



Appeals Statement

As a Senior Care Partners P.A.C.E. participant, you have the right to appeal the decision to deny, reduce, or terminate a new or current service.

- You have 30 days from when you receive a denial letter to submit an internal appeal.
- The outcome of an appeal (internal or external) will be made no later than 30 calendar days from your request (as your health condition requires).
- An internal appeal is made to Senior Care Partners P.A.C.E. An external appeal is made to Medicare or Medicaid.
- Until you receive a final decision, you may choose to continue to receive the services. However, you may have to pay for these services if the decision is not in your favor. You may be responsible for payment if any of the following occur:
 - The termination or denial is upheld in the appeal decision.
 - You withdraw your appeal request.
 - You or your representative does not attend the hearing.
- If the interdisciplinary team fails to provide you with a timely notice of the resolution of the request or does not furnish the services required by the revised plan of care, this would constitute an adverse decision and your request must be automatically processed as an appeal.
- All appeals are confidential.
- If the determination is in your favor, services will be provided as soon as possible (as your health condition requires).
- If you believe that your life, health, or ability to regain maximum function would be seriously jeopardized if the services were not provided, you may request an expedited appeal (internal or external).
- An expedited appeal would be processed within 72 hours. If an extension is requested, it will be no more than 14 days.

Internal Appeal

- You may discuss your decision to appeal with your Senior Care Partners P.A.C.E. social worker.
- The appeal will be reviewed by an outside committee. The committee is credentialed and was not part of the original decision.
- An appeal and evidence can be submitted orally or in writing. You can submit it in person or mail it to:

**Senior Care Partners P.A.C.E.
Compliance Department
200 W. Michigan Avenue, Suite 103
Battle Creek, MI 49017
(269) 441-9300**

- You will be notified of the appeal outcome orally and in writing as soon as possible (but no later than 30 days).



External Appeals

If you are not satisfied with the outcome of the internal appeal decision, you have the right to an external appeal.

- You can file an external appeal through either **Medicaid Fair Hearing Process** or the **Medicare Managed Care Appeals Process**. You cannot appeal through both. A Senior Care Partners P.A.C.E. staff can help you in choosing which external appeal is best for you. They will help you complete and submit the appeal.
 - You will continue to receive the affected services until the hearing decision is rendered if your request for a fair hearing is received within 12 calendar days of this notice of action.
 - If you continue to receive benefits because you requested an appeal or fair hearing you may be required to repay the benefits. This may occur if:
 - The proposed termination or denial of benefits is upheld in the hearing decision.
 - You withdraw your hearing request.
 - You or the person you asked to represent you does not attend the hearing.
- **Medicaid Fair Hearing Process:** The appeal should be sent within 90 days. You or your representative must sign it and send it to:

**Michigan Administrative Hearing System
For the Department of Community Health
PO Box 30763
Lansing, MI 48909
1 (877) 833-0870**

You will need to complete the appeal process according to the Michigan State Office Request for Hearing. Michigan Department of Community Health (MDCH) will notify you of the outcome in writing. Upon request

Senior Care Partners P.A.C.E. can provide you with a copy of the form and instructions. You can also access it online at www.michigan.gov/mdhhs.

- Click "Assistance Programs"
 - Click "Medicaid"
 - See "For Medicaid Enrollees and Medicaid Waiver Applicants who wish to Request a Fair Hearing to Appeal a Medicaid Service Decision."
- **Medicare Managed Care Appeals:** The appeal should be sent within 90 days to:

**MAXIMUS Federal Services
PACE Appeal Project
3750 Monroe Ave., Ste. 702
Pittsford, New York 14534-1302
(585) 348-3300**

Medicare uses MAXIMUS Federal Services Program for the appeal process. You will need to complete the appeal process according the MAXIMUS Process Manual. Upon request, Senior Care Partners P.A.C.E. can provide you with a copy. You can also access it at: <http://www.medicareappeal.com/PACE>.