



Trinity Health
PACE

of Pensacola

ENROLLMENT AGREEMENT

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

TABLE OF CONTENTS

WELCOME	4
NOTICE OF NON-DISCRIMINATION	5
MISSION STATEMENT	5
PROGRAM FEATURES	5
SPECIAL FEATURES	6
INTERDISCIPLINARY TEAM	6
LOCK-IN PROVISION AND AUTHORIZATION OF CARE	6
COORDINATION OF COMPREHENSIVE CARE	7
THE TRINITY HEALTH PACE OF PENSACOLA CENTER	7
HOURS OF OPERATION	8
BENEFITS AND COVERAGE	9
BED HOLD POLICY	12
AFTER HOURS AND EMERGENCY CARE	13
OUT-OF-AREA MEDICAL CARE	14
CARE OUTSIDE THE UNITED STATES	16
ELIGIBILITY, ENROLLMENT, AND MONTHLY CHARGE	17
MONTHLY PAYMENTS	23
MEDICARE AND MEDICAID OR MEDICAID ONLY	23
MEDICARE ONLY	24
PRIVATE PAY	24
PRESCRIPTION COVERAGE LATE ENROLLMENT PENALTY	25
FAILURE TO PAY PARTICIPANT OBLIGATION	25

YOUR SHARE OF COSTS FOR NURSING FACILITY CARE	25
STOPPING BENEFITS	26
VOLUNTARY DISENROLLMENT	26
INVOLUNTARY DISENROLLMENT	27
RETURNING TO TH PACE OF PENSACOLA	28
ELIGIBILITY REVIEW AND CHANGES	29
PARTICIPANT RESPONSIBILITIES	29
PARTICIPANT BILL OF RIGHTS	30
GRIEVANCE PROCESS	35
APPEAL PROCESS	37
SERVICES NOT COVERED	41
GENERAL PROVISIONS	41
CHANGES IN THE ENROLLMENT AGREEMENT	44
ENROLLMENT AGREEMENT FORM	45
SIGNATURES	47

TRINITY HEALTH PACE OF PENSACOLA
PARTICIPANT ENROLLMENT AGREEMENT

WELCOME

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

TH PACE of Pensacola 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 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 TH PACE of Pensacola 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.

TH PACE of Pensacola 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 TH PACE of Pensacola, you become a participant in the program and have access to many services. For example, TH PACE of Pensacola 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 TH PACE of Pensacola staff and are delivered at the PACE center. Services not directly provided by TH PACE of Pensacola are provided through contracted outside providers, organizations, or agencies that have been approved by the TH PACE of Pensacola interdisciplinary team.

NOTICE OF NON-DISCRIMINATION

The TH PACE of Pensacola 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 TH PACE of Pensacola 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 PACE OF PENSACOLA PROGRAM FEATURES

Features of the TH PACE of Pensacola 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, TH PACE of Pensacola will arrange that for you.
- If the interdisciplinary team determines that you need nursing facility care, TH PACE of Pensacola 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 TH PACE of Pensacola, keep this enrollment agreement in a safe place. This enrollment agreement is a legal contract listing all services and benefits provided by TH PACE of Pensacola.

SPECIAL FEATURES

Some of the services TH PACE of Pensacola provides are not available in any other healthcare program. Special features of TH PACE of Pensacola 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 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

This means that once you are enrolled in the TH PACE of Pensacola program all of your healthcare services are provided and arranged through TH PACE of Pensacola. Services must be approved by the IDT and provided

by TH PACE of Pensacola staff members or TH PACE of Pensacola contracted provider. If you receive services from someone other than a TH PACE of Pensacola staff member or program contracted provider, you may have to pay for them. If you receive services NOT authorized by the TH PACE of Pensacola 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, TH PACE of Pensacola takes the place of the standard Medicare and/or Medicaid programs. All of your care is provided only through TH PACE of Pensacola. 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 physician specialists (such as cardiologists and orthopedists), hospitals, nursing facilities, pharmacies, and medical equipment providers.

THE TRINITY HEALTH PACE OF PENSACOLA CENTER

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

TH PACE of Pensacola
5020 Commerce Park Cir.
Pensacola, FL 32505

HOURS OF OPERATION

Our regular PACE center hours are from 8:00 a.m.-5:00 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 TH PACE of Pensacola answering service. The answering service will page someone at TH PACE of Pensacola to assist you. Call (850) 806-0900 to access after-hours help.

It is important that you attend the TH PACE of Pensacola 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 (850) 806-0900.

HOLIDAYS

The days during the year that the TH PACE of Pensacola center is closed are:

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 TH PACE of Pensacola. The TH PACE of Pensacola program covers all the services covered under Medicare and Medicaid. We also cover services that may not be available under the original Medicare and Medicaid. Services are obtained by working with the IDT who will decide along with you what services are best to meet your needs. Services you may receive from TH PACE of Pensacola, regardless of the source of payment, 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, 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
- 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
 - Emergency coverage anywhere in the United States
 - Urgent needed care outside 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 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, TH PACE of Pensacola's 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, TH PACE of Pensacola'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 assisted living facility or nursing facility. If it is not possible to return to your original place of residence, TH PACE of Pensacola 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 TH PACE of Pensacola center hours. TH PACE of Pensacola 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 TH PACE of Pensacola at (850) 806-0900.

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 TH PACE of Pensacola provider returning your call may not be your personal TH PACE of Pensacola 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

TH PACE of Pensacola 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 TH PACE of Pensacola as soon as possible to let us know what happened.

EMERGENCY HOSPITALIZATIONS

If you are hospitalized in a facility other than a TH PACE of Pensacola 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, TH PACE of Pensacola 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 TH PACE of Pensacola within 24 hours or as soon as you are able.

If you have paid for emergency service you received outside of the TH PACE of Pensacola 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 TH PACE of Pensacola at the address listed below.

URGENT CARE AND POST-STABILIZATION CARE

Urgent care means care you need when you are out of the TH PACE of Pensacola 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.

TH PACE of Pensacola covers both urgent care and post-stabilization care when you are out of the service area. Your TH PACE of Pensacola provider must pre-approve these services. For authorization of any non-emergency, out-of-the-area services, you must call TH PACE of Pensacola at (850) 806-0900. If we do not respond to your request for approval within (1) hour of being contacted, or we cannot be contacted for approval, these services will be covered. If you do not call TH PACE of Pensacola 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 TH PACE of Pensacola, 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:

TH PACE of Pensacola
5020 Commerce Park Cir.
Pensacola, FL 32505

CARE OUTSIDE THE UNITED STATES

If you receive any medical care outside of the United States, in most cases TH PACE of Pensacola will not pay for it. TH PACE of Pensacola 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 United States.

- You live in the United States 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 United States hospital that can treat your condition, PACE might pay.
- You are in the United States when you have a medical emergency. If a Canadian or Mexican hospital is closer or easier to get to than the nearest United States 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 United States 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 United States 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:

TH PACE of Pensacola
5020 Commerce Park Cir.
Pensacola, FL 32505

ELIGIBILITY, ENROLLMENT, AND MONTHLY CHARGE

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

ELIGIBILITY

You are eligible to be a participant in TH PACE of Pensacola if you:

Are at least 55 years of age,

Meet a nursing facility level of care (LOC) for coverage under the State Medicaid plan,

Live in the TH PACE of Pensacola service area, which includes all of Escambia County and Santa Rosa County.

Are able to live safely in the community with services provided by TH PACE of Pensacola at the time you enroll.

- A PACE 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.

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

ENROLLMENT PROCESS

Enrollment in TH PACE of Pensacola includes the following four steps:

1. Inquiry/referral and explanation of PACE benefit
2. The home and safety assessment is completed by PACE and the level of care assessment is conducted by the Department of Elder Affairs.
3. PACE center visit
4. Enrollment Agreement review and signing

When you enroll in TH PACE of Pensacola, 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 TH PACE of Pensacola at a Social Security office.

STEP ONE: REFERRAL/INTAKE AND EXPLANATION OF PACE BENEFIT

Anyone can make a referral to TH PACE of Pensacola. The enrollment process usually starts with a telephone call. You or a family member may call TH PACE of Pensacola to talk about your situation and needs. A TH PACE 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 TH PACE of Pensacola, such as:

- How the program works
- What kinds of services TH PACE of Pensacola 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 TH PACE of Pensacola'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 TH PACE of Pensacola 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 while the level of care assessment will be conducted by The Department of Elder Affairs. Additionally, we will work with the Florida Agency for Health Care Administration to apply for/or verify Medicaid eligibility.

If you do not agree with the level of care decision, you may appeal the decision in writing. You or your authorized representative must send a written appeal request within 90 days of receipt of this notification. 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 of Children and Family Services

Appeal Hearings Section

2415 North Monroe Street, Suite 400-1

Tallahassee, FL 32303-4190

Phone: (850) 488-1429

Fax: (850) 487-0662

Email: appeal.hearings@myflfamilies.com

STEP THREE: PACE CENTER VISIT

The process is designed to help you decide whether TH PACE of Pensacola 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 TH PACE of Pensacola 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 enrollment is denied because your health and safety would be jeopardized by living in a community setting, TH PACE of Pensacola 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 TH PACE of Pensacola 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 your TH PACE of Pensacola 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, Florida state, and Centers for Medicare & Medicaid Services (CMS) Medicare programs have a special agreement that allows TH PACE of Pensacola to provide services to its participants. When you become a participant, you agree that TH PACE of Pensacola will be your sole service provider and you will accept services only from TH PACE of Pensacola or its contracted providers. The IDT must approve all services. TH PACE of Pensacola 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 TH PACE of Pensacola.

If you decide to become a TH PACE of Pensacola 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 TH PACE of Pensacola 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 TH PACE of Pensacola services and pay any premiums. TH PACE of Pensacola will also continue to furnish all needed services until disenrollment. This gives the TH PACE of Pensacola interdisciplinary team time to work with you and/or your family to plan for your future care needs. It also allows TH PACE of Pensacola to give proper notice to Medicare and Medicaid of your decision to leave TH PACE of Pensacola.

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)
- TH PACE of Pensacola 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 TH PACE of Pensacola center
- Listing of contracted providers and contracted facilities
- Participant rights information
- TH PACE of Pensacola 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 TH PACE of Pensacola.

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

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

As a Medicaid recipient and TH PACE of Pensacola participant, you will never pay a co-payment, cost share, deductible, or co-insurance for approved services. The payment paid to TH PACE of Pensacola by Medicare/Medicaid will be considered “payment in full” for all approved services other than nursing facility care. You may be required to pay a Medicaid spenddown as determined by Medicaid as well as any amounts due under the post-eligibility treatment of income process.

Payment can be made by check and made out to Trinity Health PACE and sent to:

TH PACE of Pensacola
5020 Commerce Park Cir.
Pensacola, FL 32505

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.

As a TH PACE of Pensacola participant, you will automatically receive all prescription drug and healthcare benefits from TH PACE of Pensacola. TH PACE of Pensacola 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 TH PACE of Pensacola.

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 of Pensacola.

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 TH PACE of Pensacola 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 TH PACE of Pensacola 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 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 TH PACE of Pensacola 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 remain enrolled in the program with no break in coverage. If you are disenrolled for failure to make payments, you will 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 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.

TH PACE of Pensacola, 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 TH PACE of Pensacola primary care provider will continue to care for you.

As a participant in TH PACE of Pensacola, 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 Florida.

STOPPING BENEFITS

Your benefits under TH PACE of Pensacola 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 TH PACE of Pensacola services and to submit payment, if applicable, until termination of benefits becomes effective. TH PACE of Pensacola 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 TH PACE of Pensacola either verbally or in writing. If you wish to leave the TH PACE of Pensacola 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. TH PACE of Pensacola will be responsible for coordinating your Medicare/Medicaid benefits until the end of the month in which you disenroll. During this disenrollment period, TH PACE of Pensacola will continue to provide your authorized services. You must pay any monthly charge until the disenrollment is complete.

If you choose to disenroll, TH PACE of Pensacola 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 TH PACE of Pensacola (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 TH PACE of Pensacola.

Your voluntary disenrollment is effective on the first day of the month following the date TH PACE of Pensacola receives your notice of voluntary disenrollment.

INVOLUNTARY DISENROLLMENT

TH PACE of Pensacola 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. TH PACE of Pensacola 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 TH PACE of Pensacola.
- 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 TH PACE of Pensacola program service area or are out of the service area for more than 30 consecutive days unless TH PACE of Pensacola agrees to a longer absence due to extenuating circumstances. If you plan to move or leave the TH PACE of Pensacola service area for over 30 days, you must discuss your plans with your TH PACE of Pensacola social worker.
- 5) You no longer meet the State Medicaid nursing facility level of care requirements and is not deemed eligible by the state.
- 6) The TH PACE of Pensacola program agreement with CMS and the Florida Agency for Health Care Administration is not renewed or is terminated.
- 7) TH PACE of Pensacola 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 TH PACE of Pensacola sends you notice of the disenrollment.

RETURNING TO TH PACE OF PENSACOLA

If you choose to leave TH PACE of Pensacola (“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 TH PACE of Pensacola at no cost. If you want to stay in TH PACE of Pensacola, 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

TH PACE of Pensacola 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 TH PACE of Pensacola to develop and carry out agreed-upon treatment plans
- Tell us about important information and clearly communicate wants and needs
- Use TH PACE of Pensacola'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 TH PACE of Pensacola staff
- Make a good-faith effort to meet financial obligations
- Abide by the rules and procedures of TH PACE of Pensacola

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

PARTICIPANT BILL OF RIGHTS FOR TH PACE OF PENSACOLA

When you join a PACE program, you have certain rights and protections. Trinity Health PACE, 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 of Pensacola, 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 of Pensacola 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 of Pensacola 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 of Pensacola 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 of Pensacola 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 of Pensacola 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 to get the name and phone number of someone in the Florida Agency for Health Care Administration.

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:

1. All individuals enrolled in TH PACE of Pensacola 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 TH PACE of Pensacola employee or contracted provider you wish to file a grievance. During non-center operation hours, you may call 850-806-0900 and file a grievance with the person on call. You may also submit a grievance in writing. Please send it to Trinity Health Pace of Pensacola, 5020 Commerce Park Circle, Pensacola, FL, 32505, 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 TH of Pensacola 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 TH PACE of Pensacola Executive Director within 30 calendar days of the notification of the resolution to request a review.

APPEAL PROCESS

It is the policy of TH PACE of Pensacola 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 to TH PACE of Pensacola's non-coverage of, or nonpayment for, a service, including denials, reductions, or termination of services.

All individuals enrolled in TH PACE of Pensacola 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.

All appeals will receive a first response within 72 hours, and a final decision on the appeal within 30 calendar days of the receipt of the written or verbal appeal, or as soon as your health condition requires. 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 TH PACE of Pensacola employee at any time you wish to file an appeal. The appeal may be made verbally or in writing. You may call 850-806-0900 or you may submit an appeal in writing to Trinity Health PACE of Pensacola, 5020 Commerce Park Circle, Pensacola, FL, 32505, 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 TH PACE of Pensacola Quality Department the next business day.

Upon receipt of your appeal, the TH PACE of Pensacola 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, TH PACE of Pensacola will continue to furnish the disputed service(s) until a final determination is reached so long as 1) TH PACE of Pensacola 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.

TH PACE of Pensacola 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 TH PACE of Pensacola employee at any time; they will be sure to document your request and get it to the appropriate person.
2. You may call 850-806-0900 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:

TH PACE of Pensacola
5020 Commerce Park Cir.
Pensacola, FL 32505

4. You may fax your written appeal to (850) 806-0901.

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

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

- You request the extension.
- TH PACE of Pensacola justifies with the Florida Agency for Health Care Administration 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 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, Centers for Medicare and Medicaid Services (CMS), 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.

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, TH PACE of Pensacola will continue, provide, or pay for the appealed service as soon as your health condition demands.

If the ruling is not in your favor, TH PACE of Pensacola will discontinue the service, and/or request repayment for cost of services provided that were being appealed, if applicable.

EXTERNAL APPEALS

If you are unhappy with the outcome of TH PACE of Pensacola 's appeal review, you have additional appeal rights under Medicaid and Medicare. TH PACE of Pensacola 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.

MEDICAID APPEALS CONTACT:

You or your authorized representative must send a written 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 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 TH PACE of Pensacola 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 of Children and Family Services

Office of Appeals Hearings
1317 Winewood Blvd.
Building 5, Room 255
Tallahassee, Florida 32399-0700
Phone: (850) 488-1429

MEDICARE APPEALS CONTACT:

If you are eligible for Medicare, you may 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. TH PACE of Pensacola will help you with filing an external appeal with Medicare.

SERVICES NOT COVERED

The staff at TH PACE of Pensacola promises to give you the very best care possible. There are some things staff cannot do for you. Below is a list of services TH PACE of Pensacola 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.

GENERAL PROVISIONS

Continuation of Services on Termination: Trinity Health PACE of Pensacola has an agreement with CMS and the Florida Agency for Health Care Administration (ACHA) that requires periodic renewal. If our agreement with CMS and the Florida Agency for Health Care Administration (ACHA) not renewed or 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: TH PACE of Pensacola is subject to the requirements of the Florida Agency for Health Care Administration and the U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). Any provision required to be in this agreement shall bind TH PACE of Pensacola, 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:

TH PACE of Pensacola
5020 Commerce Park Cir.
Pensacola, FL 32505

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 TH PACE of Pensacola: 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 Florida 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 TH PACE of Pensacola directly to the TH PACE of Pensacola service provider. You cannot be required to pay anything that is owed by TH PACE of Pensacola 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

Changes in enrollment agreement information. If there are changes in the enrollment agreement information at any time during the participant's enrollment, the PACE organization must meet the following requirements: Give an updated copy of the information to the participant. Explain the changes to the participant and his or her representative or caregiver in a manner they understand.

ENROLLMENT AGREEMENT FORM

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 OF PENSACOLA 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

SIGNATURES

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 TH PACE of Pensacola 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 TH PACE of Pensacola, it will be my sole service provider. I am to receive all my healthcare benefits from TH PACE of Pensacola, with the exception of emergency services. I understand that if I am currently enrolled in a Medicare Advantage Plan, enrollment in TH PACE of Pensacola will automatically disenroll me from that Medicare Advantage Plan.
4. I agree to participate in TH PACE of Pensacola according to the terms and conditions in this Enrollment Agreement.
5. I authorize the disclosure and exchange of personal and health related information among the Centers for Medicare and Medicaid Services (CMS), its agents, the Florida Health Care Administration, and TH PACE of Pensacola.
6. In case of medical emergencies in which I am unable to direct my care or give verbal consent; I authorize TH PACE of Pensacola 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 TH PACE of Pensacola staff will make a reasonable effort to contact my Provider and responsible party.

I understand my effective date of enrollment is: _____

Signature of Participant: _____

Participant Name Printed: _____

Date (*Month/date/year*) & Time: _____

Participant's Authorized Representative Signature: _____

Date (*Month/date/year*) & Time: _____

TH PACE of Pensacola Representative Signature: _____

Date (*Month/date/year*) & Time: _____