

OSF PACE

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



Enrollment Agreement

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Contents

Welcome to OSF PACE	5
Mission statement	5
Holiday schedule	5
Special features	6
Eligibility and enrollment.....	6
Interdisciplinary team.....	7
Updating your participant records.....	7
Tell us how we're doing	8
Section 1 - Your rights and responsibilities as a participant of OSF PACE	9
Participant rights	9
Participant responsibilities	12
Section 2 - How your OSF PACE coverage works	13
Your OSF PACE membership card	13
How the lock-in feature works and why it is important for you and OSF PACE.....	13
Section 3 - Working with your contracted medical providers	14
What are contracted medical providers?	14
Changing your primary care provider	14
How to make an appointment with your providers	14
Receiving care after hours	14
How to receive covered services from a specialist	14
Section 4 - Benefits and covered services	15
Outpatient health services.....	15
Inpatient hospital care	15
Nursing home care.....	16
Other health-related and community-based services.....	16
Dental care.....	16
Exclusions: items and services not covered.....	16
Organ transplants.....	17
End of life.....	17
Section 5 - Emergency and urgently needed services	18
Getting emergency services	18

Getting urgent care	19
If you receive a bill.....	19
Section 6 - Supportive housing	19
Section 7 - Monthly payments	20
Monthly premium payments.....	20
Instructions for making payments to OSF PACE.....	21
Section 8 - Disenrollment from OSF PACE.....	22
Voluntary disenrollment	22
Moves or extended absences from the OSF PACE service area.....	23
Involuntary disenrollment.....	23
Section 9 - Advance directives: making your health care wishes known	24
Section 10 - Coordinating other benefits you may have	24
Section 11 - Confidentiality and release of information	24
Section 12 - General provisions	25
OSF PACE contracting arrangements	25
Provider directory	25
Discrimination rules.....	25
Participant financial responsibility	25
Section 13 - Grievance and appeal procedures	26
Grievances.....	26
Appeals.....	27
External appeals.....	29
Medicaid appeals procedures	29
Medicare appeals procedures	30
OSF PACE signature pages.....	31

Welcome to OSF PACE

Welcome to OSF PACE. This Enrollment Agreement is an explanation of your rights, benefits and responsibilities as a participant of OSF PACE. If you need this Enrollment Agreement in another language, please call toll-free (833) 401-1679 or TTY: (833) 401-1732. Interpreter services are available free of charge.

Mission statement

In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the Gift of Life.

We want to treat all of our patients with dignity. This is very important to us. We focus on the needs of each patient within the means of OSF HealthCare. We give considerate and respectful care to our patients. We follow the OSF HealthCare Mission and the law. We also follow the Ethical and Religious Directives for Catholic Health Care Services. We are committed to honoring your rights as a patient. We want you to be an active partner in your care so you can help us meet your needs. That is why we ask you to share in some responsibilities.

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

Holiday schedule

OSF PACE will be closed on the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

NOTE: When OSF PACE is closed, you can call the center at toll free at: (833) 401-1679 or TTY: (833) 401-1732 to reach the provider on call.

IN AN EMERGENCY, CALL 9-1-1.

If you need Emergency Services, they will be covered without prior authorization from OSF PACE. If you do obtain emergency care, it is very important that you notify OSF PACE as soon as possible so that your OSF PACE Team can manage your follow-up care. Please see Section 5 for more information on Emergency Services.

Special features

OSF PACE is a different kind of health plan. It gives you health care services in a personal way. We can work with you and your family to give the kind of care you need and want. We want you to stay independent and will encourage you to do as much for yourself as possible. We will help you to make informed health choices.

Eligibility and enrollment

To be eligible for the OSF PACE program, you must be:

- At least 55 years old
- A resident of the OSF PACE service area (the following counties and ZIP codes):
 - Mason County: 61532, 61546
 - Peoria County: 61523, 61525, 61528, 61533, 61536, 61547, 61552, 61602, 61603, 61604, 61605, 61606, 61607, 61614, 61615, 61616, 61625
 - Tazewell County: 61534, 61535, 61546, 61550, 61554, 61564, 61568, 61571, 61610, 61611, 61734, 61747
 - Woodford County: 61530, 61548
- Meet nursing home level of care prior to enrollment and annually thereafter
- Be able to live safely in the community at the time of enrollment with OSF PACE services

As a potential participant, OSF PACE staff will conduct an assessment to ensure you can be cared for safely in your own home. This includes an assessment of your health and care support network. We will also arrange for you to visit the OSF PACE center.

If we determine that you are eligible to be a participant of OSF PACE, you and your caregiver will be invited to meet with our staff. At that time, we will review and come to an agreement about your participation in OSF PACE before you sign the Enrollment Agreement. At this meeting you and your caregiver will have an opportunity to:

- Discuss the plan of care recommended by enrollment staff and your suggestions and preferences
- Ask questions about your monthly payment, if any
- Discuss the partnership between you and OSF PACE
- What to do if you are dissatisfied with the care you receive from OSF PACE, explained in the Grievances and Appeals section of this agreement

If you decide to join OSF PACE, you will be given the opportunity to agree to and accept the conditions of enrollment by signing the Enrollment Agreement.

You may be denied enrollment if remaining in your home and/or the community would jeopardize your health and safety. If you do not meet the level of care requirements, you will be ineligible to enroll. In such cases, OSF PACE staff will provide written notification explaining the reason for the denial or ineligibility and refer you to appropriate alternative services.

Interdisciplinary team

Your health care is planned with you and your family or significant others by a special group of people working with you. We call them the OSF PACE Team. Your OSF PACE Team includes the following people:

- Primary care provider (physician or nurse practitioner)
- Registered nurse
- Occupational therapist
- Physical therapist
- Recreational coordinator
- Dietitian
- OSF PACE Center manager
- Home Care coordinator
- Personal care attendant
- Transportation coordinator and/or driver
- Social worker

By enrolling in OSF PACE, you have made a decision to get all of your health care from the OSF PACE provider network. You must also follow all plan participant rules as outlined in this Enrollment Agreement and amendments we send you, such as getting referrals and prior authorization when necessary. If you have questions or need help, please contact us at the location or phone number listed below.

OSF PACE

719 N. William Kumpf Blvd., Ste. 300
Peoria, IL 61605

Office hours:	8 a.m.-4:30 p.m., Monday through Friday
Toll-free phone number:	(833) 401-1679
TTY/TTD:	(833) 401-1732

After-hours phone number: Call your OSF PACE Team at the phone number provided above.

Updating your participant records

The following changes must be reported to your OSF PACE Team:

- Changes in your name, address or phone number
- Changes in any health insurance coverage that you may have (e.g., from your employer or your spouse's employer)
- Changes in income or assets
- Liability claims, such as claims against another driver in an automobile accident
- Eligibility under worker's compensation
- Changes in your health care power of attorney

Tell us how we're doing

Our goal is to arrange the services you need. You can play a key role by telling us how we are doing.

From time to time, we may ask for your thoughts on OSF PACE through our participant satisfaction surveys. These surveys help us to be sure that you are getting the care you need from your OSF PACE Team, your doctor and all the other health care workers who provide services to you. Your responses and comments help us to identify our strengths as well as the areas we need to improve.

OSF PACE has a comprehensive Quality Assurance and Improvement program that protects, maintains and improves the quality of care provided to its members. You may request information from OSF PACE regarding its Quality Assurance and Improvement program.

You can also call or write to us at any time with helpful comments, questions or observations at:

OSF PACE
Quality Improvement Department
124 SW Adams Street
Peoria, IL 61602

Office hours:	8 a.m.-4:30 p.m., Monday through Friday
Toll-free phone number:	(833) 401-1679
TTY/TTD:	(833) 401-1732

Your comments are always welcome, whether they are about something you like or dislike about our plan.

Section 1 - Your rights and responsibilities as a participant of OSF PACE

Participant rights

At OSF PACE, we are dedicated to providing you with quality health care services so you can remain as independent as possible. This includes providing all services covered by Medicare and Medicaid as well as all other services that our interdisciplinary care team determines to be necessary 24 hours a day, seven days a week. Our staff and contractors seek to affirm the dignity and worth of each participant by ensuring 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 confidential, and to receive compassionate, considerate care.
- To get all of your health care in a safe, clean environment and in an accessible manner.
- To be free from harm. This includes excessive medication, physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms.
- To be encouraged and helped to use your rights in the OSF PACE program.
- To get help, if you need it, to use the Medicare and Medicaid complaint and appeal processes and other civil and legal rights.
- To be encouraged and helped in talking to OSF PACE staff about changes in policy and services you think should be made.
- To use a telephone while at the OSF PACE Center.
- To not have to do work or provide services for the OSF PACE program.

You have the 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, please contact an OSF PACE staff member to help you resolve your problem.

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

You have the right to information and assistance.

You have the right:

- To receive accurate, easy-to-understand information and have someone help you make informed health care decisions.
- To have someone help you if you have a language or communication barrier so you can understand all information given to you.
- To have the OSF PACE program interpret the information into your preferred language in a culturally competent manner if English is not your first language and you cannot speak English well enough to understand the information being given to you.
- To get marketing materials and PACE participant rights in English, any other frequently used language in your community, or Braille.
- To have the enrollment agreement fully explained to you in a manner that is understood by you.
- To get a written copy of your rights from the OSF PACE program. OSF PACE must also post these rights in a public place in the OSF PACE Center where it is easy to see them.
- To be fully informed, in writing, of the services offered by OSF PACE. This includes telling you which services are provided by contractors instead of OSF PACE staff. You must be given this information before you join, at the time you join, and when you need to make a choice about what services to receive.
- To be provided with a list of individuals who provide care-related services not provided directly by OSF PACE upon request.
- To look at or get help to look at the results of the most recent federal and state review of OSF PACE. You also have a right to review how OSF PACE plans to correct any problems identified during these reviews.

You have the 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 the OSF PACE network and to receive quality health care. Women also have the right to receive services from a qualified women's health care specialist for routine or preventive women's health care services.
- To have reasonable and timely access to specialists as indicated by your health condition.
- To receive care across all care settings, up to and including placement in a long-term care facility when OSF PACE can no longer provide all the care you need in your home.

You have the right to access emergency services.

You have the right to get emergency services when and where you need them without the OSF PACE program's approval. 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 OSF PACE prior to seeking emergency services.

You have the 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.
- 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 receive treatment or take medications. If you choose not to receive treatment, you must be told how this will affect your health.
- To have the OSF PACE program help you create an advance directive if you choose. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself. You should give it to the person who will carry out your instructions and make health care decisions for you.
- To participate in making and carrying out your plan of care. You can ask for your plan of care to be reviewed at any time.
- To be given advance notice, in writing, of any plan to move you to another treatment setting and the reason you are being moved.

You have the 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, including health data that is collected and kept electronically, as protected under state and federal laws.
- To look at and receive copies of your medical records and request amendments.
- 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.
- To provide written consent that limits the degree of information and the persons to whom information may be given.

As a patient, you are entitled to 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, call the Office for Civil Rights toll free at (800) 368-1019. TTY users should call (800) 537-7697.

You have the right to file a complaint, request additional services or file 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 the OSF PACE program. You have the right to a fair and timely process for resolving concerns with the OSF PACE program. You have the right:

- To a full explanation of the complaint process.
- To be encouraged and helped to freely explain your complaints to OSF 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.
- **To 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 have the right to request services from OSF 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 also have the right to appeal any denial of a service or treatment decision by the OSF PACE program, staff, or contractors.

You have a right to leave the program.

If, for any reason, you do not feel that the OSF PACE program 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 OSF PACE receives your notice of voluntary disenrollment.

Additional Help:

If you have complaints about the OSF PACE program, think your rights have been violated, or want to talk with someone outside the OSF PACE program 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.

Participant responsibilities

The services of OSF PACE depend upon the involvement of you (the participant), and your caregivers if applicable. Along with the rights you have when you enroll in OSF PACE, you also have some responsibilities, which include the following:

- To become familiar with the information in this enrollment agreement and the rules you must follow when enrolled in OSF PACE
- To be involved in planning your care, if you are able
- To talk with your doctor and/or team if you have any questions and to give your team information they need to care for you
- To follow treatment plan instructions and care that are agreed upon by you, your doctor and/or your team
- To act in a way that supports the care given to other patients and helps the smooth running of the OSF PACE center, doctor's office and other locations where you receive services
- To take care of any equipment, such as dentures, eyeglasses and hearing aids provided to you by OSF PACE
- To pay any monthly costs on time
- To let OSF PACE know as soon as possible when you have questions, suggestions or problems with your care or payment
- To use OSF PACE-contracted hospitals and services except for urgent care and emergency care

Section 2 - How your OSF PACE coverage works

Your OSF PACE membership card

Your OSF PACE membership card is what you use to receive OSF PACE-covered services. In nearly all instances, you will need to present your membership card to your health care provider to show that you are enrolled in OSF PACE.

As long as you are a participant in OSF PACE, you must not use your Medicaid card or your red, white and blue Medicare card to receive covered medical services. Keep your Medicaid or Medicare card in a safe place in case you need it in the future.

If you lose your membership card, please contact your OSF PACE Team.

How the lock-in feature works and why it is important for you and OSF PACE

As an OSF PACE participant, all of your medical, hospital and long-term care services are provided and arranged by your OSF PACE Team. If you receive services without prior authorization by your OSF PACE Team or services from an out-of-network provider (with the exception of urgent care and emergency services), you may be fully and personally liable for the cost of those services.

NOTE: Enrollment in OSF PACE results in disenrollment from any other Medicare or Medicaid plan (such as an HMO or Part D plan) or optional benefit (such as hospice). Once you have enrolled in OSF PACE, if you decide to join any other Medicare or Medicaid plan or benefit, such as a Medicaid HMO, hospice program, or Part D plan, you would also be voluntarily disenrolling from OSF PACE. If you do not have Medicare when you enroll in OSF PACE and become eligible after enrollment, you will be disenrolled if you choose to obtain Medicare coverage other than from OSF PACE.

Section 3 - Working with your contracted medical providers

What are contracted medical providers?

Contracted medical providers are the doctors and other health care professionals, medical groups, hospitals and other health care facilities, and long-term care providers that have an agreement with OSF PACE. We have arranged for these providers to deliver covered services to participants in our plan.

It is important to know which providers are contracted because, with limited exceptions, while you are a member of our plan, you must use contracted providers to get care and services.

Changing your primary care provider

You have the right to change OSF PACE primary care providers to another doctor or nurse practitioner in the network. Call your OSF PACE Team with your concerns and for assistance.

How to make an appointment with your providers

To make an appointment with a provider, call your PACE Team, and they will make all the arrangements for you. If you get service from a provider without prior authorization from OSF PACE, you may have to pay for the services yourself.

Receiving care after hours

If you require assistance from OSF PACE after hours that is not urgent care (see Section 5, C regarding urgent care), please call your PACE Team and explain what you need. The toll-free answering service at (833) 401-1679 or TTY: (833) 401-1732 will contact the on-call administrator or primary care provider to assist you.

How to receive covered services from a specialist

Even though your primary care provider is trained to handle most common health needs, there may be times when he or she feels you need more specialized treatment. In that case, you may receive a referral to see a specialist, with prior approval from your OSF PACE Team. This includes second opinions.

It is very important that you do not refer yourself to a specialist because OSF PACE will only pay for specialist services with prior authorization. Whether you want to go to a specialist in the network or outside of the network, you must receive prior authorization from your OSF PACE Team.

Section 4 - Benefits and covered services

The OSF PACE program arranges for all the services you need, including hospitalizations and long-term care support services. When approved by your care team, you may receive the following services through the OSF PACE program as stated in your care plan. Your OSF PACE Team will work with you to decide about the services and care best for you. All services must be approved by your OSF PACE Team prior to you receiving them. Your benefits will begin on the first day of the month after we receive your signed Enrollment Agreement.

Outpatient health services

- General medical and specialist care, including a woman's health specialist as requested
- Nursing care
- Social services
- Prescribed medications and pharmacy services when prescribed by an OSF PACE provider or contracted provider and dispensed by an OSF PACE-contracted pharmacy
- Physical, occupational, speech and respiratory therapies
- Laboratory tests, X-ray and other diagnostic tests
- Vision care, including examinations and treatment
- Hearing services, including evaluation, hearing aids, repairs and regular care
- Podiatry services, including routine foot care
- Psychiatric care, including evaluation, consultation, diagnosis and treatment
- Artificial limbs, disposable medical supplies and durable medical equipment (such as hospital beds, wheelchairs and walkers)
- Nutritional counseling and special diet assistance
- Alcohol and other drug treatment
- Chiropractic services
- Outpatient surgery inclusive of sedatives

Inpatient hospital care

- Semi-private room and meals*
- General medical and nursing services
- Medical and surgical care, intensive care and coronary care units as necessary
- Laboratory tests, X-rays and other diagnostic procedures
- Receiving blood or plasma
- Prescribed drugs and medicine
- Use of oxygen
- Physical, occupational, speech and respiratory therapies
- Psychiatric care
- Social services and planning for discharge from the hospital
- Alcohol and other drug treatment

Nursing home care

- Semi-private room and meals*
- Doctor and nursing services
- Custodial care
- Personal care and assistance
- Prescribed drugs and medicines
- Physical, occupational and speech therapies
- Social services and planning for discharge
- Medical supplies and appliances

Other health-related and community-based services

- Adult day services (up to five days/week)
- Case management
- Supportive housing
- Home care, including home health aides, personal care assistance and chore services
- Respite care
- Home modifications
- Medical transportation services and non-medical transportation services as indicated in the care plan
- Specialized medical equipment and supplies
- Home-delivered meals
- Personal emergency response systems
- End-of-life services

Dental care

- Diagnostic services
- Preventive services
- Restorative dentistry
- Prosthetic appliances
- Oral surgery

Exclusions: items and services not covered

OSF PACE is required to provide all Medicaid services, community-based services and Medicare services. The following are services that OSF PACE is not permitted to provide.

- Cosmetic surgery or procedures unless required for improved functioning of a malformed part of the body resulting from an accidental injury or for reconstruction following mastectomy.
- Experimental or investigational medical, surgical, and other health procedures
- Services furnished outside of United States (The United States includes the 50 states, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa and the Northern Mariana Islands)

Organ transplants

OSF PACE covers transplants that are covered by Medicaid and Medicare, including cornea, kidney, bone marrow, liver, heart, heart-lung, lung and pancreas transplants. As with any other service, your OSF PACE Team must approve a transplant. An approved transplant center (as determined by Medicare or Medicaid) will then decide whether you are a candidate for a transplant. OSF PACE contracts with approved transplant centers at OSF HealthCare Saint Francis Medical Center in Peoria, Illinois.

End of life

The trusting relationship and knowledge of your needs and desires are at the core of the OSF PACE model of care and enable your OSF PACE Team to provide continuity of care and effective support through the end of life. As your health conditions change, the goals of your care may change from treatment-focused to comfort-focused. The goals will include quality of life, symptom management and staying in your own residence as long as possible. If you need end-of-life care, that care will be provided by your OSF PACE Team and/or our contracted providers. Ask your OSF PACE Team for more information.

*OSF PACE will only pay for private rooms or private-duty nurses, and non-medical charges, such as telephone, radio or television rentals, when authorized by the OSF PACE Team.

Section 5 - Emergency and urgently needed services

Getting emergency services

An emergency may be an injury or sudden illness that 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, risk serious damage to organs or impairment to bodily functions. Some examples include but are not limited to:

Choking	Severe or unusual bleeding
Trouble breathing	Suspected poisoning
Serious broken bones	Suspected heart attack
Loss of consciousness	Suspected stroke
Severe burns	Convulsions
Severe pain	Prolonged or repeated seizures

Prior authorization for treatment of an emergency medical condition is not required. OSF PACE will always pay for emergency services whether you are in or out of the service area. If you are unsure whether a problem is an emergency, please call your OSF PACE Team nurse toll free at (833) 401-1679 or TTY: (833) 401-1732. This number can be called during business hours or at night, on a holiday or on the weekend.

IN AN EMERGENCY, CALL 9-1-1.

Whether you are in or out of the OSF PACE service area, you must call OSF PACE as soon as possible so that your OSF PACE Team can manage your follow-up care. If you are out of the area and a physician certifies that you may travel safely, your OSF PACE Team may arrange for you to come back to the service area to receive the follow-up care.

If you are **in the OSF PACE service area** and need care that is not for an emergency but cannot wait, call your OSF PACE Team nurse toll free at (833) 401-1679 or TTY: (833) 401-1732 any time 24 hours a day, seven days a week. The nurse will decide with you how to handle the situation. If you do not call your OSF PACE Team nurse or on-call nurse, it is possible that OSF PACE will not pay for the urgent care or follow-up care.

Getting urgent care

Urgent care is care provided to you when you are **out of the OSF PACE service area** and believe your illness or injury is too severe to postpone treatment until you return to the service area, but your life or function is not in severe jeopardy. Some examples include but are not limited to:

Broken bones	Minor cuts
Sprains	Bruises
Non-severe bleeding	Most medication reactions
Minor burns	

If you are **out of the OSF PACE service area** and need urgent care, call your OSF PACE Team nurse toll free at (833) 401-1679 or TTY: (833) 401-1732 any time 24 hours a day, seven days a week. If you do not hear back from us for approval within one hour or cannot reach us at all, the urgent care services will be considered approved.

If you receive a bill

If you receive a bill or pay for any emergency services, urgent care, out-of-area renal dialysis, or services that were approved in advance by OSF PACE, submit the bill or receipt to OSF PACE for payment consideration. Bills and receipts should be submitted to your OSF PACE Team within 30 calendar days and include a detailed description of the services rendered and the name, address and telephone number of the provider.

If you have questions about any bills, contact your OSF PACE Team toll free at (833) 401-1679 or TTY: (833) 401-1732 between 8 a.m. and 4:30 p.m., Monday through Friday.

Section 6 - Supportive housing

The primary goal of the OSF PACE Program is to provide assistance that enables you to live in your own home. After all available options for staying at home have been exhausted and if you are not able to live at home anymore, your OSF PACE Team, you and your family will make decisions together regarding supportive housing options. One option may be to use a supportive housing service, such as a nursing home or assisted living facility. All housing decisions must have prior authorization by your OSF PACE Team. You must only use OSF PACE-contracted providers. OSF PACE reserves the right to end contracts with any provider and rearrange services to provide your care under a different contracted provider.

Medicaid sets limits on the amount of income you may keep in different living situations. Generally, if you need supportive housing, you will contribute to the cost of your housing. You will keep a certain allowance for personal needs and insurance. OSF PACE staff will discuss with you the specific Medicaid rules regarding your assets and income.

Section 7 - Monthly payments

Monthly premium payments

Your premium payment each month will depend on your eligibility for Medicare and Medicaid. If you are eligible for:

- **MEDICARE ONLY**

- If you have Medicare Part A and Part B but are NOT eligible for Medicaid, you will pay a monthly payment to OSF PACE of:

\$ _____ as of _____ (date).

- If you have Medicare Part A but NOT Part B and are NOT eligible for Medicaid, you will pay a monthly payment to OSF PACE of:

\$ _____ as of _____ (date).

- If you have Medicare Part B but NOT Part A and are NOT eligible for Medicaid, you will pay a monthly payment to OSF PACE of:

\$ _____ as of _____ (date).

- If you are only eligible for Medicare Part B, you will still pay the monthly bill to the Social Security Administration (SSA) to stay eligible.

- If you have Medicare Part D but are NOT eligible for Medicaid, you will pay an additional monthly payment to OSF PACE of:

\$ _____ as of _____ (date).

- If your eligibility for Medicare/Medicaid programs changes while you are an OSF PACE Participant, your monthly charge will be changed according to the statements above. Ask a representative of OSF PACE if you would like more information.

- Prescription Drug Coverage Late Enrollment Penalty: If you are eligible for Medicare prescription drug coverage and are enrolling in OSF 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. Contact your OSF PACE social worker for more information.

- **MEDICARE AND MEDICAID**

- If you are eligible for both Medicare and Medicaid, you will make no monthly premium payment to OSF PACE. You may be liable for any applicable spenddown liability and any amounts due under the post-eligibility treatment of income process. Contact your OSF PACE Team social worker for payment options.

- **MEDICAID ONLY**

- If you are eligible for Medicaid, you will make no monthly premium payment to OSF PACE. You may be liable for any applicable spenddown liability and any amounts due under the post-eligibility treatment of income process. Contact your OSF PACE Team social worker for payment options.

- **NEITHER MEDICARE NOR MEDICAID (private pay)**

- If you are not eligible for either Medicare or Medicaid, then you will pay a monthly premium to OSF PACE of:

\$ _____ as of _____ (date).

Contact your OSF PACE Team social worker for payment options.

Instructions for making payments to OSF PACE

If you will be paying a monthly charge to OSF PACE, the first payment must be made by the first day of the month after you sign the Enrollment Agreement. Subsequent monthly charges must be paid by the first calendar day of each month.

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

OSF PACE

Attention: Patient Accounting
124 SW Adams Street
Peoria, IL 61602

*Automatic withdrawal from your bank account may also be available.
Ask your OSF PACE Team for details.*

What happens if your payment is late?

If you have not paid or made satisfactory arrangements to pay your monthly bill by the 10th day of the month, you will be sent a “notice” of an overdue bill. If you still have not paid or made satisfactory arrangements to pay your bill by the end of a 30-day grace period, you will receive a written 30 days’ notice explaining that you will be involuntarily disenrolled from the OSF PACE program.

Involuntary disenrollments are effective on the first day of the next month that begins 30 days after the day the PACE organization sends you notice of the disenrollment. If you pay your bill before the effective date of your disenrollment, you will remain enrolled with no break in coverage.

Section 8 - Disenrollment from OSF PACE

Whether your disenrollment is voluntary or involuntary, OSF 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 make your medical records available to your new care providers within 30 days.

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

IMPORTANT

If you enroll in any other Medicare or Medicaid prepaid plan or optional benefit, including a Medicaid HMO or managed care program or hospice, or another Medicare Part D Plan, while you are an OSF PACE participant, this is considered a voluntary disenrollment from our program. If you do not have Medicare when you enroll in OSF PACE and become eligible after enrollment, you will be disenrolled if you choose to obtain Medicare coverage other than from OSF PACE. Once you have enrolled in any of these plans, you will lose all services and benefits provided by OSF PACE. You will immediately receive notification of this, and termination of your enrollment will be effective as described under “Voluntary Disenrollment,” below.

OSF PACE will provide you with information on the consequences of subsequent enrollment in other optional Medicare or Medicaid programs following disenrollment from PACE.

Voluntary disenrollment

You may choose to disenroll from OSF PACE at any time and for any reason. If you want to disenroll, you will be asked to complete and sign a Disenrollment Request Form, which you may obtain from OSF PACE. Please note that you cannot enroll or disenroll from OSF PACE at a Social Security Office. Your disenrollment date from the benefits under the OSF PACE Program is always the first day of the month following the month in which we receive notice that you wish to disenroll. OSF PACE will notify you of your disenrollment date. If you are eligible for Medicare at the time of disenrollment, you may go back to Medicare or other available Medicare options in your area. You may also be covered by Medicaid as long as you are still eligible. However, if you were not enrolled in Medicaid before enrolling in the OSF PACE Program, special conditions for continued benefits may apply.

Even though you have requested disenrollment, you must still get all routine services from OSF PACE-contracted medical providers until the effective date of your disenrollment, and OSF PACE will continue to provide all necessary services until your disenrollment is effective. If you get unauthorized services before your disenrollment, you may be fully and personally liable for the cost of those services except for emergency services. You must also pay your monthly client participation payment through the end of the disenrollment period, whether or not you utilize

services during that period of time. OSF PACE will send you a letter that confirms when your disenrollment is effective.

Moves or extended absences from the OSF PACE service area

You must discuss any planned absence from the service area with your OSF PACE Team.

In general, if you will be out of the service area for more than 30 consecutive days, you will no longer be eligible for OSF PACE unless you have made arrangements with your OSF PACE Team. If you have not made arrangements, OSF PACE may disenroll you.

Involuntary disenrollment

OSF PACE cannot disenroll you because of a change in your health status or the cost of your care. OSF PACE may seek an involuntary disenrollment under the following circumstances:

- You fail to pay or make satisfactory arrangements to pay any premium due to OSF PACE, any applicable Medicaid spenddown liability, or any amount due under the post-eligibility treatment of income process after a 30-day grace period.
- You move out of the OSF PACE service area or are out of the service area for more than 30 consecutive days unless OSF PACE agrees to a longer absence due to extenuating circumstances.
- You are determined to no longer meet the State Medicaid nursing facility level of care requirements and are not deemed eligible.
- The OSF PACE program agreement with CMS and the State administering agency is not renewed or is terminated.
- OSF PACE is unable to offer health care services due to the loss of State licenses or contracts with outside providers.
- You have decision making capacity and consistently refuse to comply with your individual plan of care or the terms of the Enrollment Agreement.
- You or your caregiver engage in disruptive or threatening behavior. Such behavior is defined as behavior that jeopardizes your own health or safety or the safety of others.

Involuntary disenrollments are effective on the first day of the next month that begins 30 days after the day OSF PACE sends you notice of the disenrollment.

Section 9 - Advance directives: making your health care wishes known

You have the right to make decisions about your health care. You also have the right to plan and direct the types of health care you wish to receive in the future if you become unable to express your wishes. You may do this through a “living will” or “durable power of attorney for health care.”

Living wills are written instructions. These instructions explain your wishes about health care should there be a time when you are unable to speak for yourself.

A durable power of attorney for health care allows you to appoint another person to make health decisions for you should there be a time when you are unable to make decisions for yourself.

Part of your advance directives can be a do-not-resuscitate (DNR) order. A DNR order means that if your heart stops beating, you do not want medical personnel/health care workers to try cardiopulmonary resuscitation (CPR).

Your OSF PACE Team or your primary care provider can provide information for you on completing a living will, durable power of attorney for health care or DNR orders.

Section 10 - Coordinating other benefits you may have

When you enroll in OSF PACE, you will be asked whether you have insurance coverage other than Medicare and/or Medicaid. Examples of other insurance are medication coverage, workers’ compensation and pension plan health coverage. In accordance with state and federal laws, you must give us this information because we are responsible for coordinating payment of claims with other insurance you may have. In addition, if you receive a payment from an insurance company, you may be responsible for reimbursing OSF PACE, and it may affect your eligibility for the OSF PACE program.

Section 11 - Confidentiality and release of information

At OSF PACE, we respect your privacy concerning information about your health and will protect information that identifies you along with your medical condition. Any contract providers who care for you must also protect and respect your privacy as part of their agreement with us. 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. Because OSF PACE recognizes your privacy rights, we also ask that you and your caregivers be sensitive to the privacy rights of other participants and caregivers.

Notice of Privacy Practices: The OSF HealthCare Notice of Privacy Practices describes how we protect the confidentiality of your personal information. You will be given a copy of this document during the intake and enrollment process.

Section 12 - General provisions

OSF PACE contracting arrangements

You are entitled to ask if we have special financial arrangements with our physicians that can affect referrals and other services that you might need. To get this information, call OSF PACE toll free at (833) 401-1679 or TTY: (833) 401-1732 between 8 a.m. and 4:30 p.m., Monday through Friday and request information about our physician payment arrangements. You may also ask in person at your OSF PACE site.

Provider directory

For a complete list of our providers, please refer to the OSF PACE Provider Directory. If you have any questions about the providers listed in the directory, please call your OSF PACE Team. A directory can be provided both electronically and in print form upon request.

Discrimination rules

OSF PACE does not discriminate in the employment of staff or in the provision of health care services on the basis of race, disability, religion, sex, sexual orientation, health, ethnicity, creed, age, national origin, or source of payment. Federal law requires that OSF PACE act in accordance with Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act, other laws applicable to recipients of federal funds, and all other applicable laws and rules.

Participant financial responsibility

Participants do not have to pay for services that are authorized by OSF PACE. If you receive a bill, contact your OSF PACE Team.

If, however, you receive services outside the provider network and/or without prior authorization from your OSF PACE Team, you may be fully and personally liable for the cost of those services.

Section 13- Grievance and appeal procedures

If you or OSF PACE believes your rights have been violated, OSF PACE will:

- Identify the report as a grievance and respond to the report according to the OSF PACE Grievance Policy and Procedure.
- Immediately forward any report that a participant believes their privacy rights have been violated to the OSF PACE Program Director for review and resolution.

You have many ways to get help if you do not agree with OSF PACE or if you have a problem with our services. This section describes the procedures for appeals and grievances.

The grievance and appeal processes may be confusing. Although all of the information is included here, it may be helpful to get assistance. For help, you can contact your OSF PACE Team or call OSF PACE toll free at (833) 401-1717 or TTY: (833) 401-1732. Our business hours are 8 a.m.-4:30 p.m., Monday through Friday.

Grievances

Grievances help OSF PACE improve the services we provide to you and all of our participants. We encourage you to work with us to resolve your concerns. We will provide you with written information on the grievance process when you enroll and at least annually thereafter. Whenever possible, start by talking with your OSF PACE Team about your problem. If you are still not satisfied after talking with them, you may submit a grievance by telling us verbally or in writing. You can give your grievance to any OSF PACE Team member.

You can call or write us at:

OSF PACE
Quality Improvement Department
124 SW Adams St.
Peoria, IL 61602

Toll free: (833) 401-1717
TTY: (833) 401-1732

You may file a grievance for any problem that you are experiencing with OSF PACE or with your care providers, or for any aspect of the program with which you are dissatisfied. For example, you might file a grievance for the following problems:

1. Quality of services
2. Office waiting times
3. The behavior of service providers, such as doctors, nurses, therapists, personal care attendants or drivers
4. Adequacy of facilities

Grievances are kept confidential, and we will continue to provide all required services during the grievance process. If you submit your grievance to OSF PACE, please give us complete information so we can respond to and resolve your concern in a timely manner. We will take the following steps:

1. Within 10 business days, an OSF PACE staff member will discuss the specific steps, including timeframes for response, we will take to resolve your grievance. We will also provide this information to you in writing.
2. The grievance will be written down by an OSF PACE Team member and discussed with you individually or at a team meeting. You, your designated family member or an authorized representative may participate in this discussion and offer suggestions or ideas toward resolving the problem or issue.
3. Solutions to the grievance will be based on what is in your best interest within OSF PACE policies and procedures. We will work on a solution to your grievance as quickly as possible.
4. We will write you to let you know how we have addressed your concern within 30 calendar days after we get your grievance. In some cases, we will need more time to deal with your problem. If more time is needed, we will let you know in writing, and we will keep you up to date with what is being done about your grievance.
5. If you and/or your family member/caregiver agree with our solution, the grievance is resolved.
6. If you and/or your family member/caregiver do not agree with our solution, you may contact the OSF PACE Center Director at (833) 401-1679 who may suggest an alternate resolution. If you and the OSF PACE Center Director agree to accept the suggested resolution, we will confirm this in writing within 30 business days and consider the grievance resolved.

Appeals

You may choose to file an appeal when OSF PACE has denied your request to provide or pay for services you feel are necessary for your health.

Your OSF PACE Team will give you written information about the appeals process when you enroll in OSF PACE, at least annually thereafter, and any time your OSF PACE Team denies a request for services or payment or reduces or stops a service you have been receiving. Appeals are kept confidential, and we will continue to provide all required services during the appeal process.

- Standard appeals process

If your OSF PACE Team denies your request for a service or payment for a service, or is proposing to reduce or stop a service, you may submit an appeal. Your appeal will go to the OSF PACE Appeals Committee, which is made up of an impartial third party who is appropriately

credentialed in the field(s) or discipline(s) related to your appeal, was not involved in the original decision and does not have a stake in the outcome. You must request either a standard appeal or an expedited appeal within 45 calendar days of the day OSF PACE notified you that your request was denied.

To submit your appeal to OSF PACE, please send your request to:

OSF PACE

OSF PACE Appeals Committee
124 SW Adams Street
Peoria, IL 61602

Toll free: (833) 401-1717

TTY: (833) 401-1732

Your appeal can be submitted verbally or in writing. Your OSF PACE Team can assist you in completing this process if you request this.

If you request a standard appeal through OSF PACE, we must notify you in writing of our decision as quickly as your condition requires, but no later than 30 calendar days from the time that you submit the appeal. You and your family or caregiver will be given an opportunity to present additional information you may have related to your appeal, in person, as well as in writing.

- Expedited appeals process

For situations in which you believe that your life, health or ability to regain or maintain maximum function would be seriously jeopardized without the service in dispute, OSF PACE will respond to the appeal as quickly as your health condition requires but no later than 72 hours after receiving the appeal.

OSF PACE may extend the 72-hour timeframe up to 14 calendar days if you request the extension or if OSF PACE justifies to the PACE Program area within the Bureau of Long-Term Care at the Illinois Department of Healthcare and Family Services that the extension is based on the need for additional information and is in your best interest.

If your appeal is because OSF PACE is proposing to reduce or stop a service you have been receiving, we will continue to provide the disputed service until a final decision has been made if you request the continuation, with the understanding that you may be liable for the cost of the service if the decision is not in your favor.

If the appeal decision is in your favor, we must provide the service as quickly as your health condition requires.

If OSF PACE does not decide fully in your favor, we will provide you with a written notification of denial, which will include the specific reason(s) for the denial, explain the reason(s) why the service will not improve or maintain your overall health, inform you of your right to appeal the decision, and a description of your external appeal rights.

External appeals

When you submit an external appeal, you can use one of two processes. The processes that are available to you will depend on whether you have Medicaid, Medicare, or both. If you are eligible for both Medicaid and Medicare, you can choose the appeals process you wish to follow, however you must choose one or the other. **Please talk with your OSF PACE Team or call OSF PACE toll free at (833) 401-1717 or TTY: (833) 401-1732 for help in filing an external appeal. We can help you decide which process to use.**

Medicaid appeals procedures

If you are enrolled in Medicaid, you may choose to appeal using Medicaid's external appeal process.

Medicaid participants have the right to a State Fair Hearing. If a participant requests a Medicaid fair hearing, the appeal should be sent within 30 calendar days of receiving the notification of the decision by the third-party reviewer to:

Illinois Department of Healthcare and Family Services

Bureau of Administrative Hearings
69 W. Washington
Chicago, Illinois 60607

Telephone: (855) 418-4421
TTY: (877) 734-7429
Email: HFS.FairHearings@illinois.gov
Fax: (312) 793-2005

When submitting a written request for an administrative hearing, tell HFS what action or decision you disagree with and want them to review. The letter should include your name, address, phone number, email, your HFS Medical Card Identification Number (the "ID#" next to your name on the Medicaid Medical Card), and the name of the PACE Organization (OSF PACE) where you are enrolled. If possible, please include the notification you received explaining the decision from the third-party reviewer. Be sure to sign the letter.

You may also submit a request by email at aging.ilsenior@illinois.gov or by calling the Ombudsman at (800) 252-8966.

Medicare appeals procedures

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 the Independent Review Entity that Medicare has designated as the agency for reviewing external appeals.

For a Medicare external appeal, your appeal will be heard by an Independent Review Entity. You have 60 calendar days from the date of the decision by the third-party reviewer to file a written request to have an external Medicare appeal. The Independent Review Entity must conduct a review as quickly as your health condition requires. OSF PACE will help you with gathering any information that is needed to process your appeal with Medicare.

OSF PACE signature pages

OSF PACE • 719 N. William Kumpf Blvd., Ste. 300 • Peoria, Illinois 61605
Toll free: (833) 401-1679 • TTY: (833) 401-1732 • Fax: (309) 308-5972

- I have received an Enrollment Agreement from OSF PACE, which includes a description of benefits available, including all Medicare and Medicaid covered services and additional services, and how services can be obtained.
- I have received a list of current providers. I have the right to request a qualified specialist for women's health services to furnish routine or preventive women's health services.
- I understand that OSF PACE will be my sole service provider.
- I understand that my OSF PACE Team and physician will authorize services. If I wish to obtain services outside the OSF PACE program network, I must obtain prior approval from OSF PACE, or I may be financially responsible.
- I understand and accept my financial responsibility for any premiums or payments for which I am liable.
- I have received information on grievance and appeals procedures.
- I have received a copy of the Participant Rights, and they were discussed at enrollment. I understand my rights and responsibilities.
- I have received a copy of OSF HealthCare Notice of Privacy Practices.
- I have been asked whether I have advance directives or if I would like to discuss advance directives further with an OSF PACE Team member.
- I have received information on how to obtain emergency services and urgent care, and I understand that I am not financially responsible for any necessary emergency or out-of-area urgent care.
- I understand that I must notify OSF PACE if I move or will be out of the service area for a lengthy period of time.
- I understand that if I have Medicaid or both Medicare and Medicaid, I am not liable for any premiums but may be liable for any applicable spenddown liability and any amounts due under the post-eligibility treatment of income process.
- I understand that I may voluntarily disenroll from the OSF PACE program at any time and for any reason. I understand that my disenrollment will be effective on the first of the month after the date I notify OSF PACE that I want to disenroll.
- I understand that I may be contacted for ongoing quality assurance by OSF PACE personnel or someone outside of the program authorized to do quality assurance. I understand that my participation is voluntary.
- I authorize the disclosure and exchange of information between OSF PACE, the Centers for Medicare and Medicaid Services, its agents, and the Illinois Department of Healthcare and Family Services.
- I understand that enrollment with OSF PACE results in disenrollment from any other Medicare or Medicaid pre-payment plan or optional benefit.
- I understand that if I enroll in any other Medicare or Medicaid prepaid plan or optional benefit, including a Medicaid HMO or managed care program or hospice, or another Medicare Part D Plan while I am an OSF PACE participant, that will be considered a voluntary disenrollment from the OSF PACE program. I also understand that if I do not have Medicare when I enroll in OSF PACE and become eligible after enrollment, I will be disenrolled if I choose to obtain Medicare coverage other than from OSF PACE.

Participant Name: _____

Participant Date of Birth: _____

Participant Gender (Circle One): Male / Female

Participant Address:

Street 1: _____

Street 2: _____

City: _____

State: Illinois Zip Code: _____

Participant Telephone Number(s):

Home: _____

Mobile: _____

Alternate: _____

Participant Medicare Eligibility (Circle One): Part A / Part B / Parts A & B

Medicare Identification Number: _____

Participant Medicaid Eligibility (Circle One): Yes / No

Medicaid Identification Number: _____

Other Participant Healthcare Insurance:

Carrier: _____

Policy Number: _____

Policy Type (Circle One): Group Health / Dental / Vision / Other

Please specify type if other: _____

Participant Caregiver (If Applicable): _____

Caregiver Relationship to Participant: _____

Caregiver Telephone Number(s):

Home: _____

Mobile: _____

Alternate: _____

Signature of Participant or Designated Representative

Printed Name of Participant or Designated Representative

If Designated Representative, indicate relationship

Effective Date of Enrollment

OSF PACE Representative



OSF[®] HEALTHCARE

OSF PACE

719 N. William Kumpf Blvd., Ste. 300
Peoria, IL 61605

Toll-free: (833) 401-1679
TTY/TTD: (833) 401-1732
Office hours: 8 a.m.-4:30 p.m.
Monday-Friday

*OSF PACE is administered by
OSF Healthcare System — an approved
organization within the State of
Illinois PACE program that is authorized
to provide Medicare and Medicaid
benefits to enrolled participants.*

osfhealthcare.org/pace

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