Provider Manual

Section 3: Member Eligibility

Member Eligibility Requirements

1. Senior Care Options Eligibility Requirements

Commonwealth Care Alliance Senior Care Options (SCO) is for elders who:

• Are 65 or older
• Are eligible for MassHealth Standard*
• Live in the Commonwealth Care Alliance service area
• Do not have end-stage-renal-disease (ESRD)
• Agree to receive all covered health and long term services through Commonwealth Care Alliance

*The SCO program is open to MassHealth Standard members with or without Medicare

The program is open to elders in all living situations, including:

• Elders living independently
• Elders living in the community with support services
• Elders in long term care facilities (the potential member cannot be an inpatient at a chronic or rehabilitative hospital or reside in an intermediate care facility)

2. One Care Eligibility Requirements

Commonwealth Care Alliance One Care is for adults who:

• Are age 21 through 64 at the time of enrollment
• Are eligible for MassHealth Standard or CommonHealth
• Are enrolled in Medicare Parts A and B and eligible for Part D
• Do not have access to other public or private health insurance that meets basic benefit level requirements
• Live in the Commonwealth Care Alliance One Care service area
• Agree to receive all covered medical, behavioral health, and long term services and supports through Commonwealth Care Alliance

Note: One Care will not currently enroll people who are in a PACE or HCBS Waiver program.
Member Identification Card

Each member receives a Commonwealth Care Alliance identification card to be used for services covered by Commonwealth Care Alliance and prescription drug coverage at network pharmacies for both the Senior Care Options Program and the One Care Program. Please see an example card below.

Please see an example card below.

Senior Care Options

One Care

Please call Provider Services at Commonwealth Care Alliance to verify eligibility and confirm that the membership is still active.
Interpreter Services

Commonwealth Care Alliance providers must ensure that members have access to medical interpreters, signers and TDD/TTY services to facilitate communication, without cost to them.

If the member speaks a language that is not prevalent in the community and/or the provider does not have access to interpretation, CCA will provide telephonic language assistance services.

The provider or member may contact CCA’s Member Services department at (866) 610-2273 and they will connect them to the appropriate interpreter telephonically.

- Please have the following information available: Members name and ID number.

Our Member Services department is available during the hours of 8:00 a.m. to 8:00 p.m. (Monday thru Friday) 8:00am to 6:00pm (Saturday and Sunday).

Prevent Discrimination

Commonwealth Care Alliance Health Plan complies with all applicable laws including applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, health status, religion, source of payment or sex.
CCA does not exclude people or treat them differently because of race, color, religion, national origin, age, disability, health status, source of payment or sex.

All CCA Providers must:
- Make covered health services available to all Members
- Accept and treat Members without discrimination in comparison to such services rendered to your other patients and without discriminating based upon source of payment, sex, age, race, color, religion, national origin, health status, or disability
- Assist our non-English-speaking Members get interpreter services if necessary (Members/Providers can call our Member Services number for translation services (866) 610-2273)

Office Access Parity

Commonwealth Care Alliance providers will ensure that Commonwealth Care Alliance members have equal access or parity to providers as commercial members of other health plans, or as to individuals eligible to receive services through MassHealth’s fee-for-service system. This parity may include hours of office operations, after-hours care and provider coverage.

Office Access and Availability

Commonwealth Care Alliance is committed to providing provider access and availability to its members in a timely manner. In addition to this commitment, the State has provided a timeframe requirement that the Commonwealth Care Alliance provider network needs to adhere to in order to support each member’s needs. The timeframe requirements are as follows:

Urgent Care and Symptomatic Office Visits.
All Urgent Care and symptomatic office visits must be available to Enrollees within 48 hours. A symptomatic office visit is an encounter associated with the presentation of medical symptoms or signs, but not requiring immediate attention. Examples include recurrent headaches or fatigue.

Non-symptomatic Office Visits.
All non-symptomatic office visits must be available to Enrollees within 30 calendar days. Examples of non-symptomatic office
visits include, but are not limited to well and preventive-care visits for Covered Services, such as annual physical examinations or immunizations.

Behavioral Health Providers Access and Availability timeframes can be found in Section 11 of this Provider Manual.