



## **CCA One Care (Medicare-Medicaid Plan) offered by Commonwealth Care Alliance, Inc. (Commonwealth Care Alliance Massachusetts)**

# **Annual Notice of Changes for 2023**

### **Introduction**

You are currently enrolled as a member of CCA One Care. Next year, there will be changes to the plan's benefits, coverage, and rules. This **Annual Notice of Changes** tells you about the changes and where to find more information about them. To get more information about benefits, or rules please review the **Member Handbook**, which is located on our website at [www.ccama.org](http://www.ccama.org). Key terms and their definitions appear in alphabetical order in the last chapter of the **Member Handbook**.



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [ccama.org](http://ccama.org)

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## A. Disclaimers

- ❖ Limitations and restrictions may apply. This means that you may have to pay for some services and that you need to follow certain rules to have CCA One Care pay for your services. For more information, call Member Services.
- ❖ The List of Covered Drugs (formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- ❖ Benefits may change on January 1 of each year.
- ❖ **Estate Recovery Awareness:** MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit [www.mass.gov/estatercovery](http://www.mass.gov/estatercovery).

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## B. Reviewing your Medicare and MassHealth (Medicaid) coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section E3 for more information. **If you are over 65 and you decide to leave One Care, you will not be able to enroll in a One Care plan later.**

Your membership will end on the last day of the month that you tell Medicare or MassHealth (Medicaid) you want to leave the plan.

As long as you are still eligible for Medicare and MassHealth (Medicaid), you can leave One Care or your One Care plan and keep your Medicare and MassHealth (Medicaid) benefits.

If you leave One Care, you will usually return to getting your Medicare and MassHealth (Medicaid) services separately.

- You will have a choice about how to get your Medicare benefits (refer to page 13).
- You will get your MassHealth (Medicaid) services directly from doctors and other providers by using your MassHealth card. This is called “fee-for-service.” Your MassHealth (Medicaid) services include most long-term services and supports (LTSS) and behavioral healthcare.



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org](http://www.ccama.org)

## B1. Additional resources

- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The call is free.
- **ATENCIÓN:** Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. Llame al 866-610-2273 (TTY 711), de 8 a 20 horas, 7 días a la semana, del 1 de octubre al 31 de marzo. (Del 1 de abril al 30 de septiembre: de 8 a 20 horas, de lunes a viernes, y de 8 a 18 horas, los sábados y domingos). La llamada es gratuita.
- You can get this Annual Notice of Changes for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The call is free.
- We will keep your request for alternative formats and special languages on file for future mailings. Please contact Member Services at 866-610-2273 (TTY 711) to change your preferred language and/or format.

## B2. Information about CCA One Care

- CCA One Care (Medicare-Medicaid plan) is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees.
- Coverage under CCA One Care is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- CCA One Care is offered by Commonwealth Care Alliance, Inc. When this **Annual Notice of Changes** says “we,” “us,” or “our,” it means Commonwealth Care Alliance, Inc. When it says, “the plan” or “our plan,” it means CCA One Care.
- In the Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. does business as Commonwealth Care Alliance Massachusetts (CCA).



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org](http://www.ccama.org)

### **B3. Important things to do:**

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in sections D1 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D2 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C for information about our **Provider and Pharmacy Directory**.
- **Think about whether you are happy with our plan.**



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**If you decide to stay with CCA One Care:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

**If you decide to change One Care plans or leave One Care:**

If you decide another One Care plan will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month.

If you leave One Care, your membership in the plan will end at the end of the month.

Look in section E3, page 13 to learn more about your choices.

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## **C. Changes to the network providers and pharmacies**

Our provider and pharmacy networks have changed for 2023.

**Please review the 2023 Provider and Pharmacy Directory** to find out if your providers or pharmacy are still in our network. An updated **Provider and Pharmacy Directory** is located on our website at [www.ccama.org](http://www.ccama.org). You may also call Member Services for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory** at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.)

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your **Member Handbook**.



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## D. Changes to benefits for next year

### D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2022 (this year)	2023 (next year)
<b>Diabetes supplies</b>	<p>Our plan contracts with Abbott Diabetes Care, a preferred vendor, to supply glucometers and test strips to our diabetic members. These products include: FreeStyle Lite® meters, FreeStyle Freedom Lite® meters, Precision Xtra® meters, FreeStyle Lite® test strips, Precision Xtra® test strips, Precision Xtra® Beta Ketone test strips.</p>	<p>Our plan contracts with Abbott Diabetes Care and LifeScan, preferred vendors to supply glucometers and test strips to our diabetic members. These products include: FreeStyle Freedom Lite® meters, Precision Xtra® meters, FreeStyle Lite® test strips, Precision Xtra® test strips, Precision Xtra® Beta Ketone test strips, OneTouch Ultra2® Glucose System, OneTouch Ultra Mini® Meter, OneTouch Verio Flex® Meter, OneTouch Verio IQ® Meter, OneTouch Ultra® Test Strips and OneTouch Verio® Test Strips.</p> <p>Some restrictions may apply.</p> <p>You can obtain a new glucometer and test strips by requesting a new prescription from your provider to fill at your local pharmacy. You can also call LifeScan at 1-800-227-8862 or visit <a href="http://www.lifescan.com">www.lifescan.com</a>. Or call Abbott Diabetes Care at 1-800-522-5226 or visit <a href="http://www.AbbottDiabetesCare.com">www.AbbottDiabetesCare.com</a>.</p>



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	2022 (this year)	2023 (next year)
<b>Prescription Digital Therapeutics</b>	Prescription Digital Therapeutics are <b>not</b> covered.	<p>You pay a <b>\$0</b> copay for the following prescription digital therapy:</p> <p>The plan covers reSET and reSET-O, a 12-week, on demand cognitive behavioral therapy application downloadable to a smartphone.</p> <p>This therapy is indicated for adults being treated in an outpatient treatment program for substance use disorder and opioid use disorder. Treatment with reSET-O should be combined with therapy including transmucosal buprenorphine.</p> <p>Please work with your provider and One Care Plan to determine if this will work for you. Call the plan’s Member Services line for more information.</p>



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	2022 (this year)	2023 (next year)
<b>Transportation (non-medical)</b>	See Member Handbook for details.	<p>See Member Handbook for details.</p> <p>Eight (8) one-way trips per month are provided for non-medical purposes, such as grocery shopping.</p> <p><b>Any additional non-medical trips beyond the standard eight (8) one-way trips must be approved in advance by the plan and included as part of your care plan.</b></p> <p>Certain locations are prohibited such as casinos.</p> <p>Trips not used within the month are not rolled over for future use.</p> <p>Trips must be booked at least 72 hours in advance, Monday through Friday, of the expected trip date.</p>



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	2022 (this year)	2023 (next year)
<b>Vision Care</b>	<p>The plan pays up to \$125 per calendar year toward frames or contact lenses for prescription eyewear without prior authorization.</p> <p>VSP is the benefit administration for the plan’s routine vision care services, including exams and eyewear. Members must use the VSP network of providers to be covered.</p> <p>To contact VSP please call 1-855-492-9028, Monday through Sunday 8 am through 8 pm.</p> <p>Prior authorization is not required for outpatient vision services provided by an in-network provider.</p>	<p>The plan pays up to \$125 per calendar year toward frames or contact lenses for prescription eyewear without prior authorization.</p> <p>Base lenses (single, bifocal and trifocal) are covered once per year.</p> <p>CCA will administer your vision benefit for the plan's routine vision care services, including exams and eyewear.</p> <p>Prior authorization is not required for outpatient vision services provided by a network provider.</p> <p>For questions about your vision benefits, call Member Services.</p>

**D2. Changes to prescription drug coverage**

**Changes to our Drug List**

An updated **List of Covered Drugs** is located on our website at [www.ccama.org](http://www.ccama.org). You may also call Member Services to discuss updated drug information or to ask us to mail you a **List of Covered Drugs**. Call us at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The **List of Covered Drugs** is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your prescription drugs will be covered next year** and to find out if there will be any restrictions.



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org](http://www.ccama.org)

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) Or, speak with your care partner to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to Chapter 9 of the 2023 **Member Handbook** or call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.)
  - If you need help asking for an exception, you can contact Member Services. Refer to Chapter 2 and Chapter 3 of the **Member Handbook** to learn more about how to contact member services.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the **Member Handbook**.)
  - When you get a temporary supply of a drug, you should talk with your healthcare provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.



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Formulary exceptions are usually valid for 12 months from the approval date unless the prescription is written for shorter amounts of time and/or shorter approval duration is noted in the approval letter.

### Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2023. Read below for more information about your prescription drug coverage.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** To find out if your drugs will be in a different tier, look them up in the Drug List.

The table below shows your costs for drugs in each of our five (5) drug tiers.

	2022 (this year)	2023 (next year)
<p><b>Drugs in Tier 1</b> (Preferred Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>
<p><b>Drugs in Tier 2</b> (Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>
<p><b>Drugs in Tier 3</b> (Preferred brand name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>
<p><b>Drugs in Tier 4</b> (Non-Preferred brand name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>
<p><b>Drugs in Tier 5</b> (Non-Medicare Rx/OTC Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 5 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>



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## **E. How to choose a plan**

### **E1. How to stay in our plan**

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different One Care plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2023.

### **E2. How to change plans**

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another One Care plan, or moving to Original Medicare.

You can also change to a different One Care plan at any time. If you want to do this, call MassHealth (Medicaid) Customer Service at 800-841-2900. TTY: 800-497-4648 (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8 am to 5 pm. You will automatically be disenrolled from CCA One Care at the end of the month, and your coverage in your new One Care plan will begin on the first day of the next month.

### **E3. Leaving One Care**

As long as you are still eligible for Medicare and MassHealth (Medicaid), you can leave One Care or your One Care plan and keep your Medicare and MassHealth (Medicaid) benefits. If you leave One Care, you will usually return to getting your Medicare and MassHealth (Medicaid) services separately.

You will get your MassHealth (Medicaid) services directly from doctors and other providers by using your MassHealth card. This is called “fee-for-service.” Your MassHealth (Medicaid) services include most long-term services and supports (LTSS) and behavioral healthcare.

You will have a choice about how to get your Medicare benefits.



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org](http://www.ccama.org)

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in a Medicare health plan or PACE.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the SHINE Program (Serving the Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370.</li> </ul> <p>Your coverage with CCA One Care will end on the last day of the month before your new plan’s coverage begins.</p>
<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in Original Medicare with a separate Medicare prescription drug plan.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the SHINE Program (Serving the Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370.</li> </ul> <p>Your coverage with CCA One Care will end on the last day of the month before your Original Medicare coverage begins.</p>



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<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the SHINE Program at 1-800-243-4636. TTY users should call 1-800-439-2370.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in Original Medicare and opt out of a separate Medicare prescription drug plan.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the SHINE Program (Serving the Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370.</li> </ul> <p>Your coverage with CCA One Care will end on the last day of the month before your Original Medicare coverage begins.</p>
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## F. How to get help

### F1. Getting help from CCA One Care

Questions? We're here to help. Please call Member Services at 866-610-2273 (TTY 711). We are available for phone calls 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) Calls to this number are free.

### Your 2023 Member Handbook

The **2023 Member Handbook** is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The **2023 Member Handbook** will be available by October 15. An up-to-date copy of the **2023 Member Handbook** is available on our website at [www.ccama.org](http://www.ccama.org). You may also call Member Services at 866-610-2273 (TTY 711) to ask us to mail you a **2023 Member Handbook**.



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## Our website

You can also visit our website at [www.ccama.org](http://www.ccama.org). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (**Provider and Pharmacy Directory**) and our Drug List (**List of Covered Drugs**).

## F2. Getting help from MassHealth Customer Service

MassHealth Customer Service can answer questions you may have about One Care and your other options for getting your services. MassHealth Customer Service can also help you enroll in a One Care plan, switch plans, or leave One Care. You can call MassHealth Customer Service at 1-800-841-2900. TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8:00 am to 5:00 pm.

## F3. Getting help from My Ombudsman

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman's services are free. My Ombudsman can:

- Answer your questions or refer you to the right place to find what you need.
- Help you address a problem or concern with One Care or your One Care plan, CCA One Care. My Ombudsman's staff will listen, investigate the issue, **and** discuss options with you to help solve the problem.
- Help with appeals. An appeal is a formal way of asking your One Care plan, MassHealth, or Medicare to review a decision about your services. My Ombudsman's staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call, email, write, or visit My Ombudsman at its office.

- Call 1-855-781-9898, Monday through Friday from 9:00 am to 4:00 pm.
  - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.
  - Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email [info@myombudsman.org](mailto:info@myombudsman.org) or contact My Ombudsman through its website at [www.myombudsman.org](http://www.myombudsman.org).



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org](http://www.ccama.org)

- Write to or visit the My Ombudsman office at 25 Kingston Street, 4<sup>th</sup> floor, Boston, MA 02111.
  - Please refer to the My Ombudsman website or contact them directly for updated information about location, setting up an appointment, and walk-in hours.

#### **F4. Getting help from the State Health Insurance Assistance Program (called SHINE)**

You can also call SHINE (Serving the Health Insurance Needs of Everyone). SHINE counselors can help you understand your One Care plan choices and answer questions about switching plans. SHINE is not connected with us or with any insurance company or health plan. SHINE has trained counselors in every state, and services are free. The phone number for SHINE is 1-800-243-4636. TTY (for people who are deaf, hard of hearing, or speech disabled): 1-800-439-2370 (Massachusetts only).

#### **F5. Getting help from Medicare**

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

##### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your One Care plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

##### **Medicare & You 2023**

You can read the **Medicare & You 2023** handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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