



Pacific PACE  
50 Alessandro Place, Suite A20  
Pasadena, CA 91105  
(800) 851-0966

## INFORMATION FOR PARTICIPANTS ABOUT THE APPEALS PROCESS

All of us at WelbeHealth share responsibility for your care and your satisfaction with the services you receive. Our appeals process is designed to enable you and/or your representative the opportunity to respond to a decision made by the Interdisciplinary Team regarding your request for a service or payment of a service. At any time you wish to file an appeal, we are available to assist you. If you do not speak English, a bilingual staff member or translation services will be available to assist you.

You will not be discriminated against because an appeal has been filed. WelbeHealth will continue to provide you with all the required services during the appeals process. The confidentiality of your appeal will be maintained throughout and after the appeals process and information pertaining to your appeal will only be released to authorized individuals.

When WelbeHealth decides not to cover or pay for a service you want, you may take action to change our decision. The action you take—whether verbally or in writing—is called an “appeal.” You have the right to appeal any decision about our failure to approve, furnish, arrange for or continue what you believe are covered services or to pay for services that you believe we are required to pay.

You will receive written information on the appeals process at enrollment (see your *Member Enrollment Agreement Terms and Conditions*) and annually after that. You will also receive this information and necessary appeals forms whenever WelbeHealth modifies, defers or denies a request for a service or request for payment.

### 1. Definitions:

- A. An **appeal** is defined as a participant’s action taken with respect to the PACE organization’s noncoverage of, or

nonpayment for, a service, including denials, reductions or termination of services.

B. A **representative** means a friend, family member or caregiver that you have designated to act on your behalf, or a person legally identified as power of attorney for health care, conservator, or guardian.

C. **Standard and Expedited Appeals Processes:** There are two types of appeals processes -- standard and expedited. Both processes are described below.

D. A **standard appeal** -- we will respond to your appeal no later than 30 days after we receive your appeal.

**Note:** your appeal must be filed within 180 calendar days of when your request for service or payment of service was modified, deferred or denied. (The 180-day limit may be extended for good cause.)

E. **Expedited 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 decide on your appeal no later than 72 hours after we receive your request for an appeal. We may extend this time frame up to 14 days if you ask for the extension or if we justify to the Department of Health Care Services the need for more information and how the delay benefits you.

If we decide to deny you an expedited appeal, we will let you know within seventy-two (72) hours. If this happens, your appeal will be considered a standard appeal.

**Note:** For WelbeHealth participants enrolled in Medi-Cal, WelbeHealth will continue to provide the disputed service(s) if you choose to continue receiving the service(s) until the appeals process is completed. If our initial decision to NOT cover or reduce services is upheld, you may be financially responsible for the payment of disputed service(s) provided during the appeals process.

**I. Should you or your representative decide to file an appeal, here is the WelbeHealth appeals process to follow:**

- A. If you or your representative has requested a service or payment for a service and WelbeHealth modifies, defers or denies the request, you may appeal the decision. A written *Notice of Action for Service Request* will be provided to you and/or your representative that will explain the reason for the modification, deferral or denial of your service request or request for payment.
- B. You can make your appeal either verbally (in person or by telephone) or in writing with PACE program staff of the center. Our staff person will make sure that you are provided with written information on the appeals process, and that your appeal is documented on the appropriate form. You will need to provide complete information of your appeal so the staff can help to resolve your appeal in a timely and efficient manner. You or your representative may present or submit relevant facts or evidence for review. To submit relevant facts or evidence in writing, please send to the address listed below. Otherwise you or your representative may submit this information in person. If staff need more information, the Quality Improvement Coordinator will contact you.
- C. You may also contact our Quality Improvement Coordinator at (800) 851-0966, during our normal hours of operation, Monday – Friday 8:00am – 4:30pm, to request an appeal form and receive assistance in filing an appeal. For the hearing impaired (TTY/TDD), please call (800) 735-2922. Our Quality Improvement Coordinator will provide you written information on the appeals process.
- D. If you wish to submit your appeal in writing, please ask a staff person for an appeal form. Please send your written appeal to:
  - Quality Improvement Department
  - Pacific PACE
  - 50 Alessandro Place, Suite A20
  - Pasadena, CA 91105
- E. WelbeHealth will send you a written acknowledgement of receipt of your appeal within 5 working days for a standard appeal. For and

expedited appeal, we will notify you or your representative within 1 business day by telephone or in person that the request for an expedited appeal has been received.

- F. The appeal decision will be made by a person(s) not involved in the initial decision-making process in consultation with the Interdisciplinary Team. We will ensure that this person(s) is both impartial and appropriately credentialed to decide regarding the necessity of the services you requested.
- G. Upon WelbeHealth completion of the review of your appeal, you or your representative will be notified in writing of the decision on your appeal. As necessary and depending on the outcome of the decision, WelbeHealth will inform you and/or your representative of other appeal rights you may have if the decision is not in your favor. Please refer to the information described below:

## **II. The Decision on your Appeal:**

- A. If we decide fully in your favor on a standard appeal for a request for service, we are required to provide or arrange for services no later than 30 calendar days from when we received your request for an appeal. If we decide in your favor on a request for payment, we are required to make the requested payment within 60 calendar days after receiving your request for an appeal.
- B. If we do not decide fully in your favor on a standard appeal or if we fail to provide you with a decision within 30 calendar days, you have the right to pursue an external appeal through either the Medicare or Medi-Cal program (see Additional Appeal Rights, below). We also are required to notify you as soon as we decide and to notify the federal Center for Medicare and Medicaid Services and the Department of Health Care Services. We will inform you in writing of your external appeal rights under Medicare or Medi-Cal managed care, 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.

- C. If we decide fully in your favor on an expedited appeal, we are required to get the service or give you the service no later than 72 hours after we received your request for an appeal.
- D. If we do not decide in your favor on an expedited appeal or fail to notify you within 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 decide and to notify the Center for Medicare and Medicaid Services and the Department of Health Care Services. We let you know in writing of your external appeal rights under the Medicare or Medi-Cal 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.

### **III. Additional Appeal Rights under Medi-Cal and Medicare**

- A. 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 either verbally or in writing. The next level of appeal involves a new and impartial review of your appeal request through either the Medicare or Medi-Cal program.
- B. 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.
- C. The Medi-Cal program conducts their next level of appeal through the State hearing process. If you are enrolled in Medi-Cal, you can appeal if WelbeHealth 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.
- D. If you are enrolled in Medicare Medi-Cal program or both, 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.

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

#### **IV. Medi-Cal External Appeals Process**

- A. If you are enrolled in both Medicare and Medi-Cal OR Medi-Cal only, and choose to appeal our decision using Medi-Cal's external appeals process, we will send your appeal to the California Department of Social Services. At any time during the appeals process, you may request a State hearing through:

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  
Facsimile: (916) 229-4410  
TDD: 1-800-952-8349

- B. If you choose to request a State hearing, you must ask for it within 90 days from the date of receiving the *Notice of Action for Service Request* from WelbeHealth.
- C. You may speak at the State hearing or have someone else speak on your behalf such as someone you know, including a relative, friend, or an attorney. You may also be able to get free legal help. Attached is a Legal Services List if you would like legal services assistance.
- D. If the Administrative Law Judge's (ALJ) decision is in your favor of your appeal, WelbeHealth will follow the judge's instruction as to the timeframe for providing you with services you requested or payment for services for a standard or expedited appeal.
- E. If the ALJ's 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.

## **V. Medicare External Appeals Process**

- A. If you are enrolled in both Medicare and Medi-Cal 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.

## **VI. Non-Discrimination Notice**

- A. WelbeHealth complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment for your health care.

WelbeHealth provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

WelbeHealth also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the WelbeHealth Quality Improvement Coordinator

If you believe that WelbeHealth has failed to provide these services or discriminated in another way on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source

of payment, you can file a grievance with the WelbeHealth Quality Improvement Coordinator,

Pacific PACE  
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You can file a grievance in person or by mail. If you need help filing a grievance, WelbeHealth Quality Improvement Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- By mail or phone at:
  - U.S. Department of Health and Human Services
  - 200 Independence Avenue, SW
  - Room 509F, HHH Building
  - Washington, D.C. 20201
  - 1-800-368-1019, 800-537-7697 (TDD)
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you speak any language other than English, language assistance services, free of charge, are available to you. Call 1-800-225-5254.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-209-442-6077 (TTY: 1-209-932-0357).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-209-442-6077（TTY：1-209-932-0357）。



**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-209-442-6077 (TTY: 1-209-932-0357).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-209-442-6077 (TTY: 1-209-932-0357).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-209-442-6077 (TTY: 1-209-932-0357) 번으로 전화해 주십시오.

**Armenian:** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-209-442-6077 (TTY (հեռատիպ)՝ 1-209-932-0357):

**Persian:** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرد. 1-209-442-6077 (TTY: 1-209-932-0357) فرام می باشد. با

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-209-442-6077 (телетайп: 1-209-932-0357).

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-209-442-6077（TTY:1-209-932-0357）まで、お電話にてご連絡ください。

**Arabic:** ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل 209-932-0357 (رقم هاتف الصم والبكم: 1-209-442-6077 برقم 1-)

**Panjabi:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-209-442-6077 (TTY: 1-209-932-0357) 'ਤੇ ਕਾਲ ਕਰੋ।

**Mon-Khmer, Cambodian:** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលក្ខណ៍ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-209-442-6077 (TTY: 1-209-932-0357)។

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-209-442-6077 (TTY: 1-209-932-0357).

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-209-442-6077 (TTY: 1-209-932-0357) पर कॉल करें।

**Thai:** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-209-442-6077 (TTY: 1-209-932-0357).