

Introduction Into PACE

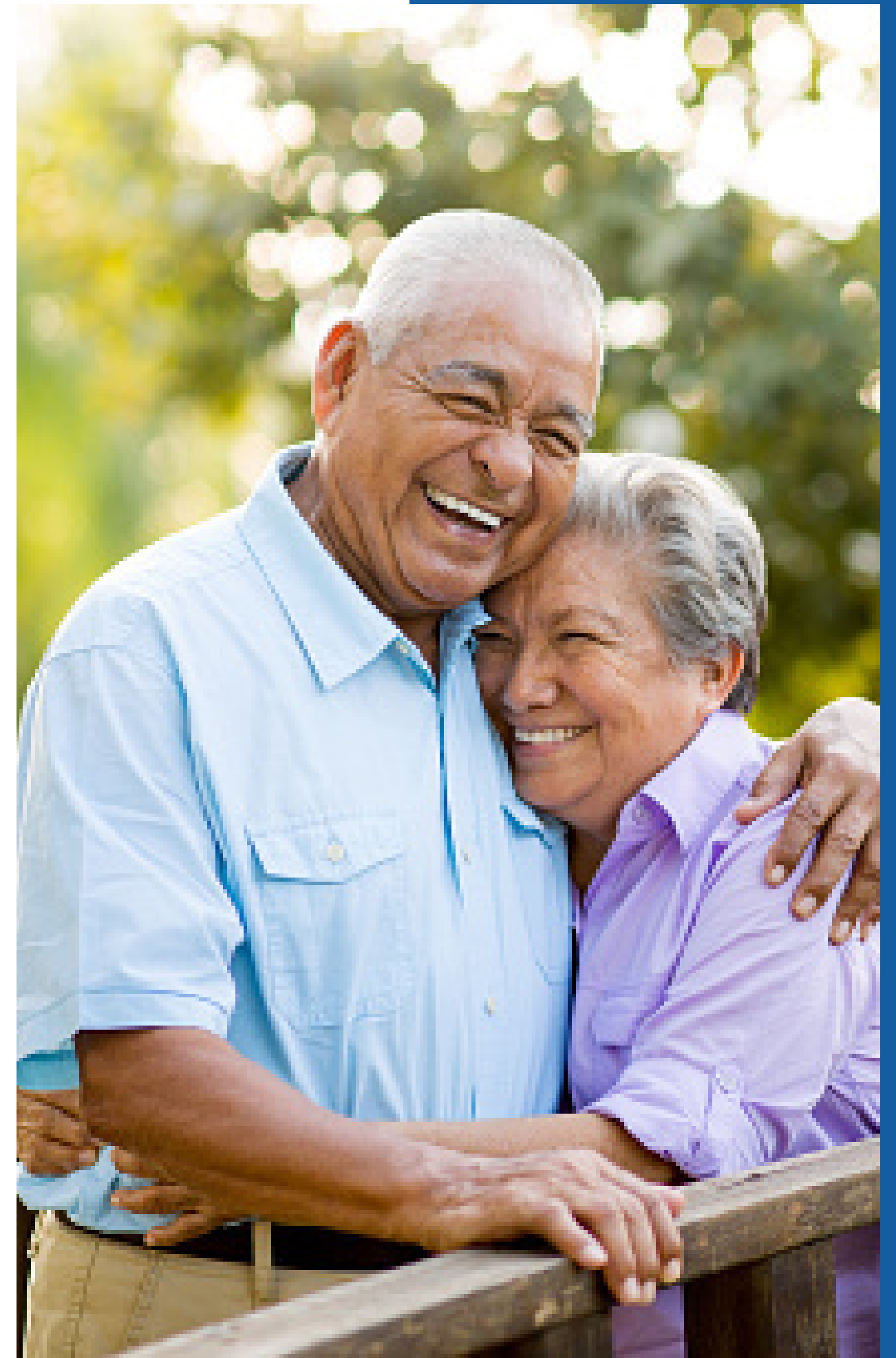
Program of All-Inclusive Care for the Elderly



Training

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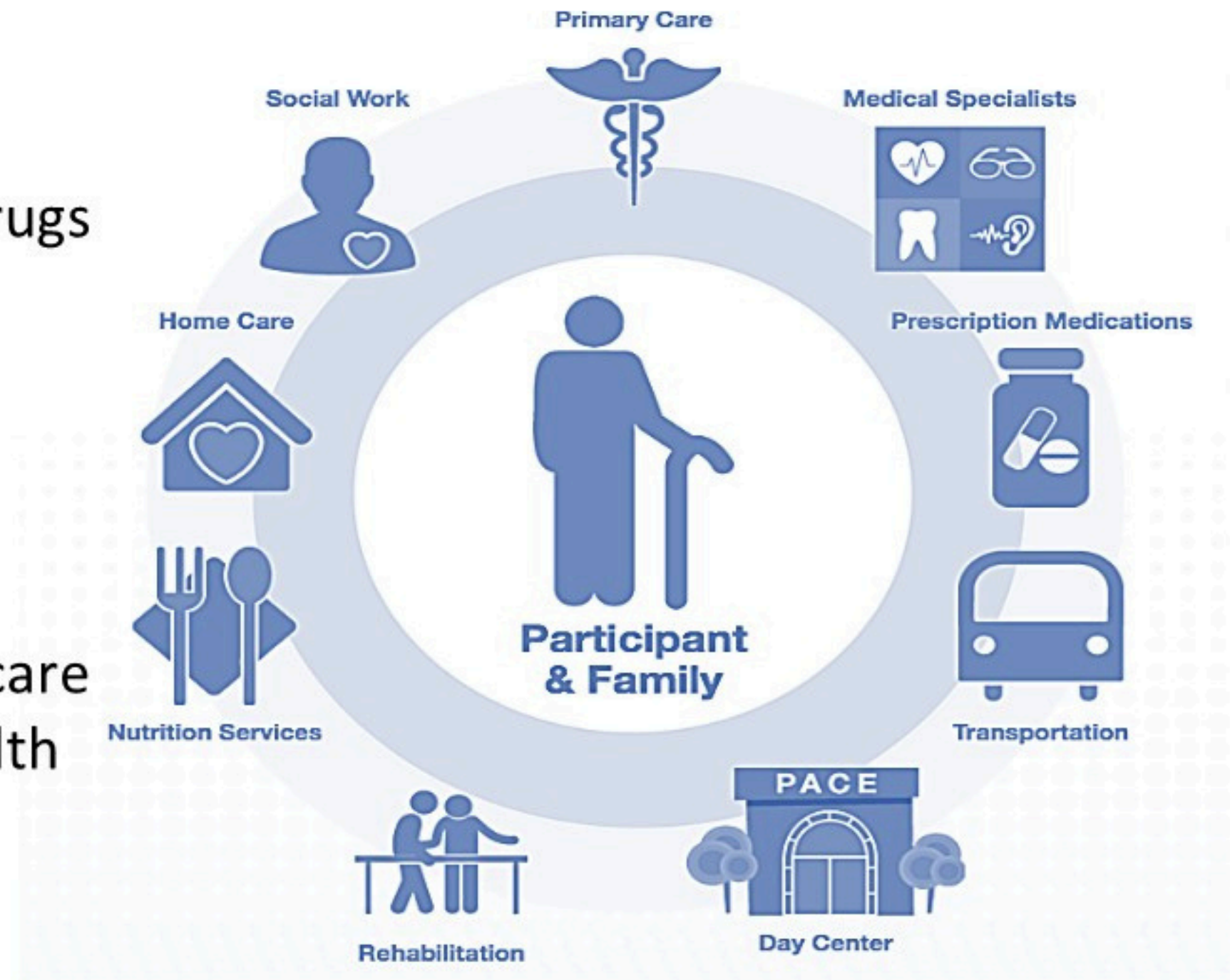


Senior CommUnity Care Mission Statement

The mission of Senior CommUnity Care PACE is to enhance the quality of life and independence for aging adults by providing services, which will help them remain in their home and in their communities.

Services Senior CommUnity Care, PACE provides their participants:

- Medical care
- Personal care
- Prescription drugs
- Social Services
- Audiology
- Dentistry
- Optometry
- Podiatry
- Home Health care
- Adult Day Health



- Transportation
- Physical Therapy
- Occupational Therapy
- Recreational Therapy
- Speech Therapy
- Skilled Nursing Care
- Hospital Care
- Nutritional Counseling
- Meals
- DME

In Home Services

Senior CommUnity Care, PACE provides care in the home and assists with activities of daily living.

Upon enrollment each participant will have an evaluation assessment to determine the level of home care needed.

Once assessment is completed, we create a home care plan that outlines specific tasks to complete for each participant.



Therapy Services

At Senior Community Care, PACE we understand that maintaining physical and occupational health is crucial for the aging population's quality of life.

As we age, the ability to perform daily activities and stay physically active can significantly impact overall well-being and independence.

Recognizing this, we are committed to offering comprehensive occupational and physical therapies to our participants who are experiencing physical, cognitive changes, and maintain an appropriate level of strength and mobility.

Physical Therapy

- Assessments
- Individual therapy
- Group exercise classes
- Strength and balance

Occupational Therapy

- Individual evaluation
- Fall prevention education
- Customized intervention
- Adaptive medical equipment



Transportation

PACE provides transportation to and from our center in wheelchair accessible vans. PACE also provides transportation to specialty medical appointments as needed.





Senior CommUnity Care, PACE of Maryland Service Areas

Prince Georges County

Basic Participant Qualifications



55 years of age or older



Resides in Service Areas*



Able to live safely in the community



Be certified eligible for a nursing home level of care*



Meet medical & financial criteria

Eligibility Criteria: Medical

PACE utilizes a tool created by the State of Maryland known as the Electronic Verification System (EVS)

A person is generally considered nursing home eligible if they need assistance with 1 or more activities of daily living (bathing, dressing, grooming, toileting, etc). Assistance can be supervision, cues or physical assistance. Persons that are independent with ADLs may be eligible with certain medical conditions or interventions that require skilled care such as tube feedings, catheter or ostomy care, wounds, and respiratory treatments. Select medical diagnoses can also qualify a person such as uncontrolled hypertension, uncontrolled Diabetes, uncontrolled CHF and ESRD.

**Only authorized users can access the EVS.*

- EVS can not be used to check for future dates of eligibility.*
- EVS can verify a Medicaid recipient's past eligibility status for services rendered up to one year ago.*

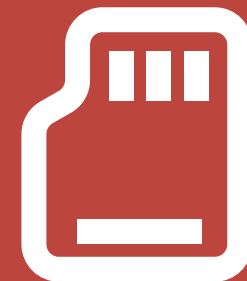
Providers may also call the Maryland Medicaid EVS at 1-866-710-1447. You will need a NPI or provider number to access the system.

For more information please visit: https://health.maryland.gov/mmcp/provider/Documents/evs/EVSIVR_Brochure_Jan2023.pdf

Eligibility Criteria: Financial



Medicare and Medicaid reimburse PACE programs for services provided to elders who are eligible for both benefits.



This national model of care is permanently available through Medicare.



People who are eligible for Medicare but not Medicaid make monthly payments to participate with the PACE program.

*To learn more please visit:

<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/PACE/PACE>

While the PACE program is funded by CMS, all decisions regarding participant care are made independently by the program with approval from the Interdisciplinary Team (IDT).

Enrollment Process



Intake Assessment

Completed by a Senior CommUnity Care Enrollment Specialist to gather basic information from PPT.



Clinical Assessment

Completed by a Senior CommUnity Care Community Provider and Social Worker



Home Visit

Completed by a Senior CommUnity Care Occupational Therapist and Registered Nurse



Care Planning & Initial Services

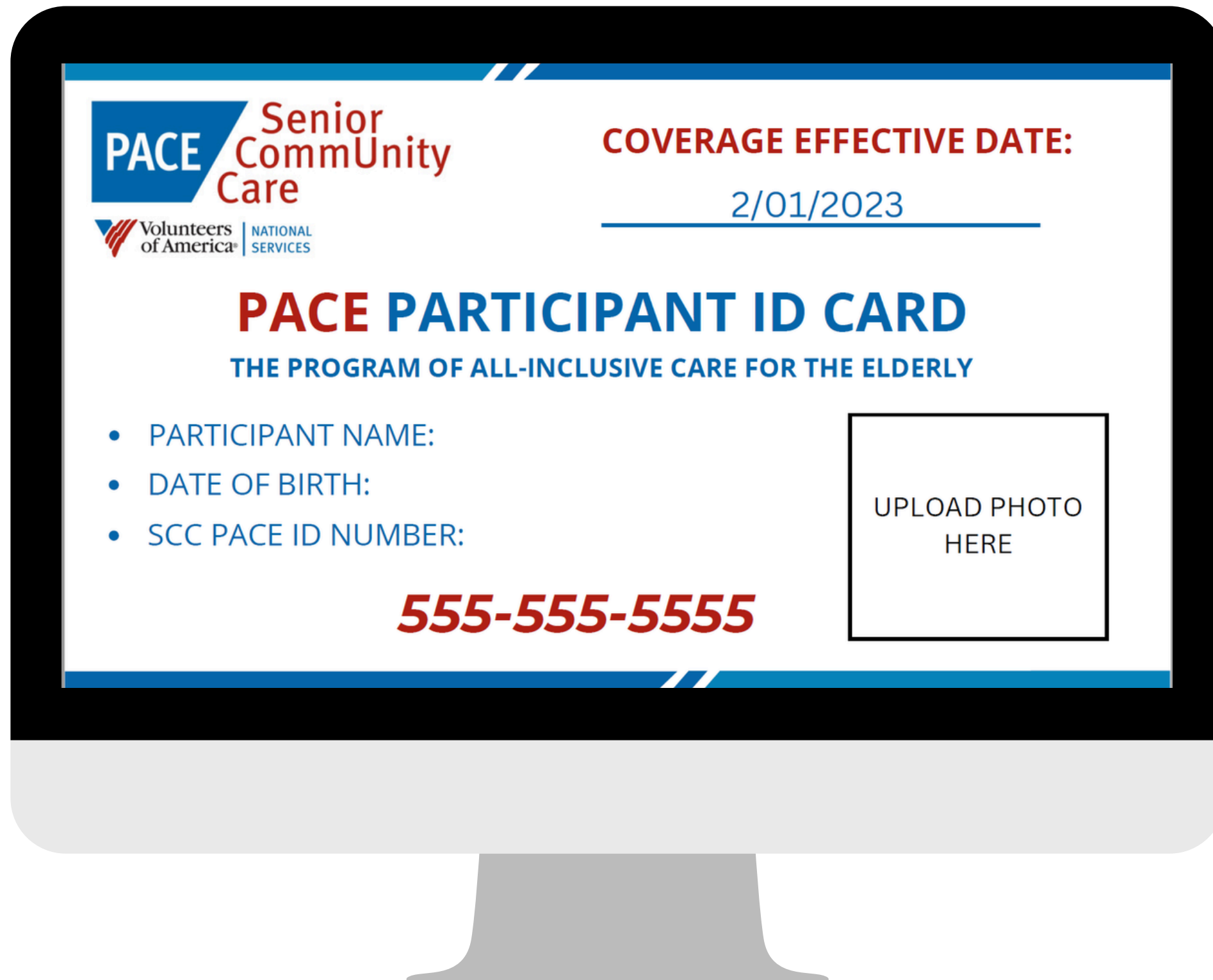
Partnership agreement between Senior CommUnity Care and Participant & caregivers/family/POA



Enrollment begins the first day of next month

Participant coverages begins the next month on the 1st

VERIFY PARTICIPANT ELIGIBILITY



To verify SCC PACE of MD eligibility:

- Contact your local SCC PACE at:
(301) 673-3335
- Visiting our SCC PACE Provider Portal at:
www.SCCPACEProviders.org
(click on the claims portal button)

The Interdisciplinary Team

The IDT is the care management mechanism for PACE.

PACE plays a Dual Role: Health Care Provider and Health Plan. PACE uniquely combines the personalized care of a provider with the coordination and coverage of a health plan. Its interdisciplinary team (IDT) delivers direct care, closely monitors participants' health, and responds swiftly to changes. The PACE program oversees and finances services from contracted providers, including hospitals and specialists.

Part of your local IDT:

- Medical Doctor/ Nurse Practitioner
- Registered Nurse
- Social Worker/ LCSW-C
- Physical Therapist
- Occupational Therapist
- Recreational Therapist
- Dietician
- Center Director
- Home Care Coordinator
- Personal Care Coordinator
- Transportation

All services must be pre-approved by the PACE IDT.

*Emergency services are an exception and do not require pre-approval.



How to Obtain an Authorization

Fax: Participants Office/Progress Note
with requested service(s) to:
(301) 673-3336

Call: to request authorization at:
(301) 673-3335

Need to Appeal an Authorization?
Contact your local PACE IDT Team
*Note all authorizations must be pre-
approved through the IDT Team





Participant's Bill of Rights

The PACE organization is dedicated to providing its participants quality health care services. As part of our contracted network, all providers must be knowledgeable about the Participant Rights and must be willing to uphold their rights

Upon enrollment, and annually thereafter, PACE program staff fully explain these rights to participants or someone acting on their behalf.

Contracted providers are responsible for promptly notifying PACE if a participant's rights have been violated or a participant or caregiver has indicated that participant rights have been denied. Participants Rights can be found in the SCC PACE Provider Manual.

Medical Records

PACE organization must have one comprehensive medical record for each participant. The record needs to include:

- **Appropriate identifying information**
- **Documentation of all services furnished, directly or by contracted providers**
- **IDT assessments, reassessments and care plans**
- **Treatments and response to treatments**
- **Progress notes**
- **Laboratory, radiology, and other test reports**
- **Medication records**
- **Hospital discharge summaries, when applicable**
- **Reports of contact with family and other informal supports**
- **Physician Orders**
- **Disenrollment information**
- **Advance Directives**

Contracted Providers are required to document these services and transmit these records to SCC promptly after services are rendered.

All medical records must be sent to SCC PACE within 5 days to be compliant with continuity of care and scheduling future participant care.

Contracted Homecare Services: visit notes should be sent to SCC on a monthly basis.
Residential Facilities: the following records should be transmitted to SCC on a monthly basis

1. Medication administration record
2. Plan of care
3. Any other pertinent documentation (wound care notes, acute issues, etc.)



Medication Prescribing Procedures

Senior CommUnity Care, PACE provides pharmacy services to participants including same-day medication dispense and delivery.

Prescriptions and medication orders should be sent directly to Senior CommUnity Care, rather than being given to the participant.

Medication orders may be documented in visit notes that are faxed and or transmitted, but urgent medication orders should be faxed or called in to Senior CommUnity Care when ordered.

Senior CommUnity Care PACE uses PharmaStar to fill our participants prescriptions. To contact them regarding any questions you have you can reach them directly at: (888) 298-7770



Service Determination Request (SDR) Process

Within PACE, any request to initiate, modify, or discontinue a service made by a participant, caregiver/family member, or the participant's representative is considered a Service Determination Request (SDR).

The interdisciplinary team (IDT) is required to follow a process for SDRs defined by the PACE regulations. This process includes a needs assessment, discussion and approval/ denial by the IDT, and formal verbal and written notification to the participant.

If the IDT denies the request, it must provide a rationale for the denial. The participant, caregiver/family member, or the participant's representative has the right to appeal this determination. The requirements of the SDR process are detailed in 42 CFR 460.121. (CMS Regulations)

If a contracted provider is providing care to a participant: in the participants home, in our PACE Center, or through transportation, and receive a request from the participant to initiate, modify or discontinue a service; the provider must communicate that request as soon as possible to SCC PACE (but no later than two days from the request being made by the participant).

*If the provider is not providing care in the settings listed above, please encourage the participant to communicate their SDR directly to their local PACE team for assistance.

Grievance & Appeals Process



The PACE IDT view contracted providers as partners in this process and expect that grievances voiced to our contracted providers from participants or their support system are part of the grievance process in all settings.

If a participant verbalizes a dissatisfaction or concern related to the PACE organization's non-coverage of, or nonpayment for a service, including denials, reductions or termination of services, the contracted provider must contact the PACE IDT team right away but no later than 2 days after the complaint has been made.

All grievances are tracked, analyzed and trended. The information is used to improve quality.

A close-up photograph of two hands, likely belonging to an older person, with fingers interlaced in a supportive grip. The skin is wrinkled and the lighting is soft, creating a warm and caring atmosphere.

Senior CommUnity Care, PACE Ethics Committee

This committee will assist Senior CommUnity Care, PACE by:

- Reviewing the ethical dimensions of medical and non-clinical decisions on behalf of the participants
- Providing guidance to Senior CommUnity Care Governing Body on medical-ethical issues
- Assisting in the development of procedures in documenting advance directives
- Helping to address ethical dilemmas, such as end of life issues and the implementation of the Patient Self-Determination Act
- Providing needed staff training around ethical issues & concerns

Claims and Billing

These are SCC PACE's preferred submission methods:

1.) Electronic Claim Submission
Support through: Clearinghouse
Payer ID: VNSPC

2.) Direct Entry through Provider Claims Portal at:
www.SCCPACEproviders.org

EOPs (estimate of payment) will not be mailed to the provider and will need to be obtained from the Clearinghouse or from the Provider Claims Portal at: www.SCCPACEProviders.org

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMISSION

1. MEDICARE (Medicare#) ☐ MEDICAID (Medicaid#) ☐

2. PATIENT'S NAME (Last Name, First Name) ☐ (ID#) ☐

5. PATIENT'S ADDRESS (No., Street) ☐

CITY ☐

TELEPHONE ☐

Claims and Billing Appeals

Disagree with a claim decision?

Appeals must be submitted timely per your contract, if you are unsure about your timely filing, please review your contract for the most accurate information.

Initiate a claim dispute/appeal by using any of the ways below:

- Provider Claims Portal (PDR-Provider Dispute Resolution)
- Email: claims@voa.org
- Fax: (970) 797-1984

Written appeals: please utilize the PACE Appeal letter. You will need to complete the appeal form in its entirety, including the reasons for the disagreement and attach supporting documentation. Send the completed appeal form to the claims fax number or email above and include "Claim Appeal" in the subject line.

Per Federal regulations with PACE Programs, providers are not permitted to balance bill participants for claims that are not covered under the plan/authorized.

Credentialing and Recredentialing

PACE will make independent screening, enrollment, or credentialing determinations as required per CMS standards and will not request the submission of additional documentation from any provider. However, as part of the contracting process, PACE may collect roster information including all data elements required for claims payment and directory purposes.

After the Provider's initial Credentialing, PACE will evaluate the provider's continued contracting eligibility by recredentialing the provider. PACE's process will occur no less frequently than every three years- which is consistent with CMS' provider credentialing policy and procedures unless otherwise notified by CMS or the state's agency.

Each year we will request COI's from your business to meet State Audit Compliances

Have you added any new providers, or have any business updates (like change of ownership or business address updates) can be sent to: credentialing@voa.org

Contracting

Each provider must be enrolled in the Medicare and Medicaid programs. The Medicare and Medicaid Departments will ensure that the applicants meet all program requirements and qualifications.

Based on state and federal requirements:

- Federal and state application fees
- Training Fingerprinting Site visits
- Criminal background checks
- Federal database checks
- Verification of provider certification license and accreditation

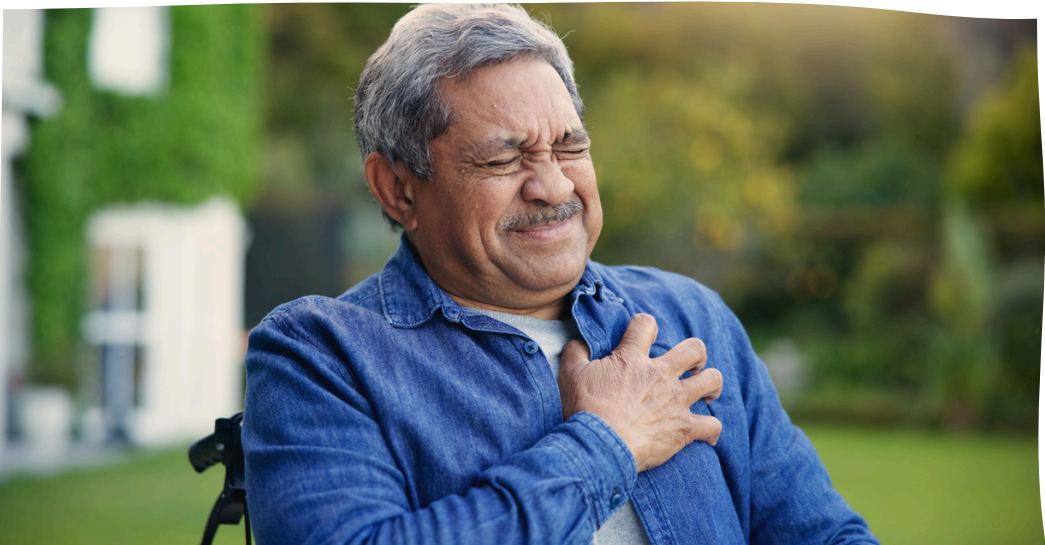
Questions about your contract or contracted rates? Please reach out to our contracting department at: contracting@voa.org

After Hours or On-Call Procedure

Senior CommUnity Care, PACE MD provides a nurse and provider on-call system to respond to any urgent participant needs afterhours and on weekends.

Unless life threatening, participants are encouraged to contact the Senior CommUnity Care on-call nurse if needed. Our on-call Nurses can make home visits, assess participants, conduct consultation with the on-call provider to initiate treatment or start medications.

Your local Senior CommUnity Care After Hours Hotline:
(301) 673-3335



Important Contacts

Senior Community Care of Maryland
831 Brightseat Rd.
Hyattsville, Maryland 20785

Direct Office Line: (301) 673-3335
Fax Line: (301) 673-3336

Provider Relations Representative: Lorna Ward
Phone: 612-409-7305
Email: lward2@voa.org

Billing & Claims Questions: claims@voa.org
Contracting Questions: contracting@voa.org
Credentialing Questions: credentialing@voa.org

Executive Director- Kelly Fields
Direct: (301) 673-3335
Email: kfields@voa.org



thank you

tusind tak
謝謝 dakujem vám
ngiyabongga
dziękuję
merci
baie dankie
धन्यवाद molte grazie
gracias
obrigada
obrigado
gràcies
tänan
tack så mycket
teşekkür ederim
شكرا
dank u
teşekkür edire
mahalo
suksema
danke

ANY QUESTIONS?

