HARBOR HEALTH

ELDER SERVICE PLAN

A PROGRAM OF ALL INCLUSIVE CARE FOR THE ELDERLY (PACE) PLAN
PARTICIPANT ENROLLMENT AGREEMENT
EFFECTIVE 2/1/2026

1135 Morton Street
Mattapan, MA 02126
(617) 533-2400

479 Torrey Street
Brockton, MA 02301
(774) 470-6700

This program is supported through a cooperative agreement with the US Department of Health & Human Services, Centers for Medicare & Medicaid Services, and the Commonwealth of Massachusetts (MassHealth).

Contents

This Booklet Belongs To:	
ESP Insurance ID Number:	
Center Name & Address:	
Center Phone Number: (To contact your care team or request prescription refills)	
Your Provider:	
Your Care Coordinator (Name and phone number**):**	

FOR 24-HOUR URGENT CARE SERVICES CALL:

617-533-2493

FOR EMERGENCIES CALL:

911 and then call your PACE center above

Emergency services do not require prior authorization.

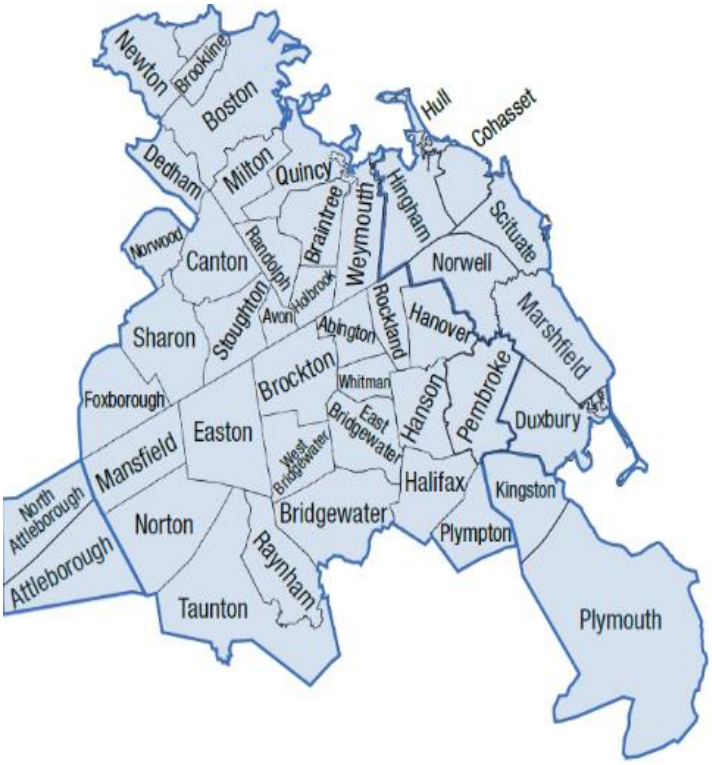
If you have trouble hearing, call the TTY (Teletypewriter) line at 617-533-2264

Welcome to ESP

We're excited to introduce you to the Elder Service Plan (ESP), a PACE (Program of All-Inclusive Care for the Elderly) program. ESP is part of Harbor Health Services, Inc. which also operates five community health centers between Boston and the South Shore.

ESP has been providing compassionate care to seniors in our community since 1996. Our program is designed to help you maintain your independence for as long as possible. Our program offers a full range of Health and Health-Related Services, to help you continue living in your community and in your own home as long as it's safe and feasible. We provide services covered by Medicare and Medicaid, all coordinated by your interdisciplinary team (IDT). This team consists of 11 dedicated professionals from various fields who collaborate with you to develop a personalized care plan tailored to your needs.

Once you enroll in our ESP program, most of your care will take place at our PACE Center, but your IDT can also arrange for services to be delivered where you are living.



This map shows our service area where participants need to live to enroll and stay in our program. We have PACE Centers located in Mattapan and Brockton, Massachusetts.

We're thrilled to share all that our program has to offer you! We encourage you to take your time reviewing this booklet and ask any questions you may have. When you enroll, ESP serves as your insurance plan and this booklet becomes your Enrollment Agreement. At that time, you will also need to disenroll from any other Medicare or Medicaid prepayment plan or optional benefit, including hospice benefits provided by other organizations.

Eligibility

Program of All-inclusive Care for the Elderly (PACE) is a national model of coordinated care that serves those 55 and older.

To be eligible to enroll in ESP, an individual must:

- Be age 55 or older
- Live in the ESP designated service area (see our map on the previous page)
- Be certified as Eligible for Nursing Facility Care by our State Administering Agency
- Be able to live Safely in the Community at the time of enrollment with ESP

We have a partnership with the Department of Health and Human Services, who has shared their authority to the Executive Office of Health and Human Services, also known as the State Administrating Agency. We renew the agreement between our agencies periodically, but if the agreement is not renewed, our program would have to be terminated.

Enrollment Process

Getting Started

- We will explain our program and what services we offer.
- We will ask you for information to see if you are eligible for our plan.

Intake Assessment

- When you decide you want to join our program, a trained member of our team will come to your home to make sure you meet the MassHealth requirements to live in a Nursing Facility and you are living Safely in the Community.
- Other members of our team may also come visit you to review your health and finances. You will sign a medical and financial release so we can obtain your previous medical records and speak to other parties about your care and coverage. We will set up time for you to visit one of our PACE Centers.

Final Approval

- If you qualify for our program and you want to join, our team will set up a time for you to enroll in our plan. At this meeting we will explain this member Enrollment Agreement and answer any questions you. We will tell you how much we think your Monthly Payment will be, if you will have one.
- If you do not qualify, we will give you a letter explaining why you were not accepted and suggest other services that might help you. For instructions on how to appeal this decision with the MassHealth Board of Hearings, go to the Appeals section of this Member Agreement.

Enrollment

- During the enrollment meeting, we will finalize how much your Monthly Payment and/or Medicaid spend down is, if you have one.
- After we explain the Enrollment Agreement, if you choose to, you will sign it. We will give you a signed copy of the Enrollment Agreement and mail you your membership card.
- You will begin our program on the first day of the next month. For example, if you sign on February 17th, your plan will start on March 1st.
- You will need to disenroll from any supplemental insurance, optional prepayment plans or benefits such as hospice, or other Medicare plans, such as a Medicare Advantage plan. You will be automatically disenrolled from any Medicaid (MassHealth) plan.
- We will review what to expect during your transition of care into our program.

Continuing In Our Program

To stay in our program, you must continue to meet clinical and financial requirements.

Clinical Requirements

Each year, we will check to see if you are still Eligible for Nursing Facility Care.

If your health has improved and you no longer qualify, we can ask MassHealth if you can be in a “deemed status”. A deemed status means if you weren’t in our program, you would likely need Nursing Facility level-of-care within 6 months.

Financial Requirements

If you receive MassHealth benefits:

1. You need to re-apply on a schedule set by MassHealth. Our insurance specialists can help you apply again.
2. If your countable income exceeds the 300% of the Federal Benefit Rate (FBR), you will need to spend down your income or assets within 30 days. Contact our Membership Retention team for questions on what you are allowed to spend the money on.

Disenrollment Process

Your benefits from the ESP of Harbor Health will continue, regardless of your health, unless you decide to leave the program (voluntary), you no longer meet the requirements to stay in the program (involuntary), or if you pass away (involuntary).

Voluntary

- You can choose to leave the ESP Plan at any time without a reason by sending us a letter or telling someone on your care team. We will give you a form to sign. You cannot disenroll at a Social Security office.
- It is considered a voluntary disenrollment if you enroll in any other Medicare or Medicaid prepayment plan or optional benefit, including the hospice benefit.
- Your disenrollment will be effective on the first day of the month following the date we receive your notice of voluntary disenrollment.

Involuntary

You may be involuntarily disenrolled for any of the following reasons:

- You do not pay or do not make arrangements to pay any applicable premium to ESP, Medicaid spend down liability or your share of long-term facility costs (the post-eligibility treatment of income process), after a 30-day grace period.
- You or your caregiver engages in disruptive or threatening behavior, that jeopardizes your health or safety or the health or safety of others.
- If you have decision-making capacity and you consistently refuse to comply with your individual plan of care or the terms of the Enrollment Agreement.
- You move out of the ESP Service Area, or you are out of the Service Area for more than 30 consecutive days, unless we agree to a longer absence due to extenuating circumstances.
- You no longer meet MassHealth Nursing Facility level-of-care requirements and are not deemed eligible.
- Harbor Health's agreement with CMS and the State administering agency is not renewed or is terminated.
- ESP is unable to offer health care services due to the loss of State licenses or contracts with outside providers.

An involuntary disenrollment takes effect on the first day of the month, that starts at least 30 days after we send you an involuntary disenrollment notice.

Disenrollment Process

You have 60 days from the involuntary disenrollment letter to file an appeal. If you wish to appeal, you may request a fair hearing by contacting:

Executive Office of Health & Human Services MassHealth Board of Hearings
100 Hancock St. 6th floor
Quincy, MA. 02171
Phone: (617) 847-1200 or 1-800-655-0388
TTY: (877) 610-0241
Fax: (617) 847-1204

Whether you are voluntarily or involuntarily disenrolling, we will help coordinate your transition of coverage and care. Please notify your care coordinator if you would like to disenroll so we can help. Below is our disenrollment process:

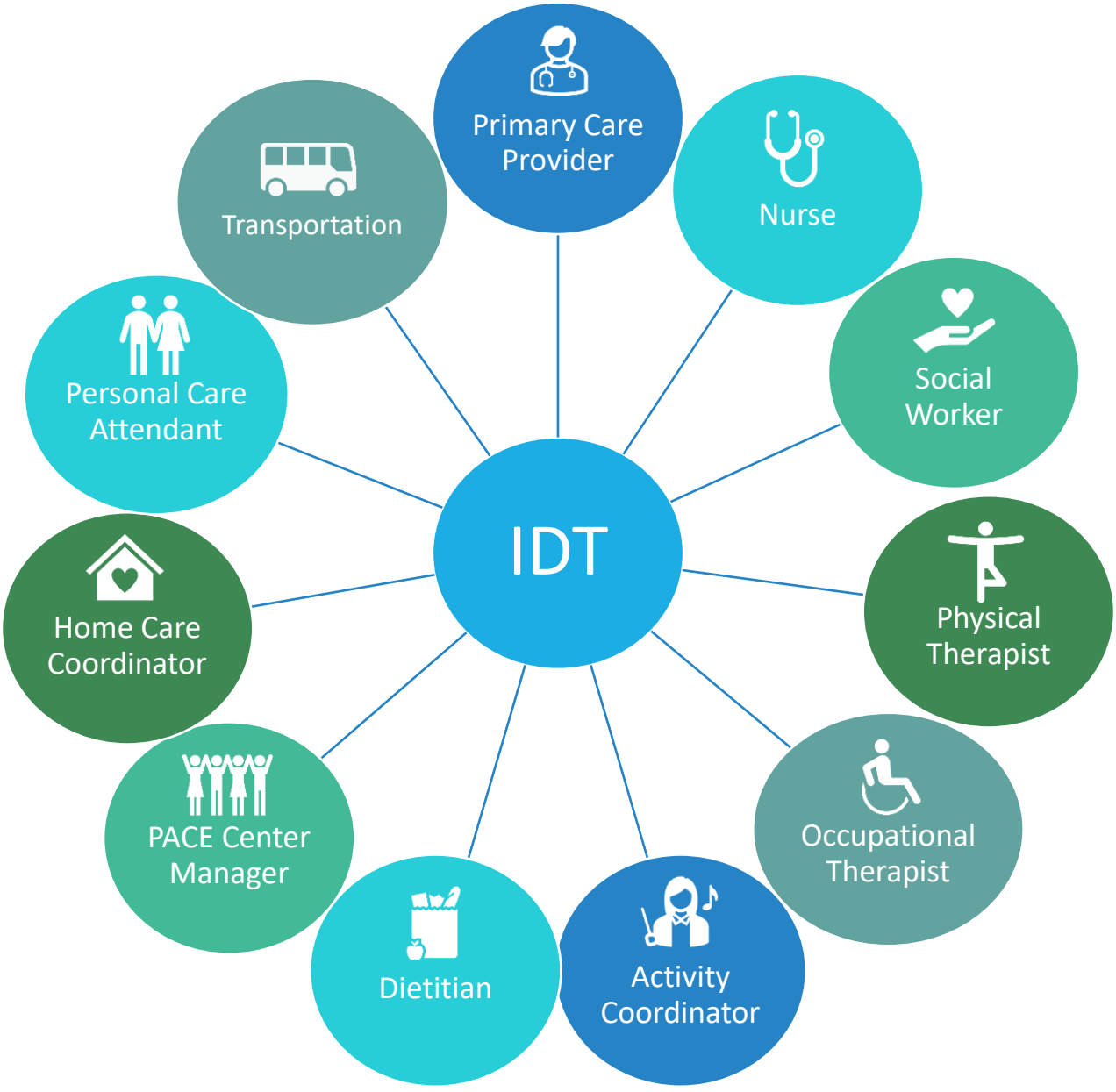
1. If you have a Monthly Payment, you must keep making these payments until your disenrollment date.
2. Our ESP and Contracted Providers will continue to provide you care and services until your disenrollment date.
3. We will refer you to new providers, transition your services and send them your medical records within 30 days.
4. We will restore your Medicare and MassHealth benefits if you're eligible. If you choose, we can also refer you to someone who can help you enroll in another senior care option and a Part D prescription drug plan.
5. We will explain how your care and services may change when you disenroll from our program, you may not get the same benefits in other optional Medicare and Medicaid programs.

Want to re-enroll?

If you want to join our program again, contact our enrollment team. They will check to see if you meet the enrollment requirements, and you will have to go through the enrollment process again. If you were previously disenrolled because you did not make Monthly Payments, you will need to pay what you owe before you can join our program again.

ESP's Model of Care

ESP's goal is to help you live a healthy and independent life in your community. Your interdisciplinary team, also known as your IDT, will assess your needs and create a care plan just for you. We will provide the services they order for you in your home, at one of our PACE centers, or at a provider's office in our network. If you need transportation to appointments, we can help with that too.



As a member of the ESP of Harbor Health, you will be eligible to receive Medicaid and Medicare covered services and/or any other services ordered by your IDT. Your IDT will determine which services you should receive through performing assessments of you and developing a care plan. You can also request services you feel you may need through our Service Determination Request process, explained on page 18 of this Enrollment Agreement.

ESP PACE Center Services

- Nutrition counseling and education
- Meals
- Personal care
- Primary care provider services, including routine care, preventive health care, physical examinations, and treatment of illness.
- Physical, occupational, recreational, and speech therapy

Services In Your Home

- Dietitian
- Home health aide services
- Homemaker/chore services
- Home-delivered meals
- Medical supplies and equipment
- Provider visits as needed
- Physical, speech, and occupational therapies
- Skilled nursing services
- Social services

Dental Care

- Our dentist will treat any pain and infections you have first, then to help you maintain your ability to chew.
- Routine and diagnostic exams and cleanings.
- Crowns
- Dentures
- Oral surgery: extracting teeth, removal or repair of soft and hard gum tissue.
- Restorative fillings
- X-rays

Outpatient Health Services

- Audiology: evaluations, hearing aids, repairs and maintenance
- Dialysis
- Durable medical equipment
- Lab tests, X-rays, and diagnostic services
- Prosthetics and orthotics
- Personal care services
- Prescription drugs from a pharmacy chosen by ESP except when provided for emergency or urgent care
- Psychiatry: evaluations and treatment services
- Physical, occupational, and speech therapy
- Specialty provider services such as dermatology, gastroenterology, urology, oncology, podiatry, rheumatology, women's health services, etc.
- Vision care: exams, treatment, and eyeglasses

Inpatient Hospital Care

- Blood and blood derivatives (medicines made from human blood or plasma)
- General medical, surgical (including anesthesia), and specialty care
- Lab tests, radiology services and other diagnostic procedures
- Meals, including special diets
- Physical, speech, occupational, and respiratory therapies
- Room and board (semi-private unless medically indicated)
- Social services
- Treatments including drugs, biologicals, oxygen, etc.
- Use of medical equipment such as wheelchairs

Nursing Facility Care

- Custodial care
- Drugs and biologicals
- Meals, including special diets
- Medical supplies and appliances
- Room and board (semi-private unless medically indicated)
- Personal care and assistance
- Physician and nursing services
- Physical, speech, and occupational therapies
- If, at any time, it is determined you require a permanent residency in a Nursing Facility, you may be required to share in the costs of Nursing Facility care. See cost share details on page 23 of this Enrollment Agreement.

Palliative and End-of-life Care

- We provide enhanced services, in your preferred setting (home, skilled nursing facility or hospital if needed) to support your wishes near the end of life including but not limited to:
  - Skilled nursing
  - Social services
  - Personal care
  - Spiritual support services
- See the next page for more details

Other Health Related Services

- Assistance with money and bill management
- Lifeline System
- Interpreter services
- Respite care
- Supportive services: social services, escorts to non-surgical appointments and transportation to care and services provided by our plan

Our plan covers all medications prescribed by your ESP Primary Care Provider (PCP), and they're delivered right to your home for convenience and safety.

Your ESP PCP also works closely with your specialists to coordinate care, making it safer and more effective to have one prescriber managing all your medications.

While you're enrolled in our plan you must receive all needed health care, including primary care and specialist physician services (other than emergency services), from ESP or from an entity authorized by ESP. Services are covered only if they are provided by our providers, our network providers, approved your IDT, or in emergencies. You'll receive a list of Contracted Providers when you sign this Enrollment Agreement. If you receive non-emergency care outside our network without approval, you'll be responsible for the cost of care provided. We have contracts with providers to provide you with the following services below:

General Services:

- Meals
- Home health care (aides, nurses)
- Laundry
- Medical equipment and supplies
- Pharmacy services
- Transportation

Specialty Care:

- Audiology
- Anesthesiology
- Cardiology
- Dentistry
- Dermatology
- Gastroenterology
- General surgery
- Nephrology
- Neurosurgery
- Oncology
- Optometry
- Ophthalmology
- Oral surgery
- Orthopedic surgery
- Otorhinolaryngology
- Palliative medicine
- Plastic surgery
- Podiatry
- Psychiatry
- Pulmonology
- Radiology
- Rheumatology
- Speech therapy
- Thoracic and vascular surgery
- Women's health (Gynecology)
- Urology

Supportive Care at End of Life (SCEL) Program

As your health changes, your care goals may shift to focus more on comfort. When this happens, you may choose to join our Supportive Care at End of Life (SCEL) program which provides you with palliative, comfort, or end-of-life supports.

This program can be provided in your home or a skilled Nursing Facility and will provide you and your caregivers with education, support, medication and supplies needed to help make you as comfortable as possible while honoring your wishes. When the time comes, your care team will explain the SCEL program and answer any questions you, your family, or your caregivers have about what to expect in the days, weeks, and months ahead.

Description of Services

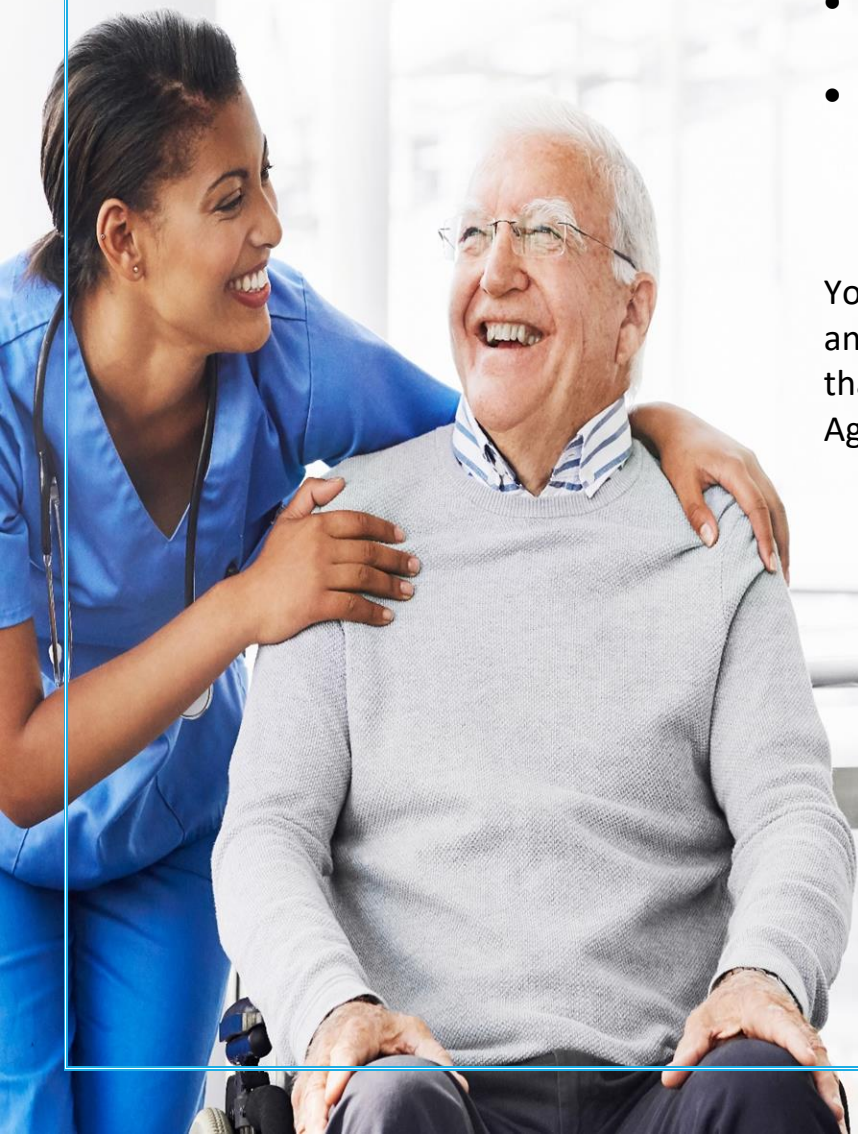
- Palliative Care Services focus on relieving symptoms and improving your quality of life if you have a serious illness. They are different from regular care because they focus on managing symptoms and comfort, not curing the illness.
- Comfort Care Services are part of palliative care. They focus on easing pain and discomfort without using aggressive medical treatments.
- End-of-Life Care Services are for the final stages of life. They provide dignity, comfort, and support for you and your family while reducing distress.

If you choose to start palliative care, comfort care, or end-of-life care, a member of your IDT will give you and your caregiver or Designated Representative a detailed explanation of how each service you are receiving be impacted. We will not change your services without talking to you first and we will not limit the care you want to keep receiving. You have the right to ask for any service or item through the service determination and appeals process. You also have the right to choose to stop receiving palliative, comfort, or end-of-life supports at any time, for any reason.

Care Outside of the United States

We do not cover services outside of the U.S. except some emergencies. Tell your care team if you plan to travel outside of the U.S.

If you have an Emergency Medical Condition while traveling outside of the U.S., go to the nearest hospital that has a physician who is legally authorized to practice in the country and can see you. Our program will decide whether we can pay for the services when we receive the bill. Emergency care never requires prior approval from us.



Traveling Out of Our Service Area?

If you are moving or going outside of our Service Area, you must tell your IDT right away. Traveling outside of the ESP Service Area for more than 30 days requires prior approval from your IDT so you are not involuntarily disenrolled.

Non-Covered Services

The following services are not covered by your ESP Plan:

- Cosmetic surgery unless required for improved functioning of a malformed part of the body resulting from accidental injury or for reconstruction following mastectomy
- Experimental medical, surgical, or other health procedures.
- Services provided by a non-Contracted Provider unless they are pre-approved by the IDT or you are having an Emergency Medical Condition.

You are responsible for costs and payments of any non-covered services explained above or that are not included in this Enrollment Agreement.

Care After Hours

If you need care after 5:00 P.M., on the weekends or holidays, call 617-533-2493.
We have nurses and providers who can help you 24-7.

Emergency Care

You do not need approval from us to get care for an Emergency Medical Condition. An emergency is when you need care immediately and if you took the time to call us, you would risk permanent damage to yourself.

If you have an emergency, please call 911 to be taken to the closest emergency room.

Urgent and Post Stabilization Care

If you need urgent care, please call your PACE Center. The phone number is listed on the Participant Important Contact Information sheet, on the third page of this Enrollment Agreement. We are available 24 hours a day to help you. If you are out of our service area and need urgent care or if you are going to need additional care after you stabilize from an Emergency Medical Condition at an out of network facility, you need approval from us. If we do not respond to your call within an hour, your urgent care will be automatically approved.

Service Determination Requests (SDR)

While enrolled in our plan, you or your Designative Representative (your health care proxy, power of attorney, your caregiver or family member who we may discuss your care with) have the right to make a Service Determination Request, also known as an SDR.

An SDR is a request to:

1. Initiate a service
2. Modify an existing service, including to increase, reduce, eliminate, or otherwise change a service or
3. Continue coverage of a service that the PACE organization is recommending be discontinued or reduced.

You can make this request either orally or in writing to an ESP employee or a Contracted Provider who provides direct care to you where you are living, at the PACE center, or while giving you a ride.

Your request will then be brought to your IDT. They may need to perform an assessment on you before they approve or deny your request. If your request is denied, you have the right to appeal the decision. If you request this item again within 30 days of your initial request being denied, an appeal will be filed for you.

Grievances

At ESP we strive to provide you with excellent care and services. If you are not happy with the care or services you receive by ESP or one of our Contracted Providers, we encourage you or your Designative Representative to file a Grievance. You have the right to express complaints without discrimination or reprisal, and without fear of discrimination or reprisal.

To file a Grievance, you can:

- Express your complaint to one of our employees or Contracted Providers
- Call us at 774-470-6740
- Email it to ESPQualityCompliance@hhsi.us or
- Write your complaint in a letter and give it to us or mail it to:
  The Quality & Compliance Department, 1135 Morton Street, Mattapan, MA 02126

We will investigate your complaint and decide how we can make it better within 30 days of receiving your complaint. You'll be contacted within 3 days after a resolution is made, and you can choose how (or if) you want to be informed—verbally, in writing, both, or not at all.

Medicare Participants

You or your Designated Representative have the right to file a written complaint with the Quality Improvement Organization (QIO) regarding Medicare covered services. To file a complaint with the QIO call 1-800-Medicare.

Confidential Grievance

We only share Grievance information with those who are helping with the investigation. If you don't want us to share information with them, our Quality and Compliance team can perform the investigation for you or you can file your Grievance without submitting your name, we just won't be able to contact you with a resolution.

Appeals

You have the right to appeal any treatment decisions made by ESP or our Contracted Providers or if we decide not to cover or pay for an item or service including denying, reducing, or terminating an item or service.

How to File an Appeal

You can request an appeal either:

- Verbally by calling us directly at 774-470-6740
- Emailing us at ESPQualityCompliance@hhsi.us or
- Mail your request to:
  The Quality and Compliance Department, 1135 Morton Street, Mattapan, MA 02126

You can also contact us to ask questions about this process and/or request another copy of the participant bill of rights.

You can request an expediated or fast appeal if you think your life, health, or ability to regain or maintain maximum function could be seriously jeopardized. The fast appeal is decided on within 72 hours. If you need a fast appeal after hours, call the PACE Center.

Appeals Process

1. You file an appeal or we file an automatic appeal because we did not provide you timely notification of your SDR decision or we did not provide the item(s) or service(s) required by IDT's revised plan of care.
2. We will ask you if you want to provide a statement or information that will be reviewed during the appeal decision.
3. We will send the information about the appeal to someone who was not involved and isn't affected by the decision. They will be qualified in the type of appeal it is. If you have MassHealth, you can choose to continue to receive the disputed services while the appeal decision is being made.
4. We will tell you what the appeal decision is as quick as your health needs require but no later than 30 calendar days after the appeal is filed.

Not happy with our appeals process?

If you have MassHealth, you can call 1-800-841-2900 or complete the Fair Hearing form attached to this Enrollment Agreement.

If you have Medicare, you can call 1-800-MEDICARE or 1-800-633-4227. You can also call this number if you think your rights have been violated or want to talk with someone outside of ESP about your concerns.

We can help you fill out the form or decide whether to contact MassHealth or Medicare.

How to appeal a denial of enrollment or an involuntary disenrollment:

If we deny your enrollment or involuntarily disenroll you, you can appeal these decisions by filing an appeal with the State. Call MassHealth at 1-800-841-2900 or fill out the Fair Hearing form attached to this Enrollment Agreement.

Payments For Harbor Health's ESP

Your Monthly Payments for ESP depend on your eligibility for Medicare and/or MassHealth. Our team will assist you with applying for Medicare and/or MassHealth and select your payment responsibility below. See how to make payments on the next page.

☐ **MassHealth or Medicare and MassHealth with no deductible (spend down):**

You will make no Monthly Payments for the ESP of Harbor Health.

☐ **MassHealth or Medicare and MassHealth with a deductible (spend down):**

MassHealth has determined your monthly spend down obligation is $_____. This amount is due to Harbor Health on the first of every month.

☐ **Medicare only:**

You will make a Monthly Payment (premium) to Harbor Health of $_____ on the first of every month.
If you are required to make a Medicare Part B payment, this will automatically be deducted from your Social Security check monthly.

☐ **Private Pay (No Medicare or MassHealth):**

You make a Monthly Payment (premium) to Harbor Health of $_____ on the first of every month.

Prescription Drug Coverage Late Enrollment Penalty (LEP)

☐ After reviewing your insurance history, it is expected that you will have a Late Enrollment Penalty. We have submitted the form to Medicare, and they will let us know what your monthly payment will be.

☐ Medicare confirmed that you do have a Late Enrollment Penalty. This payment of $_____ should be made to Harbor Health monthly.

If you think you had creditable prescription drug coverage and your late enrollment penalty should be reconsidered, please call 1-800-MEDICARE (1-800-633-4227).

Post Eligibility Treatment of Income: Premium costs are reviewed annually and are subject to an increase. Any changes to your Monthly Premium will be communicated to you by letter. If your eligibility for Medicare or MassHealth, or your countable income changes resulting in a change in your MassHealth Deductible while you are an ESP participant, your Monthly Payment will be adjusted to reflect the change. If your countable assets become above the allotted amount determined by MassHealth, you will need to spend down your income within 30 days to maintain your MassHealth benefit.

Payments

How to Make a Payment

Monthly Payments are due on the first of each month. ESP requests that payments are made through an electronic automatic debit payment process. Please let us know if you would like us to help you set up automatic payments. When needed, payments can also be made by check or money order. Checks or money orders should be made payable to: Harbor Health, and should be mailed to:

Harbor Health
ESP Payment
1135 Morton Street
Mattapan, MA 02126

What to Do If You Receive a Bill

If you receive a bill for care or services provided by one of our Contracted Providers, do not pay the bill. Call our billing office at 617-533-6849 and we will help you.

Termination for Non-Payment

You are required to pay your Monthly Payment (premium), your MassHealth spend down liability or your share of long-term facility costs (post-eligibility treatment of income). If you do not pay or make arrangements to pay after a 30-day grace period, you may be involuntarily disenrolled from our program.

Prescription Drug Coverage Late Enrollment Penalty

If you go 63 days or more without Medicare drug coverage or other creditable prescription coverage after you're first eligible, you'll face a Part D late enrollment penalty. The penalty is 1% of the national base beneficiary premium for each month you're delayed.

Sharing the Costs of Nursing Facility Care

If the IDT determines it would be best for you to go to a short-term or long-term Nursing Facility placement, you may be required to share the costs.

Participants with MassHealth:

If the team determines that you require short term nursing facility placement, and you are expected to return to safe, independent living in the community, you may remain at the MassHealth community financial eligibility standard for a period of up to 6 months until you are able to return to your community residence. If applicable, you will continue to pay the MassHealth community deductible (spend down) amount directly to Harbor PACE. Should you lose your community residence while you are in the nursing home, or if your Interdisciplinary Team in consultation with you determines that your current residence is not adequate to meet your health and safety needs, you may be required to switch to permanent residency status in the nursing home until such time as you can secure an adequate community residence. If, at any time, it is determined that you require permanent residency in the nursing facility, you will be required to share in the costs of nursing facility care. All monthly resources, including Social Security and pensions, become payable to the nursing facility, less a monthly personal care allowance determined by MassHealth, which you may retain. If you are currently a recipient of supplemental security income (SSI) assistance payments and become a permanent resident in a nursing facility, your SSI payments will cease.

Private Pay with or without Medicare:

Your Monthly Payment will remain the same.

Changes to Agreement

Changes to this agreement may be made if they are approved by both CMS and MassHealth. We will give you at least 30 days written notice of any change.

Continuation of Services on Termination

If our agreement with CMS and MassHealth is discontinued for any reason, you will continue to be entitled to coverage under Medicare Parts A and/or B and/or Medicaid. If that happens, we will help transition your care to other providers in your community.

Cooperation in Assessments

For us to determine the best services for you, your full cooperation is required in providing us with medical and financial information and during our assessments of your needs at the time of your enrollment and during your re-assessments, which occur twice a year after you enroll.

Governing Law

The Elder Service Plan (ESP) of Harbor Health is subject to the requirements of the Commonwealth of Massachusetts, MassHealth and the US Department of Health & Human Services, Centers for Medicare & Medicaid Services (CMS). Any provision required to be in this agreement shall bind ESP whether or not it is specifically included in this document.

No Assignment

You cannot assign any benefits or payments due under this Enrollment Agreement to any person, corporation, or other organization. Any assignment by you will be void. Assignment means the transfer to another person or organization of your right to the services provided under this plan or your right to collect money from us for those services.

Notice

Any notice which we give you under this Enrollment Agreement will be mailed to you at your address as it appears on our records. You should notify us promptly of any change to your address. Should you need to provide ESP any notice, it should be mailed to:

The Director of Quality and Compliance
1135 Morton Street
Mattapan, MA 021

Notice of Network/Contracted Provider Changes

We will give you reasonable notice of any changes in our provider network that could have an effect on the services you receive. This includes hospitals, physicians, or any other person with whom we have a contract to provide services or benefits. We will arrange for you to receive services from another provider.

Policies and Procedures Adopted by Harbor Health or ESP

We reserve the right to adopt reasonable policies and procedures to provide the services and benefits under this plan.

Your Medical Records

It is necessary for us to obtain your medical records and information from hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, physicians, other practitioners, or its contracted providers who treat you. By accepting coverage under this contract, you authorize us to obtain and use such records and information. This may include information and records concerning the treatment and care you received before the effective date of this plan by anyone who provided the treatment and/or care. Access to your own medical record is permitted in accordance with Massachusetts General Law c.111, sect. 70E.

Who Receives Payment Under this Enrollment Agreement?

Payment for services provided and authorized by the Interdisciplinary Team under this contract will be made by ESP directly to the provider. You cannot be required to pay anything that is owed by ESP to selected providers. However, payment for unauthorized services, except in case of Emergency Medical Condition or urgently needed care, will be your responsibility.

Authorization to Take and Use Photographs

As part of the routine administration of this plan, photographs of participants may be taken for purposes of identification. We will not use these photographs for any other purpose unless we get written permission from you or your legal representative.

Definitions

Benefits and Services: the Health and Health-Related Services we provide through this Enrollment Agreement and your individualized Care Plan as authorized by our Interdisciplinary Team. These services include the benefits you would otherwise receive through Medicare and/or MassHealth plus additional services.

Designated Representative: A participant's health care proxy, power of attorney, caregiver or family member who we may discuss their care with.

Enrollment Agreement: This agreement between you and the ESP of Harbor Health, which establishes the terms and conditions of enrolling with ESP and describes the benefits available to you.

Eligible for Nursing Facility Care: When your health status, as evaluated by ESP and determined by MassHealth or its agent, meets the State of Massachusetts' criteria for Nursing Facility level-of-care. You must be eligible for Nursing Facility level-of-care to be accepted as a participant in ESP.

Emergency Medical Condition: A condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- placing the health of the individual in serious jeopardy;
- serious impairment to bodily function; or
- serious dysfunction of any bodily organ or part.

ESP: The Elder Service Plan of Harbor Health Services, Inc (HHSI). ESP provides Health and Health-Related Services on a prepaid basis to individuals aged 55 and older residing in the service area that meet our eligibility requirements and choose to enroll in our program. The words "we," "our," and "us" also refer to ESP.

Grievance: A complaint, either oral or written, expressing your dissatisfaction with medical or non-medical service delivery or the quality of care furnished, even if you don't want us to fix it.

Contracted Provider: A health facility, health care professional, or agency, which has contracted with ESP to provide Health and Health-Related services to ESP PACE participants.

Health Services: Services outlined in the Benefit and Services section of this Enrollment Agreement such as medical care, diagnostic tests, medical equipment, appliances, drugs, prosthetic and orthotic devices, nutritional counseling, nursing, social services, therapies, dentistry, optometry, podiatry, and audiology. Health services may be provided at one of ESP's adult day health/primary care centers, in your home, in professional offices of specialists, or Nursing Facilities under contract with ESP.

Health-Related Services: The services outlined in the Benefit and Services section of this Enrollment Agreement, which support health services and help you maintain your independence. These services include personal care attendance, homemaker/chore assistance, recreational therapy, escorts, translation, transportation, home-delivered meals, help in handling your money and paying your bills, and assistance with housing problems.

Medicaid Deductible (Spend down): When an individual's income exceeds the Medical Assistance (MassHealth) standards, the amount in excess is considered their monthly liability for any medical expense incurred. MassHealth multiplies the excess by six because eligibility is based on a six-month period.

Monthly Payment: The amount, if any, you must pay each month in advance to ESP to receive benefits under this contract.

Nursing Facility: A health facility licensed by the Massachusetts Department of Public Health.

Participant: A person who is enrolled in the ESP of Harbor Health. The words "you", "your", or "yours" used in this agreement refer to a participant.

Safely in the Community: To be able to meet the defined criteria including:

1. Level of care required to meet on-going medical, health, and social needs in the community.
2. Safety of the home environment.
3. Cognitive capacity of the individual as to the degree that they can be left unsupervised without jeopardizing health and/or safety.
4. The willingness of the potential ESP enrollee and the family to comply with the plan of care and safety recommendations of the IDT.

Service Area is approved area of care which is comprised of these zip codes:
02020, 02021, 02025, 02026, 02035, 02043, 02045, 02047, 02048, 02050, 02061, 02062, 02066, 02067, 02072, 02121, 02122, 02123, 02124, 02125, 02126, 02127, 02130, 02131, 02132, 02135, 02136, 02169, 02170, 02171, 02184, 02186, 02188, 02189, 02190, 02191, 02215, 02301, 02302, 02303, 02304, 02305, 02322, 02324, 02325, 02332, 02333, 02334, 02338, 02339, 02340, 02341, 02343, 02351, 02356, 02357, 02358, 02359, 02360, 02364, 02367, 02368, 02370, 02375, 02379, 02382, 02445, 02446, 02447, 02456, 02458, 02459, 02460, 02461, 02462, 02464, 02465, 02466, 02467, 02468, 02495, 02703, 02718, 02760, 02763, 02766, 02767, 02768, 02780, 02783

Urgent Care is one in which medical services are required promptly to prevent impairment of health due to symptoms that a prudent layperson would believe required immediate attention but are not life-threatening and do not pose a high risk of permanent damage to an individual's health.

PARTICIPANT BILL OF RIGHTS
(Amended July 21, 2024)

Your Rights in the Programs of All-Inclusive Care for the Elderly

When you join a PACE program, you have certain rights and protections. Harbor Health Elder Service Plan, 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 Harbor Health Elder Service Plan, we are dedicated to providing you with quality health care services so that you may remain as independent as possible. This includes providing all Medicaid and Medicare-covered items and 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 treatment.
You have the right to treatment that is both appropriate for your health conditions and provided in a timely manner. You have the right:

- To receive all the care and services you need to improve or maintain your overall health condition, and to achieve the best possible physical, emotional, and social well-being.
- 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 Harbor Health Elder Service Plan prior to seeking emergency services.

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(Amended July 21, 2024)

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.
- To have all information about your choices for PACE services and treatment explained to you in a language you understand, and in a way that takes into account and respects your cultural beliefs, values, and customs.

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)

PARTICIPANT BILL OF RIGHTS
(Amended July 21, 2024)

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, to have this information shared with your designated representative, who is the person you choose to act on your behalf 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 Harbor Health Elder Service Plan 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.

Before Harbor Health Elder Service Plan starts providing palliative care, comfort care, and end-of-life care services, you have the right to have information about these services fully explained to you. This includes your right to be given, in writing, a complete description of these services and how they are different from the care you have been receiving, and whether these services are in addition to, or instead of, your current services. The information must also explain, in detail, how your current services will be affected if you choose to begin palliative care, comfort care, or end-of-life services. Specifically, it must explain any impact to:

- Physician services, including specialist services.
- Hospital services
- Long-term care services
- Nursing services
- Social services
- Dietary services
- Transportation
- Home care
- Therapy, including physical, occupational, and speech therapy
- Behavioral health
- Diagnostic testing, including imaging and laboratory services
- Medications
- Preventative healthcare services
- PACE center attendance

You have the right to change your mind and take back your consent to receive palliative care, comfort care, or end-of-life care services at any time and for any reason by letting Harbor Health Elder Service Plan know either verbally or in writing.

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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 Harbor Health Elder Service Plan can no longer maintain you Safely in the Community.

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 as your designated representative.
You have the right:

- To be fully informed of your health status and how well you are doing, to make health care decisions, and to have all treatment options fully explained to you. This includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this may affect your physical and mental health.
- To fully understand Harbor Health Elder Service Plan's palliative care, comfort care, and end-of-life care services. Before Harbor Health Elder Service Plan can start providing you with palliative care, comfort care, and end-of-life care services, the PACE program must explain all of your treatment options, give you written information about these options, and get written consent from you or your designated representative.
- 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 make a complaint.

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 additional services or file an appeal.

You have the right to request services from Harbor Health Elder Service Plan, its employees, or contractors, that you believe are necessary. You have the right to a comprehensive and timely process for determining whether those services should be provided.

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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 Harbor Health Elder Service Plan 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 (1-800-633-4227) to get the name and phone number of someone in your State Administering Agency.