



Programs of All-Inclusive Care for the Elderly (PACE) Adverse Appeal Report Form

Directions

1. If an appeal decision is partially or fully adverse to a participant, a PACE organization must submit an Adverse Appeal Report form to the Department of Health Care Policy & Financing (HCPF).
2. Do not leave any questions/cells blank. Enter "NA" if a response is not applicable.
3. At the same time the decision is made, the PACE organization must submit the report, and the required supporting documents, to the organization's SharePoint page, which is managed by HCPF. **SharePoint Path:** Appeals/[Center Name, if applicable]/Adverse/[Year]/[Participant Name]
4. At the same time the request is submitted, a PACE organization must notify HCPF via the general PACE email - hcpf_pace@state.co.us. To avoid encryption:
 - Title the email: Adverse Appeal Report for [PACE Center Name].
 - Include the following message in the body of the email: [PACE Center Name] uploaded an Adverse Appeal Report to SharePoint on [Date].
 - Avoid attachments containing personally identifiable information.

Table 1. Adverse Appeal Report Information.	
PACE Organization	
PACE Center	
Participant Name	
Participant Date of Birth	
Participant Health First Colorado ID	
Participant Enrollment Date	

Table 1. Adverse Appeal Report Information.	
Date of Service Determination Request (SDR)	
SDR Description For example - Increase skilled home care from 1 to 2 days per week; Continue receiving PT 2 days a week. The organization recommended PT be reduced to 1 day a week; etc.	
Date SDR Brought to Interdisciplinary Team	
SDR Review Timeframe Extended (Yes or No)	
Reason for SDR Timeframe Extension	
Date of SDR Extension Notice	
Date of Oral SDR Denial Notice	
Date of Written SDR Denial Notice	
Date Appeal Filed	
Expedited Appeal (Yes or No)	
Automatic Appeal (Yes or No)	
Date of Written Appeal Notice	
Service Furnished During Appeal (Yes, No, NA)	
PACE Representative Signature and Title	
Date	

Table 2. Required Supporting Documentation. Check each box to indicate the corresponding document was submitted to HCPF. Box #3 is the only box that may remain unchecked.

#	Checkbox	Required Document
1		The participant's SDR.
2		The interdisciplinary team reassessment(s) in response to the SDR.
3		Notice of the SDR timeframe extension to the participant, designated representative, or both.
4		Oral and written notice of the decision to deny or partially deny the SDR to the participant, designated representative, or both.
5		The participant's appeal.
6		The impartial third party reviewer's written notice of the decision.
7		The PACE organization's written notice of the decision, including the specific reason(s) for the denial, to all parties involved in the appeal.
8		The participant's plan of care at the time of the appeal.

Note: HCPF may request additional information if this form is incomplete or if a required supporting document is not provided.