



# Your Rights and Responsibilities as a member of CCA Medicare Value (PPO)

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## **SECTION 1      Our plan must honor your rights and cultural sensitivities as a member of the plan**

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<b>Section 1.1</b>	<b>We must provide information in a way that works for you and consistent with your cultural sensitivities (in languages other than English, in braille, in large print, or other alternate formats, etc.)</b>
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- Your plan is required to ensure that all services, both clinical and non-clinical, are provided in a culturally competent manner and are accessible to all enrollees, including those with limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural and ethnic backgrounds. Examples of how a plan may meet these accessibility requirements include, but are not limited to provision of translator services, interpreter services, teletypewriters, or TTY (text telephone or teletypewriter phone) connection.
- Our plan has free interpreter services available to answer questions. You can get this document and other printed materials in Spanish or other languages or speak with someone about this information in other languages, for free. We can also give you information in braille, in large print, or other alternate formats at no cost if you need it. We are required to give you information about the plan's benefits in a format that is accessible and appropriate for you. To get information from us in a way that works for you, please call Member Services.
- Our plan is required to give female enrollees the option of direct access to a women's health specialist within the network for women's routine and preventive healthcare services.

- If providers in the plan's network for a specialty are not available, it is the plan's responsibility to locate specialty providers outside the network who will provide you with the necessary care. If you find yourself in a situation where there are no specialists in the plan's network that cover a service you need, call the plan for information on where to go to obtain this service.
- If you have any trouble getting information from our plan in a format that is accessible and appropriate for you, please call to file a grievance with 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.) You may also file a complaint with Medicare by calling 1-800-MEDICARE (1-800-633-4227) or directly with the Office for Civil Rights 1-800-368-1019 or TTY 1-800-537-7697.

<b>Section 1.2</b>	<b>We must ensure that you are treated with respect and recognition of your dignity and your right to privacy</b>
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- Our plan must obey laws that protect you from discrimination or unfair treatment. **We do not discriminate** based on a person's medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence.
- If you want more information or have concerns about discrimination or unfair treatment, please call the U.S. Department of Health and Human Services' **Office for Civil Rights** at 1-800-368-1019 (TTY 1-800-537-7697) or your local Office for Civil Rights.
- If you have a disability and need help with access to care, please call us at Member Services. If you have a complaint, such as a problem with wheelchair access, Member Services can help.
- For more information on how we protect your right to privacy, refer to Section 1.4.

<b>Section 1.3</b>	<b>We must ensure that you get timely access to your covered services and drugs</b>
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- You have the right to choose a primary care provider (PCP) in the plan's network to provide and arrange for your covered services. We do not require you to get referrals to go to network providers.
- You have the right to get appointments and covered services from the plan's network of providers **within a reasonable amount of time**. This includes the right to get timely services from specialists when you need that care. You also have the right to get your prescriptions filled or refilled at any of our network pharmacies without long delays.
- All urgent care and symptomatic office or home visits are available to you within 48 hours. All non-symptomatic office visits are available to you within 14 calendar days.
- If you think that you are not getting your medical care or Part D drugs within a reasonable amount of time, Chapter 5 of your Evidence of Coverage tells what you can do.

<b>Section 1.4</b>	<b>We must protect the privacy of your personal health information</b>
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Federal and state laws protect the privacy of your medical records and personal health information. We protect your personal health information as required by these laws.

- Your "personal health information" includes the personal information you gave us when you enrolled in this plan as well as your medical records and other medical and health information.
- You have rights related to your information and controlling how your health information is used. We give you a written notice, called a "Notice of Privacy Practice," that tells about these rights and explains how we protect the privacy of your health information.

**How do we protect the privacy of your health information?**

- We make sure that unauthorized people don't see or change your records.

- Except for the circumstances noted below, if we intend to give your health information to anyone who isn't providing your care or paying for your care, **we are required to get written permission from you or someone you have given legal power to make decisions for you first.**
- There are certain exceptions that do not require us to get your written permission first. These exceptions are allowed or required by law.
  - We are required to release health information to government agencies that are checking on quality of care.
  - Because you are a member of our plan through Medicare, we are required to give Medicare your health information including information about your Part D prescription drugs. If Medicare releases your information for research or other uses, this will be done according to Federal statutes and regulations; typically, this requires that information that uniquely identifies you not be shared.

**You can see the information in your records and know how it has been shared with others.**

- You have the right to look at your medical records held at the plan, and to get a copy of your records. You also have the right to ask us to make additions or corrections to your medical records. If you ask us to do this, we will work with your healthcare provider to decide whether the changes should be made.
- You have the right to know how your health information has been shared with others for any purposes that are not routine.
- If you have questions or concerns about the privacy of your personal health information, please call Member Services.

**Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Effective Date: August 4, 2022

Commonwealth Care Alliance, Inc. is required by law (i) to protect the privacy of your **Medical Information (which includes behavioral health information)**; (ii) to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to Medical Information; and (iii) to notify you if your unencrypted Medical Information is affected by a breach.

We reserve the right to change this Notice and to make the changes effective for all Medical Information we maintain. If we make a material change to the Notice, we will (i) post the updated Notice on our website; (ii) post the updated Notice in each of Our Healthcare Providers' service locations; and (iii) make copies of the updated Notice available upon request. We will also send Our Health Plan Members information about the updated Notice and how to obtain the updated Notice (or a copy of the Notice) in the next annual mailing to Members. We are required to abide by the terms of the Notice that is currently in effect.

**CONTACT INFORMATION:** If you have questions about the information in this Notice, would like to exercise your rights, or file a complaint, please contact:

Commonwealth Care Alliance, Inc.  
Attention: Privacy and Security Officer  
30 Winter Street  
Boston, MA 02108  
Toll Free: 866-457-4953 (TTY 711)

## **SECTION 1: Companies to Which This Notice Applies**

This Notice applies to Commonwealth Care Alliance, Inc. and its subsidiaries that are subject to the HIPAA Privacy Rule as "covered entities." Some of these subsidiaries are "**Our Health Plans**"—companies that provide or pay for Medicare Advantage benefits, Medicaid benefits, or other healthcare benefits, such a health insurer or HMO. Other subsidiaries are Our Healthcare Providers ("**Our Providers**") that furnish treatment to patients, such as primary care clinics.

This Notice describes how all of these entities use and disclose your Medical Information and your rights with respect to that information. In most cases, Our Health Plans use and disclose your Medical Information in the same ways as Our Providers and your rights to your Medical Information are the same. When there are differences, however, this Notice will explain those differences by describing

how we treat Medical Information about a **Health Plan's Member** differently than Medical Information about a **Provider's Patient**.

The Health Plans and Providers to which this Notice applies include:

### **Our Health Plans**

- Commonwealth Care Alliance Massachusetts, LLC
- Commonwealth Care Alliance Rhode Island, LLC
- CCA Health Michigan, Inc.
- CCA Health Plans of California, Inc.

### **Our Healthcare Providers**

- Commonwealth Clinical Alliance, Inc.
- Boston's Community Medical Group, Inc. d/b/a CCA Primary Care
- Reliance PO of Michigan, Inc.
- instED™
- Marie's Place

## **SECTION 2: Information We Collect:**

Individuals are responsible for providing correct and complete Medical Information for Commonwealth Care Alliance, Inc., and its subsidiaries (CCA) to provide quality services. CCA is committed to protecting the confidentiality of individuals' Medical Information that is collected or created as part of our operations and provision of services. When you interact with us through our services, we may collect Medical Information and other information from you, as further described below.

Medical Information may include personal information, but it is all considered Medical Information when you provide it through or in connection with the services:

- We collect information, such as email addresses, personal, financial, or demographic information from you when you voluntarily provide us with such information, such as (but not limited to) when you contact us with inquiries, fill out on-line forms, respond to one of our surveys, respond to

advertising or promotional material, register for access to our services or use certain services.

- Wherever CCA collects Medical Information, we make access to this notice available. By providing us with Medical Information, you are consenting to our use of it in accordance with this notice. If you provide information to CCA, you acknowledge and agree that such information may be transferred from your current location to the facilities and servers of CCA and the authorized third parties with whom CCA does business.

### **SECTION 3: How We Use and Disclose Your Medical Information**

This section of our Notice explains how we may use and disclose your Medical Information to provide healthcare, pay for healthcare, obtain payment for healthcare, and operate our business efficiently. This section also describes other circumstances in which we may use or disclose your Medical Information.

Our model of care requires that Our Health Plans and Our Healthcare Providers work together with other healthcare providers to provide medical services to you. Our professional staff, physicians, and other care providers (referred to as a “Care Team”) have access to your Medical Information and share your information with each other as needed to perform treatment, payment, and healthcare operations as permitted by law.

**Treatment:** Our Providers may use a Patient’s Medical Information and we may disclose Medical Information to provide, coordinate, or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

Example: You are being discharged from a hospital. Our nurse practitioner may disclose your Medical Information to a home health agency to make sure you get the services you need after discharge from the hospital.

**Payment:** We may use and disclose your Medical Information to pay for healthcare services you have received and to obtain payment from others for those services.

Example: Your healthcare provider may send Our Health Plan a claim for healthcare services furnished to you. The Health Plan may use that information

to pay your healthcare provider's claim and it may disclose the Medical Information to Medicare or Medicaid when the Health Plan seeks payment for the services.

**Healthcare Operations:** We may use and disclose your Medical Information to perform a variety of business activities that allow us to administer the benefits you are entitled to under Our Health Plan and the treatment furnished by Our Providers. For example, we may use or disclose your Medical Information to:

- Review and evaluate the skills, qualifications, and performance of healthcare providers treating you.
- Cooperate with other organizations that assess the quality of the care of others.
- Determine whether you are entitled to benefits under our coverage; but we are prohibited by law from using your genetic information for underwriting purposes.

**Joint Activities.** Commonwealth Care Alliance, Inc. and its subsidiaries have an arrangement to work together to improve health and reduce costs. We may engage in similar arrangements with other healthcare providers and health plans. We may exchange your Medical Information with other participants in these arrangements for treatment, payment, and healthcare operations related to the joint activities of these "organized healthcare arrangements."

**Persons Involved in Your Care:** We may disclose your Medical Information to a relative, close personal friend or any other person you identify as being involved in your care. For example, if you ask us to share your Medical Information with your spouse, we will disclose your Medical Information to your spouse. We may also disclose your Medical Information to these people if you are not available to agree and we determine it is in your best interests. In an emergency, we may use or disclose your Medical Information to a relative, another person involved in your care or a disaster relief organization (such as the Red Cross), if we need to notify someone about your location or condition.

**Required by Law:** We will use and disclose your Medical Information whenever we are required by law to do so. For example:



- We will disclose Medical Information in response to a court order or in response to a subpoena.
- We will use or disclose Medical Information to help with a product recall or to report adverse reactions to medications.
- We will disclose Medical Information to a health oversight agency, which is an agency responsible for overseeing health plans, healthcare providers, the healthcare system generally, or certain government programs (such as Medicare and Medicaid).
- We will disclose an individual's Medical Information to a person who qualifies as the individual's Personal Representative. A "Personal Representative" has legal authority to act on behalf of the individual, such as a child's parent or guardian, a person with a healthcare power of attorney, or a disabled individual's court-appointed guardian.

**Threat to health or safety:** We may use or disclose your Medical Information if we believe it is necessary to prevent or lessen a serious threat to health or safety.

**Public health activities:** We may use or disclose your Medical Information for public health activities, such as investigating diseases, reporting child or domestic abuse and neglect, and monitoring drugs or devices regulated by the Food and Drug Administration.

**Law enforcement:** We may disclose Medical Information to a law enforcement official for specific, limited law enforcement purposes, such as disclosures of Medical Information about the victim of a crime or in response to a grand jury subpoena. We may also disclose Medical Information about an inmate to a correctional institution.

**Coroners and others:** We may disclose Medical Information to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye, and tissue transplants.

**Worker's compensation:** We may disclose Medical Information as authorized by and in compliance with workers' compensation laws.

**Research organizations:** We may use or disclose your Medical Information for research that satisfies certain conditions about protecting the privacy of the Medical Information.

**Certain government functions:** We may use or disclose your Medical Information for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities.

**Business associates:** We contract with vendors to perform functions on our behalf. We permit these "**business associates**" to collect, use, or disclose Medical Information on our behalf to perform these functions. We contractually obligate our business associates (and they are required by law) to provide the same privacy protections that we provide.

**Fundraising Communications:** We may use or disclose Medical Information for fundraising. If you receive a fundraising request from us (or on our behalf) you may opt out of future fundraising activities.

#### **SECTION 4: Other Uses and Disclosures Require Your Prior Authorization**

Except as described above, we will not use or disclose your Medical Information without your written permission ("**authorization**"). We may contact you to ask you to sign an authorization form for our uses and disclosures or you may contact us to disclose your Medical Information to another person and we will need to ask you to sign an authorization form.

If you sign a written authorization, you may later revoke (or cancel) your authorization. If you would like to revoke your authorization, you must do so in writing (send this to us using the **Contact Information** at the beginning of this Notice). If you revoke your authorization, we will stop using or disclosing your Medical Information based on the authorization except to the extent we have acted in reliance on the authorization. The following are uses or disclosures of your Medical Information for which we would need your written authorization:

- **Use or disclosure for "marketing" purposes:** We may only use or disclose your Medical Information for "marketing" purposes if we have your written authorization. We may, however, send you information about certain health-related products and services without your written authorization, as long as no one pays us to send the information.

- **Sale of your Medical Information:** Commonwealth Care Alliance, Inc. will not sell your Medical Information. If we did, we would need your written authorization.
- **Use and disclosure of psychotherapy notes:** Except for certain treatment, payment, and healthcare operations activities or as required by law, we may only use or disclose your psychotherapy notes if we have your written authorization.

## **SECTION 5: You Have Rights with Respect to Your Medical Information**

You have certain rights with respect to your Medical Information. To exercise any of these rights, you may contact us using the **Contact Information** at the beginning of this Notice.

**Right to a Copy of this Notice:** You have a right to receive a paper copy of our Notice of Privacy Practices at any time, even if you agreed to receive the Notice electronically.

**Right to Access to Inspect and Copy:** You have the right to inspect (see or review) and receive a copy or summary of your Medical Information we maintain in a “designated record set.” If we maintain this information in electronic form, you may obtain an electronic copy of these records. You may also instruct Our Healthcare Providers to send an electronic copy of information we maintain about you in an Electronic Medical Record to a third party. You must provide us with a request for this access in writing. We may charge you a reasonable, cost-based fee to cover the costs of a copy of your Medical Information. In accordance with the HIPAA Privacy Rule and in very limited circumstances, we may deny this request. We will provide a denial in writing to you no later than 30 calendar days after the request (or no more than 60 calendar days if we notified you of an extension).

**Right to Request Medical Information be Amended:** If you believe that Medical Information we have is either inaccurate or incomplete, you have the right to request that we amend, correct, or add to your Medical Information. Your request must be in writing and include an explanation of why our information needs to be changed. If we agree, we will change your information. If we do not agree, we will provide an explanation with future disclosures of the information.

**Right to an Accounting of Disclosures:** You have the right to receive a list of certain disclosures we make of your Medical Information (“**disclosure accounting**”). The list will not include disclosures for treatment, payment, and healthcare operations, disclosures made more than six years ago, or certain other disclosures. We will provide one accounting each year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months. You must make a request for disclosure accounting in writing.

**Right to Request Restrictions on Uses and Disclosures:** You have the right to request that we limit how we use and disclose your Medical Information (i) for treatment, payment, and healthcare operations or (ii) to persons involved in your care. Except as described below, we do not have to agree to your requested restriction. If we do agree to your request, we will comply with your restrictions, unless the information is necessary for emergency treatment.

Our Healthcare Providers must agree to your request to restrict disclosures of Medical Information if (i) the disclosures are for payment or healthcare operations (and are not required by law) and (ii) the information pertains solely to healthcare items or services for which you, or another person on your behalf (other than Our Health Plans) has paid in full.

**Right to Request an Alternative Method of Contact:** You have the right to request in writing that we contact you at a different location or using a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address or e-mailed to you. Our Healthcare Providers will agree to any reasonable request for alternative methods of contact.

## **SECTION 6: You May File a Complaint About Our Privacy Practices**

If you believe your privacy rights have been violated, you may file a written complaint either with Commonwealth Care Alliance, Inc. or the U.S. Department of Health and Human Services.

**Commonwealth Care Alliance, Inc. will not take any action against you or change the way we treat you in any way if you file a complaint.**

To file a written complaint with or request more information from Commonwealth Care Alliance, Inc., contact us using the **Contact Information** at the beginning of this Notice.

## **SECTION 7: State-Specific Requirements**

**Massachusetts Immunization Information Systems:** Our Providers are required to report vaccinations you receive to the Massachusetts Immunization Information System (MIIS). The MIIS is a statewide system to keep track of vaccination records and is managed by the Massachusetts Department of Public Health (MDPH). If you do not want your MIIS records shared with other healthcare providers, you must submit an Objection to Data Sharing Form to:

Massachusetts Immunization Information System (MIIS)  
Immunization Program  
Massachusetts Department of Public Health  
305 South Street  
Jamaica Plain, MA 02130

<b>Section 1.5</b>	<b>We must give you information about the plan, its network of providers, and your covered services</b>
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As a member of CCA Medicare Value, you have the right to get several kinds of information from us.

If you want any of the following kinds of information, please call Member Services:

- **Information about our plan.** This includes, for example, information about the plan's financial condition.
- **Information about our network providers and pharmacies.** You have the right to get information about the qualifications of the providers and pharmacies in our network and how we pay the providers in our network.
- **Information about your covered services and the rules you must follow when using your coverage.** Chapters 3 and 4 of your Evidence of

Coverage provide information regarding medical services. Chapter 5 and 6 provides information about Part D prescription drug coverage.

- **Information about why something is not covered and what you can do about it.** Chapter 9 of your Evidence of Coverage provides information on asking for a written explanation on why a medical service or Part D drug is not covered or if your coverage is restricted. Chapter 9 also provides information on asking us to change a decision, also called an appeal.
- **Information on your responsibilities as a member of our plan.** You have some responsibilities you must follow as a CCA Medicare Value member.

<b>Section 1.6</b>	<b>We must support your right to participate with practitioners and providers in making decisions about your care</b>
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- **You have the right to know your treatment options and participate in decisions about your healthcare.**
- You have the right to get full information from your doctors and other healthcare providers. Your providers must explain your medical condition and your treatment choices **in a way that you can understand.**
- You also have the right to participate fully in decisions about your healthcare. To help you make decisions with your healthcare providers about what treatment is best for you, your rights include the following:
  - **To know about all of your choices.** You have the right to have a discussion about the appropriate or medically necessary treatment options that are recommended for your condition, no matter what they cost or whether they are covered by our plan. It also includes being told about programs our plan offers to help members manage their medications and use drugs safely.
  - **To know about the risks.** You have the right to be told about any risks involved in your care. You must be told in advance if any proposed medical care or treatment is part of a research experiment. You always have the choice to refuse any experimental treatments.
  - **The right to say “no.”** You have the right to refuse any recommended treatment. This includes the right to leave a hospital or other medical

facility, even if your healthcare provider advises you not to leave. You also have the right to stop taking your medication. Of course, if you refuse treatment or stop taking medication, you accept full responsibility for what happens to your body as a result.

- **To receive an explanation if you are denied coverage for care.** You have the right to receive an explanation from us if a provider has denied care that you believe you should receive. To receive this explanation, you will need to ask us for a coverage decision. Chapter 9 of this booklet tells how to ask the plan for a coverage decision.
- **To be free from any form of restraint.** You have the right to be free from restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- You have the right to give instructions about what is to be done if you are not able to make medical decisions for yourself.
- Sometimes people become unable to make healthcare decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation.
- The legal documents that you can use to give your directions in advance in these situations are called “**advance directives**.” There are different types of advance directives and different names for them. In Massachusetts, the document is called the **health care proxy**. In other states, documents called “**living will**” and “**power of attorney for healthcare**” are examples of advance directives.
- This means that, if you want to, you can:
  - Fill out a health care proxy form in which you give someone (called your “health care agent”) the legal authority to make healthcare decisions for you if your healthcare provider determines you have become unable to make or communicate healthcare decisions for yourself.
- If you want to use a health care proxy to give your instructions, here is what to do:
  - **Get the form.** You can contact Member Services to ask for a form that is provided by Honoring Choices Massachusetts. You can also download a copy of the form from the Honoring Choices Massachusetts website ([www.honoringchoicesmass.com](http://www.honoringchoicesmass.com)).

- **Fill it out and sign it.** Regardless of where you get this form, keep in mind that it is a legal document.
- **Give copies to appropriate people.** A copy of your health care proxy is as valid as the original. You should give a copy of the form to your healthcare provider and to your health care agents. You may want to give copies to close friends or family members. Keep a copy at home.
- If you know ahead of time that you are going to be hospitalized, and you have signed a health care proxy, take a copy with you to the hospital.
  - The hospital will ask you whether you have signed an advance directive form and whether you have it with you.
  - If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.
- **Remember, it is your choice whether you want to fill out an advance directive** (including whether you want to sign one if you are in the hospital). According to law, no one can deny you care or discriminate against you based on whether or not you have signed an advance directive.
- **What if you object to the decision your health care agent is making?**
  - If you disagree with the decision your health care agent is making, you can say so, and your decision will prevail unless a court determines that you lack capacity to make healthcare decisions.
- **What if your physician determines that you have regained capacity to make healthcare decisions?**
  - The authority of your healthcare agent will end but can begin if you lose capacity again and your consent for treatment shall be required.
- **What if your instructions are not followed?**
  - If you have signed a health care proxy and your wishes were not followed, you may file a complaint with Massachusetts Department of Public Health, Division of Healthcare Quality's Complaint Unit by calling 1-800-462-5540. To file a complaint against an individual healthcare provider, please call the Board of Registration in Medicine at 781-876-8200.



**Section 1.7      You have the right to make complaints or appeals about the organization or the care it provides**

- If you have any problems, concerns, or complaints and need to request coverage, or make an appeal, Chapter 8 of your Evidence of Coverage tells what you can do. Whatever you do – ask for a coverage decision, make an appeal, or make a complaint – **we are required to treat you fairly.**
- You may file an internal appeal directly with our plan. Chapter 9 of your Evidence of Coverage tells what you need to do to file an appeal directly with the plan. You may also file an internal appeal through the Social Security Administration or the Railroad Retirement Board, which will forward the appeal to our plan. For details about how to contact the Social Security Administration and the Railroad Retirement Board, go to Chapter 2 of your Evidence of Coverage.

**Section 1.8      You have the right to make recommendations on our member rights and responsibilities policy**

If you have any recommendations on our member rights and responsibilities policy, you can share your suggestion by calling Member Services.

**Section 1.9      What can you do if you believe you are being treated unfairly or your rights are not being respected?**

**If it is about discrimination, call the Office for Civil Rights**

If you believe you have been treated unfairly or your rights have not been respected due to your race, disability, religion, sex, health, ethnicity, creed (beliefs), age, sexual orientation, or national origin, you should call the Department of Health and Human Services' **Office for Civil Rights** at 1-800-368-1019 or TTY 1-800-537-7697 or call your local Office for Civil Rights.

**Is it about something else?**

If you believe you have been treated unfairly or your rights have not been respected, **and** it's **not** about discrimination, you can get help dealing with the problem you are having:

- You can **call Member Services**.
- You can **call the SHIP**. For details, go to Chapter 2 of your Evidence of Coverage.
- Or, **you can call Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY 1-877-486-2048).

<b>Section 1.10</b> <b>How to get more information about your rights</b>
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There are several places where you can get more information about your rights:

- You can **call Member Services**.
- You can **call the SHIP**. For details, go to Chapter 2 of your Evidence of Coverage.
- You can contact **Medicare**.
  - You can visit the Medicare website to read or download the publication “Medicare Rights & Protections.” (The publication is available at: [www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf](http://www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf).)
  - Or, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY 1-877-486-2048).

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## **SECTION 2      You have some responsibilities as a member of the plan**

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Things you need to do as a member of the plan are listed below. If you have any questions, please call Member Services.

- **Get familiar with your covered services and the rules you must follow to get these covered services.** Use this Evidence of Coverage to learn what is covered for you and the rules you need to follow to get your covered services.
  - Chapters 3 and 4 of your Evidence of Coverage give the details about your medical services.

- Chapter 5 and 6 give the details about your Part D prescription drug coverage.
- **If you have any other health insurance coverage or prescription drug coverage in addition to our plan, you are required to tell us.** Please call Member Services to let us know.
- **Tell your doctor and other healthcare providers that you are enrolled in our plan.** Show your plan member ID card whenever you get your medical care or Part D prescription drugs.
- **Help your doctors and other providers help you by giving them information, asking questions, and following through on your care.**
  - To help get the best care, tell your doctors and other healthcare providers about your health problems. Follow the mutually agreed upon treatment plans and instructions that you and your healthcare providers agree upon.
  - Make sure your healthcare providers know all of the drugs you are taking, including over-the-counter drugs, vitamins, and supplements.
  - If you have any questions, be sure to ask and get an answer you can understand.
- **Be considerate.** We expect all our members to respect the rights of other patients. We also expect you to act in a way that helps the smooth running of your doctor's office, hospitals, and other offices.
- **Pay what you owe.** As a plan member, you are responsible for these payments:
  - You must continue to pay your Medicare Part B premiums to remain a member of the plan.
  - For most of your medical services or drugs covered by the plan, you must pay your share of the cost when you get the service or drug.
  - If you are required to pay a late enrollment penalty, you must pay the penalty to keep your prescription drug coverage.
  - If you are required to pay the extra amount for Part D because of your yearly income, you must continue to pay the extra amount directly to the government to remain a member of the plan.

- **If you move within our service area, we need to know** so we can keep your membership record (centralized enrollee record) up to date and know how to contact you.
- **If you move outside of our plan service area, you cannot remain a member of our plan.**
- If you move, it is also important to tell Social Security (or the Railroad Retirement Board).

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CCA Medicare Value (PPO) is a health plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

You can get this document for free in other formats, such as large print, 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.