



Trinity Health

PACE

Alexandria

ENROLLMENT AGREEMENT

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

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TRINITY HEALTH PACE ALEXANDRIA

PARTICIPANT ENROLLMENT AGREEMENT

WELCOME

Welcome to the Trinity Health PACE Alexandria (PACE) program. This Enrollment Agreement will help you understand how Trinity Health PACE Alexandria works. It will tell you what Trinity Health PACE Alexandria is and what kind of services we can provide. If at any time you have questions, comments, or concerns, please let us know.

Trinity Health PACE Alexandria 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 supporting your independence 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. The PACE program is a different kind of healthcare program. It gives you healthcare services in a personal way. All of us at Trinity Health PACE Alexandria 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.

Trinity Health PACE Alexandria is a healthcare program for people aged 55 and older. Often, older people have medical problems that last for long periods of time. After you enroll in Trinity Health PACE Alexandria, you become a participant in the program and have access to many services. For example, Trinity Health PACE Alexandria 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 Trinity Health PACE Alexandria staff and are delivered at the PACE center. Services not directly provided by Trinity Health PACE Alexandria are provided through contracted outside providers, organizations, or agencies that have been approved by the interdisciplinary team.

NOTICE OF NON-DISCRIMINATION

Trinity Health PACE Alexandria does not discriminate because of race, ethnicity, sex, national origin, ancestry, religion, mental or physical 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 Trinity Health PACE Alexandria is the same as Trinity Health, our parent organization:

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

TRINITY HEALTH ALEXANDRIA PROGRAM FEATURES

Features of the Trinity Health PACE Alexandria program include:

- Access to service is provided 24 hours per day, every day including weekends and holidays.
- Your healthcare team specializes in providing care for older adults.
- If you need to be admitted to a hospital, Trinity Health PACE Alexandria will arrange that for you.
- If the interdisciplinary team determines that you need nursing facility care, Trinity Health PACE Alexandria will arrange nursing facility care for you.

Before you sign this Enrollment Agreement, please read it carefully. The PACE program staff will be glad to answer any questions you may have.

If you enroll in Trinity Health PACE Alexandria, keep this Enrollment Agreement in a safe place. This Enrollment Agreement is a legal contract listing all services and benefits provided by Trinity Health PACE Alexandria.

SPECIAL FEATURES

Some of the services Trinity Health PACE Alexandria provides are not available in any other healthcare program. Special features of Trinity Health PACE Alexandria are described next.

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, if applicable, 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:

- Primary Care Provider
- Registered nurse
- Social worker
- Physical therapist
- Occupational therapist
- Activity coordinator
- Center manager
- Registered dietitian
- Home care coordinator
- Certified nurse assistant/personal care attendant representative
- Transportation representative

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

The "lock-in provision" means that once you are enrolled in the Trinity Health PACE Alexandria program, all of your healthcare services are provided and arranged through Trinity Health PACE Alexandria. Services must be

approved by the IDT and provided by Trinity Health PACE Alexandria staff members or contracted providers. If you receive services from someone other than a Trinity Health PACE Alexandria staff member or program contracted provider, you may have to pay for them. If you receive services NOT authorized by the Trinity Health PACE Alexandria IDT, you may have to pay for them.

Emergency services are not included in this provision. Please see the Urgent and Emergency Care Services section of this agreement for specific information.

If you are eligible for Medicare and/or Medicaid, Trinity Health PACE Alexandria takes the place of the standard Medicare and/or Medicaid programs. All your care is provided only through Trinity Health PACE Alexandria. 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 most of your care at our PACE center. The PACE center contains your doctor's office, medical 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 specialists (such as cardiologists and orthopedists), hospitals, nursing facilities, pharmacies, and medical equipment providers.

THE TRINITY HEALTH PACE ALEXANDRIA CENTER

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

Trinity Health PACE Alexandria
3403 Government Street
Alexandria, LA 71302

HOURS OF OPERATION

Our regular PACE center hours are from 8:00 a.m. - 4:30 p.m. (subject to change) Monday through Friday. If you need help after hours, please 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 Trinity Health PACE Alexandria answering service. The answering service will page someone at Trinity Health PACE Alexandria to assist you. Call (318) 206-1000 to access after-hours help.

It is important that you attend the Trinity Health PACE Alexandria 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 6:00 a.m., or as soon as possible, so your driver and the rest of your care team will know. The number to call is (318) 206-1000.

HOLIDAYS

The Trinity Health PACE Alexandria center is closed on the following days of the year:

New Year's Day

Memorial Day

July 4th

Labor Day

Thanksgiving Day

Christmas Day

BAD WEATHER

We might close on bad weather days (such as hurricanes, etc.). If we plan to close for bad weather, we will notify 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.

BENEFITS AND COVERAGE

Many kinds of care are provided by Trinity Health PACE Alexandria. The Trinity Health PACE Alexandria program covers all the services covered under Medicare and Medicaid. We also cover services that may not be available under traditional Medicare and Medicaid. Services are obtained by working with the IDT who, with your input, will decide what services are best to meet your needs. Services you may receive from Trinity Health PACE Alexandria may include, but are not limited to, the following:

- All Medicare and Medicaid covered benefits, plus additional benefits when necessary
- Interdisciplinary assessment and treatment planning
- Primary care provider 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
 - 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 biologics
- 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 biologics
 - 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
 - Emergency coverage anywhere in the United States
 - Urgently needed care outside the service area
 - Post Stabilization Care

Not included under acute inpatient care: private room and private duty nursing, and non-medical items such as telephone charges and television rental, unless authorized by the IDT.

- 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

Not included under nursing facility care: private room and private duty nursing, and non-medical items such as telephone charges and television rental, unless authorized by the IDT.

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

BED HOLD POLICY

If you are in a nursing facility and need a hospital stay, Trinity Health PACE Alexandria's 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 nursing facility. If it is not possible to return to your original place of residence, Trinity Health PACE Alexandria 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 provider or nurse to receive advice or treatment for an injury or the start of an illness that can't wait until regular center hours. Trinity Health PACE Alexandria provides 24-hour medical care. There is always a provider and nurse available 24 hours a day, 7 days a week, 365 days a year.

When it is necessary to reach the provider or nurse and you do not believe it is an emergency, call Trinity Health PACE Alexandria at (318) 206-1000.

When the center is open, the clinic staff will connect you with a provider or nurse. When the center is closed, the answering service will call a provider or nurse for you.

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

EMERGENCY SERVICES

Trinity Health PACE Alexandria covers emergency care for an emergency medical condition. An EMERGENCY is a life-threatening medical condition. If not diagnosed and treated immediately, emergent medical conditions could result in serious and permanent damage to your health.

Examples of emergencies are a lot of bleeding, severe pain, chest pain, serious impairment to bodily functions, 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 Trinity Health PACE Alexandria as soon as possible to let us know what happened.

EMERGENCY HOSPITALIZATIONS

If you are hospitalized in a facility other than a Trinity Health PACE Alexandria 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, Trinity Health PACE Alexandria 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 Trinity Health PACE Alexandria within 24 hours or as soon as you are able.

If you have paid for emergency services you received outside of the Trinity Health PACE Alexandria service area, you should request a receipt from the physician or facility involved. 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:

Trinity Health PACE Alexandria
3403 Government Street
Alexandria, LA 71302

URGENT CARE AND POST-STABILIZATION CARE

Urgent care means care you need when you are out of the Trinity Health PACE Alexandria 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

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

Trinity Health PACE Alexandria covers both urgent care and post-stabilization care when you are out of the service area if your Trinity Health PACE Alexandria provider has pre-approved these services, if we do not respond to your request for approval within (1) hour of being contacted, or if we cannot be contacted for approval. For authorization of any non-emergency, out-of-the-area services, you must call Trinity Health PACE Alexandria at (318) 206-1000. If you do not call Trinity Health PACE Alexandria 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 Trinity Health PACE Alexandria, 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:

Trinity Health PACE Alexandria
3403 Government Street

Alexandria, LA 71302

ELIGIBILITY

You are eligible to be a participant in Trinity Health PACE Alexandria if you:

- Are at least 55 years of age
- Meet Louisiana's requirements for a nursing facility level of care (LOC) for coverage
- Live in the Trinity Health PACE Alexandria service area, which includes all of Rapides Parish and Avoyelles Parish.
- Are able to live safely in the community with services provided by Trinity Health PACE Alexandria at the time you enroll.

A Trinity Health PACE Alexandria enrollee may be, but is not required to be, any or all of the following:

- (1) entitled to Part A,
- (2) enrolled under Part B,
- (3) eligible for Medicaid.

PACE will not restrict enrollment based on Medicare or Medicaid eligibility.

ENROLLMENT PROCESS

Enrollment in Trinity Health PACE Alexandria includes the following four steps:

1. Inquiry/referral and explanation of PACE benefit
2. Determination/verification of clinical eligibility
3. PACE center visit
4. Enrollment Agreement review and signing

If you decide to enroll in Trinity Health PACE Alexandria, 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 Trinity Health PACE Alexandria at a Social Security office.

STEP ONE: REFERRAL/INTAKE AND EXPLANATION OF PACE BENEFIT

Anyone can make a referral to Trinity Health PACE Alexandria. The enrollment process usually starts with a telephone call. You or a family member may call Trinity Health PACE Alexandria to talk about your situation and needs. A community liaison will explain the program over the phone and if you are still interested, an intake worker, also known as an enrollment specialist, 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 Trinity Health PACE Alexandria, such as:

- How the program works
- What kinds of services Trinity Health PACE Alexandria offers at the care center
- PACE is a health plan. When you become a participant, you agree to use the medical services and providers associated with our plan. This means you will accept services only from Trinity Health PACE Alexandria's contracted network of health care providers.
- A current list of our contracted healthcare providers

INFORMATION NEEDED FOR ENROLLMENT

To assist with the assessment and enrollment process, it is helpful if you have the following information available when the intake coordinator visits your home for the first time:

- 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
- Power of Attorney (POA) documents or Guardianship paperwork (if applicable)
- List of current doctors including address and phone number

In addition, the following release forms will be signed during the intake visit:

- 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 to determine your eligibility for Medicaid
- Consent for emergency treatment to care for you should it become necessary during your center visit

STEP TWO: DETERMINATION/VERIFICATION OF CLINICAL ELIGIBILITY

Because Trinity Health PACE Alexandria serves people 55 years of age and older that qualify for a nursing facility level of care, the PACE nurse will come to your home and complete the home and safety assessment. The assessment form is completed by a Trinity Health PACE Alexandria assessor with final LOC determination by the Louisiana Department of Health, Office of Aging and Adult Services.

If you do not agree with the level of care decision, you may appeal the decision. If enrollment is denied because your health and safety would be jeopardized by living in a community setting, Trinity Health PACE Alexandria 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. You or your authorized representative must request the appeal within 30 calendar days of receipt of this notification. You may appeal this decision verbally or in writing.

To file an appeal of a determination of level of care ineligibility or an enrollment denial, please contact:

Louisiana Division of Administrative Law via mail, phone, fax or online.

Division of Administrative Law
HH Section
P.O. Box 4189
Baton Rouge, LA 70821

Phone: 225-342-5800

Fax: 225-219-9823

Online:

<http://laserfiche.adminlaw.state.la.us/Forms/hSgLX>

STEP THREE: PACE CENTER VISIT

The process is designed to help you decide whether Trinity Health PACE Alexandria 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.

During the visit to the center, you may meet with the provider and other members of the Trinity Health PACE Alexandria 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.

If your enrollment is approved, you will be invited to join the Trinity Health PACE Alexandria program. IDT assessments and a comprehensive care plan will be completed within the first thirty days of enrollment. Once the comprehensive care plan is completed, the IDT will meet to discuss with you

and/or your caregiver what kind of care the Trinity Health PACE Alexandria 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, you and/or your family or caregiver (if applicable) will be a part of your care.

STEP FOUR: ENROLLMENT AGREEMENT REVIEW AND SIGNING

If you have found your visit to the PACE center satisfactory and if you are eligible, you will have the opportunity to:

- Ask questions about your insurance coverage and your monthly payment, if any.
- Review that the PACE program, Louisiana state, and the Centers for Medicare & Medicaid Services (CMS) have a special agreement that allows Trinity Health PACE Alexandria to provide services to its participants. When you become a participant, you agree that Trinity Health PACE Alexandria will be your sole service provider and you will accept services only from Trinity Health PACE Alexandria or its contracted providers. The IDT must approve all services. Trinity Health PACE Alexandria takes the place of the standard Medicare and/or Medicaid programs you may be using now, if any.
- Ask questions about what to do if you are ever dissatisfied with the care you receive at Trinity Health PACE Alexandria.

If you decide to become a Trinity Health PACE Alexandria 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 for any reason, and Trinity Health PACE Alexandria will work with you to process your disenrollment as soon as possible. Until your disenrollment is effective, you must continue to use Trinity Health PACE Alexandria services and pay any premiums. Trinity Health PACE Alexandria will also continue to furnish all needed services until disenrollment. This gives the Trinity Health PACE Alexandria

Interdisciplinary Team time to work with you and/or your family to plan for your future care needs. It also allows Trinity Health PACE Alexandria to give proper notice to Medicare and Medicaid of your decision to leave Trinity Health PACE Alexandria.

After you sign this Enrollment Agreement, you will receive an enrollment packet that includes, but may not be limited to, the following items:

- Copy of the signed Enrollment Agreement (this document)
- Trinity Health PACE Alexandria membership card, which replaces your current Medicaid card, if you are a Medicaid recipient.
- Emergency contact information to post in your home that identifies you as a PACE participant and that lists the numbers you should call in an emergency.
- HIPAA privacy information
- Listing of staff and their titles at the Trinity Health PACE Alexandria center
- Listing of contracted providers and contracted facilities
- Participant rights information
- Trinity Health PACE Alexandria grievance and appeals policies

Notification that enrollment in PACE results in disenrollment from any other Medicare or Medicaid prepayment plan or optional benefit. Electing enrollment in any other Medicare or Medicaid prepayment plan or optional benefit, including the hospice benefit, after enrolling as a PACE participant is considered a voluntary disenrollment from PACE.

If you have Medicaid-only or privately pay and you become eligible for Medicare after enrollment in PACE, you will be disenrolled from PACE if you elect to obtain Medicare coverage other than from Trinity Health PACE Alexandria.

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.

MONTHLY PAYMENTS

If you are required to pay a monthly fee to Trinity Health PACE Alexandria, you must pay this amount by the first day of the month after you sign the Enrollment Agreement. Thereafter, payments will be due at the end of each month.

All future payments will be due at the end of each month. Payment can be made by check and made out to Trinity Health PACE Alexandria and sent to:

Trinity Health PACE Alexandria
3403 Government Street
Alexandria, LA 71302

We do not take cash or credit card.

MEDICARE AND MEDICAID OR MEDICAID ONLY

If you have Medicaid and are eligible for both Medicare and Medicaid, you are not responsible for any premiums, but may be responsible for any applicable spenddown liability under federal law and any amounts due under the post-eligibility treatment of income process.

In order to qualify for Medicaid, you may be required to make a payment to Trinity Health PACE Alexandria. The Medicaid agency will determine whether you have to make a payment to Trinity Health PACE Alexandria each month to qualify for Medicaid coverage. The amount you have to pay Trinity Health PACE Alexandria is based on your income or the income of your household.

As a Medicaid recipient and a Trinity Health PACE Alexandria participant, you will never pay a co-payment, deductible, or co-insurance for approved services. The payment paid to Trinity Health PACE Alexandria by Medicare/Medicaid will be considered “payment in full” for all approved services other than nursing facility care.

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

MEDICARE ONLY

If you have Medicare only and are not eligible for Medicaid, then you will pay a monthly premium to Trinity Health PACE Alexandria.

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 \$_____.

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

PRIVATE PAY

If you are not eligible for Medicare or Medicaid, you will pay a monthly fee to Trinity Health PACE Alexandria.

Your monthly premium of \$_____ starts on _____(date).

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

You may pay both premiums together, or you may contact your Social Worker for additional payment options.

PRESCRIPTION DRUG COVERAGE LATE ENROLLMENT PENALTY

Please be aware that if you are eligible for Medicare prescription drug coverage and are enrolling in Trinity Health PACE Alexandria after going without Medicare prescription coverage or coverage that was at least as good as Medicare drug coverage for 63 or more consecutive days, you may have to pay a higher monthly amount for Medicare prescription drug coverage. You may contact your Trinity Health PACE Alexandria social worker for more information about whether this applies to you.

FAILURE TO PAY PARTICIPANT OBLIGATION

You are enrolled the first day of the following month the Enrollment Agreement 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 Trinity Health PACE Alexandria to plan how you will make up the late payments.

If you receive notice that you will be involuntarily disenrolled for failing to pay your monthly payment and you pay the amount you owe before the effective date of your disenrollment, you will remain enrolled in the program with no break in coverage. If you are disenrolled for failure to make payments and you want to re-enroll, you will have to go through the entire assessment and enrollment process and pay the amount you owe 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 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 be quite strong enough to go home but are not ill enough to need hospitalization.

Trinity Health PACE Alexandria, 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 Trinity Health PACE Alexandria primary care provider will continue to care for you.

As a participant in Trinity Health PACE Alexandria, 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 responsible 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 Louisiana.

STOPPING BENEFITS

Your benefits under Trinity Health PACE Alexandria can stop if you choose to disenroll from the program (voluntary) or if you no longer meet the conditions of enrollment (involuntary).

You are required to use Trinity Health PACE Alexandria services and to submit payment, if applicable, until your disenrollment becomes effective. Trinity Health PACE Alexandria will continue to provide you with all necessary services until your disenrollment is effective.

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

VOLUNTARY DISENROLLMENT

You may leave the program at any time for any reason. You may notify Trinity Health PACE Alexandria either verbally or in writing. If you wish to leave the Trinity Health PACE Alexandria program, you should talk about it with your social worker who will help you with returning to other Medicaid/Medicare programs for which you are eligible.

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

If you choose to disenroll, Trinity Health PACE Alexandria will work with you to make referrals to appropriate medical providers in your community, and we will make medical records available within 30 days.

If you enroll in any other Medicaid or Medicare prepayment plan after enrolling in Trinity Health PACE Alexandria (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 voluntarily disenrolled from Trinity Health PACE Alexandria.

Your voluntary disenrollment is effective on the first day of the month following the date Trinity Health PACE Alexandria receives your notice of voluntary disenrollment.

INVOLUNTARY DISENROLLMENT

Trinity Health PACE Alexandria 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. Trinity Health PACE Alexandria can terminate your benefits through written notification to you if:

- 1) After a 30-day grace period, you fail to pay or make satisfactory arrangements to pay any premium due to Trinity Health PACE Alexandria.
- 2) After a 30-day grace period, you fail to pay or make satisfactory arrangements to pay any Medicaid spend down liability or any amount due under the post-eligibility treatment of income process.
- 3) You or your caregiver engages in disruptive or threatening behavior. Disruptive or threatening behavior is defined as behavior that threatens your health or safety, the safety of others or the safety of your caregiver; or you are a person with decision-making ability who consistently refuses to follow your plan of care or the terms in this Enrollment Agreement.
- 4) You move out of the Trinity Health PACE Alexandria program service area or are out of the service area for more than 30 consecutive days unless Trinity Health PACE Alexandria agrees to a longer absence due to extenuating circumstances. If you plan to move or leave the Trinity Health PACE Alexandria service area for over 30 days, you must discuss your plans with your Trinity Health PACE Alexandria social worker.
- 5) You no longer meet the State Medicaid nursing facility level of care requirements and are not deemed eligible by the state.
- 6) The PACE program agreement with CMS and the Louisiana Department of Health is not renewed or is terminated.
- 7) Trinity Health PACE Alexandria is unable to offer health care services due to the loss of State licenses or contracts with outside providers.

Your involuntary disenrollment is effective on the first day of the next month that begins 30 days after the day Trinity Health PACE Alexandria sends you notice of the disenrollment.

RETURNING TO TRINITY HEALTH ALEXANDRIA

If you choose to leave Trinity Health PACE Alexandria (“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 after 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 Trinity Health PACE Alexandria at no cost. If you want to stay in Trinity Health PACE Alexandria, 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 may be required according to your income.

PARTICIPANT RESPONSIBILITIES

Trinity Health PACE Alexandria 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:

- Consider taking 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 if you are able
- Cooperatively work with Trinity Health PACE Alexandria to develop and carry out agreed-upon treatment plans
- Tell us about important information and clearly communicate wants and needs

- Use Trinity Health PACE Alexandria’s grievance and appeals process to discuss concerns that might occur.
- Avoid knowingly spreading disease
- Recognize the reality of risks and limits of the science of medical care
- Show respect for other participants and Trinity Health PACE Alexandria staff
- Make a good-faith effort to meet financial obligations
- Abide by the rules and procedures of Trinity Health PACE Alexandria

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

PARTICIPANT BILL OF RIGHTS FOR TRINITY HEALTH PACE ALEXANDRIA

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

At Trinity Health PACE Alexandria, we are dedicated to providing you with quality health care services so that you may remain as independent as possible. This includes providing all Medicare-covered items and services and Medicaid services, and other services determined to be necessary by the interdisciplinary team across all care settings, 24 hours a day, 7 days a week. Our staff and contractors seek to affirm the dignity and worth of each participant by assuring the following rights:

You have the right to be treated with respect.

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

- To get all of your health care in a safe, clean environment and in an accessible manner.

- 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 PACE program.
- To get help, if you need it, to use the Medicare and Medicaid complaint and appeal processes, and your civil and other legal rights.
- To be encouraged and helped in talking to PACE staff about changes in policy and services you think should be made.
- To use a telephone while at the PACE Center.
- To not have to do work or services for the PACE program.

You have a right to protection against discrimination.

Discrimination is against the law. Every company or agency that works with Medicare and Medicaid must obey the law. They cannot discriminate against you because of your:

- Race
- Ethnicity
- National Origin
- Religion
- Age
- Sex
- Mental or physical disability
- Sexual Orientation
- Source of payment for your health care (For example, Medicare or Medicaid)

If you think you have been discriminated against for any of these reasons, contact a staff member at the 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.
- To have the 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.
- To get marketing materials and PACE participant rights in English and in any other frequently used language in your community. You can also get these materials in Braille, if necessary.
- To have the Enrollment Agreement fully explained to you in a manner understood by you.
- To get a written copy of your rights from the PACE program. The PACE program must also post these rights in a public place in the PACE center where it is easy to see them.
- To be fully informed, in writing, of the services offered by the PACE program. This includes telling you which services are provided by contractors instead of the 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 copy of individuals who provide care-related services not provided directly by Trinity Health PACE Alexandria upon request.

- To look at, or get help to look at, the results of the most recent review of your PACE program. Federal and State agencies review all PACE programs. You also have a right to review how the 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 a health care provider, including your primary care provider and specialists, from within the 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 the right to have reasonable and timely access to specialists as indicated by your health condition.

You also have the right to receive care across all care settings, up to and including placement in a long-term care facility when the Trinity Health PACE Alexandria can no longer maintain you safely in the community.

You have a right to access emergency services.

You have the right to get emergency services when and where you need them without the 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 Trinity Health PACE Alexandria prior to seeking emergency services.

You have a right to participate in treatment decisions.

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

- To have all treatment options explained to you in a language you understand, to be fully informed of your health status and how well you are doing, and to make health care decisions. This includes the right not to get

treatment or take medications. If you choose not to get treatment, you must be told how this will affect your health.

- To have the 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 a right to have your health information kept private.

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

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

You have a right to file a complaint, request additional services or make an appeal.

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

You have a right to leave the program.

If, for any reason, you do not feel that the 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 Trinity Health PACE Alexandria receives your notice of voluntary disenrollment.

Additional Help:

If you have complaints about your PACE program, think your rights have been violated, or want to talk with someone outside your PACE program about your concerns, call 1-800-MEDICARE or 1-800-633-4227, or contact the Louisiana Department of Health, Office of Aging and Adult Services, at 1-866-758-5035 or by email at OAAS.Inquiries@la.gov.

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.

The following describes the grievance process:

1. All individuals enrolled in Trinity Health PACE Alexandria will be informed, in writing (this document), upon enrollment and at least once each year after that of the grievance process.
2. You can inform any Trinity Health PACE Alexandria employee or contracted provider you wish to file a grievance. During non-center operation hours, you may call (318) 206-1000 and file a grievance with the person on call. You may also submit a grievance in writing. Please send it to Trinity Health PACE Alexandria, 3403 Government Street, Alexandria, LA, 71302 Attention: Quality Department.
3. The staff member who receives your grievance will help you document it (if it is not already in writing on the Grievance Form) and will forward it to the Trinity Health PACE Alexandria Quality Department to coordinate any further investigation and required action, as well as report the grievance at the appropriate Interdisciplinary Team meeting. We will discuss with you, and give to you in writing, the specific steps, including timeframes for response, that will be taken to resolve your grievance.
4. All information related to the grievance will be held in strict confidence and will not be disclosed except where appropriate to process the grievance.
5. During the grievance process, all required existing services will be continued.

6. A colleague will directly contact you or your family member in writing within five business days regarding the resolution of the grievance.
7. If you, your family, or authorized representative are dissatisfied with the outcomes of the proposed resolution, you may contact the Trinity Health PACE Alexandria Executive Director within 30 calendar days of the notification of the resolution to request a review.

APPEAL PROCESS

It is the policy of Trinity Health PACE Alexandria 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.

An appeal is an action you take with respect Trinity Health PACE Alexandria's non-coverage of, or nonpayment for, a service, including denials, reductions, or termination of services.

All individuals enrolled in Trinity Health PACE Alexandria will be informed, in writing (this document), upon enrollment and at least once each year after that, and any time a request for a service or payment is denied, of the appeals process.

Appeals will receive a first response within 72 hours, and a final decision on the appeal as soon as your health condition requires, but no later than 30 calendar days after the receipt of the written or verbal appeal. A request for an expedited review will be completed within 72 hours as outlined in this section.

You, your family member/caregiver, or authorized representative may inform any Trinity Health PACE Alexandria employee at any time you wish to file an appeal. The appeal may be made verbally or in writing. You may call (318) 206-1000 or you may submit an appeal in writing to Trinity Health PACE Alexandria, 3403 Government Street, Alexandria, LA, 71302, Attention: Quality Department.

The center receptionist shall forward any incoming appeals via telephone to the Quality Department or, in their absence, to the Executive Director.

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 Trinity Health PACE Alexandria Quality Department the next business day.

Upon receipt of your appeal, the Trinity Health PACE Alexandria Quality department or designee will forward a letter to you, and your family/caregiver or authorized representative if applicable, to inform you of the following:

- Your appeal information will be reviewed by an impartial third-party who is appropriately credentialed in the field(s) or discipline(s) related to your appeal, who was not involved in the original action, and who does not have a stake in the outcome of your appeal.
- 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, Trinity Health PACE Alexandria will continue to furnish the disputed service(s) until a final determination is reached so long as 1) Trinity Health PACE Alexandria 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 responsible 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.

Trinity Health PACE Alexandria will provide you with a decision on your appeal as quickly as your health condition requires, but no later than 30 calendar days from the date we receive your appeal.

EXPEDITED REVIEW

If you, your family/caregiver, or authorized representative believe your life, health, or ability to regain or maintain maximum function will be in jeopardy without the disputed service, an expedited review may take place. This review takes only 72 hours.

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:

1. You may tell any Trinity Health PACE Alexandria employee at any time; they will be sure to document your request and get it to the appropriate person.
2. You may call (318) 206-1000 and tell the Executive Director or Quality Department that you would like a 72-hour or expedited appeal review.
3. If you prefer to make your appeal in writing, please mail or have it delivered to the attention of:

Trinity Health PACE Alexandria
3403 Government Street
Alexandria, LA 71302

4. You may fax your written appeal to (318) 206-1099.

The 72-hour process will not begin until the request is received. Trinity Health PACE Alexandria will document in writing all verbal requests. You will receive a response as quickly as your health condition requires, but no later than 72 hours after we receive your appeal.

The 72-hour review timeframe may be extended by up to 14 calendar days for either of the following reasons:

- You request the extension.
- Trinity Health PACE Alexandria justifies with the Louisiana Department of Health, Office of Aging and Adult Services, the need for additional information, and the delay is in your best interest.

If the appeal is ruled in your favor, the Quality Department will inform all involved parties verbally and in writing of the final decision, and direct that services are to continue or start as quickly as your health condition requires.

When an appeal decision is not in your favor, either wholly or partially, the social worker will promptly contact, in writing, the Centers for Medicare and Medicaid Services (CMS), the Louisiana Department of Health, Office of Aging and Adult Services and you and your family/caregiver or your authorized representative. A letter will be sent to you that will inform you of the specific reason for the denial, will explain the reason(s) why the service would not improve or maintain your overall health status, will inform you of your right to appeal the decision, and will describe your additional appeal rights under Medicaid or Medicare.

EXTERNAL APPEALS

If you are unhappy with the outcome of Trinity Health PACE Alexandria 's appeal review, you have additional appeal rights under Medicaid and Medicare. The Medicaid program conducts their next level of appeal through the State's Fair Hearing process, and the Medicare program contracts with an "independent review entity" to provide an external review on appeals. Trinity Health PACE Alexandria will 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. If the ruling is in your favor, Trinity Health PACE Alexandria will continue, provide, or pay for the appealed service as quickly as your health condition requires.

If the ruling is not in your favor, you may file an appeal in State Court. If you do not choose to pursue another appeal, Trinity Health PACE Alexandria will discontinue the service, and/or request repayment for cost of services provided that were being appealed, if applicable.

MEDICAID APPEALS CONTACT:

If you are enrolled in both Medicaid and Medicare (dually eligible) OR Medicaid only, you can choose the Medicaid appeals process. You or your authorized representative must send an appeal request within 30 calendar days of receipt of the notification of a full or partial denial by the third-party reviewer. If you file an appeal within 10 days of the date of the notice, you may continue to receive services during the appeal process. However, if this action is upheld by the Louisiana Division of Administrative Law, you may be required to reimburse Trinity Health PACE Alexandria for the cost of services paid on your behalf during the appeal period.

Medicaid appeals are filed with the Louisiana Division of Administrative Law by mail, phone, fax or online:

Division of Administrative Law
HH Section
P.O. Box 4189
Baton Rouge, LA 70821

Phone: 225-342-5800

Fax: 225-219-9823

Online:

<http://laserfiche.adminlaw.state.la.us/Forms/hSgLX>

You are encouraged to exhaust all internal appeal options, prior to filing an appeal with Medicaid.

MEDICARE APPEALS CONTACT:

If you are enrolled in both Medicare and Medicaid (dual eligible) OR Medicare only, you may choose to file an appeal with the Medicare contracted independent review entity. A written request for reconsideration must be filed with the independent review entity within 60 calendar days from

the date of the decision by the third-party reviewer. Trinity Health PACE Alexandria will help you with filing an external appeal with Medicare.

SERVICES NOT COVERED

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

- Cosmetic surgery, unless required for improved functioning of a malformed part of the body resulting from an accidental injury, or for reconstruction following mastectomy.
- Experimental medical, surgical, or other health procedures.
- Any services given outside of the United States, except in certain emergency situations as permitted by federal regulation and Louisiana Medicaid.

GENERAL PROVISIONS

Continuation of Services on Termination: Trinity Health PACE Alexandria has an agreement with the Centers for Medicare and Medicaid Services (CMS) and the Louisiana Department of Health, Office of Aging and Adult Services that requires periodic renewal. If our agreement with CMS and the Louisiana Department of Health, Office of Aging and Adult Services is not renewed or is discontinued for any reason, the program will be terminated. If this happens, you will continue to be entitled to coverage under Medicare Parts A and B and/or Medicaid and 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: Trinity Health PACE Alexandria is subject to the requirements of the Louisiana Department of Health, Office of Aging and

Adult Services 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 Trinity Health PACE Alexandria, 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:

Trinity Health PACE Alexandria
3403 Government Street
Alexandria, LA 71302

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 Trinity Health PACE Alexandria: 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 Louisiana 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 Trinity Health PACE Alexandria directly to the Trinity Health PACE Alexandria service provider. You cannot be required to pay anything that is owed by Trinity Health PACE Alexandria 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.

CHANGES IN THE ENROLLMENT AGREEMENT

If there are changes in the Enrollment Agreement information at any time during your enrollment, the PACE organization must meet the following requirements: Give you an updated copy of the information, and explain the changes to you and your representative or caregiver in a manner you understand.

ENROLLMENT AGREEMENT SIGNATURE SHEET

NOTICE TO PROSPECTIVE PARTICIPANT—READ THIS BEFORE YOU SIGN:

Do not sign this agreement if the rules and requirements 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.

TRINITY HEALTH PACE ALEXANDRIA SIGNATURE FORM

BIOGRAPHICAL INFORMATION

Last Name:

First Name:

Middle Name:

Gender: M F Date of Birth: _____ Age: _____

Primary Contact: _____ Relationship: _____

Address:

Phone: (H) _____ (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 entitled to Medicaid

OTHER INSURANCE (CHECK ALL THAT APPLY):

Veterans Benefits, number:

Black Lung Benefits, number:

Other Policy number:

Company Name: _____

Address

City

State

Zip

Telephone

By signing this Enrollment Agreement form:

1. I acknowledge that I have had the rules and requirements of participation and my rights as a participant in Trinity Health PACE Alexandria explained to me or my authorized representative.
2. I have been given an opportunity to ask questions and all of my questions have been answered satisfactorily.
3. I understand that once I enroll in Trinity Health PACE Alexandria, it will be my sole service provider. I am to receive all my healthcare benefits from Trinity Health PACE Alexandria, with the exception of emergency services. I understand that if I am currently enrolled in any other Medicare or Medicaid plan, including a Medicare Advantage Plan, enrollment in Trinity Health PACE Alexandria will automatically disenroll me from that plan.
4. I agree to participate in Trinity Health PACE Alexandria according to the terms and conditions in this Enrollment Agreement.
5. I authorize the disclosure and exchange of my personal and health related information between the Centers for Medicare and Medicaid Services (CMS), its agents, the Louisiana Department of Health, Office of Aging and Adult Services and Trinity Health PACE Alexandria.
6. In case of medical emergencies in which I am unable to direct my care or give verbal consent; I authorize Trinity Health PACE Alexandria to use my advance directive and health care wishes to direct decisions regarding my care. If my Provider is unavailable, I authorize treatment by a licensed emergency room physician. I understand that Trinity Health PACE Alexandria staff will make a reasonable effort to contact my Provider and responsible party.

I understand my effective date of enrollment is: _____

Participant Name Printed

Participant Signature

Date & Time

Participant's Authorized
Representative Name
Printed

Participant's Authorized
Representative Signature

Date & Time

Trinity Health PACE
Alexandria Representative
Name Printed

Trinity Health PACE
Alexandria Representative
Signature

Date & Time