



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

July 10, 2012

PACE Policy Letter 00-03

TO: All Programs of All-Inclusive Care for the Elderly (PACE) Programs

SUBJECT: PACE PROGRAM MARKETING SUMMARY

PURPOSE

In an effort to assist PACE Organizations (PO) in adhering to the Department of Health Care Services (DHCS) Marketing regulations, this letter provides an overview of the requirements associated with the submission of PO marketing plan, the Marketing Representative training, testing, monitoring, and related reporting.

MARKETING PLAN

A PO shall submit a marketing plan to DHCS for review and approval on an annual basis. This written description shall be a detailed document which provides specific information on key elements, responsibilities, and protocols of PO marketing operations. This plan shall also describe the PO's current marketing procedures, activities, and methods and relate the PO's proposed Medi-Cal marketing level of effort to the community's need for services.

The marketing plan shall also contain measurable enrollment objectives and a system for tracking effectiveness. No new marketing activity shall occur until the marketing plan has been approved by DHCS. The written description of the marketing plan is expected to be a "statement of purpose."

The marketing plan shall have a table of contents that divides the plan into chapters and sections. Each page shall be dated and numbered so chapters, sections, or pages, when revised, can be easily identified and replaced with revised submissions. The PO's marketing plan shall contain the following items and exhibits:

- Mission Statement or Statement of Purpose for the marketing plan.
- Organizational chart and narrative description.

- The organizational chart shall include the Marketing Director's name, address, telephone, and facsimile number.
- The description shall explain how the PO's internal marketing department operates, identifying key staff positions, roles and responsibilities, and reporting relationships.
- Medi-Cal marketing training program materials and manual.
 - Training material must be submitted to the DHCS for approval prior to use or dissemination.
- List all sites for proposed marketing activities such as annual health fairs and community events, in which the PO plans to participate.
- List all marketing methods and activities the PO expects to use or participate in.
 - The PO shall provide strict accountability, including documentation of a prospective member's marketing presentation or a documented telephone log entry recording when the request was made.
 - Include a letter or other document that verifies cooperation or contractual agreement between PO and any contractor to undertake a marketing activity together and certify or otherwise demonstrate that permission for use of the marketing activity/event site has been granted.
- Copies of all marketing materials the PO must develop for both English and non-English speaking populations shall be included.
- A sample copy of the marketing identification badge and business card that shall clearly identify the marketing representatives as employees of the PO. The identification badge must include:
 - Photograph of marketing representative (wallet size).
 - Name and job title of marketing representative.
 - Name, phone number, and address of PO.

MARKETING REPRESENTATIVE TRAINING AND TESTING

The PO must have in place a DHCS approved orientation and training program for all marketing representatives. The PO is responsible for ensuring that all marketing representatives are trained to understand the PACE program through a comprehensive marketing orientation and training program. All marketing representatives, employees, and supervisors must satisfactorily complete this program prior to engaging in marketing activities on behalf of the PO. Upon conclusion of a minimum of 12 hours of program

training, marketing representatives should have thorough knowledge of the Medi-Cal program, DHCS statutory and contractual requirements, the PO, the PO's marketing plan, and the ethical standards required.

The marketing training shall be designed to prepare marketing representatives for certification. All instructional material used for marketing training shall be submitted to DHCS for review and approval prior to use. Instructional material must include the following at minimum:

- Length of time to be spent on each subject.
- An explanation that every potential enrollee or his/her legal guardian must be given a complete presentation prior to enrollment. The presentation must not mislead the potential enrollee. The content must clearly present the listener with a choice.
- An explanation of the Medi-Cal program, including both fee-for-service and capitated Managed Care, eligibility, and scope of service.
- An explanation of the PO's administrative operations and health delivery system, including the service area covered, excluded services, additional services, conditions of enrollment and aid categories.
- An explanation of how beneficiaries obtain regular medical care from the PO, stressing that the beneficiary is obligated to obtain all non-emergency medical care through the Organization's provider network and describing all precedents to receipt or care.
- An explanation of how out-of-area and out-of-state care is to be obtained.
- An explanation of how emergency care is obtained and the definition of an emergency.
- An explanation of how the POs grievance and appeals procedures operate.
- An explanation on how to fill out an enrollment form.
- An explanation of the 72 hour recision process.
- An explanation of how a beneficiary disenrolls from the PACE program and conditions of both voluntary and mandatory disenrollment reasons, i.e.:
 - No reason.
 - Loss of Medi-Cal eligibility.
 - Eligibility change to an aid code not covered by the Plan.
 - Moves to a zip code not covered by the Plan.

- Death
 - Fraudulently enrollment (misrepresentation).
 - Termination of PO contract with State.
- An explanation of the requirements of confidentiality of information obtained from Medi-Cal beneficiaries including information regarding eligibility under any public welfare or social services program.
 - An explanation of how marketing representatives will be supervised and monitored to assure compliance with regulations and a description of the management reports which will be prepared to monitor the number of enrollments and disenrollments of each marketing representative.
 - An explanation of acceptable communication and sales techniques. This shall include an explanation of prohibited marketing representative activities and conduct.
 - An explanation that discrimination in enrollment and failure to enroll a beneficiary due to a pre-existing medical condition (except for conditions requiring contract excluded services) are illegal.
 - An explanation of the consequences of misrepresentation and marketing abuses (i.e., discipline, suspension of marketing, termination, civil and criminal prosecution, etc.). Any violations of W&I Code, Section 14409(a) are classified as a misdemeanor offense and subject to a fine of \$500 or imprisonment in the county jail for six months, or both. The marketing representative must understand that any abuse of prohibited marketing activities can lead to termination of PO's contract with DHCS.

In addition, marketing representatives must achieve the following objectives prior to engaging in marketing activities on behalf of the PO:

- Familiarity with both Medi-Cal and medical terminology commonly associated with the State's managed care programs, as applicable.
- Demonstrated knowledge of allowed and prohibited marketing activities.
- Demonstrated knowledge of the Medi-Cal enrollment process for the PACE program.
- Demonstrated knowledge of the grievance process to be utilized by aggrieved beneficiaries.

Satisfactory completion of training must be documented in the marketing representative's personnel file. Upon satisfactory completion of training, the PO may notify DHCS no later than five (5) days prior to the test that a candidate is ready for DHCS certification

examination. DHCS will not test individuals who have not completed the required orientation and training.

Before the marketing examination can be administered, each Medi-Cal marketing representative candidate is required to show proof of employment and proper identification in order to test, i.e., picture ID from Department of Motor Vehicles or Driver's License. A signed Memorandum of Understanding (MOU) will also be mandatory. A copy of this form has been enclosed for your use.

Examinations will be scored by the DHCS Examination Proctor. "Pass" or "Fail" is recorded and the information retained on file by the State. Prospective marketing representatives who fail the examination may take the test again when it is given next. The PO must resubmit the name of the marketer.

MARKETING STAFF INFORMATION FILE

The PO is required to have an information file on each marketing representative that includes the following information at minimum:

- Representative's name, contact information, driver's license, and date of birth.
- Date of Marketing certification issued by DHCS.
- Photograph of the Marketing Representative.
- Name of PO.
- Dates hired, tested, outcome of test, date terminated or resigned, and reason for separation.
- Marketing Representative's signature block.
- Copy of Memorandum of Understanding (MOU).
- Marketing Representative's signature and date block including statement **"I understand that I am not to sign enrollment contracts unless I have personally made the enrollment presentation."**
- Marketing Representative's signature and date block including statement certifying 12 hours of instruction has been given to the marketing representative by the PO prior to certification testing.

The PO shall be responsible for their marketing representative's ethical and professional conduct. The PO must ensure that their Marketing representatives and supervisor(s) do not misrepresent the PO, the Medi-Cal program, or themselves through false statements, false advertisements, or in any other manner in order to induce Medi-Cal beneficiaries to join the PACE program. The PO will be held liable for any and all violations by marketing representatives.

The PO must issue each Medi-Cal marketing representative an identification badge (ID) and business cards. The ID badge must be openly displayed above the waist and clearly visible to all observers during every PACE presentation and at all locations where marketing activity is being conducted. The business card must be given to a potential enrollee at the time of the presentation.

POs are reminded of their obligation to adhere to the non-discrimination provisions of their contract. To effectively market to all eligible Medi-Cal beneficiaries, DHCS encourages the PO to actively monitor its marketing representative composition to appropriately mirror the community it serves (i.e., aged, non-English speaking population). It is the position of DHCS that a PO which is in compliance with affirmative action goals will have an enroller staff with a composition generally proportional to the Medi-Cal population being served.

REPORTING AND MONITORING

Upon completion of the training program, the PO must submit to the Department the appropriate Medi-Cal certification training information on each of their marketing representatives which should include the following:

- Name of Marketing Representative.
- The date of Hire.
- The date Orientation and Training was given and completed.
- Signature and Date of Marketing Representative under the statement “**I understand that I am not to sign enrollment contracts unless I have personally made the enrollment presentation.**”
- Signature and Date of the PACE program’s Program Director/Administrator under the statement “**I certify that at least 12 hours of Health Plan instruction have been given to this marketing representative.**”
- The PO must submit a completed “**Marketing Representative Memorandum of Understanding (MOU)**” for all new and existing staff involved in marketing activities. An MOU is enclosed for your use.

POs are required to submit a report to DHCS on the status of their marketing representative staff. This report shall contain the following information and shall be submitted with the PO’s required Quarterly Report:

- The names and date of DHCS certification notice of all persons actively marketing for the plan.
- The names and date of DHCS certification of all enrollers who have terminated employment within the last month.

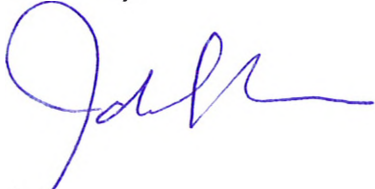
- POs are required to report within one working day, any enroller terminations that occurs a result of marketing violations. Failure to submit the required reports on a timely basis will result in DHCS denying testing of the PO candidates for marketing certification until the required reports have been received by DHCS.

IMPLEMENTATION

Upon receipt of this letter, all POs must adhere to the DHCS's reporting requirements for their marketing staff and submit to DHCS the required information.

Should you require additional clarification regarding this policy letter, please contact your designated Contract Manager.

Sincerely,



John Shen, Chief
Long Term Care Division

Enclosures:

Marketing Representative Memorandum of Understanding (MOU)
PACE Medi-Cal Marketing Study Guide



2X2 Photo

PACE MARKETING REPRESENTATIVE
MEMORANDUM OF UNDERSTANDING

Name of PACE Program
Name (Print) Sex
Residence Address Telephone Number
Mailing Address (if different)
Have you ever worked for another Plan(s) contracting with Medi-Cal? Yes No
If yes, list the name(s) of the plan(s):

I THOROUGHLY UNDERSTAND THAT:

- 1. I may be employed by only one health plan at any one time.
2. I must not directly or indirectly represent myself to be an employee of the State, the County, or any other agency.
3. I must clearly state that I am an employee of the PACE Program and that I am authorized to represent only PACE.
4. I must provide complete information to a prospective enrollee concerning all of the benefits that are provided by the Medi-Cal program and those provided by the PACE Program.
5. I must clearly explain and insure that the prospective enrollee understands certain limitation imposed as a result of joining the PACE Program, including:
a. The enrollee will no longer be able to continue to see his/her doctor or any other provider of medical services unless that doctor or provider is, in fact, a provider of the PACE Program.
b. Except for emergency services, all services must be received through the PACE Program.
c. Emergency means those health services needed to evaluate or stabilize an emergency medical condition.
d. The enrollee must notify the PACE Program of emergency services received from non-plan providers.

6. I must clearly explain to the beneficiary that enrollment is voluntary and they may disenroll at any time.
7. I must explain that whether or not the prospective enrollee enrolls, his/her cash grant and other welfare benefits will not be affected.
8. I will refrain from criticizing or making any derogatory remarks concerning another Health Plan or the Fee-For-Service Medi-Cal system.
9. I will not state or imply that the State or the Department of Health Care Services (DHCS) or any other official body endorses the PACE Program over any other Plan.
10. I will not imply or offer any form of gift or reward as an inducement of the enrollee to the PACE Program.
11. I will not attempt in any way to determine a prospective enrollee's physical condition or medical needs at any time. (Violation of this responsibility could subject the enroller and the PACE Program to severe penalties.)
12. I can not conduct marketing activities until I have first completed the minimum of a 12 hour Marketing Orientation and Training Program, and received marketing approval from the DHCS.
13. I can make a presentation to a Medi-Cal beneficiary in his/her home only if the beneficiary initiates the request.
14. I will not make presentation on any state of county premises or any other location not authorized in the Contractor's Marketing Plan.
15. I will not complete or sign an enrollment application on behalf of a Medi-Cal beneficiary or any other Marketing Representative.

List any court convictions in the space provided below. (You may omit: 1) Traffic fines under \$30; 2) any offense committed which was adjudicated in a juvenile court or under a youthful offender law; and 3) any incident that has been sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45).

I further understand that any misrepresentation and/or fraud perpetrated by me will be subjected to an investigation by the DHCS. Should these allegations be substantiated and warrant criminal prosecution, the investigation will be submitted to the District Attorney's office for review and determination.

I certify that the information provided above is complete and correct. I agree to conduct marketing activities in accordance with the provisions listed above.

Signature of Marketing Representative

Date

This information is requested by the employing PACE Program as directed by the DHCS in compliance with the Information Practice Act of 1977 (DHEW Grant NO, 1-HV-72985). The authority for maintaining the requested information is California Administrative Code Title 22, Section 53402. This information is mandatory. Failure to provide all the necessary information will be an automatic denial of the privilege to market for the PACE Program. The purpose of the information is to enable the employing PACE Program to investigate the marketing representative's background and verify the information given.

For more information or access to your records, contact the employing PACE Program.

PACE Marketing Study Guide

WHAT DOES PACE MEAN?

The goal of the PACE Program is to provide comprehensive social and medical services to eligible members to maintain them safely in the community for as long as medically feasible.

The Program of All Inclusive Care for the Elderly (PACE) creatively coordinates the care of each participant enrolled in the program based on his or her individual needs with the goal of enabling older individuals to remain living in their community.

The enrollment in a PACE organization is effective the first day of the calendar month following the date you sign the "Enrollment Agreement." For example, if you sign the Enrollment Agreement on March 14, your enrollment will be effective on April 1.

Prior to enrollment in PACE, the prospective participant is assessed for eligibility by the PACE program's Interdisciplinary Team or IDT. A PACE Outreach/Intake staff member presents the potential PACE participant's application information in the IDT meetings.

The final eligibility certification for nursing facility level of care is performed by DHCS (LTCD, or State). The DHCS processing of enrollments for Medi-Cal PACE participants can take 15 to 45 days. Upon approval, the IDT then meets to determine the treatment plan and the frequency of a participant's attendance.

HOW DO PEOPLE QUALIFY FOR PACE?

To be eligible for enrollment in PACE, the potential participant must:

- Be 55 years of age or older.
- Live in the PACE provider's service area.
- Be certified for nursing facility level of care.
- Able to live in the community safely without jeopardizing health or safety.

WHAT HAPPENS IF A PERSON WANTS TO LEAVE PACE?

A PACE participant is free to disenroll from PACE and resume their benefits in the existing Medicare and Medicaid programs at any time.

To be re-enrolled, the individual must reapply, meet the eligibility requirements, and complete our assessment process.

A PACE provider may initiate an involuntary disenrollment for the following reasons:

A PACE provider may initiate an involuntary disenrollment for the following reasons:

- The PACE member fails to pay, or to make satisfactory payment arrangements to pay, any amount due the PACE provider after a 30-day grace period.
- The PACE participant engages in disruptive or threatening behavior.
- The PACE participant has moved out of the service area.

All involuntary disenrollments must be approved by the Department of Health Care Services.

ARE PEOPLE WHO DO NOT QUALIFY FOR MEDICAID ELIGIBLE FOR PACE ENROLLMENT?

Yes. If a person meets the income and assets limits to qualify for Medicaid, the program pays for a portion of the monthly PACE premium. Medicare pays for the rest. If a person does not qualify for Medicaid, he or she is responsible for the portion of the monthly premium Medicaid would pay. PACE staff can help determine a person's Medicaid eligibility. The beneficiary identification card is proof of eligibility.

CAN THOSE WHO BELONG TO A MEDICARE HMO ALSO ENROLL IN PACE FOR LONG-TERM CARE SERVICES?

No. Medi-Cal recipients cannot participate in more than one managed care plan at the same time. PACE health plans are both Medicare providers and long-term care providers. By enrolling in a PACE health plan you will be automatically disenrolled from your current Medicare/HMO.

When talking to a prospective PACE participant, the Marketing Representative must clearly explain:

- That Medi-Cal and/or Medicare beneficiaries are eligible for PACE enrollment
- That the private pay "share of cost" individuals are also eligible for PACE enrollment.
- A full explanation of the PACE covered health care benefits and exclusions.
- They do not surrender their Medi-Cal Beneficiary Care to the PACE program.
- That all services are provided or coordinated by the PACE provider.
- That Medi-Cal recipient must understand that enrollment or disenrollment from the PACE program is subject to a DHCS processing period of 15 to 45 days.

CAN MEMBERS KEEP THEIR OWN DOCTOR?

A PACE member must receive primary care services from the PACE provider's primary care physician (PCP). Upon enrollment in a PACE health plan, she, or he is assigned a PCP who is part of an interdisciplinary team skilled in treating the problems of the aging. This primary care physician works with other members of the team to coordinate all services a member receives.

PACE participants agree to receive all health care services exclusively from the PACE plan's interdisciplinary team which usually consists of a physician, clinic & home care nurses, social worker, physical, occupational, speech, and recreational therapists, healthcare worker and transportation representative.

Services provided are based on the PACE participant's needs as approved by the IDT. Medi-Cal recipients get routine medical care when officially enrolled in the PACE program.

If a Medi-Cal PACE participant, who is officially enrolled in PACE, continues to receive routine services from a physician who is not contracted with the PACE provider, the PACE participant must pay the physician.

A PACE program covers both services and medical-related equipment and supplies. The PACE program is not the traditional "fee-for-service," where the doctors, clinics, or other providers see Medi-Cal recipients and then bill the State for services provided to them. All Medi-Cal and Medicare services are delivered through the PACE organization, who receives capitation payments per member.

WHAT ABOUT EMERGENCY CARE?

Emergency care is the only service that can be provided outside of the PACE provider's network without prior authorization. "Emergency services" is defined as "those services required for alleviation of severe pain or unforeseen medical conditions which, if not immediately diagnosed and treated, could lead to disability or death."

PACE participants are not required to call his/her PACE primary care physician every time before going to an emergency room. However, if a PACE participant does not call their PACE Primary Care Physician and instead obtains non-emergency services in a hospital emergency room, the participant may be responsible to pay for those services.

PACE participants must show the PACE participant identification care to a contracted provider or emergency room at the time services are rendered.

WHAT ARE SOME OF THE BENEFITS OF THE PACE PROGRAM?

PACE provides services 24 hours a day, 7 days a week, and 365 days a year. All services are provided or coordinated by the PACE provider.

Examples of Covered services:

- ADHC
- Transportation
- In-Home Support
- DME
- Physical Therapy
- Occupational Therapy

- Speech Therapy
- Hospice Care
- Dental
- Vision
- Meals
- Podiatry
- Psychiatry
- Emergency Services
- In-patient/out-patient care
- SNF Placement
- Labs and X-rays
- Physician Services
- Nursing Services
- Case Management
- Medications
- Periodic Health Assessments
- Clinic Services
- In-home Health and Supportive care

Services provided are based on the PACE participant's needs as approved by the IDT.

The PACE provider is required to revise, if necessary, and provide its participants at least once every 12 months the printed information about the PACE program's grievance and appeals processes, available services, and any service limitations and/or exclusions from coverage.

WHAT ABOUT PARTICIPANT RIGHTS?

Marketing Representatives must explain to the prospective PACE participant their rights and responsibilities prior to enrollment.

Medi-Cal PACE participants have the following rights:

- Participate in the development and implementation of the plan of care.
- Refuse treatment and be informed of the consequences of such refusal.
- Request for a State Hearing when grievances or appeals are unresolved.
 - The PACE participant enrollment agreement terms and conditions or handbook must include information on the PACE provider's grievance procedure.
 - The PACE program must acknowledge receipt of a grievance within five calendar days.
 - Dissatisfaction with service or complaints may be expressed to the PACE Center Manager, Social Worker, Program Administrator, or physician.
- To pursue their grievance with DHCS Ombudsman Unit as an additional grievance option if dissatisfied with PACE program's grievance resolution.

- Request Disenrollment from the PACE program at any time without cause.
- To have a second medical opinion.

Civil penalties, criminal penalties, and termination may be the resulting action for a Marketing Representatives who violate a PACE participant's confidentiality.

CAN PARTICIPANTS JUST USE A SPECIFIC SERVICE SUCH AS HOME CARE, MEALS, TRANSPORTATION, OR THE DAY HEALTH CENTER?

No. Focusing on a single aspect of care does not provide the older person with the best chance of remaining independent in the community. For example, a member may need rehabilitation after a stroke, which could include a special diet or medications for hypertension diabetes, and other chronic problems. The member may also feel lonely and isolated. The PACE plan can address these problems through a team of experienced professionals and a treatment plan that deals with the complete picture.

MARKETING DOS AND DON'TS...

A PACE Marketing Representative, must clearly explain to the prospective participants that enrollment in PACE is voluntary and they may request disenrollment at any time. The PACE participant enrollment agreement terms and conditions (or handbook) must be discussed with the prospective participant and all questions answered prior to their signing the enrollment agreement.

The marketing representative is not a representative of the State, County, or other governmental agency nor can they identify themselves as a community worker, community health coordinator, social worker, or Medi-Cal representative.

Marketing on State and county premises or any other location not authorized in the provider's Marketing Plan is prohibited.

A PACE Marketing Representative may not represent another health plan. All door-to-door or "cold call" marketing is prohibited.

A list of Medi-Cal recipients will not be provided or used.

The offering or giving of any form of compensation or reward or loan to induce or procure Medi-Cal beneficiary enrollment is prohibited.

PACE is required to provide an interpreter when speaking in English to a non-English speaking prospective participant about joining the PACE program.

Discrimination against prospective members based on marital status, religion, age, sex, national origin, language, sexual orientation, ancestry, pre-existing psychiatric problem or medical condition (such as pregnancy, disability, acquired immune deficiency syndrome) is expressly prohibited.

The PACE provider could have its Department of Health Care Services contract terminated if it is not in compliance with the laws, regulations, and contract provisions regarding its Marketing program and activities.

DHCS may impose sanctions against a PACE provider if it is determined that a PACE provider discriminated in enrollment or disenrollment among PACE participants on the basis of an individual's health status.

All marketing material for PACE must be approved by DHCS prior to being used or distributed by the PACE provider. Changes to a PACE provider's Marketing procedures, activities, and methods must be updated and approved by DHCS at least annually and as changes occur. All English versions of the translated materials must be reviewed and approved by the DHCS prior to translation. Approved material shall also be furnished in any other principal or threshold concentration standard languages of the provider's service area.

EXAMPLES OF APPROPRIATE MARKETING:

Billboards
Radio
Television
Presentations
Health Fairs
DHCS' mass mailings
Videos
Web sites

ACRONYMS YOU SHOULD KNOW:

PACE: Program of All-inclusive Care for the Elderly
IDT: Interdisciplinary Team
SNF: Skilled Nursing Facility
ICF: Intermediate Care Facility
HHA: Home Health Agency and/or Aide
ADHC: Adult Day Health Center
IHSS: In-Home Supportive Services
FFS: Fee for Service
DHCS: Department of Health Care Services
LTCD: Long Term Care Division
PCP: Primary Care Physician