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INTRODUCTION

Welcome to PACE Greater New Orleans (PACE-GNO), a **Program of All-inclusive Care for the Elderly** (PACE) sponsored by Catholic Charities of the Archdiocese of New Orleans. We are happy you chose PACE Greater New Orleans for your health care needs.

In this enrollment agreement, you'll learn about PACE GNO, a program that serves parts of Orleans, St. Bernard and Jefferson Parishes. PACE is committed to helping you remain as healthy as possible. PACE is a voluntary program allowing you to disenroll at any time. We provide services to help you remain in your own home and community as long as possible. We will do our best to help you get stronger so you can continue to do the things you enjoy. We will focus on what you can do, instead of what you cannot.

If you have any questions after you have read this enrollment agreement, please call our intake and enrollment offices:

(504) 835-0006

Mission Statement

PACE GNO will enhance the quality of life and autonomy for frail older adults while maximizing their dignity and respect. The PACE organization enables these frail older adults to live in their homes and in the community as long as medically and socially feasible, as they preserve and support the older adult's family unit.

DEFINITIONS

PACE Greater New Orleans - the Program of All-inclusive Care for Elderly operates in Orleans, Jefferson, and St. Bernard Parishes. This program is certified under Medicare and Medicaid to provide health and health-related care to older individuals who live in the service area. This care is on a prepaid basis and is given to people who meet nursing facility level of care as determined by the State of Louisiana. The words “we,” “our,” and “us” also mean PACE GNO.

PACE Greater New Orleans DOCTOR - a doctor who either works for PACE or has signed an agreement with PACE to provide medical care services.

BENEFITS AND COVERAGE - the health and health related services we give to you after you sign the Enrollment Agreement. You must sign this agreement to be a PACE Greater New Orleans 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 PACE Greater New Orleans, Medicare (Center for Medicare and Medicaid Services) and Medicaid (Louisiana Department of Health and Hospitals). To get any benefits from PACE Greater New Orleans, you must meet the conditions found in the Participant’s Enrollment Agreement.

ELIGIBLE FOR NURSING HOME CARE - your health condition, which your PACE Interdisciplinary Care Team checks, meets nursing facility level of care as determined by the State of Louisiana.

ENROLLMENT AGREEMENT - the booklet that contains information about 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 PACE Greater New Orleans.

ENROLLMENT AGREEMENT SIGNATURE SHEET - the form you must sign before you can be a PACE participant. After you sign this agreement, you will receive PACE’s services until you voluntarily or involuntarily end your enrollment.

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: (1) serious jeopardy to your health, (2) serious impairment to bodily function, or (3) serious dysfunction of any bodily organ or part. Examples of emergencies include problems breathing, chest pains, or bleeding that is hard to stop.

HEALTH SERVICES - services such as medical care, diagnostic tests, medical equipment, appliances, drugs, prosthesis and orthotic devices, nutritional counseling, nursing, social services, therapies, dentistry, optometry, and audiology. Health Services may be given in one of the PACE adult health care centers or in home. You may also be given these services in the offices of specially trained people or in hospitals or nursing homes that have agreements with PACE to give health care services to PACE participants.

HEALTH-RELATED SERVICES - the services which enable PACE give health services to you and help you keep your independence. Such services include personal care, homemaker/chore attendant, recreational therapy, escort, transportation, home-delivered meals, financial management, and help with housing problems.

HOSPITAL SERVICES - those services which are usually given in general medical-surgical hospitals.

MEDICAL EMERGENCY - an accidental injury or sudden sickness. The injury or sickness would be so serious that if you do not get care immediately, you might die or you might lose the use of parts of your body. Shock, unconsciousness, having a hard time breathing, the feeling of having a heart attack, a lot of bleeding, terrible pain, or a fall are all examples of medical emergencies.

MEDICARE PART D - the drug benefit that became a Medicare benefit in January 2006. All PACE enrollees will have their drug benefit provided by PACE. PACE provides the entire drug benefit including over-the-counter Medications your PACE Doctor prescribes. PACE does not use a drug formulary or list from which drugs are provided. Rather, the PACE Doctors works with you and your Personal Care Team to select the medication that is best for you.

MONTHLY CHARGE - the amount you must pay if you are required, on the first (1st) day of every month to PACE so you can get benefits as an enrolled participant.

NURSING HOME - a health facility licensed as a Nursing Home Facility by the State of Louisiana that signed an agreement with PACE GNO.

PARTICIPANT - anyone who is eligible and has signed the Enrollment Agreement signature sheet to receive health care services from PACE Greater New Orleans. The words “you,” “your,” or “yours” also mean participant.

POST STABILIZATION CARE - care provided after an emergency that your treating doctor sees as medically necessary after your emergency medical condition is stable. This care must be approved by PACE before it is provided outside the service area.

CARE TEAM - the PACE interdisciplinary professional team which is made up of a **doctor, nurse practitioner, social worker, registered nurse, pharmacist, home care coordinator, physical therapists, recreational therapists, occupational therapists, speech therapists, transportation coordinator, and a dietitian**. They look at your medical, functional, and psychosocial conditions and develop a treatment plan to give the care you need. Many of the services are given and checked on by this Team. All services you get must be approved by a member of your Interdisciplinary Care Team. From time to time, your Team will meet to talk about your needs, decide if your needs have changed, and change your treatment plan to meet these needs.

SERVICE AREA - those parts of Orleans, Jefferson, and St. Bernard Parishes in the State of Louisiana that are serviced by PACE. This includes the following zip code areas: 70112, 70113, 70114, 70115, 70116, 70117, 70118, 70119, 70122, 70124, 70125, 70126, 70127, 70128, 70129, 70130, 70131 **in Orleans Parish**, 70032 or 70043 **in St. Bernard Parish** or 70001, 70002, 70003, 70005, 70006, 70053, or 70121 **in Jefferson Parish**.

SERVICE LOCATION - any location in Orleans, Jefferson, or St. Bernard Parish where a participant is given health or health-related services which are listed in the Participant's Enrollment Agreement.

URGENT CARE SERVICES - care you receive when you are absent from the PACE service area and you believe that the care can not wait until you return to the PACE service area, but the condition does not put your life in danger.

PROGRAM DESCRIPTION

“WHAT IS PACE GREATER NEW ORLEANS?”

PACE Greater New Orleans, is a Program of All-inclusive Care for the Elderly (PACE). This program was developed as a special health plan for senior citizens. Often older people have medical problems lasting long periods of time. This health plan provides doctors, nurses, and other special medical people to help with medical problems. The plan also gives PACE participants a place to go where this care can be provided.

PACE is different from any other kind of health care program. It is a complete health care program offering a more personal way of getting health care. Our PACE Greater New Orleans staff will work with you and your family to give you the kind of care you need. We want to help you stay as independent as possible. We offer a complete program of health care and health related services, all designed to keep you living in your own home and community for as long as possible.

PACE Greater New Orleans provides a wide range of services to improve and help maintain your overall health status. Services may include but are not limited to the following:

- Rehabilitation Services
- Adult Day Health Center
- Services in the home
- Nutritional Counseling
- Transportation to and from Day Center
- Medications
- Hospitalizations
- Nursing Home Care
- Recreation Therapy
- Medical Equipment
- Family Caregiver Support
- Pastoral Care

PACE Greater New Orleans is comprised of people who specialize in health care, assess changes in your condition, provide treatment, and encourage you to do things for yourself. Medical,

nursing, physical therapy, occupational therapy, nutritional services, medical social work services, including services you can get in your home, are offered through PACE Greater New Orleans. In addition, special medical services such as hearing, dentistry, vision, psychiatry and speech therapy are also an important part of the care we provide. PACE will adjust these services over time as your needs change.

If you need care in a hospital, you can get this care through PACE. If you need nursing home services, PACE Greater New Orleans will arrange for care at a nursing home in your community. Also, PACE Greater New Orleans is interested in the social, cultural, and economic needs of you and your family. After all, this is at the heart of our mission.

In addition to these services, PACE will be responsible for your medical care and will coordinate care 24 hours a day, 7 days a week, for 365 days a year.

SPECIAL FEATURES

The PACE program, PACE Greater New Orleans, is different from other long term care.

“HOW IS PACE GREATER NEW ORLEANS SPECIAL?”

There are some things in our program that no other health care program will give you.

- **An Interdisciplinary Care Team** - Your care is planned with you and your family and given by a Interdisciplinary Care Team of special people working for you. Your Team includes, at a minimum, a primary care physician, a registered nurse, a social worker, a dietitian, a physical therapist, an occupational therapist, a speech therapist, an activity coordinator, a PACE Center manager, a homecare coordinator, a personal care attendant or their representative, and a driver or their representative. Each Team member’s special skills are used to determine all of your health care needs. The Team may also call on other specialists. Together with you, a health care plan is created for you.
- **Authorization of Care** - You will get to know each of your Team members very well. They will be helping you to be as healthy and independent as possible. Your choices for health care must be approved in advance by your Team in order for services to be paid for by PACE Greater New Orleans. At a minimum, your Team will discuss your needs twice a year. They will meet more often with you and your family if your health needs require it or at the request of you or your family.

If your Interdisciplinary Care Team finds it necessary for you to receive additional services from other doctors or specialists, they will approve these services before you see the outside provider. **If you make appointments without the knowledge or consent of the Team, you will be responsible for payment of those services.**

- **PACE Center** - You will get most of your health care services in our PACE Center, a multi-purpose center which will provide health care, activities, opportunities to socialize and make new friends, as well as nutritious meals.
- **Doctors and Other Team Members** - Your PACE Greater New Orleans doctor and the other Team members, who will provide your care, will make up the Interdisciplinary Care Team at the center that you attend.
- **Appropriate Place and Days for Your Care** - PACE Greater New Orleans was developed to provide care where it is needed most. Your Interdisciplinary Care Team will decide

the best means and location to care for you after talking with you and your family. The Team will also decide what kind of care you can get in your home for which PACE Greater New Orleans will pay.

- **“Lock-In” Provisions** – Once you are a PACE Greater New Orleans participant your health care services must be provided through PACE Greater New Orleans. These services will be approved by the members of your Interdisciplinary Care Team.
- **Special Payment** - If you are eligible for Medicare and/or Medicaid, PACE Greater New Orleans takes the place of the standard Medicare and/or Medicaid programs. The **only payment** made by Medicare and/or Medicaid for the care you need will be one payment each month to PACE Greater New Orleans. PACE Greater New Orleans **will provide all of your care**. You will receive all the services you normally receive through Medicare and Medicaid and may receive more services.
- **Premium Consent / Patient Liability** - If you are eligible for Medicare and not Medicaid, you will pay monthly premiums for medical and prescription drug benefits.
- **Medicare Enrollment** – Should you become eligible for Medicare after enrollment in the PACE program, you must obtain Medicare coverage (Parts A and/or B and Part D) from PACE GNO.

ELIGIBILITY

BASIC CRITERIA

“AM I ELIGIBLE FOR PACE GREATER NEW ORLEANS?”

To be eligible to enroll in PACE Greater New Orleans you must:

- Be at least 55 years old,
- Live in one of the following zip codes:
 - **in Orleans Parish**
 - 70112, 70113, 70114, 70115, 70116, 70117, 70118, 70119, 70122, 70124, 70125, 70126, 70127, 70128, 70129, 70130, 70131
 - **in St. Bernard Parish**
 - 70032 or 70043
 - **in Jefferson Parish**
 - 70001, 70002, 70003, 70005, 70006, 70053, or 70121
- Be able to live in the community without jeopardizing your health or safety,
- Meet nursing facility level of care as determined by the State of Louisiana.

ACCESSING SERVICES

INTAKE AND ENROLLMENT

“HOW DO I ENROLL?”

There are five (5) steps in the PACE Greater New Orleans enrollment process. Once all four steps are completed, your needs for medicines, care from a doctor or nurse, and various other services included in this booklet are covered.

The five steps are:

1. **INTAKE** - Intake usually starts when you or someone in your family, or even someone from an agency, calls PACE Greater New Orleans to talk about your needs. This call tells us that you might be eligible to be a participant. We will come to your home to talk to you about our program. We will look at your medical needs, decide the best way to take care of you, and discuss where you can go to get needed care. During this visit, you will learn:
 - a. Components of the Enrollment Agreement
 - b. The eligibility requirements for PACE enrollment
 - c. How the PACE Greater New Orleans program works, the kinds of services we offer and the answers to any questions you may have about PACE
 - d. If you enroll, you must agree to get all your health care from PACE Greater New Orleans
 - e. What your monthly payment may be if you are not eligible for Medicaid

After this visit, if you are interested in becoming a participant in PACE Greater New Orleans, you will be asked to call a nurse at Affiliated Computer Services (ACS) who will ask you some questions about your health. The nurse will decide if you are medically eligible to join PACE.

If the nurse agrees you should join PACE, the PACE Care team will set up a schedule of visits for you at the PACE Center. We will also ask you to sign a form giving us permission to get all of your medical records from doctors you have visited. This information will give us a complete picture of your health condition.

2. **ASSESSMENT** - After each Team member has read your medical records, the Interdisciplinary Care Team will meet to talk about what kind of care you need. At this meeting,

the Team will develop a plan of care just for you. This plan of care will also help the team decide if you can live safely in the community.

3. **SCHEDULING THE FAMILY CONFERENCE** - After we have an opportunity to discuss your needs, a staff member will call you and your family, or someone close to you, to set up a family meeting. The purpose of this meeting is to talk about what the Interdisciplinary Care Team thinks is the best approach to care for you. If you like the PACE Center after your visits, and if the Team agrees you are eligible, they will schedule an enrollment meeting.

4. **ENROLLMENT (FAMILY) CONFERENCE AND PRELIMINARY APPROVAL** – An Interdisciplinary Care Team member will meet with you to talk about enrolling in PACE Greater New Orleans. It is important for you to bring this enrollment agreement with you to the conference. You and your family member will attend this meeting and you will be able to talk about:

- a. The plan of care the Interdisciplinary Care Team feels you need and how your family will be a part of it.
- b. Your monthly payment if you are not eligible for Medicaid
- c. The “Lock-in” feature - when you are a PACE Greater New Orleans participant, you will be cared for by your Team. This Interdisciplinary Care Team will do everything it can to keep you as healthy and active as possible. Once you are a PACE Greater New Orleans participant your health care services will be provided **only** through PACE Greater New Orleans. These services will be approved by members of your Interdisciplinary Care Team. If you are eligible for Medicare and/or Medicaid, PACE Greater New Orleans **takes the place of the standard Medicare and/or Medicaid programs**. The only payment each month Medicare and/or Medicaid pays is to PACE Greater New Orleans. They will not pay other providers, because you may only be enrolled in one Medicare Medicaid program at a time.
- d. What to do if you are unhappy with the care you receive at PACE Greater New Orleans.

IF YOU DECIDE TO BE A PARTICIPANT in PACE Greater New Orleans, we will ask you to sign the Enrollment Agreement signature sheet. After you sign it, you will receive:

- Your **PACE Greater New Orleans CARD**. This card identifies you as a participant in the PACE Greater New Orleans program.
- The **EMERGENCY STICKER** is a long, brightly colored sticker. This sticker should be placed on or near your telephone, keeping it handy when you need it most. The sticker shows the numbers to dial in case of an emergency.
- The **EMERGENCY PLAN** is the detailed sheet that you sign which has instructions on “what to do” in case of an emergency.
- Your copy of the **ENROLLMENT AGREEMENT SIGNATURE SHEET**. This must be signed before you can receive PACE Greater New Orleans services.
- Your signed **ACKNOWLEDGEMENT OF THE CARE PLAN** your interdisciplinary care team designed for you.
- Your **PACE CENTER** information which includes attendance.
- Your **INTERDISCIPLINARY CARE TEAM** information
- A **PACE GREATER NEW ORLEANS CONTRACT PROVIDERS LIST**
- A **CONFIDENTIALITY STATEMENT**.
- An **IMMUNIZATION CONSENT** form.
- Information about “**WHAT TO BRING TO THE CENTER**”
- A photo release form.
- A premium consent/patient liability form, if any payment is due, if you are not eligible for Medicaid.

5. **FINAL APPROVAL** - Because PACE Greater New Orleans has promised to serve only those individuals who meet the requirements for nursing home level of care, the Department of Health and Hospitals must agree that your health situation makes it necessary for you to have the kind of care PACE Greater New Orleans provides. The Department of Health and Hospitals will review the records written by the agency contracted to determine if you are eligible for our

care. In the very rare case it is decided that you do not qualify for the kind of care given by PACE Greater New Orleans, you will not be able to enroll in PACE.

If this decision is made, you may appeal the decision to the State of Louisiana at the following address:

Louisiana Department of Health and Hospitals Bureau of Appeals
P. O. Box 4183
617 North Boulevard
Baton Rouge, LA 70821-4183
(225) 342-0443
(225) 342-8773 (fax)

If you do not qualify to enroll in PACE Greater New Orleans, your eligibility for Medicare and/or Medicaid will not be affected. If you have paid any money to PACE Greater New Orleans, a refund may be given to you based on the length of time PACE provided you care.

IMPORTANT NOTICE

If you are eligible for Medicare or Medicaid, the services or benefits you receive once you become a participant in PACE Greater New Orleans are made possible through a special agreement between PACE, Medicare (The Centers for Medicare and Medicaid Services, CMS, of the United States Department of Health and Human Services), and Medicaid (the State of Louisiana Department of Health and Hospitals). When you become a Participant, you are agreeing to accept benefits **ONLY** from PACE Greater New Orleans in place of your usual Medicare and Medicaid benefits.

Before you sign the enrollment agreement signature sheet, please read it carefully and be sure it has been fully explained. Ask PACE Greater New Orleans' staff questions to make sure you understand everything about the program and agreement. If you do enroll with us, you may cancel your enrollment if you change your mind. PACE Greater New Orleans will work with you to process your disenrollment as soon as possible. *We ask that you give us a thirty (30) day written notice if you no longer want to be a PACE Greater New Orleans participant.* Until your disenrollment is processed, (at the end of the month in which you ask to disenroll) you must continue to use PACE Greater New Orleans services. This gives your Interdisciplinary Care Team time to work with you and your family to plan for your future care needs. It also allows PACE

Greater New Orleans to give proper notice to Medicare and Medicaid of your decision to leave PACE Greater New Orleans.

Note: You may not enroll into PACE Greater New Orleans by going to the Social Security Office.

BENEFITS AND COVERAGE

EFFECTIVE DATES OF ENROLLMENT

“WHEN CAN I START?”

Your enrollment is effective on the first day of the calendar month, following the date on which we receive your signed enrollment agreement. Your effective dates of enrollment are listed on your enrollment agreement. If you ever disenroll from PACE GNO, your disenrollment date will be the last date of the month.

BENEFITS AND COVERAGE

GENERAL DESCRIPTION

“WHAT KIND OF BENEFITS AND COVERAGE DO I GET WITH PACE GREATER NEW ORLEANS?”

There are many kinds of care provided. As a Participant in the PACE Greater New Orleans program, all necessary health services will be provided through PACE Greater New Orleans. Most care is delivered at the day health (PACE) Center. Your Interdisciplinary Care Team knows about every kind of service offered and will decide with you on what is best for your needs. Services you can receive from PACE Greater New Orleans are:

Outpatient Health Services

- Adult Day Health Care.
- Physician, clinic and specialist services, which may include a nurse practitioner.
 - ***Female participants are entitled to choose a qualified specialist for women’s health services from a PACE Greater New Orleans provider network to furnish routine and preventive care.***
- Nursing Care
- Medical Social Services
- Physical, Occupational and Speech Therapy
- Specialty services may include:

Anesthesiology	Audiology	Cardiology	Dermatology
Dialysis	Gastroenterology	Gynecology	Internal Medicine
Nephrology	Neurosurgery	Nutritional Services	Oncology
Ophthalmology	Oral Surgery	Orthopedic Surgery	Plastic Surgery
Podiatry	Pulmonary Disease	Radiology	Rheumatology
Urology	Thoracic and Vascular Surgery	Otorhinolaryngology (ear, nose and throat)	General & Ambulatory Surgery
Behavioral Health services/mental health and substance abuse services including community psychiatric rehabilitation services.			
Diabetes Management Services including glucometers, and testing strips			

- Laboratory tests, X-rays and other tests to find out what health problems you may have.
- Prescribed drugs and medicines approved by IDT (See section H– Medicare Part D) You must get these through your PACE Center.
- Artificial limbs and durable medical equipment (such as hospital beds, wheelchairs and walkers)
- Vision care, including examinations, treatments, and visual aids to help you see better
- Psychiatric Care including evaluation, consultation, diagnosis and treatment
- Hearing Services, including evaluation, hearing aids, repairs and maintenance.

Health Related Services	Home Health Care	Dental Care
Health related services include transportation, home health aide services, and home delivered meals	<ul style="list-style-type: none"> • Skilled nursing services • Doctor visits • Physical, Speech, and/or Occupational Therapies • Medical Social Services • Home Health Aide services • Home delivered meals with special diets • Respite Care 	<p>When you first join PACE Greater New Orleans you will get a dental check up. Routinely, you will be given a check up every year. The most important thing to us is to care for any painful or infected teeth or gums. Next, we want to keep your mouth healthy so you can eat and drink without any problems.</p> <p>Dental services may include:</p> <ul style="list-style-type: none"> • Diagnostic services • Preventive services • Restorative dentistry • Prosthetic appliances • Oral surgery

Long term care facility	Hospital Inpatient Care
<ul style="list-style-type: none"> • Semi-private rooms and meals • Doctor and nursing services • Custodial care • Personal care and assistance • Prescribed drugs and medicines • Physical, Speech, and Occupational Therapies • Medical Social Services • Medical supplies and appliances 	<ul style="list-style-type: none"> • Semi-private rooms and meals • General Medical services • Medical/Surgical, Intensive Care, Coronary Care units as necessary • Laboratory tests, X-rays and other tests • Drugs and medicines as approved by the Interdisciplinary Team • Blood or blood related products • Surgical care including anesthesia • Oxygen • Physical, Speech, Occupational and Respiratory Therapies • Medical Social Services • Emergency Room Care • Ambulance <p>Treatment Room Services ***Not included under hospital care are private rooms and private duty</p>

	nurse charges, unless your Interdisciplinary Care Team feels it is necessary for your condition. Also not included are non-medical items such as telephone charges.***
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End of life care

End of Life Care services include care in the hospital, in a nursing home, in a PACE Center, at home, and during outpatient services.

BENEFITS AND COVERAGE

THE PACE CENTERS

“WHERE IS THE PACE CENTER I WILL ATTEND ?”

- AND -

“WHAT ARE THE HOURS?”

You will receive most of your health care services in an adult day health setting within the PACE Center.

- **St. Cecilia PACE Center** is located at 4201 N. Rampart Street in the Bywater area of New Orleans.
- The phone number is **504-945-1531**.
- Our toll free number is **1-866-395-8509**.

Our regular center hours are from **8:00 a.m. until 5:00 p.m.** Monday through Friday. Transportation will be provided before and after these hours. Feel free to call if there are any questions or concerns you may have.

It is important for you to attend the PACE Center on your scheduled day(s) each week. If you are not able to attend on your scheduled day, please contact us BEFORE 7:00 a.m. or as soon as possible so your driver and the rest of your care team will know.

“What about holidays?”

PACE Greater New Orleans is closed on legal and religious holidays. We will let you know when we will be closed due to a holiday. Here is a list of the days during the year PACE-GNO closes and center services are not provided:

New Years Day
Martin Luther King Jr. holiday observed
Lundi Gras Day
Mardi Gras Day
Good Friday
Memorial Day
July 4th
Labor Day
Thanksgiving Day
Day after Thanksgiving Day
Christmas Eve
Christmas Day

“What will happen if the weather is bad?”

We will be closed during severe weather such as a hurricane or flood. Generally, if public schools in Orleans, Jefferson, or St. Bernard Parish are closed, your PACE Greater New Orleans will also be closed. Local TV and radio stations will announce public school closings.

You may call a special number to hear about emergency updates:

1-866-395-8509

If the weather becomes bad while you are at the Center, we will try to send everyone home early. If we do close early, we will notify family and/or caregivers as needed.

BENEFITS AND COVERAGE

THE PACE CARE TEAM

“WHO ARE THE PEOPLE ON THE INTERDISCIPLINARY CARE TEAM THAT WILL CARE FOR ME?”

Your PACE Center has its own Care Team which consists of the following people:

- **Center Manager** is responsible for the day-to-day operations of the PACE Center, and is in charge of the nurses.
- The **Primary Care Physician** is the doctor responsible for overseeing the primary medical care you will receive.
- The **Nurse Practitioner** is responsible, along with the physician for the medical care you will receive. Together, the Nurse Practitioner and the Physician make up your primary care team.
- **Staff Nurses** are responsible for overall nursing care needs. They work closely with the physician and nurse practitioner to give you medical care.
- **Certified Nursing Assistant/ Personal Care Assistant** are responsible for the direct care activities such as helping you with your personal needs.
- **Home Care Coordinator** is responsible for the coordination of services offered in the home, including personal care aides and equipment.
- The **Pharmacist** is responsible for medicines you may take
- The **Dietitian** is responsible for making sure your food and nutritional needs are met.
- **Social Workers** are responsible for social support services, and may be a resource for help with family and emotional issues.
- **Activity and Recreation Therapists** encourage you to meet other participants, teach you new crafts, play games, and take you on field trips.
- The **Physical Therapist** helps you do things to keep your muscles strong. This helps you move around better. The physical therapist also makes sure any equipment you get, like a wheelchair or a walker, fits your needs and is easy for you to operate.
- The **Rehabilitation (Rehab) Aide** helps the physical therapist with your care.
- The **Occupational Therapist** helps you exercise your arms and hands so you can do some of the things you enjoy. This includes being able to comb or brush your hair, feed yourself, or write your name.
- The **Speech Therapist** is responsible for helping you use the muscles in your face. This helps you to eat and speak and communicate with others.

- The **Transportation Coordinator** is responsible for managing the transportation needs of the PACE center. The Transportation Coordinator schedules your travel time and the drivers' routes so you don't have to spend too much time in the vans. The Transportation Coordinator will also let you know if your driver is running late, or if there is a problem.
- **Driver/Aides** are the ones who pick you up in the morning and bring you home at night. They may also drive you to field trip outings with other participants or take you to a medical specialist appointment.

BENEFITS AND COVERAGE

CONTRACT PROVIDERS

“DOES PACE GREATER NEW ORLEANS USE CONTRACTS FOR SOME OF ITS SERVICES?”

PACE Greater New Orleans partners with other providers when necessary to better meet your needs. Presented with your enrollment/family packet is a list of contract providers. New lists are sent to you each year. You will be notified of any major changes in our provider network.

You may request a copy of the contract provider list at any time, but remember, **all contract services must be pre-approved by your Interdisciplinary Care Team.**

An example of people on this list may include specialists such as eye doctors, dentists, and others. Transportation services other than the PACE GNO staff may sometimes be used. Also included on this list are hospitals, nursing homes, and home care providers, among others. Contract providers used by PACE GNO are licensed, certified, and/or credentialed as required by their specific licensing boards.

BENEFITS AND COVERAGE

FINANCING - MONTHLY PAYMENT INFORMATION

“WHAT WILL MY MONTHLY BILL BE?”

Your payment each month will depend on your eligibility for Medicare and Medicaid.

If you are eligible for:

MEDICARE AND MEDICAID

- You pay nothing to PACE GNO

MEDICAID ONLY

- You pay nothing to PACE GNO.

MEDICARE ONLY

- If you have Medicare only, then you will pay a monthly payment to PACE Greater New Orleans of \$2,900. If you are only eligible for Medicare Part B, you will still pay the monthly Medicare bill to the Social Security Administration (SSA) to stay eligible. If your eligibility for Medicare/Medicaid programs changes while you are a PACE GNO Participant, your monthly charge will be changed. Look at the amount above to find out what that change will be, or ask a representative of PACE.

NEITHER MEDICARE NOR MEDICAID (Private Pay)

- If you are not eligible for Medicare or Medicaid, you will pay a monthly payment to PACE GNO of approximately \$6,000. 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 \$597.20. You may pay both premiums together.

PRICING IS SPECIFIC TO EACH INDIVIDUAL. PAYMENTS ARE SUBJECT TO CHANGE.

If you have to pay a monthly charge to 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.

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

**PACE Greater New Orleans
Attn: Finance Department
4201 N. Rampart Street
New Orleans, LA 70117**

“What happens if I am late?”

If you have not paid or made satisfactory arrangements to pay your monthly bill by the tenth (10th) day of the month, you will be sent a “Second Notice” of an overdue bill and charged a late fee of twenty dollars (\$20.00).

If you still have not paid or made satisfactory arrangements to pay your bill by the end of the month you will receive a letter explaining that you will be involuntarily disenrolled from the PACE program if you do not pay your bill. Example: You are billed \$100 for the month of January. Payment is due by January 10th. If you still have not paid your bill by February 1st for January care received, then the involuntary disenrollment process will begin with your disenrollment becoming effective March 1st. PACE Greater New Orleans will coordinate your return into the Medicare and Medicaid fee for service system if you are eligible. PACE Greater New Orleans will continue to provide services until your effective date of disenrollment.

If you are disenrolled, a discharge plan will be developed by your interdisciplinary care team in order to determine your ongoing care needs.

PACE Greater New Orleans sets its monthly charges once a year and has the right to change its charges within thirty (30) days notice.

BENEFITS AND COVERAGE

FINANCING - EXCLUSIONS AND LIMITATIONS

“IS THERE ANYTHING THAT WILL NOT BE COVERED BY PACE GREATER NEW ORLEANS?”

The staff of PACE GNO promises to give you the very best care possible, but there are some things they cannot do for you. Below is a list of items not covered.

- Any service that your Interdisciplinary Care Team does not authorize, even if it is listed as a PACE Greater New Orleans service, unless it is an emergency service.
- Cosmetic surgery **unless** it is required to help you in your everyday life.
- Experimental medical, surgical, or other health procedures and/or treatments.**
- Any services given outside of the United States, except as may be permitted by Medicare or under the state’s approved Medicaid plan. (The United States includes the 50 states and also, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.)
- When you are hospitalized or in inpatient facilities: private room and private duty nurse charges unless your Interdisciplinary Care Team feels it is necessary for your condition. Also not included are non-medical items for personal convenience such as telephone charges, radio or television rental unless specifically authorized by the Team as part of the plan of care.

**PACE Greater New Orleans understands that there may be a medical or health care treatment or service that may be helpful in preventing or correcting a health problem and may not be covered under this program. If this service or treatment is not covered by PACE Greater New Orleans, your Interdisciplinary Care Team will look at other options and let you know about your available choices.

BENEFITS AND COVERAGE

LONG TERM CARE FACILITIES

“WHAT HAPPENS IF I AM PLACED IN A NURSING HOME OR ANY OTHER KIND OF LONG TERM CARE FACILITY?”

If at any time your Interdisciplinary Care Team decides with you and your family that you can no longer be cared for in your home, you may need to be placed in another health care setting. This can be for a short period of time, or if necessary, it can be a permanent placement.

If you remain in a long term care facility on a permanent basis, PACE GNO may require you to contribute to the cost of your care. PACE GNO continues to provide all your medical care and supervise all your needs. Your PACE GNO physician will continue to provide all your care.

The only time this is not true is when you have a husband, wife, or disabled adult child who will continue to live in your home while you are in the long term care facility. If this is true, then you may not need to contribute to the cost of your care.

If you have a husband, wife, or disabled adult child that will continue to live in your home while you are in the long term care facility, then you may continue to keep the money.

As part of the process of placing you in a long term care facility, PACE Greater New Orleans will notify Medicaid to determine what, if anything, you will be required to pay PACE Greater New Orleans. If you do not pay the amount of money that Medicaid determines you owe PACE Greater New Orleans, you could affect your eligibility for Medicaid and your continued enrollment in PACE Greater New Orleans.

These rules are true for everyone who receives Medicaid assistance and is placed in a long term care facility. For you to continue to be a PACE Greater New Orleans Participant, you must abide by the rules.

BENEFITS AND COVERAGE

MEDICARE PRESCRIPTION DRUG COVERAGE

Participants with both Medicare and Medicaid coverage

In 2006 Medicare decided to pay for your prescription drugs. Many drug plans help people with Medicare get access to their prescription drugs as part of this new benefit. If you enroll in PACE Greater New Orleans, PACE will provide you with your drug coverage. You will receive all prescription drugs, along with the rest of your healthcare coverage, directly from PACE.

Since you have both Medicare and Medicaid, you may receive a letter from Medicare telling you that you qualify for extra help paying for Medicare prescription drug coverage. **Do not apply for this extra help. As a PACE participant, you will get it automatically.**

You may also be contacted by other Prescription Drug Plans that will offer to help you get access to Medicare prescription drug benefit. You should know that because Medicare rules say you can be a member of only one plan at a time, you will disenroll from PACE Greater New Orleans if you choose to join another plan. While you are free to leave PACE Greater New Orleans at any time, you should not join another plan without speaking to the PACE social worker or center manager first. **If you enroll in another plan, you will stop receiving BOTH your prescription drugs, and the rest of your healthcare from PACE.**

If you have any questions about the prescription drugs you will receive through PACE, or about any other Medicare prescription drug plan, please talk to the PACE social worker, or another member of the PACE staff.

Participants with Medicare, but not Medicaid coverage

PACE Greater New Orleans will provide you with all of your healthcare benefits, including medication. You will pay a monthly payment to PACE for your healthcare services that equals the amount PACE gets from Medicaid for participants who have that benefit. In addition, you will pay a monthly premium for prescription drugs that cover your share of the Medicare prescription drug benefit.

You will receive all of your prescription drugs directly through PACE.

If you choose to enroll in PACE, you must also agree to receive your prescription drug benefit through PACE. You may decide to receive your drugs through another Prescription Drug Plan, but if you make this choice, Medicare will not allow you to remain enrolled in PACE.

If you feel that you need help to pay the premium for your prescription drugs, please talk to the PACE social worker to find out if you are eligible for Medicaid. If you are able to enroll in Medicaid, you will no longer have to pay the premium.

EMERGENCY AND URGENT CARE

“What about urgent or emergency care services?”

PACE Greater New Orleans provides for your medical care around the clock, twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year. When you enroll in PACE Greater New Orleans, your doctor and case manager will discuss what is an emergency and how to manage the situation.

***If you feel your condition requires immediate attention,
please call 911.***

Please notify PACE Greater New Orleans as soon as possible if you use 911 emergency services at (504) 945-1531 or 1-866-395-8509 after business hours.

Urgent Care is covered services provided to you when:

1. You are absent from the PACE Greater New Orleans service area

AND

2. You believe that the care cannot wait until you return to the PACE Greater New Orleans service area, but the condition does not put your life in danger.

Approval for **urgent care** is given within one hour after PACE Greater New Orleans is notified. If we have not taken action after one hour, then approval is given by default.

If you call after normal working hours (8:00 a.m. to 5:00 p.m.) the PACE Greater New Orleans Answering Service will immediately call one of its case managers who will help you get the care you need. A doctor is available 24 hours a day for consultation.

**The PACE Greater New Orleans Physician On-Call
1-866-395-8509**

If you need to be taken to the hospital, an ambulance service will be called for you.

Emergency Medical Condition means:

1. Serious jeopardy to your health;
2. Serious impairment to bodily function; or
3. Serious dysfunction of any bodily organ or part.

Examples of emergencies include problems breathing, chest pains, or bleeding that is hard to stop. Because of the emergency, you may need to get this care from the closest and fastest source possible. This may mean including sources other than PACE Greater New Orleans or its contract providers. You will not be required to pay for any services that are required to treat emergencies even if the services are provided outside Orleans, Jefferson, or St. Bernard Parish and/or by a source other than PACE Greater New Orleans or its contracted providers.

If you believe your problem is a matter of life or death, needing much faster help, please call:

911

You do not need prior approval for emergency services.

Please answer all questions as carefully as you can. Do exactly what you are told by the operator. If your problem is an emergency, you will be taken to the nearest Emergency Room of a hospital. Again, **you should notify PACE Greater New Orleans as soon as possible AFTER you have called 911 for service.**

Post Stabilization Care – means care provided after an emergency that your treating doctor sees as medically necessary after your emergency medical condition is stable. This care must be approved by PACE Greater New Orleans before they are provided outside the service area.

If you are away from your home and out of your service area, PACE Greater New Orleans will cover your emergency or urgently needed care. However, PACE Greater New Orleans will only cover your services for up to thirty (30) days during this time. If you were given emergency medical care while you were spending a short time away from the service area, **you must notify PACE as soon as possible by calling (504) 941-1531.** You must give information about the emergency and the care you received. If you are in a hospital or are still getting care, we have

the right to arrange to move you to another hospital within our network if your health will not be jeopardized. We will also change your doctor to a PACE Greater New Orleans doctor.

If you are admitted to a hospital outside of PACE service area, you, a family member, or care taker must tell PACE Greater New Orleans within one (1) full day, or twenty-four (24) hours, or you may be responsible for the cost.

If you have paid for the urgent or emergency medical service you received when you could not get care from someone at PACE Greater New Orleans, you should ask for a receipt from the hospital or doctor who treated you.

The **receipt must show:**

- The doctor's name,
- Your health problem,
- The treatment you received,
- The date of treatment and when you were able to leave, and
- How much you had to pay for the service.

You will be paid back for this care if you send your receipt to:

***PACE Greater New Orleans
Attn: Finance
4201 N. Rampart Street
New Orleans, LA 70117***

If you feel that you need any medical care outside of the United States, PACE Greater New Orleans will not pay for it, except if permitted by Medicare or under the Louisiana's approved Medicaid plan.

ACCIDENTAL INJURY

“What happens if I am hurt as a result of someone else’s actions?”

If you are injured by someone else’s actions, such as being involved in an automobile accident, and are injured and require additional medical care, PACE Greater New Orleans will provide additional care.

If you are awarded a law suit settlement or an insurance claim which include compensation for medical expenses, PACE will recover all medical cost from that claim resulting from the injury. These are the same kinds of rules and regulations which apply under your usual Medicare and/or Medicaid service if you are eligible.

Remember, you **must** notify PACE Greater New Orleans if you are involved in an accident.

HEALTHCARE POWER OF ATTORNEY AND ADVANCE DIRECTIVES

It is important for PACE Greater New Orleans and your Interdisciplinary Care Team understand how you want your health care to be provided. You may become too sick to talk to your PACE Greater New Orleans' Care Team, your family, or your friends. It is PACE Greater New Orleans' policy to discuss with you and your family before you get too sick, what kinds of care you want provided. There are several ways for PACE Greater New Orleans to do this.

PACE Greater New Orleans will keep a written and signed copy of what care you want. No matter what you decide, PACE Greater New Orleans must give you the care you want. Here are ways for you to let PACE Greater New Orleans understand and honor your wishes.

- You may give written instructions. This is called an “advanced health care directive.”
- You may ask someone else to decide your care for you. This request must be in writing. This is called “health care power of attorney.”
- If you do not want to do either an advanced health care directive or a health care power of attorney, PACE Greater New Orleans medical staff will write down your wishes, as part of your medical record. This information will be used to honor your wishes if you are no longer able to express those wishes.

PARTICIPANT RIGHTS

“AS A PACE GREATER NEW ORLEANS PARTICIPANT, WHAT ARE MY RIGHTS?”

PARTICIPANT’S BILL OF RIGHTS

When you join PACE Greater New Orleans program, you have certain rights and protections. PACE Greater New Orleans must fully explain your rights to you or someone acting on your behalf in a way you can understand at the time you join.

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

- get all of your health care in a safe, clean environment.
- be free from abuse. This includes 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 to use your rights in the PACE Greater New Orleans program.
- get help, if you need it, to use the Medicare and Medicaid grievance and appeal processes, and your civil and other legal rights.
- be encouraged and helped in talking to PACE Greater New Orleans staff about changes that should be made to policy and services.
- use a telephone while at the PACE Center for private conversations in the local calling area.
- not have to do work or perform services for the PACE Greater New Orleans program.

You have the right to protection against discrimination. Discrimination is against the law. Every company or agency working with Medicare and Medicaid must obey this law. Agencies cannot discriminate against you because of your: ethnic origin, sex, mental or physical ability, sexual orientation, or source of payment for your health care.

You have the right to get accurate, easy-to-understand information and to have someone help you make informed health care decisions. Specifically, 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 PACE interpret the information into your preferred language, 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 Participant rights in English and in any other frequently used language in your community. You can also get these materials in Braille, if necessary.
- get a written copy of your rights from PACE Greater New Orleans. These rights must also be posted 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 PACE Greater New Orleans. This includes telling you which services are provided by contractors instead of PACE Greater New Orleans' staff. You must be given this information before you join, at the time you join, and when there is a change in services.
- look at the results of the most recent review of PACE Greater New Orleans by Federal and State agencies. You also have a right to review how PACE Greater New Orleans plans to correct any problems that are found at inspection.

You have the right to choose a health care provider within PACE Greater New Orleans' 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 the right to get emergency services when and where you need them without PACE Greater New Orleans' approval. A medical emergency is when you think your health is in serious danger. You can get emergency care anywhere in the United States.

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 a person to act on your behalf. Specifically, 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 the PACE program help you create an advance directive. An advance directive is a written document explaining 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 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. You also have the right to look at and receive copies of your medical records.

You have the right to complain about the services you receive, or the services you need and don't receive, the quality of your care, or any other concerns or problems you have with PACE

You have the right to a fair and timely process for resolving concerns with your PACE program. Specifically, you have the right to:

- a full explanation of the grievance process.
- be encouraged and helped to freely explain your complaints to 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 PACE staff, or contractors.

You have the right to leave the program at any time, if, for any reason, you do not feel PACE is what you want. PACE will assist you as needed in contacting the local Medicaid office before you leave the program to see if your Medicaid benefits will change.

You have the right to report any violations of your rights. If you think you have been discriminated against, you may report this by:

- telling any staff member at PACE
- calling the following outside agencies:
 - 1-800-MEDICARE or 1-800-633-4227.
 - Office for Civil Rights at 1-866-627-7748.
 - Office of Aging and Adult Services at (866) 758-5035 and request the PACE Project Manager

PARTICIPANT AND CAREGIVER RESPONSIBILITIES

“WHAT DOES PACE GREATER NEW ORLEANS EXPECT FROM ME?”

The services of PACE Greater New Orleans depend on the involvement of you - the participant, and your family. Your Interdisciplinary Care Team will work closely with you to be sure your health care needs are met to the greatest degree possible. In order to do so, participants and caregivers have the following responsibilities:

1. To be involved with the planning of your care.
2. To cooperate with the care plan developed especially for you.
3. To use only providers authorized by PACE Greater New Orleans.
4. To take your medications as the PACE-GNO physician orders.
5. If you have an emergency, you must follow the specific PACE Greater New Orleans Emergency plan developed for you.
6. To use the hospitals chosen by PACE Greater New Orleans for all non-emergency hospital care.
7. If you are out of the PACE Greater New Orleans service area and an emergency arises, you, a family member, or a care taker must notify PACE Greater New Orleans within 24 hours.
8. If you wish to disenroll from PACE Greater New Orleans, you must provide a written or verbal notice of your wish to leave the program.
9. You must pay any monthly fees on time.
10. To notify PACE Greater New Orleans if you are injured by someone else's actions, such as being involved in an automobile accident.
11. To let PACE Greater New Orleans know as soon as possible, when you are not satisfied with care or services.
12. To exhibit conduct and behavior that does not endanger you, other participants, or PACE Greater New Orleans staff.
13. To notify PACE Greater New Orleans if you move or have a lengthy absence from PACE Greater New Orleans service area.

Note: *Failure by participants and/or their caregivers to adhere to “Participant and Caregiver Responsibilities” will result in a review by the Center Manager and/or Interdisciplinary Team and may be grounds for disenrollment.*

CONSUMER SUPPORT AND ADVOCACY

PARTICIPANT COUNCIL AND PARTICIPANT ADVISORY COUNCIL

“HOW DO I GET INVOLVED?”

PARTICIPANT COUNCIL

At PACE, participants meet on a regular basis with a staff representative to offer suggestions about what they like about PACE and what they feel can be improved. Participants have the right to make suggestions at any time to the staff about their care, the PACE Center, and the program.

PARTICIPANT ADVISORY COUNCIL

Family, Caregiver and Participant representatives from the PACE centers are selected by a nominating committee and then brought before the PACE Greater New Orleans Board of Directors for approval. A list of Family/Caregiver representatives will be provided upon request.

At quarterly meetings, the Council discusses such items as rights and responsibilities, quality issues, changes in regulations, participant communications, program policies and program structure. Although individual center matters are handled at the center level, issues affecting the whole program are presented to the Council. The Council's recommendations are then presented to the PACE Program Director and the Board of Directors. These recommendations assist us with serving you better and increase overall satisfaction.

YOUR SATISFACTION

PARTICIPANT GRIEVANCE PROCEDURE

“WHAT DO I DO IF I AM NOT SATISFIED WITH MY HEALTH CARE PLAN OR THE CARE THAT I GET?”

We want to be sure all PACE participants are satisfied with the care they receive. Please let us know right away if there is a problem or concern about care or if you feel you are not receiving services that you need.

The following definitions which are used in this section are for your information. They are used as a guideline from Medicare and Medicaid.

Grievance: Any expression of dissatisfaction, either written or oral, expressed by the Participant, the Participant’s family member, or the Participant’s legal representative with the service delivery or the quality of your care furnished by PACE, whether medical or non-medical in nature.

Appeal: A Participant, a Participant’s family member or legal representative’s action taken with respect to PACE non-coverage or non-payment of a service including denials, reductions, or termination of services.

PACE Greater New Orleans Grievance Procedure:

YOU HAVE THE RIGHT TO FILE A GRIEVANCE ABOUT ANYTHING.

HERE ARE A FEW EXAMPLES:

- The qualities of services you receive in the home, at the PACE center, or in any inpatient stay (hospital, skilled nursing facility, or nursing home)
- Mistakes you feel have been made
- Waiting times on the phone or in the waiting/exam room
- Behavior of any of your care providers or program staff
- Adequacy of center facilities
- Transportation Services

Information on how to file a grievance will be reviewed with you when you enroll, at least annually, and anytime you or your family requests it.

If you file a grievance, you will continue to receive health services the same as before you filed the grievance. PACE employees will not discuss your grievance with other Participants or anyone else not involved with investigating your grievance.

You may file a grievance with any staff member, either verbally or in writing, at any time. You or your family member can telephone the center during the hours of 8:00 a.m.– 5:00 p.m. or call the Administrator On-call at 945–1531 after hours.

Once you or your family member have filed a grievance, a PACE staff member will discuss with you or your representative the specific steps, including the time frames for response, taken to resolve the grievance, which may include a written notification of the grievance process.

It is the responsibility of our Center Director to investigate and seek a resolution of the grievance as soon as possible but no later than 30 business days. The grievance and the resolution will be discussed by the Interdisciplinary Care Team during our morning staff meetings.

All efforts will be made by the team to pursue a resolution with service delivery do not go unresolved. If you or your family member are still not satisfied with the resolution proposed by the team, you will be informed, either orally or in writing, of what action you may take. This involves contacting the Executive Director of PACE Greater New Orleans within 30 days of the team's decision.

All efforts will be made by the PACE Director to resolve the on-going grievance within 30 days by using the resources of the program, including the Medical Advisory Board and/or Ethics Committee.

YOUR SATISFACTION

OVERVIEW OF THE APPEAL PROCESS

“WHAT DO I DO IF I AM DENIED A SERVICE OR PAYMENT FOR A SERVICE?”

You have the right to file an appeal if PACE denies your request for a service, refuses to pay for a service, or disenrolls you against your wishes. Your Care Team must tell the reason for denying your request in a timely manner. If you disagree you may appeal to the Louisiana Department of Health and Hospitals.

When you enroll, you will be given written information on how to file these types of appeals. You will receive up to date information about how to appeal every year, and whenever we deny a request for services or payment. You or your family may request information on our appeal process at any time.

If you file an appeal, you will continue to receive health care services while the appeal is being considered. However, you will be responsible for paying for the services your Care Team did not recommend if you lose the appeal. PACE employees will not discuss your appeal with anyone not involved in investigating your appeal.

Once PACE denies either a service you requested or payment for a service, you can file your standard appeal either verbally or in writing. You or your family may appeal the decision by notifying your assigned center between the hours of 8:00 a.m.– 5:00 p.m. or by sending a letter to PACE Greater New Orleans at the following address:

PACE Greater New Orleans Administrative Office
Attention: PACE GNO Executive Director
4201 N. Rampart Street
New Orleans, LA 70117
504-945-1531

In addition to our Executive Director a person not involved in our initial decision will evaluate your standard appeal. This person is both impartial and appropriately qualified to render a decision. You or your authorized representative may present or submit relevant facts and/or evidence for review, either in person or in writing to us for consideration during the appeal process.

We will make a decision on your appeal as quickly as your health condition requires but no later than 30 calendar days after receiving your request for an appeal.

If you believe your life, health or ability to regain or maintain maximum function could be seriously jeopardized if the disputed service is not provided, you may request an **expedited appeal**. The PACE Executive Director and the objective third party will review your case immediately and respond back to you within 72 hours. If we are able to demonstrate for you the need for more time to review the case and your health is not in danger we may require up to 14 days to review your expedited appeal.

THE DECISION ON YOUR APPEAL:

In either case, whether a standard appeal or an expedited appeal, if the decision is **favorable** to you, we will notify you and arrange for you to get the service or payment in question as quickly as your health condition requires.

External Appeals

If we do not decide in your favor for a service or payment of a service, you have additional appeal rights, called **external appeal** rights. Your request to file an external appeal can be made either verbally or in writing. The next level of appeal involves a new and impartial review of your case through either the Medicare or Medicaid program. The Medicare program contracts with an “independent review organization” to provide external review on appeals involving PACE organizations like us. This review organization is completely independent of our PACE organization.

The Medicaid program conducts their next level of the appeals process through the state’s fair hearing process. Until you receive the final decision from the state, you may choose to receive a service being appealed, however, you may have to pay for these services if the decision is not in your favor.

If you are enrolled in both **Medicare and Medicaid**, you may choose which appeals process you wish to follow. If you are not sure which program applies to you, ask us. **You must choose either Medicare or Medicaid. The External Appeal may only be made to one or the other, (Medicare—or– Medicaid) but not both.** PACE Greater New Orleans can help you with whatever Appeals Process you choose.

If you are enrolled in both **Medicare and Medicaid or Medicare only**, you may choose to appeal using Medicare's external appeal process. We will send your appeal to a separate review panel that Medicare has designated as the agency for reviewing external appeals.

This Medicare designated agency for external appeals will either maintain our original decision or change our decision and rule in your favor.

There is an **expedited and a standard** external appeal process. You can request an expedited appeal if you believe that your health would be jeopardized by not receiving the service in question. In an expedited external appeal, we will send your case file to the Medicare designated agency as quickly as your health requires. The Medicare designated agency must give us a decision within 72 hours after they receive the appeal from us. If the Medicare designated agency asks for more time to review the appeal, they must give us their decision within fourteen (14) days. You will be notified if an extension is granted. For a standard appeal, you will get a decision within thirty (30) days after you request the appeal.

If the Medicare designated agency's decision is in your favor for an **expedited appeal**, we must give you the service as quickly as your health condition requires.

If the Medicare designated agency's decision is in your favor for a **standard appeal**, we must give you the service as quickly as your health condition requires.

OR

If you have requested a payment for a service you have already received, we must pay for the service.

If the Medicare designated agency's decision is NOT in your favor for either the standard or expedited appeal, there are further levels of appeals, and we will assist you in pursuing your appeal further if you chose to do so.

For reviews to **Medicaid**, the appeal should be sent within 30 days to:

**Louisiana Department of Health and Hospitals (DHH)
Bureau of Appeals
P. O. Box 4183
Baton Rouge, LA 70821-4183
Local**

The Department of Health and Hospitals will respond with a written notice to inform you of the decision concerning your appeal. If the State's decision is in your favor, PACE will provide or

pay for the service in question as quickly as your health requires, but no later than 30 days after the decision.

TERMINATION OF BENEFITS

“WHY WOULD MY PACE GREATER NEW ORLEANS BENEFITS BE STOPPED?”

Your benefits from PACE can be stopped if you choose to give up your enrollment in the program. If you decide to give up these benefits, you have done it **“voluntarily”** or on your own. If you no longer meet the conditions of enrollment, you will give up the benefits **“involuntarily.”**

You must still use PACE services and pay the monthly charge, if there is any, until enrollment is ended. At least thirty (30) days written notice is needed to get you back into the Medicare and/or Medicaid program. If you are in the hospital on the date of your planned disenrollment, your PACE benefits will continue until the next disenrollment period after you are discharged from the hospital.

NOTE: You cannot disenroll from PACE by going to the Social Security office. You must tell PACE of your intent to disenroll from the PACE program.

Voluntarily Leaving PACE Greater New Orleans - if you want to cancel your benefits by leaving PACE, you should talk about it with a Team member at the PACE Center. You may leave for any reason at any time. However, please let us know either verbally or in writing. If you tell us verbally of your wish to disenroll, you must sign a disenrollment form. PACE will disenroll you as soon as possible. PACE requires time to coordinate your health care outside of PACE with community providers to ensure your health needs will continue to be met.

Involuntarily Leaving PACE Greater New Orleans- PACE can stop your benefits by giving you thirty (30) days notice in writing if:

- You move out of PACE service area for more than thirty (30) days unless the absence is due to circumstances beyond your control and you have notified us in writing; or
- You consistently do not follow instructions for your special plan of care and/or the terms of your enrollment agreement, thereby threatening your health and safety.
- Your behavior threatens the health and safety of you or others; or
- You do not pay or have not worked out some way to pay any money due PACE Greater New Orleans after the thirty (30) day grace period; or
- You are no longer eligible for nursing home care, and you are not likely to require that level of care again soon, even without help from PACE; or
- PACE Greater New Orleans loses the contract with Medicare and/or Medicaid and/or licenses which make it possible to give health care services.

The effective date to all PACE benefits will end at midnight on the last day of the month following the thirty (30) day notice period. **You must use PACE services until notified of your disenrollment from the PACE program.**

Whether your disenrollment is voluntary or involuntary, PACE will do its best to make sure you receive care for services in other Medicare and Medicaid programs for which you are eligible. We will work with the Medicare and Medicaid agencies by making your medical records available to your new care providers in a timely manner.

If you had additional health care coverage through a Medigap policy, you may be eligible to reapply for that policy when you disenroll from PACE. We will help you with this process.

If you are Medicare eligible you will need to enroll in a Medicare Part D plan in order to continue your drug benefit.

RENEWAL PROVISIONS

*“IF I DECIDE TO LEAVE PACE GREATER NEW ORLEANS, IS THERE ANY WAY
I CAN BE A PARTICIPANT AGAIN?”*

If you choose to leave PACE (voluntarily), you can reapply—however, you must still meet the eligibility requirements. If you leave involuntarily because you did not pay your monthly bill, you must reapply through our eligibility criteria. If you do not pay a bill on time, PACE gives you a 30 day ‘grace’ period to make up payment. To re-enroll, you have to pay before the 30 days are over.

CONFIDENTIALITY STATEMENT

At PACE Greater New Orleans, we will respect your privacy concerning information about your health and will protect information identifying you along with your medical condition. Any contract providers who care for you must also protect and respect your privacy concerning your health information as part of their agreement with PACE.

Your medical records will only be given to those who are authorized to receive them. This will include court orders and any State or Federal laws.

PACE recognizes your privacy rights. We also ask you and your caregivers to be sensitive to the privacy rights of other participants and caregivers.

ENROLLMENT AGREEMENT

EFFECTIVE DATES OF ENROLLMENT

Your enrollment is effective on the first day of the calendar month, following the date on which we receive your signed enrollment agreement. Your effective dates of enrollment are listed on your enrollment agreement.

The name of your PACE Center is: **St. Cecilia's**

It is located at this address:

**4201 N. Rampart St.
New Orleans, LA 70117**

Their phone number is: **(504) 945-1531**

You will attend your PACE center on:

Monday Tuesday Wednesday Thursday Friday

Your transportation coordinator and driver will contact you with the approximate time you will be picked up and dropped off..

(While we plan to be on time, we will do our best to let you know if we will be later than expected)

Your enrollment agreement signature sheet and also a copy of your enrollment conference checklist appears in section.

ENROLLMENT AGREEMENT

ENROLLMENT CONFERENCE CHECKLIST

A PACE Greater New Orleans staff member has reviewed the following information with me and/or my caregiver:

- **Introduction and Program Description**
- **The Mission Statement of PACE Greater New Orleans**
- **Eligibility requirements for participation in PACE Greater New Orleans**
- **The process of enrolling in PACE Greater New Orleans**
- **Health Care Power of Attorney and Advanced Directives**
- **Benefits and Coverage information, which include:**
 - Effective Dates of Enrollment and a sample of the Enrollment Conference Checklist.
 - A description of the kind of benefits and coverage I get with PACE Greater New Orleans.
 - Information about the PACE Center I will attend, including hours and what to do when the weather is bad.
 - Information about the PACE Care Team providing my care.
 - PACE Employees and Contract Providers.
 - Financing – Monthly Payment Information, including what I may have to pay, if anything. Also, I understand what PACE Greater New Orleans will not cover.
 - Information about long term care facilities and how they may be used for my care.
 - Emergency and Urgent Care coverage.
 - Information about what should be done if I am hurt in an accident.
 - A copy of the Participant Rights – Bill of Rights.
 - My responsibilities as a Participant of PACE Greater New Orleans and the responsibilities of my caregiver.
 - Information about the Participant Council and the Consumer Advisory Council.
 - Information about the PACE Greater New Orleans Grievance process.
 - Information about the PACE Greater New Orleans Appeal process.
 - Information about the Medicaid and Medicare appeals process.
 - Information about stopping my PACE Greater New Orleans benefits.
 - Information about re-applying to PACE Greater New Orleans.
 - A Confidentiality Statement.
 - Definitions of terms in the agreement booklet.

- Notice that you may not disenroll from PACE Greater New Orleans at a social security office.

ENROLLMENT AGREEMENT

ENROLLMENT CONFERENCE CHECKLIST

APPLICANT INFORMATION					
Last name:	First:	Middle:	Social Security no.:	Birth date: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Permanent address:			City:	State:	ZIP Code:
Mailing address (if different):			City:	State:	ZIP Code:
Medicaid #:	Medicare #: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		Other Health Insurance Information (If applicable):		
Primary Language			Secondary Language:		

IN WITNESS WHEREOF, I, _____ agree to enroll in the services of PACE Greater New Orleans. I have received a copy of the member enrollment agreement and talked with a PACE Greater New Orleans staff member about my enrollment benefits. I understand that once I enroll in PACE Greater New Orleans, I am to receive all my health care benefits from PACE Greater New Orleans.

Effective Enrollment Date: _____

Signature: _____ **Date:** _____

Enclosed in this packet are important items you will receive as a PACE Greater New Orleans Participant. Please read and follow these directions carefully so that if an emergency happens, you, your family, and any health care facility will know exactly what to do.

- **Your PACE GREATER NEW ORLEANS CARD** is the small card. It identifies you as a Participant of PACE-GNO and must be shown when you go to the hospital. Written on this card is your name, address, social security number and medical records number. Keep this card with your Medicaid and Medicare cards.
- **The EMERGENCY STICKER** needs to be placed on or near your telephone. This keeps it handy when you need it most. The sticker shows the numbers to dial in case of an emergency.
- **The SMALL EMERGENCY STICKER** is to be applied to the back of your Medicare Card. Your Medicare Card is the small card that has Social Security written at the top and is in red, white, and blue. Please place the sticker on the back of the card and present this card anytime you receive an authorized service.
- **The EMERGENCY PLAN** is the detailed sheet you sign which has instructions on “what to do” in case of an emergency. This also outlines the health care wishes, you have chosen (BASIC LIFE SUPPORT, or, DO NOT RESUSCITATE, or FULL CODE).
- Your copy of the **ENROLLMENT AGREEMENT AND SIGNATURE SHEET**. This must be signed before you can receive PACE Greater New Orleans services.
- Your signed **ACKNOWLEDGEMENT OF THE CARE PLAN** your interdisciplinary care team designed for you.
- **Your PACE Center** information which includes attendance.
- **Your Interdisciplinary Care Team** information. (Update regularly).
- **PACE Greater New Orleans Contract Providers** list (Changes will be updated regularly, and a new list is distributed annually).
- Information about **PARTICIPANT COUNCIL and the PARTICIPANT ADVISORY COUNCIL**.
- A **CONFIDENTIALITY STATEMENT**.
- **CONSENT** forms for
 - **Immunization** and
 - Photo
- Information about **“WHAT TO BRING TO THE CENTER”**