

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Commonwealth Care Alliance, Inc. - H1486

For 2026, Commonwealth Care Alliance, Inc. - H1486 received the following Star Ratings from Medicare:

Overall Star Rating:	Plan too new to be measured
Health Services Rating:	Plan too new to be measured
Drug Services Rating:	Plan too new to be measured

**Some plans do not have enough data to rate performance.*

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Commonwealth Care Alliance, Inc. 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 855-210-1653 (toll-free) or 855-210-1653 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 866-610-2273 (toll-free) or 866-610-2273 (TTY).

H1486_26_STAR_M



Dear Neighbor,

Your healthcare coverage is personal, and choosing the right plan is important. For over 20 years, residents in our community have trusted Commonwealth Care Alliance® (CCA) to provide high-quality, personalized health coverage and support. We are proud to be a local organization and the largest One Care plan in Massachusetts, serving members across the state.

Our **CCA One Care (HMO D-SNP)** plan combines your Medicare and MassHealth Standard or MassHealth CommonHealth benefits into one easy-to-manage plan and adds extra benefits at no cost to you, including Long-Term Services and Supports (LTSS) to help you live safely and independently.

What Makes CCA Different

We specialize in serving people who are eligible for **CCA One Care**, and we understand that everyone has different needs. That's why you'll be matched with a **personal care coordinator**, who works by your side to build a care plan that ensures access to the right services and support when and where you need it.

Whether you're managing complex conditions or more routine health needs, we partner with local providers to deliver care close to home or even in your home. That includes LTSS such as personal care, home- and community-based services, and other resources that help you stay independent.

From day one, we're by your side so you can focus on what matters most. It's part of our promise to provide **coverage that cares.**

We're Here for You

At CCA, our members are at the center of everything we do. We're committed to making your coverage easy to understand and helping you live safely and independently at home.

Please take a moment to review this information and see how becoming a **CCA One Care** member can bring you the personalized care and peace of mind you deserve. If you have questions, contact us at **855-210-1659 (TTY 711)**, 8 am – 8 pm, Monday – Friday, April 1 – September 30; 8 am – 8 pm, 7 days a week, October 1 – March 31.

We look forward to welcoming you to the CCA family.

Sincerely,

Commonwealth Care Alliance®

CCA One Care (HMO D-SNP) is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone age 21 - 64 who qualifies for MassHealth Standard or CommonHealth and Original Medicare and does not have any other comprehensive health insurance, except Medicare.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711).

You can get this document for free in other formats, such as large print, braille, or audio. Call 866-610-2273 (TTY 711), Monday through Friday, 8 am to 8 pm Eastern Time, and from October 1 to March 31, the same hours, seven days a week. The call is free.

Sales Appointment Confirmation Form



To be completed by person with Medicare

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. Please check what you want to discuss with the Licensed Sales Representative.

Please indicate the product(s) you agree to discuss by checking the applicable checkbox:

- | |
|--|
| ☐ Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions. |
|--|

By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do not work directly for the federal government.

Signing this form does not affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan, or obligate you to enroll in a Medicare plan. All information provided on this form is confidential. Signing this form does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

Beneficiary Signature:	
First Name:	Last Name:
Date of Appointment:	Time:
If you are an authorized Representative, please sign	
Authorized Representative:	Relationship with Beneficiary:

To be completed by Agent		
Agent Name:		Agent Phone:
Beneficiary Name:		Beneficiary Phone:
Beneficiary Address:		
City:	State:	ZIP:
Initial Method of Contact:		Phone:
Agent's Signature:	Date:	Time:
[Plan Use Only] Please provide additional details with the collection of the SOA.		

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Your key 2027 CCA One Care (HMO D-SNP) benefits

This is not a complete listing of benefits. For a complete list, please refer to the Member Handbook.

CCA One Care (HMO D-SNP) — In-network benefits	
 Premiums and deductibles	
Monthly premium ¹	\$0
Medical deductible	\$0
Annual prescription (Part D) deductible	\$0
Maximum out-of-pocket costs	\$0
 Office visits	
Primary care visit	\$0 copay
Specialist visit ²	\$0 copay
Routine eye exam	\$0 copay 1 visit per 24 months
Routine hearing exam	\$0 copay 1 visit per year
Therapy (physical therapy, occupational therapy, speech-language therapy) ²	\$0 copay
 Inpatient and Outpatient Services	
Hospital stays ² (copay per day)	\$0 copay
Skilled nursing facility ² (copay per day)	\$0 copay

¹ You must continue to pay your Medicare Part B premium, unless it's being paid on your behalf by MassHealth (Medicaid).

² Certain restrictions may apply. Contact the plan for more information.

To learn more or enroll, call 855-210-1892 (TTY 711), 8 am – 8 pm, Monday – Friday, April 1 – September 30; 8 am – 8 pm, 7 days a week, October 1 – March 31.

Or visit ccama.org/one-care.

CCA One Care (HMO D-SNP) — In-network benefits



Inpatient/outpatient services (continued)

Outpatient surgery ²	\$0 copay
Diagnostic radiology services ² (e.g., MRI, CAT scan)	\$0 copay
Lab services ²	\$0 copay
Outpatient x-rays ²	\$0 copay
Ground ambulance ²	\$0 copay
Emergency room	\$0 copay
Urgent care	\$0 copay



Drug coverage

Drug tier	31-day supply
Tier 1 (Medicare Part D drugs)	\$0 copay



Dental benefits

Preventive dental services	\$0 copay, including 4 cleanings per year, fluoride treatments, and X-rays
Comprehensive dental services ²	\$0 copay for comprehensive services, including dentures, crowns, and root canals

² Certain restrictions may apply. Contact the plan for more information.

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Or visit ccama.org/one-care.**

CCA One Care (HMO D-SNP) — In-network benefits



Additional benefits

Routine eyewear	\$75 every two years for routine eyewear, including frames or contact lenses
Hearing aid coverage	One hearing aid per ear every 60 months, up to \$500
Teladoc Health	\$0 copay for 24/7 urgent, general medical services
Transportation (medical and non-emergent medical) ²	Unlimited rides to medical appointments and 10 non-emergent, non-medical rides per month (50-mile radius)
Long-Term Services and Supports (LTSS)	If approved, LTSS includes services like personal care, home health assistance, and some community-based support to help individuals with daily activities and maintain their quality of life.

² Certain restrictions may apply. Contact the plan for more information.

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To learn more or enroll, call 855-210-1892 (TTY 711), 8 am – 8 pm, Monday – Friday, April 1 – September 30; 8 am – 8 pm, 7 days a week, October 1 – March 31.

Or visit ccama.org/one-care.





Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member service representative at 866-610-2273 (TTY 711).

Understanding the Benefits

- ☐ The Member Handbook provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit ccama.org or call 866-610-2273 (TTY 711) to view a copy of the Member Handbook.
- ☐ Review the provider directory (or ask your provider) to make sure the providers you see now are in the network. If they are not listed, it means you will likely have to select a new provider.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium, unless it's being paid on your behalf by MassHealth (Medicaid). This premium is normally taken out of your Social Security check each month.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and Medicaid (MassHealth) Standard and CommonHealth.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year.

There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and have new options available to me. I moved on _____.
- ☐ I recently was released from incarceration. I was released on _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on _____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on _____.
- ☐ I have Medicare and get full Medicaid benefits. I want to join or switch to a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)).
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on _____.
- ☐ I recently left a PACE program on (insert date) _____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's).¹ I lost my drug coverage on _____.
- ☐ I am leaving employer or union coverage on _____.
- ☐ I'm in a qualified State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.



- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on _____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on _____.
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- ☐ I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.
- ☐ I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
- ☐ I'm in a plan that has recently violated their contract. I want to switch to another plan.¹
- ☐ I recently was recently disenrolled in my plan in connection with CMS sanctions. I want to switch to another plan.¹
- ☐ I recently experienced an exceptional circumstance. I want to switch to another plan.¹

If none of these statements applies to you or you're not sure, please contact CCA One Care (HMO D-SNP) at 855-210-1892 (TTY 711) to see if you are eligible to enroll. We are open 8 am – 8 pm, Monday – Friday, April 1 – September 30; 8 am – 8 pm, 7 days a week, October 1 – March 31.

¹This enrollment period requires approval prior to use. Individuals must call to make an election using this Special Enrollment Period at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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CCA One Care 2027 Enrollment Form

OMB No. 0938-1378

Expires: 2/28/2029



Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
 - Medicare Part B (Medical Insurance)
-

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
 - Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.
-

What happens next?

Send your completed and signed form to:

Commonwealth Care Alliance®
P.O. Box 8738
Dayton, OH 45401-8738

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call CCA One Care (HMO D-SNP) at 855-210-1659. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a CCA One Care (HMO D-SNP) al 855-210-1659 (TTY 711) o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.
-

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CCA One Care 2027
Enrollment Form

OMB No. 0938-1378 Expires: 2/28/2029



Section 1 – All fields on this page are required (unless marked optional)			
Select the plan you want to join: ☐ CCA One Care (HMO D-SNP)			
FIRST name:		LAST name:	
		Middle initial:	
Birth date: (MM/DD/YYYY) (_ _ / _ _ / _ _ _ _)		Sex: ☐ Male ☐ Female	
		Phone number: () Cell number: ()	
Permanent residence street address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):			
City:		State:	ZIP Code:
Mailing address, if different from your permanent address (PO Box allowed):			
Street address:			
City:		State:	ZIP Code:
Your Medicare Information:			
Medicare Number: _ _ _ _ - _ _ _ - _ _ _ _			
Your MassHealth (Medicaid) Information:			
MassHealth Number: _____			
Answer these important questions:			
Will you have other prescription drug coverage (like VA, TRICARE) in addition to CCA One Care? ☐ Yes ☐ No			
Name of other coverage: Member number for this coverage: Group number for this coverage: _____			
Dual Eligible Special Needs (D-SNP) plans are for those who qualify for Medicare and Medicaid. By enrolling in this plan, you understand that you must remain enrolled in your state Medicaid program to remain eligible for this plan,			
1) Are you enrolled in your state Medicaid program? ☐ Yes ☐ No			
2) If "yes", provide your Medicaid ID number: _____			

IMPORTANT: Read and sign below:	
By completing this enrollment application, I agree to the following:	
I must keep both Hospital (Part A) and Medical (Part B) to stay in CCA One Care.	
By joining this Medicare Advantage Plan, I acknowledge that CCA One Care will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response in this form is voluntary. However, failure to respond may affect enrollment in the plan.	
I understand that I can be enrolled in only one MA or Part D plan at a time - and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).	
I understand that when my CCA One Care coverage begins, I must get all of my medical and prescription drug benefits from CCA One Care. Benefits and services provided by CCA One Care and contained in my CCA One Care "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CCA One Care will pay for benefits or services that are not covered.	
The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.	
I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.	
Signature:	Today's date:
If you're the authorized representative, sign above and fill out these fields:	
Name:	Address:
Phone number:	Relationship to enrollee:

Section 2 – All fields in this section are optional

**Answering these questions is your choice.
You can't be denied coverage because you don't fill them out.**

Select one if you want us to send you information in a language other than English.

☐ Spanish

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

Please contact CCA One Care at 866-610-2273 if you need information in an accessible format other than what's listed above. Our office hours are Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. TTY users can call 711.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic, or health center:

I want to get the following materials via e-mail. Select one or more.

☐ 2027 CCA One Care (HMO D-SNP) Pre-Enrollment Kit

Email address:

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name:

Relationship to enrollee:

Signature:

National Producer Number (Agents/Brokers only):

Agent/Broker use only. Agent/Broker must complete.

Initial receipt date:

Proposed effective date:

- ☐ SEP (Once per month integrated care SEP for dually eligible individuals)
- ☐ IEP (New to Medicare)
- ☐ IEP2 (Had Medicare prior, but now turning 65)
- ☐ ICEP (Had Part A and recently signed up for Part B)
- ☐ AEP (Annual Election Period)
- ☐ OEP (In a Med Adv Plan and want to change; Jan 1 – Mar 31)
- ☐ OEP (In a Med Adv Plan 3 mos. And want to change; Apr 1 – Dec 31)

- ☐ OEPI (Live in an LTC facility)
- ☐ OEPI (Moving out of an LTC facility)
- ☐ SEP (Recent change in Medicaid)
- ☐ SEP (Recent change in Extra Help paying for prescriptions)
- ☐ SEP (Left employer coverage)
- ☐ SEP (Other _____)

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.



2027

Summary of Benefits



Commonwealth Care Alliance®

CCA One Care (HMO D-SNP)

This is a summary of drug and health services covered by Commonwealth Care Alliance from January 1, 2027 - December 31, 2027.

H1486_MA-SNP-C-5096875a_M

Introduction

This document is a brief summary of the benefits and services covered by Commonwealth Care Alliance® One Care (HMO D-SNP) (CCA One Care). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of CCA One Care. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*, also known as the Evidence of Coverage or EOC.

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A. Disclaimers



This is a summary of health services covered by CCA One Care for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. To get the *Member Handbook*, call Member Services at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. You can also find it online at **CommonwealthCareAlliance.org/MA**.

- ❖ CCA One Care (HMO D-SNP) is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- ❖ Under CCA One Care you can get your Medicare and MassHealth (Medicaid) services in one health plan called a One Care plan. A CCA care coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*
- ❖ Estate Recovery Awareness: MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) 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 (Medicaid) estate recovery, please visit www.mass.gov/estaterecovery.
- ❖ For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- ❖ For more information about MassHealth (Medicaid), you can contact the Office of the Ombudsman by phone at 1-855-781-9898 (Toll Free), videophone (VP) users may call (339) 224-6831, Monday - Friday, 9 a.m. – 4 p.m.

If you have questions, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit **CommonwealthCareAlliance.org/MA**.

- ❖ We have free interpreter service to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-866-610-2273 (TTY: 711). We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. Someone that speaks English can help you. This is a free service.
- ❖ **You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-610-2273 (TTY: 711). We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free.**
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call Member Services at 1-866-610-2273 (TTY: 711). The call is free.
- ❖ ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711). La llamada es gratuita.
- ❖ This document is available for free in other languages.
- ❖ We will keep your request for alternative formats and special language on file for future mailings. Please contact Member Services to change your request for a preferred language and/or format.

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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a One Care Plan?	One Care is a managed care program that combines MassHealth (Medicaid) and Medicare benefits into a single plan with one card and one care team for people aged 21 to 64 at the time of enrollment. With One Care, you'll have a care coordinator to help you manage your care, stay healthy, and access the services you need. People eligible for One Care generally have no or low monthly premiums, no copays, and little to no out-of-pocket costs for most covered services. One Care covers medical care, behavioral health services, and prescription medications, as well as support for recovery goals, daily tasks, and independent living. CCA One Care is a One Care Plan that provides benefits of MassHealth (Medicaid) and Medicare to enrollees in the One Care program. It provides a network of doctors, hospitals, pharmacies, and other providers. It also has care coordinators and Long-Term Services and Support (LTSS) to help you manage all your providers and services and supports. They all work together to provide the care you need. Through One Care, members have access to medical and drug benefits at no cost to them. Members must be between 21 and 64 years of age at time of enrollment, and have either MassHealth Standard or MassHealth CommonHealth eligibility, in addition to Medicare eligibility to enroll in the plan. Members must also live within our service area.

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Frequently Asked Questions	Answers
Will I get the same Medicare and MassHealth (Medicaid) benefits in CCA One Care that I get now?	You'll get most of your covered Medicare and MassHealth (Medicaid) benefits directly from CCA One Care. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a state agency like the Department of Behavioral Health or the Department of Developmental Services. When you enroll in CCA One Care, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that CCA One Care doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for CCA One Care to cover your drug if medically necessary. For all other services, you can keep using your doctors and getting your current services for 90 days, or until your assessment and care plan is complete. For more information, call Member Services at the number listed at the bottom of the page.

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued on the next page)	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with CCA One Care and have a contract with us, you can keep going to them. • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in CCA One Care’s network. If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of CCA One Care’s plan. • If you are currently under treatment with a provider that is out of CCA One Care’s network or have an established relationship with a provider that is out of CCA One Care’s network, call Member Services at the number listed at the bottom of the page to check about staying connected. To find out if your providers are in the plan’s network, call Member Services at the number listed at the bottom of the page or read CCA One Care’s Provider and Pharmacy Directory on the plan’s website at CommonwealthCareAlliance.org/MA.

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Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call Member Services or see your Member Handbook for more information, including the cost-sharing that applies to out-of-network services. If CCA One Care is new for you, we'll work with you to develop a care plan to address your needs.
What's a CCA One Care care coordinator?	A CCA One Care care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
What happens if I need a service but no one in CCA One Care's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, CCA One Care will pay for the cost of an out-of-network provider.

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Frequently Asked Questions	Answers
Where's CCA One Care available?	The service area for this plan includes: Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties, Massachusetts. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means an approval from CCA One Care to seek services outside of our network or to get services not routinely covered by our network before you get the services. CCA One Care may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. CCA One Care can provide you or your provider with a list of services or procedures that require you to get prior authorization from CCA One Care before the service is provided. Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the number listed at the bottom of this page for help.

 **If you have questions**, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit CommonwealthCareAlliance.org/MA.

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under CCA One Care?	Most members won't have to pay monthly premiums, including the Medicare Part B premium, for their health coverage. Some MassHealth (Medicaid) CommonHealth members with higher incomes may need to pay Medicare Part B Premiums. Additionally, if you pay a premium to MassHealth (Medicaid) for CommonHealth, you must continue to pay the premium to MassHealth (Medicaid) to keep your coverage. For more information, call the MassHealth (Medicaid) Customer Service Center at 1-800-841-2900 or 711 for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.
Do I pay a deductible as a member of CCA One Care?	No. You don't pay deductibles in CCA One Care.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of CCA One Care?	There's no cost-sharing for medical services in CCA One Care, so your annual out-of-pocket costs will be \$0.
What's a Long-term Supports (LTS) Coordinator?	A CCA One Care LTS Coordinator is a person for you to contact and have on your care team who is an expert in long-term services and supports and/or recovery services. This person helps you get services that help you live independently in your home. Please tell your care coordinator if you're interested in a referral to an LTS Coordinator.

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C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization is required except for inpatient substance use and emergency admissions.
	Outpatient hospital services, including observation	\$0	Prior authorization is required for some services.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization is required for some services.
	Doctor or surgeon care	\$0	Prior authorization is required for some services.

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued on the next page)	Visits to treat an injury or illness	\$0	Prior authorization is required for some services.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	Prior authorization is required for some services.

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued from previous page)	Transportation to a doctor's office	\$0	You may get rides to covered medical appointments (for non-emergencies) up to 50 miles each way by taxi, ride share services, bus/subway, or van. - You need to schedule your ride 72 hours ahead of time. - You must use the plan-approved transportation company. Prior authorization is required for rides over 50 miles.
	Emergency room services	\$0	Emergency room services are provided both in and out-of-network. Prior authorization is NOT required.
You need emergency care	Urgent care	\$0	Urgent care services are provided both in and out-of-network. Prior authorization is NOT required.

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization is required for some services.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization is required for some services.
	Screening tests, such as tests to check for cancer	\$0	
You need hearing/auditory services	Hearing screenings	\$0	You must use a CCA plan provider for non-routine hearing services. You must use a NationsHearing provider for routine hearing services.
	Hearing aids	\$0	You can get 1 hearing aid for each ear every 60 months, with up to \$500 in coverage. You must use a NationsHearing provider to get your hearing aids. Prior authorization is required for some services.

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued on the next page)	Dental check-ups and preventive care	\$0	You must use a network CCA dental provider. Prior authorization is required for some services.
	Restorative and emergency dental care	\$0	Periodontics: Deep Cleanings are covered 1 every 24 months and maintenance visits are covered 1 every 3 months per calendar year. Gum surgery may be covered if medically necessary with an approved prior authorization. Prosthodontics: Complete and partial dentures are covered 1 every 60 months without prior authorization. Prior authorization may be required for additional services. Oral and Maxillofacial Surgery: Extractions (simple and surgical) are covered one per tooth per lifetime without prior authorization. Extractions for impacted teeth are covered if

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued from the previous page)	Restorative and emergency dental care	\$0	medically necessary, prior authorization is required. Biopsy, soft tissue surgery and bone grafting are covered if medically necessary, prior authorization is required. Other rules and limitations may apply. You must use a CCA network dental provider for all dental services. For more information, please call Member Services. Prior authorization is required for some services.
	Eye exams	\$0	You must receive routine services from providers in the EyeMed provider network and non-routine services from providers in the CCA provider network.
You need eye care (continued on the next page)	Glasses or contact lenses	\$0	Eye glasses with standard lenses or contact lenses covered once every two (2) years. \$75 allowance towards frames or covered contact lenses every two (2) years.

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued from the previous page)	Other vision care	\$0	Services include: • Comprehensive eye exams • Vision training • One glaucoma screening each year for people at high risk of glaucoma • One screening for diabetic retinopathy per year for people with diabetes
You need behavioral health services	Behavioral health services	\$0	Prior authorization is required for some services.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	Prior authorization is required for some services.
You need substance use disorder services	Substance use disorder services	\$0	Prior authorization is required for some services.

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	Prior authorization is required for some services.
	Nursing home care	\$0	If MassHealth (Medicaid) determines you have a monthly Patient Paid Amount (PPA) for your custodial care, you are responsible for these payments. Prior authorization is required for some services.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization is required for some services.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization is required for some services.
You need help getting to health services (continued on the next page)	Ambulance services	\$0	Prior authorization is required for some services.
	Emergency transportation	\$0	

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services (continued from the previous page)	Transportation to medical appointments and services	\$0	The plan covers transportation to covered medical appointments you need for medical reasons other than emergencies up to 50 miles each way via taxi and chair car. Members must book rides in advance and use the plan-approved transportation vendor to access this benefit. Prior authorization is required for rides over 50 miles.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. We may require you to try a different drug first before we agree to cover the drug you ask for. This is known as Step Therapy. Prior authorization is required for some services.

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	Medicare Part D drugs Drugs on the CCA formulary have \$0 copays. This also includes over-the-counter drugs on the MassHealth list.	\$0 for a 31-day supply	There may be limitations on the types of drugs covered. Please refer to CCA One Care's <i>List of Covered Drugs (Drug List)</i> for more information. Most Medicare Part D drugs are available for a 102-day supply through mail-order services or at a retail pharmacy. Specialty drugs are available for a 31-day supply through mail-order services, retail pharmacy, or specialty pharmacy. Your cost is \$0. Quantity Limits and/or Step Therapy may apply. Prior authorization is required for some services

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs condition	Rehabilitation services	\$0	Prior authorization is required for some services.
	Medical equipment for home care	\$0	Prior authorization is required for some services.
	Dialysis services	\$0	
	Sexual Health/Family Planning	\$0	
	Nursing Midwife Services	\$0	
	Abortion Services	\$0	

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	\$0	
	Orthotic services	\$0	Prior authorization is required for some services.
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .	Wheelchairs, crutches, and walkers	\$0	Prior authorization is required for some services.
	Nebulizers	\$0	Prior authorization is required for some services.
	Oxygen equipment and supplies	\$0	Prior authorization is required for some services.
You need help living at home (continued on the next page)	Home health services	\$0	Prior authorization is required for some services.
	Adult Day Health	\$0	Prior authorization is required for some services.

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)	Day habilitation services	\$0	Prior authorization is required for some services.
	Services to help you live on your own (personal care attendant services)	\$0	Prior authorization is required for some services.
	Adult Foster Care	\$0	Prior authorization is required for some services
	Group Adult Foster Care	\$0	Prior authorization is required for some services
Additional services (continued on the next page)	Chiropractic services	\$0	Prior authorization is required for some services.
	Diabetes supplies and services	\$0	Diabetic supplies and services are limited to specified manufacturers: Glucometers: • Accu-Chek Guide Care® • Accu-Chek Me Care® • FreeStyle Lite® • FreeStyle Freedom Lite®

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Diabetes supplies and services	\$0	- FreeStyle InsuLinx® - FreeStyle Precision Neo® - Precision Xtra® Test Strips: - Accu-Chek Aviva Plus® - Accu-Chek SmartView® - AccuChek Guide® - FreeStyle® - FreeStyle Lite® - FreeStyle InsuLinx® - FreeStyle Precision Neo® - Precision Xtra Blood Glucose® - Precision Xtra Ketone® Prior authorization is required for some services.
	Prosthetic services	\$0	Prior authorization is required for some services.
	Radiation therapy	\$0	Prior authorization is required for some services.

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Health need or concern	Services you may need	Your costs for in network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from the previous page)	Services to help manage your disease	\$0	Prior authorization is required for some services.
	Acupuncture	\$0	Routine Acupuncture: Prior authorization is required after 20 visits. Medicare-Covered Acupuncture: Prior authorization is required for chronic lower back pain
	Telehealth	\$0	Telehealth services may be offered through network providers. The same authorization rules apply to telehealth services as corresponding in-person visits.
	Telehealth (Teladoc) – Additional Services	\$0	Telehealth is offered through Teladoc for general and medical urgent services to treat flu, allergies, sinus infection, rash, sore throat and more. Contact Teladoc for services at 1-800-835-2362, 24 hours a day, 7 days a week.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the CCA One Care *Member Handbook*. If you don't have a *Member Handbook*, call CCA One Care Member Services at **1-866-610-2273 (TTY: 711)** to get one. If you have questions, you can also call Member Services or visit **CommonwealthCareAlliance.org/MA**.

If you have questions, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit **CommonwealthCareAlliance.org/MA**.

D. Benefits covered outside of CCA One Care

There are some services that you can get that aren't covered by CCA One Care but are covered by Medicare, MassHealth (Medicaid), or a State or county agency. This isn't a complete list. Call Member Services at **1-866-610-2273 (TTY: 711)** to find out about these services.

Other Services covered by Medicare, MassHealth (Medicaid), or a State Agency	Your costs
Certain hospice care services covered outside of CCA One Care	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0
Doula Services	\$0
Transitional Support Services (TSS) for substance use disorders	\$0

 **If you have questions**, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit **CommonwealthCareAlliance.org/MA**.

E. Services that CCA One Care Medicare, and MassHealth (Medicaid) don't cover

This isn't a complete list. Call Member Services at **1-866-610-2273 (TTY: 711)** to find out about other excluded services.

Services CCA One Care, Medicare, and MassHealth (Medicaid) don't cover

Services that are not medically necessary according to the standards of Medicare and MassHealth (Medicaid) unless otherwise approved or entered in your Personal (Individualized) Care Plan.

Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. (Please see your *Member Handbook* for more information on clinical research studies.)

Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, and behavioral performance), except when medically needed.

Cosmetic surgery or other cosmetic work unless it is needed because of an accidental injury or when medically necessary. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.

Radial keratotomy, LASIK surgery, vision therapy, and other low-vision aids.

Reversal of sterilization procedures and nonprescription contraceptive supplies unless these supplies are covered under the MassHealth (Medicaid) benefit.

Naturopath services (the use of natural or alternative treatments).

Private room in a hospital, except when it is considered medically necessary.

Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.

 **If you have questions**, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit **CommonwealthCareAlliance.org/MA**.

Services provided by an out-of-network provider are not covered unless approved in advance. This does not apply to emergency or urgently needed care.

Services provided outside the United States and its territories.

Services that you get without prior authorization when prior authorization is required.

E-cigarettes

Health club/gym membership.

F. Your rights as a member of the plan

As a member of CCA One Care, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook* Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion

If you have questions, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit **CommonwealthCareAlliance.org/MA**.

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you.
 - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Choose a Long-term Supports (LTS) Coordinator
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered.
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. CCA One Care will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care for covered services within the time frames described in the *Member Handbook* and to file an appeal if you don't receive your care within those timeframes

If you have questions, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit **CommonwealthCareAlliance.org/MA**.

- 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
- Have interpreters to help with communication with your doctors, other providers, and your health plan. Call 1-866-610-2273 (TTY: 711) if you need help with this service.
- Have your *Member Handbook* and any printed materials from CCA One Care translated into your prevalent language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - File a complaint with My Ombudsman Program at 1-855-781-9898 (or use MassRelay at 711 to call 1-855-781-9898 or Videophone (VP) (339-224-6831). The CCA One Care website **CommonwealthCareAlliance.org/MA** complaint forms and instructions available online.

If you have questions, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit **CommonwealthCareAlliance.org/MA**.

- Appeal certain decisions made by CCA One Care or our providers.
- Ask for a State Hearing
- Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call CCA One Care Member Services at the numbers listed at the bottom of this page.

You can also call My Ombudsman at 1-855-781-9898 (or use MassRelay at 711 to call 1-855-781-9898 or Videophone (VP) (339-224-6831).

G. How to file a complaint or appeal a denied service

If you have a complaint or think CCA One Care should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call CCA One Care Member Services at the numbers listed at the bottom of this page.

If you have a problem, concern or questions related to your benefits or care, please call CCA One Care Member Services at **1-866-610-2273 (TTY: 711)**.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at CCA One Care Member Services. Phone numbers are listed at the bottom of the page.

If you have questions, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit **CommonwealthCareAlliance.org/MA**.



- Or, call MassHealth (Medicaid) Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
 - Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
-

I. What to do if you want independent help with a complaint or concern

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 services are free. My Ombudsman staff:

- can answer your questions or refer you to the right place to find what you need.
- can help you address a problem or concern with One Care or your One Care plan, CCA One Care. My Ombudsman staff will listen, investigate the issue, and discuss options with you to help solve the problem.
- help with appeals. An appeal is a formal way of asking your One Care plan, MassHealth (Medicaid), or Medicare to review a decision about your services. My Ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call, 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.
 - o Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.
 - o Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email info@myombudsman.org
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111 o Please refer to the My Ombudsman website or contact them directly for updated information about location and walk-in hours.

If you have questions, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit CommonwealthCareAlliance.org/MA.

- Visit My Ombudsman online at www.myombudsman.org

 **If you have questions**, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit **CommonwealthCareAlliance.org/MA**.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call One Care Member Services:

1-866-610-2273 (TTY: 711). We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week.

Calls to this number are free. For more information, visit CommonwealthCareAlliance.org/MA.

Member Services also has free language interpreter services available for Non-English speakers.

TTY: 711. Calls to this number are free. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call 24/7 Nurse Help Line. A nurse will listen to your problem and tell you how to get care. (Example:

urgent care, emergency room).

The number for the 24/7 Nurse Help Line is: **1-866-610-2273 (TTY: 711)** Calls to this number are free. Available 24/7
CCA One Care also has free language interpreter services available.

TTY: 711. Calls to this number are free. Available 24/7

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

1-866-610-2273 (TTY: 711)

Calls to this number are free Available 24/7

CCA One Care also has free language interpreter services available.

TTY: 711. Calls to this number are free. Available 24/7

If you have questions, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit CommonwealthCareAlliance.org/MA.

Notice of Availability

Interpreter Services

English: If you speak English, free language assistance services are available. Auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-610-2273 (TTY: 711).

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También están disponibles sin costo recursos auxiliares y servicios para proporcionar información en formatos accesibles. Llame al 1-866-610-2273 (TTY: 711).

Chinese Mandarin: 如果您讲普通话，我们可以提供免费的语言协助服务。此外，还免费提供以无障碍格式提供信息的辅助工具和服务。请致电 1-866-610-2273 (TTY: 711)。

Chinese Cantonese: 如果您講粵語，我們可以提供免費的語言協助服務。此外，還免費提供以無障礙格式提供資訊的輔助工具和服务。請致電 1-866-610-2273 (TTY: 711)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit ang mga libreng serbisyo sa tulong sa wika. Ang mga pantulong na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-610-2273 (TTY: 711).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles. Des aides et services auxiliaires permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-610-2273 (TTY : 711).

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và phương tiện phụ trợ cung cấp thông tin ở định dạng dễ tiếp cận cũng được miễn phí. Gọi 1-866-610-2273 (TTY: 711).

If you have questions, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information**, visit **CommonwealthCareAlliance.org/MA**.



German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer +1-866-610-2273 (TTY: 711) an.

Korean: 한국어를 구사하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 보조 도구와 서비스도 무료로 제공됩니다. 1-866-610-2273 (TTY: 711) 으로 전화하세요.

Russian: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Звоните по номеру 1-866-610-2273 (TTY: 711).

Arabic: إذا كنت تتحدث اللغة العربية، تتوفر خدمات المساعدة اللغوية المجانية. وتتوفر أيضًا مساعدات وخدمات إضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم 1-866-610-2273 (TTY: 711).

Hindi: यदि आप हिन्दी बोलते हैं, तो निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूप में सूचना उपलब्ध कराने के लिए सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-610-2273 (TTY: 711) पर कॉल करें।

Italian: Se parla italiano, può usufruire di servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche dei servizi e supporti ausiliari che forniscono informazioni in formati accessibili. Chiama il numero 1-866-610-2273 (TTY: 711).

Portuguese: se você fala português, serviços de assistência linguística gratuitos estão disponíveis. Recursos e serviços auxiliares para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-610-2273 (TTY: 711).

Cape Verdean Creole: Si bu ta papia Kriolu di Kabu Verdi, sirvisus di apoiu lingustikui ta sta dispunível. També ta sta dispunível apoiu y sirvisus ausiliaris pa da informason na formatus asesível. Txoma pa 1-866-610-2273 (TTY: 711).

Haitian Creole: Si ou pale kreyòl Ayisyen, gen sèvis asistans lang gratis ki disponib. Gen èd ak sèvis oksilyè pou bay enfòmasyon nan fòma aksesib ki disponib gratis tou. Rele 1-866-610-2273 (TTY: 711).

If you have questions, please call CCA One Care (HMO D-SNP) at **1-866-610-2273 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free. **For more information,** visit **CommonwealthCareAlliance.org/MA**.



Japanese: 日本語を話せる方は、無料の言語支援サービスをご利用いただけます。受け入れ可能な方法で情報を入手するための補助手段やサービスも無料でご利用いただけます。
1-866-610-2273 (TTY: 711) にお電話ください。

Lao/Laotian: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-866-610-2273 (TTY: 711).

Khmer: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ នោះនឹងមានការផ្តល់ជូនសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយនិងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។

We're here to help.

Our experienced and friendly representatives are just a phone call away.

They can answer your questions about our benefits and services. If you're ready to enroll, they're happy to help with that, too.



Just give us a call:

855-210-1659 (TTY 711)

8 am – 8 pm, Monday – Friday, April 1 – September 30

8 am – 8 pm, 7 days a week, October 1 – March 31



Or visit us online at:

ccama.org/one-care

What to expect after you enroll

After you enroll in your CCA health plan, we'll send you everything you need to make the most of your benefits. Look for two separate mailings:

1. Your Member ID card
2. A New Member Kit with important details about your plan

You'll also get a welcome call from your onboarding specialist. During this call, they will review your health plan benefits. They will also schedule your comprehensive assessment with a nurse. Your assessment will allow us to learn about you and your medical history. This will help us design your personalized care plan and match you with a care coordinator. Your care coordinator will be your main contact at CCA.

To learn more or to enroll, call 855-210-1659 (TTY 711), 8 am – 8 pm, Monday – Friday, April 1 – September 30; 8 am – 8 pm, 7 days a week, October 1 – March 31.

Or visit ccama.org/one-care

CCA One Care (HMO D-SNP) is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone age 21 - 64 who qualifies for MassHealth Standard or CommonHealth and Original Medicare and does not have any other comprehensive health insurance, except Medicare.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711)

You can get this document for free in other formats, such as large print, braille, or audio. Call 866-610-2273 (TTY 711), Monday through Friday, 8 am to 8 pm Eastern Time, and from October 1 to March 31, the same hours, seven days a week. The call is free.