



Commonwealth Care Alliance (Medicare-Medicaid Plan) offered by Commonwealth Care Alliance, Inc.

Annual Notice of Changes for 2021

Introduction

You are currently enrolled as a member of Commonwealth Care Alliance. **Next year, there will be some changes to the plan's benefits, coverage, and rules. This Annual Notice of Changes tells you about the changes.**

If you have questions, please call Commonwealth Care Alliance at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free. **For more information**, visit www.commonwealthonecare.org. 1



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A. Disclaimers

- ❖ Limitations and restrictions may apply. For more information, call Commonwealth Care Alliance Member Services. This means that you may have to pay for some services and

that you need to follow certain rules to have Commonwealth Care Alliance pay for your services.

- ❖ **The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.**
- ❖ Benefits may change on January 1 of each year.
- ❖ Commonwealth Care Alliance complies with applicable Federal civil rights laws and does not discriminate on the basis of 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, or public assistance.
- ❖ Commonwealth Care Alliance cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
- ❖ You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free.
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B. Reviewing Your Medicare and MassHealth Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section E2 for more

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information. **If you are over 65 and you decide to leave One Care, you will not be able to enroll in a One Care plan later.**

Your membership will end on the last day of the month that you tell Medicare or MassHealth you want to leave the plan.

As long as you are still eligible for Medicare and MassHealth, you can leave One Care or your One Care plan and keep your Medicare and MassHealth benefits.

If you leave One Care, you will usually go back to getting your Medicare and MassHealth services separately.

- You will have a choice about how to get your Medicare benefits (go to page 11 to see your options).
- You will get your MassHealth services directly from doctors and other providers by using your MassHealth card. This is called “fee-for-service.” Your MassHealth services include behavioral health care and most long-term services and supports (LTSS).

B1. Additional Resources

- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week. The call is free.
- Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-610-2273 (TTY: llamar a MassRelay al 711). 8 a.m. – 8 p.m., 7 días a la semana. Este es un servicio gratuito.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week. The call is free.
- We will keep your request for alternative formats and special languages on file for future mailings.

B2. Information about Commonwealth Care Alliance

- Commonwealth Care Alliance (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees.
- Coverage under Commonwealth Care Alliance is a qualifying health coverage called “minimum essential coverage (MEC).” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement for MEC.
- Commonwealth Care Alliance (Medicare-Medicaid Plan) is offered by Commonwealth Care Alliance, Inc. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Commonwealth Care Alliance, Inc. When it says “the plan” or “our plan,” it means Commonwealth Care Alliance (Medicare-Medicaid Plan).

If you have questions, please call Commonwealth Care Alliance at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free. **For more information**, visit www.commonwealthonecare.org.



B3. Important things to do:

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Look in section D1 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D2 for information about changes to our drug coverage.
- **Check to see if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including specialists you see regularly, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about whether you are happy with our plan.**

If you decide to stay with Commonwealth Care Alliance:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change One Care plans or leave One Care:

If you decide another One Care plan will better meet your needs, you may be able to switch plans (see section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month.

If you leave One Care, your membership in the plan will end at the end of the month.

Look in section E, page 16 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2021.

We strongly encourage you to review our current Provider and Pharmacy Directory to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.commonwealthonecare.org. You may also call Member Services at 1-866-610-2273 (TTY: call MassRelay at 711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

If you have questions, please call Commonwealth Care Alliance at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free. **For more information**, visit www.commonwealthonecare.org.



	2020 (this year)	2021 (next year)
Acupuncture	<p><i>The plan covers 36 visits per calendar year unless authorized differently in your Individualized Care Plan.</i></p>	<p>The plan will pay for up to 12 visits in 90 days if you have chronic low back pain, defined as:</p> <ul style="list-style-type: none"> • lasting 12 weeks or longer; • not specific (having no systemic cause that can be identified, such as not associated with metastatic, inflammatory, or infectious disease); • not associated with surgery; and • not associated with pregnancy. <p>The plan will pay for an additional 8 sessions if you show improvement. You may not get more than 20 acupuncture treatments each year.</p> <p>Acupuncture treatments must be stopped if you don't get better or if you get worse.</p> <p>Acupuncture Our plan covers acupuncture under the MassHealth (Medicaid) benefit in addition to the Medicare covered services above.</p> <p>The plan covers up to 36 visits total per calendar year through MassHealth unless authorized differently in your Individualized Care Plan. The 36 sessions are not in addition to the 20 covered sessions above if it is for lower back pain.. It is a total of 36 sessions between both Medicare and MassHealth if medically necessary.</p>

	2020 (this year)	2021 (next year)
Durable medical equipment (DME), including related supplies, replacement parts, training, modifications and repairs	Prior authorization may be required.	Limits may apply to certain DME. Prior authorization may be required.
Home Infusion Therapy	N/A	<p>Home infusion therapy involves the intravenous or subcutaneous administration of drugs or biologicals to an individual at home. The components needed to perform home infusion include the drug (for example, antivirals, immune globulin) equipment (for example, a pump) and supplies (for example, tubing and catheters)</p> <p>Covered services include but are not limited to:</p> <ul style="list-style-type: none"> • Professional services, including nursing services, furnished in accordance with the plan of care • Patient training and education not otherwise covered under the durable medical equipment benefit • Remote monitoring • Monitoring services for the provision of home infusion therapy and home infusion therapy supplier <p><i>Prior authorization is required.</i></p>

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	2020 (this year)	2021 (next year)
Medicare Part B prescription drugs	<u>N/A for Part B Step Therapy Drugs</u>	<p>Part B Step Therapy Drug Categories: (Note: drugs classes listed below are usually not self-administered by the patient)</p> <ul style="list-style-type: none"> • Anti-inflammatory • Anti-neoplastic agents (cancer) • Biologics • Colony-stimulating factors • Immunomodulators <p>The following link will take you to a list of Part B Drugs that may be subject to Step Therapy: www.commonwealthcarealliance.org/members/pharmacy-program/formulary-2020/2020-one-care-formulary-(list-of-covered-drugs)</p>
Outpatient mental health care	Prior authorization is not required except for neuropsychological testing, electroconvulsive therapy and transcranial magnetic stimulation.	Prior authorization is not required except for neuropsychological testing, psychological testing, electroconvulsive therapy and transcranial magnetic stimulation.

	2020 (this year)	2021 (next year)
Palliative Care (Life Choices Program)	<u>N/A</u>	<p>Life Choices is Commonwealth Care Alliance’s palliative care program. Palliative care is care that aims to improve the quality of life for people living with a serious illness. This type of care is focused on relief from the symptoms and stress of a serious illness.</p> <p>When receiving palliative care, you can still receive treatment and therapies meant to improve, or even cure, your medical problems.</p> <p>The program can help you:</p> <ul style="list-style-type: none"> • Find relief for pain & other symptoms • Manage your medications • Understand your illness and its course • Identify what matters most to you • Get you the right care at the right time • Make plans and decisions • Communicate with your providers • Prepare for future stages <p>To enroll in this program, please speak with your Care Partner. If it is right for your needs the Care Partner will give you a referral to the program. Prior authorization is not required for services provided by Commonwealth Care Alliance’s Life Choices program or from a contracted provider.</p>

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<p>Physician/ Practitioner services, including doctor's office visits</p>	<p>Covered services include:</p> <ul style="list-style-type: none"> • Medically-necessary medical care or surgery services furnished in a physician's office, certified ambulatory surgical center, hospital outpatient department, or any other location • Consultation, diagnosis, and treatment by a specialist • Basic hearing and balance exams performed by your PCP or specialist, if your doctor orders it to see if you need medical treatment • Second opinion by another network provider or out-of-network provider for any care, including surgery prior to receiving the service. Your PCP/care team will help you to arrange to receive a second opinion services from out-of-network provider if a network provider is not available. • Non-routine dental care (covered services are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician). For more information on dental services, including prior authorization requirements, please go to the <i>Dental services</i> section listed earlier in this Benefits Chart. 	<p>Covered services include:</p> <ul style="list-style-type: none"> • Medically-necessary medical care or surgery services furnished in a physician's office, certified ambulatory surgical center, hospital outpatient department, or any other location • Consultation, diagnosis, and treatment by a specialist • Basic hearing and balance exams performed by your PCP or specialist, if your doctor orders it to see if you need medical treatment <ul style="list-style-type: none"> ○ You have the option of getting these services through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, you must use a network provider who offers the service by telehealth. • Virtual check-ins (for example by phone or video chat) with your doctor for 5-10 minutes if: <ul style="list-style-type: none"> • You are not a new patient and • The check-in is not related to an office visit in the past 7 days and • The check-in doesn't lead to an office visit within 24 hours or the soonest available appointment • Evaluation of video and/or images you send to your doctor • Consultation your doctor has with other doctors by phone, internet, or electronic health record if you're not a new patient • Telehealth services for monthly end-stage renal disease- related visits for home dialysis members in a hospital-based or critical access hospital-based renal dialysis center. renal dialysis facility. or the member's home • Telehealth services to diagnose, evaluate, or treat symptoms of a stroke • Second opinion by another network provider or out-of-network provider for any care, including surgery prior to receiving the service. Your PCP/care team will
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	2020 (this year)	2021 (next year)
		<p>help you to arrange to receive a second opinion services from out-of-network provider if a network provider is not available.</p> <ul style="list-style-type: none"> • Non-routine dental care (covered services are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician). For more information on dental services, including prior authorization requirements, please go to the <i>Dental services</i> section listed earlier in this Benefits Chart.

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D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at www.commonwealthonecare.org. You may also call Member Services at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.), for updated drug information or to ask us to mail you a *List of Covered Drugs*. The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to see if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.), or contact your Care Partner to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement).
 - To learn what you must do to ask for an exception, see Chapter 9 of the *2021 Member Handbook* or call Member Services at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.).
 - If you need help asking for an exception, you can contact Member Services.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.

- This temporary supply will be for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*.)
- When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Formulary exceptions are usually valid for 12 months from the approval date unless the prescription is written for shorter amount of time and/or shorter approval duration is noted in the approval letter.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2021. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the Drug List to a lower or higher drug tier. To see if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our five drug tiers.

	2020 (this year)	2021 (next year)
Drugs in Tier 1 (Preferred Generic Drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 per prescription.	Your copay for a one-month (31-day) supply is \$0 per prescription.
Drugs in Tier 2 (Generic Drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 per prescription.	Your copay for a one-month (31-day) supply is \$0 per prescription.

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	2020 (this year)	2021 (next year)
<p>Drugs in Tier 3 (Preferred brand name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 4 (Non-Preferred brand name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 5 (Non-Medicare Rx/OTC Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 5 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>

E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different One Care plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2021.

E2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another One Care plan, or moving to Original Medicare.

You can change to a different One Care plan at any time. If you want to do this, call MassHealth Customer Service at 1-800-841-2900. TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8:00 A.M. to 5:00 P.M. You

will automatically be disenrolled from Commonwealth Care Alliance at the end of the month, and your coverage in your new One Care plan will begin on the first day of the next month.

E3. Leaving One Care

As long as you are still eligible for Medicare and MassHealth, you can leave One Care or your One Care plan and keep your Medicare and MassHealth benefits. If you leave One Care, you will usually go back to getting your Medicare and MassHealth services separately.

You will get your MassHealth services directly from doctors and other providers by using your MassHealth card. This is called “fee-for-service.” Your MassHealth services include most long-term services and supports (LTSS) and behavioral health care.

You will have a choice about how to get your Medicare benefits.

<p>1. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)</p>	<p>Here is what to do:</p> <p>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 to enroll in a Medicare health plan or PACE</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370. <p>Your coverage with Commonwealth Care Alliance will end on the last day of the month before your new plan’s coverage begins.</p>
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If you have questions, please call Commonwealth Care Alliance at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free. **For more information**, visit www.commonwealthonecare.org.



<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>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 to enroll in Original Medicare with a separate Medicare prescription drug plan.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370. <p>Your coverage with Commonwealth Care Alliance will end on the last day of the month before your Original Medicare coverage begins.</p>
<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer, or union. If you have questions about whether you need drug coverage, call the SHINE Program at 1-800-243-4636. TTY users should call 1-800-439-2370.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048 to enroll in Original Medicare and opt out of a separate Medicare prescription drug plan</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370. <p>Your coverage with Commonwealth Care Alliance will end on the last day of the month before your Original Medicare coverage begins.</p>

F. How to get help

F1. Getting help from Commonwealth Care Alliance

Questions? We're here to help. Please call Member Services at 1-866-610-2273 (TTY: call MassRelay at 711). We are available for phone calls from 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). Calls to these numbers are free.

Your 2021 Member Handbook

The *2021 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2021 Member Handbook* will be available by October 15. An up-to-date copy of the *2021 Member Handbook* is always available on our website at www.commonwealthonecare.org. You may also call Member Services at 1-866-610-2273 (TTY: call MassRelay at 711) to ask us to mail you a *2021 Member Handbook*.

Our website

You can also visit our website at www.commonwealthonecare.org. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

F2. Getting help from MassHealth Customer Service

MassHealth Customer Service can answer questions you may have about One Care and your other options for getting your services. MassHealth Customer Service can also help you enroll in a One Care plan, switch plans, or leave One Care. You can call MassHealth Customer Service at 1-800-841-2900. TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8:00 A.M. to 5:00 P.M.

F3. Getting help from My Ombudsman

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman's services are free. My Ombudsman can:

- Answer your questions or refer you to the right place to find what you need.
- Help you address a problem or concern with One Care or your One Care plan, Commonwealth Care Alliance. My Ombudsman's staff will listen, investigate the issue, and discuss options with you to help solve the problem.

If you have questions, please call Commonwealth Care Alliance at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free. **For more information**, visit www.commonwealthonecare.org.



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- Help with appeals. An appeal is a formal way of asking your One Care plan, MassHealth, or Medicare to review a decision about your services. My Ombudsman’s staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call, email, write, or visit My Ombudsman at its office.

- Call 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.
- Email info@myombudsman.org or contact My Ombudsman through its website at www.myombudsman.org.
- Write to or visit the My Ombudsman office at 11 Dartmouth Street, Suite 301, Malden, MA 02148.
 - Visit My Ombudsman by appointment, or during walk-in hours:
 - Monday: from 1:00 P.M. to 4:00 P.M.
 - Thursday: from 9:00 A.M. to 12:00 P.M.

F4. Getting help from the State Health Insurance Assistance Program (called SHINE)

You can also call SHINE (Serving the Health Insurance Needs of Everyone). SHINE counselors can help you understand your One Care plan choices and answer questions about switching plans. SHINE is not connected with us or with any insurance company or health plan. SHINE has trained counselors in every state, and services are free. The phone number for SHINE is 1-800-243-4636. TTY (for people who are deaf, hard of hearing, or speech disabled): 1-800-439-2370 (Massachusetts only).

F5. Getting help from Medicare

To get information directly from Medicare, 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.

Medicare’s Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your One Care plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov and click on “Find plans.”)

Medicare & You 2021

You can read the *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you have questions, please call Commonwealth Care Alliance at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free. **For more information**, visit www.commonwealthonecare.org.

