

Fallon Health Weinberg-PACE

2017 ENROLLMENT AGREEMENT

Member Handbook

Program of All-Inclusive Care
for the Elderly (PACE)



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Notice

This handbook is considered the enrollment agreement and sets forth the terms and conditions of enrollment in Fallon Health Weinberg-PACE. This handbook will be provided to the participant and his or her caregiver or authorized representative during the enrollment process.

This handbook will be provided to prospective enrollees and his or her caregivers or authorized representative as an informational tool to assist in the decision making process.

1. INTRODUCTION

Welcome to Fallon Health Weinberg-PACE. This enrollment agreement will help you understand how Fallon Health Weinberg-PACE works. It will tell you what Fallon Health Weinberg-PACE is and what kind of services it can provide.

If you have any questions after you read this enrollment agreement, please call or contact our intake staff at 1-855-665-1113.

**Fallon Health Weinberg-PACE
461 John James Audubon Pkwy.
Amherst, NY 14228
Center Hours:
8:30 a.m.–5:00 p.m.**

2. Notice of Non-Discrimination

Fallon Health Weinberg-PACE does not discriminate because of race, ethnicity, national origin, religion, sex, mental or physical disability, sexual orientation, marital status, source of payment, or age (exception: All participants must meet the enrollment eligibility age of 55 or older) in our admissions process, treatment programs, services, participant referrals, or employment.

3. MISSION

Fallon Health Weinberg-PACE Mission

Fallon Health Weinberg-PACE strives to enhance the quality of life for frail older adults residing in Erie County. Through unique partnerships, we seek to provide exceptional comprehensive and cost-effective services. Our interdisciplinary team strives to preserve individual autonomy, achieve excellent health outcomes, and enhance the ability of informal caregivers to provide care to participants at home and within the community.

4. PROGRAM DESCRIPTION

Fallon Health Weinberg-PACE is a Program of All-inclusive Care for the Elderly (PACE) authorized by New York State and the Centers for Medicare & Medicaid Services (CMS). Fallon Health Weinberg-PACE is centered on the belief that it is better for the well-being of older adults with complex health and care needs and their families/caregivers to be served in the community wherever possible. Fallon Health Weinberg-PACE is committed to maximizing the dignity and respect of older adults and enabling them to remain in their homes and in their communities for as long as it is medically and socially feasible. If you decide to join Fallon Health Weinberg-PACE, you will be enrolling in a managed long-term care plan. Managed care is a way to provide you with all the health and long-term care services you need from one program, such as Fallon Health Weinberg-PACE. Our program will coordinate all your health and long-term care needs through its doctors, nurses, personal care attendants, therapists, and other members of your Fallon Health Weinberg-PACE interdisciplinary team. We will provide you with a list of all providers in the Fallon Health Weinberg-PACE plan network. If you choose to enroll in Fallon Health Weinberg-PACE, you may receive services only from the providers on that list.

By managing all your health and long-term care services, the interdisciplinary team can identify problems early, promote preventive care, and help you avoid going to the emergency room or hospital unless it is necessary.

PACE strives to keep older adults as active as possible and living at home as long as is possible. Special features of the program are outlined in the next section.

5. SPECIAL FEATURES

Fallon Health Weinberg-PACE is different from other long-term care programs and offers the following PACE features.

A. Interdisciplinary Team

In order to decide what services are most important to help you remain at home, a team of geriatric health care professionals, called the Fallon

Health Weinberg-PACE interdisciplinary team (care team) meets with you; your family/caregivers; assesses your medical, physical, social, and emotional needs; discusses what is important to you; and develops an evolving care plan tailored to your individual concerns.

The care team includes a primary care physician, nurse practitioner, day center manager, registered nurses, social worker, dietitian, home care coordinator, personal care attendants, drivers, and physical, occupational, speech, and recreational therapists. Each member of the care team shares their insights with each other regarding your care needs and works together to develop your plan of care. This interdisciplinary approach results in a comprehensive, written plan of care designed to meet your unique needs.

B. Authorization of Care

You will get to know each of your care team members very well. They will help you be as healthy and independent as possible. In order for services to be provided and/or paid for by Fallon Health Weinberg-PACE, your care team must pre-approve all your health care services. At least twice a year, your care team will talk to you and your family/caregiver and review your individual needs to see if your needs have changed. The care team is available to meet more often with you and your family/caregiver if your health needs require it or if you or your family/caregiver requests it.

When an emergency results in your admission to the hospital, your care team will perform a concurrent review on your inpatient stay and continuing inpatient stay to monitor the medical necessity of continuing inpatient care.

C. Additional Services

If your interdisciplinary team finds it necessary for you to receive additional services from other doctors or specialists, they will approve these services before you see the provider outside the plan's network. If you make appointments without the knowledge or consent of the care team, you **may** be responsible for payment of those services.

D. PACE Center

You will receive most of your health care services at the Fallon Health Weinberg-PACE center located at 461 John James Audubon Parkway, Amherst, NY 14228. The PACE Center is a multi-purpose center that provides you with health care, nutritious meals, activities, and opportunities

to socialize and make new friends. We will work with you and your family/caregiver to determine your schedule for coming to our PACE Center based on your individual care needs.

E. “Lock-In” Provisions

Once you are enrolled in Fallon Health Weinberg-PACE, **all** of your health care services are provided and arranged through Fallon Health Weinberg - PACE. Services **must** be approved by the care team and provided by a Fallon Health Weinberg-PACE staff member or a Fallon Health Weinberg-PACE contracted provider. If you receive services from someone other than a Fallon Health Weinberg-PACE staff member or contracted provider, you may have to pay for those services. If you receive services NOT authorized by the Fallon Health Weinberg-PACE care team, you may have to pay for those services.

Emergency services are **not included** in this “lock-in” provision. Please see the Emergency and Urgent Care section of this handbook for specific information.

If you are eligible for Medicare and/or Medicaid, Fallon Health Weinberg-PACE takes the place of the standard Medicare and/or Medicaid programs. All of your care is provided **only** through Fallon Health Weinberg-PACE. You will receive all the services you would have normally received through Medicare and/or Medicaid and may receive more services.

F. Physicians and Providers

Your Fallon Health Weinberg-PACE primary care physician, nurse practitioner, and other providers are responsible for your care and will be members of the interdisciplinary team. All of your providers, as members of our team, will know exactly what services you are receiving and what care is planned for you.

G. Method of Payment

If you are eligible for Medicare and/or Medicaid, Fallon Health Weinberg-PACE takes the place of the standard Medicare and/or Medicaid programs. Medicare and/or Medicaid will make payments each month to Fallon Health Weinberg-PACE to cover your care. You will receive all

covered services you would normally receive through Medicare and/or Medicaid and, in fact, you may receive more services.

6. ELIGIBILITY

To be eligible for Fallon Health Weinberg-PACE, individuals must:

- Be at least 55 years old
- Live in Erie County, New York
- Be certified as needing nursing facility level of care as determined by the New York State scoring tool
- Require Fallon Health Weinberg-PACE long-term care services for more than 120 days
- Be able to live safely in a community setting at the time of enrollment without jeopardizing his/her health, as defined by the New York State Health and Safety Criteria
- Be Medicaid and/or Medicare eligible or willing to pay privately the amounts set forth in the Monthly Payments Financing–Monthly Payment Information section of this enrollment agreement
- Meet other eligibility requirements under the PACE Program Agreement

Fallon Health Weinberg will follow New York State Department of Health protocols established for an independent evaluation conducted by the State's Conflict Free Evaluation and Enrollment Center (CFEEC). The CFEEC evaluation will determine if you need Nursing Home Level of Care and meet other State-required eligibility criteria. If you meet the criteria, you will be referred to the State's Enrollment Broker for education on Managed Long Term Care options, which include PACE. Once this referral is received, Fallon Health Weinberg will complete the intake and enrollment process with you.

All of these eligibility criteria and conditions of enrollment must be met in order to enroll in Fallon Health Weinberg-PACE. In addition, you must sign the attestation found at the end of this enrollment agreement and agree to

abide by the conditions of Fallon Health Weinberg-PACE as explained within.

Fallon Health Weinberg-PACE may choose not to enroll individuals whose condition is such at the point of enrollment that their health and safety would be jeopardized by remaining in their home and community.

Eligibility is determined by the interdisciplinary assessments conducted as part of the intake process, and confirmed by the New York Medicaid Choice, the state's managed care enrollment program.

Eligible individuals who are enrolled in a facility or any home-and community-based services waiver program may not be accepted for enrollment until they have been disenrolled from the facility or the waiver program.

7. ENROLLMENT AND EFFECTIVE DATES OF COVERAGE

There are three steps to enrolling in Fallon Health Weinberg-PACE as outlined in this section: intake, assessment, and plan of care review and enrollment.

A. Intake

Intake usually starts when you or someone in your family or a caregiver, or even someone from an agency, calls Fallon Health Weinberg-PACE to talk about your medical needs. This call tells us that you might be interested in Fallon Health Weinberg-PACE. We will make an appointment to come to your home to talk with you and your family/caregiver and explain our program. At this time, we will also evaluate whether or not you qualify for nursing facility level of care, an issue decided by the State of New York. During this visit, you will learn:

- How Fallon Health Weinberg-PACE works, the kinds of services we offer, and the answers to any questions you may have about us;
- That if you enroll, you must agree to get all your health care from Fallon Health Weinberg-PACE except for emergency services; and
- What your monthly cost, if any, may be.

If you are interested in continuing the intake process, the intake coordinator will review with you and answer any questions you may have concerning the enrollment agreement and provider listing. You will be given a copy of each of these to keep for further reference.

At this time we will also ask you to sign a release of information giving us permission to get all of your medical records from the doctors you have seen. This will help us get a better and more complete picture of your health condition(s).

After we have had a chance to discuss your health care needs with the team members at the PACE Center, you will be notified of a time to come visit our center. You will come to the PACE Center so you can get to know us and so we can get to know you and learn about your medical and social needs.

B. Assessment

Within approximately two weeks, Fallon Health Weinberg-PACE interdisciplinary team members will meet with you and your family/caregiver to fully evaluate your situation. These assessments will occur during your visit to the Fallon Health Weinberg-PACE center and a Fallon Health Weinberg-PACE staff visit to your home. You and/or your family/caregiver will be consulted by team members regarding the identification of your care needs and concerns. During this time, the team will meet to share their findings and ideas for your care. At this meeting, the team will decide whether you meet the criteria for admission into the program. The team also will establish your individual plan of care, taking into account you and/or your family's/caregiver's communicated care concerns.

Because Fallon Health Weinberg-PACE is committed to serving only older adults who need long-term care, a uniform assessment tool is used to confirm that your health situation qualifies you for a nursing facility level of care. The Fallon Health Weinberg-PACE staff will assess you and will determine that you are qualified for a nursing facility level of care and that you can safely reside in the community with the assistance of Fallon Health Weinberg-PACE. In the rare event they find you are not qualified for this level of care or would be unsafe, you will not be allowed to enroll in the PACE program. If you are denied enrollment, Fallon Health Weinberg-PACE will provide written notification explaining the reason for denial and refer you to alternative services as appropriate.

If you are a Medicaid recipient and denied enrollment, the New York Medicaid Choice will contact you to advise you of your fair hearing rights. If you are a Medicare-only recipient and you are not in agreement with the denial of enrollment, you can file a complaint with the New York State Department of Health.

C. Plan of Care Review and Enrollment

If you wish to continue with the enrollment process, the Fallon Health Weinberg-PACE Center Manager or designee will contact you and/or your family/caregiver to schedule the enrollment conference. At this meeting, the following will be discussed:

- Your initial plan of care as recommended by the interdisciplinary team, including target enrollment date.
- Information about the Fallon Health Weinberg-PACE Center.
- Monthly amount due, if any, to Fallon Health Weinberg-PACE and/or other financial responsibilities.
- That Fallon Health Weinberg-PACE will be your sole provider of services.
- Your rights and responsibilities as a participant of Fallon Health Weinberg-PACE.
- The extent of your family/caregiver's participation in your plan of care.
- Procedures to follow if not satisfied with the service or care received through Fallon Health Weinberg-PACE and/or its providers.

If you and your family member/caregiver is in agreement with the plan of care, and their responsibility, and you want to enroll in Fallon Health Weinberg-PACE, we will ask you to sign the Fallon Health Weinberg-PACE enrollment agreement and the financial consent form.

Upon signing the enrollment agreement, you will receive and/or have explained the following:

- Copy of the enrollment agreement/member handbook and a copy of the signed enrollment agreement signature sheet which includes the date benefit coverage officially begins.
- Personal emergency packet for the home to take to the hospital should the need arise.

- Fallon Health Weinberg-PACE member ID card, which identifies you as a participant of Fallon Health Weinberg-PACE.
- Signed acknowledgement and copy of the plan of care designed by the interdisciplinary team.
- Interdisciplinary team information with phone numbers (is updated regularly).
- Fallon Health Weinberg-PACE network providers list (is updated regularly). The provider list is also available on our website, fallonweinberg.org.
- Instruction sheet listing what to do if you need urgent care or in case of an emergency; and an emergency plan of care.
- Stickers to be placed on Medicare and/or Medicaid cards indicating enrollment in Fallon Health Weinberg-PACE.
- Information regarding right to privacy.
- Photo/video/testimonial release and communications agreement form.
- Fallon Health Weinberg-PACE Center information sheet that will include: address and phone number of the PACE Center; days of scheduled attendance; transportation service, including morning pick-up time and time to be brought home; and what to bring on days scheduled to attend the PACE Center.

Once enrolled, you and/or your family/caregiver will be contacted prior to the first day of enrollment by a member of the interdisciplinary team who will explain and answer any questions regarding the process of coming to the PACE Center the first scheduled day.

Fallon Health Weinberg-PACE serves only people who need long-term care. This determination is made using the New York Medicaid Nursing Facility Level of Care Determination Tool. If it is decided you do not qualify for the kind of care provided by Fallon Health Weinberg-PACE, you will not be able to enroll. If that should happen, you may **appeal** that decision to the State of New York at the following address:

NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
P.O. Box 1930
Albany, NY 12201-1930

Or, you may:

Call 1-800-342-3334

Fax 1-518-473-6735

If you do not qualify to enroll in Fallon Health Weinberg-PACE, your eligibility for Medicare and/or Medicaid will not be affected.

Please note that you cannot enroll in Fallon Health Weinberg-PACE at a Social Security office.

Important Notice

When you sign the Fallon Health Weinberg-PACE enrollment agreement and become a participant in the PACE program, you are agreeing to accept benefits **ONLY** from Fallon Health Weinberg-PACE in place of your usual Medicare and/or Medicaid benefits. Fallon Health Weinberg-PACE will provide the same basic benefits.

Signing the Fallon Health Weinberg-PACE enrollment agreement will trigger enrollment in the program on the date specified and will automatically disenroll you from all other health plans in which you may have been previously enrolled on that same date. Once you begin to receive services from Fallon Health Weinberg-PACE, you will no longer be able to receive services from other providers without prior authorization. Enrollment in Fallon Health Weinberg-PACE remains in effect until the effective date of disenrollment.

Before you sign the enrollment agreement signature sheet, please read it carefully. Ask Fallon Health Weinberg-PACE staff any questions and make sure you understand everything.

8. ADVANCE DIRECTIVES AND DURABLE POWER OF ATTORNEY FOR HEALTH CARE

It is important to Fallon Health Weinberg-PACE and your interdisciplinary team to understand how you want your health care to be provided. A time may come when you are too sick to talk to your Fallon Health Weinberg-PACE interdisciplinary team, your family/caregiver, or your friends. It is Fallon Health Weinberg-PACE policy to discuss with you and your family/caregiver **before** you become too sick, what kinds of care you

want provided. There are several ways for Fallon Health Weinberg-PACE to do this.

No matter what you decide, Fallon Health Weinberg-PACE must give you the care you want. Fallon Health Weinberg-PACE will keep a written and signed copy of the kind of care you want. Here are ways for you to let Fallon Health Weinberg-PACE understand and honor your wishes:

- You may give written instructions. This is called an “advance health care directive.”
- You may ask someone else to decide your care for you. This request must be in writing. This is called “durable power of attorney for health care.”
- Other forms that maybe used to document your expressed health care and end of life care wishes are HCP (Health Care Proxy) and MOLST (Medical Orders for Life Sustaining Treatment) both legally recognized in New York State.

9. BENEFITS AND COVERAGE

A. Effective Dates of Enrollment

If your signed enrollment is received by the 20th of the month, your enrollment is effective on the first day of the following calendar month. If your signed enrollment agreement is received after the 20th of the month, your enrollment will be effective the first day of the second full month. Your effective dates of enrollment are listed on your enrollment agreement.

Note: For those participants who will be paying privately, the enrollment agreement is signed, and enrollment is effective on the first day of the following month.

B. Benefits and Coverage/Coordination of Other Medical Services

There are many kinds of care provided by Fallon Health Weinberg-PACE. Your interdisciplinary team knows about the kind of services available and will decide with you what is best to meet your medical needs and care preferences. Fallon Health Weinberg-PACE provides a comprehensive benefit package, which includes all of the services traditionally provided by

Medicare and/or Medicaid. The majority of services are provided directly by PACE program staff. Fallon Health Weinberg-PACE has contracted with a number of specialists and health care facilities for specialty care. A list of these providers and facilities will be provided to you prior to enrollment. Fallon Health Weinberg-PACE guarantees access to services, but not to a specific provider.

The following benefits (Sections 1 through 7) are fully covered when the interdisciplinary team determines that they are necessary and approves them prior to delivery. Approval is not required for emergencies and out-of-area urgently needed services within the United States.

1. Adult Day Health Center (PACE Center) Interdisciplinary Team Assessment and Treatment Planning

- Primary medical care, including physician and nursing services
- Social services
- Restorative therapies, including physical and occupational services
- Personal care and supportive services
- Nutritional counseling
- Recreational therapy
- Meals

2. Outpatient Health Services

- General medical and specialist care, including consultation, routine care, and periodic physical examinations, including but not limited to, anesthesiology, cardiology, dermatology, gastroenterology, gynecology, internal medicine, nephrology, neurology, neurosurgery, oncology, ophthalmology, oral surgery, orthopedic surgery, otorhinolaryngology, plastic surgery, pulmonary disease, psychiatry, radiology, rheumatology, general surgery, thoracic and vascular surgery, and urology
- Nursing care
- Medical social service (social work)
- Physical, occupational, speech, and respiratory therapies
- Nutrition counseling, education, and support, including tube feedings, total parenteral nutrition, or peripheral parenteral nutrition

- Laboratory tests, X-rays, and other diagnostic procedures
- Prescription drugs and over the counter drugs and items as ordered by a network physician and obtained through a network pharmacy—Note: if you have Medicare Part D plan, Fallon Health Weinberg-PACE now becomes your prescription drug plan; if after enrolling in Fallon Health Weinberg-PACE, you choose to enroll in another Part D plan, you will be automatically disenrolled from Fallon Health Weinberg-PACE
- Pharmacy consulting services
- Prostheses, orthotics, and durable medical equipment (per Medicare and Medicaid guidelines) and repairs and maintenance
- Podiatry, including routine foot care
- Vision care, including periodic examinations, treatment and corrective vision devices such as eyeglasses and lenses, and repairs and maintenance
- Mental health services
- Substance abuse services
- Audiology, including evaluation, hearing aids, repairs and maintenance
- Recreational therapy
- Dentistry, including dentures, repair and maintenance

3. Hospital Inpatient Services

Hospital inpatient services means diagnostic or treatment services provided in a hospital to a Fallon Health Weinberg-PACE participant admitted to that hospital; this includes:

- Semi-private room and board (private room when medically necessary)
- General medical and nursing services (private duty nursing when medically necessary)
- Medical, surgical, intensive care, coronary care unit services (as medically necessary)
- Laboratory tests, X-rays, and other diagnostic procedures
- Drugs and biologicals

- Blood and blood derivatives
- Surgical care, including the use of anesthesia
- Use of oxygen
- Physical, speech-language pathology, occupational, and respiratory therapies
- Medical social services and discharge planning
- Ambulance
- Emergency room care and treatment room services

Inpatient hospital services do not include non-medical items primarily for your personal convenience (such as telephone, radio, or television rental) unless determined to be medically necessary.

4. Home Health

- Skilled nursing services
- Physical, speech, occupational, and respiratory therapies
- Medical social service
- Personal care attendant/home health aide services
- Homemaker/chore services
- Home-delivered meals with special diets (when medically necessary)
- Physician visits
- Personal emergency response systems (lifeline)

5. Health-Related Services

- Transportation and accompaniment to appointments
- Translation services for medical appointments as necessary
- Assistance with benefit management
- Social and environmental supports

6. Nursing Home

- Semi-private room and board (private room when medically necessary)
- Physician and skilled nursing services (private duty nursing when medically necessary)

- Custodial (long-term) care
- Personal care and assistance
- Drugs and biologicals
- Physical, occupational, and recreational therapies and speech-language pathology, if necessary
- Medical social services
- Medical supplies and appliances

Under nursing home care, a semi-private room will be provided to you, as well as other Fallon Health Weinberg-PACE services, as determined appropriate by our interdisciplinary team. Not provided in the Fallon Health Weinberg-PACE benefit package are non-medical items for your personal convenience such as telephone charges and radio or television rental unless authorized by the PACE interdisciplinary team.

There may be times when the interdisciplinary team, in consultation with you and your family/caregiver, will determine that short- or long-term placement in a nursing facility is the most appropriate plan of care for your situation. If this occurs, it will be because your health and/or social situation is such that community living is not appropriate at that time. This placement will be carefully supervised by the Fallon Health Weinberg-PACE interdisciplinary team, and your participation in the program will continue.

7. Palliative and End-of-Life Care

Palliative care is care provided to individuals who no longer wish to receive cure-oriented treatment for their illnesses. The PACE interdisciplinary team will work with you to provide pain control and other treatments to promote your comfort and peace of mind.

We also want to make sure, when the time comes, you get the best end-of-life care. The Fallon Health Weinberg-PACE interdisciplinary team will work with you and your family/caregiver so that we can meet your needs and honor your wishes. We may give this care in many places, such as your home, someone else's home, or in a nursing facility. Fallon Health Weinberg-PACE remains involved with your care for the remainder of your life. Benefits cannot be transferred from the enrollee to any other person or organization.

C. Second Medical Opinion

You may want an opinion from a different health care provider. In such cases, you must ask Fallon Health Weinberg-PACE to get this second opinion. If you do this, Fallon Health Weinberg-PACE will pay for it.

10. EMERGENCY AND URGENT CARE

IN AN EMERGENCY, CALL 911

A. Getting Emergency Services

An emergency is an injury or sudden illness that a prudent layperson would believe requires immediate medical attention. In an emergency, you can reasonably expect that if you do not get immediate medical attention, you may seriously jeopardize your health and risk serious damage to organs or impairment to bodily functions.

Prior authorization for treatment of an emergency medical condition is **not** required. Fallon Health Weinberg-PACE will always pay for emergency services whether you are in or out of the service area within the United States. If in doubt about whether a problem is an emergency please call the Fallon Health Weinberg-PACE Center at 1-855-665-1113.

B. After Getting Emergency Services

Whether you are in or out of the service area, please **call** Fallon Health Weinberg-PACE as soon as possible after receiving emergency services at an emergency room so that your interdisciplinary team can manage your follow-up care.

If you are out of the area and a physician certifies that you may travel safely, your interdisciplinary team may ask that you come back to the service area to receive follow-up care.

C. Getting Urgent Care

Urgent care means care you need when you are out of the Fallon Health Weinberg-PACE service area and think that your illness or injury is too severe to put off treatment until you return to the service area, but you do not think it is a life-threatening emergency. If you feel that you need urgent

care, but it is not an emergency, Fallon Health Weinberg-PACE will arrange for these urgently needed services.

If you are out of the service area and need urgent care, please call Fallon Health Weinberg-PACE at 1-855-665-1113. Approval for urgent care services will be given within one hour after Fallon Health Weinberg-PACE is notified. If we have not taken action after one hour, then approval is given by default.

If you call the PACE Center after hours, the Fallon Health Weinberg-PACE answering service will immediately contact the Fallon Health Weinberg-PACE on-call provider who will tell you what to do and help you get the care you need. A medical provider is available 24 hours a day, 365 days a year.

If you receive urgent care out of the service area, please contact Fallon Health Weinberg-PACE as soon as possible at 1-855-665-1113.

D. If You Receive a Bill

If you receive a bill or pay for any emergency services, urgent care, out-of-area services, or prior authorized services, submit the bill or receipt to Fallon Health Weinberg-PACE for payment consideration. Receipts should be submitted to your interdisciplinary team.

If you have questions about any bills, contact your interdisciplinary team at 1-855-665-1113 anytime during business hours Monday–Friday 8:30 a.m.–5:00 p.m.

11. ACCIDENTAL INJURY

If you are injured by someone else's actions, such as being involved in an automobile accident, and you require additional medical care, Fallon Health Weinberg-PACE will provide that additional care.

However, if you recover any money from the party who injured you or someone paying on behalf of that person, such as an insurance company, Fallon Health Weinberg-PACE has a claim upon that recovery in the amount of the costs Fallon Health Weinberg-PACE had to spend to provide you with the additional medical care you received because you were hurt. These rules and regulations would apply under your usual Medicare and/or Medicaid benefits.

Remember, you **must** notify Fallon Health Weinberg-PACE if you are involved in an accident.

12. EXCLUSIONS: ITEMS AND SERVICES NOT COVERED

Fallon Health Weinberg-PACE is required to provide all Medicare and Medicaid services if the interdisciplinary team feels they are needed. The staff at Fallon Health Weinberg-PACE will give you the best care possible; however, there are some things that are not covered.

The following is a list of services we **cannot** pay for:

- Any services that **do not** have prior authorization by the interdisciplinary team (except for emergency services)
- Cosmetic surgery, unless specifically authorized by the interdisciplinary team as part of your plan of care
- Personal convenience items, such as a telephone or television in your room at a hospital or skilled nursing facility unless specifically authorized by the interdisciplinary team as part of your plan of care
- Private duty nursing, unless specifically authorized by the interdisciplinary team as part of your plan of care
- Private room in a hospital, unless specifically authorized by the interdisciplinary team as part of your plan of care
- Any services provided outside of the United States, except as may be permitted under federal regulations and the state's approved Medicaid plan (the United States includes the 50 states and the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands)

13. CONTRACT PROVIDERS

Fallon Health Weinberg-PACE contracts with community providers when necessary. Included as an insert in your enrollment packet is a list of contracted community providers.

This list is updated monthly as providers are added or removed. You may request a copy of the contracted community provider list at any time. All

services provided by contracted providers must be pre-approved by your interdisciplinary team.

14. MONTHLY PAYMENTS FINANCING AND MONTHLY PAYMENT INFORMATION

A. Medicare and Medicaid or Medicaid Only

If you are eligible for both Medicare and Medicaid, or Medicaid only, you will make no monthly premium payment to Fallon Health Weinberg-PACE, and you will continue to receive all PACE services, including prescription drugs. **Note:** If you are responsible to pay a spend-down to be eligible for Medicaid, you will need to pay this spend-down monthly to Fallon Health Weinberg-PACE.

Those individuals applying for Medicaid who are deemed ineligible will be responsible for paying applicable retroactive premiums as shown below.

B. Medicare Only

If you have Medicare and are not eligible for Medicaid, then you will pay a monthly premium to Fallon Health Weinberg-PACE. Your monthly premium of \$_____ starts on _____, _____ (date). Because this premium 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 premiums together or you may contact Fallon Health Weinberg-PACE for additional payment options.

C. Private Pay (Neither Medicare or Medicaid)

If you are not eligible for Medicare or Medicaid, you will pay a monthly premium to Fallon Health Weinberg-PACE in the amount of \$_____. Because this premium does not include the cost of prescription drugs, you will be responsible for an additional premium for prescription drug coverage in the amount of \$_____. You may pay both premiums together or you may contact your Fallon Health Weinberg-PACE for additional payment options.

D. Additional Payment Information

If you are eligible for Medicaid and you are admitted to a nursing facility, like other nursing facility residents eligible for Medicaid, you may be

responsible to pay Fallon Health Weinberg-PACE the net adjusted monthly income (NAMI) as determined by New York State. If you are currently paying a spend-down, this would be in place of the spend-down.

If you have Medicare as a Fallon Health Weinberg-PACE participant, you will continue to be responsible for paying the monthly Medicare Part B premium to the Social Security Administration (SSA) to maintain your Medicare eligibility.

Monthly payments to Fallon Health Weinberg-PACE will not change due to changes in your health. However, if your eligibility for Medicare, Medicaid, or Medicaid's spend-down program changes while you are a Fallon Health Weinberg-PACE participant, your monthly payment will be adjusted in accordance with that change.

For participants not eligible for Medicaid, Fallon Health Weinberg-PACE sets its monthly premium on an annual basis, and it will provide you with 30 days' written notice of any change to this premium. Any change will be effective on the date indicated in the notice, unless you choose to disenroll.

If your premium or spend-down payment is overdue, your enrollment with Fallon Health Weinberg-PACE will be terminated after a one-month grace period. You will continue to receive services during the grace period. The monthly premium or spend-down is not prorated and is not refundable.

Fallon Health Weinberg-PACE reserves the right to terminate this agreement for nonpayment. A written notice of termination will be provided.

E. Prescription Drug Coverage Late Enrollment Penalty

Please be aware that if you are eligible for Medicare prescription drug coverage and are enrolling in Fallon Health Weinberg-PACE after going without Medicare prescription drug coverage or 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 Fallon Health Weinberg-PACE social worker for more information about whether this applies to you.

F. Instructions for Making Payments to Fallon Health Weinberg-PACE

If you have to pay a monthly charge to Fallon Health Weinberg-PACE, you must pay the money by the first day of the month after you sign the enrollment agreement. The monthly charge then has to be paid by the first day of every month for each month following.

If you have a monthly Medicaid spend-down, this will be due on the 10th day of every month.

Payment can be made by check or money order to:

Fallon Health Weinberg-PACE
P.O. Box 847231
Boston, MA 02284-7231

15. TERMINATION OF BENEFITS

Your benefits under Fallon Health Weinberg-PACE can be stopped if you choose to disenroll from the program (“voluntarily”) or if you no longer meet the conditions of enrollment (“involuntarily”). Both types of termination require written notices by either party.

For Medicaid recipients, the effective date of disenrollment and termination of Fallon Health Weinberg-PACE benefits is determined by the date that notification is received by Fallon Health Weinberg-PACE.

When notice is received from you, (voluntary) the PACE program will submit your request for disenrollment to New York Medicaid Choice. New York Medicaid Choice will notify Fallon Health Weinberg of your disenrollment effective date. Fallon Health Weinberg-PACE will notify you both verbally and in writing of your effective date of disenrollment from the PACE program.

When the PACE program notifies New York Medicaid Choice of involuntary disenrollment, New York Medicaid Choice will review the documentation and if in agreement with the PACE program, New York Medicaid Choice will disenroll you from the program and notify you in writing of your disenrollment and your Fair Hearing Rights. If New York Medicaid Choice

does not agree with the PACE program, and after discussing further with the Program an agreement cannot be made, your case will be forwarded to a State Designee for final determination and the State will notify you of the decision.

For private pay participants, the effective date of disenrollment and termination of Fallon Health Weinberg-PACE benefits will be midnight of the last day of the month that Fallon Health Weinberg-PACE receives your signed disenrollment.

You are required to continue to use Fallon Health Weinberg-PACE services and to make any payment of premiums, if applicable, until termination of benefits becomes effective. This allows us adequate time to reestablish you in the traditional Medicaid and/or Medicare systems as appropriate.

Upon disenrollment, there may be time constraints before you would be eligible to enroll in another Medicaid or Medicare managed care program.

Your Fallon Health Weinberg-PACE social worker will work with you prior to your disenrollment to ensure a smooth transition.

IMPORTANT NOTE

If you enroll in any other Medicare or Medicaid prepaid plan or optional benefit, including a Medicaid HMO, hospice, Medicare Advantage plan, Medicare prescription drug plan, or home-and community-based services, while you are a Fallon Health Weinberg-PACE participant, this will be considered a voluntary disenrollment from our program. If you enroll in any of these plans, you will lose all services and benefits provided by Fallon Health Weinberg-PACE. You will receive notification from Fallon Health Weinberg-PACE of this termination of your enrollment.

A. Voluntary Disenrollment

You may choose to disenroll from Fallon Health Weinberg-PACE at any time for any reason. If you want to disenroll, please let a Fallon Health Weinberg-PACE staff member know. **Please note: you cannot disenroll from Fallon Health Weinberg-PACE at a Social Security office.** Your effective date of disenrollment will be coordinated between Medicare and/or Medicaid depending upon your eligibility. You may discuss the timing of your disenrollment with your interdisciplinary team to ensure that your coverage is not interrupted.

You cannot be put back on another Medicare and/or Medicaid plan until the first of the month after disenrolling. Fallon Health Weinberg-PACE will be responsible for coordinating your Medicare and/or Medicaid benefits until the end of the month in which you disenroll. During this disenrollment period, Fallon Health Weinberg-PACE will continue to provide your authorized services. You must pay any monthly charge until the disenrollment is complete.

If you choose to disenroll, Fallon Health Weinberg-PACE will work with you to make referrals to appropriate medical providers in your community, and we will make medical records available in a timely manner. We will work with Medicare and/or Medicaid to help you transition to an appropriate managed long term care program.

B. A Move From or Extended Absences From Fallon Health Weinberg-PACE Service Area

Please discuss any planned absence from the service area with your interdisciplinary team.

If you will be out of the service area for more than 30 consecutive days, you will no longer be eligible for participation in Fallon Health Weinberg-PACE unless you have made prior arrangements with your interdisciplinary team. If you have not made arrangements, we may proceed to involuntarily disenroll you from Fallon Health Weinberg-PACE.

C. Involuntary Disenrollment

Fallon Health Weinberg-PACE can initiate disenrollment for the following reasons:

- You fail to pay or fail to make satisfactory arrangements to pay any amount you owe Fallon Health Weinberg-PACE after the 30-day grace period.
- You move out of the Fallon Health Weinberg-PACE service area or you are out of the service area for more than 30 consecutive days unless Fallon Health Weinberg-PACE agrees to a longer absence due to extenuating circumstances.
- You are a person whose behavior is jeopardizing your health or safety or that of others or you are a person with decision-making capacity who

consistently does not comply with his/her individual plan of care or the terms of the enrollment agreement.

- You have a family member or caregiver whose behavior is jeopardizing your health or safety or not meeting the terms of the enrollment agreement.
- During annual recertification, it is determined you no longer are nursing home eligible and no longer require community based services.
- You provide false information or otherwise engage in fraudulent conduct.
- You are homeless living in the streets or in a shelter and the Program is unable to provide services.
- Fallon Health Weinberg-PACE loses the contract and/or licenses enabling it to offer health care, or Fallon Health Weinberg-PACE loses its contracts with necessary outside providers, or Fallon Health Weinberg-PACE ceases operations. Fallon Health Weinberg-PACE has a contract with the Centers for Medicare & Medicaid Services (CMS) and the New York State Medicaid Agency which is subject to renewal on a periodic basis, and failure of Fallon Health Weinberg-PACE to renew the contract will result in termination of enrollment in the program. If you are eligible for Medicare and/or Medicaid at disenrollment, you may go back to other Medicare and/or Medicaid providers in the community.

Fallon Health Weinberg-PACE will make every effort to work with you to resolve any issues that could potentially lead to involuntary disenrollment.

If you are a Medicare participant and the New York Medicaid Choice approves your involuntary disenrollment, you can request an external review through Medicare.

If you are disenrolled, Fallon Health Weinberg-PACE will work with you to make referrals to appropriate medical providers in your community, and we will make medical records available in a timely manner. We will work with Medicare and/or Medicaid to help you transition to an appropriate managed long term care program.

16. RENEWAL PROVISIONS

If you disenroll or are disenrolled from Fallon Health Weinberg-PACE, you may re-enroll if you meet the eligibility requirements. You will have to

complete the application process each time you enroll in Fallon Health Weinberg-PACE. There is no limit to the amount of times you may enroll in Fallon Health Weinberg-PACE.

If you are disenrolled because you did not pay or make arrangements to pay your monthly bill by the grace period, you have to begin the application process over again.

17. PARTICIPANT RIGHTS

Fallon Health Weinberg-PACE is dedicated to providing you with quality health care services so you may remain as independent as possible. Our staff is committed to treating each and every participant with dignity and respect and ensuring that all participants are involved in planning for their care and treatment.

As a Fallon Health Weinberg-PACE participant, you have the following rights.

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 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.
- Be free from harm; this includes physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, excessive medication, 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.
- Be encouraged to use your rights in Fallon Health Weinberg-PACE.
- Get help, if you need it, to use the Medicare and Medicaid complaint and appeal processes and your civil and other legal rights.
- Be encouraged and helped in talking to Fallon Health Weinberg-PACE staff about changes in policy and services you think should be made.
- Use a telephone while at the Fallon Health Weinberg-PACE Center.

- You do not have to do work or services for Fallon Health Weinberg-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 or ethnic 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 Fallon Health Weinberg-PACE 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.
- Have Fallon Health Weinberg-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.

- Get marketing materials and a copy of the Fallon Health Weinberg-PACE participant rights in English and in any other frequently used language in your community or in Braille, if necessary.
- Get a written copy of your rights from Fallon Health Weinberg-PACE. Fallon Health Weinberg-PACE must also post these rights in a public place in the PACE Center where it is easy to see them.
- Be fully informed, in writing, of the services offered by Fallon Health Weinberg-PACE; this includes telling you which services are provided by contractors instead of the Fallon Health Weinberg-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 have the enrollment agreement fully explained in a manner that you understand.
- Look at, or get help to look at, the results of the most recent review of Fallon Health Weinberg-PACE—federal and state agencies review all PACE programs. You also have a right to review how Fallon Health Weinberg-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 Fallon Health Weinberg-PACE's 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 the approval of Fallon Health Weinberg-PACE. 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.
- Have Fallon Health Weinberg-PACE help you create an advance directive (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.
- Participate in making and carrying out your plan of care; you can ask for your plan of care to be reviewed at any time.
- Request a reassessment by the interdisciplinary team.
- 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 as protected under state and federal laws. This includes automated health information such as information contained in an electronic medical record. You also have the right to look at and receive copies of your medical records.

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.

Your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it. 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 or that you need and don't receive; the quality of your care; or any other concerns or problems you have with Fallon Health Weinberg-PACE. You have the right to a fair and timely process for resolving concerns with Fallon Health Weinberg-PACE. You have the right to:

- Receive a full explanation of the complaint process.
- Be encouraged and helped to freely explain your complaints to Fallon Health Weinberg-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 Fallon Health Weinberg-PACE staff or contractors.

You have a right to leave the program.

If, for any reason, you do not feel that Fallon Health Weinberg-PACE is what you want, you have the right to leave the program at any time. Refer to the voluntary disenrollment section of this agreement for more information.

Additional Help

If you have complaints about Fallon Health Weinberg-PACE, think your rights have been violated, or want to talk with someone outside about your concerns, call the New York State Department of Health at 1-866-712-7197, or contact them by mail at:

New York State Department of Health
One Commerce Plaza
99 Washington Avenue, Room 1620
Albany, NY 12210

If you have questions or concerns about your rights, please talk to a member of your care team.

18. PARTICIPANT AND CAREGIVER RESPONSIBILITIES

The services of Fallon Health Weinberg-PACE depend upon the involvement of you, the participant, and/or your family/caregivers. Along with the rights you have when you enroll in Fallon Health Weinberg-PACE, you also have some responsibilities, which include the following:

- Cooperate with the interdisciplinary team in implementing your care plan.

- Understand and have the consequences of refusing any treatment recommended by the interdisciplinary team, explained to you.
- Provide the interdisciplinary team with a complete and accurate medical history.
- Use only those services authorized by Fallon Health Weinberg-PACE.
- Take all prescribed medications as directed and not provide your medications to anyone else.
- Call the Fallon Health Weinberg-PACE physician for direction in the case of an urgent situation.
- Notify Fallon Health Weinberg-PACE as soon as reasonably possible if you require emergency services out of the service area.
- Notify Fallon Health Weinberg-PACE when you wish to initiate the disenrollment process.
- Pay required monthly premium as appropriate.
- Treat our staff with respect and consideration.
- Not ask staff to perform tasks that they are prohibited from doing by Fallon Health Weinberg-PACE or agency regulations.
- Voice any dissatisfaction you may have with your care.
- Notify Fallon Health Weinberg-PACE when you will not be home to receive scheduled services.
- Keep medical appointments that have been made on your behalf.

19. YOUR SATISFACTION

A. Participant Grievance Process

The purpose of the grievance process is to provide a fair and timely process to address written or oral grievances filed by you, your family/caregiver, or authorized representatives.

A grievance is defined as a complaint, either written or oral, expressing dissatisfaction with the services provided or the quality of your care that is provided by Fallon Health Weinberg-PACE. This process will be reviewed with you upon enrollment, annually thereafter, and whenever you file a grievance.

You have the right to file a grievance about anything; examples are:

- Quality of services you receive in the home, at the Fallon Health Weinberg-PACE Center, or in any inpatient or housing facility (hospital, nursing facility, or assisted living facility).
- Mistakes you feel have been made by Fallon Health Weinberg-PACE.
- Waiting times on the phone or in the waiting/exam room.
- Behavior of any of your care providers or program staff.
- Adequacy of the Fallon Health Weinberg-PACE Center facility.
- Quality of food provided by Fallon Health Weinberg-PACE.
- Transportation provided by Fallon Health Weinberg-PACE.

You may file a grievance with any Fallon Health Weinberg-PACE staff member at any time, either verbally or in writing. If you have a grievance after hours, you may telephone the on-call administrator at 1-855-665-1113.

Our goal is to resolve participant grievances within one day; however, it may take longer. If we need more time to investigate your concerns, we will let you know how long we think it may take. It is the responsibility of our center manager to investigate and seek a resolution of the grievance as soon as possible but no later than 45 calendar days from receipt of all necessary information and no more than 60 days from the date the grievance is received by Fallon Health Weinberg-PACE. The grievance and the resolution to the grievance will be discussed with you, and a final decision will be sent to you in writing. If you do not agree with the grievance decision, you have a right to file an appeal. This will be included in the letter and Fallon Health Weinberg-PACE staff can assist you with this process.

During the grievance process, we will continue to furnish you with Fallon Health Weinberg-PACE services at the frequency provided in your current plan of care. You have the right to voice a grievance without any fear of reprisal, interference, coercion, or discrimination by Fallon Health Weinberg-PACE staff. You can be assured your grievance will be confidentially handled. Fallon Health Weinberg-PACE will not take your services away because you file a grievance.

B. Participant Appeal Process

An appeal is defined as a participant's action taken with respect to Fallon Health Weinberg-PACE for non-coverage of, or nonpayment for, a service, including denials, reductions, or termination of services. This process will be reviewed with you upon enrollment, annually thereafter, and whenever the care team denies a request for services or payment or when the care team does not respond to your request for an assessment.

If Fallon Health Weinberg-PACE refuses to provide or pay for a service that you feel is necessary for your health, you or your representative have the right to request an appeal of Fallon Health Weinberg-PACE's decision. Additionally, if the Fallon Health Weinberg-PACE interdisciplinary team denies a request for services or payment or reduces your services, you will be provided with written information about the denial and about how to file an appeal.

You may request an appeal if Fallon Health Weinberg-PACE:

- Denies a service: refuses to provide a service you have requested.
- Reduces a service: reduces a previously approved service you are presently receiving.
- Denies payment for a service: refuses to pay for a service you have already received.
- Does not act promptly: fails to respond in the required time to a request for services or payment.
- Disenrolls you on an involuntary basis.
- Refuses to enroll you in the program.

There are two types of appeal systems available to you:

- Fallon Health Weinberg-PACE internal appeal process; and,
- External Medicare or Medicaid appeals process.

During the appeal process, we will continue to furnish you with Fallon Health Weinberg-PACE services at the frequency provided in your current plan of care. You have the right to make an appeal without any fear of reprisal, interference, coercion, or discrimination by Fallon Health Weinberg-PACE staff. You can be assured your appeal will be

confidentially handled. Fallon Health Weinberg-PACE will not take your services away because you file an appeal.

1. Fallon Health Weinberg-PACE Internal Appeal Process

How to File an Internal Appeal

If Fallon Health Weinberg-PACE Internal Appeal Process denies, discontinues, suspends, or reduces any service, you have the right to file an internal appeal either verbally or in writing to Fallon Health Weinberg-PACE. You may request this type of an appeal within 45 calendar days of the day Fallon Health Weinberg-PACE notifies you that your request for service(s) has been discontinued, suspended, reduced, or denied. A person not involved in the interdisciplinary team's initial decision to discontinue, suspend, reduce, or deny any service(s) in question will evaluate the appeal. You or your authorized representative may present or submit relevant facts and/or evidence for review to Fallon Health Weinberg-PACE.

Until you receive notice of a final decision, you may choose to continue to receive any service(s) in question. You may have to pay for these services if the final decision is not in your favor. You also have a right to file an appeal with the State of New York if the Fallon Health Weinberg-PACE appeal decision is not in your favor. **Note:** You must exhaust the Fallon Health Weinberg-PACE's internal appeal process before filing an external appeal.

Fallon Health Weinberg-PACE will make a decision on the appeal as promptly as your health condition requires, but no later than 30 calendar days after receiving the request for an appeal.

Requesting an Expedited Appeal

If you think that not having the service will place your life, health, or ability to function in danger, let us know right away. Fallon Health Weinberg-PACE will then answer your appeal within 72 hours. This is called an expedited appeal. You may also submit the appeal yourself or ask for assistance from any member of your care team.

Extending the Expedited Review Time Period

The 72-hour time frame in an expedited appeals review may be extended up to 14 calendar days for either of the following reasons:

- If you or your caregiver requests the extension verbally or in writing; or,
- If Fallon Health Weinberg-PACE determines the need for additional information and the delay is in your interest.

2. External Appeal Process with Medicare and/or Medicaid

If you do not agree with the Fallon Health Weinberg-PACE's internal appeal decision, you may request an external appeal. The external appeals process provides a review through either the Medicare or Medicaid program. Until you receive notice of a final decision, you may choose to continue to receive the service(s) in question. **PLEASE NOTE: You may have to pay for these services if the final decision is NOT in your favor.**

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 1-855-665-1113 if you would like help in filing an external appeal. Fallon Health Weinberg-PACE will assist you in choosing the Medicare and/or Medicaid external appeal process and will forward information accordingly.

Fair Hearing

If you do not agree with Fallon Health Weinberg-PACE internal appeals decision, you have the right to file an external appeal to the New York State Office of Fair Hearing within 60 calendar days from receipt of our notice sent to you with the appeal decision or New York State Department of Financial Services within 45 calendar days from receipt of our notice sent to you with the appeal decision. If you ask for both, the decision of the Fair Hearing will be the one that counts

Fallon Health Weinberg-PACE can help you complete this process. You may request help from any Fallon Health Weinberg-PACE staff member or you may contact Fallon Health Weinberg-PACE directly at:

Fallon Health Weinberg-PACE
461 John James Audubon Pkwy.
Amherst, NY 14228
1-855-665-1113

Important Note: Fallon Health Weinberg-PACE will continue to provide the service(s) in question until a final decision on the appeal has been made.

You might have to pay for the services if the appeal decision is not in your favor. Fallon Health Weinberg-PACE or its provider can bill you for the costs of the appealed services, but only if you signed a form in advance saying that you understand you may have to pay for the services. Fallon Health Weinberg-PACE will continue to provide you with all of the other services that have been authorized by your interdisciplinary team.

20. DEFINITIONS

Appeal—an appeal is a participant’s action taken with respect to the PACE organization’s non-coverage of, or nonpayment for, a service including denials, reductions, or termination of services.

Benefits and Coverage—the health and health-related services we provide after you sign the enrollment agreement. You must sign this agreement to be a Fallon Health Weinberg-PACE participant. These services take the place of the care and medicine you would usually get through Medicare and/or Medicaid. This is done through a special arrangement between Fallon Health Weinberg-PACE, Medicare (Centers for Medicare & Medicaid Services) and Medicaid (State of New York). This enrollment agreement to participate in Fallon Health Weinberg-PACE gives you the same benefits you would get under Medicare and/or Medicaid plus other benefits. To get any benefits from Fallon Health Weinberg-PACE, you must meet the conditions that are in the participant’s enrollment agreement.

Care Plan or Plan of Care or Individualized Care Plan—services and items approved for you by your care team. This comprehensive plan of care will be documented in your medical record. It will be developed, reviewed, and reevaluated by you and the interdisciplinary team on at least a semi-annual basis.

Emergency Medical Condition—a medical condition manifesting itself by acute conditions of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of medical attention to result in the following:

- Serious jeopardy to your health; or
- Serious impairment to bodily function; or,
- Serious dysfunction of any bodily organ or part.

Enrollment Agreement/Member Handbook—the document you are currently reading, a booklet that tells you about Fallon Health Weinberg-PACE, who is eligible to be a participant, how to enroll and how to cancel enrollment, what kind of care you will receive, what your rights are, and all other rules and requirements of Fallon Health Weinberg-PACE.

Enrollment Agreement Signature Sheet—the form inside the enrollment agreement you must sign before you can be a Fallon Health Weinberg-PACE participant. After you sign this agreement, you will get Fallon Health Weinberg-PACE services until you voluntarily or involuntarily end your enrollment and participation.

Exclusions or Limitations—any service or benefit that is not covered in this contract. For example, non-emergency services received without authorization by the Fallon Health Weinberg-PACE interdisciplinary team are excluded from coverage. You would have pay for any such unauthorized services.

Grievance—a complaint, written or verbal, expressing dissatisfaction about the kind of care or quality of care that the participant has received.

Health Care Services—services such as medical care, diagnostic tests, medical equipment, appliances, drugs, prosthetic and orthotic devices, nutritional counseling, nursing, social services, therapies, dentistry, optometry, podiatry, audiology, etc. Health care services may be provided in the Fallon Health Weinberg-PACE Center or in your home. These services may also be provided in the offices of specially trained people, in hospitals, or nursing facilities that have agreements with Fallon Health Weinberg-PACE to give health care services to Fallon Health Weinberg-PACE participants.

Hospital Services—those services which are generally and customarily provide by acute general hospitals.

Interdisciplinary Team (care team)—the Fallon Health Weinberg-PACE interdisciplinary professional team made up of at least: a doctor, social worker, registered nurse, center manager, home care coordinator, physical therapist, recreational therapist, occupational therapist, dietitian, transportation coordinator, and personal care attendants. Your interdisciplinary team will review your medical, functional, and psychosocial conditions and develop a plan of care to give you the care that you need.

Many of the services are provided and monitored by this team. From time to time, your interdisciplinary team will meet to talk about your needs, decide if your needs have changed, and change your plan of care to meet these needs.

Lock-in Provision—the source of non-emergency services are limited to Fallon Health Weinberg-PACE or to sources pre-approved by Fallon Health Weinberg-PACE.

Long-Term Care—a variety of services that includes medical and non-medical care to people who have a chronic illness or disability. Long-term care helps meet health or personal needs. Most long-term care is to assist people with support services such as activities of daily living like dressing, bathing, and using the bathroom. Long-term care can be provided at home, in the community, in assisted living or in nursing facilities.

Medically Necessary—a service or item that Fallon Health Weinberg-PACE determines is appropriate and necessary to prevent, diagnose, correct, or cure conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity, or threaten some significant handicap.

Medicaid—a joint federal and state program that helps with medical costs for some people with low incomes and limited resources.

Medicare—a federal program of health care insurance for persons who are 65 years or older, for some persons with disabilities under age 65, and for people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant); it includes the following:

- **Medicare Part A**—part of Medicare health insurance that covers hospitalization.
- **Medicare Part B**—part of Medicare health insurance that covers medical coverage.
- **Medicare Part D**—part of Medicare health insurance that covers prescription drugs.

Monthly Charge (premium)—the amount you must pay, if you are required, by the first day of every month. You will pay this directly to Fallon Health Weinberg-PACE to receive benefits as an enrolled participant. This may also be referred to as a spend-down or NAMI.

Nursing Facility—a health facility licensed as a nursing home facility by the State of New York, that provides provide 24 hour inpatient short term rehabilitative care and 24 hour inpatient skilled long term care.

PACE plan—A PACE (Program of All-Inclusive Care for the Elderly) plan combines medical, social, and long-term care (LTC) services for frail people to help people stay independent and living in their community (instead of moving to a nursing home) as long as possible, while getting the high-quality care they need.

Participant—anyone who is eligible and has signed the enrollment agreement signature sheet to receive health care services from Fallon Health Weinberg-PACE.

Service Area—the Fallon Health Weinberg-PACE service area is Erie County, New York.

Urgent Care—the care provided to a PACE participant who is out of the PACE service area and who believes their illness or injury is too severe to postpone treatment until they return to the service area, but their life or function is not in severe jeopardy.

FALLON HEALTH WEINBERG-PACE ENROLLMENT AGREEMENT

Name: _____ Date of Birth: _____
Last First MI

Address: _____

Sex: ☐ M ☐ F Social Security Number: _____ - _____ - _____

Medicaid CIN: _____ Medicare Number: _____
Part A: ☐ Part B: ☐

Name of Primary Caregiver: _____
Last First MI

Relationship to Participant: _____

Address: _____

Daytime Telephone Number: (_____) _____

Evening Telephone Number: (_____) _____

Additional Health Insurance Coverage Information:

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I have received, read, and understand the Fallon Health Weinberg-PACE enrollment agreement and have been given the opportunity to ask questions. All my questions have been answered to my satisfaction. I agree to participate in Fallon Health Weinberg-PACE according to the terms and conditions of this agreement. As a participant, I agree to receive all covered health services and health-related services from Fallon Health Weinberg-PACE and their network of providers.

I have read and understand the conditions for enrollment and disenrollment as explained to me and my family members/caregivers, as applicable and as described in the enrollment agreement. I understand that as an enrollee of Fallon Health Weinberg-PACE, I will receive all of my Medicare and Medicaid (as applicable) through Fallon Health Weinberg-PACE.

I understand that my enrollment in Fallon Health Weinberg-PACE will begin on _____.

I have been informed of my rights and responsibilities as stated in the enrollment agreement, including my right to appoint a health care proxy and to document any advance directives regarding my health care. I understand that Fallon Health Weinberg-PACE staff will assist me in this area if I need help.

I will allow Fallon Health Weinberg-PACE to assist with my Medicaid certification and recertification, if applicable. I authorize the disclosure and exchange of information between the Centers for Medicare & Medicaid Services (CMS), its agents, the state Medicaid agency, and providers.

I understand and accept my financial responsibility as outlined in the enrollment agreement and have been provided a copy of the most current monthly premiums.

Important Notice: The benefits under this agreement are made possible through a special agreement that Fallon Health Weinberg-PACE has with Medicare (CMS) and Medicaid (the New York State Department of Health); such agreement is subject to renewal on a periodic basis and, if the agreement is not renewed, this will be terminated.

When you sign this agreement, you are agreeing to accept benefits provided and/or approved by Fallon Health Weinberg-PACE in place of the usual Medicaid and Medicaid benefits. Enrollment in this results in disenrollment from any other Medicare or Medicaid prepayment plan or optional benefit. Electing enrollment in any other Medicare or Medicaid prepayment plan or optional benefit, including the hospice benefit, after enrolling in this is considered a voluntary disenrollment from Fallon Health Weinberg-PACE.

Please examine this enrollment agreement carefully. If you are not interested in enrolling in our program, you may return the agreement to us without signing.

By signing this agreement, I acknowledge and understand the requirement that Fallon Health Weinberg-PACE must be my sole service provider.

Print Participant
or Legal Guardian's Name

Signature of Participant
or Legal Guardian

Date

Print Name of Witness

Signature of Witness

Date

Fallon Health Weinberg-PACE has assessed the above participant and has agreed to enroll him/her into Fallon Health Weinberg-PACE effective:

Enrollment Date:_____

Print Fallon Health Weinberg-PACE
Staff Member

Signature of Fallon Health
Weinberg-PACE Staff Member

Date

Notice of nondiscrimination

Fallon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Fallon does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Fallon Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, 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 Customer Service at the phone number on the back of your member ID card, or by email at cs@fallonhealth.org.

If you believe that Fallon Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Compliance Director
Fallon Health
10 Chestnut St.
Worcester, MA 01608

Phone: 1-508-368-9382 (TRS 711)
Email: compliance@fallonhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director is available to help you.

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

Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

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

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-716-810-1895 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-716-810-1895 (TTY: 711).

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 1-716-810-1895 (TTY :711) 。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-716-810-1895 (телетайп: 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-716-810-1895 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-716-810-1895 (TTY: 711)번으로 전화해 주십시오.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-716-810-1895 (TTY: 711).

Yiddish:

אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-716-810-1895 (TTY: 711).

Bengali: লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-1-716-810-1895 (TTY: 711)।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-716-810-1895 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-716-810-1895 (رقم هاتف الصم والبكم: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-716-810-1895 (ATS : 711).

Urdu: 1-716-810-1895 (TTY: 711)۔ کال کر کے یہ ابیڈسٹ سیخدمات مفت میمدد کیےآپ کو زبان کی، یخ بردار: اگر آپ اردو بولتے ہ

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-716-810-1895 (TTY: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-716-810-1895 (TTY: 711).

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-716-810-1895 (TTY: 711).



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