

Coverage and Termination of Benefits: Chapter 10

Your enrollment in AltaMed PACE 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.

The Enrollment Process

- The AltaMed PACE Pre-Enrollment Team will complete the pre-enrollment assessments. Then DHCS’ Long Term Care Division (LTCD) will make the final determination of clinical eligibility. If you are determined eligible by DHCS’ LTCD, AltaMed PACE will then initiate the enrollment process.
- If you are eligible for Medi-Cal, your official enrollment with the DHCS as an AltaMed PACE Participant is subject to a 15 to 45-day enrollment processing period after the date you sign the AltaMed PACE Enrollment Agreement.
- If you do not meet the financial eligibility requirements for Medi-Cal, you may pay privately for your care (See Chapter 9: Monthly Fees).

Disenrollment and Termination of Benefits

After signing the Enrollment Agreement, your benefits under AltaMed PACE continue indefinitely unless you choose to dis-enroll from the program (“voluntary disenrollment”) or you no longer meet the conditions of enrollment (“involuntary disenrollment”). For voluntary disenrollments, the effective date of termination is midnight of the last day of the month in which the notice was received. The one exception to this rule applies when disenrollment is due to termination for failure to pay a required fee. Please see Chapter 9 for more information.

You are required to continue to use AltaMed PACE services and to pay the monthly fee, if applicable, until termination becomes effective. At least a thirty (30) day notice is needed to reinstate you into the traditional fee-for-service Medicare and Medi-Cal programs, but it can take up to forty-five (45) days before becoming effective. If you should require care before your reinstatement occurs, AltaMed PACE will pay for the service to which you are entitled by Medicare or Medi-Cal.

Voluntary Disenrollment

If you wish to cancel your benefits by dis-enrolling, you should discuss this with your Social Worker. You may dis-enroll from AltaMed PACE without cause at any time. You will need to sign a “Disenrollment Form”. This form will indicate that voluntary disenrollment is effective on the first day of the month following the date the PACE organization receives your request or notice of voluntary disenrollment.

Involuntary Disenrollment

We may terminate your enrollment with AltaMed PACE for any of the following reasons:

You move out of the AltaMed PACE service area or are out of the service area for more than thirty (30) consecutive days, unless AltaMed PACE agrees to a longer absence due to extenuating circumstances;

The following zip codes are in AltaMed PACE’s service area:

90001, 90002, 90003, 90004, 90005, 90006, 90007, 90008, 90010,
90011, 90012, 90013, 90014, 90015, 90016, 90017, 90018, 90019,
90020, 90021, 90022, 90023, 90026, 90027, 90028, 90029, 90031,
90032, 90033, 90036, 90037, 90038, 90039, 90040, 90041, 90042,
90043, 90044, 90047, 90056, 90057, 90058, 90059, 90061, 90062,
90063, 90065, 90071, 90201, 90220, 90221, 90222, 90240, 90241,
90242, 90247, 90248, 90249, 90250, 90255, 90260, 90262, 90270,
90280, 90301, 90302, 90303, 90304, 90305, 90501, 90502, 90504,
90506, 90601, 90602, 90603, 90604, 90605, 90606, 90640, 90650,



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90660, 90670, 90706, 90710, 90712, 90713, 90717, 90723, 90731, 90732, 90744, 90745, 90746, 90747, 90804, 90805, 90806, 90807, 90808, 90810, 90813, 91006, 91007, 91008, 91010, 91016, 91107, 91108, 91204, 91205, 91702, 91706, 91709, 91722, 91723, 91724, 91731, 91732, 91733, 91740, 91741, 91744, 91745, 91746, 91748, 91750, 91754, 91755, 91765, 91766, 91767, 91768, 91770, 91773, 91775, 91776, 91780, 91789, 91790, 91791, 91792, 91801, 91803, 92701, 92702, 92703, 92704, 92705, 92706, 92707, 92711, 92712, 92725, 92735, 92799, 92801, 92802, 92803, 92804, 92805, 98206, 92807, 92808, 92809, 92812, 92814, 92815
(see CHAPTER 6).

- You or your caregiver engage in disruptive or threatening behavior, i.e. behavior that jeopardizes the health or safety of participant, caregiver, or others; or you consistently refuse to comply with the terms of your Plan of Care or Enrollment Agreement, when you have decision-making capacity. Disenrollment under these circumstances is subject to prior approval by the DHCS and will be sought in the event that you, or your caregiver(s) display disruptive interference with care planning or threatening behavior which interferes with the quality of PACE services provided to you and other PACE Participants.
- You are determined to no longer meet the Medi-Cal Nursing Home level of care criteria and are not deemed eligible.
- You fail to pay or fail to make satisfactory arrangements to pay any premium due to AltaMed PACE, or any applicable Medicaid spend down liability or any amount due under the post-eligibility treatment of income process and the thirty (30) day grace period has expired. Please see Chapter 9: Monthly Fees for more information.
- The agreement between AltaMed PACE, the Centers for Medicare and Medicaid Services and the DHCS is not renewed or is terminated.



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- AltaMed PACE is unable to offer health care services due to the loss of our State licenses or contracts with outside providers.

Please note: If you are hospitalized or undergoing a course of treatment at the time your disenrollment becomes effective, AltaMed PACE has the responsibility for service provision until you are reinstated with Medicare and Medi-Cal benefits (according to your entitlement and eligibility).

AltaMed PACE will:

- continue to furnish all needed services until the date enrollment is terminated. All rights to benefits will stop at midnight on the last day of the month following the notice to disenrollment (except in the case of termination due to failure to pay fees owed, see Chapter 9). You are required to use AltaMed PACE services (except for Emergency Services and Urgent Care provided outside our service area) until termination becomes effective;
- implement the most expedient process for disenrollment allowed under Medicare and Medicaid procedures, as set forth in the PACE program agreement. We will coordinate the disenrollment date between Medicare and Medi-Cal, if you are eligible for both programs, and give you reasonable advance notice;
- make appropriate referrals and ensure medical records are made available to new providers within thirty (30) days;
- work with CMS and the State administering agency to reinstate you in other Medicare and Medicaid programs for which you are eligible.