



# **Your Rights and Responsibilities as a member of Commonwealth Care Alliance Rhode Island Medicare Preferred**

---

## **Our plan must honor your rights as a member of the plan**

---

- 1. We must provide information in a way that works for you (in languages other than English, in braille, in large print, or other alternate formats, etc.)**
  - To get information from us in a way that works for you, please call Member Services at 833-346-9222 (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.)
  - Our plan has free language interpretation services for members communicating in languages other than English, as well reasonable accommodations available for people with disabilities. 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, accessible electronic formats, or other 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.
  - If you believe our plan has failed to provide these services in a format that is accessible and appropriate for you, you can call to file a grievance with Member Services. You may also file a complaint with Medicare by calling 1-800-MEDICARE (1-800-633-4227) (TTY users call 1-877-486- 2048) or directly with the Office for Civil Rights.

**2. We must ensure that you are treated with respect and recognition of your dignity and your right to privacy.**

- 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.
- You have the right to get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
- 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.
- More information on how we protect your right to privacy is included below.

**3. We must ensure that you get timely access to your covered services and drugs**

- As a member of our plan, you have the right to choose a primary care provider (PCP) in the plan's network to provide and arrange for your covered services (Chapter 3 explains more about this). Call Member Services to learn which doctors are accepting new patients. We do not require you to get referrals to go to network providers.
- As a plan member, 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 30 calendar days.
- If you think that you are not getting your medical care or Part D drugs within a reasonable amount of time, or if we have denied coverage for your medical care or drugs and you don't agree with our decision, Chapter 5 in the **Evidence of Coverage** tells what you can do.

#### **4. We must protect the privacy of your personal health information**

- 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.
  - The laws that protect your privacy give you rights related to getting 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.
  - In most situations, if we 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 first. Written permission can be given by you or by someone you have given legal power to make decisions for you.
  - There are certain exceptions that do not require us to get your written permission first. These exceptions are allowed or required by law.

- For example, 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.
- 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. We are allowed to charge you a fee for making copies. 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**

Reviewed: August 14, 2021

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE READ IT CAREFULLY**

COMMONWEALTH CARE ALLIANCE, INC. IS REQUIRED BY LAW TO PROTECT YOUR MEDICAL INFORMATION

We are committed to protecting your medical information. This medical information may be information about healthcare provided to you and or payment for healthcare provided to you.

We are required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are only allowed to use and disclose medical information in the manner that is described in this Notice.

We reserve the right to make changes and to make the new Notice effective for all medical information we maintain. If we make a material change to the Notice, copies of the updated Notice are made available upon request and on our website, by the effective date of the material change, and we send you the updated Notice, or information about the material change and how to obtain the revised Notice, in the next annual mailing.

The rest of this Notice will:

- Describe how we may use and disclose your medical information, including behavioral health information;
- Explain your rights with respect to your medical information, including behavioral health information; and
- Describe how and where you may file a privacy-related complaint.

If you have questions about the information in this Notice, please contact:

Commonwealth Care Alliance, Inc.  
Attention: Privacy and Security Officer  
30 Winter Street  
Boston, MA 02108  
Toll Free: 833-346-9222 (TTY 711)

## **SECTION 1**

### **Uses and Disclosures of Your Medical Information Without Your Prior Authorization**

This section of our Notice explains how we may use and disclose your medical information, including behavioral health, without your authorization in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section also mentions several other circumstances in which we may use or disclose your medical information. For more information about any of

these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy and Security Officer at 833-346-9222.

Our model of care requires working together with physicians and other care providers (including behavioral and mental health professionals, and long-term support coordinators) to provide medical services to our members. Our professional staff, physicians, and other care providers (referred to as “care team”) have access to your Centralized Enrollee Record (where your medical information is stored and maintained) and share protected health information (PHI), including behavioral health information with each other as needed to perform treatment, payment, and healthcare operation activities as permitted by law.

**For Treatment:** We may use and disclose medical information, including behavioral health 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, including behavioral health information, to a home health agency to make sure you get the services you need after discharge from the hospital.

**For Payment:** We may use and disclose your medical information, including behavioral health to obtain payment for healthcare services that you received.

Example: A claim for healthcare services may be sent to us by your doctor. The claim may contain information that identifies you, your diagnosis, and the treatment or supplies you received. We may use the medical information, including behavioral health information, to process the claim for payment and we may disclose the medical information, including behavioral health to Medicare or Medicaid when we seek payment for services that you received.

Exception: You may restrict disclosure of medical information relevant to a treatment for which you paid out of pocket and for which Commonwealth Care Alliance, Inc. paid nothing for.

**For Healthcare Operations:** We may use and disclose your medical information, including behavioral health, to perform a variety of business activities

that allow us to administer the benefits you are entitled to under your health plan with us. For instance, we may use or disclose your medical information, including behavioral health information in performing the following activities:

- Review and evaluate the skills, qualifications, and performance of healthcare providers treating you.
- Review and improve the quality, efficiency, and cost of care that Commonwealth Care Alliance, Inc. provides to you and our other members.
- Cooperating with other organizations that assess the quality of the care of others including government agencies and private organizations.
- Mail information containing your medical information to the address you have provided.

Example: We may use health information about you to manage your treatment, develop better services for you, or monitor the quality of care and making improvements where needed.

**Required by Law:**

- We will use and disclose your medical information, including behavioral health, and substance use disorder treatment records whenever we are required by law to do so. For example, Rhode Island law requires us to report suspected elder abuse. We will comply with any state and other applicable laws regarding these disclosures.
- We are required by law to notify you if your protected health information is affected by a privacy or security breach.
- Prohibited by law: Commonwealth Care Alliance, Inc. does not engage in underwriting; but, if we did, we would be prohibited by law from using your genetic information for underwriting purposes.

**Federal Government Uses and Disclosures:** When permitted by law, we may use or disclose your medical information, including behavioral health and substance use disorder treatment records without your authorization for various activities by the federal government.

- **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. For example, we may use or disclose your medical information to help with a product recall or to report adverse reactions to medications.

- **Public health activities:** We may use or disclose your medical information, including de-identified substance use disorder treatment information for public health activities. Public health activities require the use of medical information as well as de-identified substance use disorder treatment information for various reasons, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work related illnesses or injuries. For example, if you have been exposed to a communicable disease, we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect, or domestic violence:** We may disclose your medical information to a government authority if you are an adult and we believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose your medical information to a health oversight agency which is an agency responsible for overseeing the healthcare system or certain government programs.
- **Court proceedings:** We may disclose your medical, behavioral health or substance use disorder treatment information in response to a court order. Medical information may also be disclosed in response to a subpoena.
- **Law enforcement:** We may disclose your medical information to a law enforcement official for specific law enforcement purposes. For examples, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose your 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 your medical information in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose your medical information, including substance use disorder treatment records to



research organizations if the organization has satisfied certain conditions about protecting the privacy of your 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.

**Persons Involved in Your Care:** We may disclose your medical information to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care.

We may also use or disclose your medical information to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) in an emergency if we need to notify someone about your location or condition.

You may ask us at any time not to disclose your medical information to persons involved in your care. We will agree to your request and will not disclose the information except in certain limited circumstances such as emergencies.

Example: If you ask us to share your medical information with your spouse, we will disclose your medical information to him or her.

## SECTION 2

### Other Uses and Disclosures Requiring Your Prior Authorization

#### Authorizations:

Other than the uses and disclosures described above, we will not use or disclose your medical or behavioral health information without your or your personal representative's authorization (or signed permission). Substance Use Disorder (SUD) treatment records may be used and disclosed for treatment, payment, or healthcare operations with written authorization from you or your personal representative. Authorization to use and disclose SUD treatment records is only required once and that will then authorize all such future uses or disclosures for purposes of treatment, payment, and healthcare operations until such time as the patient revokes such consent in writing. In some instances, we may wish to use or disclose your medical, behavioral health or substance use disorder treatment information and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to disclose medical behavioral health or substance use disorder treatment records and we will ask you to sign an

authorization form.

If you sign a written authorization asking us to disclose your medical, behavioral health or substance use disorder treatment information to a third party, you may later revoke (or cancel) your authorization. If you would like to revoke your authorization, you must do so in writing. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization to disclose your medical information, or as required by law.

- **Use or disclosure for marketing purposes:** We may only use or disclose your medical information for marketing purposes if we have your explicit approval and authorization.
- **Sale of your protected health information:** Commonwealth Care Alliance, Inc. does not sell your health information. If we did, we may only engage in the sale of your information to a third party if we have your authorization.
- **Marketing communications paid for by third party:** We will only send you communications on behalf of a third party for the purpose of marketing of products or services if we have your authorization.
- **Use and disclosure of psychotherapy notes:** We may only use or disclose your psychotherapy notes if we have your prior authorization or as required by law.

### SECTION 3

#### **You Have Rights with Respect to Your Medical Information**

You have certain rights with respect to your medical information.

**Right to choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your medical information. We verify that this person has this authority and can act for you before we take any action.

**Right to a Copy of this Notice:** You have a right to have a paper copy of our Notice of Privacy Practices at any time, even if you agreed to receive the Notice electronically. If you would like to have a copy of our Notice, call 1-833-346-9222.

**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 that

Commonwealth Care Alliance, Inc. maintains. If we maintain your medical records in an Electronic Health Record system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a paper or electronic copy of your medical information, you must provide us with a request in writing.

**We may deny your request in certain circumstances.** If we deny your request, we will explain the reason for doing so in writing. We will inform you in writing if you have the right to have the decision reviewed by another person.

If you would like a copy of your medical information, we may charge you a fee to cover the costs of the copy. The fees for electronic copies will be limited to the direct labor costs associated with fulfilling your request.

**Right to Have Medical Information Amended:** If you believe that we have information that is either inaccurate or incomplete, you have the right to request an amendment, correction, or supplementation of your medical information that Commonwealth Care Alliance, Inc. maintains. Your request must be in writing and include an explanation.

We may deny your request to amend, correct or supplement your medical information in certain circumstances. If we deny your request, we will explain our reason for doing so in writing, within sixty (60) days. You may send us a statement of disagreement. With any future disclosures, we will provide an accurate summary of the request and our denial.

**Right to an Accounting of Disclosures We Have Made:** You have the right to receive an accounting (which means a detailed listing) of disclosure other than for treatment, payment, and healthcare operations we have made for the previous six (6) years. If the information is contained in an electronic health record, the accounting is for the previous three (3) years. We'll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months. For substance use disorder treatment record disclosures in which patients have consented to disclose their patient identifying medical information using a general designation, upon request, patients must be provided a list of entities to which their information has been disclosed pursuant to the general designation. Accounting of disclosures for substance use disorder treatment record disclosures is limited to disclosures made within the last 2 years. All requests for accounting of disclosures must be made in writing.

**Right to Request Restrictions on Uses and Disclosures:** You have the right to request that we limit the use and disclosure of your medical, behavioral health and substance use disorder treatment information for treatment, payment, and healthcare operations, but Commonwealth Care Alliance, Inc. may not agree to the restriction. Under federal law, Commonwealth Care Alliance, Inc. must agree to your request to restrict disclosures of medical information if:

- The disclosures are for purposes of payment or healthcare operations and are not otherwise required by law, and
- The medical information pertains solely to healthcare items or services for which you, or another person on your behalf (other than Commonwealth Care Alliance, Inc.), has paid in full.

If we agree to your request, we must follow your restrictions, except if the information is necessary for emergency treatment. You may cancel the restrictions at any time by writing to us. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

**The Right to Opt Out of Fundraising Communications:** You have the right to request that we or our authorized agents do not contact you for fundraising activities.

**Right to Request an Alternative Method of Contact:** You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

## **SECTION 4**

### **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 with the federal government.

**Commonwealth Care Alliance, Inc. will not take any action against you or change the treatment of 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:

Commonwealth Care Alliance, Inc.  
Attention: Information Privacy and Security Officer  
30 Winter Street  
Boston, MA 02108  
Toll Free: 833-346-9222 (TTY 711)

To file a written complaint with the federal government, please use the following contact information:

U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
Toll-Free Phone: 800-368-1019  
TDD Toll-Free: 800-537-7697

---

**5. We must give you information about the plan, your covered services, our practitioners and providers, and your rights and responsibilities as a member.**

- As a member of Commonwealth Care Alliance Rhode Island Medicare Preferred, you have the right to get several kinds of information from us. (As explained above, you have the right to get information from us in a way that works for you. This includes getting the information in languages other than English and in large print or other alternate formats.)
- 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. It also includes information about the number of appeals made by members and the plan's Star Ratings, including how it has been rated by plan members and how it compares to other Medicare health plans.

- **Information about our network providers including our network pharmacies.**
  - For example, you have the right to get information from us about the qualifications of the providers and pharmacies in our network and how we pay the providers in our network.
  - For a list of the providers and/or pharmacies in the plan's network, see the **Provider Directory**.
  - For more detailed information about our providers or pharmacies, you can call Member Services or visit our website at [www.ccari.org/members](http://www.ccari.org/members).
  
- **Information about your coverage and the rules you must follow when using your coverage.**
  - In Chapters 3 and 4 of the **Evidence of Coverage**, we explain what medical services are covered for you, any restrictions to your coverage, and what rules you must follow to get your covered medical services.
  - To get the details on your Part D prescription drug coverage, see Chapters 5 and 6 of the **Evidence of Coverage**, plus the plan's **List of Covered Drugs (Formulary)**. These chapters, together with the List of Covered Drugs (Formulary), tell you what drugs are covered and explain the rules you must follow and the restrictions to your coverage for certain drugs.
  - If you have questions about the rules or restrictions, please call Member Services.
  
- **Information about why something is not covered and what you can do about it.**
  - If a medical service or Part D drug is not covered for you, or if your coverage is restricted in some way, you can ask us for a written explanation. You have the right to this explanation even if you received the medical service or drug from an out-of-network provider or pharmacy.

- If you are not happy or if you disagree with a decision, we make about what medical care or Part D drug is covered for you, you have the right to ask us to change the decision. You can ask us to change the decision by making an appeal. For details on what to do if something is not covered for you in the way you think it should be covered, see Chapter 9 of the **Evidence of Coverage**. It gives you the details about how to make an appeal if you want us to change our decision. (Chapter 9 also tells about how to make a complaint about quality of care, waiting times, and other concerns.)
- If you want to ask our plan to pay our share of a bill you have received for medical care or a Part D prescription drug, see Chapter 7 of the **Evidence of Coverage**.

**6. We must support your right to participate with practitioners and providers in making decisions about your care**

- **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 when you go for medical care. 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 doctors about what treatment is best for you, your rights include the following:
    - **To know about all your choices.** This means that you have the right to have a discussion of 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 doctor 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.
  - **The right 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.
  - **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 your **Evidence of Coverage** tells how to ask the plan for a coverage decision.
- **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 these situations are called “**advance directives**.” There are different types of advance directives and different names for them. In Rhode Island, a **durable power of attorney for healthcare** is an example of an advance directive.
    - This means that, if you want to, you can fill out an advance directive form in which you **give someone (called your “healthcare agent”)** the legal authority to make healthcare decisions for you if your doctor determines you have become unable to make or communicate healthcare decisions for yourself.



- If you want to use an advance directive to give your instructions, here is what to do:
  - **Get the form.** If you want to fill out an advanced directive form, you can get a copy from Member Services that is provided by New England Healthy Living Collective or from the Honoring Choices website ([www.honoringchoicesmass.com/new-england-healthy-living-collective](http://www.honoringchoicesmass.com/new-england-healthy-living-collective)).
  - **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 advanced directive is as valid as the original. You should give a copy of the form to your doctor and to your healthcare agents. You may want to give copies to close friends or family members as well. Be sure to keep a copy at home.
- If you know ahead of time that you are going to be hospitalized, and you have signed an advance directive, take a copy with you to the hospital.
  - If you are admitted to the hospital, they 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 healthcare agent is making?** If you disagree with the decision your healthcare 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 an advanced directive, and your wishes were not followed, you may file a complaint with Rhode Island Department of Health Complaint Unit by calling 401-222-5200. You can also contact the Rhode Island Department of Health Complaint Unit to file a complaint against an individual doctor.

**7. You have the right to make complaints or appeals about the organization or the care it provides.**

- If you have any problems or concerns about your covered services or care, Chapter 9 of the **Evidence of Coverage** tells what you can do. It gives the details about how to deal with all types of problems and complaints. What you need to do to follow up on a problem or concern depends on the situation. You might need to ask our plan to make a coverage decision for you, make an appeal to us to change a coverage decision, or make a complaint. 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 the **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 the **Evidence of Coverage.**
- You have the right to get a summary of information about the appeals and complaints that other members have filed against our plan in the past. To get this information, please call Member Services.

## 8. You have the right to make recommendations about our member rights and responsibilities policy

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

---

## 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, 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** (phone numbers are printed on the back cover of this booklet).
    - You can **call the State Health Insurance Assistance Program**. For details about this organization and how to contact it, go to Chapter 2 of the **Evidence of Coverage**.
    - You can **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.
    - You can **call HealthSource Rhode Island** at 1-855-697-4347, Monday through Friday, 8 a.m. to 6 p.m. TTY users should call: 711.

---

## How to get more information about your rights

---

- There are several places where you can get more information about your rights:
  - You can **call Member Services** (phone numbers are printed on the back cover of this booklet).
  - You can **call the State Health Insurance Assistance Program (SHIP)**. For details about this organization and how to contact it, go to Chapter 2 of the **Evidence of Coverage**.
  - You can **contact Medicare**.
    - You can visit the Medicare website to read or download the publication “Your 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 users should call 1-877-486-2048.

---

## You have some responsibilities as a member of the plan

---

### What are our responsibilities?

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

1. **Get familiar with your covered services and the rules you must follow to get these covered services.** Use the **Evidence of Coverage** booklet to learn what is covered for you and the rules you need to follow to get your covered services.
  - Chapters 3 and 4 give the details about your medical services, including what is covered, what is not covered, rules to follow, and what you pay.
  - Chapters 5 and 6 give the details about your coverage for Part D prescription drugs.

- 2. 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 (phone numbers are printed on the back cover of this booklet).
  - We are required to follow rules set by Medicare and MassHealth Standard (Medicaid) to make sure that you are using all of your coverage in combination when you get your covered services from our plan. This is called “**coordination of benefits**” because it involves coordinating the health and drug benefits you get from our plan with any other health and drug benefits available to you. We’ll help you coordinate your benefits. (For more information about coordination of benefits, go to Chapter 1 of the **Evidence of Coverage**.)
- 3. 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.
- 4. Help your doctors and other providers help you by giving them information (to the best extent possible) that they need to provide care, asking questions and following through on your care.**
  - To help your doctors, us, and other health providers give you the best care, learn as much as you are able to about your health problems and give them the information they need about you and your health. Follow the mutually agreed upon treatment goals and follow plans and instructions for care that you and your doctors agree upon to the best extent possible.
  - Make sure your doctors 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. Your doctors and other healthcare providers are supposed to explain things in a way you can understand. If you ask a question and you don’t understand the answer you are given, ask again.
- 5. 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.

**6. Pay what you owe.** As a plan member, you are responsible for these payments:

- In order to be eligible for our plan, you must have Medicare Part A and Medicare Part B. For most CCA Rhode Island Medicare Preferred members, MassHealth Standard (Medicaid) pays for your Part A premium (if you don't qualify for it automatically) and for your Part B premium. If MassHealth Standard (Medicaid) is not paying your Medicare premiums for you, you must continue to pay your Medicare premiums to remain a member of the plan.
- If you get any medical services or drugs that are not covered by our plan or by other insurance you may have, you must pay the full cost.
- If you disagree with our decision to deny coverage for a service or drug, you can make an appeal. Please see Chapter 9 of the **Evidence of Coverage** for information about how to make an appeal.

**7. Tell us if you move.** If you are going to move, it's important to tell us right away. Call Member Services (phone numbers are printed on the back cover of this booklet).

- **If you move outside of our plan service area, you cannot remain a member of our plan.** (Chapter 3 of the **Evidence of Coverage** talks about our service area.) We can help you figure out whether you are moving outside our service area. If you are leaving our service area, you will have a Special Enrollment Period when you can join any Medicare plan available in your new area. We can let you know if we have a plan in your new area.
- **If you move within our service area,** we still need to know so we can keep your membership record up to date and know how to contact you.
- If you move, it is also important to tell Social Security (or the Railroad Retirement Board). You can find phone numbers and contact information for these organizations in Chapter 2 of the **Evidence of Coverage**.

**8. Call Member Services for help if you have questions or concerns.** We also welcome any suggestions you may have for improving our plan.

- We can be reached at 833-346-9222 (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.)

- For more information on how to reach us, including our mailing address, please see Chapter 2 of the **Evidence of Coverage**.

---

Commonwealth Care Alliance Rhode Island (CCA) Medicare Preferred (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 833-346-9222 (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.