



LIFE PACE

Participant Enrollment Agreement

A Program of All-Inclusive Care for the Elderly

(918) 949-9969 | www.LIFEPACE.org

An affiliate of LIFE Senior Services

NOTICE

This handbook is considered the enrollment agreement and will be provided to the participant and his or her caregiver or authorized representative during the enrollment process.

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

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WELCOME

Welcome to the LIFE PACE program. This enrollment agreement will help you understand how the LIFE PACE program works. It will tell you what LIFE PACE is and what kind of services it can provide. If at any time you have questions, comments, or concerns, please let us know.

LIFE PACE is a comprehensive program of healthcare and support services based on the national Program of All-inclusive Care for the Elderly (PACE). The PACE program is designed with the purpose of helping keep you independent for as long as possible. The program coordinates a complete range of health and health-related services, all designed to keep you living in the community and in your own home as long as it is safe and feasible. The PACE program is a different kind of healthcare program. It gives you healthcare services in a personal way. All of us at LIFE PACE want to get to know you. Once we get to know you, we can work with you and your family to give you the care you need and want.

LIFE PACE is a healthcare program for people age 55 and older. Often, older people have medical problems that last for long periods of time. After you enroll in LIFE PACE, you become a *participant* in the program and have access to many services. For example, LIFE PACE can arrange for doctor visits and visits with specialists, should you need it to maintain or improve your health. Most of the services are provided by LIFE PACE staff and are delivered in a PACE center. Services not directly provided by LIFE PACE are contracted with outside providers, organizations, or agencies that have been approved by the LIFE PACE interdisciplinary team.

NOTICE OF NON-DISCRIMINATION

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

MISSION STATEMENT

The mission of LIFE PACE is:

We are committed to improving the quality of life for seniors and fostering their independence by providing and coordinating a full range of in-home services and medical and therapeutic care. As part of our mission, we offer family members and caregivers professional guidance and support.

LIFE PACE PROGRAM FEATURES

Features of the LIFE PACE program include:

- Access to service is provided 24 hours per day, every day including weekends and holidays.
- People who know about healthcare for older adults watch your health.
- If you need to be admitted to a hospital, LIFE PACE will arrange that for you.
- If you need nursing facility care, LIFE PACE will arrange nursing facility care for you.

Before you sign our enrollment agreement, please read it carefully. The PACE program staff will be glad to answer any questions you may have. If you enroll in LIFE PACE, keep this enrollment agreement in a safe place. This enrollment agreement is a legal contract listing all services and benefits provided by LIFE PACE.

SPECIAL FEATURES

Some of the services LIFE PACE provides are not available in any other healthcare program. Special features of LIFE PACE include the:

Interdisciplinary Team (IDT)

Your healthcare is planned and provided or arranged by a team of professionals who represent a wide variety of healthcare disciplines. We call this team the interdisciplinary team or IDT. The IDT works with you and your family to create a personalized plan of care that is updated semi-annually or more often as your health condition requires. Your IDT includes at a minimum, the following members:

- Doctor
- Registered Nurse
- Social Worker
- Physical Therapist
- Occupational Therapist
- Activity Coordinator
- Center Manager
- Registered Dietitian
- Home Care Coordinator
- Certified Nurse Assistant/Personal Care Attendant
- Transportation Representative
- Nurse Practitioner

The IDT members' special skills are used to meet your healthcare needs. Periodically, the IDT will review your needs with you. The IDT may also call on specialists as needed.

Lock-In Provision and Authorization of Care

This means that once you are enrolled in LIFE PACE program **all** of your healthcare services are provided and arranged through LIFE PACE. Services **must** be approved by the IDT and given by an LIFE PACE staff member or an LIFE PACE contracted provider. If you receive services from someone other than an LIFE PACE staff member or program contracted provider, you may have to pay for them. If you receive services NOT authorized by the LIFE PACE interdisciplinary team, you may have to pay for them.

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

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

Coordination of Comprehensive Care

The Program of All-Inclusive Care for the Elderly (PACE) program was developed to give care to participants where and when it is needed. We have flexibility in providing care according to your needs and preferences. Your interdisciplinary team may authorize services to be provided at the PACE center, in your home, or in a hospital or nursing facility.

You will receive the majority of your care at our PACE center. The PACE center contains your doctor's office, as well as a clinic, rehabilitation therapies, and PACE center activities.

In addition to our own clinical staff, we have contracts with other providers and facilities in our service area, including physician specialists (such as cardiologists and orthopedists), hospitals, nursing facilities, pharmacies, and medical equipment providers.

LIFE PACE Center

You will receive most of your healthcare services in our PACE center located at:

LIFE PACE
902 East Pine Street
Tulsa, OK 74106

Hours

Our regular center hours are from 7 a.m. until 6 p.m. Monday through Friday. If you need help after hours, you may call us. Feel free to always call if there are any questions or concerns that you may have.

When the center is closed (nights, weekends, holidays) the telephone is answered by the LIFE PACE answering service. The answering service will page someone to assist you. **Simply call (918) 949-9969 and speak with the operator who will assist you.**

It is important that you attend the LIFE PACE center on your scheduled day(s) each week. If you are not able to attend on your scheduled day, you need to do the following:

Contact us BEFORE 8:00 a.m., or as soon as possible, so your driver and the rest of your care team will know. **The number to call is: (918) 949-9969.**

HOLIDAYS

The days during the year that the LIFE PACE center is closed are:

- New Year's Day
- Memorial Day
- July 4
- Labor Day
- Thanksgiving Day
- Christmas Day

BAD WEATHER

We might close on snow and bad weather days. We will call you to let you know if the center will be closed.

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

If your walks and stairs are clear of ice and snow, it makes it easier for your LIFE PACE program drivers to do their jobs of getting you to and from your home safely. If you are not able to clear ice or snow from your walks and stairs, please let us know. We may be able to help you hire someone to do this.

BENEFITS AND COVERAGE

Many kinds of care are provided by LIFE PACE. The LIFE PACE program covers all of the items covered under original Medicare and Medicaid. We also cover services that may not be available under the original Medicare and Medicaid. The IDT will decide along with you what is best for your needs. Services you may receive from LIFE PACE regardless of the source of payment, may include but is not limited to the following:

- All Medicaid-covered services, as specified In the State's approved Medicaid plan
- Interdisciplinary assessment and treatment planning
- Primary care, including physician and nursing services
- Social work services
- Restorative therapies, Including physical therapy, occupational therapy, and speech-language
- Pathology services
- Personal care and supportive services
- Nutritional counseling
- Recreational therapy
- Transportation
- Meals
- Medical specialty services including, but not limited to the following:
 - Anesthesiology
 - Audiology
 - Cardiology
 - Dentistry
 - Dermatology
 - Gastroenterology
 - Gynecology
 - Internal medicine
 - Nephrology
 - Neurosurgery
 - Oncology
 - Ophthalmology
 - Oral surgery
 - Orthopedic surgery
 - Otorhinolaryngology
 - Plastic surgery
 - Pharmacy consulting services
 - Podiatry
 - Psychiatry
 - Pulmonary disease

- Radiology
- Rheumatology
- General surgery
- Thoracic and vascular surgery
- Urology
- Laboratory tests, x-rays and other diagnostic procedures
- Drugs and biologicals
- Prosthetics, orthotics, durable medical equipment, corrective vision devices, such as eyeglasses and lenses, hearing aids, dentures, and repair and maintenance of these items
- Acute inpatient care, including the following:
 - Ambulance
 - Emergency room care and treatment room services
 - Semi-private room and board
 - General medical and nursing services
 - Medical surgical/intensive care/coronary care unit
 - Laboratory tests, X-rays and other diagnostic procedures
 - Drugs and biologicals
 - Blood and blood derivatives
 - Surgical care, including the use of anesthesia
 - Use of oxygen
 - Physical, occupational, respiratory therapies, and speech-language pathology services
 - Social services

Note: Not included under acute inpatient care: private room and private duty nursing, unless the IDT feels it is necessary for your condition. Also not included are non-medical items such as telephone charges and television rental.

- Nursing facility care, including:
 - Semi-private room and board
 - Physician and skilled nursing services
 - Custodial care
 - Personal care and assistance
 - Drugs and biologicals
 - Physical, occupational, recreational therapies, and speech-language pathology, if necessary
 - Social services
 - Medical supplies and appliances

Note: Not included under nursing facility care: private room and private duty nursing, unless the IDT feels it is necessary for your condition. Also not included are non-medical items such as telephone charges and television rental.

- Palliative care and end of life care
- Pastoral care
- Other services determined necessary by the interdisciplinary team to improve and maintain the participant's overall health status

Bed Hold Policy

If you reside in an assisted living facility or nursing facility, there may be a time when you need a higher level of care.

If you are in an assisted living facility and need to stay in a nursing facility or hospital, LIFE PACE' policy is to hold your bed in the assisted living facility for 10 days or until the IDT determines it appropriate for you to return to your residence.

If you are in a nursing facility and need a hospital stay, LIFE PACE' policy is to hold your bed in the nursing facility for 10 days, or until the IDT deems it appropriate for you to return to the nursing facility.

If you do not return to your original place of residence within 10 days, we will make every effort to arrange return placement at the original assisted living facility or nursing facility. If it is not possible to return to your original place of residence, LIFE PACE will assist you to find and move to another suitable place of residence that will meet your needs.

AFTER HOURS AND EMERGENCY CARE

There may be times when you need to speak with a doctor or nurse to receive advice or treatment for an injury or the start of an illness that simply can't wait until regular LIFE PACE center hours. LIFE PACE provides 24-hour medical care. There is always a doctor available 24 hours a day, 7 days a week, 365 days a year.

When it is necessary to reach the doctor and you do not believe it is an emergency, call LIFE PACE at (918) **949-9969**.

When the center is open, the clinic staff will connect you with a doctor. When the center is closed, the answering service will contact the on-call doctor for you.

Please keep in mind that the LIFE PACE doctor returning your call may not be your personal LIFE PACE physician, but he/she has been chosen by your doctor to answer your after-hours calls and is well-qualified to give you the care you need.

Emergency Services

LIFE PACE covers emergency care for an emergency medical condition. An EMERGENCY means acute symptoms of sufficient severity—including severe pain—such that a “prudent layperson” could reasonably expect the absence of medical attention to result in placing your health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Examples of emergencies are a lot of bleeding, severe pain, chest pain, or broken bones.

Prior authorization is not needed for emergency care.

IF YOU BELIEVE YOUR PROBLEM REQUIRES IMMEDIATE ACTION, CALL 911:

- Tell them what is wrong

- Answer questions carefully.
- Do exactly what you are told to do.
- If your problem is an emergency, you will be taken to the nearest emergency room of a hospital

Please have someone notify LIFE PACE as soon as possible in order to let us know what happened.

Emergency Hospitalizations

If you are hospitalized in a facility other than an LIFE PACE contracted hospital, we may arrange for you to be transferred to one of our facilities once your medical condition has stabilized so that your doctor can better coordinate your care.

OUT-OF-AREA MEDICAL CARE EMERGENCY SERVICES

If you are out of town and need emergency care, LIFE PACE will pay for emergency care. You do not have to get permission for emergency care. If you receive emergency medical care while out of town, please call LIFE PACE within 24 hours.

If you have paid for emergency service you received outside of the LIFE PACE service area, you should request a receipt from the physician or facility involved. This receipt must show the provider's name date and type of treatment date of discharge if hospitalized and the amount you were required to pay. Please send a copy of the receipt to LIFE PACE at the address listed below.

LIFE PACE
902 East Pine Street
Tulsa, OK 74106

Post-Stabilization Care

Post-stabilization care means care that a doctor thinks is medically necessary and is provided after an emergency condition has been stabilized.

LIFE PACE covers both urgent care and post-stabilization care when you are out of the service area.

Your LIFE PACE doctor must pre-approve these services. If you do not call LIFE PACE and get permission for these services before you go to see the doctor, you may have to pay for them yourself.

If you pay for medical services that have been approved by LIFE PACE, make sure you get a receipt. Receipts must show:

- Your name
- Your health problem
- Date of service

- Doctor's name, address, and telephone number
- How much you paid for services

You will be paid back for the medical care if you send the receipt to:

LIFE PACE
902 East Pine Street
Tulsa, OK 74106

Urgent Care

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

- Bruises and sprains
- Controlled bleeding
- Flu-like symptoms
- Minor burns
- Minor cuts
- Most drug reactions

Care Outside the United States

If you receive any medical care outside of the United States, in most cases LIFE PACE will not pay for it. LIFE PACE might pay for certain types of healthcare and services you get at a Canadian or Mexican hospital. This happens **only** if the Canadian or Mexican hospital is closer or easier to get to than any hospital in the U.S.

- **You live in the U.S. near the Canadian or Mexican border and you need emergency or non-emergency medical treatment.** If a Canadian or Mexican hospital is closer or easier to get to from your home than the nearest U.S. hospital that can treat your condition, PACE might pay.
- **You are in the U.S. when you have a medical emergency.** If a Canadian or Mexican hospital is closer or easier to get to than the nearest U.S. hospital that can treat your emergency, PACE might pay.
- **You are crossing through Canada without delay on the most direct route between Alaska and another state, and you have a medical emergency.** If a Canadian hospital is closer or easier to get to than the nearest U.S. hospital that can treat your emergency, PACE might pay. In this situation, "most direct route" means that the main purpose of your travel through Canada is to get from one part of the U.S. to another.

The out-of-town doctor that treats you should give you a written report explaining what your condition is.

If you pay for medical services, make sure you get a receipt. Receipts must show:

- Your name
- Your health problem
- Date of service
- Doctor's name, address, and telephone number
- How much you paid for services

You will be paid back for the approved medical care or emergency medical care if you send the receipt to:

LIFE PACE
902 East Pine Street
Tulsa, OK 74106

ELIGIBILITY, ENROLLMENT AND MONTHLY CHARGE

The purpose of this section is to explain in writing, the eligibility, assessment, and enrollment process for entering LIFE PACE.

Eligibility

You are eligible to be a participant in LIFE PACE if you:

- Are at least 55 years of age.
- Are eligible for a nursing facility level of care according to the State of [Insert name of state] criteria.
- Live in LIFE PACE's service area, which includes these ZIP codes:
 - 74103, 74110, 74117, 74128, 74134, 74105, 74135
 - 74104, 74112, 74119, 74129, 74136
 - 74106, 74114, 74120, 74130, 74137
 - 74107, 74115, 74126, 74132, 74145
 - 74108, 74116, 74127, 74133, 74146
 - 74021, 74066, 74063, 74055, 74070, 74033
- Are able to live safely in the community without jeopardizing your health and safety.

In addition to meeting these criteria, the Oklahoma Health Care Authority (OHCA) requires that in order to be eligible for PACE services, you must meet categorical relationship to disability and meet medical and financial criteria for the Oklahoma ADvantage. You must also sign an enrollment agreement and agree to abide by the conditions of the LIFE PACE program, as explained in this document.

Enrollment Process

- Inquiry/referral and explanation of the PACE program benefit
- Determination of clinical and financial eligibility
- PACE center visit and interdisciplinary team assessment and plan of care development
- Enrollment conference with enrollment agreement review and signing

Enrollment

When you enroll in the LIFE PACE program, your benefits coverage officially begins on the first day of the month after you sign the enrollment agreement.

If you are a Medicare beneficiary, you cannot enroll or disenroll from LIFE PACE at a Social Security office.

Step One: Inquiry/referral and explanation of the PACE program benefit

Anyone can make a referral to the LIFE PACE program. The enrollment process usually starts with a telephone call. You or a family member may call LIFE PACE to talk about your needs. An intake worker will explain the program over the phone and if you are still interested, an intake worker will visit you and your family or caregiver to explain our program.

During this visit we will learn more about you. You will also learn more about LIFE PACE such as:

- How the program works
- Kinds of services LIFE PACE offers
- What a “lock-in provision” is
- List of most current contracted healthcare providers

Step Two: Determination/Verification of Clinical and Financial Eligibility

Because LIFE PACE serves people 55 years of age and older that qualify for a nursing facility level of care according to the State of Oklahoma guidelines, we will work with the Oklahoma Department of Human Services (OKDHS) to request completion of Uniform Comprehensive Assessment Tool to determine clinical eligibility for the LIFE PACE program.

If you do not agree with the decision made by OKDHS, you may appeal the decision in writing. You or your authorized representative must send a written appeal request within 30 days of receipt of this notification. If you file an appeal before the effective date of this action, you may receive services during the appeal process. However, if this action is upheld by the Appeals Division, you may be required to reimburse the LIFE PACE program for the cost of services paid on your behalf during the appeal period. You may write a letter or complete an Appeal Request Form.

Please include a copy of the level of care denial letter, sign the appeal request, and mail it to:
Department Oklahoma Health Care Authority, Grievance Docket Clerk, Legal Division, P.O. Drawer 18497, Oklahoma City, OK 73154-0497.

Information Needed for Enrollment

To assist with the assessment and enrollment process, it is helpful if you have the following information available:

- Medications currently being taken, both prescribed and over-the-counter
- Social Security number
- Medicare Card (if applicable)
- Medicaid Card (if applicable)
- Name of a contact person in case of an emergency

In addition, the following release forms must be signed:

- Medical history release, allowing access to health conditions, name of doctor, copy of medical records, and your previous doctor/hospital history
- Financial release of information needed by the Oklahoma Health Care Authority to determine your eligibility for Medicaid
- Consent for emergency treatment to care for you should it become necessary during your center visit

Step Three: PACE center visit and interdisciplinary team assessment and plan of care development

This is a multi-step process that takes place in our center. The process is designed to help you decide whether the LIFE PACE program is right for you, while at the same time we learn about you and your needs.

An appointment will be scheduled for you to visit the PACE center. We will provide transportation to and from the center. During your visit you will have a chance to meet the interdisciplinary team (IDT). Some members of the team may also want to visit you in your home.

The IDT includes:

- Doctor
- Registered Nurse
- Social Worker
- Physical Therapist
- Occupational Therapist
- Activity Coordinator
- Center Manager
- Registered Dietitian
- Home Care Coordinator
- Certified Nurse Assistant/Personal Care Attendant
- Transportation Representative
- Nurse Practitioner

During the visit to the center, you will meet with the doctor and other members of the LIFE PACE team. They will answer any questions you may have about our program. You will also have the opportunity to experience PACE center activities and speak with our program participants about their experiences in the program.

With the information collected from the intake process, state determination, and the IDT assessments, the LIFE PACE IDT will determine whether a plan of care can be developed that would allow you to continue living safely in the community.

If the team denies enrollment because your health and safety would be jeopardized by living in a community setting, LIFE PACE will notify you by phone and in writing of the reasons for denial and refer you to alternative services. You will also be told about your right to appeal this decision and about how to file an appeal.

If your enrollment is approved, you will be invited to join the LIFE PACE program. The initial assessments will be completed and your plan of care developed prior to enrollment into PACE. The IDT will meet to discuss with you and/or you caregiver what kind of care your LIFE PACE team thinks would be best for you. At this meeting, we will present your complete plan of care for you to review. At this time you can provide input into your plan of care and discuss ways your family or caregiver will be a part of your care.

Step Four: Enrollment conference with enrollment agreement review and signing

If you have found your visit to the PACE center satisfactory and if the interdisciplinary team believes you are eligible, you and your family will be invited to an enrollment conference LIFE PACE. During the meeting you will have a chance to:

- Review your plan of care again.
- Ask questions about your insurance coverage and your monthly payment, if any.
- Understand the “lock-in” feature. The PACE program, the Oklahoma Health Care Authority, and CMS Medicare programs have a special agreement that allows LIFE PACE to provide services to its participants. When you become a participant, you agree to “lock-in”; this means you will accept services **only** from LIFE PACE or its contracted providers. The IDT must approve all services. LIFE PACE takes the place of the standard Medicare and/or Medicaid programs you may be using now.
- Ask questions about what to do if you are ever dissatisfied with the care you receive at LIFE PACE.

If you decide to become an LIFE PACE program participant, we will ask you to sign this enrollment agreement. Before you sign the enrollment agreement signature sheet, please read it carefully and be sure that it has been fully explained to you and that you understand it. If you enroll with us, you may disenroll at any time, and LIFE PACE will work with you to process your disenrollment as soon as possible. Until your disenrollment is processed, at the end of the month in which you disenroll, you must continue to use LIFE PACE services and pay any premiums. LIFE PACE will also continue to

furnish all needed services until disenrollment. This gives the LIFE PACE interdisciplinary team time to work with you and your family to plan for your future care needs. It also allows LIFE PACE to give proper notice to Medicare and Medicaid of your decision to leave LIFE PACE.

After you sign this enrollment agreement, you will receive an enrollment packet that includes but may not be limited to:

- Copy of the signed enrollment agreement (this document)
- LIFE PACE membership card, which replaces your current Medicaid card, if you are a Medicaid recipient
- Stickers to place on your Medicare and Medicaid cards; the sticker shows that you are enrolled in LIFE PACE
- Emergency contact information
- HIPAA privacy information
- Listing of staff and their titles at LIFE PACE PACE center
- Listing of contracted providers and contracted facilities
- Participant rights information
- LIFE PACE grievance and appeals policies
- Copy of your initial plan of care

Enrollment in LIFE PACE will result in disenrollment from any other Medicare plan or a Medicaid pre-payment plan or optional benefit.

Continuation of Enrollment

Enrollment continues regardless of changes in health status unless either of the following occurs: you voluntarily disenroll or you are involuntarily disenrolled.

At least annually, OKDHS will reevaluate your financial eligibility for Medicaid and determine if you still meet the nursing facility level of care to make sure you are still eligible for the program.

Please Note: LIFE PACE, Inc has an agreement with CMS and the State of Oklahoma administering agency. This agreement is subject to renewal on a periodic basis and, if the agreement is not renewed, the program will be terminated (as per 460.154).

Monthly Payments

As an LIFE PACE participant, you will never pay a co-payment, cost share, deductible, or co-insurance for approved services. The payment paid to LIFE PACE by Medicare/Medicaid and/or your premium payment will be considered “payment in full” for all approved services other than nursing facility care.

The Department of Human Services in the city/county in which you live helps determine whether you have to make a payment to LIFE PACE each month. The amount you have to pay LIFE PACE is based on your income or the income of your household.

Medicare and Medicaid or Medicaid Only

If you have Medicare and Medicaid, you will usually not have a participant payment.

As an LIFE PACE participant, you will automatically receive all prescription drug and healthcare benefits from LIFE PACE. LIFE PACE has a contract with Medicare to provide you with prescription drug coverage at no cost to you.

Please Note: Medicaid participants and those eligible for both Medicare and Medicaid are not liable for any premiums, but may be liable for any applicable spend down liability and any amounts due under the post-eligibility treatment of income process (as per 460.154).

Medicare Only

If you have Medicare only and are not eligible for Medicaid, then you will pay a monthly premium to LIFE PACE. Your monthly premium of \$_____ starts on _____ (date).

Because this premium does not include the cost of Medicare prescription drug coverage, you will be responsible for an additional monthly premium for Medicare prescription drug coverage in the amount of \$_____.

You may pay both premiums together, or you may contact LIFE PACE to discuss a payment plan:

LIFE PACE, Attn: Kathleen Palmer
5950 East 31st Street
Tulsa, OK 74135

If you have Medicare, you will still pay the monthly Medicare Part B bill to the Social Security Administration.

Private Pay (Neither Medicare or Medicaid)

If you are not eligible for Medicare or Medicaid, then you will pay a monthly premium to LIFE PACE. Your monthly premium of \$_____ starts on _____ (date).

Because this premium does not include the cost of Medicare prescription drug coverage, you will be responsible for an additional monthly premium for Medicare prescription drug coverage in the amount of \$_____.

You may pay both premiums together, or you may contact LIFE PACE to discuss a payment plan:

LIFE PACE, Attn: Kathleen Palmer
5950 East 31st Street
Tulsa, OK 74135

Prescription Drug Coverage Late Enrollment Penalty

Please be aware that if you are eligible for Medicare prescription drug coverage, and are enrolling in LIFE PACE after going without Medicare prescription drug coverage that was at least as good as Medicare drug coverage for 63 or more consecutive days, you may have to pay a higher amount for Medicare prescription drug coverage.

Failure to Pay Participant Obligation

You are enrolled the first day of the following month once the paperwork is signed. If you have a participant payment, you must make payments by the end of each month or within the 30-day grace period after the end of the month in which payment was due. If you do not pay your bill, you may be disenrolled from the program. If you can't pay, you must call LIFE PACE to plan how you will make up the late payments.

If you pay the amount you owe before the effective date of disenrollment, you will be reinstated in the program with no break in coverage.

If you are disenrolled for failure to make payments, you may have to go through the entire assessment and enrollment process in order to re-enroll which may cause a gap in program services.

Your Share of Costs for Nursing Facility Care

If you can no longer be cared for in your home, you may need to move into a nursing facility. This may be for a short time, or it may be permanent. On occasion, after a hospitalization, a (subacute) stay in a nursing facility is what is best for your recovery. The nursing facility may be used to shorten an inpatient admission in a hospital or as a temporary or transitional arrangement when you may not quite be strong enough to go home, but are not ill enough to need hospitalization.

LIFE PACE, along with the contracted nursing facility, will provide all your medical care and supervise all your needs in the nursing facility whether your stay is temporary or long term. A member of the IDT will visit you in the nursing facility. Your LIFE PACE doctor will continue to care for you.

As a participant in LIFE PACE, you agree to receive inpatient short- and long-term care services in one of our contracted nursing facilities. If you select a nursing facility outside of these contracted locations, you may be fully and personally liable for the costs of unauthorized services. If at any time it is determined that you require a permanent residency in the nursing facility, you may be required to share in the cost of nursing facility care. Your share will be determined by your monthly income, less deductions for qualified expenses and a personal needs allowance as set by the State of Oklahoma.

STOPPING BENEFITS

Your benefits under LIFE PACE can stop if you choose to disenroll from the program (voluntary) or if you no longer meet the conditions of enrollment (involuntary). Both types of termination require written notice by either party.

Disenrollment and termination at any time during the month is effective the last day of the month following the date LIFE PACE receives notification of disenrollment. You are required to use LIFE PACE services and to submit payment, if applicable, until termination of benefits becomes effective.

Voluntary Disenrollment

You may leave the program upon notice at any time for any reason. You may notify LIFE PACE either verbally or in writing. If you wish to leave the LIFE PACE program, you should talk about it with your social worker who will help you with returning to other Medicaid/Medicare services. LIFE PACE will request that you sign a disenrollment form that states you will no longer wish to receive LIFE PACE services.

You will not be able to be put back on another Medicaid/Medicare service until the first of the month after disenrolling. LIFE PACE will be responsible for coordinating your Medicare/Medicaid benefits until the end of the month in which you disenroll. During this disenrollment period, LIFE PACE will continue to provide your authorized services. You must pay any monthly charge until the disenrollment is complete.

If you choose to disenroll, LIFE PACE will work with you to make referrals to appropriate medical providers in your community, and we will make medical records available in a timely manner. We will work with Medicare and Medicaid to help you return to an appropriate healthcare program. LIFE PACE Participant Enrollment Agreement Page 31

If you enroll in any other Medicaid or Medicare prepayment plan after enrolling in LIFE PACE (for example, Medicaid's home- and community-based services program or a Medicare HMO) or optional benefit, including the hospice benefit, or a Medicare Part D prescription plan, you will be automatically disenrolled from LIFE PACE.

Involuntary Disenrollment

LIFE PACE will do everything possible to avoid involuntary disenrollment. We will provide you with reasonable notice before we take any action to disenroll you from our PACE program. LIFE PACE can terminate your benefits through written notification to you if:

- You or your caregiver or guardian fails to pay, or to make satisfactory arrangements to pay, any premium due the PACE organization after a 30- day grace period.
- You or your guardian engages in disruptive or threatening behavior, where the behavior jeopardizes the health or safety, or the safety of others; if you have decision-making capacity and consistently refuses to comply with his or her individual plan of care or the terms of the PACE enrollment agreement.
- You move out of the PACE program service area or is out of the service area for more than 30 consecutive days, unless we agree 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 is not deemed eligible.

- The LIFE PACE program agreement with CMS and the State administering agency is not renewed or is terminated.
- The LIFE PACE program is unable to offer health care services due to the loss of State licenses or contracts with outside providers.

Returning to LIFE PACE

If you choose to leave LIFE PACE (“disenroll voluntarily”), you may get back into the program. If you did not pay your bill and were involuntarily disenrolled from the program, you may re-enroll if you pay your bill.

You must reapply and meet the eligibility requirements if there was a break in service. If you pay your bill in full before the disenrollment date, you can stay in the program without reapplying if there was no break in service.

ELIGIBILITY REVIEW AND CHANGES

If your eligibility for Medicaid changes (for example, you now have more money or assets than last year), you may no longer be eligible to attend LIFE PACE at no cost. If you want to stay in LIFE PACE, you may have to make a monthly payment. The payment amount would equal the amount needed to meet income levels for Medicaid. If you lose your Medicaid eligibility entirely and would like to remain in the program, you will have to pay a monthly premium depending upon your eligibility under Medicare.

If you are placed in a nursing facility, a monthly payment is required. If your spouse remains in your home, depending on their income, some payment may be required.

PARTICIPANT RESPONSIBILITIES

LIFE PACE believes greater involvement by our participants in their care improves the quality and satisfaction of their overall health. By encouraging your involvement in your healthcare decisions, it is reasonable to expect you to assume some responsibility.

We ask that you:

- Take advantage of opportunities for improving and maintaining your health, such as exercising, not smoking, and eating a healthy diet
- Become involved in your healthcare decisions
- Cooperatively work with LIFE PACE to develop and carry out agreed-upon treatment plans
- Tell us about important information and clearly communicate wants and needs
- Use LIFE PACE’ own grievance and appeals process to discuss concerns that might occur; however, you do have the right to access the Oklahoma Fair Hearings process (see grievance and appeals section for more information)
- Avoid knowingly spreading disease

- Recognize the reality of risks and limits of the science of medical care
- Show respect for other participants and LIFE PACE staff
- Make a good-faith effort to meet financial obligations
- Abide by the rules and procedures of LIFE PACE

IF YOU HAVE QUESTIONS OR CONCERNS ABOUT YOUR RESPONSIBILITIES, PLEASE TALK TO YOUR LIFE PACE SOCIAL WORKER.

PARTICIPANT BILL OF RIGHTS

As a participant in LIFE PACE, you are entitled to the following specific rights.

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

To be eligible, you must:

- Be age 55 or older.
- Live in the service area of LIFE PACE.
- Be certified as eligible for nursing facility care by the appropriate State agency.
- Be able to live safely in the community.

The goals of LIFE PACE are to:

- Maximize the independence, dignity, and respect of LIFE PACE participants;
- Help make LIFE PACE participants more independent and improve their quality of life;
- Provide coordinated quality healthcare to LIFE PACE participants;
- Keep LIFE PACE participants living safely in their homes and communities as long as possible; and,
- Help support and keep LIFE PACE participants together with their family.

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

Participant Bill Of Rights

At the LIFE PACE program, we are dedicated to providing you with quality health care services so that you may stay as independent as possible. Our staff is committed to treating each and every participant with dignity and respect, and ensuring that all participants have a say in planning their care and treatment.

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

You have the right to be treated with respect.

- You have the right to be treated with dignity and respect at all times, to have all of your care kept private, and to get compassionate, considerate care. You have the right to:
- Get all of your health care in a safe, clean environment.
- Be free from harm; 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 or to prevent injury.
- Be encouraged to use your rights in the LIFE PACE program.
- Get help, if you need it, to use the Medicare and Medicaid complaint and appeal processes, and your civil and other legal rights.
- Be encouraged and helped in talking to the LIFE PACE program staff about changes in policy and services you think should be made.
- Use a telephone while at the LIFE PACE program center(s).
- Not have to do work or services for the LIFE PACE program.

You have a right to protection against discrimination. Discrimination is against the law.

LIFE PACE Inc. will not discriminate based on:

- Race
- Ethnicity
- National origin
- Religion
- Sex
- Age
- Sexual orientation
- Mental or physical ability
- Payment source

Every company or agency that works with Medicare and Medicaid must obey the law.

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

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

You have a right to information and assistance.

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

- Have someone help you if you have a language or communication barrier so you can understand all information given to you.

- Have the LIFE PACE program interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you can't speak English well enough to understand the information being given to you.
- Have the enrollment agreement fully explained in a manner that you understand.
- Get marketing materials and LIFE PACE program rights in English and in any other frequently used language in your community or in Braille, if necessary.
- Get a written copy of your rights from the LIFE PACE program. (The LIFE PACE program must also post these rights in a public place in the LIFE PACE program center(s) where it is easy to see them.)
- Be fully informed, in writing, of the services offered by the LIFE PACE program; this includes telling you which services are provided by contractors instead of the LIFE PACE program 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.
- Look at, or get help to look at, the results of the most recent review of the LIFE PACE program; Federal and State agencies review all PACE programs. You also have a right to review how the LIFE PACE program plans to correct any problems that are found at inspection.

You have a right to a choice of providers.

You have the right to choose your primary care physician and specialists from within the LIFE PACE program's network and to get quality health care. Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services.

You have a right to access emergency services.

You have the right to get emergency services when and where you need them without the LIFE 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.

You have a right to participate in treatment decisions.

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

- Have all treatment options explained to you in a language you understand, to be fully informed of your health status and how well you are doing, and to make health care decisions; this includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this will affect your health.
- Have the LIFE PACE program help you create an advance directive (an advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself); you should give it to the person who will carry out your instructions and make health care decisions for you.
- Participate in making and carrying out your plan of care; you can ask for your plan of care to be reviewed at any time.

- Request a reassessment by the disciplinary team.
- Be given advance notice, in writing, of any plan to move you to another treatment setting and the reason you are being moved.

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

- You have the right to talk with health care providers in private and to have your personal health care information kept private as protected under State and Federal laws.
- You have the right to be assured of confidential treatment of all information contained in the health record, including information contained in an automated data bank.
- You have the right to look at and receive copies of your medical records.
- You have the right to request amendments to medical records.
- You have the right to be assured that your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it.
- You have the right to provide written consent that limits the degree of information and the persons to whom information may be given.

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

You have a right to file a complaint.

You have a right to complain about the services you receive or that you need and don't receive the quality of your care, or any other concerns or problems you have with the LIFE PACE program. You have the right to a fair and timely process for resolving concerns with the LIFE PACE program. You have the right to:

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

You have a right to leave the program.

If, for any reason, you do not feel that the LIFE PACE program is what you want, you have the right to leave the program at any time.

Additional Help

If you have complaints about the LIFE PACE program, think your rights have been violated, or want to talk with someone outside the LIFE PACE program about your concerns, call 1-800-MEDICARE or call 1405-522-7217 to speak to someone at the Oklahoma Health Care Authority who will help you with your complaint.

You may also contact the Oklahoma Health Care Authority by mail or fax at:

Oklahoma Health Care Authority
Grievance Docket Clerk
Legal Division
P.O. Drawer 18497
Oklahoma City, OK 73154-0497
(405) 530-3444 (fax)

GRIEVANCE PROCESS

The purpose of the grievance process is to provide a fair and timely process to address written or oral grievances filed by participants, their families, or authorized representatives.

A grievance is a written or oral complaint expressing dissatisfaction with service delivery, or the quality of care furnished. The grievance can be medical or non-medical in nature. All written or oral complaints will receive a response in a timely manner.

Procedure

The procedure to file a grievance includes:

- All individuals enrolled in LIFE PACE will be informed, in writing (this document), upon enrollment and once each year after that of the grievance process.
- Participants can inform any LIFE PACE employee or contracted provider they wish to file a grievance. During non-center operation hours, you may call (918) 949-9969 and file a grievance with the person on call.
- Employee/contractor will complete a grievance form for you if you wish and submit directly to center manager and/or the social worker. A copy will be provided to the person who files the grievance.
- The center manager and/or social worker will review the grievance information with the IDT members. The LIFE PACE medical director and/or primary care physician are responsible for determining if the grievance is medical in nature.
- All information related to the grievance will be held in strict confidence and will not be disclosed except where appropriate to process the grievance.
- The center manager and/or social worker will directly contact you or your family member in writing within ten working days regarding the resolution of the grievance.
- If you, your family, or authorized representative are dissatisfied with the outcomes of the IDT's proposed resolution, you may contact the LIFE PACE program director within 30 days of the IDT's decision to request a review.

Notices

We encourage you to use LIFE PACE's internal grievance process so that we may address your concerns as soon as possible; however, Oklahoma Medicaid recipients enrolled in LIFE PACE may appeal the decision in writing directly to the Oklahoma Health Care Authority. You or your authorized

representative must send a written appeal request within 30 days of receipt of this notification. If you file an appeal before the effective date of this action, you may receive services during the appeal process. However, if this action is upheld by the Appeals Division, you may be required to reimburse the LIFE PACE program for the cost of services paid on your behalf during the appeal period. You may write a letter or complete an Appeal Request Form.

Forms are available www.okhca.org. Please include a copy of the grievance outcome notification, sign the appeal request, and mail it to:

Oklahoma Health Care Authority
Grievance Docket Clerk
Legal Division
P.O. Drawer 18497
Oklahoma City, OK 73154-0497

Upon admission to an assisted living facility or nursing facility, you may have additional grievance rights and processes to follow. These additional rights and processes will be discussed with you, your family, or authorized representative at that time.

APPEAL PROCESS

It is the policy of LIFE PACE that all participants have access to and understand their rights to file an appeal, to be assured of confidentiality, and be free of reprisal during and after the filing of an appeal. There shall be no discrimination of a participant for filing an appeal.

The purpose of the appeal procedure is to provide a fair and timely process to address written or oral appeals filed by participants, their families, or authorized representatives.

An appeal is a participant's action taken with respect to LIFE PACE' non-coverage of, or nonpayment for, a service, **including denials, reductions, or termination of services.**

All written or oral appeals will receive a first response within 72 business hours, and a final decision on the appeal within 30 days of the receipt of the written or verbal appeal, or as soon as the participant's health condition demands. A request for an expedited review will be completed within 72 hours as outlined in this section.

Notice

We encourage you to use LIFE PACE' internal grievance process so that we may address your concerns as soon as possible; however, Oklahoma Medicaid recipients enrolled in LIFE PACE may appeal the decision in writing directly to:

Oklahoma Health Care Authority
Grievance Docket Clerk

Legal Division
P.O. Drawer 18497
Oklahoma City, OK 73154-0497

You or your authorized representative must send a written appeal request within 30 days of receipt of this notification. If you file an appeal before the effective date of this action, you may receive services during the appeal process. However, if this action is upheld by the Appeals Division, you may be required to reimburse the LIFE PACE program for services paid on your behalf during the appeal period.

Please include a copy of the appeal outcome notification, sign the appeal request, and mail it to:

Oklahoma Health Care Authority
Grievance Docket Clerk
Legal Division
P.O. Drawer 18497
Oklahoma City, OK 73154-0497

Procedure

You, your family member/caregiver, or authorized representative may inform any LIFE PACE employee at any time you wish to file an appeal. The appeal may be made verbally or in writing.

The center receptionist shall forward any incoming appeals via telephone to the center manager or, in his/her absence, to the social worker.

If you call the center after hours, the person on call will take your name and information about what you are appealing. He/she will then communicate this information to the LIFE PACE social work coordinator and/or QAPI coordinator the next business day.

Upon receipt of your appeal, the [Insert name of PACE program social work coordinator and/or QAPI coordinator or designee], will forward a letter to you, your family/caregiver, or authorized representative to inform you of the following:

- Your appeal information will be submitted to **an impartial third party appeals review committee** which will review the appeal within the specified 30-day timeframe, or as soon as the your health condition demands.
- You will be provided the opportunity to present evidence both verbally and in writing as it relates to the appeal.
- If you are a Medicaid recipient, LIFE PACE will continue to furnish the disputed service(s) until a final determination is reached so long as 1) LIFE PACE is proposing to terminate or reduce services currently being furnished to you, or 2) you request continuation of the disputed service(s) with the understanding that you may be liable for the costs of the service(s) if the final appeals decision is not in your favor.

- That all other required services will continue to be furnished to you during the appeal.
- That you may receive assistance in completing the appeal.
- All information related to an appeal will be held in strict confidence and will not be disclosed to individuals without a need to know to assure participant confidentiality.
- If you are unhappy with the outcome of LIFE PACE' appeal review, you have additional appeal rights under Medicaid and Medicare, and LIFE PACE will assist you in contacting one of the following agencies:
 - Medicaid Appeals Contact: You may appeal the decision in writing directly to the Department of Department Oklahoma Health Care Authority, Legal Division Grievance Docket Clerk.
 - You or your authorized representative must send a written appeal request within 30 days of receipt of this notification. If you file an appeal before the effective date of this action, you may receive services during the appeal process. However, if this action is upheld by the Appeals Division, you may be required to reimburse the LIFE PACE program for the cost of services paid on your behalf during the appeal period.
 - Please include a copy of the appeal outcome notification, sign the appeal request, and mail it to: Department Oklahoma Health Care Authority, Grievance Docket Clerk, Legal Division, P.O. Drawer 18497, Oklahoma City, OK 73154-0497.
 - Medicare Appeals Contact: If you are eligible for Medicare, you may file an appeal to the contracted agency that handles Medicare appeals.
 - If the appeal is ruled **in your favor**, the QAPI coordinator will inform all involved parties verbally and in writing of the final ruling, and direct that services are to continue or start as soon as your health condition requires.
 - When an appeal is ruled **not in your favor**, either wholly or partially, the social worker will promptly contact, in writing, the Oklahoma Health Care Authority, Centers for Medicare and Medicaid Services (CMS), you and your family/caregiver, or your authorized representative. A letter will be sent to you that will inform you of your additional appeal rights under Medicaid or Medicare managed care, or both, and offer assistance to you in choosing which appeals process to pursue, if both are applicable, and will forward the appeal to the agency you choose.
 - You will be contacted by the external review agency when a decision has been reached. The decision of the external review organization is final. If the ruling is **in your favor**, LIFE PACE will continue, provide, or pay for the appealed service as soon as your health condition demands.
 - If the ruling is **not in your favor**, LIFE PACE will discontinue the service, and/or request repayment for cost of services provided that were being appealed.

Expedited Review

If you, your family/caregiver, or authorized representative believe that waiting to solve the problem for 30 days will seriously harm your health or ability to function, an expedited review may take place. This

review takes only 72 hours. This can only be used in cases where health services, or payment of services, are refused or discontinued.

To request the expedited review, you need to tell us you want a 72-hour appeal review. There are four ways to tell us you want the 72-hour review:

- You may tell any LIFE PACE employee at any time; they will be sure to document your request and get it to the appropriate person.
- You may **call (918) 949-9969**, and tell the social worker, LIFE PACE program director, or center manager you would like a 72-hour or *fast* appeal review.
- If you prefer to make your appeal **in writing**, please mail or have it delivered to the attention of:

LIFE PACE
902 East Pine Street
Tulsa, OK 74106

- You may **fax** your written appeal to **(918) 585-9266**.

The 72-hour process will not begin until the request is received. LIFE PACE will document in writing all verbal requests. You will receive a response within 72 hours.

You may request an extension of time for the 72-hour review of your appeal. If you decide that you need more time, please contact us by one of the options listed above, by talking to the social worker, LIFE PACE program director, or center manager; calling (918) 949-9969; writing; or faxing **(918) 585-9266**.

Note: We can only extend the 72-hour review for up to 14 calendar days for either of the following reasons:

- Participant requests the extension.
- LIFE PACE justifies with the Oklahoma Health Care Authority the need for additional information, and the delay is in the best interest of the participant.

SERVICES NOT COVERED

The staff at LIFE PACE promises to give you the very best care possible. There are some things staff cannot do for you. Below is a list of services LIFE PACE will **not** pay for:

- Any service that has not been authorized by the interdisciplinary team, even if it is listed as a covered benefit, except for emergency care or certain urgent care services.
- Cosmetic surgery, unless required for improved functioning of a malformed part of the body resulting from an accidental injury, or for reconstruction following mastectomy.
- Experimental medical, surgical, or other health procedures that are otherwise not Medicare-covered services and are not generally accepted medical practice in the geographic area, as determined by the LIFE PACE medical director.

- In an inpatient facility, private room and private duty nursing services (unless medically necessary) and nonmedical items for personal convenience such as telephone charges and radio or television rental (unless specifically authorized by the IDT as part of the participant's plan of care).
- Any services given outside of the United States, except in certain emergency situations.
- End-of-life care will be provided by LIFE PACE; however, Medicare Hospice program are not covered.

GENERAL PROVISIONS

Changes to Agreement: Changes to this agreement may be made if they are approved by both CMS and the Oklahoma Health Care Authority. We will give you at least 30 days' written notice of any change.

Continuation of Services on Termination: If our agreement with CMS and the Oklahoma Health Care Authority is discontinued for any reason, you will continue to be entitled to coverage under Medicare Parts A and B and/or Medicaid. If that happens, we will transition your care to other providers in your community.

Cooperation in Assessments: In order for us to determine the best services for you, your full cooperation is required in providing us with medical and financial information.

Governing Law: LIFE PACE is subject to the requirements of the Oklahoma Health Care Authority and the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Any provision required to be in this agreement shall bind LIFE PACE whether or not it is specifically included in this document.

No Assignment: You cannot assign any benefits or payments due under this agreement to any person, corporation, or other organization. Any assignment by you will be void. Assignment means the transfer to another person or organization of your right to the services provided under this plan or your right to collect money from us for those services.

Notice: Any notice that we give you under this agreement will be mailed to you at your address as it appears on our records. You should notify us promptly of any change of address. When you need to give us any notice it should be mailed to:

LIFE PACE
902 East Pine Street
Tulsa, OK 74106

Notice of Network/Provider Contract Changes: We will give you reasonable notice of any changes in our provider network that could affect the service you receive. This includes hospitals, physicians, or any other person or institution with which we have a contract to provide services or benefits. We will arrange for you to receive services from another provider.

Policies and Procedures Adopted by LIFE PACE: We reserve the right to adopt reasonable policies and procedures to provide the services and benefits under this plan.

Your Medical Records: It may be necessary for us to obtain your medical records and information from hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, physicians, other practitioners, or contracted providers who treat you. By accepting coverage under this enrollment agreement, you authorize us to obtain and use such records and information. This may include records and information concerning treatment and care you received before the effective date of this plan by anyone who provided the treatment and/or care. Access to your own medical record is permitted in accordance with Oklahoma and federal laws and regulations.

Who Receives Payment Under This Agreement: Payment for services provided and authorized by the interdisciplinary team under this contract will be made by LIFE PACE directly to the LIFE PACE service provider. **You cannot be required to pay anything that is owed by LIFE PACE to selected providers.**

However, payment for unauthorized services, except in case of emergency, will be your responsibility.

Authorization to Take and Use Photographs: As part of the routine administration of this plan, photographs may be taken for purposes of identification. We will not use these photographs for any other purpose unless we get written permission from you or your legal representative.

ENROLLMENT AGREEMENT

NOTICE TO LIFE PACE STAFF: This document is not to be completed until the Participant Handbook has been explained to the participant, their caregiver, or authorized representative. Retain a copy of the *signed* enrollment coversheet and forward to the center manager.

NOTICE TO PROSPECTIVE PARTICIPANT—READ THIS BEFORE YOU SIGN: Do not sign this agreement if the rules and requirements of LIFE PACE have not been explained to you or if you do not understand them. If you have questions, please let us know so that we may answer them. We want you to be comfortable with the decision you are about to make.

LIFE PACE ENROLLMENT AGREEMENT FORM

This form must accompany Participant Handbook.

Biographical Information

Last Name: _____
First Name: _____
Middle Name: _____
Participant Address: _____
Participant Phone: _____
Date of Birth: _____ (mm/dd/ccyy) Age: _____
Gender: Male ____ Female ____
Social Security Number: _____ - _____ - _____
Primary Contact: _____ Relationship: _____
Address: _____
Phone: (H) _____ (W) _____ (C) _____

Medicare, Medicaid, and Other Insurance Information

Medicare Status:
Medicare number: _____
☐ Medicare Part A only
☐ Medicare Part B only
☐ Medicare Part A & B
☐ Not entitled to Medicare

Medicaid Status:
☐ Medicaid number: _____
☐ Not eligible for Medicaid

Other Insurance (check all that apply):
☐ Veterans Benefits, number: _____
☐ Black Lung Benefits, number: _____
☐ Employer Insurance Policy number: _____

Company Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Telephone: _____

Signature(s)

By signing this enrollment agreement:

- I acknowledge that I have had the rules and requirements of participation and my rights as a participant in LIFE PACE explained to me or my authorized representative.
- I have been given an opportunity to ask questions and all of my questions have been answered satisfactorily.
- I understand that once I enroll in LIFE PACE, I am to receive all my healthcare benefits from LIFE PACE, with the exception of emergency services. I understand that if I am currently enrolled in a Medicare Advantage Plan, enrollment in LIFE PACE will automatically disenroll me from that Medicare Advantage Plan.
- I agree to participate in the LIFE PACE program according to the terms and conditions in this Enrollment Agreement.
- I authorize the disclosure and exchange of personal and health related information among the Centers for Medicare and Medicaid Services, its agents, the Oklahoma Health Care Authority, and LIFE PACE.
- I understand my effective date of enrollment is _____.

Participant Signature

Date / Time

Participant Name (printed)

Participant's Authorized Representative Signature

Date / Time

LIFE PACE Representative Signature

Date / Time