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PACE[®] Provider Manual



Immanuel Pathways PACE[®]: Program for All-Inclusive Care for the Elderly

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I. Introduction to the Immanuel Pathways Program

Welcome to the Immanuel Pathways contracted health provider network. We are a provider and payer of health services to the frail elderly, and this manual will provide you with an understanding of how Immanuel Pathways works, and how to receive authorization and payment for the services you provide.

Immanuel Pathways is a **Program of All-Inclusive Care for the Elderly**, a comprehensive benefit of health and social services for the frail elderly authorized by the U.S. Department of Health and Human Services (HHS). Also referred to as PACE, this unique model integrates primary, acute, post-acute and long-term care services to keep nursing home-eligible persons living in their own home. Medicare and Medicaid make capitated payments to Immanuel Pathways for their enrolled beneficiaries, who are called “**participants**.” Immanuel Pathways manages and pays for all covered services, while providing primary care as well as home and community-based services to support the individual living at home. The integration of Medicare and Medicaid financing allows the PACE program to deliver more of the services a person needs to live in his or her setting of choice, without having to navigate two insurance systems and coordinate services among multiple providers. And, the PACE program takes on the full risk of the financial side as we must meet all of the needs of our participants with our fixed capitated rate, irrespective of whether or not Medicare or Medicaid would cover these services.

In accordance with federal regulations and your contracted provider agreement, **Immanuel Pathways coordinates and must authorize all non-emergency services provided to its participants.** Each participant is assigned to an **Interdisciplinary Team** at a local adult/day health (PACE) center. Each participant is issued an identification card, which includes the location and telephone number of his/her Immanuel Pathways center, identification number and authorization/billing instructions. Normal business hours are Monday through Friday, 8:00 a.m. – 4:30 p.m.; an on-call nurse is available 24 hours a day, 7 days a week via a pager by contacting the center’s main phone number.

The PACE Centers provide a single hub for primary care, pharmacy, nursing, restorative therapy, adult day services, care coordination and social work. Center staff coordinate additional supportive services such as home health care, transportation, home accessibility modifications and home-delivered meals. Hospital, skilled nursing facility, medical specialty care diagnostics, dialysis and other services are provided through a network of local contracted health providers. With no annual or lifetime limits, beneficiaries receive all needed care for the duration of their lives, unless they disenroll. There are no deductibles or co-pays, and no premiums for persons eligible for medical assistance. All needs are covered by the capitated payments received from Medicare and Medicaid.

The care of the PACE participant is managed by the **Interdisciplinary Team, or “IDT,”** which consists of the daily providers of hands-on care – physician, nurse, social worker, dietician, recreation staff, therapists, aides and even drivers - who assess the individual frequently and design an individual care plan. This increases preventive care and the opportunities for patient education, reducing the likelihood of emergency room use, hospitalization, falls and other negative events.

To be **eligible** to enroll as an Immanuel Pathways participant, an individual must be:

- At least 55 years of age or older.
- Eligible for Medicare and/or Medicaid or have ability to private pay.
- Reside in Immanuel Pathways' designated service area.
- Be assessed by the authorized state agency as nursing home level of care eligible.

Key Features of PACE

- **Flexibility:** PACE organizations have the ability to provide customized services to participants as they need them
- **All-inclusive care:** PACE organizations fully integrate all services into one package for frail seniors
- **Interdisciplinary approach:** The interdisciplinary team directly provides and coordinates all care for the individual
- **Preventative/proactive** in its treatment methods
- **No deductibles or co-payments** for covered services, including prescription medications
- **No premiums** for persons eligible for medical assistance (Medicaid)

II. AUTHORIZATION OF SERVICES

All services provided to an Immanuel Pathways participant must be **pre-approved** by Immanuel Pathways prior to the appointment. Using the phone number listed on the back of the participant's identification card, call the Immanuel Pathways Center clinic for eligibility and to obtain an authorization number for the claim. **All claims submitted must have an authorization number for payment.**

PACE Iowa  Name: CASE TEST Effective Date: 08/01/2017 ID#: 99399 Group ID #: IPPIA 	Payer ID #: 53534 Group ID #: IPPIA <small>Prior Authorizations are required for all services. Unauthorized non-emergency services will not be paid by Immanuel Pathways. Only Emergency Services may be provided without prior authorization; however notice must be provided to Immanuel Pathways within 24 hours. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.</small> Mail Claims to: 1044 North 115th Street, Suite 500 Omaha, NE 68154 Participant Services: Claims: 712-256-7223 402-829-3293
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Each participant is issued an identification card similar to the template above. Authorization verification or inquiries about certain services are to be directed to the Immanuel Pathways center that the participant attends, using the phone number listed on their card. **With the exception of emergency care, all services must be authorized in advance by Immanuel Pathways (any services not authorized will be denied payment).** Immanuel Pathways is not only the medical provider, but also the insurance provider for our participants. Contracted providers/vendors should set up Immanuel Pathways as a valid insurance carrier.

There are no patient responsibilities, co-payments or deductibles for PACE participants. **Participants should not be sent any statements from contracted providers/vendors, nor should bills be submitted to Medicare or Medicaid for payment.** All statements should be sent directly to Immanuel Pathways for payment. Statements may be submitted by mail, fax, email or other electronic methods, with electronic being required unless otherwise agreed to within the provider contract.

Participants are responsible for non-emergency services that are provided without prior authorization. Appointments scheduled directly by a participant or their caregiver will not be considered authorization for payment. These claims may be paid by Immanuel Pathways at the discretion of the interdisciplinary team based on medical necessity and if there was an in-network provider available.

Contracted providers cannot subcontract out services. All address or TIN changes for providers must be communicated to the Provider Network Manager.

III. CLAIMS SUBMISSION

Claims for services must be submitted on standard CMS UB-04 or CMS 1500 forms with appropriate ICD-10, HCPCS/CPT codes and authorization numbers listed on all claims. Contracted providers/vendors must follow all state and federal Medicaid and/or Medicare rules and regulations for billing. **Immanuel Pathways requests that all claims be submitted electronically.** Claims must be submitted within one hundred eighty (180) days of date of service. Claims submitted after the one hundred eighty (180) day period will be denied for timely filing.

Immanuel Pathways will pay claims within thirty (30) days of receipt of a clean claim. Clean claim means a claim that has no defect, impropriety, lack of any required substantiating documentation - including the substantiating documentation needed to meet the requirements for encounter data - or circumstance requiring special treatment that prevents timely payment; and a claim that otherwise conforms to the clean claim requirements for equivalent claims under original Medicare. Claim must include participant's name, residence, date of service, diagnosis code, procedure (CPT) code, valid authorization number and proper place of service.

For timely filing purposes, resubmission of denied claims must be filed within one hundred twenty (120) days from denial date.

Electronic Claims Submission:

Immanuel Pathways accepts electronic claims through a clearinghouse. Please ensure the Group ID and Payor ID on the claim matches the participant PACE card. The Payor IDs and Group IDs for each Immanuel Pathways location is listed below:

Plan	Payor ID	Group ID
PACE IOWA (Council Bluffs)	53534	IPPIA
PACE NEBRASKA	35416	IPPNE
PACE CENTRAL IOWA (Des Moines)	72436	IPPCI

Note: The Payer ID and Group ID should be billed based on where the participant lives.

The following information should be set up in your billing system to send electronic claims:

- **Participant ID Number:** The participant ID number may be found on the prior authorization form that is sent or the participants ID card.
- **Payer ID Number:** The payer ID number may be found on the participants ID card or as noted above.
- **Authorization Number:** The authorization number for services may be found on the prior authorization form that is sent and the number should be entered:
 - **On a UB04:** FL 63 Treatment Authorization Codes
 - **On a 1500:** Box 23 Prior Authorization Number
- **Group ID Number:** The Group ID Number may be found on the participants ID card and is noted above.

For your reference, here are the proper 837p fields and loops to populate:

- Payer: Loop ID-2010BB
- Participant Number: Loop ID-2010BA
- Prior Authorization Number: Loop ID-2300-REF*G1*

Email Claims

If a provider is unable to submit a claim through the clearinghouse, email submissions of claims may be made to:

PACE Claims: PACEClaims@Immanuel.com

Mail Claims to:

Immanuel Pathways
1044 North 115th Street Suite 500
Omaha, NE 68154

Payment of Claim

Payment of claims will be submitted thirty days after receipt of clean claim. Claims will be adjudicated per regulatory guidelines and/or specific contracted rate. All claims are audited prior to payment for the following information:

- Data Validity
- Prior Authorization Requirements
- Recipient Eligibility on Date of Service
- Provider Eligibility on Date of Service
- Procedure/Diagnosis, and Procedure/Modifier Compatibility
- Other Insurance Coverage
- Potential for Claim Duplication
- Receipt of Medical Records

All payments will include an Explanation of Payment (EOP). The EOP includes patient name, date of service, charged amount, adjudicated amount and adjustment code. At the bottom of each EOP, a directory is provided with explanations of each adjustment code. Immanuel Pathways shall have the right to recover amounts paid to contractor for overpayments, services not documented in contractor's records, any services not received by participant, non-covered services, or for services furnished when contractor's license was lapsed, restricted, revoked or suspended. Immanuel Pathways shall have the right to initiate recovery of amounts paid for services up to twenty-four (24) months from the date of payment. In instances of fraud, there will be no time limit on recoveries.

Contractor will repay overpayments within 30 days of notice of the overpayment. Contractor will promptly report any credit balance that it maintains with regard to any claim overpayment under this agreement, and will return such overpayment to Immanuel Pathways within 30 days after posting it as a credit balance. Contractor agrees that recovery of overpayments may be accomplished by offsets against future payments.

Nursing Home Participant Room and Board Claims

If a participant is in a nursing home, Immanuel Pathways will pay contracted room and board rate. All services and supplies will be covered as outlined in your PACE Services Agreement. All OT/PT/ST claims must be submitted on a separate claim from room and board.

Part D and over the counter medications are billed through PDMI. We request that you inform your pharmacy to use this as the method of payment for nursing home/residential participants for timely payment. Please avoid invoicing either Immanuel Pathways or participants directly as these invoices will be denied.

Medications are to be adjudicated as follows:

PACE Iowa	
BIN	024756
PCN	ASCHMEDD
Group ID	IOWA0000
PACE Nebraska	
BIN	024756
PCN	ASCHMEDD
Group ID	NEBR0000

Immanuel Pathways PACE® prescribed Part D Medication and OTCs are included under this plan. For claims processing assistance, please call 1-800-699-3542.

Claims Appeals or Inquiries

Pathways will make every effort to assist a provider in the resolution of complaints or problems encountered while providing health care to Pathways participants. For billing and payment issues, please contact the claims department at 402.829.3293 or by submitting your request to PACEclaims@Immanuel.com.

When making an appeal, contractor should make sure to include the following information or complete the Appeal Request Form located in Appendix B of this manual:

- Participant name
- Authorization of services number(s)
- Name and address of provider of service
- Date(s) of service for which the initial payment was issued
- The item(s) and/or service(s) at issue in the appeal
- Explanation of payment
- Necessary documentation to support the appeal request

Appeals must be submitted in writing within 120 days from receipt of initial payment/EOP. Appeals may be submitted by mail or by email to PACEClaims@Immanuel.com.

The claims department will complete initial appeal request review within 60 days and notification of the dispute resolution will be sent within 75 days of receipt of the original dispute to the provider.

A provider has 60 days to file a redetermination request. Notification of the dispute resolution will be sent within 75 days of receipt of the redetermination request. Please use the Redetermination Form located in Appendix C of this manual.

After redetermination appeal letter is sent, no further appeals are considered.

If you have any payment inquiries or issues that you feel are not being resolved, please call our claims department at PACEClaims@immanuel.com. **Payment information will only be available for clean claims that are at least 30 days old.**

IV. MEDICAL RECORDS SUBMISSION

All services provided to a participant must have supportive documentation to receive payment for claims. Medical records and therapy notes must be submitted to Immanuel Pathways within seven (7) days of a routine consultation. Diagnostic records such as x-rays and lab work will be requested by the following day. For urgent consultations, a verbal report will be provided same day with the written documentation provided within seven (7) days. Your claim will be denied if documentation is missing.

Please submit to the following email or fax:

Immanuel Pathways Omaha: IPO-PaceMedicalRecords@Immanuel.com Fax: 402.829.6941

Immanuel Pathways Southwest Iowa: SWI-PaceMedicalRecords@Immanuel.com Fax: 402.829.6942

Immanuel Pathways Central Iowa: PCI-PaceMedicalRecords@Immanuel.com Fax: 402.829.6943

All nursing home services/documentation should be submitted to the Immanuel Pathways clinic that manages the participant's care. Facility care plans must be submitted to Immanuel Pathways initially and if any updates or changes occur.

V. PROVIDER CREDENTIALS AND OVERSIGHT

All contracted providers who provide services and care to Immanuel Pathways participants are required to provide information to support the following statements initially and updated as needed. The provider:

1. Is a participating practitioner or supplier with a current provider agreement under the federal Medicare and/or state Medicaid programs and is not on the Medicare Opt-Out list;
2. Meets all of the federal and state Conditions of Participation applicable to Contractor's services under this agreement;
3. Assures that all individual practitioners furnishing services under this agreement maintains current and unrestricted licenses, certificates, permits, registrations and other authority needed under state or federal law to provide the services under this agreement;
4. Is accessible to participants, located within the providers service area;
5. Maintains and has provided evidence of professional liability insurance meeting the requirements under this agreement;
6. Has not been convicted of criminal offenses related to involvement in Medicare, Medicaid, other health insurance or health care programs, or social service programs under title XX of the Social Security Act.
7. Complies with state and federal requirements for direct care staff in their settings;
8. Is free of communicable diseases and up-to-date with immunizations before performing patient care responsibilities;
9. Has been oriented to PACE programs; and
10. Agrees to abide by the philosophy, practices and protocols of Immanuel Pathways:
 - Medicare/Medicaid Provider and National Provider Identification (NPI) numbers
 - Current Valid Professional License or Facility License, as applicable
 - Liability Coverage Face Sheets for general and professional insurance coverage
 - W-9 IRS Form

Immanuel Pathways verifies that providers:

- Have verified required licenses or certifications to perform their duties;
- Have not been excluded from participating in Medicare or Medicaid programs;
- Have not been convicted of criminal offenses related to their involvement in Medicaid, Medicare, or other federal health care programs;
- Have no adverse actions in their professional history;
- Have proof of the following for all staff as appropriate to their responsibilities:
 - Comply with state and federal requirements for direct care staff in their settings and have verified current certification or licenses needed for their positions.
 - Are medically cleared for communicable diseases and have up-to date immunizations required for their jobs.
 - Are oriented to Immanuel Pathways program benefits and applicable procedures.
 - Meet competency requirements where required for their duties.
 - Furnish only approved covered services and agree to perform all duties related to their position.

VI. PARTICIPANT BILL OF RIGHTS

Immanuel Pathways puts high priority on the rights and responsibilities of our participants. Copies of the Participant Bill of Rights are included in this section. Due to specific regulations that vary from state to state, there are slight differences in the wording of the Participant Bill of Rights for Nebraska and Iowa. Despite this, the basic foundation on which our participant rights and responsibilities are built remains consistent throughout all Immanuel Pathways centers.

Participants are provided information about their rights prior to enrollment, at the time of enrollment, and whenever they need to make a choice about what services to receive. Information on participant rights and responsibilities is provided in a format and language that is understandable to the individual. Copies of Immanuel Pathways Participant Bill of Rights are included in the enrollment packet, as well as prominently posted at the entrance, in the clinic, and in the activity rooms at all Immanuel Pathways centers. For the most up-to-date Participant Bill of Rights, please refer to § 460.112 and/or <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-E/part-460/subpart-G>.

Right #1 – Treatment Decisions

Participants have the right to treatment that is both appropriate for their health conditions and provided in a timely manner. They have the right:

- To receive all the care and services they need to improve or maintain their overall health condition, and to achieve the best possible physical, emotional, and social well-being.
- To get emergency services when and where they need them without the PACE program's approval. A medical emergency is when participants think their health is in serious danger—when every second counts. Participants may have a bad injury, sudden illness or an illness quickly getting much worse. They can get emergency care anywhere in the United States and they do not need to get permission from Immanuel Pathways prior to seeking emergency services.

Right #2 – Treated with Respect

Participants have the right to be treated with dignity and respect at all times, to have all of their care kept private and confidential, and to get compassionate, considerate care. Participants have the right:

- To get all of their 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 themselves against their will, and any physical or chemical restraint that is used on them for discipline or convenience of staff and that they do not need to treat their medical symptoms.
- To be encouraged and helped to use their rights in the PACE program.
- To get help, if they need it, to use the Medicare and Medicaid complaint and appeal processes, and their civil and other legal rights.
- To be encouraged and helped in talking to PACE staff about changes in policy and services they 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 their choices for PACE services and treatment explained to them in a language they understand, and in a way that takes into account and respects their cultural beliefs, values, and customs.

Right #3 - 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 participants because of their:

- Race
- Ethnicity
- National Origin
- Religion
- Age
- Sex
- Mental or physical disability
- Sexual Orientation
- Source of payment for their health care (i.e. Medicare or Medicaid)

If participants think they have been discriminated against for any of these reasons, they have the right to contact a staff member at the PACE program to help them resolve their problem.

Participants can call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

Right #4 – Information and Assistance

Participants have the right to get accurate, easy-to-understand information, to have this information shared with their designated representative, who is the person they choose to act on their behalf, and to have someone help them make informed health care decisions. Participants have the right:

- To have someone help them if they have a language or communication barrier so they can understand all information given to them.

- To have the PACE program interpret the information into their preferred language in a culturally competent manner, if their first language is not English and they can't speak English well enough to understand the information being given to them.
- To get marketing materials and PACE participant rights in English and in any other frequently used language in their community. Participants can also get these materials in Braille, if necessary.
- To have the enrollment agreement fully explained to them in a manner understood by them.
- To get a written copy of their 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 Participants which services are provided by contractors instead of the PACE staff. Participants must be given this information before they join, at the time they join, and when they 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 Immanuel Pathways upon request.
- To look at, or get help to look at, the results of the most recent review of their PACE program. Federal and State agencies review all PACE programs. Participants also have a right to review how the PACE program plans to correct any problems that are found at inspection.

Before Immanuel Pathways starts providing palliative care, comfort care, and end-of-life care services, Participants have the right to have information about these services fully explained to them. This includes their right to be given, in writing, a complete description of these services and how they are different from the care they have been receiving, and whether these services are in addition to, or instead of, their current services. The information must also explain, in detail, how their current services will be affected if they 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

Participants have the right to change their mind and take back their consent to receive palliative care, comfort care, or end-of-life care services at any time and for any reason by letting Immanuel Pathways know either verbally or in writing.

Right #5 - Choice of Providers

Participants have the right to choose a health care provider, including their 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.

Participants have the right to have reasonable and timely access to specialists as indicated by their health condition.

Participants also have the right to receive care across all care settings, up to and including placement in a long-term care facility when Immanuel Pathways can no longer maintain them safely in the community.

Right # 6 - Participate in Treatment Decisions

Participants have the right to fully participate in all decisions related to their health care. If they cannot fully participate in their treatment decisions or they want to have someone they trust help them, participants have the right to choose that person to act on their behalf as their designated representative.

Participants have the right:

- To be fully informed of their health status and how well they are doing, to make health care decisions, and to have all treatment options fully explained to them. This includes the right not to get treatment or take medications. If they choose not to get treatment, they must be told how this may affect their physical and mental health.
- To fully understand Immanuel Pathways' palliative care, comfort care, and end-of-life care services. Before Immanuel Pathways can start providing participants with palliative care, comfort care, and end-of-life care services, the PACE program must explain all treatment options, give written information about these options, and get written consent from the participant or their designated representative.
- To have the PACE program help them create an advance directive if they choose. An advance directive is a written document that says how they want medical decisions to be made in case they cannot speak for themselves. Participants should give it to the person who will carry out their instructions and make health care decisions for them.
- To participate in making and carrying out the plan of care, participants can ask for their plan of care to be reviewed at any time.
- To be given advance notice, in writing, of any plan to move them to another treatment setting and the reason they are being moved.

Right # 7 – Confidentiality of Healthcare Information

Participants have the right to talk with their health care providers in private and to have their personal health care information kept private and confidential, including health data that is collected and kept electronically, as protected under state and federal laws. They also have the right to look at and receive copies of their medical records and request changes to those records.

Participants have the right to be assured that their written consent must be obtained for release of information to persons not otherwise authorized under law to receive it. The written consent will limit the degree of information and the persons to whom the information may be given.

There is a patient privacy rule that gives participants more access to their own medical records and more control over how their personal health information is used. If they have any questions about this privacy rule, they can call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800- 537- 7697.

Right # 8 - Make a Complaint

Participants have the right to complain about the services they receive or that they need and don't receive, the quality of their care, and any other concerns or problems they have with the Immanuel Pathways program. They have the right to a fair and timely process for resolving concerns with their PACE Program. They have the right:

- To a full explanation of the complaint process.
- To be encouraged and helped to freely explain their complaints to Immanuel Pathways staff and outside representatives of their choice. They must not be harmed in any way for telling someone their 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.

Right #9 - Request Additional Services or File and Appeal

Participants also have the right to request additional services or file an appeal:

Participants have the right to request services from Immanuel Pathways, its employees, or contractors that they believe are necessary. They have the right to a comprehensive and timely process for determining whether those services should be provided.

They also have the right to appeal any denial of a service or treatment decision by the PACE program, staff, or contractors.

Right # 8 - Leaving the Program

If, for any reason, participants do not feel that the PACE program is what they want, they 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 Immanuel Pathways receives their notice of voluntary disenrollment.

Participant Responsibilities

Immanuel Pathways believes that participants and their caregivers play crucial roles in the delivery of the participant's care. To assure that a participant remains as healthy and independent as possible, we ask that participants and their caregivers establish an open line of communication with those participating in their care and be accountable for the following responsibilities:

- Communicate with their PACE Program staff regarding the needs and changes in the participant's care and choices.
- Understand that all medically necessary services are provided through Immanuel Pathways.
- Understand that any unauthorized service (except emergency care) will be the participant's financial responsibility.
- The participant or caregiver must contact Immanuel Pathways if the participant receives emergency medical care.
- The participant or caregiver must contact Immanuel Pathways if the participant moves out of the service area.

VII. PATHWAYS GRIEVANCE AND APPEALS PROCESS

Contractor agrees to report to Immanuel Pathways, by phone to the program liaison and in writing within 24 hours, any unusual incidents, injuries or occurrences at or in the contractor's office. An unusual incident or injury is one that threatens the welfare, safety or health of any participant and that is not consistent with the contractor's routine operation or patient care practices such as falls. An unusual occurrence is a fire, explosion, epidemic outbreak, poisoning, catastrophe, major accident, or like event that occurs in or on the premises of contractor's office or facility, that threatens welfare, safety or health of contractor's patients, employees, or visitors.

Immanuel Pathways strives to assure that participants are satisfied with the care they receive. Sometimes, there are areas of dissatisfaction that requires attention and response. If a participant is dissatisfied, we encourage them to express any grievances. Contractor shall appoint a coordinator who shall assume the day-to-day responsibilities with regard to contractor's performance of this agreement and serve as the primary liaison with Immanuel Pathways. The coordinator shall assist in responding promptly to a participant's complaints and grievances pursuant to Immanuel Pathways' grievance procedure. The coordinator shall also immediately assist in resolving other participant issues, at Immanuel Pathways' request, and coordinating the prior authorization of covered services for the participant.

A grievance is a complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished. An appeal is a participant's action taken with respect to Immanuel Pathway's non-coverage or non-payment of a service, denial of enrollment, or involuntary disenrollment from the program.

Summary of the Grievance Process:

1. Participants and/or authorized representatives may submit a grievance with any staff member at any time, either in person, via phone or in writing. If the participant and/or authorized representative does not want to work with Immanuel Pathways to resolve the grievance, Immanuel Pathways staff will inform them of the right to submit a grievance directly to the SAA.

2. The staff member learning of the grievance is responsible for informing the quality manager (QM) or designee.
3. The QM will route grievances to the appropriate department manager or discipline for investigation, follow-up and resolution.
4. Immanuel Pathways staff will investigate the grievance and work with the participant and/or authorized representative to reach a satisfactory resolution within 30 calendar days.
5. The investigation and resolution to the grievance will be documented in the medical record and forwarded to the QM for review.
6. If the grievance is related to the use or disclosure of personal health information (PHI) or compliance with privacy policies, the grievance is sent to the corporate privacy officer, who is responsible for processing privacy complaints and for responding to any questions or requests for information about matters covered in the Notice of Privacy Practices.
7. If the participant is still dissatisfied with the outcome of the grievance process, they will be given information about contacting the appropriate state administrating agency.

Summary of the Appeals Process:

Participants have the right to appeal any decision made by Immanuel Pathways or its contracted providers. Appeals may be filed regarding Immanuel Pathway's non-coverage of, or nonpayment for a service, including denials, reductions or termination of services or the untimely processing of a service determination request. Immanuel Pathways ensures and provides a fair, confidential and timely process for all participant appeals.

If a participant requests an appeal, Immanuel Pathways will appoint an appropriately credentialed and impartial third party, who was not involved in the original decision and who does not have a stake in the outcome of the appeal, to review the appeal and make a final decision. Immanuel Pathways will honor the decision made by the impartial third party and if approved, ensure all items or services are provided as expeditiously as the participant's condition requires. If the appeal is denied, Immanuel Pathways will assist the participant in pursuing additional appeal rights through Medicare and Medicaid as requested.

VIII. ETHICS

Compliance with Immanuel Code of Conduct. It is essential to the mission and vision of Immanuel that all persons and entities contracting with Immanuel at all times conduct themselves in compliance with the highest standards of business ethics and integrity and applicable legal requirements, as reflected in the *Immanuel Code of Conduct*, as amended from time to time. The Immanuel Code of Conduct is available at the following web address: <https://secure.ethicspoint.com/domain/media/en/gui/40412/code.pdf>

IX. EMERGENCY PLANS

Participants and their caregivers can reach an Immanuel Pathways nurse twenty-four hours a day, seven days per week including holidays. In an emergency, participants or caregivers can call the 24-hour contact number at their center to reach the nurse on-call. The nurse can assist in an emergency situation or connect with the primary care provider on-call.

Immanuel Pathways has emergency plans to provide care to participants during bad weather and other potential disasters. Contracted providers/staff who may be involved with these situations are given specific training at the Immanuel Pathways center.

X. IMMANUEL PATHWAYS PACE® CENTERS AND CONTACT INFORMATION

24-HOUR CONTACT NUMBERS:

Council Bluffs Center: 712.256.7223

North Omaha Center: 402.991.0330

Central Iowa Center: 515.270.5000

FAX NUMBERS:

COUNCIL BLUFFS

Clinic Fax: 712.256.7669

Administration Fax: 712.256.4695

NORTH OMAHA

Clinic Fax: 402.991.0338

Administration Fax: 402.991.0332

CENTRAL IOWA

Clinic Fax: 515.518.2448

Administration Fax: 515.270.4551

PROGRAM LIAISON:

For all PACE related questions

Program Relationship Manager - Council Bluffs

Office: 712-256-7284

Program Relationship Manager - Omaha

Office: 402-991-8844

Program Relationship Manager - Central Iowa

Office: 515.518.2450

For all contractual related questions

Provider Network Manager

Office: 402-829-3238

COUNCIL BLUFFS

1702 N 16th Street
Council Bluffs, IA 51501
Center Director: 712.256.7405
Clinic: 712.256.7434
Authorization: 712.256.7452

NORTH OMAHA

5755 Sorensen Parkway
Omaha, NE 68152
Center Director: 402.991.8894
Clinic: 402.991.8338
Authorization: 402.991.8438

CENTRAL IOWA

7700 Hickman Road
Windsor Heights, IA 50324
Center Director: 515.518.2402
Clinic: 515.518.2440
Authorization: 515.270.5000

BILLING ADDRESS:

Immanuel
1044 North 115th Street Ste. 500
Omaha, NE 68154
Attn: Reimbursement Specialist
Billing Questions: 402.829.3293 **Payment Questions:** 402.829.3293
Email: PACEClaims@immanuel.com

CENTER CLOSURE DATES

There are times when weather conditions may necessitate consideration of altered schedules or closing of the Immanuel Pathways center location.

In the event that Council Bluffs/Omaha/Des Moines public schools are closed due to weather, Pathways Southwest Iowa, Pathways Omaha and Pathways Central Iowa will also be closed to participants and staff. All participant activities will be cancelled by appropriate staff members for the day of cancellation. The clinic scheduler, medical receptionist, and/or medical assistant will cancel and re-schedule all contracted services appointments, and notify the participants and/or caregivers of the cancellations.

Each Immanuel Pathways center conducts a monthly staff training and education day, which may result in closing the center. Participants will be informed in advance of any closure due to a staff training and education day.

REFERRALS

Immanuel Pathways PACE is a key resource to the community and the seniors it serves. We plan to continue this program for many years, continuing to provide services to seniors fulfilling our mission to provide dignity, safety and wellness for all.

Referring to Immanuel Pathways PACE not only benefits our program, but benefits our contracted providers as well. Referrals ensure you will be able to continue seeing your patients and know all of their needs are being met. If you have a patient that you feel would benefit from the Immanuel Pathways PACE program, please reach out to the Program Relationship Manager at your local center.

Our Program Relationship Managers are a key liaison educating the community about our program and the services we offer. They will come to your location and provide education to your staff about our program, the services we provide, and how to refer a potential participant.

Program Relationship Manager Omaha: 402.991.8844

Program Relationship Manager Southwest Iowa: 712.256.7413

Program Relationship Manager Central Iowa: 515.518.2450

IMMANUEL PATHWAYS HOLIDAYS

Immanuel recognizes the following holidays:

- New Year's Day (January 1)
- Memorial Day (Last Monday in May)
- Juneteenth (June 19)
- Independence Day (July 4)
- Labor Day (First Monday in September)
- Thanksgiving (Fourth Thursday in November)
- Christmas (December 25)

If a holiday falls on a Saturday, the centers will be closed the Friday before. If a holiday falls on a Sunday, the centers will be closed the following Monday.

APPENDIX A: IMMANUEL PATHWAYS JOB ROLES AND RESPONSIBILITIES

CASE MANAGER

Purpose of the Position: Responsible for the coordination, facilitation, and transition of PACE participants who are admitted to the hospital, in short-term or skilled rehab care.

CLINICAL PRACTICE MANAGER

Purpose of the Position: Responsible for the clinical services of Immanuel Pathways PACE Center including all nursing, clinic and in-home operations. Ensures high quality care in accordance with professional practice standards, cost effectiveness, and adherence to appropriate state and federal regulations. Manages the coordination of all clinical services provided to participants in the home, clinic and participant center.

EXECUTIVE DIRECTOR

Purpose of the Position: Oversees and manages the daily operations of the Immanuel Pathways program including operations of the day center, clinic, social work, rehabilitation, recreation and dietary. This includes ensuring that appropriate personnel are trained and perform their functions within the organization. Duties include assuring that operational services standards and budgetary criteria are met and that operations are in compliance with all governing regulations.

PARTICIPANT CARE AIDE SUPERVISOR

Purpose of the Position: Oversees the day-to-day operations of the in-home services program for Immanuel Pathways. Provides supervisory visits to home care staff in the field to evaluate skill and performance. Coordinates plan of care with appropriate community resources and Interdisciplinary Team (IDT). When appropriate, provides treatments and health education for participants in their home. Acts as the liaison between the contracted home health agency and Immanuel Pathways. Maintains the participant's medical record with thorough documentation. Communicates participant's changes and progress to IDT and contracted home health agency.

OCCUPATIONAL THERAPIST

Purpose of the Position: Provides clinical occupational therapy evaluation and treatment for Immanuel Pathways program participants, on acute, restorative or maintenance levels as needed by day center, nursing home or in-home setting. Integrates the occupational therapy treatment plan into Interdisciplinary Team plan of care. Assists in the ordering, inventory, distribution and maintenance of durable medical equipment for participants.

PASTORAL CARE

Purpose of the Position: To provide pastoral services to residents, participants, employees and their families and function as a team member within the retirement community or PACE center.

PHYSICAL THERAPIST

Purpose of the Position: Provides physical therapy services to participants of the Immanuel Pathways. Provides clinical physical therapy evaluation and treatment for program participants on acute, restorative or maintenance levels as needed by day center, nursing home or in-home setting. Integrates the physical

therapy treatment plan into the Interdisciplinary Team plan of care. Assists in the ordering, inventory, distribution and maintenance of durable medical equipment for participants

PRIMARY CARE PHYSICIAN

Purpose of the Position: Provides primary care and continuous medical coverage, directly provides services to Immanuel Pathways program participants. Demonstrates the knowledge and skills necessary to assess, plan, care for, and provide services to frail elder participants according to assigned responsibilities and Immanuel Pathways standards.

PROGRAM RELATIONSHIP MANAGER

Purpose of the Position: Develops and maintains relationships with service providers for Immanuel Pathways, ensuring that providers understand the role and responsibility and maintain ongoing compliance as required by PACE regulations. Responsible for the effective marketing of the Immanuel Pathways PACE program to key referral sources. Effectively networks with all sources to educate and promote its services and products. Supervises enrollment to ensure a smooth and efficient process of enrollment for all participants.

PROVIDER NETWORK MANAGER

Purpose of the Position: Oversees the Immanuel Pathways Provider Network and is responsible for the development, terms, and ongoing management of contracts.

QUALITY MANAGER

Purpose of the Position: Develops, organizes and monitors a quality assessment and performance improvement (QAPI) plan for the Immanuel Pathways program. The quality manager is responsible for developing the QAPI annual plan and guiding the implementation of the plan. Ensures that data is collected from all appropriate sources, the data is examined and the results are shared with all stakeholders. Oversees the process to evaluate and resolve medical and non-medical grievances by participants, their family members, or representatives. Acts as the HIPAA privacy compliance officer for Immanuel Pathways. Ensures all centers for Medicare and Medicaid Services (CMS) and State required activities related with these positions.

RECREATIONAL THERAPIST

Purpose of the Position: Assesses the needs, interests and capabilities of participants and develops individualized therapeutic recreation plans. Plans, organizes, directs and participates in a comprehensive therapeutic recreation program tailored to the general and individualized needs and limitations of frail elderly program participants.

REGISTERED DIETITIAN

Purpose of the Position: Screens and assesses participant nutritional status for Immanuel Pathways. Uses pertinent data to plan and implement appropriate nutrition interventions and communicates the information to the Interdisciplinary Team to ensure the nutritional needs of the participants are met. Performs nutritional assessment and provides nutritional education for Immanuel Pathways participants requiring interventions. Coordinates serving of meals and monitors/coordinates kitchen facilities to ensure standards are met. Coordinates with contracted meal services to ensure meals meet the needs of the Immanuel Pathways participants. Provides education to other health care professionals as appropriate.

SCHEDULER

Coordinates the daily scheduling of contracted service appointments for participants in a timely and efficient manner. Interacts with office staff, participants and participant family members via phone, fax, and email, assuring accurate and effective scheduling of appointments. Independently and accurately handles a wide range of scheduling duties in a fast-paced environment.

SOCIAL WORKER

Purpose of the Position: Plans, organizes and implements social services to Immanuel Pathways participants and families. Responsibilities include but are not limited to: assessment, treatment, teaching and counseling to participant, caregiver or other appropriate representatives. Social work interventions could include individual participant contacts; appropriate collateral contacts; participant and family education; assessment and counseling; provision of resources; ongoing case management; advocacy to ensure participant and caregiver needs are met and addressed; and disenrollment procedures. The social worker is the liaison between the Interdisciplinary Team (IDT), caregiver representatives and community agencies.

TRANSPORTATION SUPERVISOR

Purpose of the Position: Responsible for the Immanuel Pathways transportation program, including transport of participants, meals, durable medical equipment, pharmacy and any other transportation as deemed necessary. Hires, and trains drivers and dispatchers. Oversees procurement of vehicle and repairs and preventative maintenance of vehicles.

APPENDIX B: APPEAL REQUEST FORM

**IMMANUEL PATHWAYS – PACE
CLAIM APPEAL REQUEST FORM**

This form requests an appeal of the claim below:

Participant\patient Name: _____

Authorization Number: _____

Provider Name: _____

Provider Address: _____

Dates of Service: _____

Description of issue under appeal:

Attach the following documents:

- Explanation of Payment
- Necessary documentation to support the appeal request

Comments:

Appeals must be requested within 120 days of the initial Explanation of Payment.

APPENDIX C: REDETERMINATION REQUEST FORM

**IMMANUEL PATHWAYS – PACE
CLAIM REDETERMINATION REQUEST FORM**

This form requests an appeal of the claim below:

Participant\patient Name: _____

Provider Name: _____

Provider Address: _____

Dates of Service: _____

Description of reason for redetermination:

Attach the following documents:

- Explanation of Payment
- Necessary documentation to support the redetermination request

Comments:

Redetermination must be requested within 60 days of the Appeal Determination Letter or Explanation of Payment following an appeal request.

