



# PACE ENROLLMENT PACKET





# TABLE OF CONTENTS

<b>Your Rights as a PACE Participant</b> .....	Section 1
<b>Your Responsibilities as a PACE Participant</b> .....	Section 2
<b>How PACE Health Coverage Works</b> .....	Section 3
<b>Benefits and Covered Services</b> .....	Section 4
<b>Emergency and Urgently Needed Services</b> .....	Section 5
<b>Supportive Housing</b> .....	Section 6
<b>Participant Financial Responsibility</b> .....	Section 7
<b>Disenrollment from PACE-RI</b> .....	Section 8
<b>Grievance and Appeal Procedures</b> .....	Section 9
<b>Advance Directives: Making your Health Care Wishes Known</b> .....	Section 10
<b>Coordinating Other Benefits you May Have</b> .....	Section 11
<b>Confidentiality and Release of Information</b> .....	Section 12
<b>General Provisions</b> .....	Section 13

# **Welcome to PACE-RI!**

**Serving all of Rhode Island... except Block Island and Prudence Island**

The PACE® Organization of Rhode Island (PACE-RI) administers the federally designated *Program of All-Inclusive Care for the Elderly*. This **Participant Packet** provides information on your rights, benefits, and responsibilities as a participant of PACE-RI. Please call us at 401-490-6566, or 1-877-781-PACE (1-877-781-7223, toll free) if you need this information in another language. Our TTY number is 1-800-745-5555

## **Call 911 in an Emergency**

Emergency Services are covered without prior authorization from PACE-RI. Call PACE-RI anytime at 401-490-6566 if you are not sure whether you need emergency care. Please contact your PACE-RI team within 24-hours or as soon as possible after receiving emergency services.

## **PACE-RI Program**

By enrolling in PACE-RI, you have decided to get all your health care from our provider network. This results in disenrollment from any other Medicare or Medicaid prepayment plan or optional benefit. You must also follow all plan participant rules as outlined in this packet, such as getting referrals and prior authorization when necessary, as well as any amendments we send you. Please contact us at the location or phone numbers listed below if you have questions or need help:

Address: PACE Organization of Rhode Island  
225 Chapman Street  
Providence, RI 02905

Office Hours: 7:30 a.m. to 5:00 p.m. - Monday through Friday

Phone Number: 1-401-490-6566 (same for business hours and after hours)

Toll-Free: 1-877-781-PACE or (1-877-781-7223)

## **Updating Your Membership Records**

The following changes must be reported to your PACE-RI team:

- Changes to your name, address, or phone number

## **PACE-RI Participant Packet**

- Changes to the health insurance coverage that you may have from your employer or your spouse's employer
- Changes in income or assets
- Liability claims (such as claims against another driver in an auto accident)
- Eligibility under Worker's Compensation

~ Section 1 ~

### **Your Rights as a PACE-RI Participant**

**Participants have the right to be treated with dignity, respect, and fairness at all times.**

*This includes:*

- The right to be protected from discrimination due to age, race, color, sex, national origin or ancestry, religion, political belief or affiliation, disability or association with a person with a disability, sexual orientation, cultural or educational background, mental or physical ability or source of payment for your health care.
- The right to be free from harm including physical and mental abuse, restraint, neglect, corporal punishment, involuntary seclusion, excessive medication and any physical or chemical restraint imposed for the purpose of discipline or convenience and not required to treat your medical symptoms.
- The right to suggest changes in the way we work at PACE-RI.
- The right to receive comprehensive health care in a safe and clean setting, in an accessible manner.
- The right not to be required to perform work for PACE-RI.
- The right to choose to participate in any activity, or to not participate.
- The right to have reasonable access to a telephone at PACE-RI.
- The right to be afforded privacy and confidentiality in all aspects of care and to be provided humane care.

## **PACE-RI Participant Packet**

Participants will be encouraged and helped to use their rights, including their rights under the Medicare and/or Medicaid appeals processes, as well as civil and other legal rights.

If you feel that you have been subjected to discrimination, you may file a complaint as described in Section 9 (Grievance and Appeal Procedures).

### **Participants have the right to full information about services covered and costs related to enrollment in PACE-RI.**

*This includes:*

- The right to be informed, in writing, of the services provided by PACE-RI before enrollment, at enrollment, and anytime there is a change in services. This includes what services are delivered through contracted partners instead of PACE-RI staff, what costs are covered by the program, what costs you must pay and to receive an explanation from PACE-RI about any bills received for services not covered by our health plan.
- The right to be involved to the extent possible in program planning and operations.
- The right to have the enrollment agreement fully explained in a way you understand.
- The right to receive a written copy of the Participant Bill of Rights and to review these rights with PACE-RI staff in a way you understand.
- The right to review the most recent Medicare or Medicaid survey of PACE-RI, including the financial status and any plan of correction in effect.
- The right to get information about the qualifications of PACE-RI doctors and other healthcare professionals and how we pay our providers.

### **Participants have the right to have access to medical services, and timely access to emergency services.**

*This includes:*

- The right to access emergency care when and where you have the need without approval from PACE-RI. Emergency care is for life-threatening situations or when your health is in danger and every second counts.

## **PACE-RI Participant Packet**

- The right to receive urgently needed services when traveling outside of the PACE-RI service area.

### **Participants have several rights regarding healthcare providers.**

*These include:*

- The right to choose a primary care physician that works within the PACE-RI program and the right to choose from our network of specialists.
- The right to request a qualified specialist for women's health services for preventive or routine care.
- The right to timely access to a primary care provider and referrals to medical specialists when medically necessary.
- The right to be told of any continuing treatments, the name of the provider, and time and place of the appointment.

### **Participants have the right to fully participate in decisions about their health and to make informed choices.**

*This includes:*

- The right to be fully informed of your health status, how well you are doing, and the prospects for recovering from an illness or injury.
- The right to have all treatment choices explained in a way you understand and that allows you to participate in making and executing your plan of care.
- The right to make health care decisions, including the right to refuse any treatments and to be told of the results that might happen if you choose to refuse treatment.
- The right for participants to choose a person you trust to act on your behalf if you cannot fully participate in your treatment decisions or if you want to have someone to help you.
- The right to be told about any medical risks involved in your treatment and be informed if the treatment is part of a research experiment.
- The right to have a PACE-RI representative explain Advance Directives and to

## **PACE-RI Participant Packet**

complete the form if the participant chooses. This form gives medical providers instructions about your wishes for medical care if you are unable to make your own decisions.

- The right to be given reasonable advance notice, in writing, of any transfer to another treatment setting and the reason for the transfer.
- The right to be informed about any medications prescribed, how to take them, and their possible side effects.
- The right to disenroll from our program any time.
- The right to request reassessment by the interdisciplinary team.

### **Participants have the right to privacy and confidentiality of their medical records and personal information (Notice of Privacy Practices).**

*This includes:*

- The right to communicate with any member of the team or other health care providers in privacy and to have confidentiality protected.
- The right to have all health care information and personal information protected and remain confidential.
- The right to review, copy and change your own medical records or personal information.
- The right to request limits on how we use and share your personal information.
- The right to request a listing of ways we have shared your personal information.
- The right to the assurance of obtaining your written consent before releasing personal information to those not authorized under law to receive it.

You may file a complaint as described in the Section 9 (Grievance and Appeal Procedures) if you feel your right to privacy has been violated.

## **PACE-RI Participant Packet**

### **Participants have the right to information and assistance.**

*This includes:*

- The right to get help with a language or communication barrier so you can understand all information provided and receive services in a culturally competent manner.
- The right to qualified interpreter services at no cost to you. (You have the right to not rely on your children, other relatives, or friends as interpreters.)

### **Participants have the right to file grievances and appeals.**

*This includes:*

- The right to a full explanation of the grievance and appeals processes.
- The right to a fair and timely process for solving differences between you and PACE-RI.
- The right to be encouraged to voice grievances to PACE-RI staff or outside representatives about the services received without any interference or chance of punishment.
- The right to appeal any treatment decision by PACE-RI staff or other health care providers including involuntary disenrollment.
- The right to file a grievance if you feel any of your rights have been violated. Please contact us directly about your grievance. You can also contact one of the outside agencies as described in our grievance process (section 9).

~ Section 2 ~

## **Your Responsibilities as a PACE-RI Participant**

Along with the rights you have when you enroll in PACE-RI (See Section 1), you also have responsibilities.

*These include:*

- To become familiar with the information in this packet and the rules you must follow.
- To be involved in planning your care.

## **PACE-RI Participant Packet**

- To talk with your doctor and/or team if you have any questions, and to give your team information they need to care for you.
- To follow treatment plan instructions and care that are agreed upon by you, your doctor, and/or your team.
- To act in a way that supports the care given to other participants and helps the smooth running of the PACE-RI center, doctor's office, and other locations where you receive services.
- To take care of any durable medical equipment, such as dentures, eyeglasses, and hearing aids provided to you.
- To pay any monthly costs on time.
- To let PACE-RI know as soon as possible when you have questions, suggestions or problems with your care or payment.
- To use PACE-RI contracted hospitals and services, except for emergency care and urgently needed services.

### **~ Section 3 ~**

## **How PACE-RI Health Coverage Works**

### **Your membership card**

Your PACE-RI membership card is your passport to getting all your covered services. In nearly all instances, you will need to present your membership card to your health care provider to show that you are in the plan. If you lose your membership card or move to a new address, please contact PACE-RI.

### **How the lock-in feature works and why it is important for you and PACE-RI**

As a PACE-RI participant, all your medical and long-term care services are provided and arranged by your PACE-RI team. If you get services from non-contracted medical providers, hospitals or long-term care providers without prior authorization (except for emergency services), PACE-RI, Medicaid, and Medicare will NOT pay for those services. You should have received a copy of the PACE-RI Directory of Participating Providers. Please review this document carefully as all

## **PACE-RI Participant Packet**

your care and services outside of PACE-RI must be provided by those healthcare providers listed in the directory.

**NOTE:** Once enrolled in PACE-RI, if you decide to join a Medicare HMO or a hospice program, you will be voluntarily disenrolled from PACE-RI.

### **~ Section 4 ~**

## **Benefits and Covered Services**

Your PACE-RI Primary Care Provider will manage your health needs. There may be times when they feel you need more specialized treatment. In that case, you may receive a referral to see a specialist. *It is very important that you do not refer yourself to a specialist because PACE-RI will only pay for specialist services with prior authorization. PACE-RI participants may be fully and personally liable for the costs of unauthorized or out-of-network services.*

You may receive the following services and/or other services determined to be medically necessary and approved by your team.

### **Outpatient Health Services**

- General medical and specialist care including a women's health specialist as requested
- Nursing care
- Social services
- Medications and pharmacy services when prescribed by a PACE-RI physician or nurse practitioner and dispensed by PACE-RI contracted pharmacy
- Over the counter medications that are part of your care plan
- Physical, occupational, speech, and respiratory therapies
- Laboratory tests, X-ray and other diagnostic tests
- Vision care, including examinations and treatment, eyeglasses and lenses
- Hearing services, including evaluation, hearing aids, repairs, and regular care
- Podiatry services, including routine foot care
- Psychiatric care including evaluation, consultation, diagnosis, and treatment
- Artificial limbs, disposable medical supplies, and durable medical equipment (such as hospital beds, wheelchairs, and walkers)
- Nutritional counseling and special diet assistance
- Alcohol and other drug treatment

## **PACE-RI Participant Packet**

- Chiropractic services
- Recreational therapy

### **Inpatient Hospital Care**

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

### **Nursing Home Care**

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

\* private rooms, private duty nurses, and non-medical charges, such as telephone, radio, or television rentals, will only be reimbursed if authorized by the team.

### **Other Health-Related and Community-Based Services**

- PACE-RI Centers
- Case management
- Supportive housing
- Home care including home health aides, personal care assistance and homemaking tasks
- Respite care

## **PACE-RI Participant Packet**

- Adult day healthcare
- Home modifications
- Transportation, medical and non-medical
- Specialized medical equipment and supplies
- Home delivered meals
- Personal emergency response systems
- Personal care services
- End of life services
- Ambulance services
- Dental Care
- Diagnostic services
- Preventive services
- Restorative dentistry
- Prosthetic appliances
- Oral surgery

There may be other services determined necessary by the Interdisciplinary Team.

### **End of Life Care**

The trusting relationship and knowledge of your needs and desires that are at the core of the PACE-RI model of care enable your team to provide continuity of care and effective support through the end of life. As your health conditions change, the goals of your care may change from treatment-focused to comfort-focused. The goals will include quality of life, symptom management, and staying in your own residence as long as possible.

### **Exclusions: Items and Services Not Covered**

PACE-RI is required to provide all Medicaid services, community-based services and Medicare services. The following are examples of services that PACE-RI is not required to supply unless they are medically necessary and approved by your care team. This is not a complete list, but examples of services that may be excluded are:

- Any services that do not have prior authorization by the PACE-RI team are not covered, unless it is an emergency service
- Cosmetic surgery unless it is determined by the PACE-RI team to be medically necessary
- Personal convenience items, such as a telephone or television in your room at a hospital or skilled nursing facility, unless specifically authorized by the Interdisciplinary Team as part of a participant's plan of care

## **PACE-RI Participant Packet**

- Private duty nurses, unless medically necessary
- Private room in a hospital, unless medically necessary
- Experimental medical, surgical or other health procedures.
- Any routine medical services given outside the United States

~ Section 5 ~

### **Emergency and Urgently Needed Services**

#### **CALL 911 IN AN EMERGENCY**

An emergency may be an injury or sudden illness that a prudent layperson believes requires immediate medical attention. In an emergency, you can reasonably expect to seriously jeopardize your health and risk damage to organs or impairment to bodily functions if you don't get immediate medical attention. Some examples are:

Severe or unusual bleeding	Trouble breathing	Broken bones
Chest pains	Loss of consciousness	Suspected stroke
Severe burns	Severe pain	Convulsions
	Seizures	

Prior authorization for treatment of an emergency medical condition is not required. PACE-RI will always pay for emergency services whether you are in or out of the service area. Please call PACE-RI at 401-490-6566 when in doubt about whether a problem is an emergency.

#### **After Getting Emergency Services**

Whether you are in or out of the service area, you *must* notify PACE-RI within 24 hours or as soon as possible, so that the PACE-RI team can manage your follow-up care. If you do not call within twenty-four (24) hours, it is possible that PACE-RI will not cover the costs of your follow-up care. If you are out of the area and a physician certifies that you may travel safely, PACE-RI may require that you come back to the service area to receive the follow-up care.

#### **Getting Urgent Care**

Urgent care is when you need medical attention sooner than a routine visit with

## **PACE-RI Participant Packet**

your doctor or nurse and it is not an emergency. Urgent care can be received in your home, doctor's office or at an urgent care center.

If you are *in the service area* and need urgent care, call PACE-RI anytime at 401-490-6566. The nurse or primary care provider will decide with you how best to handle the situation. If you do not call, it is possible that PACE-RI will not pay for the urgent care or follow-up care. However, if PACE-RI cannot be contacted, or does not respond to an authorization request within one hour, you may be exempt from needing prior authorization.

If you are *out of the service area* and need urgent care, call PACE-RI anytime at 401-490-6566. If you receive urgent care you **must** call your PACE-RI team within twenty-four (24) hours of receiving urgent care services.

For all other after-hours concerns about your medical condition or health, please call 401-490-6566. You will receive a return call promptly. If you do not receive a return call within one hour and feel you need immediate medical attention, go to the emergency room.

### **If You Receive a Bill**

If you receive a bill or pay for any Emergency Services, Urgent Care, Out-of-Area Renal Dialysis, or any other prior authorized service, submit the bill or receipt to your PACE-RI team for payment consideration.

Contact your PACE-RI social worker at 401-490-6566 between 8 a.m. and 4:30 p.m., Monday through Friday, if you have questions about any bill.

## **~ Section 6 ~**

### **Supportive Housing**

The primary goal of PACE-RI is to help you to live in your own home. After all available alternatives for staying at home have been exhausted and you are not able to live safely at home anymore, the PACE-RI team, you and your family will make decisions together regarding housing options. One decision may be that you need to use supportive housing such as a nursing home or assisted living facility / adult residential home. All supportive housing decisions must have prior authorization by the PACE-RI team. You must only use providers contracted by PACE-RI.

## **PACE-RI Participant Packet**

PACE-RI reserves the right to end a contract with a provider at any time and to rearrange services to coordinate your care using a different contracted provider.

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

~ Section 7 ~

### **Participant Financial Responsibility**

#### **Making Payments to the PACE-RI**

Your payment each month will depend on your eligibility for Medicare and/or Medicaid. If you must pay a monthly premium or cost share to PACE-RI, you must pay the fee by the first day of the month after you sign the Enrollment Agreement. You will then be responsible for paying this monthly charge on the first day of every month. Please see the section on *Involuntary Disenrollment* (Page 20) for more important information regarding payment of a monthly premium or cost share.

If you are eligible for:

#### **Medicare and Medicaid OR Medicaid-Only**

If you are eligible for both Medicare and Medicaid, or Medicaid only, you will make no monthly premium payment to PACE-RI and you will continue to receive all PACE services, including prescription drugs. However, you are required to pay toward the cost of your services when your monthly income is above the state's income limit.

#### **Medicare-Only**

If you have Medicare and are not eligible for Medicaid, then you will pay a monthly premium to PACE-RI, determined by the State of Rhode Island. Because this premium does not include the cost of Medicare prescription drug coverage, you will be responsible for an additional monthly premium.

#### **Private Pay**

If you have Medicare and are not eligible for Medicaid, then you will pay a monthly premium to PACE-RI, as determined by the State of Rhode Island. Because this premium does not include the cost of Medicare prescription drug coverage, you will be responsible for an additional monthly premium.

## **PACE-RI Participant Packet**

Payment can be made by check, money order, or cash to:  
PACE Organization of Rhode Island  
Attn: Patient Accounting  
781 Social St.  
Woonsocket, RI 02895

### **PACE-RI Network Services**

Participants *do not* have to pay for services that are authorized by PACE-RI. Contact your social worker if you receive a bill.

However, if you receive *services outside the provider network* without prior authorization from your team, PACE-RI *will not* pay for those services (except for emergency or out-of-network urgently needed services).

### **~ Section 8 ~**

## **Disenrollment From PACE-RI**

Whether your disenrollment is voluntary or involuntary, PACE-RI will make every effort to ensure you receive care for services in other Medicare and Medicaid programs for which you qualify. We will work with the Medicare and Medicaid agencies and make your medical records available to your new care providers within 30 days.

If you had additional health care coverage through a Medigap policy, you may be eligible to reapply for that policy when you disenroll. PACE-RI will help you with this process.

### **IMPORTANT**

You will lose all services and benefits provided by PACE-RI:

- If you enroll in any other Medicare or Medicaid prepaid plan or optional benefit, including a Medicaid HMO or managed care program or hospice, while you are a PACE-RI participant; or
- If you become eligible for Medicare after enrollment in PACE-RI and elect to obtain Medicare coverage other than PACE-RI

These activities are considered voluntary disenrollment from our program. You will immediately receive notification of this change, and termination of your enrollment will be effective as described under "Voluntary Disenrollment," below.

## **PACE-RI Participant Packet**

### **Voluntary Disenrollment**

You may choose to disenroll from PACE-RI for any reason. If you chose to disenroll, you must complete and sign a Disenrollment Request Form, which you may obtain from PACE-RI. You *cannot* disenroll from PACE-RI at a Social Security office. The disenrollment date will be coordinated between Medicare and Medicaid. It is the goal of PACE-RI to use the most expedient process allowed to disenroll participants from the program. Your disenrollment date from the Medicare benefits under PACE-RI is usually the first day of the month after you sign the Disenrollment Form. Please discuss the timing of your disenrollment with your PACE-RI team to make sure that your coverage is not interrupted. If you are eligible for Medicare at disenrollment you may go back to Medicare or other available Medicare options in your area. Medicaid may also cover you if you are still eligible for benefits. However, if you were not on Medicaid before enrolling in PACE, special conditions for continued benefits may apply.

Even though you have requested disenrollment you must still get all routine services from PACE-RI contracted providers until the effective date of your disenrollment. If you get unauthorized services before your disenrollment, PACE-RI, Medicare, or Medicaid will not pay for the services except for urgent care, emergency services, and out-of-area dialysis services. Also, you must pay your monthly premium through the end of the disenrollment period even if you don't use services during that time.

### **Moves or Extended Absences From PACE-RI Service Area**

You must discuss any planned absence from the service area with the PACE-RI team. In general, if you will be out of the service area for more than 30 consecutive days you will no longer be eligible for PACE-RI unless you have made prior arrangements with the PACE-RI team. If you have not made prior arrangements, we *must* disenroll you from PACE-RI.

### **Involuntary Disenrollment**

PACE-RI cannot disenroll you because of a change in health status or the cost of care. PACE-RI may seek a disenrollment under the following circumstances:

- You fail to pay, or to make satisfactory arrangements to pay, any premium, spend down or cost share due to PACE-RI after a 30-day grace period.
- You move out of the PACE-RI service area or are out of the service area for more than 30 consecutive days, unless PACE-RI agrees to a longer absence due to extenuating circumstances.

## **PACE-RI Participant Packet**

- You are determined to no longer meet the clinical level of care as set by Rhode Island State guidelines.
- The PACE-RI agreement with the federal agency that oversees the Medicare and Medicaid programs and the state administering agency is not renewed or is terminated.
- PACE-RI is unable to offer health care services due to the loss of State licenses or contracts with outside providers.
- You and/or your caregiver has a demonstrated history of ongoing, willful non-compliance with an essential component of the care plan, or disruptive behavior that jeopardizes your or another's safety.

### **~ Section 9~**

## **Grievance and Appeal Procedures**

Your care team can solve most problems. Your first step should always be to discuss the problem with them. If you wish, however, you may also call PACE-RI to help with your problem. If you are not satisfied with the response you receive, you may submit an appeal for a problem involving getting a health service or medical care that you need, or a grievance if the problem involves some other type of concern.

PACE-RI must keep a record of all grievances and appeals and give regular reports to the state and federal government.

### **Grievances**

You may file a grievance for any problem that you are experiencing with PACE-RI or with your care providers. For example, you might file a grievance for the following problems:

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

## **PACE-RI Participant Packet**

### **How to file a Grievance**

Grievances help PACE-RI improve the services we provide to you and all our participants. We encourage you to work with us to resolve your concerns. Whenever possible, start by talking your problem over with a member of your care team. You can also submit a grievance to PACE-RI at:

PACE-RI  
Attn: Quality & Regulatory Specialist  
225 Chapman Street  
Providence, RI 02905  
Phone: 401-490-6566

If you submit your grievance to PACE-RI, please give us complete information so we can resolve your concern in a timely manner. We will take the following steps:

1. On many occasions, grievances will be immediately resolved by a PACE-RI staff person. These grievances will still be written down and reviewed by the Quality & Regulatory Specialist. When grievances are immediately resolved, the PACE-RI staff person will explain to you that your concern has been written down and reviewed. Your grievance will be held confidential and in a secured location. All required services will continue to be provided during the grievance process. We will discuss with you, and provide to you in writing, the steps that we will take to resolve the grievance.
2. Every effort will be made to resolve your grievance in your best interest within the PACE-RI policies and procedures.
3. PACE-RI will let you know how we have addressed your concern within 45 days after we get your written grievance. In some cases, we will need more time to deal with your problem. If more time is needed, we will let you know and we will keep you up to date with what is being done about your grievance.
4. If you and/or your family member/caregiver agree with our solution, the grievance is resolved.

## **PACE-RI Participant Packet**

5. If you don't agree with our solution, you can submit your grievance to:  
Administrator, PACE Program  
Executive Office of Health and Human Services/Medicaid Program  
Virks Building, 3 West Road  
Cranston, RI 02910
  
6. In addition to filing a grievance, you may wish to register complaints about the care and services you receive at home from PACE-RI. You may do so at the following:

The Alliance for Better Long-Term Care  
422 Post Road, #204  
Warwick, RI 02888  
(401) 785-3340

Attorney General's Medicaid Fraud Control Unit  
150 S. Main Street  
Providence, RI 02903  
(401) 274-4400, ext. 2269

Department of Health  
Division of Facilities Regulation  
3 Capitol Hill  
Providence, RI 02908  
(401) 222-2566 Monday-Friday, 8:30 am-4:30 pm  
(401) 272-5952 Urgent after hours

To register a complaint about the quality of home health care services received, to report possible Medicare fraud, or to get answers to general questions about home health and other Medicare benefits, call the Rhode Island Home Health Hotline at 1-800-228-2716.

### **Appeals**

If PACE-RI refuses to provide or pay for a service that you feel is necessary for your health, you have the right to request an appeal.

When your care team denies a request for services or payment or reduces your services, your team will give you written information about how to submit an appeal.

## **PACE-RI Participant Packet**

You may request an appeal if PACE-RI:

1. Denies a Service - refuses to provide a service you have requested
2. Reduces a Service - reduces a previously approved service you are presently receiving
3. Denies Payment for a Service - refuses to pay for a service you have already received
4. Does Not Act Promptly - fails to respond in the required time to a request for services or payment
5. Disenrolls you on an involuntary basis
6. Refuses to enroll you

### **Denial of Services**

The PACE-RI team has clear rules for when it receives a verbal or written request for service from you or your representative. Based upon the type of request, in-person assessments may need to be conducted by appropriate members of the PACE-RI team. A decision about the request must be made within 72 hours of the IDT receiving the request. You will be informed if an extension is necessary. The extension may be no more than five additional days. Reasons for an extension are:

1. A request from you or your representative.
2. IDT needs additional information and the delay is in your interest.

If the PACE-RI team approves the request, you will be notified and the service will be initiated as soon as possible.

If the PACE-RI team fails to provide you with timely notice of the resolution of the request, or does not furnish the services required by the revised plan of care, this failure constitutes an adverse decision. If this happens, your request must automatically be processed as an appeal in accordance with PACE-RI regulations.

If the service request is denied, an Interdisciplinary Team member will inform you verbally of the decision and the Chief of Clinical Services or their designee will mail you a Denial of Service letter. The letter informs you of your right to request reconsideration via the process of a standard or expedited appeal. The date of this letter becomes the date of the appealable action.

### **Available Appeals Processes**

The external appeal processes available to a PACE-RI participant are determined by eligibility for Medicaid or Medicare. If you are eligible for:

## **PACE-RI Participant Packet**

- *Medicaid:* You can appeal to PACE-RI and to the Executive Office of Health and Human Services in any order or simultaneously. Under the State of Rhode Island process, you have 30 days from the date of the notice to request a hearing.
- *Medicare:* You must appeal to PACE-RI before appealing to the Medicare independent review entity. For any adverse decisions, you can request a review of the decision by the Medicare independent review entity.
- *Medicaid and Medicare:* If you are eligible for both Medicare and Medicaid, you can appeal using either or both processes summarized above. PACE-RI staff will assist you in choosing which process to pursue.

The Chief of Organizational Performance will assist participants in choosing which external appeal process to pursue if both apply and will forward all external appeals to the appropriate entity.

### **PACE-RI Standard Appeals Procedure**

PACE-RI will follow this standard appeals procedure, unless you request an expedited appeal listed below.

1. You must submit an appeal to PACE-RI within 30 days of notice to reduce, deny, terminate, or refuse to pay for, services. We may reject appeals submitted more than 30 calendar days after the notice. Your Social Worker will assist you in completing and submitting the appeal.
2. PACE-RI will ensure that all appropriate services are continued and that the appeal is resolved within the appropriate time frame. All appeals will be resolved as quickly as your health condition requires but no later than 30 calendar days after receipt of the appeal.
3. PACE-RI will be responsible for arranging for an appropriately credentialed and impartial third party to review and make a final decision on the appeal. This person cannot have been involved in the original reduction, termination, denial or payment refusal or have a stake in the outcome of the appeal.
4. PACE-RI will contact you to inform you of your right to present evidence and allegations of fact or law to the person reviewing the appeal in person as well as in writing.

## **PACE-RI Participant Packet**

5. PACE-RI will provide a written final decision to you and the disputed services will be provided as quickly as your health condition requires if the decision is made in your favor. The written decision will include information on additional appeal steps available if you do not agree with the final decision. The Medicaid appeal steps will explain how you can contact the EOHHS: Administrator, PACE Program for assistance with filing appeals.
6. PACE-RI will continue to provide information and assistance as needed for continued appeals and/or reviews outside of PACE.

### **PACE-RI Expedited Appeals Procedure**

You may request an expedited appeal. Expedited appeals will be resolved using the same procedures as the PACE-RI Standard Appeals procedure EXCEPT:

1. The initial response will be provided verbally as quickly as the participant's health requires but within 24 hours.
2. The final decision will be provided verbally and in writing as quickly as the participant's health condition requires but within 72 hours of receipt of the expedited appeal request, unless an extension is requested within 72 hours as provided in below.

### **Extending the Expedited Appeal Final Decision Timeframe**

If a request is made within the 72-hour timeframe, the Quality & Regulatory Specialist may extend the 72-hour timeframe up to 14 calendar days if the participant requests the extension or if PACE-RI justifies to the Rhode Island Department of Human Services that the extension is based upon the need for additional information and is in the participant's best interests.

### **Continuing Services During Appeals**

The Quality & Regulatory Specialist is responsible for ensuring the appropriate continuation of services during appeals.

PACE-RI will meet the following requirements for continuation of services:

For a Medicaid participant, continue to furnish the disputed services until issuance of the final determination if the following conditions are met:

1. PACE-RI is proposing to terminate or reduce services currently being furnished

## **PACE-RI Participant Packet**

to the participant

2. The participant requests continuation with the understanding that he or she may be liable for the costs of the contested services if the determination is not made in his or her favor.

Continue to furnish to the participant all other services required by regulation.

~ Section 10 ~

### **Advance Directives: Making Your Health Care Wishes Known**

You have the right to make decisions about your health care. You also have the right to plan and direct the types of health care you wish to receive in the future if you become unable to express your wishes. In Rhode Island, you may do this through a "Living Will" or "Durable Power of Attorney for Health Care."

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

Durable Power of Attorney for Health Care allows you to appoint another person to make health decisions for you should there be a time when you are unable to make decisions for yourself.

PACE-RI can provide information for you on completing a Living Will or Durable Power of Attorney for Health Care.

~ Section 11 ~

### **Coordinating Other Benefits You May Have**

When you enroll in PACE-RI, you will be asked whether you have insurance coverage other than Medicare and/or Medicaid. Examples of other insurance are medication coverage; workers' compensation and pension plan health coverage. You must give us this information because we are responsible for coordinating payment of claims with other insurance you may have, in accordance with the laws of Rhode Island. In addition, if you receive a payment from an insurance company, you may be

## **PACE-RI Participant Packet**

responsible for reimbursing PACE-RI.

### **~ Section 12 ~**

## **Confidentiality and Release of Information**

Information from your medical records and from providers or hospitals will be kept private and confidential. It will not be shared with anyone without your written consent, except as required by state and federal law. Any personal information held by PACE-RI and its provider network is also protected and will remain confidential. Only authorized people can see or change your records for treatment, payment or for health care operations such as improving the quality of your care.

### **~ Section 13 ~**

## **General Provisions**

### **PACE-RI Contracting Arrangements**

You are entitled to ask if we have special financial arrangements with our physicians that can affect the use of referrals and other services that you might need. To get this information, call PACE-RI at 401-490-6566 between 7:30 a.m. and 5:00 p.m., Monday through Friday, and request information about our physician payment arrangements.

### **Provider Directory**

For a complete list of our providers, please refer to the PACE-RI Provider Directory. If you have any questions about the providers listed in the directory, please call your care team.

### **Discrimination Rules**

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

*The National PACE Association is the owner of the mark PACE*

**PACE-RI Participant Packet**

*and the corresponding U.S. Registration No. 1,696,685.  
The PACE mark is used herein through a license agreement with the  
National PACE Association*

~~~

PACE Organization of Rhode Island is a health plan for adults 55 and older who have chronic health care needs and wish to live in the community.

We meet this goal by providing coordinated healthcare and support services in the home, community, and PACE-RI centers.