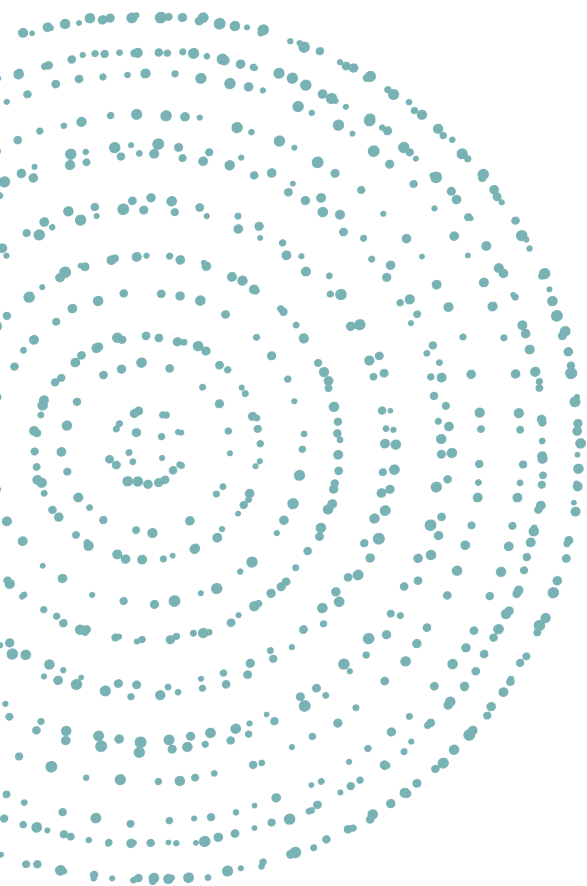




Orientation to PACE

NETWORK MEMBERS





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Chapter One

OVERVIEW OF HOPEWEST PACE



HOPEWEST PACE AT THE CENTER FOR LIVING YOUR BEST

2754 Compass Drive,
Grand Junction, CO 81506

MAIN PHONE LINE

(970) 255-7223
(970) 255-PACE

WEBSITE

HopeWestPACE.org

ADDITIONAL CONTACT INFORMATION

Clinic and Medical Director
(970) 257-2403

Provider Services
(970) 255-7223

Quality & Compliance
(970) 257-2411

Clinic Fax
(970) 255-7212

PACE Contractor Liaison
(970) 255-7223

Email: PACEQuestions@HopeWestCO.org



Growing in Partnership

We are excited to have you as a partner in support and care for our HopeWest PACE Participants. This guide will assist you in working with our Participants within the framework of HopeWest PACE policies and procedures. We ask that you familiarize yourself with these regulation guidelines to ensure that we provide the optimal coordination and service delivery to our mutual clients.

The information contained in this guide may change time to time as necessary to keep current. Key information that is binding is contained in the contract signed between us.

We intend to keep this manual in a format that it can be easily changed. You are receiving this manual in both print and in a PDF format. When there is a change, a new PDF version of the manual will be sent with highlighted changes. We hope that this will make it easy to distribute this guide to your team or make available in an electronic format on a common intranet or other such site.

HopeWest PACE's medical management approach includes the following:

- Integration of medical, social, and supportive services;
- Care management and service delivery from an Interdisciplinary Team (IDT) consisting of primary care providers (physicians and nurse practitioners), nurses, social workers, therapists, dietitians, and others;
- Primary care management of specialty and institutional services; and
- Continuous monitoring of medical conditions and supervision of health and safety.

We look forward to growing together in service.

ABOUT HOPEWEST PACE

PACE (Program of All-Inclusive Care for the Elderly) is a national program that enables qualified individuals to have comprehensive “wrap around services” to help them live safely and independently in their homes and communities. It incorporates transportation, adult day health, a primary care clinic setting and 24 hour/7 day telephonic community-based emergency support.

In 2021, HopeWest finalized the formation of PACE to bring these services to Mesa County. PACE is a new program

in HopeWest’s continuum of care that supports our community as they begin to experience challenges of frailty, mobility and independence. All these programs are designed to assist people with living in their optimal health potential.

HopeWest has been operating hospice programs across western Colorado since 1993. We also operate an inpatient hospice facility, palliative care programs, a clinic and extensive bereavement and counseling programs for adults and children.

HOPEWEST VALUES

Honor & Respect

1. Listen to understand
2. Manage your appearance to communicate respect
3. Use respectful language for all

Openness

4. Push care innovation
5. Practice transparency
6. Openly collaborate and communicate

Personal Accountability

7. Follow-up and through on everything
8. Do not waste
9. Be clear on expectations
10. Understand required compliance

Enjoyment & Appreciation

11. Always say thank you
12. Keep your sense of humor and joy
13. Practice thoughtfulness

Wisdom-Seeking

14. Blameless problem solving
15. Look for the third best answer
16. Fix problems at the source
17. Practice relentless curiosity

Empathy

18. Walk in others’ shoes
19. Practice cultural humility
20. Respond quickly to urgent needs

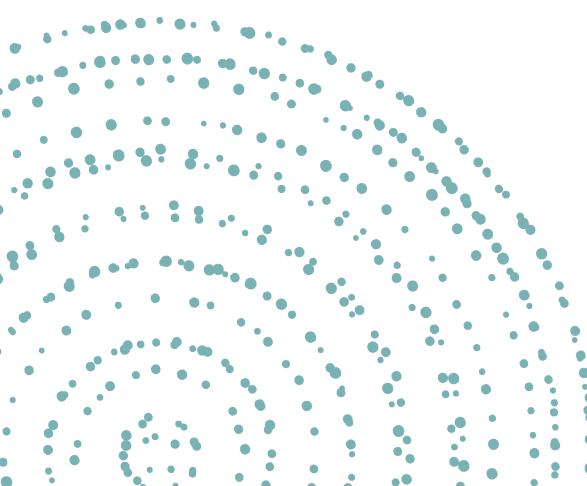
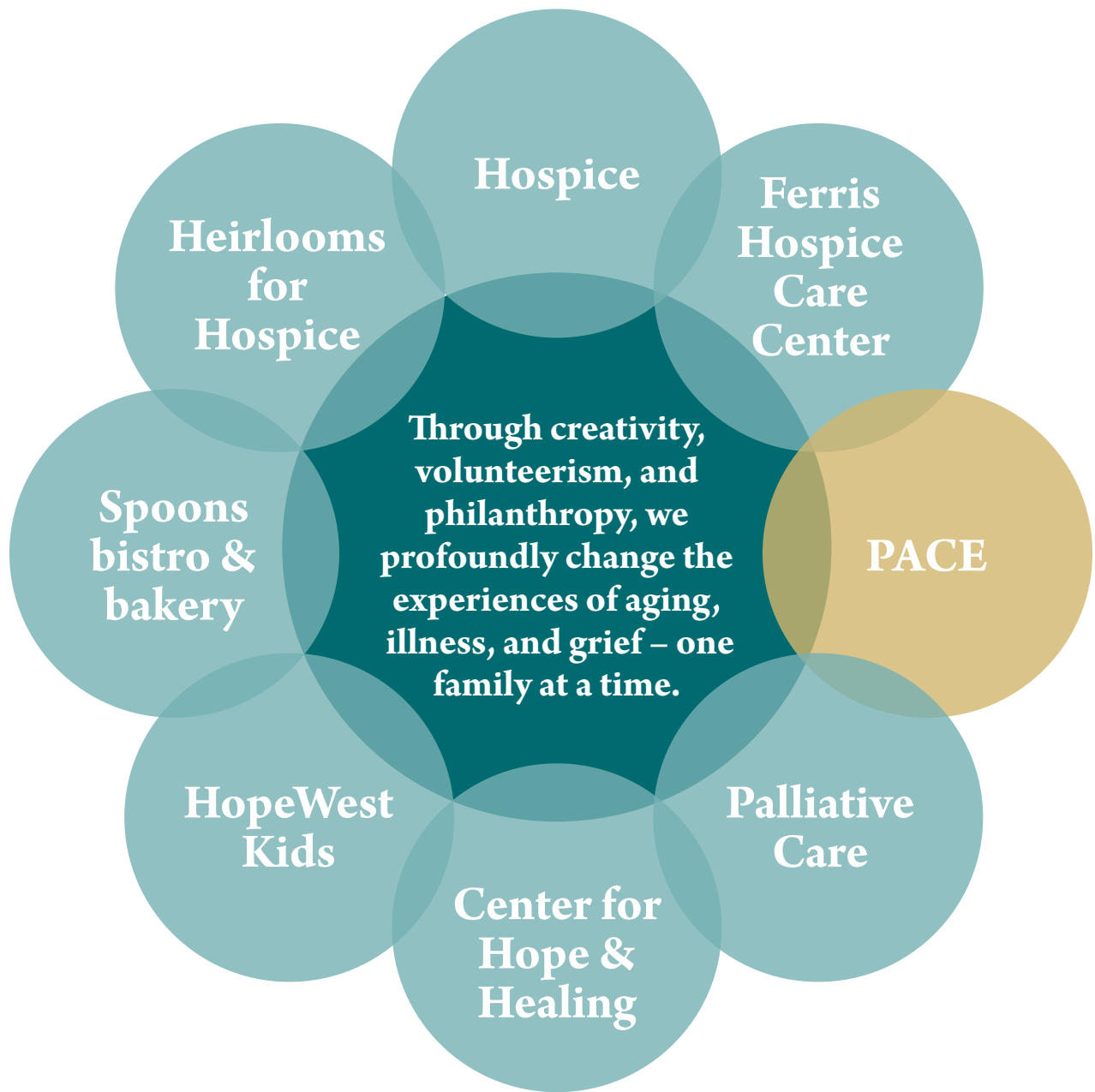
Spirit of Volunteerism

21. Help your neighbor at work
22. Seek volunteer opportunities

Teamwork & Trust

23. Ask for help
24. Embrace adaptation
25. Assume best intentions

THE HOPEWEST MODEL & MISSION



OUR PHILOSOPHY

HopeWest PACE seeks to profoundly enhance the everyday lives of older adults by supporting their independence, increasing their social support, and providing comprehensive, well-coordinated whole person care. The PACE model is centered on the belief that it is better for the well-being of older adults with chronic care needs and their families to be served in their own communities.

By providing a complete health care solution with different services to make living at home safe, our program can enable older adults to maintain or regain their independence and remain in their own homes and communities for as long as possible.

HopeWest PACE's comprehensive and individualized approach to care integrates medical, social and supportive services to help older adults age safely at home. We work with each individual Participant to develop a holistic plan of care tailored to their unique needs and goals. We coordinate all the care they receive, eliminating the fragmented and confusing services older adults and caregivers frequently experience. To address the social, emotional and practical challenges older adults often face, we facilitate interactions with peers, stimulating activities, and other supportive services to help Participants enjoy better quality of life.

ETHICS & RESPONSIBILITIES

The government expects HopeWest PACE and all our Network Members to follow all laws, rules, Centers for Medicare & Medicaid Services (CMS) regulations, and contract requirements and conduct business in an ethical manner. This means:

- Always act in the best interests of our PACE Participants, including the Participants' rights.
- Avoid conflicts of interest. Where potential conflicts exist, disclose the conflict to HopeWest PACE and work with us to successfully resolve it.
- Treat Participants with dignity, respect and fairness. Participants will not be discriminated against based on race, color, religion, gender, sexual orientation, age, disability, or other protected characteristic.
- Demonstrate sensitivity to cultural diversity and honor Participants' beliefs, and foster staff attitudes and interpersonal communication styles that respect Participants' cultural backgrounds.
- Protect the confidentiality of Participant information and any confidential information of HopeWest PACE.
- Obey all laws, rules, regulations and contract requirements.
- Report any known or suspected instances of unethical or illegal behavior. There shall be no retaliation against any staff or Participant who in good faith reports any such concern.



MODEL OF CARE

The PACE model of care is built around an Interdisciplinary Team (IDT) that includes a primary care provider, nurse, social worker, physical therapist, occupational therapist, recreational therapist, dietician, center director, transportation coordinator, personal care worker and home care coordinator. Each Participant is assessed twice a year, or more, if needed, by various members of the team. Problems and opportunities are identified based on the assessments, and the team, along with the Participant, builds a Plan of Care.

When a Participant is enrolled in HopeWest PACE, PACE has the role of both provider of care and health insurer. Oversight of services are available 24 hours a day, 7 days a week, and 365 days a year.

Many services such as meals, recreational therapy, physical therapy and adult day health care can be provided in HopeWest's PACE Center. Services that are not provided at the Center will be provided in the home or by our Network Providers, such as you, in consultation with our IDT.

The PACE program provides at a minimum all the benefits that Medicare and Medicaid provide to its Participants at no additional cost if the Participant has Medicaid, is dually eligible and authorized/approved by the IDT, except for emergency services which do not have to be authorized/approved.

QUALIFYING FOR PACE

To enroll in the HopeWest PACE program, individuals must:

- Be 55 years of age or older
- Be eligible for nursing home level of care (such as requiring assistance for two or more activities of daily living)
- Be able to live in a community setting at the time of enrollment without jeopardizing his/her health or safety
- Live in the PACE Service Area (zip codes): 81524, 81501 - 81507, 81520, 81521, 81526, 81527

Core Benefits



Primary Care Provider



Optometry



Dialysis



Nursing



Audiology



Hospital Care



Prescription Medications



Labs



Emergency and Urgent Care



Dentistry



X-rays



Short-term Rehab and Long-term Care



Podiatry



All Medical Specialty

Inclusive of but not limited to cardiology, pulmonology, nephrology, oncology, ophthalmology, etc.

ADDITIONAL BENEFITS OF PACE

Rehabilitation Therapies

- Physical Therapy
- Occupational Therapy
- Speech Therapy

Engagement Programs

- Socializing with others
- Music, cultural events and games
- Stimulating cognitive activities
- Group exercise activities

Nutritional Support

- Nutrition counseling
- Meals on PACE Center days

Transportation

- Rides to and from the Center
- Rides to and from professional services

Social Services

- Connections to community resources
- Medicare benefits support
- Counseling and psychological services
- Guidance and support for Participants and caregivers

In-Home Services

- Skilled Home Health (nursing, wound care, medication administration, etc.)
- Safety assessment and equipment
- Personal care (bathing, dressing, grooming etc.)
- Chore services (meal preparation, light housekeeping, laundry, etc.)



EMERGENCY PLAN

HopeWest PACE has written plans and procedures in place for handling emergency situations and disaster preparedness. The Emergency/Disaster Preparedness Plan is designed to ensure the safety of HopeWest staff, Participants, volunteers and visitors during times of pending or actual major emergencies and/or disasters. The plan specifically outlines procedures when dealing with:

- Threats (including Individual Threats, Bomb Threats and Workplace Violence)
- Active Shooter
- Bioterrorism or Epidemic
- Chemical Spills
- Facility Emergencies
- Fires and Wildfires
- Weather Emergencies
- Energy Crises

In the event of an emergency at the PACE Center, HopeWest PACE has appropriate measures to adequately support Participants until Emergency Medical Services (EMS) responds. At least one staff member trained

in cardio-pulmonary resuscitation (CPR) is on site during hours Participants are present. In the event PACE Center evacuation is necessary, HopeWest PACE has transfer agreements in place to ensure safety of all Participants.

When on site at the PACE Center, Network Members will be expected to participate in emergency events or drills if they occur. If a Participant experiences a medical emergency at your office or facility, please call 911 and then notify HopeWest PACE.

HopeWest PACE makes available to Participants an at-home emergency preparedness supply kit and assists them in creating their own non-medical home emergency preparedness plan.

For additional information or to request a copy of the plan, please contact the Director of Quality Improvement and Compliance at 970-255-7223 or PACEQuestions@HopeWestCO.org.

Chapter Two

EXPECTATIONS FOR ALL NETWORK MEMBERS

BEING A PACE NETWORK MEMBER

All Members participating in HopeWest PACE's network acknowledge an agreement to the following criteria:

- Mission aligns with HopeWest PACE
- Commitment to service
- Applicable licensing and certifications
- PACE Service Agreement in place
- Agreed upon PACE rate
- Follow contractual requirements
- Maintain communication
- Exceed quality expectations

For more information or if you know a provider interested in joining HopeWest PACE's network, please contact our PACE team at (970) 255-7223 or PACEQuestions@HopeWestCO.org.



NETWORK MEMBER POLICIES & PROCEDURES

Network Members are expected to have written policies and procedures and guide staff in complying with regulatory and contractual requirements. Per Centers for Medicare & Medicaid Services (CMS), all Network Members must be trained annually on compliance and fraud, waste and abuse. HopeWest PACE will ask for proof of these records for compliance with CMS.

- Member is always expected to understand and adhere to the contract provisions.
- Member is required to provide compliance and fraud, waste and abuse training for all staff and annually document training in staff files.
- Prior to rendering any services to any HopeWest PACE Participant, a service authorization is needed to specify the authorized services in accordance with the Participant's Plan of Care. A service authorization from PACE is required to provide services to a Participant, except for emergency services.
- Written notice of any change in the type, scope or location of delivery of services shall be provided to HopeWest PACE at least ninety (90) days prior to the effective date of the change.
- Member must only bill for services provided. Submitting claims for services that were not provided, even if authorized, is illegal.
- Member shall send written notice to HopeWest PACE within five (5) days of any legal, governmental or other action initiated against Member.
- Member shall notify HopeWest PACE of any changes in address, telephone number, email, or other contact information.
- All Members must maintain and upon request furnish to HopeWest PACE all information requested by HopeWest PACE related to the quality and quantity of services provided through their contract. This includes written documentation of care and services provided including dates of services, time records, invoices, contracts, vouchers or other official documentation evidencing in proper detail the nature and propriety of the services provided.
- Member may be asked to participate in Interdisciplinary Team (IDT) and Care Planning meetings.
- Member may be asked to participate in the Quality Improvement Program.



CREDENTIALING FOR NETWORK MEMBERS

HopeWest PACE's credentialing process, which is governed by the Centers for Medicare & Medicaid Services (CMS) per the Medicare Advantage regulations, enables us to contract with qualified health care providers. This requires our applicable Network Members to:

- Participate and cooperate in HopeWest PACE's competency and credentialing evaluation program
- Provide all licensure and certifications upon request

Please view more information in the Credentialing & Recredentialing chapter of this manual on page 34.

PROOF OF INSURANCE

HopeWest PACE requires all Network Members to have and maintain applicable types of insurance, such as professional malpractice liability insurance, errors and omissions liability insurance and general liability insurance.

During the credentialing process, HopeWest PACE will obtain certificates of insurance. HopeWest PACE should receive certificates of insurance within thirty (30) calendar days of any policy renewal, and be notified within thirty (30) days' notice of any cancellation, modification or change in coverage. Additionally, during annual audits, proof of insurance coverage will be requested.

PARTICIPANT'S RIGHTS

When enrolled in a PACE program, Participants have certain rights and protections. The PACE program must fully explain these rights to all Participants, and/or someone acting on their behalf, in a way that they can understand at the time they join.

As a Network Member, you have the responsibility to respect every Participant's rights. All PACE Participants have the following rights:

- the right to be treated with respect
- the right to protection against discrimination
- the right to information and assistance
- the right to a choice of providers
- the right to access emergency services
- the right to participate in treatment decisions

- the right to have their health information kept private
- the right to file a complaint
- the right to leave the program

You can view a detailed version of the Participant's Bill of Rights on page 40 and our policy on Informing Participants of their PACE Bill of Rights on page 43 in the Appendix of this manual.

HopeWest PACE ensures Participants are able to express concerns or dissatisfaction with services and quality of care delivered by HopeWest PACE staff or Network Members. All Members shall comply with the grievance process to address complaints and allow for a systematic resolution. Please view our Grievance Policy on page 43 in the Appendix of this manual.



HIPAA & HIPAA BREACH

HIPAA

As a provider of services to HopeWest PACE Participants, you are expected to maintain privacy consistent with Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

Any loss, theft, misuse, or accidental disclosure of Protected Health Information (PHI) must be reported to HopeWest PACE’s Compliance Department and may also need to be reported to the government under the breach notification requirements.



For more information or to make a report, please contact HopeWest PACE’s Director of Quality Improvement and Compliance at (970) 257-2411.



HIPAA Breach

Participants should be notified in writing of the following information if there is a HIPAA breach:

1. When the breach happened, when the event was discovered and a brief statement about what happened.
2. What type of PHI was breached.
3. Things that the Participant can do to protect themselves from potential harm resulting from the breach.
4. What corrective actions and investigations the entity is doing to prevent future breaches and mitigate losses.
5. Who to contact for additional information and to request an entitled copy of his/her health record.

FRAUD, WASTE & ABUSE

HopeWest PACE operates a comprehensive compliance program that actively investigates allegations of fraud, waste and abuse (FWA) on the part of the Network Members and Participants. HopeWest PACE is required to report all suspected FWA to the Chief Administrative Officer at 970-257-2363.

Fraud – intentional deception, false statement or misrepresentation made by an individual with knowledge that the deception could result in unauthorized benefit to that individual or another person. Claims submitted for services not provided.

Waste – failing to control costs or using Medicare or Medicaid funds to pay for

services that are not determined to be necessary.

Abuse – practices that are inconsistent with professional standards of care, medical necessity, or sound fiscal, business or medical practices. The primary difference between fraud and abuse is “intent.” Poor recordkeeping, lack of understanding of care responsibilities or reporting obligations may result in an investigation for abuse.

The federal False Claims Act allows a civil action to be brought against a health care provider who:

- Knowingly makes, uses, or causes to be made or used a false record or statement

to get a false or fraudulent claim paid or approved;

- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any federal employee;
- Conspires to defraud the government by getting a false or fraudulent claim paid or approved (31 USC sec. 3729(a)).

Examples of false claims include the following:

- Falsifying information in the medical record
- Billing for procedures not performed
- Upcoding
- Misuse of coding modifiers
- Violation of another law (e.g., a claim was submitted appropriately, but the service was the result of an illegal relationship between a physician and the hospital (physician received kick-backs for referrals))

Health care providers and suppliers who violate the False Claims Act can be subject to civil monetary penalties, required to pay damages sustained by the U.S. government, and may be excluded from participation in federal health care programs.

HopeWest PACE works in partnership with its Network Members to identify and report suspected FWA. Our PACE Service Agreements with Members require compliance with federal laws and regulations designed to prevent FWA, applicable provisions of federal criminal law, the False Claims Act, the anti-kickback statute, the HIPAA administrative simplification rules, and applicable state and federal law, including, but not limited to, Title VI of The Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act.

Network Members must comply with all other laws applicable to recipients of federal funds from which payments to Members under this agreement are made in whole or in part, and all applicable Medicare laws, regulations, reporting requirements and CMS instructions. Confirmed cases of FWA are reported to the appropriate state agency.



Network Members or Participants should contact HopeWest PACE’s Director of Quality Improvement and Compliance at (970) 257-2411 to report concerns related to Fraud, Waste or Abuse. You may report anonymously and all contacts will be treated confidentially. HopeWest PACE abides by a zero-tolerance policy against non-compliance.



THE HOPEWEST PACE QUALITY PROGRAM

The HopeWest PACE Quality Program offers a collaborative, interdisciplinary, and systematic approach to advancing organizational excellence, improving Participant outcomes, and delivering safe, effective care that enhances Participants' quality of life.

Through evaluation, continued research, risk identification and reduction, and facilitation of process and systems improvement, the Quality Program empowers team members and Network Members to deliver outstanding services so Participants can achieve their goals and desired outcomes.

HopeWest PACE's quality improvement (QI) process monitors and evaluates quality of program services, identifies and prioritizes improvement opportunities, and organizes teams to develop and introduce program improvements, discover root causes, and adopt interventions to improve quality in all program areas.

The Quality and Compliance Committee reviews and prioritizes goals and initiates QI projects or Process Improvement Project (PIP) Teams. HopeWest PACE monitors utilization, outcomes, and Participant and caregiver satisfaction, and ensures the safety and effectiveness of services provided by its staff and Network Members including competency of clinical staff, timeliness of service delivery, and achievement of treatment goals and outcomes.

HopeWest PACE conducts formal evaluations for ongoing quality improvement including:

- Annual Participant satisfaction surveys



VALUES THAT DRIVE OUR QI PROCESS

Safety
Timeliness
Effectiveness
Equitability
Patient-Centeredness
Efficiency
Service Excellence
Teamwork

- Integrated care plan management and monitoring
- Regulatory audits
- Practice guidelines
- Participant and Network Member input for QI

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HopeWest PACE encourages Network Members to communicate feedback on how we can continue our strong tradition of delivering quality care.

.....

Network Member’s Role in Quality

As advocates of extraordinary care delivery, HopeWest PACE supports and encourages a strong community-wide partnership to foster a culture of continuous quality improvement.

We strive to cultivate close working relationships with our Network Members to provide high quality services and satisfaction

and enable the most effective care team for our Participants.

HopeWest PACE provides opportunities and encourages Network Members, including community-based primary care providers, to participate in the QI process. Members may be invited to participate in PIP Teams, asked to provide specific quality-related data, and made aware of quality outcomes through Quality and Compliance Committee reports and PIP Team findings and outcomes. Network Members may be asked to attend a meeting – in person, by phone, or virtually – to help improve a process they are involved in or to provide their particular expertise on a subject matter.

Communication Regarding Quality

At least quarterly, the Quality and Compliance Committee reports key activities, project updates, and quality indicator monitoring findings to HopeWest leadership and the Board of Directors. HopeWest PACE will disseminate Quality Program information to HopeWest staff, Participants, and Network Members through a quarterly newsletter in an effort to share ideas, gain a better understanding of relevant processes, and encourage collaboration.

HopeWest PACE may communicate periodically to notify Network Members of significant changes to the Quality Program or policy changes, follow up on complaints and reported incidents, and ensure compliance with contract requirements.

Network Members should direct quality feedback, inquiries on the QI plan, and any questions or concerns to the Director of Quality Improvement and Compliance at (970) 257-2411 or PACEQuality&Compliance@HopeWestCO.org.



[View Our 2023 QI Plan](#)

PRIOR AUTHORIZATION

The HopeWest PACE prior authorization process is designed to reduce administrative time for the Network Member and to ensure that the delivery of care and services to the Participant is not delayed.

All services must have a correlating authorization from PACE for the claim to be paid (there may be some exceptions that will be identified by HopeWest PACE).

HopeWest PACE will schedule all appointments and services for the Participant which will generate the authorization.

Prior authorizations can be given 24 hours a day, seven days a week in instances that there is an immediate need.

Emergency services do not require a prior authorization.

For prior authorization needs please call (970) 255-7223.

Please see page 38 in the Appendix of this manual for a sample of the HopeWest PACE Participant Authorization Form that Direct Care Providers will receive from HopeWest PACE when a Participant is referred to them.

EMERGENCY CARE

HopeWest PACE provides coverage for the treatment of an emergency medical condition, which is defined by CMS as 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

- Serious dysfunction of any bodily organ or part

Inpatient and outpatient emergency health services are covered both inside and outside of the HopeWest PACE service area. Prior authorization is not required for emergency care. In the event of an emergency, HopeWest PACE instructs its Participants to seek immediate care or call 911. HopeWest PACE will not deny payment if a HopeWest PACE Network Member instructs a Participant to seek emergency services.

Participants are always encouraged to carry their HopeWest PACE identification card and to notify HopeWest PACE should they need emergency or urgently needed services.

URGENT CARE

Enrollment in HopeWest PACE includes coverage for post-stabilization care, defined as non-emergency services needed to ensure the Participant remains stabilized after an emergency. In the post-stabilization period, Network Members should only provide services authorized by HopeWest PACE. Unauthorized services will not be paid by HopeWest PACE unless it is an emergency or HopeWest PACE fails to respond to a Prior Authorization Request within one hour of being contacted for post-stabilization or urgently needed services.

Urgently needed services are defined as those conditions which require immediate

medical attention due to unexpected illness or injury. Fevers, abdominal pain, nausea and vomiting, and difficulty urinating are some examples of situations requiring urgently needed services.

Post-stabilization and urgently needed services are covered for Participants.

Network Members must notify HopeWest PACE within 24 hours or the next business day after providing emergency or urgently needed services to a HopeWest PACE Participant, or if the Participant is admitted to a hospital.

Our Future Together

THE NEXT STEPS

We hope this guide has helped familiarize you with the guidelines to ensure that we provide optimal service delivery to our Participants. Please reach out to our PACE Team with any questions you might have at (970) 255-7223 or PACEQuestions@HopeWestCO.org. Looking forward to our partnership!

We are excited to have you as a partner in support and care for our HopeWest PACE Participants.

Chapter Three

INFORMATION FOR DIRECT CARE PROVIDERS

SCHEDULING & TRANSPORTATION SERVICES

In order to ensure access to care and for the safety of our Participants, HopeWest PACE schedules and arranges transportation services to and from all professional services for Participants.

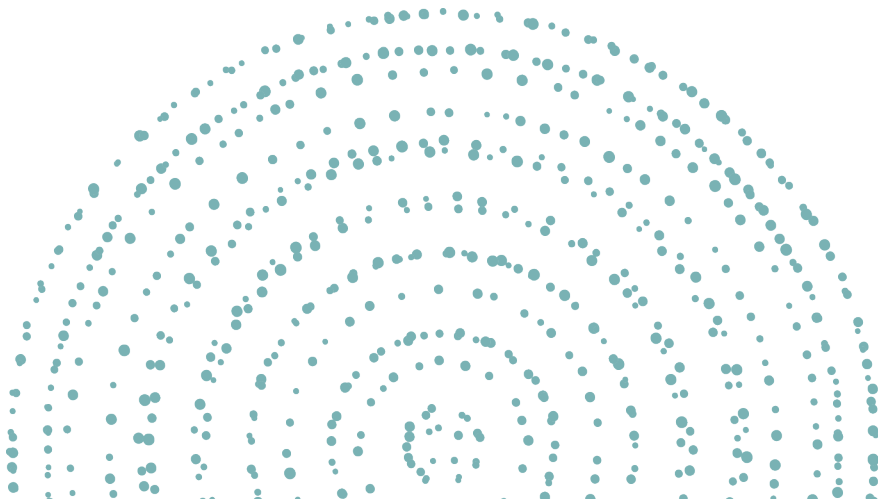
Please refrain from scheduling appointments directly with Participants or their family members. If you need to schedule an appointment or other service, please contact HopeWest PACE directly.

HopeWest PACE and its Network Members provide non-emergency medical transports including to doctor's appointments, health care facilities and in the community.

- All drivers receive PACE-specific training and will have demonstrated safety

competency. All HopeWest PACE drivers are typically a CNA-trained individual.

- HopeWest PACE uses a combination of mini-vans, passenger vans and an ambulette based on the care plan and to accommodate both ambulatory and non-ambulatory Participants.
- Scheduling of transportation services will be provided in-house through HopeWest PACE's Transportation Department.
- Vehicles used for transportation services are maintained in accordance with manufacturer recommendations.



RECORD KEEPING, SUBMISSION & INSPECTION

All Providers must maintain and upon request furnish to HopeWest PACE all information requested by HopeWest PACE related to the quality and quantity of services provided through their contract. This includes written documentation of care and services provided including dates of services, time records, invoices, contracts, vouchers or other official documentation evidencing in proper detail the nature and propriety of the services provided.

It is expected that Providers submit progress notes to HopeWest PACE in a

timely manner. Phone call will suffice if the Provider is recommending any changes to a Participant's treatment regimen, followed up by the documentation.

Provider shall maintain books and records, including Participant medical records and services performed in a form consistent with and in compliance with all applicable state and federal laws. HopeWest PACE may ask to inspect Providers' Participant records at any time.

COMMUNITY-BASED PRIMARY CARE PROVIDERS

HopeWest PACE contracts with community-based primary care providers (CBPCP) to provide primary care services to members who choose to stay with their personal primary care provider (PCP) when enrolling in PACE.

PACE regulations require that each Participant is managed by an Interdisciplinary Team (IDT), which includes the PCP. CBPCPs caring for PACE Participants directly interact with the other members of the IDT including a nurse, social worker, physical and occupational therapists, dietician and other non-physician care providers. PACE regulations provide specific guidelines with regard to CBPCP participation in the PACE program, please view the Community-Based Primary Care Provider Requirements in the Appendix of this manual on page 39.



QUALITY IMPROVEMENT FOR DIRECT CARE PROVIDERS

In addition to fulfilling PACE credentialing requirements detailed in this manual, contracted direct care providers should cooperate and comply with specific requirements outlined in each contract including coordination of care, accessibility standards, grievance and appeal procedures, record keeping and documentation, and other requirements related to assuring quality care.

Monitoring. HopeWest PACE is responsible for monitoring contract deliverables and ensuring that all services provided by outside contractors meet quality requirements based on deliverables stated in the contracts. As part of the Quality Program, contracted direct care providers are monitored for:

- Participant access to and availability of care and services
- Compliance with HopeWest PACE policies and procedures
- Participant satisfaction with care provided
- Coordination of care by providers and facilities caring for the Participant
- Resource utilization management
- Feedback from providers via surveys

Oversight. HopeWest PACE may conduct site reviews related to quality standards and compliance with applicable local, state, and federal laws and regulations. Annual site reviews may be conducted for community-based primary care providers and specialists who provide services to Participants.

Corrective Actions. HopeWest PACE is responsible for documenting that quality of Participant care is reviewed, problems are identified, and appropriate corrective actions are instituted. Problems or deficiencies in care may be identified in audits or reviews, interdisciplinary care planning, or through the grievance and appeals process. Each problem or deficiency will be addressed, and a specific corrective action plan may be instituted for serious problems identified.

Communication. Providers will receive a quarterly newsletter which will include PACE updates, PACE changes and regulatory, quality and compliance information.

[**View Our 2023 QI Plan**](#)

Chapter Four

INFORMATION FOR SKILLED NURSING & ASSISTED LIVING PROVIDERS

ALLOCATION OF COVERAGE

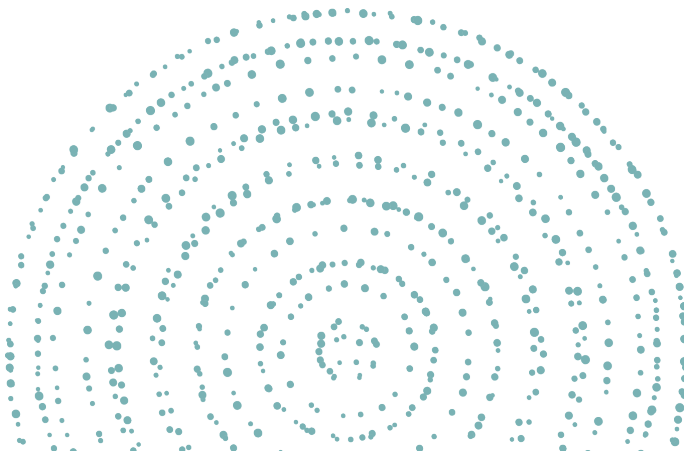
Providers should follow the following breakdown of provisions and coverage by applicable facility type and level of care. Please contact HopeWest PACE with any questions or clarifications.

Assisted Living Residences (ALR)

	LEVEL OF CARE	
Provisions & Coverage <i>(provided & covered by)</i>	Respite	LTC/Residential
Medications	Provided by ALR, covered by HopeWest PACE	Provided by ALR, covered by HopeWest PACE
Oxygen	HopeWest PACE to determine provider, covered by HopeWest PACE	HopeWest PACE to determine provider, covered by HopeWest PACE
DME (Standard)	HopeWest PACE to determine provider, covered by HopeWest PACE	HopeWest PACE to determine provider, covered by HopeWest PACE
DME (Specialty)	HopeWest PACE to determine provider, covered by HopeWest PACE	HopeWest PACE to determine provider, covered by HopeWest PACE
Supplies (Standard)	Please reference contract	Please reference contract
Supplies (Specialty, i.e. wound care products)	Please reference contract	Please reference contract
Therapies	HopeWest PACE	HopeWest PACE

Skilled Nursing Facilities (SNF)

Provisions & Coverage <i>(provided & covered by)</i>	LEVEL OF CARE		
	SNF	Respite	LTC/Residential
Medications	Provided by SNF Pharmacy, covered by SNF	Provided by SNF Pharmacy, covered by HopeWest PACE	Provided by SNF Pharmacy, covered by HopeWest PACE
Oxygen	Provided and covered by SNF	Provided by SNF, covered by HopeWest PACE	Provided by SNF, covered by HopeWest PACE
DME (Standard)	Provided and covered by SNF	Provided and covered by SNF	Provided and covered by SNF
DME (Specialty)	Provided and covered by SNF	Determined by HopeWest PACE	Determined by HopeWest PACE
Supplies (Standard)	Provided and covered by SNF	Provided and covered by SNF	Provided and covered by SNF
Supplies (Specialty, i.e. wound care products)	Provided and covered by SNF	Determined by HopeWest PACE	Determined by HopeWest PACE
Therapies	Provided and covered by SNF	Determined by HopeWest PACE, covered by HopeWest PACE	Determined by HopeWest PACE, covered by HopeWest PACE



PHARMACY

For Participants in your facility or center, medications are fulfilled through your institutional pharmacy. Please notify HopeWest PACE's Pharmacy Benefit Manager (PBM) Pharmastar that medications have been filled and include in services when billed. Please reach out to HopeWest PACE with any questions.

Effective October 1, 2021, HopeWest PACE uses **Pharmastar** as its PBM. All related claims adjudication should go through the following:

	BILLING INFORMATION			
BENEFIT PLAN	BENEFIT PLAN COVERAGE	BIN	PCN	GROUP
	MEDICARE/DUAL	022188	PSTMEDD	HWP9649
	MEDICAID	022188	PSTMEDC	HWP9649

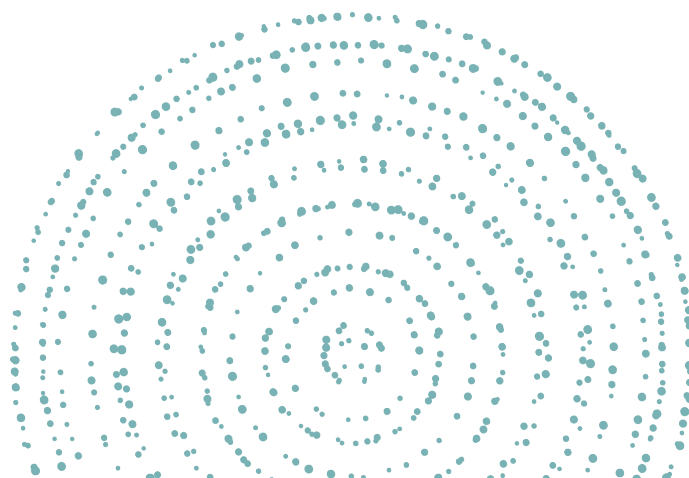
If you have any questions or difficulties processing claims, the **24/7 Pharmastar help desk** is available and can be reached at **(888) 298-7770** to further assist you.

DURABLE MEDICAL EQUIPMENT

Please see Allocation of Coverage tables on pages 26 and 27 for provisions and coverage of standard and specialty Durable Medical Equipment (DME) by applicable facility type and level of care.

In instances where HopeWest PACE will determine the DME provider, please notify HopeWest PACE of the need for DME. If it is determined that HopeWest PACE will provide DME, we may request the following information to coordinate procurement.

- Participant name
- Height
- Weight
- Equipment needed
- Reason needed
- Date needed by
- Special instructions (such as recommended specific item or other details)
- Contact person (at your organization)



RECORD KEEPING, SUBMISSION & INSPECTION

All Providers must maintain and upon request furnish to HopeWest PACE all information requested by HopeWest PACE related to the quality and quantity of services provided through their contract. This includes written documentation of care and services provided including dates of services, time records, invoices, contracts, vouchers or other official documentation evidencing in proper detail the nature and propriety of the services provided.

It is expected that Providers submit progress notes to HopeWest PACE in a timely manner. Phone call will suffice if the Provider is recommending any changes to a Participant's treatment regimen, followed up by the documentation. SNFs and ALRs are to communicate Participant grievances and service requests when they occur, as well as CMS/CDPHE/APS reportable occurrences within 24 hours by calling (970) 255-7223.

Physician orders and care plan updates should be communicated to the HopeWest PACE IDT by end of same day.

Provider shall maintain books and records, including Participant medical records and services performed in a form consistent with and in compliance with all applicable state and federal laws. HopeWest PACE may ask to inspect Providers' Participant records at any time.

Each contracted facility should report to HopeWest PACE in a timely manner any systemic problems that may impact the quality of care provided to Participants, such as outbreak of infectious disease, personnel shortages, licensing or certification contingency, or changes in key staff positions (including administrator and director of nursing).



Chapter Five

CLAIMS & PAYMENT

ELIGIBILITY FOR PAYMENT



2754 Compass Drive
Grand Junction CO 81506
Phone (970) 255-7223

Member: George Washington

Member Number: 123456

DOB: 03/21/1924

Copay: \$0/\$0/\$0

Effective: 10/01/2000

The person named on the reverse of this card is a member of HopeWest PACE. HopeWest PACE is responsible for all health care services for this person. HopeWest PACE is not liable for any payment for services provided without prior authorization except for emergency services provided in life-threatening circumstances.

For certification of eligibility, details of coverage and prior authorization please call (970) 255-7223.

Pharmacy:
Rx BIN: 999999
PCN: ABCDEF
Rx Group: GHU123
(888) 298-7770

Medical:
PeakTPA
PO Box 21631
Easgan MN 55121
EDI Payer ID: 27034
Claims status: (866) 386-4447



Every HopeWest PACE Participant receives an identification card that will detail the Participant's name and identification number. This card identifies them as a HopeWest PACE Participant and should be presented to physicians and other providers when seeking health care services.

Regardless of whether a Participant has an identification card, Network Members should verify Participant eligibility at the time of service to ensure they are enrolled in HopeWest PACE. Failure to do so may affect claims payment. If a HopeWest PACE Participant is requesting service and is unable to present an identification card, please contact HopeWest PACE at (970) 255-7223.

CLAIMS SUBMISSION

Network Members are responsible for submitting a Clean Claim for each Participant served in order to receive payment. A Clean Claim is free from errors and contains the following:

Participant information:

- Participant’s full name
- Participant’s identification number
- Participant’s date of birth

Service information:

- Claim authorization number
- Date of service
- Service code
- Diagnosis code

- Number of units
- Unit rate

Network Member information:

- Provider name
- Provider address
- Provider tax identification number
- Provider National Provider Identifier (NPI)

.....
Member will submit claims on a standard HIPAA compliant form within timely filing requirements per contractual agreement from the date services were provided.
.....

PEAK TPA

HopeWest PACE uses a Third Party Administrator (TPA), Peak TPA, for claims receipt, adjudication, and processing payment. Effective October 1, 2021, **all claims with all dates of services** for HopeWest PACE Participants will be processed by Peak TPA. Please submit claims to Peak TPA using one of the following options:

Electronic Submission (preferred method)

EDI Payer ID: 27034

By Mail

HopeWest PACE c/o Peak TPA
PO Box 21631, Eagan, MN 55121

Please contact HopeWest PACE with any questions at:
2754 Compass Drive Grand Junction, CO 81506
970-683-3203
PaceAccountsPayable@HopeWestCO.org

Submitting Claims Electronically

The Smart Data Stream (SDS) Provider Portal is available for Network Members to submit claims electronically to Peak TPA by entering EDI Payer ID 27034.

For an orientation to working with Smart Data Stream (SDS), including how to register and utilize the provider portal and submit, track and manage claims, please view the following materials:

SDS Provider Portal Companion Guide on page 44 in the Appendix of this manual

SDS Provider Portal video guide available at https://youtu.be/VOPuC_7I3Nw

For further information, please visit the following website at <https://sdata.us/services/edi-clearinghouse/>

PAYMENT OF CLAIMS

HopeWest PACE agrees to pay or deny claims submitted within 45 days of receipt of the claim. If HopeWest PACE requests information from a Network Member regarding a claim, Member must supply requested information in a timely manner per contractual agreement.

Payment for services rendered is subject to verification that:

- The Participant was enrolled in HopeWest PACE at the time the service was provided.
- The service was delivered to the Participant.

- The Network Member was compliant with HopeWest PACE prior authorization policies at the time of service.
- Network Member is in good standing and is not under investigation for fraud, waste or abuse.

.....

Network Member shall not at any time bill Participants, Centers for Medicare & Medicaid Services (CMS), the Colorado Department of Health Care Policy and Financing, or private insurers for services.

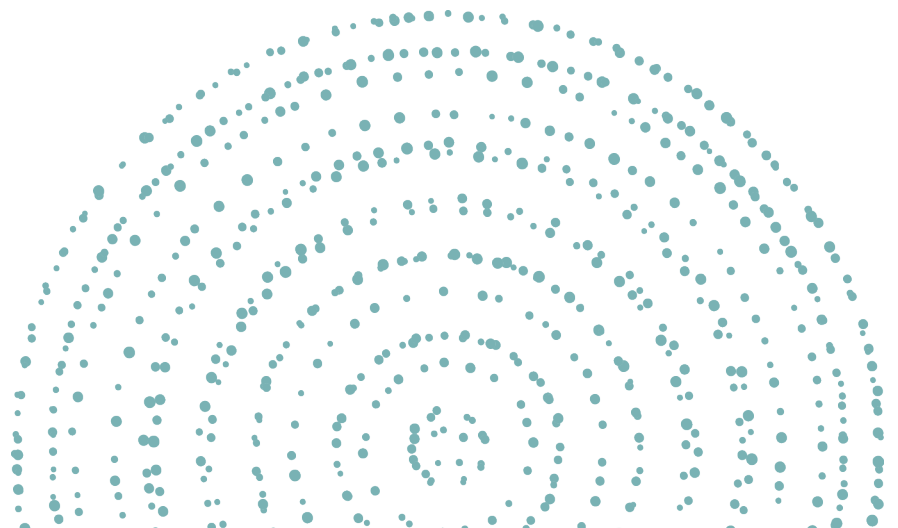
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REIMBURSEMENT FOR SERVICES

A Network Member who receives reimbursement for services rendered to HopeWest PACE Participants must comply with all federal laws, rules and regulations applicable to individuals and entities receiving federal funds, including without limitation Title VI of the Civil Rights Act of 1964, Age Discrimination Act of 1975, Americans with Disability Act, and Rehabilitation Act of 1973.

Nothing contained in the PACE Services Agreement or this manual is intended by HopeWest PACE to be a financial incentive or payment which directly or indirectly acts as an inducement for Network Members to limit medically necessary services.

Members are paid according to the fee schedule in their contract with HopeWest PACE.



NETWORK MEMBER APPEALS PROCESS

If you wish to appeal a decision regarding a denied claim, please refer to your contract for details on this process. Written requests can be mailed to HopeWest PACE, 2754 Compass Drive, Grand Junction, CO 81506 or emailed to PACEAccountsPayable@HopeWestCO.org. If you have additional questions, please contact us at 970-255-7223.

Appeals must be on Network Member's letterhead and contain the following information:

- Provider name
- Participant's name
- Date(s) of services
- Charges denied or underpaid
- Grounds for appeal
- Description of disputed action
- Supporting documentation

HopeWest PACE will review the appeal and provide a written response of conclusions to the Network Member within 30 calendar days from the acknowledged receipt of the appeal.



Chapter Six

CREDENTIALING & RECREDENTIALING

CREDENTIALING & RECREDENTIALING

The following provides information on HopeWest PACE's credentialing requirements and process, which is governed by the Centers for Medicare & Medicaid Services (CMS) per the Medicare Advantage regulations.

- PACE must follow the Medicare Managed Care Manual, Chapter 6, 60.3 (Rev 06-06-03) for credentialing of Direct Care Providers
- Credentialing **is required** for:
 - All physicians who provide services to PACE Participants, including members of physician group
 - All other types of health care professionals who provide services to PACE Participants, and who are permitted to practice independently under state law
- Credentialing **is not required** for:
 - Health care professionals who are permitted to furnish services only under the direct supervision of another practitioner
 - Hospital-based health care provided services to enrollees incident to hospital services, unless those health care professionals are separately identified in Participant literature as available to Participants
- Students, residents, or fellows
- To be credentialed you must:
 - Consent to authorize HopeWest PACE's credentialing agent to contact and obtain information from any or all institutions, organizations, or agency which PACE deems necessary for the credentialing process and assurance of quality of care for its Participants
 - Complete an application and/or attestation
- HopeWest PACE must:
 - Verify the information from a primary source and some of the information may be verified from a secondary source
 - Obtain:
 - A current valid license to practice
 - Education and training records,
 - Board Certification in each clinical specialty area for which the health care professional is being credentialed if he/she states that he/she is board certified on the application

- Other credentialing requirements:
 - Clinical privileges in good standing, if professional has admitting privileges
 - Current, adequate malpractice insurance meeting organization's requirements
 - A valid Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) certificate in effect at time of credentialing decision
 - For physicians, obtain any other information from the National Data Bank
 - Obtain information about sanctions or limitation on licensure
 - Be eligible for participation in Medicare

- Health Status Requirements:
 - All contracted personnel fulfilling a role as a HopeWest staff who provides direct care to Participants, even as a temporary measure, must be medically cleared for communicable diseases.
 - All immunizations must be up to date before providing any direct Participant care, providing documentation of immunizations to HopeWest PACE.
 - Required immunizations will be discussed with each contracted staff or agency when completing the credentialing and recredentialing process.

.....

RECREREDENTIALING

As part of HopeWest PACE's credentialing process, an annual recredentialing audit will be performed and updated information will be requested as needed on clinical practitioners using the delegated process to ensure files are updated at least every 36 months.

.....



APPENDIX

DEFINITIONS

CMS - Centers for Medicare and Medicaid Services - A federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program and health insurance portability standards.

Community-Based Primary Care Provider - A physician or advanced practice provider who has a substantial practice in the fields of internal medicine or family practice, and who has been designated by a Participant to attend to the Participant's routine care and coordinate services under PACE.

Network Member (also known as Provider, Network Provider, Contracted Provider or Contractor) - Persons and entities under contract to provide services to HopeWest PACE Participants through the PACE Service Agreement.

Direct Care Providers - Physicians, dentists, nurse practitioners, physician assistants, social workers, counselors, therapy providers and other health care professionals who are employed by or under contract with a Network Member to provide services to HopeWest PACE Participants through the PACE Service Agreement.

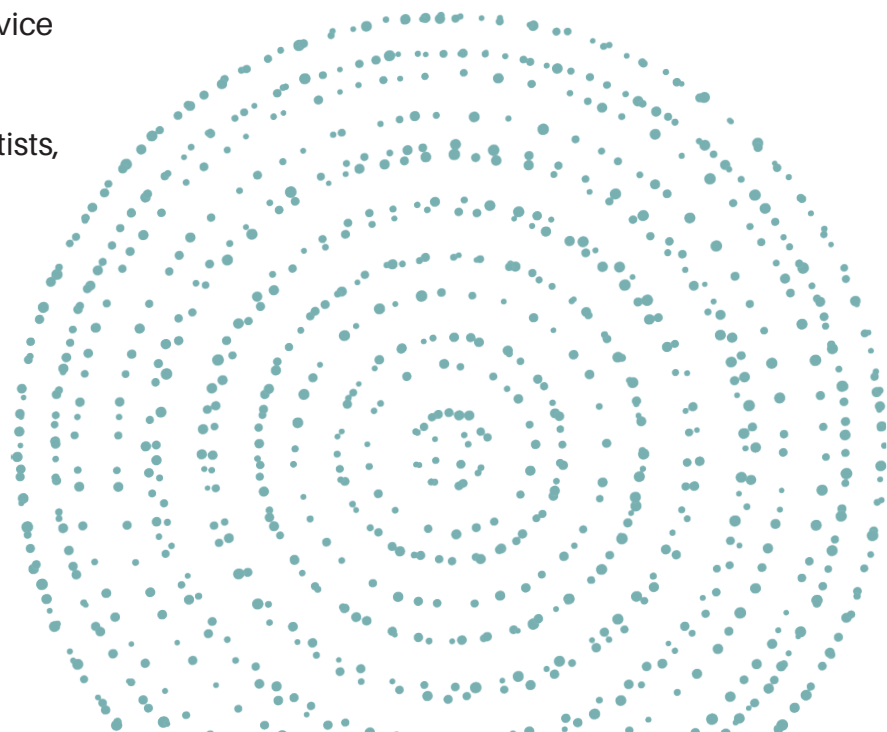
Director of Quality and Compliance - HopeWest PACE employee

FWA - Fraud, Waste and Abuse - in context of providing health care services and/or filing health care claims.

HIPAA - Health Insurance Portability and Accountability Act of 1996.

HopeWest PACE - Operator of PACE in Mesa County, Colorado.

IDT - Interdisciplinary Team - includes primary care physician, nurse, social worker, physical therapist, occupational therapist, recreational therapist, dietician, center director, transportation coordinator, personal care worker and home care coordinator.



Plan of Care – Participant plan of care developed by the Interdisciplinary Team (IDT) and the Participant.

NPI - National Provider Identifier – number assigned to a provider by CMS as required by HIPAA.

PACE - Program of All-Inclusive Care for the Elderly – National program that enables qualified individuals to have comprehensive “wrap around services” to help them live safely and independently in their homes and communities.

PACE Participant (known as Participant) – Person enrolled in HopeWest PACE

PACE Service Agreement (or Agreement) – Contract between HopeWest PACE and Network Member (also known as Provider or Contractor)

PACE Contractor Liaison – Official liaison designated by HopeWest PACE to coordinate activities between Network Members and the organization.

PHI - Protected Health Information – includes private medical and care-related information for the Participant.

QI - Quality Improvement System – HopeWest program to improve quality of care and experience for PACE Participants.

Staff – HopeWest PACE’s Employees





HopeWest PACE Participant Authorization Form

HopeWest PACE
 2754 Compass Drive
 Grand Junction, CO 81506
 Phone: 970-255-7223
 Fax: 970-255-7215

Participant Information	
Participant:	Authorization #:
Participant ID:	DOB:
Participant Address:	Participant Phone:
Referral Information	
Referred To:	Referred From:
Referral Phone:	Referral Fax:
Diagnosis:	Reason for Referral: <input type="checkbox"/> Consult <input type="checkbox"/> Work Up <input type="checkbox"/> Treat
Visits Approved:	Effective Date:
Approval Expiration Date:	Records Attached:

Provider's Finding and Recommendations (report to follow)

Provider Signature: _____ **Date:** _____

Please return PACE Physician Referral Form with written recommendations to patient upon end of appointment to be returned to PACE.

Please do not schedule future appointments with the patient. PACE will contact you to schedule all future appointments upon receipt of consult notes.

Please fax consult notes to 970-255-7215 upon completion. Payment for services cannot be released until consult notes are received.

COMMUNITY-BASED PRIMARY CARE PROVIDER REQUIREMENTS (STATE & CMS REGULATIONS)

Community-Based Primary Care Providers designated by the PACE Participant serve as part of the PACE Interdisciplinary Team (IDT) as required by law. (42 CFR §460.102). As part of the PACE IDT, the primary care provider must provide these services:

Assessments

Comprehensive Physical Assessments shall be provided as set forth in 42 CFR §460.104:

- At enrollment of the PACE Participant
- Every 6 months
- Any time there is a change in the Participant's health status
- At the request of the Participant or Participant's representative

HopeWest PACE will schedule assessments and provide all appropriate medical history and medical records. Following the assessment, the medical record of the provider will be forwarded to the PACE program in a format agreed upon by both PACE and the provider within 14 days of services being provided.

IDT Meetings

The primary care provider shall participate in the PACE IDT meeting on a regular basis at intervals agreed upon by the IDT in order to consolidate the assessment of the Participant into a single plan of care. The provider may attend in person or via teleconferencing.

Episodic Care

The primary care provider shall provide episodic care to the Participant:

- As early in the course of the illness or condition as possible
- The need may be identified by the Participant, HopeWest PACE staff or the primary care provider. Issues identified by the PACE staff will be assessed with an initial nursing evaluation will be performed and used to triage the health concern and findings communicated to the provider.

Assure Coverage

The primary care provider shall assure coverage for medical care of the Participant in the hospital or nursing home setting and assuring that there is continuity in the plan of care when Participant is transferred.

Oversee Usage

The primary care provider shall oversee a Participant's use of medical specialists in coordination with the PACE team except when urgent care is required and outside the scope of practice of the primary care provider. Coordination of care by specialists will be through a consultation request process established with HopeWest PACE.

Quality Improvement Activities

The primary care provider shall participate in quality improvement activities (42 CFR §460.136) as agreed upon with the HopeWest PACE Director of Quality Improvement and Compliance.

Mission and Philosophy

The primary care provider shall uphold the mission and philosophy of HopeWest PACE in regard to providing quality care in a cost effective manner through coordination and collaboration with the PACE IDT.

Emergent and Urgent Care Policies

The primary care provider shall comply with HopeWest PACE policies provided to the provider relative to emergency and urgent medical services 42 CFR §460.100.

Medicare Part B Services

In providing services, the primary care provider shall comply with the qualifications, requirements and conditions under 42 C.F.R. §410.20 and applicable Colorado law and regulations.

PARTICIPANT'S BILL OF RIGHTS

Your Rights in the Program of All-inclusive Care for the Elderly

The Program of All-inclusive Care for the Elderly (PACE) is a special program that combines medical and long-term care services in a community setting.

HopeWest PACE program must fully explain your rights to you or someone acting on your behalf in a way you can understand at the time you join.

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 or to prevent injury.
- To be encouraged to use your rights at HopeWest PACE.
- 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 HopeWest PACE staff about changes in policy and services you think should be made.
- To use a telephone while at the HopeWest PACE Center.
- To not have to do work or services for HopeWest PACE.

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).

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 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 HopeWest PACE 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 receive marketing materials and your PACE Participant rights in English and in Spanish. 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 HopeWest PACE. These rights must be posted in a public place in the HopeWest PACE center where it is easy to see them.
- To be fully informed, in writing, of the services offered by HopeWest PACE. This includes telling you which services are provided by contractors instead of the HopeWest 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 look at, or get help to look at, the results of the most recent review of HopeWest PACE. Federal and State agencies review all PACE programs. You also have a right to review how HopeWest PACE plans to correct any problems that are found at inspection.

You have a right to a choice of providers.

You have the right to choose a health care provider within HopeWest PACE'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 a right to access emergency services.

You have the right to get emergency services when and where you need them without HopeWest PACE's authorization. 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.

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. You have the right:

- To have all treatment options explained to you in a language you understand, to be fully informed of your health status and how well you are doing, and to make health care decisions. This includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this will affect your health.
- To have HopeWest PACE 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.
- To have reasonable and timely access to specialists as indicated by your health condition and consistent with current clinical practice guidelines

- To receive necessary care in all care settings, up to and including placement in a long-term care facility when the PACE organization can no longer provide the services necessary to maintain your safety in the community.

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 as protected under State and Federal laws. This includes information collected and kept electronically.
- 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 file a complaint.

You have a right to complain about the services you receive, the quality of your care or any other concerns or problems you have with HopeWest PACE. You have the right to a fair and timely process for resolving concerns with HopeWest PACE. You have the right to:

- A full explanation of the complaint process.
- Be encouraged and helped to freely explain your complaints to HopeWest 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.
- Appeal any treatment decision by HopeWest PACE, staff, or contractors.
- 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 a right to leave the program.

If, for any reason, you do not feel that HopeWest PACE is what you want, you have the right to leave the program at any time. Your disenrollment will be effective the first day of the month following the date the HopeWest PACE receives your notice of voluntary disenrollment.

INFORMING PARTICIPANTS OF THEIR PACE BILL OF RIGHTS

PURPOSE: To assure that all Participants and/or their responsible parties are aware of his or her Participant's rights under HopeWest PACE in accordance with 42 CFR 460.110, 460.112, 460.116 and 460.118

POLICY: Each Participant and or his/her caregiver will be informed of and provided a copy of their rights upon enrollment and annually thereafter. Each Participant has the right to a fair and efficient process for resolution of any violation of rights and may use procedures established to investigate and respond to any violation of their rights including the grievance and appeal process or the civil rights complaint process.

GRIEVANCE POLICY

PURPOSE: To maintain and/or improve quality of care provided to Participants through identification and adjudication of Participant grievances in accordance with 42 CFR 460.120 and 45 CFR Part 92, CCR 1011-1 Chapter 26 (6.9).

DEFINITION: A Grievance is a complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished by HopeWest PACE or its contracted providers.

POLICY: In accordance with HopeWest PACE Participant Rights, HopeWest PACE Participants or their designated representative (i.e. MDPOA, Proxy or Guardian) have the right to file a verbal or written non-medical or medical grievance (complaint). This grievance may be submitted to HopeWest PACE or to the State Administering Agency (SAA), Colorado Department of Health Care Policy and Financing (HCPF) or with the Health Facilities and Emergency Medical Services Division of the Colorado Department of Public Health and Environment. The grievance may include but not be limited to: (1) dissatisfaction with service delivery or the quality of care furnished by the PACE organization or any of its contracted providers, (2) violation of privacy (3) discrimination on the basis of race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability, or source of payment (4) lack of respect for the Participant or property by anyone furnishing services. It is against the law for HopeWest PACE to retaliate or discriminate against anyone for expressing or filing a grievance or multiple grievances, files or participates in the investigation of a grievance. All grievances are kept confidential.

SMART DATA STREAM COMPANION GUIDE

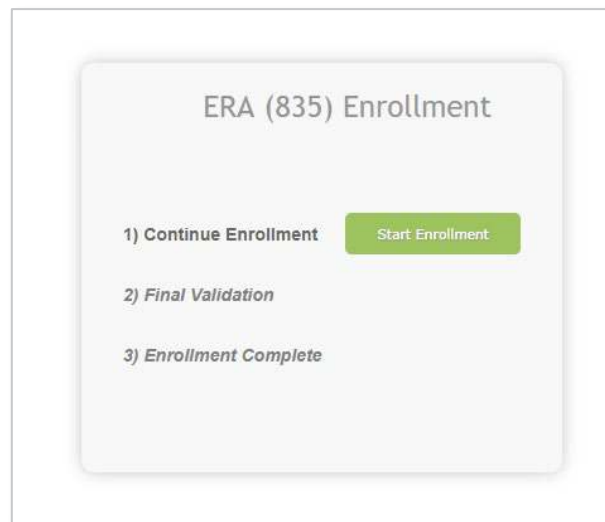
PORTAL.SMARTDATASTREAM.US
SDS Provider Support • stream.support@sdata.us • 855-2974436

ERA ENROLLMENT

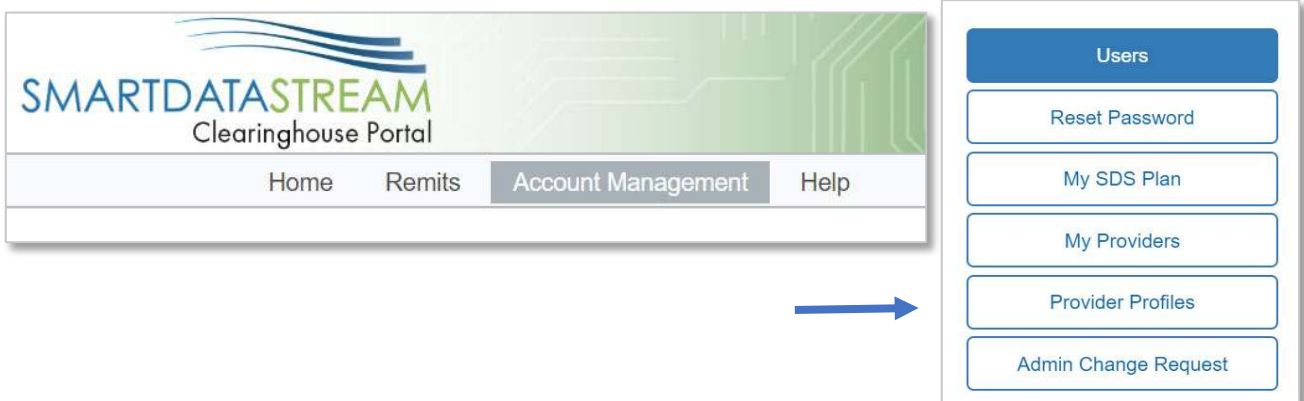
- There are several different methods for starting an ERA account with Smart Data Solutions depending on which payer you're enrolling for. If you have an account that doesn't include ERA enrollment already, or if you have a specific ERA account and would like access to additional payer's ERAs, please contact us as stream.support@sdata.us or 855-297-4436 opt. 2 for more information.

STARTING ERA ENROLLMENT

- After you've logged in and changed your password, you should be immediately prompted to start your ERA enrollment.

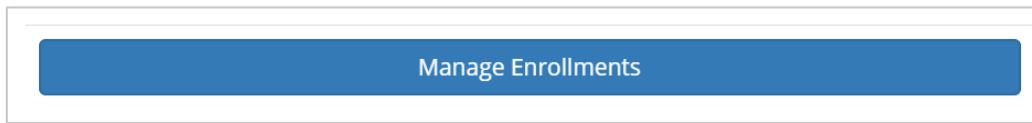


- If the above screen does not automatically appear you can select Account Management at the top bar. Then select Provider Profiles



OR

- Select Remits at the top bar then Manage Enrollments



ENROLLMENT FORM

Profile Name will not affect your ERAs and is only for labeling enrollments on your account

Profile

Profile Nickname _____

Provider Information

* Name
Test Provider T1000 _____

Doing Business As (DBA) _____

* Address Line 1 _____

Address Line 2 _____

Provider Identifiers Information

* Tax Identification Number (TIN) ⊙ _____ * Verify TIN: _____

National Provider Identifier (NPI) _____

Trading Partner ID ⊙ _____

Provider Contact Information

* Last Name _____ * First Name _____
test test

* Contact Phone _____
(651) 555-5555 x55555

Contact Fax _____

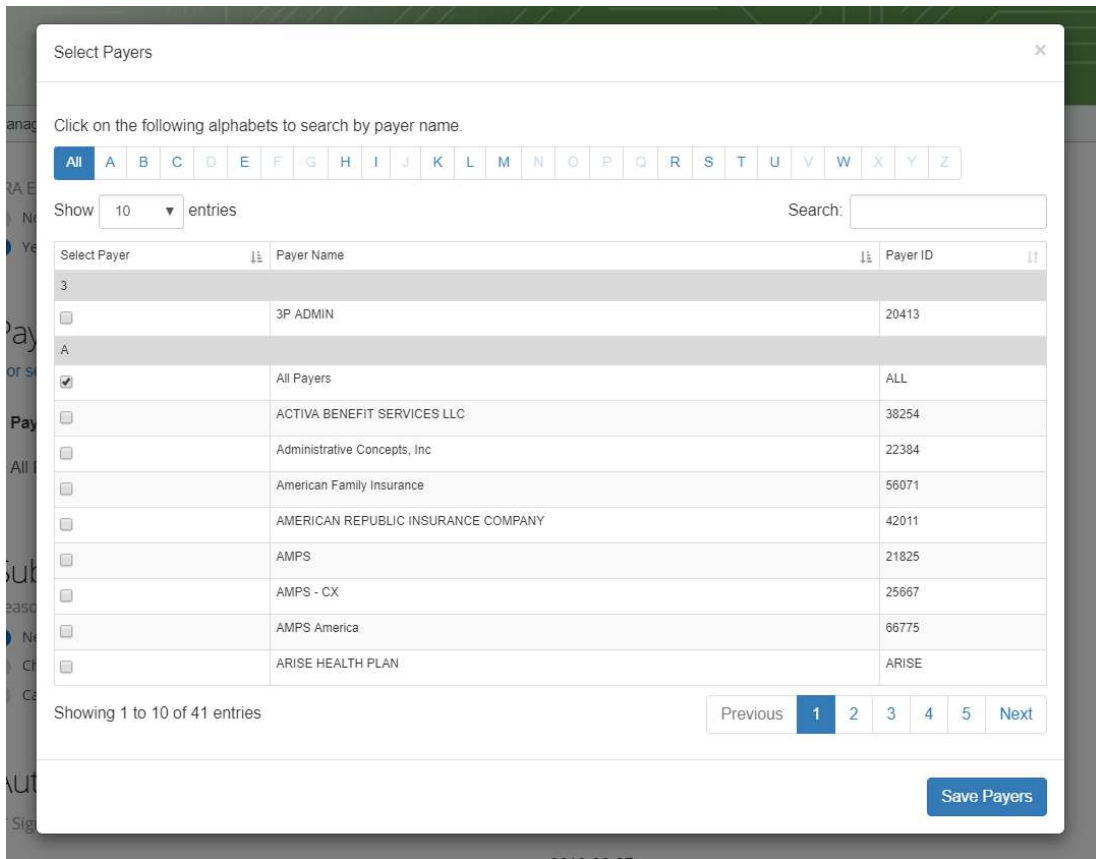
Don't forget to verify your tax ID

NPI is not required for your ERA enrollment. If left blank, you will receive ERAs for all NPIs associated with the Tax ID you enroll

Trading Partner ID is not required if you do not have one

Fax may be left blank if unavailable

- Under Payer Selection select "or select individual payers" You will then see the screen below:



- Select Clearinghouse

Payer Selection
[...or select individual payers](#)

Payer Name	Payer ID	Clearinghouse Name	Actions
ACTIVA BENEFIT SERVICES LLC	38254	Ability	Apply All ×
Administrative Concepts, Inc	22384	SDS Enrollment Portal	Apply All ×
American Family Insurance	56071	SDS Enrollment Portal	Apply All ×
AMERICAN REPUBLIC INSURANCE COMPANY	42011	SDS Enrollment Portal	Apply All ×
AMPS	21825	SDS Enrollment Portal	Apply All ×

- Select “Apply All” to the right of the Clearinghouse Name and you will see the following result

Payer Selection
...or select individual payers

Payer Name	Payer ID	Clearinghouse Name	Actions
ACTIVA BENEFIT SERVICES LLC	38254	Ability	Apply All X
Administrative Concepts, Inc	22384	Ability	Apply All X
American Family Insurance	56071	Ability	Apply All X
AMERICAN REPUBLIC INSURANCE COMPANY	42011	Ability	Apply All X
AMPS	21825	Ability	Apply All X

- The form will automatically have New Enrollment selected. If you click Save Progress and then come back to it, it will say Change Enrollment.
 - This does not affect your enrollment and only indicates that this is no longer the first time you are accessing this form.
- Type in your name for the signature.
- For the effective date, the soonest date available will be three days after the submission date. Any payments you receive after that submission date will have a corresponding ERA sent to your account.

Submission Information

Reason for SUBMISSION ☺

New Enrollment
 Change Enrollment
 Cancel Enrollment

Authorized Signature

* Signature ☺ _____ Submission Date
2019-08-27

* Requested ERA Effective Date ☺ _____

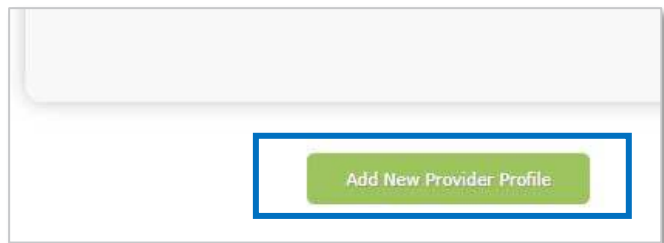
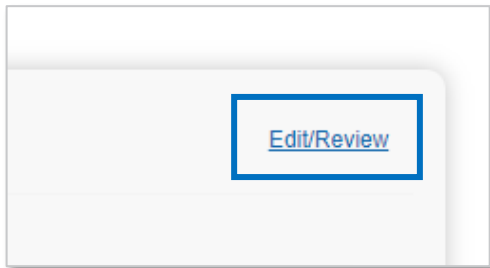
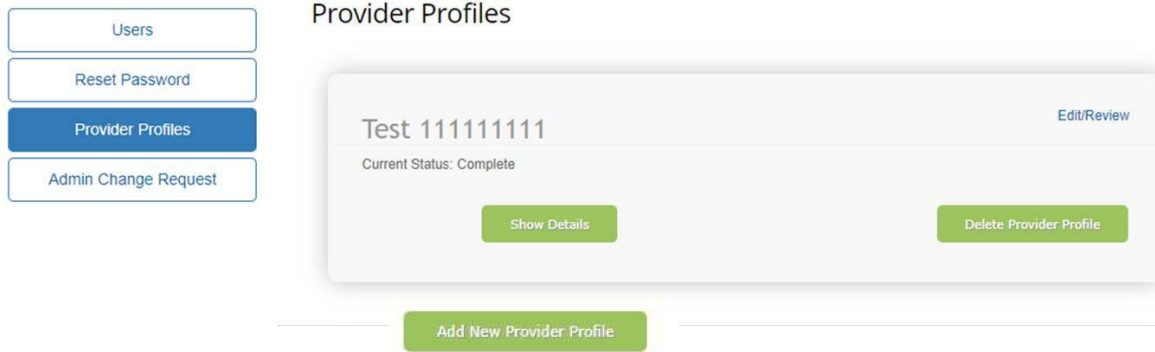
SAVE PROGRESS

SUBMIT

- After you click Submit it will redirect you to a page that looks like this. If you see this page, you have successfully submitted your ERA enrollment.

Account Management

This page is for maintaining account wide preferences such as viewing or re-issuing your API key, or managing payment methods.



- To change contact information, add or remove payers, change retrieval method, or cancel your enrollment you can click on Edit/Review
- To enroll additional tax ID's or NPI's click Add New Provider Profile

ELIGIBILITY INQUIRY

- Select the Eligibility Tab on the top bar of the page

The screenshot shows the SMARTDATASTREAM Clearinghouse Portal. The top navigation bar includes links for Home, Claims, Remits, Eligibility (highlighted), Claim Status, Account Management, Help, and Logout. The main heading is "Eligibility". Below the heading, there is explanatory text: "This page allows you to view your past 90 days of eligibility inquiries. You can key new eligibility inquiries, and view eligibility inquiry files using the button(s) below." and "This page is also searchable by a number of criteria. You may enter a reference number or an export name to search for documents within the current batch. To search for a document, enter the search criteria into the 'Search' box to the left of the table." At the bottom of the page, there are three blue buttons: "New Eligibility Inquiry", "Eligibility Inquiry Files", and "Update Payers".

- Select New Eligibility Inquiry

The screenshot shows the "New Eligibility Inquiry" form. At the top, it says "New Eligibility Inquiry". Below that, there is a "Mode:" section with a radio button selected for "Real Time". The "Destination:" dropdown menu is set to "American Republic/American Family/Medico/Continental General/Central Reserve Life 270/271". The "Subscriber Information" section contains several fields: "Patient Name" (Last, First, Middle), "Member Date of Birth" (YYYYMMDD), "Sex" (Male), "Member ID", and "Insured?" (Yes). There are also fields for "Address (No. Street)" (Address Line 1, Address Line 2), "City", "State", and "Zip". The "Inquiry/Service Type:" dropdown menu is set to "Health Benefit Plan Coverage". At the bottom of the form, there are three buttons: "Save Progress", "Save Inquiry", and "Submit Real-Time Request".

- Fill out the starred boxes on the form and click Submit Request

- Results will vary, but will standardly appear in this format:

Eligibility Inquiry Results

Subscriber Name: ██████████
 Member ID: ██████████
 Birthdate: ██████████
 Sex: █
 Address: ██████████
 Eligibility Date ██████████

Benefit Information

Search:

	Eligibility Information Code	Plan Description	Coverage Level Code	Service Type Code	Insurance Type Code	Network Indicator	Amount	Percentage	Benefit Dates	Time Period
+	Active Coverage	AR - PLAN F MEDICARE SUPPLEMENT		Health Benefit Plan Coverage						

Eligibility Inquiry Results

Subscriber Name: ██████████
 Member ID: ██████████
 Birthdate: ██████████
 Sex: █
 Address: ██████████
 Eligibility Date ██████████

Benefit Information

Search:

	Eligibility Information Code	Plan Description	Coverage Level Code	Service Type Code	Insurance Type Code	Network Indicator	Amount	Percentage	Benefit Dates	Time Period
+	Active Coverage	MEDICARE SUPP PLAN F		Health Benefit Plan Coverage						
+	Active Coverage	MEDICARE SUPP PLAN F		Medical Care Chiropractic Dental Care Hospital Emergency Services Professional (Physician) Visit - Office Vision (Optometry) Mental Health Urgent Care		Not Applicable			Benefit Begin Date : 20160101	
+	Active Coverage	MEDICARE SUPP PLAN F		Chiropractic Pharmacy Medical Care Dental Care Hospital Vision (Optometry) Mental Health Emergency Services Urgent Care Professional (Physician) Visit - Office						
+	Non-Covered	MEDICARE SUPP PLAN F		Pharmacy		Not Applicable			Benefit Begin Date : 20160101	
+	Co-Insurance	MEDICARE SUPP PLAN F		Health Benefit Plan Coverage		Not Applicable		0.00%	Benefit Begin Date : 20160101	Calendar Year
+	Co-Payment	MEDICARE SUPP PLAN F		Health Benefit Plan Coverage		Not Applicable	\$0.00		Benefit Begin Date : 20160101	Calendar Year
+	Deductible	MEDICARE SUPP PLAN F		Health Benefit Plan Coverage		Not Applicable	\$0.00		Benefit Begin Date : 20160101	Calendar Year

CLAIM STATUS

- Select the Claim Status tab on the top bar of the page

The screenshot shows the SMARTDATASTREAM Clearinghouse Portal interface. The top navigation bar includes links for Home, Claims, Remits, Eligibility, Claim Status (highlighted), Account Management, Help, and Logout. The main heading is "Claim Status". Below the heading, there is explanatory text: "This page allows you to view your past 90 days of claim status inquiries. You can key new claim status inquiries, and view claim status inquiry files using the button(s) below." and "This page is also searchable by a number of criteria. You may enter a reference number or an export name to search for documents within the current batch. To search for a document, enter the search criteria into the 'Search' box to the left of the table." At the bottom of the page, there are two blue buttons: "New Claim Status Inquiry" and "Claim Status Inquiry Files".

- Fill out the starred boxes on the form and click Submit Request

New Claim Status Inquiry

Mode: Real Time

Destination: American Republic/American Family/Medico/Continental General/Central Reserve Life 276/277 ▼

Provider ID *			
Subscriber Name * (Last Name, First Name, Middle Initial)	Subscriber Date of Birth *	Subscriber ID *	
Last <input type="text"/> First <input type="text"/> Middle <input type="text"/>	YYYYMMDD <input type="text"/> Sex: Male ▼	<input type="text"/>	
Patient Name (Last Name, First Name, Middle Initial)	Patient Date of Birth	Claim Date of Service	
Last <input type="text"/> First <input type="text"/> Middle <input type="text"/>	YYYYMMDD <input type="text"/> Sex: Male ▼	YYYYMMDD <input type="text"/> YYYYMMDD <input type="text"/>	
Procedure Code	Service Date From	Service Date To	Service Charge
<input type="text"/>	YYYYMMDD <input type="text"/>	YYYYMMDD <input type="text"/>	<input type="text"/>

- Results will vary, but will standardly appear in this format:

Claim Status Inquiry Results	
Source Name:	SMART DATA SOLUTIONS
Member ID:	000007600314
Subscriber Name:	GLEASON, JOYCE
Status Information	
Control Number	102617718885
Dates of Service	10/13/2017 - 10/13/2017
Claim Charges	\$ 34.00
Claim Paid Amount	\$ 0.00
Adjudication Date	10/26/2017
The transaction processing has been completed	Cannot provide further status electronically

SUBMITTING A CLAIM

- There are two options to submit a claim through the Smart Data Stream Clearinghouse Portal. You can either upload a claim file or you can do Direct Data Entry and key in a new claim.



Claims

This page allows you to manage your past 90 days of claims. You can edit rejected claims, upload a new claim file, key a new claim, view unsubmitted claims, and view claim files using the button(s) below.

This page is also searchable by a number of criteria. You may enter a reference number or an export name to search for documents within the current batch. To search for a document, enter the search criteria into the 'Search' box to the left of the table.



UPLOAD CLAIMS

- If you selected **"Upload Claims"**, this screen will appear:

Claim Upload

Use this interface to upload claims in EDI format. Once the claims have been uploaded and checked for basic compliance, they will appear below. Please review and add any additional attachments to the claims by clicking the upload button underneath the claim. Once this has been completed please click the release button and the claims will be routed to the payer along with the attachment.

Uploaded Documents

Please drop your file here or

Choose File No file chosen

- This feature allows you to upload claims in batches to portal. As long as it's a valid 837 file and has a payer ID in the REF02 segment, SDS will successfully route your claims on to the payer.

NEW CLAIM

- If you selected “**New Claim**”, this screen will appear. From here you can either choose a Professional/CMS1500 claim form, an Institutional/UB04 claim form, or a Dental claim form.

New Document

This data entry page will allow you to key an empty form for processing. To being entering information, please select a destination and a form to key. Once a form is selected you will be automatically redirected to the appropriate page to enter any data. Note that no data is saved until the submit button at the bottom of the page is selected. Once the entry has been completed, there may be a short delay before the entry appears on the history page while the system is processing it.

Please select the appropriate route and form type to begin.

Destination	Document Type
<input type="text" value="Amerigroup"/>	<input type="text" value="Select a Type"/> <input type="text" value="Select a Type"/> <input type="text" value="Professional"/> <input type="text" value="Institutional"/> <input type="text" value="Dental"/>

- Once the claim type has been selected, it will bring up a template for the claim information to be typed into. The various document types are shown below:

PROFESSIONAL

More 1. Type OTHER		1a. INSURED'S I.D. NUMBER	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Last First Middle		3. PATIENT'S BIRTH DATE YYYY/MM/DD Sex	
4. INSURED'S NAME (Last Name, First Name, Middle Initial) Last First Middle		5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE	
6. PATIENT RELATIONSHIP TO INSURED Self		7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: Employment? No Auto Accident? No Other Accident? No	
a. OTHER INSURED'S POLICY OR GROUP NUMBER [More]		11. INSURED'S POLICY GROUP OR FECA NUMBER	
b. RESERVED FOR NUCC USE		a. INSURED'S BIRTH DATE YYYY/MM/DD Sex	
c. RESERVED FOR NUCC USE		b. OTHER CLAIM ID (Designated by NUCC)	
d. INSURANCE PLAN NAME OR PROGRAM NAME		c. INSURANCE PLAN NAME OR PROGRAM NAME	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE Signed		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? No	
14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) YYYY/MM/DD QUAL		10d. CLAIM CODES (Designated by NUCC)	
15. OTHER DATE QUAL YYYY/MM/DD		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE Signed	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Last First		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION YYYY/MM/DD TO YYYY/MM/DD	
17a. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES YYYY/MM/DD TO YYYY/MM/DD	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES No 0.00	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY A B C D E F G H I J K L ICD-10		22. RESUBMISSION CODE ORIGINAL REF NO.	
24. A. DATES OF SERVICE B. POS C. EMG D. PROC MODIFIER E. DIAG F. CHARGE G. D U H. EPSDT I. QUAL J. PROVIDER ID		23. PRIOR AUTHORIZATION NUMBER	
Add Line			
25. FEDERAL TAX I.D. NUMBER		26. PATIENT'S ACCOUNT NO.	
27. ACCEPT ASSIGNMENT? No		28. TOTAL CHARGE \$ 0.00	
29. AMOUNT PAID \$ 0.00		30. RSVD for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER Last First Middle Credential		32. SERVICE FACILITY LOCATION INFORMATION Name Address City Zip Phone a. NPI b.	
33. BILLING PROVIDER INFORMATION Name Address City Zip Phone a. NPI b.		Save Progress Save Billing Information Submit Document	

INSTITUTIONAL

Name		Name		3a		4 BILL TYPE	
Addr		Addr		3b			
City		City		5 FED TAX NO.		8 STATEMENT COVERS	
Phone - Fax						7	
6 Patient Name		9 Patient Address					
10 BIRTHDATE		11 SEX		ADMISSION		CONDITION CODES	
12 DATE		13 HR		14 EYE		15 SHD	
16 UPR		17 STAJ		18		19	
20		21		22		23	
24		25		26		27	
28		29 ACCT STATE		30			
31 OCCURRENCE		32 OCCURRENCE		33 OCCURRENCE		34 OCCURRENCE	
35		36		37		38	
39		40		41		42	
43		44		45		46	
47		48		49			
42 REV CD		43 DESCRIPTION		44 HCPCS/RATE/PPS CODE		45 SERV DATE	
46 SERV UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
Add Line		CREATION DATE		TOTALS >			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL SV-G		53 AGG SELN	
54 PRIOR PAYMENTS		55 EST AMT DUE		56 NPI		57	
58 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID		61 GROUP NAME	
62 INSURANCE GROUP NO		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX		67		68		69	
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