



EDDY SENIORCARE

Program of All-Inclusive Care for the Elderly

Rotterdam Center: 1938 Curry Road, Rotterdam, NY 12303; Phone (518) 382-3290

Latham Center: 385 Watervliet Shaker Road, Latham, NY 12110; Phone (518) 213-7526

Toll-Free: 1-855-376-7888

TTY users should call 1-800-537-7697

[Enrollee Full Name]

[Address]

[City, State Zip]]

ELECTRONIC NOTICE OPTION LETTER

[Date]

Dear [Enrollee First Name]:

This is an important letter about notices you get from Eddy SeniorCare. Please read it carefully.

Why am I getting this letter?

You are getting this letter because you can now ask Eddy SeniorCare to send you **certain notices electronically**. Please note that you will continue to receive other information by mail as you do today (examples: your aide schedule, activity calendar, appointment reminders, etc.)

What notices can I get electronically?

Notices about:

- Service changes you asked for
- Services you are getting (your Plan of Care)
- Plan appeals
- Complaints; and
- Complaint appeals

Other communications about:

- Your member handbook
- Our provider directory
- Changes to your PACE Medicaid managed long term care benefits.

These notices have important information about your services and rights.

Who gets these notices?

You and your provider get these notices **about your services and plan appeals**. You, and you can also choose someone to represent you, like a family member, friend, or lawyer. The person you choose will be able to file a complaint, plan appeal or fair hearing for you. We also send them a copy of your notices.

If you told us before that someone may represent you, we will send that person a letter like this one. If you want someone new to represent you, you and that person must sign and date a statement saying this is what you want. Or, you can both sign and date the attached Electronic Notice Request Form. The person you choose can get copies of your notices electronically if they ask. We will send their notices as required by law. If you have any questions about choosing someone to act for you, call us at:

Rotterdam Center: 518-382-3290 (please ask for your Social Worker)

Latham Center: 518-213-7526 (please ask for your Social Worker)

Toll-Free: 1-855-376-7888

TTY users should call 1-800-537-7697

What ways can these notices be sent?

Eddy SeniorCare can send these notices to you by **email**.

Emails: When there is a new notice for you to review, an email will be sent to your email address on file. Included in the email will be a subject line identifying who the email is from; in the body of the email will be a brief introduction of what the new notice is and a link to access the notice. By clicking on the link, you will open the notice for you to review.

To receive email notifications, you will need to have a valid email address and Internet access. You can use a PC, laptop, tablet, or smart phone to access the electronic notifications.

For further information or technical assistance with using our Email options above, please contact: Sarah Hollner at 518-382-3290.

How do I ask for electronic notices?

You can use the attached Electronic Notice Form, but it is not required.

You can contact us by:

Phone.....**Toll-Free: 1-855-376-7888**
Rotterdam Center: **518-382-3290**
Latham Center: **518-213-7526**
TTY users should call 1-800-537-7697

Email..... **PACENOTICES@SPHP.COM**

Regular Mail..... Rotterdam: 1938 Curry Road, Rotterdam, NY 12303
Latham: 385 Watervliet-Shaker Rd, Latham, NY 12110
YOU CAN MAIL THE ATTACHED FORM TO US



When you contact us, you must:

- Tell us how you want to get notices that are normally sent by mail,
- Tell us how you want to get notices that are normally made by phone call, and
- Give us your contact information (mobile phone number, email address, etc.).

Please keep in mind that the security of communications over the Internet, such as email, is not guaranteed. In addition, it is your responsibility to provide Eddy SeniorCare with accurate information, and to update your contact information, including your email address, and that of your representatives, if it changes. Eddy SeniorCare is not responsible for:

1. Emails sent based upon inaccurate or outdated information you provide; and
2. The privacy and security of information once it is received.

If your contact information changes, you must let us know. To change your information, contact us at the phone number, PACENOTICES@SPHP.COM or mailing address **listed above**.

What happens next if I do want to receive notices electronically?

Eddy SeniorCare will let you know by mail that you have asked to get notices electronically.

If you ask to get your notices electronically (email or text):

- We will send you the notice in a way that lets you save and print the notice.
- You can still ask us to send any of your notices by mail.
 - We will send your notice by mail **within two (2) working days** from the day you asked if the notice is about services, plan appeals, complaints and complaint appeals.
 - We will send your notice within **five (5) working days** from the day you asked if the notice is about other communications.
- You can still ask us to send any of your notices in an alternate format to accommodate a disability or language need.
 - We will send your notice within five (5) working days from the day you asked if the notice is about services, plan appeals, complaints and complaint appeals. In some cases, it may take us up to thirty (30) days from the date of your request. In those cases, we will call you to help.
 - We will send your notice within fifteen (15) working days from the day you asked if the notice is about other communications. In some cases, it may take us up to 60 days from the date of your request. In those cases, we will call you to help.
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If you ask to get your notices electronically and we believe your electronic notice did not go through, we will then send it by mail and we may also call you by phone, as required by law.

Can I change the way I get these notices later?

You can change the way you get your notices at any time. To change the way you get notices, you can contact us at the phone number, PACENOTICES@SPHP.COM or mailing address listed in the *How do I ask for electronic notices* section above.

If you ask for a change by phone or by email to PACENOTICES@SPHP.COM, we have **five (5) working days** from the date we got your request to make the change. If you ask for a change by mail, we have **ten (10) working days** from the date we got your letter to make the change.

What If I don't want electronic notices?

You will keep getting these notices by mail and we may also call you by phone. We will not send these notices electronically unless you ask.

You can still ask us to send these notices in a different way because of a disability or language need.

Eddy SeniorCare will not treat you differently if you do not want to get these notices electronically.

Other help:

You can call Eddy SeniorCare at 518-382-3290 and ask for Sarah Hollner if you have any questions about this notice.

Sincerely,

Michelle Mazzacco
Executive Director

Enclosure: Electronic Notice Request Form

ELECTRONIC NOTICE REQUEST FORM
*****ONLY FILL THIS OUT IF YOU WANT TO CHANGE TO**
RECEIVE YOUR NOTICES ELECTRONICALLY****

Mail this form to:
Eddy SeniorCare
1938 Curry Road
Rotterdam, NY 12303

Email to: PACENOTICES@SPHP.COM

Participant:
Name: [Enrollee Full Name]

INSTRUCTIONS: Complete this form to ask Eddy SeniorCare to send your notices electronically.

1. **Instead of getting a notice by mail**, I want Eddy SeniorCare to send me these notices by:
 Email
2. **Instead of getting a notice by phone call**, I want Eddy SeniorCare to send me these notices by:
 Email
3. **Instead of getting communications about my member handbook, my plan's provider director, and changes to my PACE Medicaid managed care benefits by mail**, I want Eddy SeniorCare to send me these notices by:
 Email

Contact Information: Enter your contact information for your choices above.
E- mail: _____

You can choose someone to represent you, like a family member, friend, or lawyer. If you want someone to represent you, let us know below.

- Have you authorized this person with Eddy SeniorCare before? YES NO
- Do you want this person to act for you for complaints, all steps of an appeal or fair hearing?
You can let us know if change your mind. YES NO

Designee Information (person you want to represent you)

Name: _____ E- mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Designee Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____

NOTICE OF NON-DISCRIMINATION

Eddy SeniorCare complies with Federal civil rights laws. Eddy SeniorCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Eddy SeniorCare provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Eddy SeniorCare at:

Toll free 1-855-376-7888. TTY users should call 1-800-537-7697.

If you believe that Eddy SeniorCare has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Eddy SeniorCare by:

| | Rotterdam Center | Latham Center |
|-------------------|--|--|
| MAIL or IN PERSON | 1938 Curry Road Rotterdam, NY 12303 | 385 Watervliet Shaker Road Latham, NY 12110 |
| PHONE | 518-382-3290 | 518-213-7526 |
| FAX | 518-382-3398 | 518-213-7612 |
| EMAIL | PACENOTICES@SPHP.COM | PACENOTICES@SPHP.COM |

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

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| ATTENTION: Language assistance services, free of charge, are available to you. Call toll free 1-855-376-7888 TTY/TDD 1-800-537-7697. | English |
| ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al toll free 1-855-376-7888; TTY/TDD 1-800-537-7697. | Spanish |
| 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 toll free 1-855-376-7888; TTY/TDD 1-800-537-7697. | Chinese |
| ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم toll free 1-855-376-7888< TTY/TDD 1-800-537-7697 | Arabic |
| 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 toll free 1-855-376-7888; TTY/TDD 1-800-537-7697 번으로 전화해 주십시오. | Korean |
| ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните toll free 1-855-376-7888 (телетайп: TTY/TDD 1-800-537-7697). | Russian |
| ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero toll free 1-855-376-7888 TTY/TDD 1-800-537-7697. | Italian |
| ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le toll free 1-855-376-7888; TTY/TDD 1-800-537-7697. | French |
| ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele toll free 1-855-376-7888; TTY/TDD 1-800-537-7697. | French Creole |
| אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט >toll free 1-855-376-7888 TTY/TDD 1-800-537-7697 | Yiddish |
| UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer toll free 1-855-376-7888; TTY/TDD 1-800-537-7697 | Polish |
| PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa toll free 1-855-376-7888; TTY/TDD 1-800-537-7697. | Tagalog |
| লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১->toll free 1-855-376-7888; TTY/TDD 1-800-537-7697 | Bengali |
| KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në <toll free 1-855-376-7888; TTY/TDD 1-800-537-7697. | Albanian |
| ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε toll free 1-855-376-7888 TTY/TDD 1-800-537-7697. | Greek |
| خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں <ollre toll free: 1-855-376-7888; TTY 1-800-537-7697> | Urdu |