

Appendix G

ICI Phase 2/Consumer Notices

Notice Description

Why was this notice sent?

Initial Notices

Exhibit 32: Opt-In Enrollment Letter

This notice will be sent to all Medicare-Medicaid eligibles who are eligible for 'Opt-In' or voluntary enrollment. The individual may be in Medicaid FFS (which means they aren't currently in a health plan) or may be a current Neighborhood UNITY member but has been identified as having a Medicare Advantage plan OR was auto-enrolled in a Part D Prescription Drug Plan within the last year OR has employer or union coverage. MMEs receiving this letter must mail-in an application or apply over the phone in order to be enrolled in Neighborhood INTEGRITY.

Exhibit 1: Medicare-Medicaid Plan Application

This is the enrollment form for Neighborhood INTEGRITY and is sent with Exhibit 32, the enrollment letter. This will be sent to eligible individuals in the 'Opt-In' group.

FAQ

This is a Frequently Asked Questions (FAQ) that is included with the Opt-In and Opt-Out enrollment letters.

Exhibit 31: Opt-Out Enrollment Letter (60-day)

This notice is sent to Neighborhood UNITY members 60 days prior to their enrollment start date in INTEGRITY, the new MMP. Members who receive this notice are in the Passive or Opt-Out enrollment group. They must call the MMP Enrollment Line to Opt-Out of INTEGRITY or else they will be automatically enrolled. Please note that enrollment is voluntary and members can Opt-Out at any time. (The state will be sending this notice at 75 days prior to the start date.)

Exhibit 5: Opt-Out Reminder Letter (30-day)

This notice is sent to Neighborhood UNITY members as a reminder, 30 days before their enrollment start date in INTEGRITY. Members should have already received Exhibit 31. If no action is taken by the member by the enrollment start date, they will be automatically enrolled in INTEGRITY.

Notice Description

Why was this notice sent?

Additional Notices

Exhibit 4: Receipt of Completed Enrollment Request and to Confirm Enrollment

[Opt-In Enrollment only] This notice is sent when an individual applied by phone or paper application. This notice confirms the receipt of the enrollment request AND confirms that the individual was found eligible by the State and CMS, and will be enrolled in Neighborhood INTEGRITY. The effective date of enrollment in the health plan will be included on this notice.

Exhibit 6: Notice for Requesting Information

[Opt-In Enrollment only] This notice is sent when an application was not completed and the enrollment request cannot be submitted without additional information.

Exhibit 8: Individuals identified as having Employer or Union group coverage

[Opt-In Enrollment only] This notice is sent when an individual requests enrollment into INTEGRITY but was identified as having Employer or Union coverage (retiree drug subsidy). The recipient will have 30 calendar days to call and confirm that they wish to enroll in INTEGRITY. If they do not call, the enrollment request will be cancelled.

Exhibit 9: Denial of Enrollment

This notice is sent because an individual was found ineligible for enrollment. Please see the notice for all the reasons an individual may not be eligible for INTEGRITY.

Exhibit 11: Acknowledgement of Request to Cancel Enrollment

Individuals who receive this notice cancelled or opted-out of their enrollment in INTEGRITY before the start date.

[Opt-In Enrollment only] The individual applied/enrolled, then requested to cancel the enrollment request *before* their enrollment start date.

[Opt-Out Enrollment only] The individual was automatically enrolled and then Opted Out of the program *before* their enrollment start date.

Notice Description

Why was this notice sent?

Disenrollment

Exhibit 16: Notice to Confirm Voluntary Disenrollment

This notice is sent when a member is disenrolled from INTEGRITY- they either called the MMP Enrollment Line OR called 1-800-Medicare. This notice is sent within 10 days of the state verifying the disenrollment with CMS.

Exhibit 17: Denial of Disenrollment

This notice is sent when an unauthorized individual requests a disenrollment from INTEGRITY on the member's behalf, therefore the disenrollment is *not* processed.

Exhibit 19: Disenrollment Due to Out of Area Status

This notice is sent when it is determined that a person does not live in Rhode Island (out of area status).

Exhibit 21: Loss of Medicaid Status

This notice is sent when a member is disenrolled from INTEGRITY because of a change in Medicaid eligibility. This may have been due to a loss of Medicaid OR a change in a member's status that makes them ineligible for the program.

Exhibit 23: Disenrollment Due to Death

This notice is sent because a notification of death was received from CMS. The member may be disenrolled from INTEGRITY the first day of the following month or it may be a retroactive disenrollment.

Exhibit 24: Disenrollment Due to Loss of Medicare Part A, B and/or D

This notice is sent because a termination date for Medicare Part A, B and/or D was received from CMS. The member may be disenrolled from INTEGRITY the first day of the following month or it may be a retroactive disenrollment.

Exhibit 25: Disenrollment Due to Incarceration

This notice is sent because information on the member's incarceration was received from CMS. This member will be disenrolled from INTEGRITY.

Notice Description

Why was this notice sent?

Reinstatement

Exhibit 27: Acknowledgement of Reinstatement

This notice is sent when a member has been reinstated in INTEGRITY following a correction of an erroneous disenrollment.

Miscellaneous

Exhibit 28: Acknowledgement of Request to Opt-Out of MMP (not connected to request to disenroll or cancel enrollment)

This notice is sent when an individual calls and requests to be exempt from any future automatic enrollments into Neighborhood INTEGRITY. This notice is separate and different from opting out of the MMP after receiving Exhibit 31 and/or 5.

Appendix I
Referral Contact List

Primary Contact Numbers for *Neighborhood INTEGRITY*

Name	Phone numbers	Hours	Reason to Call
Medicare-Medicaid Plan (MMP) Enrollment Line	1-844-602-3469 (TTY 711)	Mon – Fri 8:30 am – 7:00 pm Sat 9:00 am – 12 noon	Primary phone line for enrolling in and opting-out of <i>Neighborhood INTEGRITY</i>
Neighborhood INTEGRITY www.nhpri.org	1-844-812-6896 (TTY 711)	8:00 am – 8:00 pm, 7 days/week	Member Services: Info on Neighborhood INTEGRITY providers, covered benefits, drug formulary, etc.
The POINT/SHIP Counselors	(401) 462-4444	Mon, Wed, Fri 8:30 am – 4:00 pm Tues, Thurs 8:30 am – 8:00 pm Sat 8:30 am -12 noon	In-person options counseling.
ICI Ombudsman	TBD	TBD	Help for applicants/enrollees on their rights and responsibilities, resolving complaints, appeals process, advocacy
Medicare	1-800-MEDICARE	24 hours/day, 7 days/week	Info on Original Medicare, Medicare Advantage, and Medicare Part D Plans

Secondary Contact Numbers

Name	Phone numbers	Hours	Reason to Call
Adult Managed Care Line (HPE Enrollment Line)	(401) 784-8877	8:00 am – 3:30 pm Mon - Fri	Enrollment line for individuals who want to switch from <i>Neighborhood UNITY</i> to <i>Medicaid FFS</i> or the reverse.
Neighborhood UNITY (Rhody Health Options)	1-855-996-4774 (TTY 711)	8:00 am - 6:00 pm Mon - Fri	Member Services: Info on Neighborhood UNITY providers, covered benefits, drug formulary, etc.
Alliance for Better Long Term Care (State of RI - LTC Ombudsman)	(401) 785-3340	9:00 am -5:00 pm Mon –Fri On weekends, contact kheren@alliancebltc.org	Advocates for elderly or disabled individuals who reside in Long Term Care Settings: Assisted Living, Nursing Homes, Homecare and Hospice
DHS Info Line	(401) 462-5300	8:30 am – 4:00 pm Mon - Fri	General Information on Medicaid programs

Name	Phone numbers	Hours	Service Provided
DHS Providence Office	(401) 415-8200	8:30 am – 4:00 pm Mon - Fri	Medicaid Eligibility
DHS Pawtucket Office	(401) 721-6600 or (800) 984-8989	8:30 am – 4:00 pm Mon - Fri	Medicaid Eligibility
DHS Woonsocket Office	(401) 235-6200	8:30 am – 4:00 pm Mon - Fri	Medicaid Eligibility
DHS Warwick Office	(401) 736-1400	8:30 am – 4:00 pm Mon - Fri	Medicaid Eligibility
DHS South County Office	(401) 782-4300 or (800) 862-0222	8:30 am – 4:00 pm Mon - Fri	Medicaid Eligibility
DHS Newport Office	(401) 851-2100 or (800) 675-9397	8:30 am – 4:00 pm Mon - Fri	Medicaid Eligibility
DHS Long Term Care- Cranston	(401) 462-5182	8:30 am – 4:00 pm Mon - Fri	Eligibility for Medicaid LTC
DHS Long Term Care- Providence	(401) 415-8200	8:30 am – 4:00 pm Mon - Fri	Eligibility for Medicaid LTC
DHS Long Term Care- Woonsocket	(401) 235-6200	8:30 am – 4:00 pm Mon - Fri	Eligibility for Medicaid LTC
DHS Long Term Care- Newport	(401) 851-2100 or (800) 675-9397	8:30 am – 4:00 pm Mon - Fri	Eligibility for Medicaid LTC
HealthSourceRI	(855) 840-4774	8:30 am-5 pm, M, W-F, 8:30am-7pm Tues	Apply for Medicaid on RI's health insurance exchange; Can update address and account
SSA Office- Pavilion Plaza, 2168 Diamond Hill Rd, Woonsocket, RI 02895	(877) 229-3542	9 am – 4 pm Mon - Fri, except Wed 9 am- 12 noon	To change address for Medicare, SSI, or Social Security retirement www.ssa.gov
SSA Office- 380 Westminster St., Rm 318, Providence, RI 02903	(877) 402-0808	9 am – 4 pm Mon - Fri, except Wed 9 am- 12 noon	To change address for Medicare, SSI, or Social Security retirement www.ssa.gov
SSA Office- 4 Pleasant St., Pawtucket, RI 02860	(866) 931-7079	9 am – 4 pm Mon - Fri, except Wed 9 am- 12 noon	To change address for Medicare, SSI, or Social Security retirement www.ssa.gov
SSA Office- 30 Quaker Lane, 1st floor, Warwick, RI 02886	(866) 964-2038	9 am – 4 pm Mon - Fri, except Wed 9 am- 12 noon	To change address for Medicare, SSI, or Social Security retirement www.ssa.gov
SSA Office- 130 Bellevue Ave., 1 st floor Newport, RI 02840	(866) 253-5607	9 am – 4 pm Mon - Fri, except Wed 9 am- 12 noon	To change address for Medicare, SSI, or Social Security retirement www.ssa.gov
United Way/211	211	24 hours/day, 7 days/week	24/7 help line- social services, housing, etc.
SNAP Program	Call your local DHS office. If you don't know it, call the DHS Info Line at (401) 462-5300	8:30 am – 4:00 pm Mon - Fri	Supplemental Nutrition Assistance Program (SNAP), formerly called Food Stamps

Appendix J

Definitions

Affordable Care Act (ACA) - The comprehensive health care reform law enacted in March 2010. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name “Affordable Care Act” is used to refer to the final, amended version of the law.

Aging and Disability Resource Center (ADRC) – A call center for elders and adults with disabilities, located at United Way in Rhode Island. Rhode Island’s ADRC is called the POINT.

Capitation Payments – Monthly, prospective payments made to the health plan for enrollees’ health care services. For the INTEGRITY program, Neighborhood will receive a capitation payment from both Medicare and Medicaid for each enrollee.

Care Management – Care management/coordination services help beneficiaries and their families navigate the health care system and coordinate the full range of services a person may receive. That may include medical, behavioral, long-term services and supports and social supports.

Care Manager – The role of the care manager is to advocate for the consumer, help answer questions and concerns, and ensure that all their health care needs are being met. Once an assessment is complete, a member who has significant health and/or social support needs, will receive the services of a care manager, who is available to work with the member, his/her family, caregiver, or providers to develop an individual care plan.

Centers for Medicare and Medicaid Services (CMS) – federal agency that administers the Medicare and Medicaid programs.

Comprehensive Functional Needs Assessment (CFNA) – An assessment to determine a beneficiary’s strengths, needs, and preferences based on their medical, psychological, and functional capabilities. The CFNA is the basis of the beneficiary’s Interdisciplinary Care Plan (ICP).

Connect Care Choice Community Partners (CCCCP) – CCCCCP was part of the Integrated Care Initiative (ICI) Phase 1, but was discontinued in January 2016.

Daily Transaction Reply Report (DTRR) – This is the file from CMS that confirms enrollment and disenrollment in the FAD (this file is not used in RHO 1). If a member wishes to enroll, opt out, or disenroll from the FAD, the state must send a transaction to CMS requesting the change. Once the change in enrollment is confirmed by CMS on the DTRR, the state can take action to enact that change. Members should receive confirmation of their request following confirmation from CMS. If CMS denies the requested change, members will receive a notice informing them of the denial and asking for additional information.

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) –a department within the Executive Office of Health and Human Services (EOHHS) that is responsible for assuring access to quality services and supports for Rhode Islanders with developmental disabilities, mental health and substance abuse issues, and chronic long-term medical and psychiatric conditions.

Department of Human Services (DHS) – DHS is responsible for determining eligibility for ‘complex’ Medicaid. Everyone who is eligible for the Integrated Care Initiative (ICI) is considered ‘complex’ because their eligibility for the Medicaid program is determined by a variety of factors, not just income. DHS is responsible for determining long term care eligibility for these individuals.

Disenrollment – A member can choose to disenroll from any of the ICI programs at any time. For Neighborhood INTEGRITY, members can disenroll up to the last day of the month, with the change effective the first of the following month (i.e. a member calls on 8/31/15 and is disenrolled on 9/1/15) however this is strongly discouraged because the time it takes the state and CMS to jointly process and confirm a disenrollment is greater than 24 hours. This may create difficulties for members receiving care, as well as issues for billing providers.

Division of Elderly Affairs (DEA) – DEA is the state authority on aging and as such is responsible for administering the SHIP/ADRC programs, as well as a variety of other services for seniors and Medicare beneficiaries. Individuals who are eligible for the ICI may have a DEA case manager, or may have attended counseling sessions for Medicare open enrollment hosted by the SHIP/ADRC agencies.

Duals/Dual Eligibles- Also known as Medicare Medicaid Eligible (MME), these are people who qualify for both Medicare and Medicaid. In order to qualify for enrollment into the MMP, individuals must be ‘full duals.’ They must have Medicare Part A, Part B and be eligible for Part D as well as having full Medicaid eligibility.

Durable Medical Equipment (DME) - any medical equipment used in the home. DME may include: adult diapers, transfer benches, hospital beds, Patient lifts, transfer or stretcher chairs, wheelchairs, etc.

Effective Date/Effective Date of Coverage – This refers to the first day on which health coverage begins for an individual. For *Passively* enrolled individuals, Notice 31 and/or Notice 5 should list their effective date of coverage in the MMP. For the *Opt-In* populations, the effective date of coverage will be listed on Notice 4.

Executive Office of Health and Human Services (EOHHS) – EOHHS is the State office administering the FAD in partnership with CMS and Neighborhood Health Plan of Rhode Island. Members receiving notices for the FAD will see the EOHHS letterhead and logo on the notices.

Fee For Service (FFS) – Fee for Service can refer to Medicare or Medicaid. When referring to Medicare it is often referred to as ‘traditional’ or ‘Original’ Medicare. In either program, FFS refers to services that are billed directly to the State or CMS (not through a health plan). When

referring to Medicaid, members who are not enrolled in a health plan will have Medicaid FFS and use their white “anchor” ID card.

Financial Alignment Demonstration (FAD) – new federal initiative to improve the care of individuals who have both Medicare and Medicaid coverage.

Financial Cycle – HPE, as the state’s fiscal agent, pays capitation to the health plans twice monthly. All payments are prospective for the upcoming month. This cycle also drives enrollment for the ICI programs. Therefore if a member submits an application after the 10th of the month they will not be enrolled the first of the following month, instead they will be enrolled the first of the next month (i.e. a member calling to enroll before August 10th will have an effective date of September 1st, whereas a member calling to enroll on August 11th will have an enrollment effective date of October 1st). The financial cycle does not affect disenrollment or opt-out dates.

Hewlett Packard Enterprises (HPE) – Rhode Island Medicaid’s fiscal agent.

Home and Community Based Services (HCBS) - are provided in the community for individuals who are eligible for Long Term Services and Supports. These services can include Homemaker/ CNA services, Environmental modifications, Special medical equipment, Meals on Wheels, Personal Emergency Response Systems, Case Management, Senior Companion, Assisted Living, Personal care services, Self-directed care, Respite, and Minor home modifications.

Homemaker Services – in-home services that may include preparing simple meals and light housekeeping. These services are only available to members who meet a certain level of care need.

ICI Ombudsman Program – An independent, conflict-free entity that will assist enrollees in accessing care, understanding and exercising their rights and responsibilities, and appealing adverse decisions made by the health plan.

*Note – the ICI Ombudsman is separate and independent from the Long Term Care Ombudsman, and is specifically equipped to handle issues with the MMP.

Integrated Care Initiative (ICI) - the Rhode Island Integrated Care Initiative includes two phases. Phase 1 of the ICI coordinates Medicaid covered benefits to adults with Medicaid-only who receive LTSS and Medicare-Medicaid eligible or ‘duals’. Phase 2 consists of a three-way contract between CMS, the State and the MMP where the Medicare and Medicaid benefits are combined.

Intellectual and Developmentally Disabled (ID/DD) – Intellectual/Developmental Disabilities

Interdisciplinary Care Plan (ICP) - a written plan developed by the MMP care management staff in collaboration with the beneficiary; the beneficiary’s family, guardian, or other caregivers and the primary care provider (PCP).

Interdisciplinary Care Team (ICT) - a team of professionals and para-professionals that collaborate, in person and/or through other means, with MMP members to develop and implement an

individualized care plan that meets the beneficiaries' medical, behavioral, long term care and supports, and/or social needs.

Long Term Care (LTC) – see Long Term Services and Supports

Long Term Services and Supports (LTSS) - a range of medical, social, or rehabilitation services a person needs over months or years in order to improve or maintain function or health. Medicaid Long Term Services and Supports can include Home and Community-Based Services, Preventive Services, and Nursing Home Care. The type of services a person receives depends on level of care needs.

Managed Care Organization (MCO) – another name for health plan.

Medicaid Management Information System (MMIS) - In Rhode Island, this is the system of record for enrollment in the ICI programs. However it is not the system of record for eligibility.

Medicare-Medicaid Eligible (MME) - a person who is eligible for both Medicare and Medicaid benefits.

Medicare-Medicaid Plan (MMP) - a health plan under contract with CMS and the State to provide fully integrated Medicare and Medicaid benefits under the Integrated Care Initiative. The MMP integrates the provision of primary care, acute care, behavioral health care, and long-term care services.

Money Follows the Person (MFP) – RI was awarded a 5 year (2011-2016) federally funded MFP Demonstration Grant. The MFP demonstration grant is designed to help re-balance the state's long-term care system by assisting Medicaid enrollees' transition from institutions to the community.

Neighborhood Health Plan of Rhode Island (Neighborhood) - a nonprofit managed care organization (MCO) that contracts with the State to administer the RIte Care, Rhody Health Partners, Rhody Health Partners/Expansion and Rhody Health Options programs.

Nursing Home Transition Program (NHTP) - a program for elders and adults with disabilities which helps assess if a person can live safely at home or in another community setting. NHTP includes discharge planning, implementation, and identifying needs for services, equipment and home modifications.

Opt-In Enrollment – Individuals identified for *Opt-In* or voluntary enrollment will need to call the MMP Enrollment Line to apply for enrollment into the MMP. They can also apply by completing a mail-in application.

Opt-Out – Opting out is when an individual chooses not to participate in the MMP before their enrollment effective date. This is also referred to as 'cancelling' enrollment.

Passive Enrollment – also known as 'opt-out enrollment,' these individuals are current members of Neighborhood UNITY and meet the criteria for enrollment in the MMP. They will receive two

notices prior to their effective start date. If they want to enroll, they don't have to do anything. They will be enrolled on the start date that is on their notice and will be automatically enrolled in the MMP.

Prescription Drug Plan (PDP) - a stand-alone prescription drug plan for Medicare members with Part D

Program of All-Inclusive Care for the Elderly (PACE) – program that serves individuals who are age 55 or older and meet a certain level of care need (determined by the State). Members must want to live in the community and see PACE providers that are in their network.

Rhody Health Options – name of health plan product in Phase 1 of the ICI.

Rhody Health Partners (RHP) - is a health care program for disabled adults who receive Medicaid through the state's participating health plans - Neighborhood and UnitedHealthcare.

Self-Directed Program – The ability for an enrollee to direct and manage his/her own services. In Rhode Island, the name of the program is Personal Choice.

Supplemental Security Income (SSI) - A federal program designed to help aged, blind, and disabled people, who have little or no income. It provides a cash supplement to meet basic needs for food, clothing, and shelter.

Unified Health Infrastructure Project (UHIP) – former name of Rhode Island's combined health insurance marketplace and new eligibility system for Medicaid and social service programs.

UnitedHealthcare Community Plan (UHC) - a managed care organization (MCO) that contracts with the State to administer the RItE Care, Rhody Health Partners, and Rhody Health Partners/Expansion programs.

Appendix K

Acronyms

ACA - Affordable Care Act

BHDDH - Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

CFNA - Comprehensive Functional Needs Assessment

CMS – Centers for Medicare and Medicaid Services

DEA - Division of Elderly Affairs

DHS - Department of Human Services

DME - Durable Medical Equipment

DTRR – Daily Transaction Reply Report

EOHHS - Executive Office of Health and Human Services

FAD – Financial Alignment Demonstration

FFS – Fee for Service

HCBS - Home and Community Based Services

HPE – Hewlett Packard Enterprises

ICI - Integrated Care Initiative

ICP - Interdisciplinary Care Plan

ICT - Interdisciplinary Care Team

IDD – Intellectual /Developmental Disabilities

LTC - Long Term Care

LTSS - Long Term Services and Supports

MCO - Managed Care Organization

MFP - Money Follows the Person

MME - Medicare-Medicaid Eligible

MMIS- Medicaid Management Information System

MMP - Medicare-Medicaid Plan

NHPRI - Neighborhood Health Plan of Rhode Island

NHTP - Nursing Home Transition Program

PACE - Program of All-Inclusive Care for the Elderly

PDP – Prescription Drug Plan

PCP - Primary Care Provider

RHO I - Rhody Health Options Phase I or Neighborhood UNITY

RHO II – Rhody Health Options Phase II or Neighborhood INTEGRITY

RHP - Rhody Health Partners

SHIP/ADRC - State Health Insurance Assistance Programs/Aging and Disability Resource Center

SMI – Serious Mental Illness

SPMI- Serious and Persistent Mental Illness

SSI - Supplemental Security Income

TC/TRC – Transaction Code/Transaction Reply Code

UHC - UnitedHealthcare Community Plan

UHIP - Unified Health Infrastructure Project

Appendix L
PACE Program

WELCOME

To learn more visit www.pace-ri.org

MISSION

To preserve and sustain the independence of older adults who have significant health needs and wish to remain in the community.



ELIGIBILITY

In order to join PACE you must:

- Be at least 55 years old
- Live in Rhode Island (excluding Block Island and Prudence Island)
- Meet clinical level of care requirements
- Be able to live safely in the community at the time of enrollment



COMMUNITY CARE SERVICES:

- Primary Care
- Hospital Care
- Medical Specialists
- Recreational Therapy
- Nutrition Counseling
- Physical Therapy
- Occupational Therapy
- Adult Day Services
- Social Work Services
- Counseling Services
- Transportation
- Laboratory and X-ray Services
- Home Care
- Medications
- Dentistry

**PACE provides all necessary care and services, and typically gets reimbursed through Medicaid, Medicare, or private pay.*



HISTORY

Established in 2005, PACE Organization of Rhode Island is a nonprofit health plan serving adults 55 and older who have chronic health needs and want to remain at home in the community. Today we serve over 275 participants from all over the state at our locations in Providence, Westerly and Woonsocket.

INNOVATION

PACE is unique because it brings together a coordinated team of doctors, nurses, social workers and therapists to provide care that addresses the specific medical and social needs of older adults. The result is higher quality care and far more favorable outcomes compared to traditional care options.

INDEPENDENCE

What is independence worth to you? We believe it's priceless — and it should be accessible to everyone. That's why we design care plans to suit each individual's medical needs and personal goals, making it possible for participants to remain independent for as long as possible.

COMMUNITY

Whether you're from Southeast Asia, Latin America, or right here in Rhode Island, we want you to know that we're proud to have you as a member of our community. We offer interpreter services for the languages our participants speak because we believe that communication is crucial to effective care delivery.

FRIENDSHIP

Participants who come to our day center benefit from socializing and making new friends. Scientific research suggests that staying socially active as we age helps maintain healthy brain functioning and supports overall emotional health and well-being.

PEACE OF MIND

We specialize in coordinated care, which includes everything from primary and specialty care, to transportation, social services and nutritional counseling. Exercise groups and art classes? We've got that covered too. We take care of the details so our participants can focus on feeling their best.



The right care at the right time

“Words can’t describe how helpful PACE was in getting me through one of the hardest times of my life with care, support, and compassion for my mom.”

— PACE participant caregiver



www.pace-ri.org



Like us on Facebook:
www.facebook.com/PACEofRI

225 Chapman Street
Providence, RI 02905

5 Union Street
Westerly, RI 02891

Phone: 401.490.6566

Toll Free: 1.877.781.PACE (7223)

TTY: 401.222.5301

**PACE participants may be held liable for the cost of any services provided outside of the PACE program if they are not authorized by the PACE Interdisciplinary Team.*

Publication ID #: H4105_22015



A community-based health plan that helps seniors stay independent and engaged in life.



Appendix M

Medicare's Limited Income NET Program

Medicare's Limited Income Newly Eligible Transition (LI NET) Program provides coverage for eligible individuals while they are waiting to enroll in a Part D plan. When an individual disenrolls from Neighborhood INTEGRITY they will be automatically enrolled in the LI NET Program until they choose or are auto-assigned a Part D Prescription Drug Plan.

Medicare's LI NET program provides immediate prescription drug coverage for dual eligibles who aren't enrolled in a Medicare Prescription Drug Plan (Part D). The LI NET Program covers all Part D covered drugs, and there are no network pharmacy restrictions during the time period covered by this program.

- Co-payments in this program vary. They depend on the level of Extra Help an individual receives. The Extra Help amount is determined by Medicare.
- The LI NET Program also covers prescriptions that eligible individuals filled within the last 30 days (retrospectively).

The LI NET program is operated for Medicare by Humana.

Pharmacies should be able to submit a claim for beneficiaries who do not have a health plan card or proof of coverage at the point of service, *as long as they are eligible for the program*. However, if an individual is found to be ineligible for the program they may be liable for the full cost of the prescription drugs.

Appendix N

Medicare Premium Payment Program

The *Medicare Premium Payment Program*, also known as the Medicare Savings Program nationally, allows eligible beneficiaries to have the state Medicaid Program pay for some of their Medicare expenses like premiums, deductibles, and co-insurance. Individuals need to apply in order to participate. There are three types of eligibility based on income and resources. See chart below for eligibility information. To apply, a person needs to call their local DHS office.

Please note: Individuals enrolled in this program are NOT eligible to enroll in Neighborhood UNITY or Neighborhood INTEGRITY.

Medicare Premium Payment Program		
Qualified Medicare Beneficiary (QMB)	Specified Low-income Medicare Beneficiary Program (SLMB)	Qualified Individual (QI)
<p>People age 65 and older and adults with disabilities may qualify as a QMB if their income is less than 100% of the Federal Poverty Level (FPL), less than \$975./month for an individual or \$1327./month for a married couple. See requirement for resources, such as savings, listed below. If eligible, Medicaid pays for Medicare Part A and Part B premiums, deductibles, and co-insurance.</p>	<p>People 65 and older and adults with disabilities may qualify as a SLMB if their income is between 100% and 120% of the FPL, less than \$1170./month for an individual and \$1592./month for a married couple. See requirement for resources, such as savings, listed below. If eligible, Medicaid will pay for the Medicare Part B premium.</p>	<p>People 65 and older and adults with disabilities may qualify as a QI if their income is between 120% and 135% of the FPL, \$1316./month for an individual and \$1791./month for a married couple. See requirement for resources listed below. If eligible, Medicaid will pay the Medicare Part B premium, subject to availability of state funds.</p>

The resource or assets limits for all MMP programs are \$7,160 for a person or \$10,750 for a married couple.