INFORMATION FOR PACE PARTICIPANTS ABOUT THE APPEALS PROCESS

All of us at InnovAge share responsibility for your care and satisfaction with the services you receive. If InnovAge PACE decides not to provide or pay for a service you feel you need, you may ask us change our decision. This is called an appeal. If you wish to file an appeal or need translation services, we are available to assist you.

When you enrolled in InnovAge, you were given information about your appeal rights and the appeal process. Your social worker gives you information about the appeal process at least once each year. Also, whenever the InnovAge team denies a request you make for services or payment, you will receive written information about your appeal rights and the appeal process.

You will not be discriminated against because an appeal has been filed. We will continue to provide you with all the required services during the appeals process. Your appeal will be confidential at all times throughout and after the appeals process. Information about your appeal will only be shared with authorized individuals.

Definitions:
An **appeal** is defined as a participant's action taken with respect to the organization's non-coverage of, or nonpayment for, a service, including denials, reductions or termination of services.

A **representative** is the person who is acting on your behalf or assisting you, and may include, but is not limited to, a family member, a friend, an InnovAge employee or a person legally identified as Power of Attorney for Health Care, Conservator, Guardian, etc.

Standard and Expedited Appeals Processes: There are two types of appeals processes: standard and expedited.

Steps of the Appeals Process:

1. If you or your representative request a service or payment for a service and InnovAge denies or modifies the request, you will receive a written "*Notice of Action*" (NOA). The NOA will explain the reason for the denial of your service request and will explain your appeal rights.
2. You can request an appeal by talking with (in person or by phone) or writing to your social worker. Your social worker will make sure that your appeal is documented on the correct form and will send it to be reviewed. You need to choose if you want a make a standard appeal or an expedited appeal. Your social worker can help you make this decision if you are unsure.

- If you request a **standard appeal**, we will respond to your appeal as quickly as your health requires, but no more than thirty (30) calendar days after we receive your appeal.

- If you believe that your life, health or ability to get well is in danger without the service you want, you may ask for an **expedited appeal**. We will make a decision on your appeal as promptly as your health requires, but no more than seventy-two (72) hours after we receive your request for an expedited appeal. We may extend this time frame up to fourteen (14) days if you ask for the extension or if we justify to the State Medicaid Department the need for more information and how the delay benefits you.

3. InnovAge will let you know that we have received your appeal within:
   - 5 days for a standard appeal, by letter
   - 1 day for an expedited appeal, in person or by phone

4. A representative from InnovAge can assist you with the appeals process and will help you present or submit facts and evidence for review.

5. If you choose to use the internal appeal process the appeal is reviewed by a third party reviewer, not associated with InnovAge, who is qualified to review the appeal. The appeal will be reviewed as quickly as your health calls for. All appeals will be reviewed within thirty (30) calendar days after InnovAge receives the appeal. You will have the opportunity to present facts to the appeal reviewer in writing or via phone if you would like.

6. You or your representative will be notified in writing of the decision about your appeal. As necessary and depending on the outcome of the decision, we will inform you and/or your representative of additional appeal rights you may have if the decision is not in your favor. Please refer to the information described below:

You Appeal Decision and Next Steps

Standard appeals
If the appeal is decided fully in your **favor for a service,** we are required to provide or arrange for services as quickly as your health condition requires, but no more than five (5) working days from when the appeal decision was made. **If the appeal is decided in your favor** on a request for ***payment***, we are required to make the requested payment within sixty (60) calendar days after receiving your request for an appeal.

If the appeal is not decided fully in your favor if we do not provide you with a decision within thirty (30) calendar days, you have the right to pursue an external appeal through either the Medicare or Medicaid program (see **Additional Appeal Rights,** below). We also are required to notify you as soon as we make a decision and also to notify the federal Center for Medicare and Medicaid Services and the State Medicaid Department. We will inform you in writing of your **external** appeal rights under Medicare or Medicaid, or both. We will help you choose which

external program to pursue if both are applicable. We also will send your appeal to the appropriate external program for review.

Expedited appeals

If the appeal is decided fully in your favor we are required to get the service or give you the service as quickly as your health condition requires, but no more than seventy-two (72) hours after we received your request for an appeal.

***If the appeal is not decided in your favor*,** or if we do not notify you within seventy-two (72) hours, you have the right to pursue an external appeal process under either Medicare or Medicaid (**see Additional Appeal Rights**). We are required to notify you as soon as we make a decision and also to notify the Center for Medicare and Medicaid Services and the State Medicaid Department. We let you know in writing of your **external appeal** rights under the Medicare or Medicad program, or both. We will help you choose which to pursue if both are applicable. We also will send your appeal to the appropriate external program for review.

Additional Appeal Rights under Medicaid and Medicare

If we do not decide in your favor on your appeal or fail to provide you a decision within the required timeframe, you have additional appeal rights. Your request to file an external appeal can be made in person, by phone or in writing. The next level of appeal involves a new and impartial review of your appeal request through either the Medicare or Medicaid program.

The **Medicare program** contracts with an "Independent Review Organization" to provide external review on appeals involving PACE programs. This review organization is completely independent of our PACE organization.

The **Medicaid program** conducts their next level of appeal through the State Fair Hearing process. If you are enrolled in Medicaid, you can appeal if InnovAge wants to reduce or stop a service you are receiving. Until you receive a final decision, you may choose to continue to receive the disputed service(s). However, you may have to pay for the service(s) if the decision is not in your favor.

If you are enrolled in **both the Medicare and Medicaid program,** we will help you choose which external appeal process you should follow. We also will send your appeal on to the appropriate external program for review.

If you are not sure which program you are enrolled in, ask us. The Medicare and Medicaid external appeal options are described below.

Medicaid External Appeals Process

If you are enrolled in **both Medicare and Medicaid OR Medicaid only**, and choose to appeal our decision using the Medicaid external appeals process, we will send your appeal to the Office of Administrative Courts. At any time during the appeals process, you may request a State hearing through:

California:
California Department of Social Services
State Hearings Division
P.O.Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430
Telephone: 1-800-952-5253
TDD: 1-800=952-8349

Colorado:
Office of Administrative Courts
1525 Sherman Street, 4th Floor
Denver, CO 80203
Main Phone: 303-866-2000
FAX: 303-866-5909
Colorado Relay Number available 24 hours a day, seven days per week:
(866) 327-8877

New Mexico:
New Mexico Human Services Department
Hearing Bureau
PO Box 2348
Santa Fe, NM 87504-2348
Toll Free Number: 1-800-432-6217 Option #6

Pennsylvania:
LIFE
Division of Integrated Care
Office of Long Term Living
Department of Public Welfare
555 Walnut Street, 6th Floor
Harrisburg, PA 17105

Virginia:
Department of Medical Assistance Services
600 East Broad Street
Richmond, Virginia 23219
Telephone: 804.225.4206

If you choose to request a State hearing, you must ask for it within the timeframe required by your State. InnovAge will help you understand these requirements.

If the decision is in your favor of your appeal, InnovAge will follow the instruction as to the timeframe for providing you with services you requested or payment for services for a standard or expedited appeal.

If the decision is **not** in your favor of your appeal, for either a standard or an expedited appeal, there are further levels of appeals, and we will assist you in pursuing your appeal.

Medicare External Appeals Process

If you are enrolled in **both Medicare and Medicaid OR Medicare only,** and choose to appeal our decision using Medicare's external appeals process, we will send your appeal file to the current contracted Medicare appeals entity to impartially review the appeal. The contracted Medicare appeals entity will contact us with the results of their review. The contracted Medicare appeals entity will either maintain our original decision or change our decision and rule in your favor.