



Fallon Health Weinberg-PACE Enrollment Agreement

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



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NOTICE

This document is considered the Enrollment Agreement and sets forth the terms and conditions of enrollment in Fallon Health Weinberg-PACE. It will be provided to the participant and their caregiver or authorized representative during the enrollment process.

It will be provided to prospective enrollees and their caregivers or authorized representative(s) 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 our intake staff at 1-716-810-1895 or toll-free at 1-855-665-1113 (TTY 711).

Fallon Health Weinberg-PACE
461 John James Audubon Pkwy.
Amherst, NY 14228

Center hours:
8 a.m.–5 p.m.

2. NOTICE OF NON-DISCRIMINATION

Fallon Health Weinberg-PACE does not discriminate because of race, ethnicity, national origin, religion, sex/gender, 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. 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 healthcare 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 providers, 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.

Special features of the program are outlined in the next section.

4. SPECIAL FEATURES

A. Interdisciplinary team (care 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 and 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 provider (physician, nurse practitioner, or physician's assistant), day center manager, registered nurses, social worker, dietitian, home care coordinator, personal care attendants, drivers, and physical, occupational, 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. Other disciplines will be consulted if needed. 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 review on your inpatient stay and continue to monitor the necessity of continuing inpatient care.

C. Additional services

If your interdisciplinary team finds it necessary for you to receive additional services from other providers or specialists, they will approve these services before you see any 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" provision

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 that have not been authorized by the Fallon Health Weinberg-PACE care team, or from someone other than a Fallon Health Weinberg-PACE staff member or contracted provider, 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 document 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 provider, nurse practitioner, physician's assistant, 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 possibly more.

5. ELIGIBILITY

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

- Be at least 55 years old
- Live in Erie or Niagara counties in New York
- Be certified as needing nursing facility level of care as determined by the New York State scoring tool, which includes requiring 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, as defined by the New York State Health and Safety Criteria

A. Assessment options

1. New York Independent Assessment (NYIA)

Prior to enrolling in a PACE program, a conflict-free assessment is needed. This is done by New York Medicaid Choice, the state's managed care enrollment program. If you do not have Medicaid, this assessment is not necessary.

Fallon Health Weinberg-PACE will follow New York State Department of Health protocols established for an independent evaluation conducted by the New York Independent Assessment (NYIA). The NYIA 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-PACE will complete the intake and enrollment process with you.

To schedule the assessment, please call the Evaluation and Enrollment Center at 1-855-222-8350 (TTY: 1-888-329-1541), Monday–Friday, 8:30 a.m.–8:00 p.m., or Saturday 10 a.m.–6 p.m. After scheduling the assessment, please contact the PACE outreach/intake coordinator and notify them of the date of the assessment.

2. PACE Direct Eligibility

You have the option to have Fallon Health Weinberg-PACE complete your assessment, which will see if you are eligible to join our plan. If you select Direct Eligibility, Fallon Health Weinberg-PACE will conduct your assessment. We will let you know if you are eligible for PACE. If you are found eligible, we can work with you to join Fallon Health Weinberg-PACE. All Direct Eligibility assessments will be reviewed by NYIA to see if you can remain in the plan.

B. Other information

You must choose either an assessment directly through the NYIA or a Direct Eligibility assessment. You will receive a "PACE Direct Eligibility Disclosure letter" which you should review carefully before making a decision. You have the right to choose the assessment option which best suits your needs.

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 to deny enrollment for 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 New York Medicaid Choice, the state's managed care enrollment program. If it is determined that you do meet the requirement of needing nursing facility level of care, you will be ineligible to enroll.

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.

6. 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, which is determined 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, including prescription drugs, from Fallon Health Weinberg-PACE except for emergency services; and
- What your monthly cost, if any, may be.
- That you will need to be Medicaid and/or Medicare eligible or willing to pay privately the amounts set forth in the monthly payments financing and monthly payment information section of this Enrollment Agreement
- Eligibility requirements under the PACE Program Agreement that must be met.

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 providers 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 we can get to know you and learn about your medical and social needs.

B. Assessment

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 your 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 that you do not qualify for this level of care or would be unsafe, you will not be allowed to enroll in the program. If you are denied enrollment, or if you are ineligible because you did not meet the level of care requirement or other eligibility criteria for enrollment, Fallon Health Weinberg-PACE will provide written notification explaining the reason for denial and refer you to alternative services as appropriate.

Appeals process

If you are denied enrollment in Fallon Health Weinberg-PACE and you are a Medicaid recipient, New York Medicaid Choice will contact you to advise you of your rights to a fair hearing. If you are a Medicare-only beneficiary and you disagree with the denial of enrollment, you can file a complaint with the New York State Department of Health.

Written instructions on the appeal process will be included in the enrollment denial letter.

C. Plan of care review and enrollment

If you qualify and 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.
- How Fallon Health Weinberg-PACE will meet your care needs.
- 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 are in agreement with the plan of care and you want to enroll in Fallon Health Weinberg-PACE, we will ask you to sign the Fallon Health Weinberg-PACE Enrollment Agreement.

Upon signing the Enrollment Agreement, we will give and/or explain the following to you:

- Copy of the Enrollment Agreement and a copy of the signed Enrollment Agreement signature sheet, which includes the date benefit coverage officially begins. Coverage begins the first of the month after signing the agreement.
- 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 (updated regularly).
- Fallon Health Weinberg-PACE network providers list (updated regularly).
- Instruction sheet listing what to do if you need Urgent Care or in case of an emergency; and an emergency plan of care.
- 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

Speech or Hearing Impaired Individuals: Please contact the New York Relay Service at 711 and request that the operator call: 1-877-502-6155. Service at this number will only be provided to callers using TDD equipment.

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.

D. 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.

7. 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 may be used to document your expressed health care and end of life care wishes are Health Care Proxy and MOLST (Medical Orders for Life-Sustaining Treatment), both legally recognized in New York State.

8. BENEFITS AND COVERAGE

A. Effective dates of enrollment

Enrollment is effective on the first day of the month following the date the Enrollment Agreement is signed.

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 care needs and 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 are fully covered when the interdisciplinary team determines that they are necessary and approves them prior to delivery. Approval is not required for emergencies within the United States and its territories.

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, general surgery, gynecology, internal medicine, nephrology, neurology, neurosurgery, oncology, ophthalmology, oral surgery, orthopedic surgery, otorhinolaryngology, pulmonary disease, psychiatry, radiology, rheumatology, 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 provider and obtained through a network pharmacy—Note: if you have a 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 authorized by the care team)
- General medical and nursing services (private duty nursing when authorized by the care team)
- Medical, surgical, intensive care, coronary care unit services (as 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
- 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 approved by the PACE interdisciplinary team.

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/from 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
- 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 benefits are non-medical items for your personal convenience (such as telephone charges and radio or television rental) unless approved 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. This request would be reviewed by the PACE interdisciplinary team, and if approved by the team, Fallon Health Weinberg-PACE will pay for it.

9. 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 contact Fallon Health Weinberg-PACE at 1-716-810-1895 or toll-free at 1-855-665-1113 (TTY 711).

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 provider 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 you 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 1-716-810-1895 or toll-free at 1-855-665-1113 (TTY 711). 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 call Fallon Health Weinberg-PACE as soon as possible at 1-716-810-1895 or toll-free at 1-855-665-1113 (TTY 711).

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 which includes an itemized list of expenses and date of service 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 1-716-810-1895 or toll-free at 1-855-665-1113 (TTY 711), anytime during business hours: Monday–Friday 8 a.m.–5 p.m.

10. 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. We will seek to recover 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.

11. 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:

- Cosmetic surgery, unless required for improved functioning of a malformed part of the body resulting from an accidental injury or for reconstruction following a mastectomy
- Experimental medical, surgical, or other health procedures
- 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 U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands)

12. 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 must be provided by or authorized by the PACE Interdisciplinary Team (except emergency services). PACE participants may be held fully and personally liable for costs for unauthorized or out-of-PACE program agreement services.

13. 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 _____. 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 \$ _____, beginning on _____. 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 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 may 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

You can also pay online at www.invoicecloud.com/fallonhealth

14. 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). Fallon Health Weinberg-PACE will provide written notice for involuntary disenrollments. If you choose to voluntarily disenroll, your request can be provided either orally or in writing. Fallon Health Weinberg-PACE will continue to provide all necessary services until your disenrollment is effective.

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.

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

A. 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.

Also, if you do not have Medicare when you enroll and become eligible for Medicare after enrollment in Fallon Health Weinberg-PACE, if you elect to obtain Medicare coverage other than from Fallon Health Weinberg-PACE, you will be voluntarily disenrolled.

B. 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.** Once you provide notice, your last day of coverage is on the last day of the month during which notice was provided, and your disenrollment is effective on the first day of the month following the date we receive your notice. 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 effective date of your disenrollment. 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.

Fallon Health Weinberg-PACE will provide you with information on the consequences of subsequent enrollment in other optional Medicare or Medicaid programs following your disenrollment from the program.

C. A move from or extended absences from the 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.

D. 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 premium you owe Fallon Health Weinberg-PACE, any applicable Medicaid spend down liability, or any amount due under the post-eligibility treatment of income process, 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 their 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 that of others.
- During annual recertification, it is determined you no longer are nursing home eligible and no longer require community-based services and no longer meet New York State nursing home eligibility requirements.
- 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.

Beneficiaries may appeal Fallon Health Weinberg PACE's decision to involuntarily disenroll them. Participants may appeal using the state fair hearing process.

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.

15. 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, and your account must be paid/brought current prior to re-enrollment. If you make the payment before the effective date of your disenrollment, you will remain enrolled with no break in coverage.

16. PARTICIPANT RIGHTS

Fallon Health Weinberg-PACE is dedicated to providing you with quality health care services so you may remain as independent as possible. This includes providing all Medicare-covered items and services and Medicaid services, and other services deemed to be necessary by the interdisciplinary team across all care settings, 24 hours a day, 7 days a week. Our staff and contractors seek to affirm the dignity and worth of each participant by assuring 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 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.
- Be encouraged and helped 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.
- Get care from Fallon Health Weinberg-PACE without doing work or services for the program.

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 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.
- Have the Enrollment Agreement fully explained to you in a manner understood by you.
- 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.
- Be provided with a copy of individuals who provide care-related services not provided directly by Fallon Health Weinberg-PACE, upon request.
- 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, including your primary care provider and specialists, from within Fallon Health Weinberg-PACE’s network and to get quality health care. Participants assigned female at birth have the right to get services from a qualified women’s health care specialist for routine or preventive health care services.

You have the right to reasonable and timely access to specialists as indicated by your health conditions. You have the right to receive care across all care settings, up to and including, placement in a long-term care facility when Fallon Health Weinberg-PACE can no longer maintain you safely in the community.

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 and you do not need to get permission from Fallon Health Weinberg-PACE prior to seeking emergency services.

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.

- 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.
- 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, request additional services, or make an appeal.

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:

- 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.
- **Contact 1-800-Medicare for information and assistance, including to make a complaint related to the quality of care or the delivery of a service.**
- You also have the right to appeal any denial of a service or treatment decision by Fallon Health Weinberg-PACE staff or contractors. You have the right to request services from Fallon Health Weinberg-PACE that you believe are necessary. You have the right to a comprehensive and timely process for determining whether those services should be provided.

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 and have such disenrollment be effective the first day of the month following the date Fallon Health Weinberg-PACE receives your notice of voluntary disenrollment.

Additional help

If you have complaints about Fallon Health Weinberg-PACE, think your rights have been violated, or want to talk with someone outside of Fallon Health Weinberg-PACE about your concerns, call 1-800-MEDICARE or 1-800-633-4227 to get the name and phone number of someone in your State Administering Agency. You can also 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.

17. 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.
- 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 do 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.
- Do 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.

18. 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. Fallon Health Weinberg-PACE will give you written information on the grievance process upon enrollment, annually thereafter, and whenever you file a grievance. You will receive a response and resolution in a timely matter.

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. Written grievances should be mailed to:

Fallon Health Weinberg-PACE
Attn: Program Director
461 John James Audubon Pkwy.
Amherst, NY 14228

If you have a grievance after hours, you may telephone the on-call administrator at 1-716-810-1895 or toll-free at 1-855-665-1113 (TTY 711). All grievances are subject to the Fallon Health Weinberg Corporate Confidentiality Policies and Procedures.

Fallon Health Weinberg-PACE will discuss with you and provide in writing the specific steps, including time frames of response, that will be taken to resolve your grievance. 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 calendar days from the date the grievance is received by Fallon Health Weinberg-PACE. The grievance and resolution will be discussed with you, and will be sent to you in writing.

If you do not agree with the grievance resolution, please let us know and we will continue to work with you to find a resolution that is satisfactory.

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 and provided in writing upon enrollment, annually thereafter, and whenever the care team denies a request for services or payment.

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 or stops a service you have been receiving, you will be provided with written information about the denial and about how to file an appeal.

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 denies, discontinues, 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, reduced, or denied. An impartial third party not involved in the interdisciplinary team's initial decision and who does not have a stake in the outcome of your appeal will evaluate the appeal. This person will be appropriately credentialed in the field(s) or discipline(s) related to your appeal. You or your authorized representative may present or submit relevant facts and/or evidence for review to Fallon Health Weinberg-PACE, in person as well as in writing.

To request an appeal, call us at 1-800-333-2535, ext. 69950 (TTY 711), 8 a.m.–6 p.m., Monday–Friday.

You can also mail it to us, or hand deliver it to:

Fallon Health Weinberg-PACE
Attn: Program Director
461 John James Audubon Pkwy.
Amherst, NY 14228

or fax it to 1-716-250-3160.

If you are appealing a service that you were receiving that has been reduced or stopped, you may choose to continue to receive the service(s) in question until you receive notice of a final decision. **You may have to pay for these services if the final decision is not in your favor.**

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. During this process, Fallon Health Weinberg-PACE will maintain the confidentiality of the details of the appeal.

Requesting an expedited appeal

If you think that not having the service will place your life, health, or ability to regain or maintain maximum function in danger, let us know right away. Fallon Health Weinberg-PACE will then decide on your appeal as quickly as your health condition requires but no later than 72 hours after we receive your appeal. This is called an expedited appeal. You may also submit the appeal yourself or ask for assistance from any member of your care team.

The 72-hour time frame for an expedited appeal 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 can justify to the New York State Department of Health the need for additional information and the delay is in your best interest.

If your internal appeal is decided in your favor, Fallon Health Weinberg-PACE will provide the service or payment as quickly as your health condition requires.

If the decision is not fully in your favor, we will provide you with written notice of the denial. The notice will include the specific reason(s) for the denial, the reason(s) why the service would not improve or maintain your overall health, information about your right to appeal the decision, and a description of your external appeal rights.

2. External appeal process with Medicare and/or Medicaid

If you do not agree with the Fallon Health Weinberg-PACE internal appeal decision, you may request an external appeal. The external appeals process provides a review through either the Medicare or Medicaid program.

You may choose to file an external appeal to either Medicare or Medicaid (but not both) depending on your eligibility. Please talk with a member of the care team or call Fallon Health Weinberg-PACE at 1-716-810-1895 or toll-free at 1-855-665-1113 (TTY 711) if you 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.

Medicare

If you have Medicare, you may choose to file your external appeal for review by the Medicare independent review entity. To file an external appeal to Medicare, you must send it to:

MAXIMUS Federal Services
Medicare Managed Care & PACE Reconsideration Project
3750 Monroe Ave., Suite 702
Pittsford, NY 14534-1302

Phone: 1-585-348-3300
Fax: 1-585-425-5292

If you would like, we can submit the appeal for you. A written request for reconsideration must be filed with the independent review entity within 60 calendar days from the date of the decision by the third party reviewer.

Medicaid

If you have Medicaid, you may choose to file an external appeal to the New York State Office of Fair Hearing. You will need to file your appeal within 60 calendar days from receipt of our notice sent to you with the appeal decision or New York State Office of Temporary and Disability Assistance within 45 calendar days from receipt of our notice sent to you with the appeal decision. If you ask for both an appeal with Fallon Health Weinberg-PACE and a Fair Hearing, the decision of the Fair Hearing will be the one that counts.

To file a fair hearing request with the New York State Office of Fair Hearing, you must send it to:

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

1-800-206-8125

Fallon Health Weinberg-PACE can help you complete this process.

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.

19. DEFINITIONS

Appeal—an appeal is your 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—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. You must sign the Enrollment Agreement 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.

Exclusion or limitation—any service or benefit that is not covered in this contract.

Grievance—a complaint, written or verbal, expressing dissatisfaction about the kind of care or quality of care that you have 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 providers, 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 provided by acute general hospitals.

Interdisciplinary team (care team)—the Fallon Health Weinberg-PACE interdisciplinary professional team made up of at least: a primary care provider, 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—access to non-emergency services are limited to Fallon Health Weinberg-PACE or to providers pre-approved by Fallon Health Weinberg-PACE. You may be fully and personally liable for the costs of unauthorized or out-of-PACE program agreement services.

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.

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 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 24 hour inpatient short term rehabilitative care and 24 hour inpatient skilled long-term care.

PACE program—a PACE (Program of All-Inclusive Care for the Elderly) program 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 and Niagara counties in New York.

Urgent care—the care provided to a PACE participant who is out of the PACE service area (in or out of state) 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:	
Permanent address:			
Phone number:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Fallon Health Weinberg-PACE provider name:			
Health insurance information			
Medicare number:		Part A: <input type="checkbox"/> Yes <input type="checkbox"/> No Part B: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No		If pending, effective date:	
Medicaid number:		Verified active: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other insurance information:			
Payment information			
Participants with Medicaid			
Full Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No		Spend down: <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly payment: \$
<p>Please note: If your Medicaid application is pending at the time of enrollment and it is not approved retroactive to the date of enrollment, you will be responsible for payment equivalent to the Medicaid rate for the uncovered months. If, at any time, you lose your eligibility for Medicaid, you will be required to sign an amended form to reflect that change, and you will be responsible for paying a monthly premium or face disenrollment.</p>			
Participants with Medicare only		Private pay participants	
Monthly premium: \$		Monthly premium: \$	
<p>Please note: The premium is set at the Medicaid rate. This rate may change during the course of the year and is retroactive to the date Medicaid determines that the change will go into effect. Therefore, if there is a rate change, your premium will change accordingly and you will be billed retroactively to the date the rate went into effect. For private pay participants, the premium is determined on an annual basis only.</p>			
Caregiver information (if applicable)			
Primary caregiver name:		Relationship to participant:	
Address:			
Phone number:			
Bill-to information (if different from participant or primary caregiver)			
Name:		Relationship to participant:	
Address:			
Phone number:			

The benefits under this contract are made possible through a special agreement that Fallon Health Weinberg-PACE has with Medicare and Medicaid. When you sign this contract, you are agreeing to accept benefits exclusively from Fallon Health Weinberg-PACE as your sole provider in place of the usual Medicare and, if applicable, Medicaid benefits.

Please examine this contract carefully. If you are not interested in enrolling in our program, you may return the contract to us without signing. If you do sign and enroll with us, the contract will be effective the first day of the month following the date you sign. You may cancel the contract if you notify Fallon Health Weinberg-PACE before the effective date noted on this contract. You may voluntarily disenroll from this contract at any time, and for any reason. The terms are outlined in the Enrollment Agreement which accompanies this contract. You may also be involuntarily disenrolled from this contract. Those terms are also outlined in the Enrollment Agreement.

I have received, read and understand the Fallon Health Weinberg-PACE Enrollment Agreement terms and conditions and this contract has been explained to me. I have been given the opportunity to ask questions and all my questions have been answered to my satisfaction. I agree to participate in Fallon Health Weinberg-PACE according to the terms and conditions in the contract. As a participant, I agree to receive all health services and health-related services from Fallon Health Weinberg-PACE and its contracted providers.

I authorize disclosure and exchange of personal information between the Centers for Medicare and Medicaid Services (Medicare), its agents, New York State Department of Health (Medicaid), and Fallon Health Weinberg-PACE. I also authorize anyone who provides services to me to release to Fallon Health Weinberg-PACE any health information or medical records relating to those services for such routine needs as coordination of benefits, quality management, coordination of care, health services management, accreditation and processing and payment of related claims.

I understand that if I should lose my eligibility for Medicaid at any time, I will be required to sign an amended Enrollment Agreement to reflect this change.

Signature of participant:	
Printed name:	Date:
Signature of witness:	
Printed name:	Date:
Signature of family member or legal guardian (if applicable):	
Printed name:	Date:
Effective date of enrollment:	

All services must be provided by or authorized by the PACE Interdisciplinary Team (except emergency services). PACE participants may be held liable for costs for unauthorized or out-of-PACE program agreement services. In some cases, there may be a monthly premium required based on your income or assets.

Plan use only:

Site location:	Private pay: <input type="checkbox"/> Yes <input type="checkbox"/> No
Deposit received date:	Signature of person receiving deposit:
Faxed to:	Date:

Original = Scan to participant's medical record. Copy = Provide to the participant/caregiver.



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