**Participant Disclaimers**

Program participants must receive all needed health care, including primary care and specialist physician services (other than emergency services) through the AtlantiCare LIFE Connection team and network of participating providers. Participants may be fully and personally responsible for costs of unauthorized or out-of-program services. Participants must be eligible for Medicaid, Medicaid and Medicare or are able to privately pay.

**Rights Upon Disenrollment**

Your benefits under AtlantiCare LIFE Connection are discontinued if you choose to disenroll from or if you no longer meet the conditions of enrollment (involuntarily). Both types of termination require notice by either party. The effective date of termination of benefits is midnight of the last day of the month that coordination of insurance benefits is complete.

AtlantiCare LIFE Connection will continue to be responsible for your care and you will need to continue paying your usual monthly fee, if you have one, until the termination becomes effective. It usually takes 15-45 days to return to the Medicaid system.

Enrollment in AtlantiCare LIFE Connection is voluntary. You may initiate disenrollment from AtlantiCare LIFE Connection at any time. If you wish to voluntarily disenroll, you should discuss this with your social worker.

You will be asked to sign a Disenrollment Form, which will indicate that you will no longer be entitled to services through AtlantiCare LIFE Connection as of the effective date of your disenrollment. The signing of the Disenrollment Form is optional. You may not disenroll from AtlantiCare LIFE Connection at a Social Security Office.

If you are Medicaid-only or a private pay AtlantiCare LIFE Connection participant and become eligible for Medicare while enrolled in AtlantiCare LIFE Connection you must notify AtlantiCare LIFE Connection and you must receive all Medicare Part A and/or B and Part D from AtlantiCare LIFE Connection. If you elect to obtain and enroll in Medicare coverage or Medicaid Managed Care Plan or Medicare Prescription Drug Plan from a plan other than AtlantiCare LIFE Connection you will be disenrolled from AtlantiCare LIFE Connection, including your Part D prescription plan.

AtlantiCare LIFE Connection may disenroll you by giving you reasonable advance written notice, if AtlantiCare LIFE Connection determines:

1. You are capable of making decisions and continue to refuse services or are unwilling to follow your individual plan of care or the rules of participating in AtlantiCare LIFE Connection.
2. You fail to pay or fail to make satisfactory arrangements to pay any premium due to AtlantiCare LIFE Connection after the 30-day grace period.
3. You move out of the service area or are out of the AtlantiCare LIFE Connection service area for more than 30 days, without prior authorization from the Team.
4. You behave in a disruptive, unruly, or abusive way to yourself, other participants, or staff which jeopardizes the safety of you or others.
5. AtlantiCare LIFE Connection has the inability to provide health care services due to the loss of state license or contracts with outside providers.

6. You no longer meet the Nursing Facility Level of Care and are not “deemed eligible” by NJDHS-DoAS.
7. The program agreement between AtlantiCare LIFE Connection, CMS and NJDHS-DoAS is not renewed or is terminated.

If you are going to be disenrolled due to failure to pay the monthly premium, you can remain enrolled simply by paying the fee. You must make this payment before the end of the month of your disenrollment.

An involuntary disenrollment requires approval from the State Administering Agency. The effective date of termination of benefits is midnight of the last day of your covered month.

If you choose to leave AtlantiCare LIFE Connection ("disenroll voluntarily"), you must reapply and meet the eligibility requirements if you which to be reinstated. Previous enrollment in AtlantiCare LIFE Connection does not guarantee future enrollment.

**The Right to File Grievances and Appeals**

A grievance is defined as a written or oral expression of dissatisfaction with service delivery or quality of care furnished.

All of us at AtlantiCare LIFE Connection share the responsibility for assuring that you are satisfied with the care you receive. We understand that sometimes there are areas of dissatisfaction that require our attention and response. If you are dissatisfied, we encourage you to express any complaints or concerns you have. If you do not speak English, we will ensure an individual who speaks your language will facilitate the grievance process.

AtlantiCare LIFE Connection will discuss the grievance with you and provide you with written information about the specific steps that will take place to resolve your grievance. You or your designated representative can discuss your concerns or send a letter expressing them to any member of the staff or administration of AtlantiCare LIFE Connection. The staff member who receives your grievance will forward it to the AtlantiCare LIFE Connection Quality Assurance Director who will see that action is taken. You may also contact the Quality Assurance Director directly by phone or in writing:

AtlantiCare LIFE Connection
1401 Atlantic Avenue
Atlantic City, NJ 08401
Attention: AtlantiCare LIFE Connection Quality Assurance Director

Telephone #: 609-572-8588 For the hearing impaired TTY: 1-800-852-7899

All services will be continued during the grievance process. You will receive a written acknowledgment of the grievance within five (5) working days of our receiving it.

If a solution is found by the staff and agreed upon by you or designated representative within thirty (30) working days, the grievance will be considered resolved. Following resolution of the grievance, a copy of the report will be sent to you or your designated representative.

If you are still dissatisfied with the outcome you may pursue further steps,which including:

You may request an external grievance review by contacting by phone or in writing:

New Jersey Department of Health and Senior Service
Division of Health Facilities Evaluation and Licensing
PO Box 367
Trenton, NJ 08625-0367

At any time you may contact the New Jersey Department of Health Hotline for Health Care Facility Complaints by calling:

1-800-792-9770

OR

If you are 60 years of age or older, you may contact:

Office of Ombudsman: 1-877-582-6995 or 1-609-943-3429

An appeal is defined as a participant's and/or designated representative's action with respect to AtlantiCare LIFE Connection non-coverage of, or non-payment for a service including denials, reductions or termination of services.

You make an appeal either orally or in writing to any staff member at any time and you will be given an opportunity to present evidence related to the appeal in person or in writing.

You or your designated representative may file an appeal. You or your designated representative should express your appeal verbally to a member of the staff or mail or deliver your written appeal to the address below:

AtlantiCare LIFE Connection
1401 Atlantic Avenue
Atlantic City, NJ 08401
Attention: AtlantiCare LIFE Connection Quality Assurance Director
Telephone #: 1-609-572-8588
For the hearing impaired TTY: 1-800-852-7899
Fax #: 1-609-572-8589

For an Expedited Appeal: You or your designated representative should contact us by telephone or fax:
Telephone #: 1-609-572-8588 Fax #: 609-572-8589
For the hearing impaired TTY: 1-800-852-7899

If you appeal, we will review our decision and also appoint an appropriately credentialed and impartial third party who was not involved in the original action and who does not have a stake in the outcome of the appeal to review your appeal.

All appeal information will be kept confidential.

After we review this decision, if any of the services or items you requested are still denied, you have additional appeal rights under Medicaid and Medicare.

**Appointment of a Representative**

According to Medicare guidelines, an appointed representative is a person who can act on your behalf to request an exception, appeal or grievance. This person can be a relative, friend, advocate, doctor, or anyone else whom you trust to act on your behalf. To appoint a representative, complete the CMS-1696 form here:
https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207.html