



## Network Notification

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**Notice Date:** June 26, 2026  
**To:** Massachusetts Medicare-Medicaid Providers  
**From:** CCA One Care (HMO D-SNP), CCA Senior Care Options (HMO D-SNP), CCA One Care (Medicare-Medicaid Plan)  
**Subject:** Address for Refund Checks  
**Effective Date:** June 26, 2026

### Summary

Please send refund checks for Commonwealth Care Alliance, Inc. (CCA) to:

Commonwealth Care Alliance, Inc.  
P.O. Box 632710  
Cincinnati, OH 45263-2710

### Impact

The address listed above is for refund check submissions only. Correspondence other than refund checks submitted to this lock box will cause a delay in the processing of the checks and remaining correspondence.

### Importance

To streamline the process of submitting refund checks, CCA has created a form to help ensure timely and accurate processing. The Claim Refund Check Form is available to download on the CCA website. A separate form and appropriate documentation must be submitted for each refund check.

### Questions?

Please contact Provider Services at 1-866-420-9332, available Monday, Tuesday, Wednesday, and Friday from 8 am to 5 pm Eastern Time (ET); and on Thursday from 8:30 am to 5 pm Eastern Time (ET).