

**Enrollment Agreement**

**A Program of All-Inclusive Care for the Elderly**

**(PACE)**

2300 National Road West

Richmond, IN 47374

**To contact**

**Reid Health PACE Center**

**Monday – Friday**

**8:00 AM – 5:00 PM**

**Primary Telephone: (765) 935-8959**

**TTY Number: 1-800-643-2255**

**All other hours please call:**

**(765) 983-3000**

**IN AN EMERGENCY CALL 911**

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# Welcome to Reid Health PACE

Reid Health PACE welcomes you into our program and urges you to review this booklet carefully. Feel free to ask any questions you may have. We will be happy to answer them for you.

Please keep this booklet.

Enrollment in Reid Health PACE is completely voluntary. Reid Health PACE is designed to help you live more independently by offering a wide range of medical, functional, emotional, cognitive and social services, all designed to keep you living in the community and preferably in your own home, as long as is appropriate.

We are dedicated to providing a personalized approach to your care so that you, your family, and Reid Health PACE health care staff can know each other well and work efficiently together on your behalf.

You will be assigned a team of skilled, caring health professionals who will provide ongoing monitoring, care, follow-up and coordination.

Our Center provides you with access to a vast array of services, from primary medical and nursing care to rehabilitation services and therapeutic recreation.

As a participant of Reid Health PACE, you can speak with a health professional 24 hours a day, seven days a week, 365 days a year. Reid Health PACE health care professionals monitor changes in your health status and provide care.

Through Reid Health PACE, you can receive when authorized by the Interdisciplinary Team (Team), covered services such as day care; medical, nursing, social work and nutrition ser­vices; physical, occupational, and speech therapy; hospital and skilled nursing care; medical specialty services such as audiology, dentistry, optometry, podiatry, and psychiatry. You will not need authorization for emergency services.

**Important Notice**

The benefits provided through Reid Health PACE are made possible through a PACE Program Agreement that Reid Health PACE has with the Indiana Family and Social Services Administration (IN FSSA) and the US Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) to operate a Program of All-inclusive Care for the Elderly (PACE). The agreement is subject to renewal and, if the PACE Program Agreement is not renewed, the program will be terminated. Should the program be terminated while you are enrolled, Reid Health PACE will assist you in returning to fee-for-service Medicare and/or Medicaid as applicable.

Reid Health PACE will provide the same benefits you would receive under Medicaid and Medicare plus many more if authorized by Reid Health PACE Team. Reid Health PACE is also your health care insurance. As an enrollee in Reid Health PACE, you agree to accept all services from Reid Health PACE and its contracted providers. You will no longer be able to obtain services from other doctors or medical providers under the traditional fee-for-service Medicare and Medicaid system. Should you choose to obtain services from other doctors or medical providers outside of the PACE network you may be responsible for any fees incurred, except for emergency services. If you have Medicaid-only or are paying privately for Reid Health PACE at enrollment and become eligible for Medicare after enrollment in Reid Health PACE, you will be disenrolled from Reid Health PACE if you elect to obtain Medicare coverage other from Reid Health PACE.

Some of the terms used in this document may not be familiar to you. Please refer to the "Definitions" section, Section XVII, at the end of the Enrollment Agreement for explanations of terms used.

# Special Features of Reid Health PACE

1. **Interdisciplinary Team (Team)**

Your care is planned and provided by an Interdisciplinary Team comprised of qualified health professionals. Your Team includes a primary care provider, registered nurse, social worker, physical therapist, occupational therapist, recreational therapist/activity coordinator, dietician, transportation coordinator, home care coordinator, personal care assistant and center director.

The Team’s expertise is used to assess your care needs and to get the opinion of additional specialists if necessary. Together, with you and your designated representative (an individual selected by the participant or medical durable power of attorney (MDPOA)), the Team creates a plan of care designed just for you.

1. **Authorization of Care**

Your Team will work with you to help enhance your health and independence. Your Team will reassess your care needs on a regular basis. Any changes in your care plan must be reviewed and authorized by the Team. We encourage you to call your Team if you have any questions regarding your care.

1. **Facilities**

You will receive many of your covered services at the Reid Health PACE. We arrange for transportation to and from the Center, as well as all other authorized medical appointments.

1. **Primary Care and Other Providers.**

The categories of health professionals who may provide care to you include primary care provider (physician, nurse practitioner, physician’s assistant), registered nurse, social worker, rehabilitation and recreation therapists, home care or center aide, specialist (i.e., cardiologist, surgeon, psychiatrist, etc.), dentist, podiatrist and others.

Your Reid Health PACE primary care provider will care for you at the Center or in your home when necessary. Reid Health PACE has contracts with specialists, pharmacy, laboratories, x-ray services, hospitals and nursing facilities.

Reid Health PACE guarantees access to all covered services, although the availability of specific providers may vary. For a listing of Reid Health PACE contract providers, please refer to Reid Health PACE Provider Directory, included as an insert in your enrollment packet. The Provider Directory will be provided to you upon request.

Reid Health PACE provides and pays for covered services. Participants may be fully liable for the cost of unauthorized services, except for emergency care and urgently needed care as described in Section XI.

1. **Care Tailored to Your Situation.**

We have flexibility in providing your care according to your medical, functional, emotional, cognitive and social needs, always considering your preferences. We make services available in the most appropriate setting including your home, in our Center, in hospitals, nursing facilities, etc.

# Criteria and Conditions of Enrollment

In addition to meeting the criteria and conditions, you must also sign this Enrollment Agreement and agree to abide by the terms and conditions of Reid Health PACE, as explained in this Enrollment Agreement. Upon signing, you will receive the following information and documents:

* A copy of the Enrollment Agreement
* Emergency Information to be posted in your home which includes Reid Health PACE’s phone number
* A list of the Team members’ names and contracted providers
* A Reid Health PACE membership card which identifies you as a Reid Health PACE participant and includes Reid Health PACE’s phone number

1. **Eligibility Requirements**
   * 55 years of age or older
   * Reside in the Reid Health PACE service area, within specific zip codes in the following Indiana Counties:

**Fayette County:**

46127 46133 46173 47322 47325 47327 47331 47353 47357

**Franklin County:**

47003 47010 47012 47016 47024 47030 47331 47353

**Henry County:**

46056 46117 46148 46186 47302 47327 47334 47337 47344 47346

47351 47352 47354 47356 47360 47361 47362 47366 47384 47385

47386 47387 47388

**Randolph County:**

47320 47340 47341 47354 47355 47358 47360 47368 47371 47373

47380 47382 47390 47393 47394

**Union County:**

47003 47010 47325 47331 47353 47374

**Wayne County:**

47324 47325 47327 47330 47331 47335 47339 47341 47345 47346

47354 47355 47357 47358 47360 47362 47370 47374 47375 47392

47393

* + Meet Indiana’s standard for nursing facility level of care
  + Are able to live safely in the community setting without jeopardizing your health or safety at the time of enrollment

1. **Determination of Clinical Eligibility**

To qualify for Reid Health PACE, you have to meet Indiana’s nursing facility level of care and must continue to meet this every year to remain enrolled in PACE. In the event Indiana finds you no longer qualify for nursing facility level of care, you will not be able to continue enrollment in Reid Health PACE. Reid Health PACE will work with you to find other services that can meet your needs. You may also appeal the denial of enrollment and Reid Health PACE will notify you of your appeal rights and how to request an appeal.

1. **Financial Eligibility**

You do not need to be eligible for Medicare or Medicaid to enroll in Reid Health PACE. However, if you are applying for Medicaid as the source of payment for the Reid Health PACE program and do not intend to pay any portion of the fee privately, you must reapply for Medicaid every year. If you are not eligible for Medicaid or Medicare, you are enrolled in Reid Health PACE because you agreed to pay privately for the Medicaid and/or Medicare portion of the payment to Reid Health PACE, the Part D prescription drug premium or any other payments required based on your financial eligibility status. (See Section IV, Monthly Fee).

1. **Determination of Safety in the Community**

To qualify for Reid Health PACE, the Team must determine that you could live in a community setting without jeopardizing your health or safety.

1. **Plan of Care**

During the enrollment meeting you reviewed the plan of care developed by the Team with input from you and your designated representative. You agree to comply with your plan of care in regards to hours, and days of attendance and services to be provided by Reid Health PACE. Additionally, you discussed the following information:

* Your monthly fee, if any (See Section IV, Monthly Fee).
* Your agreement to receive all health care services authorized and provided exclusively by Reid Health PACE and its contracted providers, except emergency services.
* What to do if you are unhappy with the care you receive at Reid Health PACE (See Section XIV and Section XV, Grievance Process and Appeal of Coverage)

# Monthly Fees

Your payment responsibility will depend upon your eligibility for Medicare, Medicaid or both.

If you are eligible for:

* **BOTH MEDICAID AND MEDICARE or MEDICAID ONLY**: You may not be required to make a monthly premium payment to Reid Health PACE. You may be liable for any applicable spend down liability and any amount due under the post-eligibility treatment of income process depending on the state Medicaid rules. Your approximate monthly payment of $\_\_\_\_\_\_\_\_ starts on \_\_\_\_\_\_\_\_\_(date).
* **MEDICARE ONLY:** If you have Medicare and are not eligible for Medicaid, then you will pay a monthly premium to Reid Health PACE. Your monthly premium of $\_\_\_\_\_\_\_\_ starts on \_\_\_\_\_\_\_\_\_(date). Because this fee does not include the cost of Medicare prescription drug coverage, you will be responsible for an additional monthly premium for Medicare prescription drug coverage in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\*. You may pay both fees together or you may contact your enrollment specialist for additional payment options.
* **PRIVATE PAY** **(Neither Medicare or Medicaid eligible):** If you are not eligible for Medicare or Medicaid, you will pay a monthly premium to Reid Health PACE. Your monthly premium of $\_\_\_\_\_\_\_\_ starts on \_\_\_\_\_\_\_\_\_ (date). Because this fee does not include the cost of prescription drug coverage, you will be responsible for an additional monthly fee to cover the equivalent of the Medicare prescription drug coverage in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\*. You may pay both fees together or you may contact your enrollment specialist for additional payment options.

**\* The monthly Medicare Prescription drug coverage fee will be the rate that is approved by the Centers for Medicare and Medicaid Services. This rate is calculated on an annual basis. You will be notified of the current approved prescription drug rate at enrollment and annually thereafter.**

**Note: Prescription Drug Coverage Late Enrollment Penalty**

Please be aware that if you are eligible for Medicare prescription drug coverage and are enrolling in Reid Health PACE and were never enrolled in a Medicare prescription drug coverage or had coverage that was at least as good as Medicare drug coverage for 63 or more consecutive days, you may have to pay a higher monthly amount for Medicare prescription drug coverage. You can contact your Reid Health PACE [designate staff member] for more information about whether this applies to you.

If you are required to pay a monthly fee to Reid Health PACE, you must pay this amount by the first day of the month after you sign the Enrollment Agreement. Thereafter, payments will be due on the first of each month.

Payment can be made by check, money order or cash to:

Reid Health PACE Center

2300 National Road West

Richmond, IN 47374

# Termination of Benefits

Your benefits under Reid Health PACE are discontinued if you choose to disenroll (voluntary) or if you no longer meet the conditions of enrollment (involuntary). Both types of termination require notice by either party. The effective date of disenrollment is midnight of the last day of the month that coordination of insurance benefits is complete.

Reid Health PACE will continue to be responsible for your care and you will need to continue paying your usual monthly fee, if you have one, until the termination becomes effective. It usually takes 15-45 days to return to the Medicaid system.

**Voluntary Disenrollment**.

Enrollment in Reid Health PACE is voluntary. You may initiate disenrollment from Reid Health PACE at any time by providing a written notice. If you wish to voluntarily disenroll, you should discuss this with your social worker.

You will be asked to sign a Disenrollment Form (signing is optional), which will indicate that you will no longer be entitled to services through Reid Health PACE as of the effective date of your disenrollment. Your voluntary disenrollment will be effective the first day of the month following the date Reid Health PACE receives your notice of voluntary disenrollment.

\*If you have Medicaid-only or are paying privately for Reid Health PACE at enrollment and become eligible for Medicare after enrollment in Reid Health PACE, you will be disenrolled from Reid Health PACE if you elect to obtain Medicare coverage other from Reid Health PACE.

**Involuntary Disenrollment**.

Reid Health PACE may disenroll you by giving you reasonable advance written notice, if Reid Health PACE determines:

* You are capable of making decisions and continue to refuse services or are unwilling to follow your individual plan of care or the rules of participating in Reid Health PACE enrollment.
* You fail to pay or fail to make satisfactory arrangements to pay any premium due to Reid Health PACE after the 30 day grace period.
* You move out of the service area or are out of the Reid Health PACE service area for more than 30 days, without prior authorization from the Team.
* You, your designated representative, caregiver, or any other family member involved in your care behave(s) in a disruptive, unruly, or abusive way to yourself, other participants, or staff which jeopardizes the safety of you or others.
* Reid Health PACE has the inability to provide health care services due to the loss of state license or contracts with outside providers.
* You no longer meet the Nursing Facility Level of Care and are not “deemed eligible” by IN FSSA.
* The program agreement between Reid Health PACE, CMS and IN FSSA is not renewed or is terminated.

If you are going to be disenrolled due to failure to pay the monthly premium, you can remain enrolled simply by paying the fee. You must make this payment before the end of the month of your disenrollment.

An involuntary disenrollment requires approval from the IN FSSA. If the state agrees, you will receive a 30-day notice. Your disenrollment will take effect on the 1st day of the month following the 30-day notification. Reid Health PACE will make appropriate referrals and ensure your medical records are made available to new providers within 30 days in order to facilitate your reinstatement into other Medicare and/or Medicaid programs.

# Renewal Provision

If you choose to leave Reid Health PACE (disenroll voluntarily), you must reapply and meet the eligibility requirements to be reinstated. Previous enrollment in Reid Health PACE does not guarantee future enrollment.

# Reid Health PACE Available Service and Coverage

Reid Health PACE provides all of your care services based on your individual needs as determined by the Team and with you and your designated representative’s input.

If you or your designated representative disagree~~s~~ with the Team's decision not to approve an item or service, you have the right to appeal its decision. Refer to Section XV for a description of the Appeal Process.

**All services, except Emergency Services, must be authorized by the Team.**

1. PACE (Monday through Friday)

* Full lunch, morning and afternoon snacks
* Recreational activities

1. Primary Medical Care which includes clinic visits with Reid Health PACE Primacy Care Providers (Physician, Nurse Practitioner, Physician's Assistant) and/or Nurse (Primary Care Provider and Registered Nurse on call 24 hours, every day)

* Physical examinations
* Immunizations
* Preventive health care
* Specialist care
* Consultation
* Women's Health Services

1. Nursing Care

* Skilled RN Services
* Assistance with medication
* Instruction to prevent illness and disability

1. Supportive Services
   * Personal care such as: bathing, hair and nail care, dressing, grooming and assistance with toileting
2. Social Work Services

* Social Services/Case Management
* Individual and Group Therapy

1. Physical, Speech and Occupational therapies
   * Exercise and rehabilitation
2. Recreation Services
3. Podiatry
4. Transportation Services
   * Transportation to and from the Center, and when appropriate, with an escort
   * Transportation for all specialty services and other services not received at the Center, and when appropriate, with an escort
   * Ambulance Services
5. Nutrition assessment, counseling and teaching
6. Prescribed Medications.

Your PACE primary care provider will prescribe medications for you. Reid Health PACE is a Medicare Part D provider, and all medications will be provided through the approved network pharmacy. You will be provided all over-the-counter (OTC) medications that are prescribed by the primary care provider.

1. Vision care will be provided to you according to your needs.

* The primary care provider will administer an eye test and general eye exam.
* The IDT will authorize an optometrist or ophthalmologist when needed to provide routine eye care, treatments or corrective lenses based on the primary care provider’s recommendations.

1. Psychiatry/Psychotherapeutic Service

* Evaluation
* Consultation
* Diagnosis
* Treatment

1. Audiology

* Hearing Aids (including repairs and maintenance)

1. Artificial Limbs
2. Durable Medical Equipment
3. Dental care will be provided to you according to your needs.

* The primary care provider will perform a basic oral exam.
* A dentist will provide dental care and dental check-ups or other dental services if needed as recommended by your Primary Care Provider and authorized by the Team.

1. Emergency coverage anywhere in the United States.

(See Section XI for a definition of an Emergency Medical Condition and conditions that apply)

1. Urgently needed care outside the Reid Health PACE service area.

(See Section XI for a definition of Urgent care)

1. Post Stabilization Care.

(See Section XI for a definition of Post Stabilization care and conditions that apply)

1. Services provided in your Home

* Homemaker/Chore Services
* Home Health Aide Services
* Home Delivered Meals
* Personal Care
* Skilled Nursing Services
* Primary Care Services
* Medical Social Services
* Physical or Occupational Therapy

1. Nursing Facility Care

* Semi-private Room
* Primary Care and Nursing Services
* Medical Social Services
* Medical Supplies
* Prescription Drugs
* Physical, Speech and Occupational Therapies
* All Meals
* Durable Medical Equipment
* Personal Care

***The following nursing facility care costs are not covered by Reid Health PACE: a private room, private duty nurse, (unless medically necessary) and non-medical items for personal conveniences such as telephone charges and radio or television rental, unless specifically authorized by the Team as part of the plan of care.***

1. Hospitalization Inpatient Care

* Semi-private room and board
* Medical and Nursing Services
* Psychiatric Services
* Meals
* Medications and Biologicals
* Diagnostic or Therapeutic Items and Services
* Laboratory tests, x-rays and other diagnostic procedures
* Kidney Dialysis
* Dressing, Cast, Supplies
* Operating and Recovery Room
* Oxygen and Anesthesia
* Organ and Bone Marrow Transplants (non-experimental and non-investigative)
* Durable Medical Equipment
* Rehabilitation Services
* Blood, Blood Plasma or Blood Derivatives
* Substance Abuse Services
* Medical Social Services and Discharge Planning

***Not included under hospital care are: private room and private duty nursing (unless medically necessary) and non-medical items for your personal convenience, such as telephone charges and radio or television rental, unless specifically authorized by the Team as part of the plan of care.***

When hospitalization is needed, Reid Health PACE has a contract with Reid Hospital. If continued care is needed following discharge, Reid Health PACE will arrange for admission to the appropriate facility, such as a skilled nursing facility, in the local area.

1. Hospital Outpatient
   * Lab, x-ray, medical equipment, surgical services, and substance abuse programs.
2. End Stage Renal Disease Services
3. End of Life Care or hospice services
4. Other services determined necessary by the Team to improve and maintain your overall health status.

# Service Exclusions and Limitations

Exclusions and Limitations include:

* Any service not authorized by the Team, unless it is an Emergency Service. You may be fully and personally liable for the costs of unauthorized services.
* Surgery primarily for cosmetic purposes, unless necessary for improved functioning of a malformed part of your body resulting from an accidental injury or for reconstruction following mastectomy.
* Experimental medical, surgical, or other health procedures unless authorized by the Team.
* Any services rendered outside of the United States defined as the 50 states of the U.S., the District of Columbia, and the U.S. territories (Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands)
  + In the event that a Canadian or Mexican hospital is closer than a U.S. hospital Reid Health PACE may pay for certain types of health care and services.
  + If you are crossing through Canada without delay on the most direct route between Alaska and another state and have a medical emergency.

# Services Outside the Reid Health PACE Service Area

You must notify your Team before leaving the service area overnight, so that the Team can coordinate your care and provision of services. The Team will explain what to do if you become ill while away.

Any services you receive outside of the health plan service area, other than emergency services, must be authorized by the Team. You may be fully and personally liable for the costs of unauthorized services.

Services received outside the United States are not covered by Reid Health PACE excluding the following: In accordance with §424.122 and §424.124 of the Code of Federal Regulations Title 42 and as permitted under the States approved Medicaid plan (See Section VIII Service Exclusion and Limitations).

If you remain outside the service area for 30 days or more, without prior authorization from the Team, you may be automatically disenrolled from Reid Health PACE.

# After Hours Care

If you need to speak to a health care professional to receive advice or treatment for an injury or onset of a serious illness, and cannot wait until regular clinic hours, please follow these instructions:

* If you believe it is an emergency dial **911**.
* For afterhours care, call Reid Health PACE at 765-983-3000. The telephone number is listed on your membership card. For the hearing impaired or interpreter services, call 1-800-643-2255.

# Emergency Services

Reid Health PACE provides access to care 24 hours per day, 7days per week, 365 days per year.

An Emergency Medical Condition is defined as a sudden medical condition, or severe pain, that an average person with no medical training feels would place their health at serious risk, result in serious harm to bodily functions or result in serious harm of an organ or bodily part. Emergency services that fall within this description do not require prior authorization by Reid Health PACE.

Emergency care is appropriate when services are needed immediately because of an injury or sudden illness and the time required to reach Reid Health PACE or one of its contract providers, would cause risk of permanent damage to your health. Emergency services include inpatient and outpatient services.

**If you need Emergency Services, please call 911.**

Please answer questions and follow instructions carefully. 911 will determine if you have an emergency and take you to the nearest hospital emergency room. Please tell the emergency providers that you are a Reid Health PACE participant and present your Reid Health PACE card to the emergency room staff.

Please notify Reid Health PACE as soon as possible if you have used 911 emergency services.

When you call Reid Health PACE, a staff member will advise you what to do and make arrangements for you to receive necessary care. The Reid Health PACE primary care provider, who is familiar with your medical history, will work with the emergency service providers in following up on your care.

**Emergencies When You Are Out of the Service Area**

Reid Health PACE also covers emergency and urgently needed care when you are temporarily out of the service area but still in the United States. If you access emergency services, ambulance services and/or hospital services when out of the service area, you must notify Reid Health PACE as soon as reasonably possible. If you are hospitalized, we have the right to arrange a transfer when your medical condition is stabilized to a Reid Health PACE contracted hospital or another hospital designated by us. We may also transfer your care to a Reid Health PACE primary care provider.

Reid Health PACE will pay for all necessary health care services provided to you which are needed to stabilize your condition until Reid Health PACE arranges your transfer or you are discharged.

**Reimbursement Provisions**

If you paid for any service, you should request a receipt from the facility or provider involved. This receipt must show: the provider and facility name, your health problems and diagnosis, date of treatment and release, and charges.

Please provide a copy of this receipt to your Reid Health PACE accounting coordinator for approval and reimbursement. You can also mail a copy of your receipt to:

Reid Health PACE

2300 National Road West

Richmond, IN 47374

You may be responsible for any charges for services, which do not meet the definitions of Emergency (see above under Section XI) or Urgently Needed Care.

**Urgently Needed Care** means services that are necessary to prevent serious deterioration of your health while you are temporarily out of Reid Health PACE service area and if you believe your illness or injury is too severe to postpone treatment until you return to the service area, but that your life or functioning is not in severe jeopardy.

**Post-Stabilization Care** means services provided subsequent to an emergency that a treating provider views as necessary after an emergency medical condition has been stabilized. They are not emergency services. Rather, they are non-emergency services that require approval before they are provided outside of the service area.

If you require **Urgently Needed Care or Post-Stabilization Care** services following Emergency Services, you can call Reid Health PACE 24 hours a day, 7 days a week at the number listed above for pre-authorization. Reid Health PACE will answer your questions and respond to your requests for services.

If the Reid Health PACE on-call staff cannot be contacted, or does not respond to your request within one hour after being contacted, then the Urgently Needed Care or Post-Stabilization Care will automatically be covered by Reid Health PACE.

# Participant's Bill of Rights and Responsibilities

**Your Rights in the Program of All-inclusive Care for the Elderly**

The Program of All-inclusive Care for the Elderly (PACE) is a special program that combines medical and long-term care services in a community setting.

Your PACE program must fully explain your rights to you or someone acting on your behalf in a way you can understand at the time you join.

**You have the right to be treated with respect.**

You have the right to be treated with dignity and respect at all times, to have all of your care kept private and confidential, and to get compassionate, considerate care. You have the right:

* To get all of your health care in a safe, clean environment and in an accessible manner.
* To be free from harm. This includes excessive medication, physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms or to prevent injury.
* To be encouraged to use your rights at Reid Health PACE.
* To get help, if you need it, to use the Medicare and Medicaid complaint and appeal processes, and your civil and other legal rights.
* To be encouraged and helped in talking to Reid Health PACE staff about changes in policy and services you think should be made.
* To use a telephone while at the Reid Health PACE.
* To not have to do work or services for Reid Health PACE.

**You have a right to protection against discrimination.**

Discrimination is against the law. Every company or agency that works with Medicare and Medicaid must obey the law. They cannot discriminate against you because of your race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation, source of payment for your health care (for example, Medicare or Medicaid).

If you think you have been discriminated against for any of these reasons, contact a staff member at the PACE program to help you resolve your problem.

If you have any questions, you can call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

**You have a right to information and assistance.**

You have the right to get accurate, easy-to-understand information and to have someone help you make informed health care decisions. You have the right:

* To have someone help you if you have a language or communication barrier so you can understand all information given to you.
* To have Reid Health PACE interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you can’t speak English well enough to understand the information being given to you.
* To get marketing materials and your PACE participant rights in English and in any other frequently used language in your community. You can also get these materials in Braille, if necessary.
* To have the enrollment agreement fully explained to you in a manner understood by you.
* To get a written copy of your rights from Reid Health PACE. These rights must be posted in a public place in the Reid Health PACE where it is easy to see them.
* To be fully informed, in writing, of the services offered by Reid Health PACE. This includes telling you which services are provided by contractors instead of the Reid Health PACE staff. You must be given this information before you join, at the time you join, and when you need to make a choice about what services to receive.
* To look at, or get help to look at, the results of the most recent review of Reid Health PACE. Federal and State agencies review all PACE programs. You also have a right to review how Reid Health PACE plans to correct any problems that are found at inspection.

**You have a right to a choice of providers.**

You have the right to choose a health care provider within Reid Health PACE network and to get quality health care. Women have the right to get services from a qualified women’s health care specialist for routine or preventive women’s health care services.

**You have a right to access emergency services.**

You have the right to get emergency services when and where you need them without Reid Health PACE authorization. A medical emergency is when you think your health is in serious danger—when every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse. You can get emergency care anywhere in the United States.

**You have a right to participate in treatment decisions.**

You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf. You have the right:

* To have all treatment options explained to you in a language you understand, to be fully informed of your health status and how well you are doing, and to make health care decisions. This includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this will affect your health.
* To have Reid Health PACE help you create an advance directive, if you choose. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself. You should give it to the person who will carry out your instructions and make health care decisions for you.
* To participate in making and carrying out your plan of care. You can ask for your plan of care to be reviewed at any time.
* To be given advance notice, in writing, of any plan to move you to another treatment setting and the reason you are being moved.

**You have a right to have your health information kept private.**

* You have the right to talk with health care providers in private and to have your personal health care information kept private and confidential as protected under State and Federal laws. This includes information collected and kept electronically.
* You have the right to look at and receive copies of your medical records and request amendments.
* You have the right to be assured that your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it.
* You have the right to provide written consent that limits the degree of information and the persons to whom information may be given.

There is a patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about this privacy rule, call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

**You have a right to file a complaint.**

You have a right to complain about the services you receive, the quality of your care or any other concerns or problems you have with Reid Health PACE. You have the right to a fair and timely process for resolving concerns with Reid Health PACE. You have the right to:

* A full explanation of the complaint process.
* Be encouraged and helped to freely explain your complaints to Reid Health PACE staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened, or discriminated against.
* Appeal any treatment decision by Reid Health PACE, staff, or contractors.

**You have a right to leave the program.**

If, for any reason, you do not feel that Reid Health PACE is what you want, you have the right to leave the program and voluntarily disenroll at any time. Your disenrollment will be effective the first day of the month following the date Reid Health PACE receives your notice of voluntary disenrollment.

# Non Discrimination Notice

Reid Health PACE complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment for your health care. Reid Health PACE does not exclude people or treat them differently because of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment.

Reid Health PACE:

* Provides free aids and services to people with disabilities to communicate effectively with Reid Health PACE, such as:
  + Qualified sign language interpreters
  + Written information in other formats (large print, audio, accessible electronic formats, other formats)
* Provides free language services to people whose primary language is not English, such as:
  + Qualified interpreters
  + Information written in other languages

If you need these services, contact the Reid Health Director of Patient Resource Services.

If you believe that Reid Health PACE has failed to provide these services or discriminated in another way on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment, you can file a grievance with:

Reid Health Director of Patient Resource Services

1100 Reid Parkway

Richmond, IN 47374

(765)983-3526

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you speak any language other than English, language assistance services, free of charge, are available to you. Call 1-800-643-2255.

**Spanish:**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-643-2255.

**Chinese:**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-643-2255.

**German:**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-643-2255.

**Pennsylvanian Dutch:**

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-643-2255.

**Burmese:**

သတိျပဳရန္ - အကယ္၍ သင္သည္ ျမန္မာစကား ကို ေျပာပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့္အတြက္ စီစဥ္ေဆာင္ရြက္ေပးပါမည္။ ဖုန္းနံပါတ္ 1-800-643-2255.

**Arabic:**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم-

1-800-643-2255.

**Korean:**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-643-2255.

**Vietnamese:**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-643-2255.

**French:**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-643-2255.

**Japanese:**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-643-2255. まで、お電話にてご連絡ください。

**Dutch:**

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-643-2255.

**Tagalong:**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-643-2255.

**Russian:**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-643-2255.

**Panjabi:**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 11-800-643-2255. 'ਤੇ ਕਾਲ ਕਰੋ।

**Hindi:**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-643-2255.

# Grievance Process

A grievance is defined as a written or oral expression of dissatisfaction with service delivery or quality of care furnished. Reid Health PACE will provide you with written information on the grievance process annually.

All of us at Reid Health PACE share the responsibility for assuring that you are satisfied with the care you receive. We understand that sometimes there are areas of dissatisfaction that require our attention and response. If you are dissatisfied, we encourage you to express any complaints or concerns you may have. If you do not speak English, we will ensure an individual who speaks your language will facilitate the grievance process.

Reid Health PACE will assist you with the grievance process and inform you of the steps involved in the resolution. You or your designated representative can discuss your concerns or send a letter expressing them to any member of the staff or administration of Reid Health PACE. All services will be continued during the grievance process.

The staff member who receives your grievance will forward it to the Reid Health PACE Quality Assurance Manager who sees that action is taken. Reid Health PACE will provide you a written acknowledgment of the grievance within five (5) working days of receiving it.

If a solution is found by the staff and agreed upon by you or designated representative within thirty (30) working days, the grievance will be considered resolved.

If you are not satisfied with the outcome, you may take your grievance to the IN FSSA at:

Family and Social Services Administration

402 W. Washington Street, RM E034

Indianapolis, IN 46204

Following resolution of the grievance, a copy of the report will be sent to you or your designated representative.

# Appeal of Coverage and Payment Denials

An appeal is defined as a participant’s and/or designated representative’s action with respect to Reid Health PACE non-coverage of, or non-payment for, a service including denials, reductions or termination of services. Reid Health PACE’s decision to involuntarily disenroll a participant may also be appealed.

You have a right to appeal a denial of enrollment, treatment decisions made by Reid Health PACE, including decisions not to authorize or pay for items and services which you believe are covered by Reid Health PACE.

An appeal may be expressed either orally or in writing to any staff member at any time and you will be given an opportunity to present evidence related to the appeal in person or in writing.

The appeals process will be reviewed with you or your designated representative at enrollment, at least annually, and any time the team denies any request for service or payment. You will be assisted in completing an appeal by Reid Health PACE if you choose to do so.

For Medicaid participants, Reid Health PACE will continue to furnish the disputed services until issuance of the final determination if the following conditions are met:

1. Reid Health PACE proposes to terminate or reduce services currently being furnished to you;
2. You may request continuation with the understanding that you may be liable for the costs of the contested services if the determination is not made in your favor.

Reid Health PACE will continue to furnish all other required services during the appeals process. There will be no discrimination by Reid Health PACE against you on the grounds that you or your designated representative filed an appeal.

Participant appeals will be treated by all Reid Health PACE employees in a confidential manner and violations of confidentiality will result in disciplinary action.

You or your designated representative may file an appeal.

There Are Two Kinds of Appeals You Can File:

Standard

All appeals will be resolved as expeditiously as is required by the condition of your health, but no later than 30 days from our receipt of your appeal. You will have the opportunity to present additional evidence on your case, in person, as well as in writing. Reid Health PACE will provide you with a written notice of the appeal decision and reason for the denial.

If the appeal is resolved in your favor, Reid Health PACE will provide or pay for the disputed service as quickly as your health condition requires.

Expedited

Your appeal will be handled on an expedited basis if you indicated on your appeal that you believe your life, health or ability to regain or maintain maximum function could be seriously jeopardized without the disputed service.

Reid Health PACE will respond as expeditiously as your health condition requires, but no later than 72 hours of receipt of your appeal. Reid Health PACE may extend the 72 hour timeframe by up to 14 calendar days if you request an extension, or if Reid Health PACE can justify to IN FSSA the need for additional information and how the delay is in your best interest. You will have the opportunity to present evidence on your case, in person, as well as in writing.

**How to File an Appeal**

**For a Standard Appeal**: You or your designated representative should express your appeal verbally to a member of the staff or mail or deliver your written appeal to the address below:

Reid Health PACE

2300 National Road West

Richmond, IN 47374

Attention: Reid Health PACE Quality Assurance Manager

**For an Expedited Appeal:** you or your designated representative should contact us by

Telephone (765) 935-8959 or Fax (765) 935-8960, for the hearing-impaired TTY: 1-800-643-2255.

If you appeal, we will review our decision and also appoint an appropriately credentialed and impartial third party who was not involved in the original action and who does not have a stake in the outcome of the appeal to review your appeal.

All appeal information will be kept confidential.

After we review this decision, if any of the services or items you requested are still denied additional appeal rights under Medicaid and Medicare are available.

**Additional Appeal Rights under Medicaid or Medicare**

If we do not make a decision that is in your favor, you may file an external appeal verbally or in writing through one of the options below.

The Medicare program contracts with an Independent Review Entity (IRE) to provide external review on appeals involving PACE programs like us. This review organization is completely independent of Reid Health PACE organization.

The Medicaid appeal is through the IN FSSA:

**Which Appeal Process You May Use:**

If you are enrolled in both Medicare and Medicaid, you may choose which appeals process you will use. You may only choose one process to file an appeal. If you wish, we can help you understand each appeals process by explaining the different processes.

If you are enrolled in Medicare only you may appeal using Medicare’s external appeal process.

If you are enrolled in Medicaid only you may appeal using Medicaid’s appeals process.

IN FSSA conducts an independent review for participants who are not eligible for Medicaid and pay privately for a portion of PACE services.

If you are not sure which program you are enrolled in, ask us.

You have the right to submit your appeal at any time.

**Option One: Medicaid Fair Hearing Process**

If you are enrolled in Medicaid and Medicare or Medicaid ONLY you can appeal to the IN FSSA, in writing, at the address below once you have gone through the Reid Health PACE appeals process:

Family and Social Services Administration

Attn: Hearings and Appeals

402 W. Washington Street, RM E034

Indianapolis, Indiana 46204

Appeals to the IN FSSA must be completed within 33 days from the date of receipt of the Notice of Action from Reid Health PACE, and must identify the issue being appealed.

**Option Two: Medicare External Appeals Process**

**(Cannot be used for Denials of Enrollment or Involuntary Disenrollment Appeals)**

We will send your case file to Medicare's Independent Review Entity (IRE) for you.

If Medicare’s IRE decision is in your favor and you have requested a service that you have not received, we must give you the service as quickly as your health condition requires. If you have requested payment for a service that you have already received, we must pay for the service.

If you need information or help, call us at: (765)935-8959

If you want to appeal on your own through Medicare, please call: 1-800-MEDICARE (1800-633-4227) TTY/TTD: 1-877-486-2048

# General Provisions

**Advance Directives**

Reid Health PACE encourages participants to complete or review/update their current advance directive documents. Reid Health PACE will not discriminate against participants in the provision of services on the basis of having or not having an Advance Directive.

**Authorization to Take and Use Photographs**

It may be necessary for us to obtain and use photographs of you for the purposes of identification, publicity, illustration, advertising and web content. Reid Health PACE will obtain your written consent to take and use photographs of you for any purpose.

**Changes to Reid Health PACE**

Changes to Reid Health PACE may be made without your consent if they are approved by both CMS and IN FSSA. We will give you written notice of any change.

**Continuation of Services on Termination**

If this contract terminates, you will be advised of the availability of other services. You will be reinstated back into the traditional fee-for-service Medicaid or Medicare programs, if you are eligible. We will assist you with this transition to help you find appropriate care and help you understand your options. We will give you at least 60 days advance written notice.

**Cooperation in Assessment**

In order for Reid Health PACE to determine the best care for you, your full cooperation is required in providing medical and financial information to us.

**Governing Law**

Reid Health PACE is subject to the requirements of the Code of Federal Regulations Title 42 Part 460. Any provision required to be in this contract by the above will bind Reid Health PACE whether or not set forth herein, and any provision of the contract which, on its effective date, is in conflict with state or federal law is hereby amended to conform to the minimum requirements of such statutes.

**No Assignments**

You cannot assign any benefits or payments due under Reid Health PACE to any person, corporation or organization. Any assignments by you will be void (assignment means the transfer to another person or organization of your right to the services provided or your right to collect money from us for those services).

**Notice**

Any notice which we give you will be mailed to you at your address as it appears on our records. You should notify us promptly of any change of your address. This notification may be done verbally to any staff member or may be mailed to our offices at:

Reid Health PACE

2300 National Road West

Richmond, IN 47374

Telephone number is (765)935-8959

For hearing impaired, please call 1-800-935-8960

**Notice of Certain Events**

If you will be materially or adversely affected, we will give you reasonable notice of any termination, breach of contract, or inability to perform, by hospitals, physicians, or any other person with whom we have a contract to provide services. We will arrange for service with another provider for any interrupted benefit.

**Our Relationship to Reid Health PACE Contracted Providers**

Reid Health PACE is able to provide full scope of services through contracts with community providers. Reid Health PACE contracted providers are at all times acting and performing as independent contractors and assume all responsibility for malpractice and neglect caused by the contracted providers or their staff. Reid Health PACE contracted providers are required to abide by the rules and regulations of the Reid Health PACE program. We reserve the right to adopt reasonable policies and procedures in order to provide services and benefits.

**Recovery from Third-Party Liability**

If you are injured or suffer an ailment or disease due to an act or omission of a third party giving rise to a claim of legal liability against the third party, Reid Health PACE must report such instances to the IN FSSA. If you are a Medicaid beneficiary, any proceeds which you may collect, pursuant to the injury, ailment or disease, are assigned to the IN FSSA. If you are a Medicare beneficiary, Reid Health PACE will actively pursue third party claims.

**Waiver of Conditions for Care**

If you do not meet certain conditions to receive a particular service, Reid Health PACE reserves the right to waive such conditions if we determine that you could benefit from receiving that service. However, if we do waive a condition for you in one instance, this does not mean that we are obligated to waive that condition or any other condition for you on any other occasion.

**Who Receives Payment?**

Payment for services provided and authorized by the team will be made by Reid Health PACE directly to the provider. You cannot be required to pay anything that is owed by Reid Health PACE to the selected providers. Payment for unauthorized services, except in the case of an emergency, will be your responsibility.

**Your Medical Records**

Access to your own medical record is permitted in accordance with state and federal laws.

# Definitions

**"Reid Health PACE Contracted Provider"** means a health facility, health care professional, or agency which has contracted with Reid Health PACE to provide health and health-related services to Reid Health PACE participants.

**"Reid Health PACE Primary Care Provider"** means a physician, nurse practitioner, physician’s assistant who is employed or contracted by Reid Health PACE to provide medical services.

**"Advance Directives"** refers to those instructions you may have identified for any health care arrangements you would prefer in the case you become unable to make your own decisions.

**"Benefits and Coverage"** means the health and health-related services Reid Health PACE provides you. These services take the place of the benefits you would otherwise receive through Medicaid and Medicare. This is made possible through an agreement between Reid Health PACE, and Medicaid (IN FSSA) and CMS. This agreement gives you the same benefits you would receive under Medicaid and Medicare plus many additional benefits. To receive any benefits from Reid Health PACE, you must meet the conditions described in this Enrollment Agreement.

**"Eligible for Nursing Facility Level of Care"** means that your health status, as evaluated by the Reid Health PACE Team, meets Indiana’s criteria for placement in a nursing facility and/or skilled nursing facility care. Although you must meet the nursing facility level of care to be accepted as a participant in Reid Health PACE, you may receive those services in the home instead of in a nursing facility. Reid Health PACE goal is to maintain your independence in the community as long as it is medically and socially feasible.

**"Emergency"** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

* Placing your health in serious jeopardy
* Serious impairment to bodily functions or
* Serious dysfunction of any bodily organ or part.

**"Exclusion"** means any service and/or benefit that is not provided by Reid Health PACE. For example, non-emergency services received without authorization by the Reid Health PACE team are excluded from coverage. You would have to pay for any such unauthorized services.

**"Enrollment Agreement"** means this document, which establishes the terms and conditions and describes the benefits available to you through Reid Health PACE as long as you are a participant.

**"Health-Related Services"** mean those services which support the provision of health services and help you maintain your independence. Such services include personal care, homemaker/chore attendant, recreational therapy and/or activities, translation, transportation, home-delivered meals, financial management, and assistance with housing problems.

**"Health Services"** means services such as medical care, diagnostic tests, durable medical equipment, medications, prosthetic and orthotic devices, nutritional counseling, nursing, social services, therapies, dentistry, optometry, podiatry, and audiology. Health services may be provided at Reid Health PACE day center/clinic, in your home, or in professional offices of specialists, or nursing facilities under contract with Reid Health PACE.

**"Home Health Care"** refers to two categories of services; supportive and skilled services. Based on individual treatment plans, supportive services are provided to participants in their homes and may include household and related chores such as laundering, meal assistance, cleaning and shopping, as well as assistance with personal care as needed. Skilled services may be provided by Reid Health PACE social workers, nurses, occupational and physical therapists and on-call medical staff.

**"Hospital Services"** mean those services which are generally and customarily provided by acute general hospitals.

**"Interdisciplinary Team" or “Team”** means Reid Health PACE professional interdisciplinary team consisting of a primary care provider, masters-level social worker, registered nurse, home care coordinator, day center manager, transportation coordinator, physical and occupational therapists, recreational coordinator, dietician, and personal care assistants. They will assess your medical, functional, emotional, cognitive and social needs and develop an individual plan of care which identifies the services needed. Many of the services are provided and monitored by this team. All covered services you receive must be authorized by the team. Periodic reassessment of your needs will be done by the team, and changes in your treatment plan may occur.

**"Reid Health PACE”** A comprehensive health care program for the elderly sponsored by Reid Health.

**"Lock-in Provision"** means that you may be liable for the costs of all unauthorized medical care and services, except emergency services.

**"Medically Necessary"** means medical or surgical treatments provided to a participant by a provider of Reid Health PACE which are: (a) appropriate for the symptoms and diagnosis or treatment of a condition, illness or injury; (b) in accordance with accepted medical and surgical practices and standards prevailing at the time of treatment; and (c) not for the convenience of the participant or a provider of Reid Health PACE.

**"Monthly Fee"** means the amount you must pay each month in advance to Reid Health PACE to receive benefits.

**"Nursing Facility"** means a facility that is licensed to provide health care under medical supervision and continuous nursing care for 24 or more consecutive hours to two or more patients who do not require the degree of care and treatment which a hospital provides and who, because of their physical or mental condition, require continuous nursing care and services above the level of room and board.”

**"Out of Area"** means any area not included in Reid Health PACE service area.

**"PACE"** is the governmental acronym for the Program of All-inclusive Care for the Elderly.

**"Participant"** means a person who meets Reid Health PACE eligibility criteria and voluntarily signs an enrollment form for Reid Health PACE to receive benefits. The words "you," "your," or "yours" refer to a participant.

**“Participant Pay Liability”** means the monthly amount the participant is expected to pay Reid Health PACE based on Medicaid’s determination of the participant’s portion related to permanent long term care placement.

**“Premium”** means a set fee you must pay each month in advance to Reid Health PACE to receive benefits.

**"Service Area"** is the county, city or zip codes in which the PACE program has been approved by CMS to provide services.

**"Service Location"** means any location at which a participant obtains any health or health-related service under the terms of this Enrollment Agreement.

**"Spend Down Liability"** refers to the amount of health care expenses a recipient must incur each month before Medicaid begins to provide financial assistance. "Spend Down Liability" is sometimes called "share of cost". Reid Health PACE participants must pay monthly spend down liability, if applicable.



**CONSENT FORM**

**PARTICIPANT NAME: Date of Birth:**

As a participant in the Reid Health PACE program, I consent to the following:

1. **Authorization for Care and Services**

I consent to the provision of care and treatment services that are determined by my primary care provider and myself to be appropriate for my wellbeing, health and safety. I understand that Reid Health PACE will fully inform me in advance about care and treatment, to inform me of any changes that occur regarding my care and treatment.

\_\_\_\_\_\_\_\_

1. **Emergency Medical Care**

In case of medical emergencies in which I am unable to direct my care or give verbal consent; I authorize Reid Health PACE to use my advance directives and health care wishes to direct decisions regarding my care. If my primary care provider is unavailable, I authorize treatment by a licensed emergency room provider. I understand that Reid Health PACE staff will make a reasonable effort to contact my primary care provider and responsible party. \_\_\_\_\_\_\_\_

1. **Release of Information for Continuity of Care**

I authorize the release of information to Reid Health PACE contracted agencies and health professionals for continuity of my health care. Such agencies or health professionals include, but are not limited to: primary care providers and specialists, hospitals, group homes, nursing facilities, and home care agencies.

\_\_\_\_\_\_\_\_\_

1. **Durable Medical Equipment**

The need for all medical equipment is assessed by various members of the team. At the time of enrollment, I understand that any equipment I am currently renting will be replaced by Reid Health PACE if authorized by the team. Authorization of equipment is based upon evaluation of need. It is the responsibility of me and my designated representative to inform Reid Health PACE of any known rented equipment. If I do not inform Reid Health PACE of current rentals in my name, I will be responsible for payment of all bills from the rental company.

I understand that the equipment provided to me by Reid Health PACE is the property of Reid Health PACE.

Durable Medical Equipment (DME) includes, but is not limited to the following: wheelchairs, hospital beds, hoyer lifts, oxygen tanks, breathing machines (nebulizers), feeding machines, cushions, walkers, canes, bath chairs, commodes, ramps, and air mattresses. Reid Health PACE will answer any questions in regards to DME.

\_\_\_\_\_\_\_\_\_

1. **Privacy Authorizations**

I authorize the use and or disclosure of my personal information as described below.

* Exchange of Personal information

I authorize the disclosure and exchange of personal information between CMS, IN FSSA and Reid Health PACE.

\_\_\_\_\_\_\_

* Authorization to Verify Eligibility

I authorize Reid Health PACE to obtain medical, financial and other insurance information to verify initial and continued eligibility within the PACE organization.

\_\_\_\_\_\_\_\_

* I understand that I am not required to agree to any of these privacy authorizations as a condition of treatment, payment, enrollment in Reid Health PACE or eligibility for benefits. I understand that these privacy authorizations will expire twelve months after I am disenrolled from Reid Health PACE.

\_\_\_\_\_\_\_\_

I understand that I can revoke these authorizations in writing at any time, except to the extent that Reid Health PACE has already relied on these authorizations to use or share information.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Date/Year

Who signed: □ Participant □ Designated Representative (relationship to participant)

Reason Participant unable to sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reid Health PACE Representative Signature: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_/\_\_\_\_\_

*A copy of this signed consent form must be given to the participant or participant’s designated representative. Another copy must be placed in the participant’s file.*



**Enrollment Agreement**

1. The services available from Reid Health PACE have been explained to me by Reid Health PACE’s Enrollment Specialist.
2. The Enrollment Specialist who explained this program to me is an employee of Reid Health PACE and does not represent any city, state or federal agency.
3. I have received, read and understand Reid Health PACE Enrollment Agreement which explains the coverage, terms and conditions of participation. If there are any changes to the Enrollment Agreement, I will receive a written copy of the changes.
4. I agree to participate in the Reid Health PACE Program according to the terms and conditions in the Reid Health PACE Enrollment Agreement.
5. I understand that Reid Health PACE will be my sole service provider. As a participant, I agree to receive all health and health-related services from Reid Health PACE.
6. I agree to inform Reid Health PACE if I move out of the service area or am out of the service area for a more than 30 days.
7. I understand that electing enrollment in Reid Health PACE results in disenrollment from any other Medicare or Medicaid prepayment plan or optional benefit, including hospice benefit and Medicare Part D. I understand that if enroll in a different health program I will be disenrolled from the Reid Health PACE program, which includes choosing another Part D provider. I understand I can also be disenrolled from Reid Health PACE if I have Medicaid-only or am paying privately for Reid Health PACE at enrollment and become eligible for and elect to obtain Medicare coverage post enrollment from a plan other than Reid Health PACE.
8. I understand, with the exception of emergency care, if I seek health care from a medical specialist, or provider who does not contract with Reid Health PACE or is not authorized by the team, Reid Health PACE may not pay the bill. I understand that I will be responsible for this expense.
9. Enrollment in Reid Health PACE is voluntary and I can disenroll from Reid Health PACE if I want to for any reason at any time.
10. I understand that I may not enroll or disenroll from Reid Health PACE at a Social Security Office.
11. I understand that if I become eligible for Medicare while enrolled in PACE I must notify the PACE program and I must receive all Medicare Part A and/or B and Part D from the PACE program.
12. I understand that I have the option to opt out of PACE prior to being enrolled as a Medicare participant in PACE. The program will provide me with a 60-day notice prior to eligibility for Medicare and describe the options I may have at that time.
13. I understand that if I am eligible for both Medicare and Medicaid I am not liable for any premiums, but may be liable for any applicable spend down liability and any amounts due under the post-eligibility treatment of income process.
14. I understand that if I am permanently placed in a skilled nursing facility or assisted living facility, I may be liable for any participant pay liability.
15. I have been informed that my enrollment into Reid Health PACE will be effective on the first day of the calendar month following the date I signed the Enrollment Agreement.
16. I have received a copy of information regarding the grievance and appeals processes.
17. I have received a copy of the PACE Participant Rights and Responsibilities.
18. I have been given an opportunity to ask questions. All my questions have been answered to my satisfaction.

Print Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Month/Date/Year

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: M / F

Month/Date/Year

Medicare Status: □ Part A □ Part B □ Part D □ Pending □ N/A

Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicaid Status: □ Pending □ Current □ N/A

Medicaid number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Insurance (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who signed: □ Participant □

Designated Representative (relationship to participant)

Reason Participant unable to sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reid Health PACE Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_/\_\_/\_\_