



Your Right and Responsibilities as a member of CCA One Care (HMO D-SNP)

A. Your right to get services and information in a way that meets your needs

We must ensure **all** services, both clinical and non-clinical, are provided to you in a culturally competent and accessible manner including for those with limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural and ethnic backgrounds. We must also tell you about our plan's benefits and your rights in a way that you can understand. We must tell you about your rights each year that you're in our plan.

- To get information in a way that you can understand, call Member Services. Our plan has free interpreter services available to answer questions in different languages.
- Our plan can also give you materials languages other than English including Spanish and in formats such as large print, braille, or audio. To get materials in one of these alternative formats, please call Member Services or write to CCA One Care (HMO D- SNP). Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, to request information in other languages and formats. The call is free. For purposes of future mailings, we will keep your request for alternative formats and/or special languages on file. You can change your communication preferences with us at any time by calling Member Services. You can reach the accessibility and accommodations officer, who is the ADA Compliance officer, to request a reasonable accommodation at:

Commonwealth Care Alliance, Inc.
Attn: ADA Officer
2 Avenue de Lafayette, 5th Floor
Boston, MA 02111
Phone: 617-960-0474, ext. 3932 (TTY 711)
Email: civilrightscordinator@commonwealthcare.org

If you have trouble getting information from our plan because of language problems or a

disability and you want to file a complaint, call:

- Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- My Ombudsman at 1-855-781-9898, Monday through Friday from 9:00 a.m. to 4:00 p.m.
 - 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.

MassHealth (Medicaid) Customer Service Center at 1-800-841-2900, Monday through Friday, from 8:00 a.m. to 5:00 p.m. (TTY: 711).

Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

B. Our responsibility for your timely access to covered services and drugs

You have rights as a member of our plan.

- You have the right to choose a primary care provider (PCP) in our network. A network provider is a provider who works with us. You can find more information about what types of providers may act as a PCP and how to choose a PCP in **Chapter 3** of your Member Handbook.
 - Call Member Services or go to the *Provider and Pharmacy Directory* to learn more about network providers and which doctors are accepting new patients.
- You have the right to a women's health specialist without getting a referral. We **don't** require you to get referrals.
- You have the right to get covered services from network providers within a reasonable amount of time.
 - This includes the right to get timely services from specialists.
 - If you can't get services within a reasonable amount of time, we must pay for out-of-network care.
- You have the right to get emergency services or care that's urgently needed without prior approval (PA).
- You have the right to get your prescriptions filled at any of our network

pharmacies without long delays.

- You have the right to know when you can use an out-of-network provider. To learn about out-of-network providers, refer to **Chapter 3** of your Member Handbook.

Chapter 9 of your Member Handbook tells what you can do if you think you aren't getting your services or drugs within a reasonable amount of time. It also tells what you can do if we denied coverage for your services or drugs and you don't agree with our decision.

C. Our responsibility to protect your personal health information (PHI)

We protect your PHI as required by federal and state laws.

Your PHI includes the personal information you gave us when you enrolled in our plan. It also includes your medical records and other medical and health information.

You have rights when it comes to your information and controlling how your PHI is used. We give you a written notice that tells about these rights and explains how we protect the privacy of your PHI. The notice is called the "Notice of Privacy Practice."

C1. How we protect your PHI

We make sure that no unauthorized people look at or change your records.

Except for the cases noted below, we don't give your PHI to anyone not providing your care or paying for your care. If we do, we must get written permission from you first. You, or someone legally authorized to make decisions for you, can give written permission.

Sometimes we don't need to get your written permission first. These exceptions are allowed or required by law:

- We must release PHI to government agencies checking on our plan's quality of care.
- We must release PHI by court order.
- We must give Medicare your PHI including information about your Medicare Part D drugs. If Medicare releases your PHI for research or other uses, they do it according to federal laws.

C2. Your right to look at your medical records

- You have the right to look at your medical records and to get a copy of your records.
- You have the right to ask us to update or correct your medical records. If you ask us to do this, we work with your health care provider to decide if changes should be made.

- You have the right to know if and how we share your PHI with others for any purposes that aren't routine.

If you have questions or concerns about the privacy of your PHI, call Member Services.

Health Insurance Portability and Accountability Act (HIPAA)

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: July 31, 2025

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 Health Care 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 or would like to exercise your rights or file a complaint, please contact:

Commonwealth Care Alliance, Inc.
Attention: Privacy Officer
2 Avenue de Lafayette
Boston, MA 02110
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 affiliates that are subject to the HIPAA Privacy Rule as "covered entities." Some of these affiliates are "**Our Health Plans**"—companies that provide or pay for Medicare benefits, Medicaid benefits, or other health care benefits, such a health insurer or HMO. Other affiliates are Our Health Care 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 One Care
- Commonwealth Care Alliance Senior Care Options

Our Health Care Providers

- Commonwealth Clinical Alliance, Inc.
- Boston's Community Medical Group, Inc. d/b/a CCA Primary Care
- instED®
- Marie's Place
- Community Intensive Care, Inc.

SECTION 2: Information We Collect and Protect:

Individuals are responsible for providing correct and complete Medical Information for Commonwealth Care Alliance, Inc., and its affiliates (CCA) to provide quality services. CCA is committed to protecting the confidentiality of individuals' Medical Information that is collected or created, in physical, electronic, and oral form, 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 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 online forms, respond to one of our surveys, respond to advertising or promotional material, register for access to our services, or use certain services.

Protected Health Information (PHI) we collect, use, and may share includes your (PHI may be in oral, written or electronic form):

- Your name, social security number, address, and date of birth
- Sex assigned at birth

- Race/ethnicity
- Language
- Health history
- Enrollment information with CCA or another Health Plan
- Gender identity
- Sexual orientation, and
- Preferred pronouns.

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 Health Care 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.

Example: You select a Primary Care Provider. We may give your Primary Care Provider some information about you such as your telephone number, address, and that you prefer to speak Spanish so the Primary Care Physician can contact you to schedule care or provide reminders.

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: To process and pay claims for health care services and treatment you received.

Your doctor may send Our Health Plan a claim for healthcare services furnished to you.

The Health Plan may use that information to pay your doctor’s claim and it may disclose

the Medical Information to Medicare or MassHealth (Medicaid) when the Health Plan seeks payment for the services.

Example: To give information to a doctor or hospital to confirm your benefits.

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; however, we are prohibited by law from using your genetic information for underwriting purposes.

Some Examples of Ways We Use PHI:

- To review the quality of care and services you receive.
- To help you and provide you with educational and health improvement information and services, e.g. for conditions like diabetes.
- To inform you of additional services and programs that may be of interest to you and/or help you, e.g. a benefit to help pay for fitness classes.
- To remind you to get regular health assessments, screenings, or checkups.
- To develop quality improvement programs and initiatives, including creating, using, or sharing de-identified data as allowed by HIPAA.
- Investigating and prosecuting cases, such as fraud, waste, or abuse

Joint Activities. Commonwealth Care Alliance, Inc., and its affiliates have an arrangement to work together to improve health and reduce costs. We may engage in similar arrangements with other health care providers and health plans. We may exchange your Medical Information with other participants in these arrangements for treatment, payment, and health care operations related to the joint activities of these “organized health care 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, health care providers, the healthcare system generally, or certain government programs (such as Medicare and MassHealth (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 health care 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 but only under specific conditions to protect the privacy of 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.

Additional Restrictions on Use and Disclosure Under State and Other Federal

Laws: Some state or other federal laws may require special privacy protections that further restrict the use and disclosure of certain sensitive health information. Such laws may protect the following types of information:

1. Alcohol and Substance Use Information : Medical Information received from a federally assisted drug or substance use disorder program (“Part 2 Programs”) through a general consent you provide may be used for treatment, payment, and healthcare operations, and to redisclose similarly to your other information. This specific information will not be used or disclosed in court proceedings without your written authorization or a court order.
2. Biometric Information
3. Child or Adult Abuse or Neglect Information
4. Domestic Violence Information
5. Genetic Information
6. HIV/AIDS Information
7. Behavioral Health Information
8. Reproductive Health and Abortion Information
9. Sexually Transmitted Infection Information

Where states or other federal laws offer you greater privacy protections, we will follow the more stringent requirements, where it applies to us.

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 health care operations activities or as required by law, we may only use or disclose your psychotherapy notes if we have your written authorization.

We will not impermissibly use your Race, Ethnicity, Language, Disability Status, Gender Identity, or Sexual Orientation to:

- Determine benefits
- Pay claims
- Determine your cost or eligibility for benefits
- Discriminate against members or patients for any reason
- Determine health care or administrative service availability or access

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 Health Care 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 notify 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 at no cost 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 Health Care 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 emailed to you.

Our Health Care 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

SECTION 8: More Information on How CCA Implements Security Features on PHI

Commonwealth Care Alliance complies with the Health Insurance Privacy and Accountability Act (HIPAA) in our handling of member and patient personal health information (PHI). The efforts below broadly describe the actions CCA takes to secure that sensitive information.

Administrative Safeguards:

- **Policies & Procedures.** CCA implements reasonable policies and procedures to comply with the standards, implementation specifications, or other requirements of the HIPAA Security Rule.
- **Security management process.** CCA implements policies and procedures to prevent, detect, contain, and correct security violations.
- **Assigned security responsibility.** The Chief Information Security Officer is responsible for the development and implementation of the security policies and procedures.
- **Workforce security.** Access to electronic PHI shall be restricted to only those Workforce members who need access to such records to perform their job responsibilities.
- **Security awareness and training.** CCA implements a privacy & security training, education, and awareness compliance program for all Workforce members (including our Board of Directors).
- **Security incident procedures.** CCA implements policies and procedures to address privacy and security incidents.

- **Contingency plan.** CCA establishes policies and procedures for responding to an emergency or other occurrence (for example, fire, vandalism, system failure, and natural disaster) that damages systems that contain electronic PHI, which include backups and business response plans.

Physical Safeguards:

- **Facility access controls.** CCA has implemented policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.
- **Workstation security.** CCA implements physical safeguards for all workstations that access electronic PHI, to restrict access to authorized users.
- **Device and media controls.** CCA implements policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic PHI into and out of a facility, and the movement of these items within the facility.

Technical and Electronic Safeguards:

- **Access control.** CCA implements technical policies and procedures for electronic information systems that maintain electronic PHI to allow access only to those persons or software programs that have been granted access rights.
- **Audit controls.** CCA implements hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic PHI.
- **Integrity.** CCA implements policies and procedures to protect electronic PHI from improper alteration or destruction.
- **Person or entity authentication.** CCA implements procedures to verify that a person or entity seeking access to electronic PHI is the one claimed.
- **Transmission security.** CCA implements technical security measures to guard against unauthorized access to electronic PHI that is being transmitted over an electronic communications network.

D. Our responsibility to give you information

As a member of our plan, you have the right to get information from us about our plan, our

network providers, and your covered services.

If you don't speak English, we have interpreter services to answer questions you have about our plan. To get an interpreter, call Member Services. This is a free service to you. You can get this document and other printed materials in Spanish or speak with someone about this information in other languages, for free. Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. We can also give you information free of charge in large print, braille, audio, American Sign Language video clips, and other ways.

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

- How to choose or change plans
- Our plan, including:
 - financial information
 - how plan members have rated us
 - the number of appeals made by members
 - how to leave our plan
- Our network providers and our network pharmacies, including:
 - how to choose or change primary care providers
 - qualifications of our network providers and pharmacies
 - how we pay providers in our network
- Covered services and drugs, including:
 - services (refer to **Chapters 3 and 4** of your Member Handbook) and drugs (refer to **Chapters 5 and 6** of your Member Handbook) covered by our plan
 - limits to your coverage and drugs
 - rules you must follow to get covered services and drugs
- Why something isn't covered and what you can do about it (refer to **Chapter 9** of your *Member Handbook*), including asking us to:
 - put in writing why something isn't covered
 - change a decision we made
 - pay for a bill you got

E. Inability of network providers to bill you directly

Doctors, hospitals, and other providers in our network can't make you pay for covered services. They also can't balance bill or charge you if we pay less than the amount the provider charged. To learn what to do if a network provider tries to charge you for covered services, refer to **Chapter 7** of your Member Handbook.

F. Your right to leave our plan

No one can make you stay in our plan if you don't want to.

- You have the right to get most of your health care services through Original Medicare or another Medicare Advantage (MA) plan.
 - You can get your Medicare Part D drug benefits from a drug plan or from another MA plan.
 - Refer to **Chapter 10** of your Member Handbook:
 - For more information about when you can join a new MA or drug benefit plan.
 - For information about how you'll get your MassHealth (Medicaid) benefits if you leave our plan.
-

G. Your right to make decisions about your health care

You have the right to full information from your doctors and other health care providers to help you make decisions about your health care.

G1. Your right to know your treatment choices and make decisions

Your providers must explain your condition and your treatment choices in a way that you can understand. You have the right to:

- **Know your choices.** You have the right to be told about all treatment options.
- **Know the risks.** You have the right to be told about any risks involved. We must tell you in advance if any service or treatment is part of a research experiment. You have the right to refuse experimental treatments.
- **Get a second opinion.** You have the right to use another doctor before deciding on treatment.
- **Say no.** You have the right to refuse any treatment. This includes the right to leave a hospital or other medical facility, even if your doctor

advises you not to. You have the right to stop taking a prescribed drug. If you refuse treatment or stop taking a prescribed drug, we won't drop you from our plan. However, if you refuse treatment or stop taking a drug, you accept full responsibility for what happens to you.

- **Ask us to explain why a provider denied care.** You have the right to get an explanation from us if a provider denied care that you think you should get.
- **Ask us to cover a service or drug that we denied or usually don't cover.** This is called a coverage decision. **Chapter 9** of your Member Handbook tells how to ask us for a coverage decision.

G2. Your right to say what you want to happen if you can't make health care decisions for yourself

Sometimes people are unable to make health care decisions for themselves. Before that happens to you, you can:

- Fill out a written form **giving someone the right to make health care decisions for you** if you ever become unable to make decisions for yourself.
- **Give your doctors written instructions** about how to handle your health care if you become unable to make decisions for yourself, including care you **don't** want.

The legal document you use to give your directions is called an "advance directive." There are different types of advance directives and different names for them. Examples are a living will and a power of attorney for health care.

You aren't required to have an advance directive, but you can. Here's what to do if you want to use an advance directive:

- **Get the form.** You can get the form from your doctor, a lawyer, a social worker, or some office supply stores. Pharmacies and provider offices often have the forms. You can find a free form online and download it. 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).
- **Fill out the form and sign it.** The form is a legal document. Consider having a lawyer or someone else you trust, such as a family member or your PCP, help you complete it.
- **Give copies of the form to people who need to know.** Give a copy of the form to your doctor. You should also give a copy to the person you

name to make decisions for you if you can't. You may want to give copies to close friends or family members. Keep a copy at home.

If you're being hospitalized and you have a signed advance directive, **take a copy of it to the hospital.**

- The hospital will ask if you have a signed advance directive form and if you have it with you.
- If you don't have a signed advance directive form, the hospital has forms and will ask if you want to sign one.

You have the right to:

- Have your advance directive placed in your medical records.
- Change or cancel your advance directive at any time.

By law, no one can deny you care or discriminate against you based on whether you signed an advance directive. Call Member Services for more information.

G3. What to do if your instructions aren't followed

If you signed an advance directive and you think a doctor or hospital didn't follow the instructions in it, you can make a complaint with the 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.

H. Your right to make complaints and ask us to reconsider our decisions

Chapter 9 of your Member Handbook tells you what you can do if you have any problems or concerns about your covered services or care. For example, you can ask us to make a coverage decision, make an appeal to change a coverage decision, or make a complaint.

You have the right to get information about appeals and complaints that other plan members have filed against us. Call Member Services to get this information.

H1. What to do about unfair treatment or to get more information about your rights

If you think we treated you unfairly – and it **isn't** about discrimination for reasons listed in **Chapter 11** of your Member Handbook – or you want more information about your rights,

you can call:

- Member Services.
- The SHINE (Serving the Health Insurance Needs of Everyone) program at 1-800- 243-4636. For more details about SHINE (Serving the Health Insurance Needs of Everyone), refer to **Chapter 2, Section C** of your Member Handbook.
- My Ombudsman at 1-855-781-9898 (Toll Free), Monday through Friday from 9:00 a.m. to 4:00 p.m.
 - 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 My Ombudsman at info@myombudsman.org.

My Ombudsman is an independent program that can help you address concerns or conflicts with your enrollment in One Care or your access to One Care benefits and services.

Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. (You can also read or download “Medicare Rights & Protections,” found on the Medicare website at www.medicare.gov/publications/11534-medicare-rights-and-protections.pdf.)

MassHealth (Medicaid) at 1-800-841-2900, Monday through Friday, from 8:00 a.m. to 5:00 p.m. (TTY: 711).

I. Your responsibilities as a plan member

As a plan member, you have a responsibility to do the things that are listed below. If you have any questions, call Member Services.

- **Read your *Member Handbook*** to learn what our plan covers and the rules to follow to get covered services and drugs. For details about your:
 - Covered services, refer to **Chapters 3 and 4** of your Member Handbook. Those chapters tell you what’s covered, what isn’t covered, what rules you need to follow, and what you pay.
 - Covered drugs, refer to **Chapters 5 and 6** of your Member Handbook.
- **Tell us about any other health or drug coverage** you have. We must

make sure you use all of your coverage options when you get health care. Call Member Services if you have other coverage.

- **Tell your doctor and other health care providers** that you're a member of our plan. Show your Member ID Card when you get services or drugs.
- **Help your doctors** and other health care providers give you the best care.
 - Give them information they need about you and your health. Learn as much as you can about your health problems. Follow the treatment plans and instructions that you and your providers agree on.
 - Make sure your doctors and other providers know about all the drugs you take. This includes prescription drugs, over-the-counter drugs, vitamins, and supplements.
 - Ask any questions you have. Your doctors and other providers must explain things in a way you can understand. If you ask a question and you don't understand the answer, ask again.
- **Be considerate.** We expect all plan members to respect the rights of others. We also expect you to act with respect in your doctor's office, hospitals, and other provider offices.
- **Pay what you owe.** As a plan member, you're responsible for these payments:
 - **If you get any services or drugs that aren't covered by our plan, you must pay the full cost.** (Note: If you disagree with our decision to not cover a service or drug, you can make an appeal. Please refer to **Chapter 9, Section G** of your Member Handbook to learn how to make an appeal.)
- **Tell us if you move.** If you plan to move, tell us right away. Call Member Services.
 - **If you move outside of our service area, you can't stay in our plan.** Only people who live in our service area can be members of this plan. **Chapter 1** of your Member Handbook tells about our service area.
 - We can help you find out if you're moving outside our service area. During a special enrollment period, you can switch to Original Medicare or enroll in a Medicare health or drug plan in your new location. We can tell you if we have a plan in your new area.
 - Tell Medicare and MassHealth (Medicaid) your new address when

you move. Refer to **Chapter 2** of your Member Handbook for phone numbers for Medicare and MassHealth (Medicaid).

- **If you move and stay in our service area, we still need to know.** We need to keep your membership record up to date and know how to contact you.
- **If you move, tell Social Security (or the Railroad Retirement Board).**
- Call Member Services for help if you have questions or concerns.

J. Estate recovery

- MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) 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 (Medicaid) estate recovery, please visit www.mass.gov/estaterecovery.

CCA One Care (HMO D-SNP) is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711).

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. The call is free.

Notice of Nondiscrimination

Commonwealth Care Alliance, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of, or exclude people or treat them differently because of, medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral 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.

Commonwealth Care Alliance, Inc.:

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

If you need these services, contact Member Services.

If you believe that Commonwealth Care Alliance, Inc. has failed to provide these services or discriminated in another way based on medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral 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, you can file a grievance with:

Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108
Phone: 617-960-0474, ext. 3932 (TTY 711) Fax: 857-453-4517
Email: civilrightscordinator@commonwealthcare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Notice of Availability Interpreter Services

English: If you speak English, free language assistance services are available. Auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-610-2273 (TTY: 711).

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También están disponibles sin costo recursos auxiliares y servicios para proporcionar información en formatos accesibles. Llame al 1-866-610-2273 (TTY: 711).

Chinese Mandarin: 如果您讲普通话，我们可以提供免费的语言协助服务。此外，还免费提供以无障碍格式提供信息的辅助工具和服务。请致电 1-866-610-2273 (TTY: 711)。

Chinese Cantonese: 如果您講粵語，我們可以提供免費的語言協助服務。此外，還免費提供以無障礙格式提供資訊的輔助工具和服务。請致電 1-866-610-2273 (TTY: 711)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit ang mga libreng serbisyo sa tulong sa wika. Ang mga pantulong na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-610-2273 (TTY: 711).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles. Des aides et services auxiliaires permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-610-2273 (TTY : 711).

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và phương tiện phụ trợ cung cấp thông tin ở định dạng dễ tiếp cận cũng được miễn phí. Gọi 1-866-610-2273 (TTY: 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer +1-866-610-2273 (TTY: 711) an.

Korean: 한국어를 구사하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 보조 도구와 서비스도 무료로 제공됩니다. 1-866-610-2273 (TTY: 711) 으로 전화하세요.

Russian: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Звоните по номеру 1-866-610-2273 (TTY: 711).

Arabic: إذا كنت تتحدث اللغة العربية، تتوفر خدمات المساعدة اللغوية المجانية. وتتوفر أيضًا مساعدات وخدمات إضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم 1-866-610-2273 (TTY: 711).

