



## **Participant Appeal Rights**

### **Steps and Timeframes that will be taken to resolve your appeal**

- PACE KC will work with you and do our best to address your concerns with a solution that satisfies all parties involved. If we are unable to come to an informal resolution or if you do not wish to work with PACE KC staff to address your concerns your appeal will move forward.
- You will be notified when the PACE KC Appeals Committee plans to meet to review your appeal.
- You and or your designated representative have the right to present or submit relevant facts and/or evidence related to the dispute in person or in writing. This is your opportunity to explain why you disagree with your IDT's decision. The IDT or other PACE KC staff will likely be at the meeting to present their reasons for the denial, suspension, or reduction of services.
- You will be notified of the decision on a standard appeal within 20 business days after we received your appeal.
- You will be notified of the decision on an expedited appeal within 48 hours after we received your appeal.
- If decision is in your favor, we will provide or arrange for services as quickly as your health conditions requires, but no later than 30 days from request for standard appeals and 72 hours from request for expedited appeals
- If the decision is not in your favor or if we fail to provide you a decision within the required timeframe, you have the right to file an external appeal though Medicare or Medicaid, depending on your payor.
- If you need help understanding your external appeal rights PACE KC staff will assist you. You may call for assistance at (816) -321-3299.

### **External Appeal Process**

A participant or designated representative must exhaust the internal PO appeal process prior to filing an Appeal with Medicaid. PACE KC staff will assist Members in choosing which external appeal process to pursue, if both apply, and forward all external appeals to the appropriate entity.

### **External Appeals Process under Medicaid and Medicare**

The available appeals process for a PACE Member will be determined by whether the Member is eligible for Medicaid only, Medicare and Medicaid, Medicare only or pays privately for PACE services.

If a participant is dually eligible for both Medicaid and Medicare, he or she may choose to appeal to ONE of the processes below.

**Medicaid Appeal:** A Member enrolled in Medicare AND Medicaid (dually eligible) OR Medicaid only.

The Member must exhaust the PACE KC appeal process prior to filing a Medicaid appeal via the State's Fair Hearing Process. Medicaid appeals can be filed at the address below but must be filed within 30 calendar days from the receipt of the Notice of Appeal Decision.

MO HealthNet Division  
615 Howerton Court, 2nd Floor  
Jefferson City, MO 65109  
PO Box 6500  
Attention: Hearings

**Medicare Appeal:** A Member enrolled in Medicare only or Medicare and Medicaid (dually eligible).

PACE KC will send the Member's appeal to Medicare's Independent Review Entity (IRE). The IRE maintains a standard and expedited appeals process, standard appeals will be resolved within 30 calendar days after filing of the appeal, expedited appeals will be resolved within 72 hours (with a possible 14 calendar day extension). The IRE will contact PACE KC with the results of the review. The IRE will either maintain PACE KC's original decision or change PACE KC's decision and rule in the Member's favor.

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Signature of Member or Designated Representative

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Date

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Signature of PACE KC Representative

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Date