



LIFE Geisinger appeal procedure

We want to provide the best possible care and coverage for each of our patients. If you feel we could have — or should have — done more, we ask that you file an appeal.

The definition of an appeal is action taken by you with respect to your disagreement with our non-coverage of or non-payment for a service, denial of enrollment, or your involuntary disenrollment from the program.

You will be notified in writing if we: will not cover or pay for a service that you are receiving or requesting; are denying enrollment into LIFE Geisinger; or are initiating an involuntary disenrollment from LIFE Geisinger. The notice will instruct you how to appeal our decision if you do not agree with it.

An involuntary disenrollment for non-compliance with your care plan or conditions of participation, engaging in disruptive or threatening behavior, failing to pay or make satisfactory arrangements to pay or being out of the service area for more than 30 days without prior approved arrangements, will automatically be considered an appeal.

Confirmation of receipt of your request for appeal will be sent to you within 24 hours of receipt of your request. We will continue to furnish disputed services until a final determination is made **if we are proposing to terminate or reduce services you are currently receiving; and if you agree that you will be liable for the costs of the disputed services if the appeal is not resolved in your favor.**

An impartial party will review your appeal and you will be notified in writing of the date and time of that review to have an opportunity to present evidence related to your dispute. You will receive a written report of the third-party review within 30 days of receipt of your appeal. That report will describe the appeal, actions taken and outcome of the review.

If your appeal is resolved in your favor, we will provide or pay for the disputed service right away. If the decision is not in your favor, a copy of the written report from the third-party review will be forwarded immediately to the Center for Medicare and Medicaid Services, the Pennsylvania Department of Human Services and the Local Area Agency on Aging. You will also be notified in writing of your additional appeal rights under Medicare or Medicaid, through the State Fair Hearing Process. We will help you choose which to pursue and forward the appeal to the appropriate entity.

If you believe that your life, health or ability to regain function would be seriously jeopardized if you do not receive the service in question, you can request in writing that we speed up the appeal process. In that case, you will receive the outcome of the appeal within 72 hours of receipt of your appeal.