



Participant Enrollment Agreement

ElderONE
An Affiliate of
Rochester Regional Health

THIS BOOKLET BELONGS TO _____

ELDERONE PACE CENTER _____

TELEPHONE NUMBER _____

ADDRESS _____

CENTER MANAGER _____

PHYSICIAN _____

SOCIAL WORKER _____

FOR 24 HOUR SUPPORT
ON-CALL NUMBER (585) 922-2800

EMERGENCY TELEPHONE NUMBER 911

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I. Welcome to ElderONE

Thank you for choosing ElderONE.

ElderONE, an affiliate of Rochester Regional Health, is one of many PACE (Program of All-Inclusive Care for the Elderly) programs in the United States, and the only one in our region.

PACE is a health plan for adults 55 and older who have medical, functional, and social needs that make them eligible for nursing home care.

We welcome you as a potential participant in the plan, and urge you to review this Participant Enrollment Agreement carefully. The signature pages at the end of this handbook contains the attestations that you sign upon enrollment to ElderONE. We will give you a copy of your signed Participant Enrollment Agreement to keep.

ElderONE may make updates to this Participant Enrollment Agreement. ElderONE will notify you of these changes and explain the changes to you. A current copy of this Participant Enrollment Agreement is available online and you may request a paper copy at any time.

To be eligible for the program, you must be:

1. 55 years of age or older
2. A resident of the ElderONE service area in Monroe, Wayne, or Ontario County
3. Determined to be in need of nursing home level of care, based on accepted standard guidelines set by New York State, which includes needing community based long-term care (CBLTC) for more than 120 days.
4. Capable of residing safely in the community with ElderONE support services at the time of enrollment.

If you are eligible for ElderONE and are enrolled in a facility, other HMO, other health insurance plan, other Managed Long Term Care Plan, or any Home and Community Based Waiver program, you may not be accepted for enrollment until you have been disenrolled from the facility or the waiver program. Enrollment in ElderONE results in disenrollment from any other Medicare or Medicaid prepayment plan or optional benefit.

The purpose of ElderONE is to help you remain as independent as possible. The program offers a complete range of health and health-related services, all designed to keep you living in the community and preferably in your own home, as long as is desired and feasible.

We are dedicated to providing a personalized approach to your care so that you, your family, and our health care staff can know each other well and work efficiently on your behalf.

Enrollment in the ElderONE program is voluntary.

Our Mission:

To preserve and sustain the independence of chronically ill or disabled individuals by providing comprehensive medical care and support services that allow them to enjoy the highest quality of life in their own home and community.

Our Commitment:

- To put your needs first – We encourage you and your family to play an active role in the development of your health care plan.
- To provide quality, customized care – With the support of Rochester Regional Health, our focus is on your well-being and safety.
- To be compassionate and understanding – Change can be scary, but our caring staff will guide you and your family every step of the way.
- To emphasize preventive care and quality of life – Staying one step ahead helps to reduce the possibility of a lengthy hospital or nursing home stay.

II. Unique Benefits of ElderONE

ElderONE provides access to services 24 hours a day, seven days a week, 365 days a year.

To treat the multiple chronic health problems of our participants, ElderONE health care professionals monitor changes in your health status, provide care, and encourage self-help.

ElderONE provides a comprehensive benefits package including home care, skilled nursing facility care, and prescription coverage. Based on participant needs, medical, nursing and nutrition services, physical therapy, occupational therapy, and in-home training are provided, along with medical specialty services such as cardiology, dentistry, optometry, podiatry, psychiatry, and speech therapy. Medications, including over-the-counter medications and supplies, are provided when ordered by your ElderONE provider. ElderONE may help modify the home environment to increase safety and convenience. We will work with family, friends, and neighbors to keep you living at home or in a community residence as an alternative to nursing home placement.

There are many features of our program:

Interdisciplinary Care Team

Your care is planned and provided by a team of professionals who work together with you. This interdisciplinary team, your care team, will meet with you and your family to assess your medical, physical, social and emotional needs, discuss what is important to you, and develop an evolving care plan tailored to your individual concerns.

Your care team is responsible for your initial and ongoing assessments, periodic reassessments, plan of care, coordination of 24-hour care delivery, and documentation of care in your medical record. Your care team includes a primary care provider, registered nurse, social worker, physical, occupational and recreation therapists, dietitian, home care coordinator, ElderONE center manager, transportation coordinator/manager, personal care attendants and others who will assist you and provide services based on your individual needs.

Each member of your care team shares their insights regarding your care needs and collaborates with you and your family to develop your care plan. This interdisciplinary approach results in a comprehensive, written plan of care to meet your individual needs.

You and your caregiver are an integral part of the care planning process and the treatment plan will be developed, reviewed, and reevaluated with input from you and/or your caregiver.

Authorization of Care

Your care team will work closely with you and your family to help you remain as healthy and independent as possible. To ensure you are receiving the most appropriate care, your care team must review and jointly approve any change in your care plan, whether adding, changing, or discontinuing a service (except in emergency services). Your care team will reassess your needs on a regular basis - at least every six months, and more frequently as your condition changes, or upon request.

Service Location

Through our staff and facilities, we offer access to care and maintain written care plans to meet the needs of each ElderONE participant across all care settings.

PACE Centers

You will receive most of your health care services at one of our ElderONE PACE Centers.

Hudson PACE Center

2066 Hudson Ave
Rochester, NY 14617

Emerson PACE Center

800 Emerson St
Rochester, NY 14613

North Park PACE Center

355 North Park Dr
Rochester, NY 14609

Silver Hill PACE Center

1000 Technology Pkwy
Newark, NY 14513

A number of factors including your preference, your home location, and your special needs will determine which ElderONE PACE Center you attend. Transportation to and from the ElderONE PACE Center is provided. How often you come to the ElderONE PACE center will depend upon your individual care plan.

The ElderONE PACE Center provides meals, recreation, and personal care, as well as adjacent clinic space for medical and rehabilitation services. The ElderONE PACE Center is a place to make friends and spend time with others who share similar interests.

Other Care Settings

As determined by your medical, physical, emotional or social need, services may also be provided in your own home, in a hospital, or in a nursing home. Your ElderONE primary care provider will be an active member of the health care team and will manage your specialty and hospital care. We have contracts with specialists (such as cardiologists, urologists, and orthopedists), with a pharmacy, laboratory and diagnostic testing services (X-rays, etc.), and with hospitals and nursing homes. Services may be provided at their respective locations. Our drivers may also provide transportation to the hospital and other appointments the interdisciplinary team arranges for you.

The complete list of Other Care Settings can be found in the Provider Network Directory provided.

Physicians and Providers

Your ElderONE primary care provider (physician or nurse practitioner) and other medical specialists responsible for your care are part of your interdisciplinary care team. Medical specialists communicate with the team in a variety of ways, but predominantly through your primary care provider.

Community Physicians:

ElderONE has existing relationships with community providers; these providers have agreed to provide primary medical care to ElderONE participants in addition to their other patients. If you would like more information on community-based provider services, or would like to know if your current doctor is a community-based provider, please ask any member of the enrollment team, your current primary care provider, or any other member of your interdisciplinary team. ElderONE is here to support you in making decisions that are best for your health care needs.

Please note that all community-based providers have a contract with ElderONE to provide medical care to participants. In the event the contract is terminated, and you are receiving care from a community-based provider, you will be notified by a member of your interdisciplinary team. Your team will help you transition your care to a different primary care provider.

Medications

ElderONE provides creditable prescription coverage as referenced in Medicare Part D for as long as you are a member of the ElderONE program. You will receive all your prescribed medications through ElderONE.

Flexibility of Care

Unlike traditional Medicare and Medicaid, ElderONE has the flexibility to provide care according to your needs and can access the services that are required to meet those needs. Your ElderONE interdisciplinary care team, with your input, is able to determine the appropriate services for your care to help you maintain optimal health and your ability to stay at home. Care may be provided in your home, at the ElderONE PACE Center, or at a specialist's office. Transportation may be provided according to your needs.

Services are provided exclusively through ElderONE

Once you have enrolled in ElderONE, you agree to receive all Medicare and Medicaid benefits and Covered Services exclusively through ElderONE and our provider network, with the exception noted above about Community providers and the exceptions noted below as well as emergency services. You will have access to the care you need through the ElderONE team or by arrangements ElderONE has made with a variety of providers (please refer to the Provider Network Directory at the end of this agreement). **Please be advised that you may be fully and personally liable for the cost of unauthorized or out of PACE Program agreement services, except for emergency situations.**

III. Advantages of Enrolling in ElderONE

This plan was designed and developed specifically to maintain independence among frail elders by offering comprehensive, coordinated services through a single organization. Our unique organizational and financing arrangements allow us to provide the most flexible benefits of any health care plan in the area.

Other advantages of participating in the program include:

- Dedicated, qualified geriatric health professionals who get to know you personally
- A comprehensive array of benefits including complete long-term care coverage
- Staff available 24 hours per day to assist you in accessing care or answer questions
- Support for family and caregivers
- Individualized care plans based on your medical and supportive needs
- No hidden costs
- No co-payments
- No claim forms for routine care
- No need to continue your Medigap Insurance or any other type of health care insurance
- Ability to remain in your own home for as long as possible

IV. Benefits and Coverage

ElderONE offers all Medicare and Medicaid covered services and may offer additional services..

All services and benefits provided or arranged by ElderONE are fully covered when approved by the Interdisciplinary Care Team (approval is not required for emergencies). Services that are available through ElderONE that you may receive, if you need them, are as follows:

ElderONE PACE Center Services

- Interdisciplinary assessment and treatment planning
- Primary medical care, including physician and nursing services
- Social services
- Restorative therapies, including physical and occupational services
- Personal care and supportive services
- Nutritional counseling
- Recreational therapy
- Meals

Outpatient Health Services

- General medical, psychiatric and specialist care, including consultation, routine care, preventive health care, and physical examinations
- Nursing care
- Medical social services (social work services)
- Physical, occupational, speech, and respiratory therapies
- Nutrition counseling and education
- Laboratory tests, x-rays, and other diagnostic procedures

- Prostheses and durable medical equipment (DME) when determined to be necessary by the interdisciplinary team

NOTE: durable medical equipment (including but not limited to: wheelchairs, walking aids, bath safety products, special beds and mattresses and other medical equipment) furnished by ElderONE remains the property of ElderONE and is made available for participant use only while you are enrolled as an ElderONE participant. All equipment must be returned upon disenrollment or a charge for the equipment may be incurred).

Contact a member of your interdisciplinary team for additional information.

- Podiatry, including routine foot care
- Vision care, including examinations, treatment, and corrective devices such as eyeglasses and lenses
- Dental, including routine treatment and acute treatment (e.g., pain)
- Audiology, including examinations, treatment, and assistive devices such as hearing aids
- Medications (prescription and over the counter) as ordered by a network provider and obtained through a network pharmacy
- Transportation to ElderONE PACE Center and medical appointments
- Women's health-related services (including pap smears and mammograms)
- Medical specialty services, as needed (to include but not limited to: anesthesiology, cardiology, dermatology, oncology, ophthalmology, surgical: oral, orthopedic, thoracic, vascular)
- Other health-related services when needed (homemaker/chore services, meals, care supplies)

Home Care Services

- Skilled nursing services
- Physical, speech, occupational, and respiratory therapies
- Social services (social work)
- Home health aide services
- Homemaker/Housekeeper services
- Nutrition
- Consumer Directed Personal Assistance Program (CDPAP)

End of Life Services (Comfort Care)

To provide sensitivity and support to our terminally-ill participants so that their last days may be spent with dignity, respect, and quality, end of life services may be provided in a regular hospital, skilled nursing facility, adult day center, or on an outpatient basis at your home or other location.

Hospital Inpatient Care

Hospital Inpatient Care means diagnostic or treatment services provided in a hospital to an ElderONE Participant admitted to that hospital. This includes:

- Semi-private room and board
- General medical and nursing services
- Medical, surgical, intensive care, and coronary care unit
- Laboratory tests, x-rays, and other diagnostic procedures
- Emergency room care and treatment room services
- Prescribed drugs, medicines, and biologicals
- Blood and blood derivatives
- Surgical care, including the use of anesthesia
- Use of oxygen
- Physical, speech, occupational, and respiratory therapies
- Medical social services and discharge planning
- Ambulance

Inpatient Hospital Care does not include private room and private duty nursing or non-medical items primarily for your personal convenience (such as telephone, radio, or television rental) unless authorized by the ElderONE Care Team.

Nursing Home Care (Long-Term or Short-Term)

Our goal is to provide services that enable you to remain in the community. However, there may be times when the interdisciplinary care team, in consultation with you and your family, will determine that short or long term placement in a nursing home facility is the most appropriate plan of care for your situation. If this occurs, it will be because your health and/or social situation is such that community living is not appropriate at that time. This placement will be carefully supervised by the ElderONE team and your participation in the program will continue.

Nursing Home Services

Nursing home services may include, but are not limited to:

- Semi-private room and board
- Physician and skilled nursing services
- Custodial care
- Personal care and assistance
- Prescription drugs and medications
- Physical, occupational, recreational, and speech therapy
- Social services
- Medical supplies and appliances

With nursing home long term permanent placement for Medicaid recipients, your financial responsibility may be affected. Your Net Available Monthly Income (NAMI) will be recalculated to be paid toward cost of care. This may change your share of cost. Any required payment as calculated is to be paid directly to ElderONE.

Failure to pay the amount due to ElderONE will result in the initiation of your involuntary disenrollment from the program. Participants identified as responsible for a share of the cost of care are informed of the amount due to ElderONE and the payment procedure.

Money Follows the Person (MFP/Open Doors)

MFP/Open Doors is a program that can help enrollees move from a nursing home back into their home or residence in the community. Enrollees may qualify for MFP if they:

- Have lived in a nursing home for three months or longer
- Have health needs that can be met through services in their community

MFP/Open Doors' Transition Specialists and Peers will meet with enrollees in the nursing home and talk with them about moving back into the community. Transition Specialists and Peers are different from Care Managers and Discharge Planners. They can help enrollees by:

- Giving them information about services and support in the community
- Finding services offered in the community to help enrollees be independent
- Visiting or calling enrollees after they move to make sure that they have what they need at home

For more information about MFP/Open Doors, or to set up a visit from a Transition Specialist or Peer, please call the New York State Association on Independent Living at 1.844.454.7108, or email mfp@health.ny.gov. You can also visit MFP/Open Doors on the web at www.health.ny.gov/mfp or www.ilny.org.

Provider Network

ElderONE has a comprehensive Provider Network to meet your assessed needs. All of these providers understand our program and agree to comply with our program's requirements. We will still coordinate, arrange for, and monitor your care through these providers.

The full provider directory is provided as part of this agreement (as a separate attachment) and is available at any time at ElderONE.org or upon request. ElderONE will provide updates when changes occur to the network, to include additions or deletion of provider services.

In addition to medical specialty care, ElderONE has established relationships with a host of local organizations, such as support groups, maintenance/building contractors, and legal and financial groups. Your interdisciplinary care team can help you identify if you may benefit from these resources, or other services determined necessary by your interdisciplinary care team, and will help facilitate your access to them.

Exclusions and Limitations

ElderONE **does not cover** any service, including prescription and over-the-counter medications, that is not authorized by the interdisciplinary care team unless it is an emergency service.

ElderONE **does not cover** the following services as part of this contract:

- Cosmetic surgery, except for surgery that is required for improved functioning of a malformed part of the body resulting from an accidental injury or for reconstruction following a mastectomy.
- Experimental medical, surgical, or other health procedures.
- Services furnished outside of the United States, except in certain limited emergency circumstances with hospital, ambulance and physician.

Emergency Services and Urgent Care

ElderONE provides access to care 24-hours per day, seven days per week, 365 days per year.

YOU MUST NOTIFY THE ELDERONE TEAM IN ADVANCE OF ALL PERMANENT RELOCATIONS OR LENGTHY ABSENCE OUT OF THE SERVICE AREA. ABSENCE FROM THE SERVICE AREA IS NOT TO EXCEED 30 DAYS UNLESS AUTHORIZED BY ELDERONE DUE TO EXTENUATING CIRCUMSTANCES.

An **Emergency Medical Condition** means a condition or situation with acute symptoms that are so severe (including severe pain) that a reasonable layperson, with an average knowledge of health and medicine, could reasonably expect that not receiving immediate medical attention may result in: 1) serious jeopardy to your health; 2) serious impairment to bodily functions; and/or 3) serious dysfunction of any bodily organ or part.

You are not required to get Prior Authorization for the treatment of Emergency Medical Conditions. Emergency Services are covered.

If you consider your condition to be an **emergency situation** requiring immediate action:

Call 911 or Go to closest in-network hospital to you:

Rochester General Hospital

Unity Hospital

Newark-Wayne Community Hospital

Clifton Springs Hospital & Clinic

When calling 911, please answer questions and follow instructions carefully.

Always carry your ElderONE membership card. This is your insurance identification. Be sure to present your card to hospital and ambulance personnel.

Please notify the ElderONE staff as soon as possible if you have used the 911 emergency service. If you are unable to contact ElderONE yourself, a representative may contact us on your behalf.

Emergency Services When Out of the ElderONE Service Area

If you require emergency medical care while temporarily out of the ElderONE service area, you must notify ElderONE as soon as possible, and provide information about the emergency and the care received. If still receiving care, ElderONE will arrange a transfer as soon as possible to another hospital designated by us, so that an ElderONE physician can coordinate care.

If you are hospitalized when temporarily out of the ElderONE service area, you must notify ElderONE within 48 hours or as soon as you are able.

Payment rendered for emergency or urgent medical services received when it was impossible to obtain care through ElderONE will be reimbursed provided you give ElderONE a written receipt from the facility or physician rendering care. If you are unable to contact ElderONE yourself, a representative may do so on your behalf.

Urgent Care/Post Stabilization Care

Urgent care means the care provided to you when: 1) out of the ElderONE service area, 2) you believe your illness or injury is too severe to postpone treatment until you return to the service area, but your life or function is not in severe jeopardy. Urgent care may be required due to an unforeseen illness, injury, or condition. Fevers, abdominal pain, nausea and vomiting, and difficulty urinating are examples of Urgent Care situations.

Post stabilization care means services provided subsequent to an emergency and that a treating physician views as medically necessary after an emergency medical condition has been stabilized. They are not emergency services.

ElderONE staff is available 24 hours per day to address participant questions about emergency services, and respond to requests for authorization of urgently needed out-of network services and post stabilization care services following emergency services. Coverage of urgently needed out-of-network and post-stabilization care services are provided for under the following conditions:

1. The services are pre-approved by ElderONE organization; or
2. ElderONE did not respond to a request for approval within one hour after being contacted or cannot be contacted for approval, in which case the services will be covered.

All the appropriate care needed is available through arrangements ElderONE has made with contracted providers.

To contact ElderONE, please call one of the numbers listed below and state you need **URGENT CARE**.

585.922.2800 or Toll Free: 1.855.457.4636

Medical Care Outside the United States

If you receive any medical care outside of the United States, ElderONE will not be responsible for the charges (see section on Exclusions and Limitations for details).

Travel Outside the ElderONE Service Area

Before you leave the service area to go out of town, you must notify your ElderONE care team. If you will be out of the area for more than 30 days, and wish to remain a participant at ElderONE, you must seek approval from ElderONE and the New York State Department of Health prior to your departure. ElderONE may pursue Involuntary Disenrollment if you leave the service area for 30 days or longer and do not obtain approval prior to your departure. If your travel plans are approved, ElderONE will assist you to arrange for care while out of the area and will ensure you have care arrangements that are approved and covered by ElderONE. ElderONE will assist you to make sure that you have an adequate supply of medications and supplies (as needed) and that you are given instructions about how to obtain emergency or urgent care while out of the area.

Though ElderONE's provision of your regular care plan may be put on hold while you are away, you will not be entitled to any prorated costs due to ElderONE or Medicaid share of cost. You will not be permitted to deduct from the amount due to ElderONE for services you do not receive from ElderONE while out of the area.

ElderONE does not cover services furnished outside of the United States, except in certain limited emergency circumstances with hospital, ambulance, and physician.

V. Enrollment and Effective Dates of Coverage

Enrolling in ElderONE is voluntary.

ElderONE completes an intake assessment for each person interested in receiving ElderONE services as an option for long term care. During this process, you and your representative are given information about the ElderONE program and services, enabling you to make an informed decision regarding ElderONE enrollment. Information provided to you includes this Enrollment Agreement.

Enrolling in ElderONE is a 4-step process: (1) Referral (2) Evaluation by Direct Eligibility OR New York State Independent Assessor (3) Assessment (4) Enrollment.

1. **Referral:** Usually the “Referral” process begins when you or someone on your behalf makes a call to ElderONE. If it appears from this first conversation that you are potentially eligible, the ElderONE Intake Specialist will contact you to explain our program, answer any questions you may have about the program, and obtain further information about you. Intake department staff will assist you with a referral for the required initial Community Health Assessment (CHA) through either the PACE Direct Eligibility Process or New York Independent Assessor (NYIA) process.
2. You have two options to have your initial assessment (CHA) and you have the right to choose the assessment option that best suits your needs. You will receive a “PACE Direct Eligibility Disclosure Letter” to review carefully prior to deciding between the options.

The options below use the same assessment tool to determine if you are eligible for PACE:

- **Direct Eligibility:** You can have ElderONE complete your assessment, which will see if you are eligible to join our plan. If you select Direct Eligibility, ElderONE will conduct your assessment. We will let you know if you are eligible for PACE. If we find you are eligible, we can work with you to join our program. All Direct Eligibility assessments will be reviewed by the New York Independent Assessor (NYIA) to see if you can remain in ElderONE.

OR

- **New York Independent Assessor (NYIA):** NYIA is the state-contracted independent assessor, that oversees and conducts assessments for individuals seeking personal care services, consumer directed personal assistance services, or Managed Long Term Care (MLTC), including PACE. If you choose to have a NYIA assessment and they find you are eligible for enrollment in ElderONE, there will be no further review. If you are not eligible for enrollment in ElderONE, the NYIA assessment can also be used to see if you are eligible for other MLTC programs.
3. **Assessment:** Once you have been determined as eligible to receive CBLTC services through PACE, you will meet with the ElderONE Assessment Nurse and Social Worker, visit the PACE Day Center, and meet your Primary Care Provider. Each of these staff will be asking you questions about your care needs, your preferences, and your goals. They will be developing a care plan to meet your needs based on the information that you share. You will have ample opportunity to ask questions yourself, and our staff will make every effort to answer your questions so you may have a thorough understanding of the ElderONE program.

You will receive a copy of this Enrollment Agreement and learn:

- How the ElderONE program works, the kinds of services we offer and the answers to any questions you may have about us
- That if you enroll, you must agree to receive all your health care exclusively from ElderONE
- What your estimated monthly payment, if any, will be.

If you are interested in pursuing enrollment in ElderONE, you will be asked to sign a privacy statement and consent to release information so that ElderONE can obtain your health records and/or discuss your situation with your current or former health care provider to fully evaluate your needs. We will also ask your permission to have the Assessment Specialist determine your needs and eligibility for the program. At this point, you become an applicant for enrollment.

4. **Enrollment:** The “enrollment meeting” is the point at which you will make a decision about your participation in the ElderONE program.

At this meeting, prior to signing the Enrollment Agreement, you will have an opportunity to discuss:

- the plan of care recommended by the interdisciplinary care team
- specifics about the ElderONE PACE Center where you will receive most of your care
- your monthly amount due to ElderONE or estimated Medicaid share of cost (surplus), if any
- the exclusive care feature of ElderONE, that ElderONE will be your sole provider of services
- your rights and responsibilities as an ElderONE participant
- what to do if you are not satisfied with the care you receive at ElderONE (see Participant Grievance and Appeal Process section)
- the contents of the Enrollment Agreement
- a list of providers that contract with ElderONE to provide specific services and explanation of how access is provided to these services
- a list of ElderONE staff with whom you will have frequent contact, including an overview of how the interdisciplinary care team works.

****A Medicare participant may not enroll or disenroll in ElderONE at a Social Security Office.****

Final Approval and Enrollment

If you decide to join ElderONE, we will then ask you or your representative to sign the Enrollment Agreement.

Upon signing, you will receive:

- a copy of your signed Enrollment Agreement
- an instruction sheet to post by your telephone listing what to do if you need urgent care or in case of an emergency
- a copy of your Initial Care Plan
- a list of ElderONE staff with which you will have frequent contact
- the date your benefit coverage officially begins
- an ElderONE member card and insurance card holder, indicating that you are an ElderONE participant
- information about Health Care Advanced Directives
- information regarding your rights to privacy

Signing the Enrollment Agreement enrolls you in the ElderONE program effective the first of the month following the date you sign the Enrollment Agreement and automatically disenrolls you from any other Medicare or Medicaid prepaid health plan, such as the Medicaid Advantage Health Plan, on that same date. It is important to understand that ElderONE becomes your sole service provider on the date indicated on the Enrollment Agreement Acknowledgement.

VI. Termination of Benefits or Disenrollment

Your benefits under ElderONE can be stopped if you choose to disenroll from ElderONE voluntarily or if you no longer meet the conditions of enrollment and are involuntarily disenrolled. Both types of termination require notification by either party. ElderONE will provide you with information on the consequences of subsequent enrollment in other optional Medicare or Medicaid programs following disenrollment from PACE.

In addition, this program is available through an agreement ElderONE has with the state and federal government that is subject to renewal on a periodic basis. If this agreement is not renewed by those agencies, the program will be terminated.

There are two ways that your benefits under ElderONE can be stopped:

Voluntary Disenrollment:

You may choose to cancel your benefits under the ElderONE program at any time and for any reason. If you choose to disenroll from the program, this is called a “voluntary disenrollment.”

If you wish to cancel your benefits by disenrolling, you should discuss this with your ElderONE social worker. ElderONE requests notification prior to disenrolling. You will be asked to sign a “Disenrollment Form” indicating that you will no longer be entitled to services through ElderONE. ElderONE will assist you with returning to the traditional service system or HMO on the termination date of your ElderONE benefits and will make medical records available in a timely manner. A Medicare recipient may not disenroll at a Social Security Office/Location.

Please note: electing enrollment in any other Medicare or Medicaid prepayment plan or optional benefit, including the hospice benefit or prescription drug program (PDP), after enrolling as an ElderONE participant or a voluntary move out of the ElderONE service area is considered a voluntary disenrollment. If you are not eligible for Medicare when you enroll in ElderONE and become eligible after enrollment, you will be disenrolled from PACE if you elect to obtain Medicare coverage other than from ElderONE.

Your voluntary disenrollment will be effective on the first day of the month following the date you give ElderONE notice that you wish to disenroll.

Involuntary Disenrollment

ElderONE can terminate your benefits through written notification, which is called an “involuntary disenrollment,” under any of the following conditions:

- You fail to pay or to make satisfactory arrangements to pay any premiums due to ElderONE, any applicable Medicaid spend down liability, or any amount due under the post-eligibility treatment of income process after a 30-day grace period;
- You move out of the ElderONE service area or are out of the service area for more than 30 consecutive days, unless ElderONE and the New York State Department of Health agree to a longer absence due to extenuating circumstances;
- You or a caregiver is engaging in disruptive or threatening behavior. Disruptive or threatening behavior refers to behavior that jeopardizes your health or safety, or the safety of others; or if you have decision-making capacity, but you consistently refuse to comply with your individual plan of care or the terms of this Enrollment Agreement;
- You are determined to no longer meet the State Medicaid nursing facility level of care requirements and are not deemed eligible;

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

ElderONE will make every effort to work with you to resolve any issues that potentially could lead to involuntary disenrollment.

You are required to continue to use ElderONE's services and to pay any applicable share of cost/fee until termination becomes effective. ElderOne PACE will continue to provide all necessary services until disenrollment is effective

An involuntary disenrollment is effective on the first day of the next month that begins 30 days after the day ElderONE sends you notice of the disenrollment. ElderOne PACE will coordinate the effective date of your disenrollment with Medicare and Medicaid. ElderONE cannot guarantee that other programs will accept you or that other programs will have space for you. Please keep this in mind while making decisions about your care.

Once New York Medicaid Choice has approved involuntary disenrollment, you will receive written notification, and you will be advised of the Fair Hearing process available to you.

Renewal Provisions

If you choose to leave ElderONE (“voluntary disenrollment”), you may be re-enrolled. To be re-enrolled, you must reapply, meet the eligibility requirements, and complete the assessment process.

If your disenrollment is pending because you fail to pay the monthly payment, you can remain enrolled with no break in coverage simply by paying the payment before the effective date of disenrollment.

VII. Participant Grievance and Appeal Process

All of us at ElderONE share the responsibility of assuring that you are satisfied with the care you receive. Grievances and appeals are kept confidential and in no way adversely affect your care or services. You have the right to voice concerns and access the formal processes without any fear of reprisal, interference, coercion, or discrimination by ElderONE staff. Accommodations will be made for the hearing and visually impaired. If you do not speak English, a bilingual staff member or volunteer will be available to facilitate either process.

Grievance Process

Definition: A grievance is a complaint, either written or verbal, expressing dissatisfaction with service delivery or the quality of care furnished. This can be about either medical or nonmedical care.

Filing of Grievances

Participants may report a grievance to any member of the ElderONE staff. You will need to provide complete information of your grievance so the appropriate staff can respond to and resolve your grievance in a timely and efficient manner. You may designate a representative to file a grievance on your behalf.

When filing a grievance, please include the following:

- Date grievance is made
- Your name
- Address and phone number
- Nature of grievance

If you wish to submit your grievance in writing, please send your written grievance to:

ElderONE Quality Department

490 E Ridge Rd
Rochester, NY 14617

You may also contact the ElderONE Quality Department at 585.922.2800 Monday through Friday 8:30 am to 5:00 pm.

The grievance process will be reviewed with you upon enrollment, and annually thereafter. You will also receive information on the grievance process whenever you file a grievance.

ElderONE maintains confidentiality regarding grievances. Only staff involved in the process of resolution will have access to such information. ElderONE continues to furnish all required services to you during the grievance process.

Review of Grievances

ElderONE will discuss with you, and provide to you in writing, the specific steps, including timeframes for response, that will be taken to resolve your grievance. Grievances will be reviewed by personnel who are not involved in the incident in question.

ElderONE will review the grievance and provide a written response to your grievance within 15 calendar days of receipt. The ElderONE response will include a description of the grievance investigation findings and the resolution proposed by ElderONE.

When you or your representative express satisfaction, the grievance is considered resolved. A written synopsis of the resolution is then forwarded to you.

If a resolution is not reached that is satisfactory to you, ElderONE will continue to work with you to find a resolution that is agreeable.

Appeal Process

Definition: An appeal is defined as an action taken with respect to ElderONE's non-coverage of, or nonpayment for, a service, including denials, reductions or termination of services.

You have the right to appeal any decision about our denial of what you believe are covered services, or our denial to pay for services that you believe we are required to pay.

This process will be reviewed with you, and provided in writing, upon enrollment, annually thereafter and whenever the team denies a request for services or payment.

A third party not involved in our initial decision, and who does not have a stake in the outcome of your appeal, will reevaluate your appeal. This person(s) is both impartial and appropriately credentialed in the field(s) or discipline(s) related to your appeal.

ElderONE maintains confidentiality regarding appeals. Only staff involved in the process of resolution will have access to such information.

How to File an Appeal

You can discuss your wish to appeal with a staff member or contracted provider of your choice.

Give complete information so appropriate staff can initiate the appeal process in a timely manner. You may designate a representative to file an appeal on your behalf.

An appeal must be made within 45 calendar days of the ElderONE decision to deny coverage or payment for a service/or equipment.

You may request an appeal verbally or in writing by contacting a member of your interdisciplinary team or by writing or calling:

ElderONE Quality Department

490 E Ridge Rd
Rochester, New York 14621
Telephone: 585.922.2800

ElderONE will continue to provide all required services to you during the appeal process. ElderONE may not terminate or reduce disputed services while an appeal is pending if you request that these services be continued, with the understanding that you may be held liable for the cost of those services if the appeal is not resolved in your favor. This means you may owe ElderONE money and ElderONE will request a statement of repayment be signed. You will have the opportunity to present information to support your appeal in person, as well as in writing.

Responding to an Appeal

A decision about an appeal will be made as quickly as your health condition requires, but no later than 30 calendar days after receipt of your appeal.

ElderONE will send you and your designated representative (if applicable) a copy of the report describing the resolution and provide information regarding State and Federal appeal options..

Expedited Appeal Process

If you believe that your life, health or ability to regain or maintain maximum function could be seriously jeopardized, absent the provision of the service in dispute, let us know right away and we will process your appeal through as an expedited appeal.

ElderONE will respond to your appeal as quickly as your health condition requires, but no later 72 hours of receipt of the appeal.

The 72 hour time frame may be extended by up to 14 calendar days if you request the extension or if ElderONE justifies to the New York State Department of Health the need for additional information and that this delay is in your best interest.

If ElderONE decides in your favor, we must provide the disputed service as quickly as your health condition requires.

If the decision is not fully in your favor, we will provide you with written notice of the denial. The notice will include the specific reason(s) for the denial, the reason(s) why the service would not improve or maintain your overall health, information about your right to appeal the decision, and a description of your external appeal rights.

External Appeal Options – State and Federal

If you do not agree with the ElderONE internal appeal decision, you may request an external appeal. The external appeals process provides a review through either the Medicare or Medicaid program. If you receive both Medicaid and Medicare, ElderONE staff will assist in choosing which agency to appeal to and assist you in accessing that process. You must choose one or the other, you cannot appeal to both.

If you have Medicaid, you may choose to file an external appeal to the New York State Office of Temporary and Disability Assistance Fair Hearings. You will need to file your appeal within 60 calendar days from receipt of our notice sent to you.

To file a fair hearing request with the New York State Office of Fair Hearing, you must send it to:

Fair Hearing Section

NYS Office of Temporary and Disability Assistance Fair Hearings
P.O. Box 1930
Albany, NY 12201-1930
1-800-206-8125

ElderONE can help you complete this process.

If you have Medicare, you may choose to file your external appeal for review by the Medicare independent review entity. ElderONE staff will assist you in accessing the Medicare appeal process. 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.

VIII. Monthly Payments

Depending on your Medicare and/or Medicaid eligibility, you may be required to make monthly payments to ElderONE. You will receive bills as they relate to your continuing eligibility for Medicaid Assistance, Medicare and/or private pay services. The monthly fees may vary as your eligibility for these programs changes. Applicable monthly fees are paid directly to ElderONE. It is possible that you may not have to make any monthly payments.

If you are eligible for:

Medicare and Medicaid or Medicaid

While you are enrolled in ElderONE, the Department of Human and Health Services (DHHS) determines what, if any, cost share is due. ElderONE provides an estimate of this cost until the final amount is determined by DHHS. If your eligibility status changes, your monthly cost may be adjusted by DHHS. Information about such changes will be sent directly to you by the local DHHS. You will not be required to pay a part D premium while enrolled in ElderONE.

Medicare

If you have Medicare and are not eligible for Medicaid, you will make a monthly payment to ElderONE. The amount of your monthly payment is outlined in the Enrollment Agreement Acknowledgement. This payment amount is the sum of the Medicaid capitation amount, the calculated average share of cost and, depending on your Medicare coverage, may include a portion of the Medicare capitation amount for which you are not covered. This payment does not include the cost of Medicare prescription drug coverage and you will be responsible for an additional monthly premium. The amount of your monthly premium is outlined in the Enrollment Agreement Acknowledgement. You may pay both amounts together or you may discuss other options with the ElderONE Finance Department.

Private Pay Premiums

If you are not eligible for Medicare or Medicaid, you will make a monthly payment to ElderONE. Those who do not receive Medicare or Medicaid pay a premium, which is the sum of the Medicaid capitation amount, the calculated average share of cost amount, and the Medicare capitation amount. Because this payment does not include the cost of prescription drugs, you will be responsible for an additional premium for prescription drug coverage. The amount of your monthly premium is outlined in the Enrollment Agreement Acknowledgement. You may pay both premiums together or you may discuss other options with the ElderONE Finance Department.

Prescription Drug Coverage Late Enrollment Penalty

Please be aware that if you are eligible for Medicare prescription drug coverage and are enrolling in ElderONE after going without Medicare prescription drug 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 can contact the ElderONE Finance Department for more information about whether this applies to you.

Payment

If you are Medicare and/or Medicaid eligible and required to pay a monthly amount to ElderONE, a bill is generated through the Finance Department and sent to you. You must make the first payment by the first day of the month after you sign the Enrollment Agreement. The monthly charge is then due by the first day of every month.

If you are Private Pay, a payment is due upon signing the Enrollment Agreement. Each month thereafter a bill is generated through the Finance Department and sent to you. You must pay this amount by the first day of every month. Payment address is as follows:

ElderONE

100 Kings Highway South
Rochester, NY 14617

Attention: Finance Department Payment

Failure to make payment may result in termination of your benefits under the ElderONE program. If ElderONE commences legal action for collection, you will be responsible for all costs of collection, including attorney fees.

IX. Your Rights and Responsibilities (Participant Bill of Rights)

When you join a PACE program, you have certain rights and protections. ElderONE, 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 ElderONE, we are dedicated to providing you with quality health care services so 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 ElderONE 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 ElderONE 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 ElderONE 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 ElderONE 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 ElderONE 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 your State Administering Agency.

Your Responsibilities as an ElderONE Participant

The services of ElderONE depend on the involvement of you – the participant. The ElderONE Team works closely with you to be sure that your health care needs are met to the greatest degree possible. In order to do that, participants and caregivers have the following responsibilities

- Accept help and/or care without regard to the race, religion, age, gender, sexual orientation, disability, or national origin of the caregiver and to treat those providing you with care with respect.
- Keep appointments or notify ElderONE if an appointment cannot be kept.
- Supply accurate and complete information to caregivers.
- Actively participate in developing and updating your care plan, if you are able.
- Ask questions and request further information regarding anything you do not understand.
- Assist in developing and maintaining a safe environment for you and your caregivers.
- Inform ElderONE of all health insurance coverage and notify ElderONE promptly of any changes in that coverage.
- Cooperate with ElderONE in billing for and collecting applicable fees from Medicare and other third party payers.
- Use ElderONE designated providers, hospitals and nursing homes for services included in the benefit package.
- Notify ElderONE promptly of any change in address or any absence from the area.
- Comply with all policies of the program as noted in this Enrollment Agreement.
- Cooperate in implementation of the care plan.
- Take your medications as the ElderONE physician orders.
- If emergency services are used at any time, or while out of the service area, you must notify ElderONE within forty-eight hours or as soon as reasonably possible.
- To notify ElderONE if you are injured by someone else's actions, such as being involved in an automobile accident.
- To let ElderONE know as soon as possible, when you are not satisfied with care or services.
- To notify ElderONE if you wish to disenroll.
- Pay any required monthly fees on time.
- To wear your ElderONE nametag while at the Day Center.

For a participant determined to be incompetent in accordance with State law, these written rights and responsibilities apply to the person and representative authorized to act on behalf of the participant.

X. Notice of Non-Discrimination

Discrimination is Against the Law

ElderONE complies with applicable Federal civil rights laws and does not discriminate on the basis of race, creed, color, national origin, sex (including gender identity or status of being transgender), sexual orientation, age or physical or mental disability (including gender dysphoria), developmental disability, type of illness or condition, or source of payment.

ElderONE:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - » Qualified sign language interpreters
 - » Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - » Qualified interpreters
 - » Information written in other languages

If you need these services, contact your **ElderONE Social Worker**.

If you believe that ElderONE has failed to provide these services or discriminated in another way on the basis of race, creed, color, national origin, sex (including gender identity or status of being transgender), sexual orientation, age or physical or mental disability (including gender dysphoria), developmental disability, type of illness or condition, or source of payment, you can file a grievance with:

ElderONE

Attn: Performance Improvement Coordinator

490 E Ridge Rd Rochester, NY 14621

Phone: 585.922.9985

Toll Free: 855.457.4636

Fax: 585.922.2847

TTY: 800.662.1220

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, ElderONE's Performance Improvement Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Ave, SW

Room 509F, HHH Building Washington, D.C. 20201

1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Interpreter Services

ElderONE has free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter please call 1-888-804-4414.

ElderONE tiene servicios de interpretación gratis para responderle cualquiera pregunta que tengas sobre nuestro plan de salud o medicinas. Para conseguir un intérprete llame al 1-888-804-4414 y alguien que habla español le puede ayudar. Este servicio es gratis.

ElderONE 提供免费口译员服务，解答您对我们的健康或药物计划的所有疑问。需要口译员，请致电 1-888-804-4414，会有讲中文的人帮助您。这是一项免费服务。

وَأَيُّ حَالٍ أَنْتَ طَخْ لَوْحَ كَيْ دَلْ نَوَكْتْ دَقْ قَلَيْسْ أَيْ أَنْ عَقَبَاجِ لَالْ دِي نَاجِمِ لَإِي رُوفِ لَإِي مَجْرَتِ مَإِ تَامَدْخِ ElderONE يَدِلْ
عَاقِلْ لَالْ) شَدَحْتِ صَخْشَلْ نَكْمِي ثِي حَ 1-888-804-4414 مَقْرَلْ إِي لَعِ أَنْبَ لَصَتْ طَقْفَ، يَرُوفِ مَجْرَتِ مَإِ لَعِ لَوْصَحْ لَالْ. دِي إِي أَوْدَلْ
دِي نَاجِمِ دَمَدْخَلْ هَذِهِ. كَتْدَعِ لَسْمِ (دِي بَرَعَلْ).

ElderONE bietet Ihnen einen kostenlosen Dolmetscherdienst an, der Ihnen alle Fragen zu unserem Kranken- oder Medikamentenplan beantwortet. Wenn Sie einen Dolmetscher benötigen, rufen Sie uns einfach unter 1-888-804-4414 an, und jemand, der Deutsch spricht, wird Ihnen helfen. Dies ist ein kostenloser Service.

ElderONE propose gratuitement les services d'un interprète pour répondre à toutes les questions que vous pourriez avoir à propos de votre régime de santé ou d'assurance maladie. Pour obtenir un interprète, appelez-nous simplement au 1-888-804-4414 et quelqu'un parlant français pourra vous aider. Ceci est un service gratuit.

हमारे स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए के पास निःशुल्क दुभाषिया सेवाएं हैं। दुभाषिया प्राप्त करने के लिए बस हमें 1-888-804-4414 पर कॉल करें और कोई (हिन्दी) बोलने वाला आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

ElderONE ofri sèvis tradiksyon gratis pou reponn tout kesyon ou kapab genyen sou plan asirans sante oswa medikaman nou an. Pou jwenn yon entèprèt, w ap sèlman rele nou nan 1-888-804-4414 epi yon moun ki pale kreyòl ap kapab ede w. Sa a se yon sèvis gratis.

ElderONE dispone di servizi di interpretariato gratuiti per rispondere a eventuali domande inerenti al Suo stato di salute oppure al Suo piano terapeutico. Per richiedere un servizio di interpretariato, ci chiami al recapito 1-888-804-4414: troverà ad aiutar La una persona che parla italiano. Questo è un servizio gratuito.

ElderONEでは無料の通訳サービスをご提供しており、弊社の医療保険や医薬品計画に関するご質問にお答えしております。日本語を話せる担当がご対応致しますので、通訳をご希望の場合は、1-888-804-4414までお電話ください。これは無料のサービスでございます。

ElderONE은 당사의 건강 플랜이나 약품 플랜에 관한 질문에 대해 드리는 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하고 싶은 경우 1-888-804-4414 번으로 전화하시면 한국어를 할 수 있는 사람이 도와드릴 수 있습니다. 통역 서비스는 무료입니다.

ElderONE zapewnia bezpłatne usługi tłumacza, który pomoże w uzyskaniu odpowiedzi na wszelkie pytania na temat naszego planu ubezpieczenia zdrowotnego lub planu dotyczącego leków. Aby skorzystać z pomocy tłumacza, wystarczy zadzwonić pod numer 1-888-804-4414, a osoba posługująca się językiem polskim udzieli Państwu pomocy. Ta usługa jest bezpłatna.

ElderONE tem serviços gratuitos de intérprete para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou de medicamentos. Para obter um intérprete, basta ligar-nos para 1-888-804-4414 e alguém que fale Português pode ajudá-lo. Trata-se de um serviço gratuito.

ElderONE предоставляет бесплатные услуги устного переводчика для получения ответов на возможные вопросы о поддержании здоровья или плане лечения. Чтобы получить помощь переводчика, позвоните по номеру 1-888-804-4414 и вам поможет сотрудник, говорящий на русском языке. Это бесплатная услуга.

Ang ElderONE ay may mga libreng serbisyo ng interpreter para sagutin ang anumang katanungan na maaaring mayroon ka tungkol sa aming plano sa kalusugan o gamot. Para makakuha ng isang interpreter, tawagan lang kami sa 1-888-804-4414 at tutulungan ka ng taong nagsasalita ng Tagalog. Ito ay isang libreng serbisyo.

ElderONE có các dịch vụ thông dịch viên miễn phí để giải đáp bất kỳ thắc mắc nào mà quý vị có thể có về chương trình bảo hiểm y tế hoặc thuốc của chúng tôi. Để yêu cầu thông dịch viên, chỉ cần gọi cho chúng tôi theo số 1-888-804-4414 và một người nói Tiếng Việt có thể giúp quý vị. Đây là một dịch vụ miễn phí.

ENROLLMENT AGREEMENT ACKNOWLEDGEMENT**Name:** _____ **Date of Birth:** _____**Address:** _____
City State Zip**Gender:** ☐ Female ☐ Male ☐ Non-Binary **Telephone Number:** _____**Medicaid Number:** _____**Medicare Number:** _____ ☐ Part A ☐ Part B ☐ Part A & B**Additional Insurance Information:** _____ ☐ None**Prescription Coverage/Insurance:** _____ ☐ None**Primary Caregiver Name:** _____**Relationship to Patient:** _____**Address:** _____
City State Zip**Telephone Number:** (Day) _____ (Night) _____

I have received, read, and understand the ElderONE Enrollment Agreement and have been given the opportunity to ask questions. All my questions have been answered to my satisfaction. I agree to participate in ElderONE according to the terms and conditions of this Agreement. As a participant, I agree to receive all covered health services and health-related services from ElderONE and their network of providers.

I have read and understand the conditions for enrollment and disenrollment as explained to me and family members, as applicable and described in the Enrollment Agreement. I understand that as an enrollee of ElderONE, I will receive all of my Medicare and Medicaid benefits (as applicable) through ElderONE.

I have been informed of my rights and responsibilities as stated in the Enrollment Agreement, including my right to appoint a Health Care Proxy and to document any Advanced Directives regarding my health care. I understand that ElderONE staff will assist me in this area if I need help.

I will allow ElderONE to assist with my Medicaid certification and recertification, if applicable. I authorize the disclosure and exchange of information between the Centers for Medicare and Medicaid Services ("CMS"), its agents, the state Medicaid agency and providers.

I understand and accept my financial responsibility as outlined in the Enrollment Agreement.

1. I am Medicare and Medicaid eligible and I understand that my estimated cost share is _____.
2. I am on Medicare but not eligible for Medicaid and understand that my monthly cost is _____.
3. I am not eligible for either Medicare or Medicaid and understand that my monthly cost is _____.

Important Notice: The benefits under this Agreement are made possible through a special agreement that ElderONE has with Medicare (CMS) and Medicaid (the New York State Department of Health); such Agreement is subject to renewal on a periodic basis and, if the Agreement is not renewed, this program will be terminated.

Please examine this Enrollment Agreement carefully. If you are not interested in enrolling in our program, you may return the Agreement to us without signing.

By signing this agreement, you are agreeing to accept benefits provided and /or approved by ElderONE in place of the usual Medicare and Medicaid fee-for-service benefits. I understand that enrollment in this program 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 in this program is considered a voluntary disenrollment from PACE. If I do not have Medicare when I enroll in ElderONE and become eligible after enrolling, I will be disenrolled if I elect to obtain Medicare coverage other than from ElderONE. If I have a union/employer group health plan, enrollment into ElderONE may result in disenrollment from your employer group health plan.

I understand that if I have Medicaid, or both Medicare and Medicaid, I am not liable for any premiums but may be liable for any applicable spenddown liability and any amounts due under the post-eligibility treatment of income process.

By signing this Agreement, I acknowledge and understand the requirement that ElderONE must be my sole service provider.

I authorize ElderONE to obtain and use records and information from hospitals, residential health care facilities, home health agencies, physicians and other practitioners who treat me.

I authorize ElderONE to disclose and exchange personal information with the Centers for Medicare and Medicaid Services, its agents, and the New York State Department of Health.

I understand that I may revoke this consent in writing but that the revocation will require disenrollment from ElderONE.

I understand that my enrollment in ElderONE will begin on _____

Print Participant's Name: _____ Date: _____

Signature of Participant: _____ Time: _____

EO Enrollment Agree, Continued.

Patient Name
DOB

MRN
CSN

Print Designated Representative's Name: _____ Date: _____

Signature of Designated Representative: _____ Time: _____

Relationship to Participant: _____ Telephone Number: _____

ElderONE has assessed the above participant and has agreed to enroll him/her in the ElderONE program effective as of:

Date: _____

Print ElderONE Staff Member's name: _____

Signature of ElderONE Staff Member: _____

Date: _____ Time: _____

OFFICE USE ONLY

Received Date: _____

Received By: _____

