SERENITY CARE PACE

How to File an Appeal

Serenity Care PACE wants all participants to know and understand how they or their designated representative can appeal service determination request outcomes or denials of payments that they do not agree with.

If you or your caregiver or representative requests to start, stop, or change a certain service, the individual receiving your request must present it to the interdisciplinary team within 3 calendar days. The Serenity Care PACE interdisciplinary team must respond to your request as quickly as your needs require. The team will respond no later than 3 calendar days after it receives your request to either start, stop, or change a service.

If you need more time for Serenity Care PACE to review your request, you may request an extension by up to 5 calendar days. Serenity Care PACE may also extend the timeframe to make a decision by 5 calendar days, should more information be needed from a specialist to make a decision.

If Serenity Care PACE denies or says no to your request, the team will explain their reasons to you in writing and in person. Serenity Care PACE will explain the appeals process to you and give you a document explaining the process. If you require assistance with the appeals process you may ask Serenity Care PACE staff for help. Participants must give Serenity Care PACE their appeal within 30 calendar days of having a request or payment denied. All appeals will be kept private.

You can submit your appeal orally by letting Serenity Care PACE know that you are going to appeal the decision at the time when they are going over your appeal rights, by telling a member of the Interdisciplinary or Quality Team (which includes your Primary Care Provider, Social Worker, Registered Nurse, Occupational Therapist, Physical Therapist, Dietitian, Home Care Coordinator, Activity Director, Transportation Coordinator, PACE Director, QA/QI Manager, Ancillary Director, and Compliance Officer), or by calling the main number at (413) 241-6321. You can also submit your appeal in writing by sending a letter to the Quality Team at 604 Cottage Street, Springfield, MA 01104.

Your request will be automatically appealed if Serenity Care PACE does not inform you regarding the status of your request in a timely manner or does not provide services that you have been approved for.

Everyone who is part of the appeals process will have a chance to give facts about the appeal in person as well as in writing.

SERENITY CARE PACE

How to File an Appeal

Serenity Care PACE will respond to your appeal within calendar 30 days of receipt. If you think that your life or health is in danger without the services that you request you must inform Serenity Care PACE and your appeal will be addressed as quickly as your health calls for, but no more than 72 hours after Serenity Care PACE receives the appeal. This is called an expedited appeal. This time may be increased to 14 calendar days if you request for more time or if Serenity Care PACE can explain to the State why it needs more time.

The Serenity Care PACE will appoint an impartial person who was not involved in the original review of your request and who has proper qualifications to review your appeal. The impartial person will review your appeal as quickly as your health calls for and will not interfere with Serenity Care PACE's deadlines to responding to your appeal. Should the involvement of the impartial person reevaluate the IDT's decision to your request, the people involved in the request remain the same and include Serenity Care PACE.

> If you have Medicaid and Serenity Care PACE is recommending ending or reduce services being provided, those services will continue to be provided until a final decision is made if you request, they continue with the understanding that you may have to pay for those services if the decision of the appeal is not in your favor.
>
> Serenity Care PACE will continue to provide you with all other services that you require.

If the outcome of the appeal is in your favor, Serenity Care PACE will provide you with the requested services as quickly as your health requires or reimburse you for the denied payment as expeditiously as possible.

If the outcome of the appeal is not in your favor, you can appeal further to the Massachusetts Board of Hearings and/or to the Medicare Independent Review Entity. Serenity Care PACE will help you with filing any further appeals with either Medicare or Medicaid.

Board of Hearings,
Office of Medicaid,
100 Hancock Street, 6th Floor,
Quincy, MA 02171
P: 1-617-847-1200 or 1-800-655-0388
F: 617-847-1204