



Your Rights and Responsibilities as a member of CCA One Care (Medicare-Medicaid Plan)

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

We must ensure that **all** services are provided to you in a culturally competent and accessible manner. We must also tell you about the plan's benefits, your health and treatment options, and your rights in a way that you can understand. We must tell you about your rights each year that you are 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 in languages other than English and in formats such as large print, braille, or audio.
 - You can get this document and other printed materials in Spanish or speak with someone about this information in other languages, for free. We can also give you information for free in other formats as requested. Call 866-610-2273 to request information in other languages and formats. The call is free.
 - For the 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.
 - To request additional accommodation, call the Accessibility and Accommodations Officer at 617-960-0474, ext. 3932 (TTY 711).

If you are having trouble getting information from our plan because of language problems or a disability and you want to file a complaint, you can call:

- Medicare at 1-800-MEDICARE (1-800-633-4227). You can call 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- My Ombudsman at 1-855-781-9898, Monday through Friday from 9:00 am to 4:00 pm.
 - 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 Customer Service Center at 1-800-841-2900, Monday through Friday, from 8:00 am to 5:00 pm (TTY: 1-800-497-4648).
- Office of Civil Rights at 1-800-368-1019 or TTY 1-800-537-7697.

Debemos asegurarnos de que todos los servicios se le prestan de forma culturalmente competente y accesible. Además, debemos informarle de las prestaciones del plan, de sus opciones de salud y tratamiento y de sus derechos de forma que pueda entenderlos. Debemos informarle sobre sus derechos cada año que esté en nuestro plan.

- Para obtener información de una manera que pueda entender, llame al Servicio de Atención al Afiliado. Nuestro plan dispone de servicios gratuitos de interpretación para responder a las preguntas en diferentes idiomas.
- Nuestro plan también puede proporcionarle materiales en otros idiomas además del inglés y en formatos como letra grande, braille o audio.
 - Puede obtener este documento y otros materiales impresos en español o hablar con alguien sobre esta información en otros idiomas, de forma gratuita. También podemos darle

información gratuita en otros formatos si lo solicita. Llame al 866-610-2273 para solicitar información en otros idiomas y formatos. La llamada es gratuita.

- A efectos de futuros envíos, mantendremos archivada su solicitud de formatos alternativos y/o idiomas especiales. Puede cambiar sus preferencias de comunicación con nosotros en cualquier momento llamando al servicio para miembros.
- Para solicitar adaptaciones adicionales, llame al Accessibility and Accommodations Officer al 617-960-0474, ext. 3932 (TTY 711).
- Si tiene problemas para obtener información de nuestro plan debido a problemas lingüísticos o a una discapacidad y quiere presentar una queja, puede llamar:
 - Medicare en el 1-800-MEDICARE (1-800-633-4227). Puede llamar las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048.
 - My Ombudsman al 1-855-781-9898, de lunes a viernes de 9:00 am a 4:00 pm.
 - Utilice el 7-1-1 para llamar al 1-855-781-9898. Este número es para personas sordas, con problemas de audición o con problemas de habla.
 - Utilice el videoteléfono (VP) 339-224-6831. Este número es para personas sordas o con problemas de audición.
 - Centro de Servicio al Cliente de MassHealth al 1-800-841-2900, de lunes a viernes, de 8:00 am a 5:00 pm (TTY: 1-800-497-4648).
 - Oficina de Derechos Civiles al 1-800-368-1019 o TTY 1-800-537-7697.

B. Our responsibility to treat you with respect, fairness, and dignity at all times

Our plan must obey laws that protect you from discrimination or unfair treatment. **We do not discriminate** against members for any of the following reasons:

- Age
- Appeals
- Behavior
- Claims experience
- Ethnicity
- Evidence of insurability
- Gender identity
- Genetic information
- Geographic location within the service area
- Health status
- Medical history
- Mental ability
- Mental or physical disability
- National origin
- Race
- Receipt of health care
- Religion
- Sex
- Sexual orientation
- Use of services

You can also refer to Chapter 11, Section B, in your Member Handbook, “Notice about nondiscrimination,” for more information.

You have the right to have your questions and concerns answered completely and courteously.

Under the rules of the plan, you have the right to be free from any kind of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation. (In other words, you should be free from being physically controlled or kept alone as a way to force you to do something, to punish you, or to make things easier for others.)

You have the right to make recommendations regarding your rights and responsibilities. This includes making recommendations to the CCA One Care Member Rights and Responsibilities policy.

We cannot deny services to you or punish you for exercising your rights.

- For more information, or if you think that you might have a complaint about discrimination or that you got unfair treatment, call the Department of Health and Human Services' Office for Civil Rights at 1-800-368-1019 (TTY: 1-800-537-7697). You can also visit www.hhs.gov/ocr for more information.
- You can also call your local Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

If you have a disability and need help getting care or reaching a provider, call Member Services. If you have a complaint, such as a problem with wheelchair access, Member Services can help.

For more information on how we protect your right to privacy, please see below.

C. Our responsibility to ensure that you get timely access to covered services and drugs

As a member of our plan, these are your rights:

- You have the right to choose a primary care provider (PCP) in the plan's network. A network provider is a provider who works with the health plan. You can find more information about choosing a PCP in Chapter 3 of your Member Handbook.
 - Call Member Services or look in the *Provider and Pharmacy Directory* to learn which healthcare providers are accepting new patients.
- You have the right to use a women's health specialist without getting a referral. We do not require you to get referrals to go to network providers.
- 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 cannot get services within a reasonable amount of time, we have to pay for out-of-network care.
- You have the right to get emergency services or urgent care without first getting authorization (prior approval (PA)) in an emergency.

- You have the right to get your prescriptions filled without long delays at any of our network pharmacies.
- 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 you what you can do if you think you are not getting your services or drugs within a reasonable amount of time. Chapter 9 also tells you what you can do if we have denied coverage for your services or drugs and you do not agree with our decision.

D. Our responsibility to protect your privacy and personal health information (PHI)

You have the right to have privacy during treatment and to expect confidentiality of all records and communications.

We protect your personal health information (PHI) as required by federal and state laws.

- Your PHI includes the information you gave us when you enrolled in this plan. It also includes your medical records and other medical and health information.
- You have the rights related to your information and to control how your PHI is used. We will give you a written notice that tells about these rights. The notice is called the “Notice of Privacy Practice.” The notice also explains how we protect the privacy of your PHI.

D1. How we protect your PHI

We make sure that unauthorized people don’t see or change your records.

Except for the cases noted below, we do not give your PHI to anyone who is not providing your care or paying for your care. If we do, we are required to get written permission from you first. Written permission can be given by you or by someone who has the legal power to make decisions for you.

There are certain cases when we do not have to get your written permission first. These exceptions are allowed or required by law.

- We must release PHI to government agencies that are checking on our quality of care.
- We must give Medicare and MassHealth your PHI. If Medicare releases your PHI for research or other uses, it will be done according to federal laws. If MassHealth releases your PHI for research or other uses, it will be done according to federal and state laws.

D2. You have a 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. We are allowed to charge you a fee for making a copy of your medical records.
- You have the right to ask us to update or correct 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 if and how your PHI has been shared with others.

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

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: August 4, 2023

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

Commonwealth Care Alliance, Inc.
Attention: Privacy and Security Officer
30 Winter Street
Boston, MA 02108
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 subsidiaries that are subject to the HIPAA Privacy Rule as “covered entities.” Some of these subsidiaries are “**Our Health Plans**”—companies that provide or pay for Medicare Advantage benefits, Medicaid benefits, or other healthcare benefits, such as a health insurer or HMO. Other subsidiaries are Our Healthcare 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 Massachusetts, LLC
- Commonwealth Care Alliance Rhode Island, LLC
- CCA Health Michigan, Inc.
- CCA Health Plans of California, Inc.

Our Healthcare Providers

- Commonwealth Clinical Alliance, Inc.
- Boston’s Community Medical Group, Inc. d/b/a CCA Primary Care
- CCA PO, Inc
- instED™
- Marie’s Place

SECTION 2: Information We Collect:

Individuals are responsible for providing correct and complete Medical Information for Commonwealth Care Alliance, Inc., and its subsidiaries to provide quality services. Commonwealth Care Alliance (CCA) is committed to protecting the confidentiality of individuals' Medical Information that is collected or created 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 further 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 on-line forms, respond to one of our surveys, respond to advertising or promotional material, register for access to our services or use certain services.
- Wherever CCA collects Medical Information, we make access to this notice available. By providing us with Medical Information, you are consenting to our use of it in accordance with this notice. If you provide information to CCA, you acknowledge and agree that such information may be transferred from your current location to the facilities and servers of CCA and the authorized third parties with whom CCA does business.

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 Healthcare 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.

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: Your healthcare provider may send Our Health Plan a claim for healthcare services furnished to you. The Health Plan may use that information to pay your healthcare provider's claim and it may disclose the Medical Information to Medicare or Medicaid when the Health Plan seeks payment for the services.

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

Joint activities: Commonwealth Care Alliance, Inc. and its subsidiaries have an arrangement to work together to improve health and reduce costs. We may engage in similar arrangements with other healthcare providers and health plans. We may exchange your Medical Information with other participants in these arrangements for treatment, payment, and healthcare operations related to the joint activities of these "organized healthcare 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, healthcare providers, the healthcare system generally, or certain government programs (such as Medicare and 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 healthcare 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 that satisfies certain conditions about protecting the privacy of the 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.

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

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 Healthcare 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 notified 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 for free 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 Healthcare 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 e-mailed to you.

Our Healthcare 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

E. Our responsibility to give you information about the plan, its network providers, and your covered services

As a member of Commonwealth Care Alliance Massachusetts (CCA) One Care, you have the right to get timely information and updates about your plan from us. If you do not speak English, we must give you the information in a language you understand free of charge. 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). 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:

- Our plan, including:
 - What financial information is available;
 - How the plan has been rated by plan members;
 - How many appeals our members have made; and
 - How to leave the plan.
- Our network providers and our network pharmacies, including:
 - How to choose or change primary care providers;
 - What the qualifications are of our network providers and pharmacies;
 - How we pay the providers in our network.
 - A list of providers and pharmacies in the plan's network, in the Provider and Pharmacy Directory. For more detailed information about our providers or pharmacies, call Member Services or visit our website at www.ccama.org.
- Covered services (refer to Chapter 3 and 4 in your Member Handbook) and drugs (refer to Chapter 5 and 6) and about rules you must follow, including:
 - Services and drugs covered by the plan;
 - Limits to your coverage and drugs;
 - Rules you must follow to get covered services and drugs.
- Why a drug or service is not covered and what you can do about it (refer to Chapter 9 in Member Handbook), including:
 - Asking us to put in writing why the drug or service is not covered;
 - Asking us to change a decision we made;
 - Asking us to pay for a bill you got.

Information about our Quality Management Programs. You can learn about the Quality Management Programs that CCA has created as part of our commitment to continuous quality management.

F. Inability of network providers to bill you directly

Doctors, hospitals, and other providers in our network cannot make you pay for covered services. They also cannot charge you if we pay them less than they charged us. To learn what to do if a provider tries to charge you for covered services, refer to Chapter 7 of your Member Handbook.

G. Your right to leave our plan

You have the right to leave the plan. No one can make you stay in our plan if you do not want to. You can contact the MassHealth Customer Service Center at 1-800-841-2900 or TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled) and ask to leave the plan. You can also call 1-800-Medicare to enroll in a Medicare Advantage or prescription drug plan and leave our plan. Please refer to Chapter 10 for more information on leaving our plan.

If you choose to leave our plan, your services will stay in place until the end of that month. For example, if you leave our plan on September 5, you will be covered by our plan until the end of September.

- If you leave our plan, you will still be in the Medicare and MassHealth programs.
 - You have the right to get most of your healthcare services through Original Medicare or a Medicare Advantage plan.
 - You also have a right to get your MassHealth benefits directly from the MassHealth Medicaid program.
 - You can get your Medicare Part D prescription drug benefits from a prescription drug plan or from a Medicare Advantage plan.
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H. Your right to make decisions about your healthcare

H1. Your right to know your treatment options and make decisions about your healthcare.

You have the right to get full information from your doctors and other healthcare providers. You also have the right to have access to doctors and other providers who can meet your needs.

This includes providers who can meet your healthcare needs, communicate with you, and provide you with services in locations that you can physically access. Your providers must explain your condition and your treatment choices in a way that you can understand. You may also choose to have family member or caregiver involved in your services and treatment discussions. You have the right to:

- **Know your choices.** You have the right to have your medical needs explained to you, and to be told about all the kinds of treatment available to you, regardless of cost or benefit coverage.
- **Know the risks.** You have the right to be told about any risks involved in your services or treatments. You must be told in advance if any of your services or treatments are part of a research experiment. You have the right to refuse experimental treatments.
- **Get a second opinion.** You have the right to use another healthcare provider before you decide on a 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 healthcare provider advises you not to. You also have the right to stop taking a drug. If you refuse treatment or stop taking a drug, you will not be dropped from the 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 has denied care that you believe you should get.
- **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, as specified in other Federal regulations on the use of restraints and seclusion.
- **Ask us to cover a service or drug that was denied or that is usually not covered.** This is called a coverage decision. Chapter 9 of your Member Handbook tells you how to ask the plan for a coverage decision.
- **Change your providers.** You have the right to change your providers.

H2. Your right to say what you want to happen if you are unable to make healthcare decisions for yourself.

Sometimes people become unable to make healthcare decisions for themselves. Before that happens to you, you can:

- Fill out a written form to **give someone the right to make healthcare decisions for you; and**
- **Give your healthcare providers written instructions** about how you want them to handle your healthcare if you become unable to make decisions for yourself.

The legal documents that you can use to give your directions are called advance directives. 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 do not have to use an advance directive, but you can if you want to. Here is what to do:

- **Get the form.** 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). Or, you can get a form from your healthcare provider, a lawyer, a legal services agency, or a social worker. Organizations that give people information about Medicare or MassHealth (Medicaid), such as the State Health Insurance Assistance Program (SHIP) called SHINE (Serving the Health Insurance Needs of Everyone), may also have advance directive forms.
- **Fill it out and sign it.** The form is a legal document. You should consider having a lawyer help you fill it out.
- **Give copies to people who need to know about it.** You should give a copy of the form to your healthcare providers. You should also give a copy to the person you name as the one who will make decisions for you. You may also want to give copies to close friends or family members. Keep a copy at home.
- If you are going to be hospitalized and you have signed an advance directive, **take a copy of it to the hospital.**

The hospital 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 to fill out an advance directive.

H3. What to do if your instructions are not followed

If you have signed an advance directive, and you believe that a healthcare provider or hospital did not follow the instructions in it, you may file 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.

I. Your right to make complaints and to ask us to reconsider decisions we have made

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 could ask us to make a coverage decision, make an appeal to us to change a coverage decision, or make a complaint.

Coverage decisions are based on medical necessity and the benefits available to you as a CCA One Care member. CCA does not reward or incentivize providers, CCA employees or others for making coverage denials.

You have the right to get information about appeals and complaints that other members have filed against our plan. To get this information, call Member Services.

I1. What to do if you believe you are being treated unfairly or you would like more information about your rights

If you believe you are being treated unfairly—and it is not about discrimination for the reasons listed above—or you would like more information about your rights, you can get help by calling:

- Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week.
- The State Health Insurance Assistance Program called SHINE (Serving the Health Insurance Needs of Everyone). For details about this organization and how to contact it, refer to Chapter 2 of your Member Handbook.

- Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY 1-877-486-2048.
- MassHealth at 1-800-841-2900, Monday through Friday, from 8:00 A.M. to 5:00 P.M. (TTY: 1-800-497-4648).
- 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.

J. What can you do if you want to know more about CCA Quality Improvement Initiatives?

Significant and sustained improvement in the health and well-being of members is the primary goal of CCA's quality management program. Some of the ways CCA does this are:

- Continuously improving the quality of clinical care and services CCA members receive.
- Optimizing member satisfaction with the care they receive from network providers and CCA.
- Improving the health of the communities served by CCA.

Please visit the Your Rights as a Member section of our website at ccama.org to learn more about CCA's quality improvement programs.

K. Your right to make recommendations on our member rights and responsibilities policy

If you have any recommendations on our member rights and responsibilities policy, you can share your suggestions with us by calling Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week.

L. Your responsibilities as a member of the plan

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

- **Read the *Member Handbook*** to learn what is covered for you and what rules you need to follow to get your covered services and drugs. For details about your:
 - Covered services, refer to Chapters 3 and 4. Those chapters tell you what is covered, what is not covered, what rules you need to follow, and what you pay.
 - Covered drugs, refer to Chapter 5 and 6.
- **Tell us about any other health or prescription drug coverage** you have. We are required to make sure you are using all of your coverage options when you get healthcare. Please call Member Services if you have other coverage.
- **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.
- **Help your doctors** and other healthcare providers give you the best care.
 - Choose a primary care provider.
 - Call your primary care provider or care partner when you need healthcare or within forty-eight (48) hours of receiving any emergency or out-of-network treatment.
 - Give them the information they need about you and your health that is complete and accurate. Learn as much as you can about your health problems. Follow mutually agreed upon treatment goals and follow plans and instructions for care that you and your providers agree on.
 - Make sure your doctors and other providers know about all of the drugs you are taking. This includes prescription drugs, over-the-counter drugs, vitamins, and supplements.

- Make sure you ask any questions that you have. Your doctors and other providers must explain things in a way you can understand. If you ask a question and you do not understand the answer, ask again.
- Understand the role of your primary care provider, your care partner, and your care team in providing your care and arranging other healthcare services that you may need.
- Follow the Individualized Care Plan (ICP) you and your care team agree to.
- Understand your benefits and what is covered and know what is not covered.
- **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, other providers' offices, and in your home when your providers are visiting you.
- **Tell us if you move.** If you are going to move, it is important to tell us right away. Call Member Services.
 - **If you move outside of our plan service area, you cannot stay in this plan.** Only people who live in our service area can get CCA One Care. Chapter 1 of your Member Handbook tells you about our service area.
 - We can help you figure out whether you are moving outside our service area. During a special enrollment period, you can switch to Original Medicare or enroll in a Medicare health or prescription drug plan in your new location. We can let you know if we have a plan in your new area.
 - You can also call MassHealth Customer Service Center to transfer to another One Care plan in your new area.
 - Also, be sure to let Medicare and MassHealth know your new address when you move. Refer to Chapter 2 of your Member Handbook for phone numbers for Medicare and MassHealth.
 - **If you move but stay in our service area, we still need to know.** We need to keep your record up to date and know how to contact you.

- **Tell us if your personal information changes.** It is important to tell us right away if you have a change in personal information such as telephone, marriage, additions to the family, eligibility, or other health insurance coverage.
- Call Member Services at 866-610-2273 (TTY 711) for help if you have questions or concerns.

L1. Estate recovery

Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth 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 estate recovery, please visit www.mass.gov/estatercovery

CCA One Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees. Enrollment depends on contract renewal.

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, 7 days a week. 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 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. 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 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, you can file a grievance with:

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

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-610-2273 (TTY 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-610-2273 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-610-2273 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-610-2273 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-610-2273 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-610-2273 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-610-2273 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-610-2273 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-610-2273 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-610-2273 (телетайп 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-610-2273 (رقم هاتف الصم والبكم 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-610-2273 (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-610-2273 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-610-2273 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-610-2273 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-610-2273 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-610-2273 (TTY 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Gujarati: અમારી આરોગ્ય અથવા દવાની યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-866-610-2273 (TTY 711) પર કોલ કરો. અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Lao/Laotian:

ພວກເຮົາມີບໍລິການວ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຍາຂອງພວກເຮົາ. ເພື່ອຂໍວ່າມແປພາສາ, ພຽງໃຫ້ທ່ານພວກເຮົາທີ່ເບີ 1-866-610-2273 (TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

Cambodian: យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬផ្លូវរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្លូវមាត់ សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-866-610-2273 (TTY 711) ។ នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។