



OPERATIONAL MEMO

Title: PACE Participant Adverse, Automatic, and Expedite Appeals	Topic: PACE
Audience: PACE Organizations	Sub-Topic: Provider Guidance
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HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>

Purpose and Audience:

The purpose of this Operational Memo is to provide Programs of All-Inclusive Care for the Elderly (PACE) organizations with procedures for submitting Adverse Appeal Reports and Expedited Appeal Extension Requests to the Department of Health Care Policy & Financing (HCPF). Changes from HCPF Operational Memo 21-006 include the addition of automatic appeal guidance, revised reporting requirements, and two new template forms.

Information:

In addition to the procedures in this memo, PACE organizations must follow all requirements set forth in [42 CFR Part 460](#), the PACE Program Agreement, the State of Colorado Contract, and all other applicable requirements.

For the purpose of this memo, an appeal is 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.

Notification Requirements

- A. Notification of participants: Upon enrollment, at least annually thereafter, and whenever the interdisciplinary team denies a service determination request or request for payment, the PACE organization must give a participant written information on the appeals process.
- B. Notice of partially or fully adverse appeal decisions:
 - 1. Notice of any denial must:
 - a. State the specific reason(s) for the denial;
 - b. Explain the reason(s) why the service would not improve or maintain the participant's overall health status;
 - c. Inform the participant of his or her right to appeal the decision; and
 - d. Describe the external appeal rights.
 - 2. At the same the decision is made, the PACE organization must also notify HCPF.
- C. Notification of HCPF: The PACE organization must submit an Adverse Appeal Report Form, and the required supporting documents, to the organization's SharePoint page, which is managed by HCPF.
 - 1. The Adverse Appeal Report must include, but is not limited to:
 - a. The name of the PACE organization.
 - b. The name of the PACE center at which the participant receives services.
 - c. The participant's name.
 - d. The participant's date of birth.
 - e. The participant's Health First Colorado (Medicaid) ID number, if applicable.
 - f. The signature and title of the PACE representative who completed the form (e-signature is acceptable).

- g. The date the PACE representative submitted the form.
 - h. The participant's service determination request.
 - i. The interdisciplinary team reassessment(s) in response to the service determination request.
 - j. The PACE organization's notice to the participant or designated representative of the service determination request timeframe extension, if applicable.
 - k. The PACE organization's oral and written notice to the participant or designated representative of the decision to deny or partially deny the service determination request.
 - l. The participant's appeal.
 - m. The impartial third-party reviewer's written notice of the decision to deny the appeal.
 - n. The PACE organization's written notice of the decision to deny the appeal, including the specific reason(s) for the denial, to all parties involved in the appeal.
 - o. The participant's plan of care at the time of the appeal.
2. At the same time the report is submitted to SharePoint, the PACE organization must notify HCPF via the general PACE email - HCPF_PACE@state.co.us.
 3. Avoid encrypted emails when possible. To avoid encryption, the PACE organization should:
 - a. Title the email: Adverse Appeal Report for [PACE Center Name].
 - b. Include the following message in the body of the email: [PACE Center Name] uploaded an Adverse Appeal Report to SharePoint on [Date].
 - c. Avoid attachments containing personally identifiable information.
 4. HCPF may request additional information if the form is incomplete or if a required supporting document is not provided.

Note: While a third-party reviewer may issue a written decision to the participant, the PACE organization may not rely on the third-party reviewer to communicate the appeal decision. A PACE organization must give all parties involved in the appeal appropriate written notification of the decision to approve or deny the appeal.

Automatic Appeals

- A. Effect of failure to meet the processing timeframes. If the interdisciplinary team fails to provide the participant with timely notice of the resolution of a service determination request or does not furnish the services required by the revised plan of care, this failure constitutes an adverse decision, and the participant's request must be automatically processed by the PACE organization as an appeal.
- B. A PACE organization must follow the procedures specified in section I(C) of this memo if the automatic appeal results in a partially or fully adverse decision.

Expedited Appeals

- A. A PACE organization must have an expedited appeals process for situations in which the participant believes that his or her life, health, or ability to regain or maintain maximum function could be seriously jeopardized, absent provision of the service in dispute.
- B. A PACE organization must respond to the appeal as expeditiously as the participant's health condition requires, but no later than 72 hours after it receives the appeal.
- C. The PACE organization may extend the 72-hour timeframe by up to 14 calendar days for either of the following reasons:
 - 1. The participant requests the extension.
 - 2. The organization justifies to HCPF the need for additional information and how the delay is in the interest of the participant.
- D. If the PACE organization believes a delay is in the interest of the participant, the organization must submit an expedited appeal extension request to HCPF.

1. The request must include, but is not limited to:
 - a. The name of The PACE organization.
 - b. The name of the PACE center at which the participant receives services.
 - c. The participant's name.
 - d. The participant's birth date.
 - e. The participant's Health First Colorado (Medicaid) ID number, if applicable.
 - f. The signature and title of the PACE representative who completed the form (e-signature is acceptable).
 - g. The date the PACE representative submitted the form.
 - h. The participant's request for an expedited appeal.
 - i. The participant's plan of care at the time of the appeal.
2. At the same time the request is submitted, the PACE organization must notify HCPF via the general PACE email. HCPF_PACE@state.co.us.
3. Avoid encrypted emails when possible. To avoid encryption, the PACE organization should:
 - a. Title the email: Involuntary Disenrollment Request for [PACE Center Name].
 - b. Include the following message in the body of the email: [PACE Center Name] uploaded an Involuntary Disenrollment Request to SharePoint on [Date].
 - c. Avoid attachments containing personally identifiable information.

Action To Be Taken:

PACE organizations must follow the reporting requirements in this memo and use the Adverse Appeal Report Form and the Expedited Appeal Extension Request Form.

Definition(s):

None

Attachment(s) and Links:

Note: The following attachments can be found in the “Forms and Resources” section of [HCPF’s PACE webpage](#):

- Adverse Appeal Report Form
- Expedited Appeal Extension Request Form

HCPF Contact:

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