How to file an appeal

What to do if you're not satisfied with Fallon Health Weinberg-PACE's decision to deny payment, provision of a service, or to terminate, reduce, or suspend a service.

If you're concerned with the denial of any of these services by the plan, you have the right to file an appeal. Your appeal can be done verbally or in writing to:

Fallon Health Weinberg-PACE
Attn: PACE Program Director
461 John James Audubon Parkway
Amherst, NY 14228
Phone: 1-800-333-2535, ext. 69950 (TTY 711), 8 a.m.–6 p.m., Monday–Friday.
Fax: 1-716-250-3160

- All appeals are kept confidential. We can't take away other services because you file an appeal.

- Appeals must be made to Fallon Health Weinberg-PACE within **60 calendar days** of our decision to deny payment, provision of a service, or to reduce, terminate, or suspend a service. We'll acknowledge receipt of your appeal within **5 days** from the date the appeal was received by us. Bilingual volunteer or translation services will be made available as needed for the appeal process, as well as help for those with hearing or visual impairments.

- You have the right to tell us not to stop or reduce the service in question during an appeal. **You'll need to tell Fallon Health Weinberg-PACE not to stop or reduce the service during the appeal.** We'll continue to furnish all other services during the appeal process.

- If you think that not having the service will place your life, health, or ability to function in danger, let us know right away. We'll then answer your appeal within **72 hours**. This is called an expedited appeal. We may extend this time frame up to **14 days** if you request the extension or we justify the need for additional information and tell you how the extension benefits you.

- We'll make a decision on your appeal as fast as your health condition requires, but no later than **30 calendar days** after receiving your request for an appeal.

- A person not involved in our initial decision will review your appeal. This person is an appropriately credentialed third party who doesn't have a stake in the outcome of the appeal.

- You or your authorized representative may present or submit relevant facts and/or evidence for review, either in person or in writing, to us for consideration during the appeal process.

The decision on your appeal:
If we decide fully in your favor on either a standard or expedited appeal for a request for a service, we must either provide the service or arrange for you to get the service as quickly as your health condition requires.

If we decide fully in your favor on a request for payment, we must make the requested payment.

If we don't decide in your favor on a standard or expedited appeal, either for the whole request or part of it, on a request for payment, and you're eligible for Medicare or Medicaid, you have the right to pursue additional appeal rights. This is called an external appeal.

To file an external appeal to Medicare, you must send it to:

C2C Innovative Solutions, Inc.
QIC Part C
P.O. Box 1949
Jacksonville, FL 32231-0053

Email address: PartC-Plan_Liaison@c2cinc.com
Phone number: 1-866-439-0863

External requests to the state are called Fair Hearing requests, and may be made to the following address:

NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
Managed Care Hearing Unit
P.O. Box 22023
Albany, New York 12201-2023
Phone: 1-800-342-3334 (For TTY/TDD Users: Contact the New York Relay Service at 711 and instruct the operator to call 1-877-502-6155.)

Fax: 1-518-473-6735

You may choose to file an external appeal to either Medicare or Medicaid (but not both) depending on your eligibility. Please talk with a member of the care team or call Fallon Health Weinberg-PACE at 1-716-810-1895 or toll-free at 1-855-665-1113 (TTY 711) if you'd like help in filing an external appeal. Fallon Health Weinberg-PACE will help you in choosing the Medicare and/or Medicaid external appeal process and will forward information accordingly.

For more information regarding appeals, please see your Enrollment Agreement.

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