

Participant Disclaimers

Disclaimer

Program participants must receive all needed health care, including primary care and specialist physician services (other than emergency services) through the PACE (also known as LIFE) team and network of participating providers. Participants may be fully and personally responsible for costs of unauthorized or out-of-program services. Participants must be eligible for Medicaid, Medicaid and Medicare or are able to privately pay.

Rights Upon Disenrollment

As a participant in a Trinity Health PACE program, you have rights upon disenrollment from the program. Disenrollment can occur through termination of benefits, voluntary disenrollment or involuntary disenrollment.

- Termination of benefits can occur if the state or federal government does not renew their agreement with the PACE program. You will be notified of this termination of benefits. Termination of benefits will occur at midnight on the last day of the month in which notice was given. Participants are required to continue to use the PACE program's service and to pay an applicable fee until the termination is effective.
- Participants have the right to choose to voluntarily disenroll from the PACE program. If you choose to disenroll, your social worker will assist you in returning to the appropriate Medicare/Medical Assistance Program. The Medicare or Medical Assistance program you enroll into upon disenrollment from the PACE program may not provide you with the full range of services available to you through the PACE program.
- Your PACE program has the right to involuntarily disenroll you from the program. Before you are involuntarily disenrolled from the PACE program, we will provide you with 30 days written notice. Your disenrollment will be effective at midnight on the first day of the next month that begins 30 days following the date which notice was given. Your involuntary disenrollment will automatically be considered an appeal if you are involuntarily disenrolled for not complying with your care plan or meeting conditions of participation, engaging in disruptive or threatening behavior, failing to pay or make satisfactory arrangement to pay, or are out of the service area for more than 30 days without prior approved arrangements. An impartial party will review the involuntary disenrollment.

If you are disenrolled due to failure to pay the monthly fee, you can re-enroll simply by paying the monthly fee in full. Provided you make this payment before the effective date of disenrollment, there will be no break in coverage.

The Right to File Grievances and Appeals

We do all we can to ensure that you are satisfied with the care you receive. We encourage you to express any complaints you have at the time and place any dissatisfaction occurs. You can tell a staff member or write to us. Concerns will be kept confidential, and your services will continue while we work to resolve your concerns. Your complaints or dissatisfaction with our program or decisions are identified as a grievance.

If you are not satisfied with decisions made related to your denial for enrollment, disenrollment or payment for services, you can file an appeal. Your appeal will be kept confidential.

You can file a grievance or appeal for your specific Trinity Health PACE program here:

Location Name	Location Address	City	State	Zip	Phone Number	Fax Number
Mercy LIFE Alabama	2900 Springhill Ave.	Mobile	AL	36607	251-287-8427	251-287-8478
Saint Francis LIFE	1027 Justison St.	Wilmington	DE	19801	302-660-3351	302-575-8238
Saint Joseph PACE	250 East Day Rd.	Mishawaka	IN	46545	574-247-8700	574-335-0675
Mercy LIFE Massachusetts	200 Hillside Circle	West Springfield	MA	01089	413-827-4214	413-493-2024
Trinity Health LIFE New Jersey	2475 McClellan Ave.	Pennsauken	NJ	08109	856-675-3355	856-675-3666
LIFE St. Joseph of the Pines	100 Gossman Drive Suite B	Southern Pines	NC	28387	910-246-1000	910-483-4930
LIFE St. Mary	2500 Northgate Rd.	Trevoise	PA	19053	267-991-7600	267-991-7614
Mercy LIFE	1930 South Broad St.	Philadelphia	PA	19147	215-339-4747	Kinder Park: 610-990-8499 Valley View: 484-518-7500 Norristown: 610-271-9534 Sharon Hill: 610-271-9570 Broad Street: 610-271-9490
Mercy LIFE West Philadelphia	4508 Chestnut St.	Philadelphia	PA	19139	267-787-8282	267-787-8322
Trinity Health PACE of Pensacola	5020 Commerce Park Cir.	Pensacola	FL	32505	850-806-0888	850-806-0901

The Right to File Grievances and Appeals

Trinity Health PACE Alexandria	3403 Government St.	Alexandria	LA	71302	318-206-1020	318-206-1099
-----------------------------------	---------------------	------------	----	-------	--------------	--------------

Appointment of a Representative

According to Medicare guidelines, an appointed representative is a person who can act on your behalf to request an exception, appeal or grievance. This person can be a relative, friend, advocate, doctor, or anyone else whom you trust to act on your behalf. To appoint a representative, complete the CMS-1696 form here:

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207.html>