

PACE Service Requests

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PACE Provider Regulations

Participant Assessment Section 460.104 (c) (3)

- If a participant (or his/her designated representative) believes that the participant needs to initiate, eliminate, or continue a particular service, the members of the multidisciplinary team must conduct an in-person reassessment
- The PACE organization must have explicit procedures for timely resolution of requests

PACE Provider Regulations

Participant Assessment Section 460.104 (c) (3) - continued

- The multidisciplinary team must notify the participant or designated representative of its decision to approve or deny the request as expeditiously as the participant's condition requires, but *no later than 72 hours after the multidisciplinary team receives the request*

PACE Provider Regulations

Participant Assessment Section 460.104 (c) (3) - continued

- The multidisciplinary team may extend the 72-hour timeframe by no more than 5 additional days for either of the following reasons:
 - The participant or designated representative requests the extension
 - The team documents its need for additional information and how the delay is in the interest of the participant

PACE Provider Regulations

Participant Assessment

Section 460.104 (c) (3) - continued

- The PACE organization must explain any denial of a request orally and in writing
- If the participant or designated representative is dissatisfied with the decision on the request, the PACE organization is responsible for the following:
 - Informing the participant or designated representative of his or her right to appeal as specified in Sec. 460.122
 - Describing both the standard and expedited appeal processes

PACE Provider Regulations

Participant Assessment

Section 460.104 (c) (3) - continued

- Describing the right to, and conditions for, obtaining expedited consideration of an appeal
- If the multidisciplinary team fails to provide the participant with timely notice of the resolution of the 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 as an appeal

PACE Provider Regulations

Appeals Process

Section 460.122

- The PACE organization must have a formal written appeals process, with specified timeframes for response, to address noncoverage or nonpayment of a service.
- Upon enrollment, annually, and whenever the multidisciplinary team denies a request for services or payment, the PACE organization must give a participant written information on the appeals process.

PACE Provider Regulations

Appeals Process

Section 460.122

- For a Medicaid participant, the PACE organization must continue to furnish the disputed services during the appeals process until issuance of the final determination if the following conditions are met
 - The PACE organization is proposing to terminate or reduce services currently being furnished to the participant
 - The participant requests continuation with the understanding that she or he may be liable for the costs of the contested services if the determination is not made in his/her favor

PACE Provider Regulations

Appeals Process Section 460.122

- The PACE organization must have an expedited appeals process for situations in which the participant believes his or her life, health, or ability to regain maximum function would be seriously jeopardized absent provision of the service in dispute

Upham's Elder Service Plan

- Operated & Managed by Upham's Corner Health Center
- Serves core neighborhoods of Boston
- Census = 190
- 1st PACE Center in Dorchester
 - Opened March 1996
- 2nd PACE Center in Roxbury
 - Opened April 2008

Upham's Elder Service Plan



Upham's Elder Service Plan



CMS Audit 2009 Deficiencies

- PRT07
 - The PACE organization failed to provide participants with timely notice of the resolution of requests for services (460.104 (c)(ii))
- SDY04
 - Participant requests not approved in a timely manner must be processed as denials of coverage and service denial notices with appeals rights must be issued (460.122)

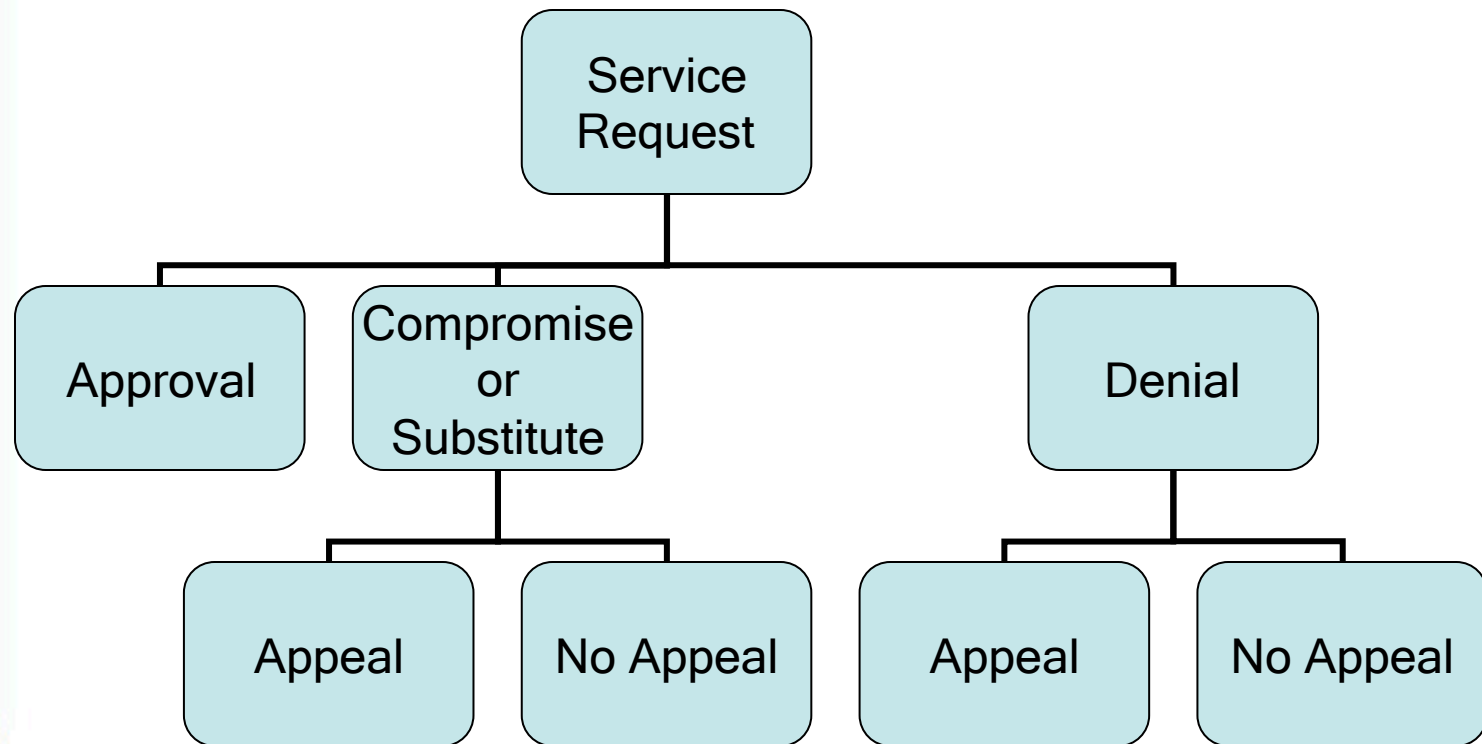
CMS Audit 2009

What Was The Problem?

- Service requests documented in the medical record
 - Difficult to establish sequence, timing, outcome
- No appeals during 2-year period
 - What was the denominator?
 - How many service requests received?
 - How many service requests denied?

CMS Audit 2009

What Was The Problem?



CMS Audit 2009

Corrective Action Plan: The Solution

- Tracking system
 - Service requests
 - Team response
 - Approval
 - Compromise/Substitute Solution
 - Denial
 - Appeals

CMS Audit 2009

Corrective Action Plan: The Solution

- Care Plan Update
- QAPI
 - Data aggregated, trended, analyzed

CMS Audit 2009

CAP: Operational Approach

- PACE Team member fields request
- Request shared at weekly Team meeting
- Team response
 - Approval
 - Compromise/Substitute Solution
 - Denial
 - More information needed

CMS Audit 2009

CAP: Operational Approach

- Center Manager enters into tracking log
- Process for urgent requests
- Staff training

UCHC Policy/Procedure Memorandum - Top

UCHC POLICY / PROCEDURE MEMORANDUM

*Upham's Corner Health Center
500 Columbia Rd.
Dorchester, Ma 02125
(617) 287-8000*

Check Which Applies:

- ☐ Corporate Policy / Procedure
☒ Departmental Policy / Procedure

TO: E SP Staff

SUBJECT: Service Requests - Tracking

POLICY#:

DATE ISSUED: July 1, 2009; revised August 3, 2009; revised September 29, 2009

EFFECTIVE DATE: July 1, 2009

SUPERCEDES / REVISES: N/A

WRITTEN BY: Adam Burrows, MD (PACE Medical Director)

APPROVED BY: E SP Management Council

UCHC Policy/Procedure Memorandum - Bottom

APPROVED BY: ESP Management Council

INTRODUCTION: PACE participants have fundamental beneficiary rights to request services, to be notified on a timely basis about whether requests have been approved by the PACE Interdisciplinary Team, and to appeal decisions if requests are denied. In order for the PACE Team to fulfill its obligations to PACE participants and comply with PACE Provider Regulations (sections 460.104 (c) (3) and 460.122), it must have a reliable system for identifying, tracking, and responding to service requests. In addition, to assure the continuous quality improvement of the service request process, data about service requests and responses must be tracked, aggregated, trended, and analyzed by the QAPI team, with appropriate program-wide responses developed to any quality deficiencies.

POLICY: ESP will have a reliable system for reporting, tracking, and responding to requests for services from PACE participants and/or their representatives.

PROCEDURE:

1. Any PACE staff member who fields a request from a PACE participant or their representative will report the request to the PACE Interdisciplinary Team at the next Team Updates Meeting.

Upham's Elder Service Plan

UPHAM'S ELDER SERVICE PLAN
Upham's Corner Health Center

SERVICE REQUEST LOG

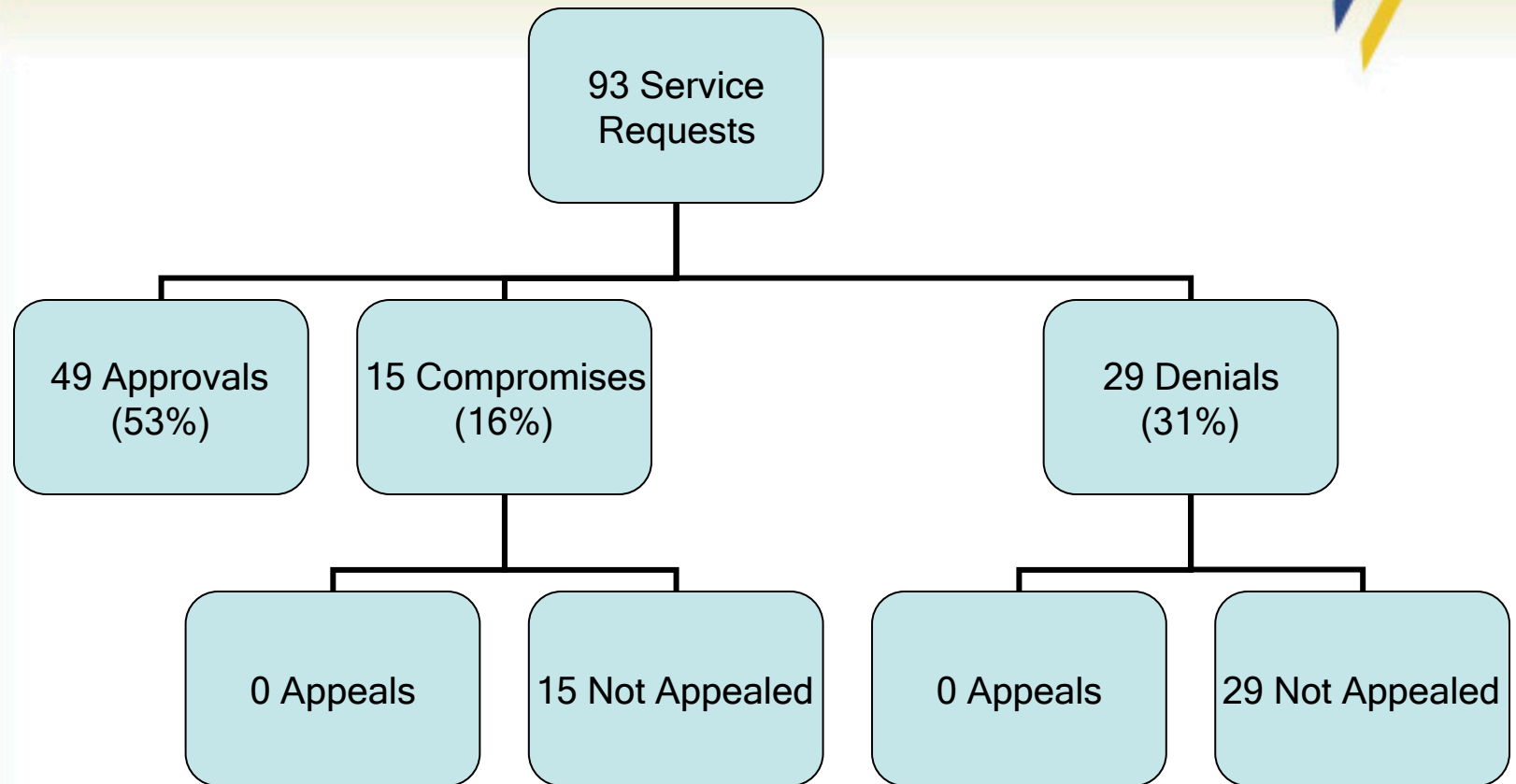
___ DORCHESTER CENTER, 1140 Dorchester Avenue

___ ROXBURY CENTER, 36 Dearborn Street

MONTH _____ YEAR _____

Participant	Service Requested	Staff Member Fielding Request	Date Request Made	Date Service Request Reported to Team	Date Response Given to Participant	Response within 72 hours (Y/N)	Extension Granted/ Reason (Up to 5 days)	Staff Member Responsible for Providing Service	Team Response						
									Request Approved	Compromise or Substitute Solution Approved				Service Denied	
										Date Service Provided	Solution	Date Service Provided	Right to Appeal Offered	Letter Sent	Right to Appeal Offered

Upham's ESP/PACE Service Requests 2010



Upham's ESP/PACE Service Requests 2010

Type of Request	Number
Increase personal care	17
Request for personal care	13
Other home services	5
Center attendance	14
DME	15
Medical consults	9
Medical Tests	1
Hearing Aids/Glasses	6
Respite	6
Other	7

Upham's ESP/PACE Staff Competency Quiz, Pt. 1

UPHAM'S ELDER SERVICE PLAN
Upham's Corner Health Center

PARTICIPANTS RIGHTS

SERVICE REQUESTS AND APPEALS

STAFF COMPETENCY QUIZ

True or False?

- | | | | |
|----|--|---|---|
| 1. | ESP participants have the right to request services and equipment | T | F |
| 2. | Family members have the right to request services for participants | T | F |
| 3. | ESP must provide all requested services and equipment | T | F |
| 4. | ESP staff must give an immediate reply to a participant when s/he makes a request for service or equipment | T | F |
| 5. | If a participant requests a service, the request is forwarded to the Team for review | T | F |

Upham's ESP/PACE Staff Competency Quiz, Pt. 2

- | | | | |
|-----|---|---|---|
| 6. | After the Team reviews a request, someone from the Team must respond to the participant or family within 24 hours | T | F |
| 7. | After the Team approves a request, it must provide a requested service within 72 hours | T | F |
| 8. | If the Team denies a request, the participant has the right to appeal the decision | T | F |
| 9. | The right to appeal must be offered verbally and in writing | T | F |
| 10. | If the Team offers a reasonable substitute or compromise solution, the participant can accept or refuse it but has no right to appeal | T | F |
| 11. | Appeals are reviewed by the Board of the Upham's Corner Health Center | T | F |
| 12. | Service requests are recorded and tracked in a Service Request Log | T | F |
| 13. | Service requests are documented in the chart with a Care Plan Update note | T | F |
| 14. | Appeals are also called grievances | T | F |
| 15. | CMS (Medicare) does not want to see evidence that participants have appealed ESP decisions | T | F |

Questions?

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