar days for either of the following reasons:

The participant requests the extension

or

PACE SEMI justifies to Michigan Department of Health and Human Services the need for additional information and how the delay is in the interest of the participant

7. During the appeals process, PACE SEMI will meet the following requirements:
    a. Continue to furnish all services until issuance of the final determination if the participant acknowledges that he/she may be liable for the costs of the contested services if the determination is not made in his/her favor.
    b. There shall be no discrimination against a participant on the grounds that he/she has filed an appeal.
8. The service in question will be reviewed for appropriateness taking into consideration the medical, social, and functional needs of the participant.
9. Third parties appropriately credentialed and not involved in the original decision and having no stake in the outcome will review the participant's appeal. These third parties may include but are not limited to Ethics Committee members, other community physicians, or others as may be appropriate.
10. For a determination in favor of a participant, PACE SEMI will advise the participant and furnish the disputed service as expeditiously as the participant's health condition requires.

11. If PACE SEMI determines that the decision regarding the appeal cannot be reversed, the participant's file will be forwarded to the Centers for Medicare and Medicaid Services and the Michigan Department of Health and Human Services, Administrative Tribunal.
12. Regarding determinations that are adverse to the participant either wholly or in part, PACE SEMI will notify the participant in writing of his/her appeal rights under Medicare or Medicaid, and, should the participant elect to appeal, PACE SEMI shall assist the participant in choosing which to pursue (if both are applicable), and forward the appeal to the appropriate external entity.

External Appeals

1. An appeal may be made to Medicare or Medicaid, but not both. All Medicaid appeals must be requested in writing. The social work department will assist the participant with the process chosen.
2. A Medicaid participant may make an external appeal, at any time. Information can be obtained by calling or writing:

   Administrative Tribunal
   Michigan Department of Health and Human Services
   PO Box 30763
   Lansing, MI 48909
   (877) 833-0870
3. If the participant chooses the Medicare Appeals Process, the participant must complete the PACE SEMI internal process first, before PACE SEMI forwards the appeal externally to the Center for Health Dispute Resolution.

Data Collection and Reporting

1. A written record of all appeals shall be maintained by the Center Manager, including the initial date, identification of the appeal, the date of resolution and a summary of the resolution itself.
2. The Center Manager will maintain, aggregate, analyze and report information on the appeal proceedings. Data is reviewed quarterly for trends and presented to the Quality Assessment Performance Improvement Team. The Center Manager will share the information with the PACE SEMI Participant Advisory Committee and through minutes. Committee members are alert to trends posing high safety risks or those that may need immediate investigation and identified trends and patterns will be incorporated as a formal part of the PACE SEMI Quality Management Plan.
3. Appeal information is included in the quarterly HPMS data collection.