Chapter 2: Important phone numbers and resources

**Introduction**

This chapter gives you contact information for important resources that can help you answer your questions about <plan name> and your health care benefits. You can also use this chapter to get information about how to contact your Care Coordinator and others that can advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

[If applicable, plans should modify this chapter to include contact information for other health services.]

[Plans should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, "see Chapter 9, Section A, page 1." An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

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# How to contact <plan name> Member Services

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY/TDD phone number> This call is free.  This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it.  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| E-MAIL | [Email address is optional.] |
| WEBSITE | [Web address is optional.] |

## A1. When to contact Member Services:

[If plans have different numbers for the functions listed below, plans should provide additional sections for the contact information]

* Questions about the plan
* Coverage decisions aboutyour health care
* A coverage decision about your health care is a decision about:
  + your benefits and covered services, or
  + the amount of your health services we will cover.
* To learn more about coverage decisions, see Chapter 9 [plans may insert reference, as applicable].

###### Appeals about your health care

* An appeal is a way to ask us to change a coverage decision.
* To learn more about making an appeal, see Chapter 9 [*plans may insert reference, as applicable*].

### Complaints about your health care

* You can call Member Services to make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with the health plan. You can also make a complaint about the quality of the care you got to us, or to the Quality Improvement Organization (see Section H below [plans may insert reference, as applicable]).
* If your complaint is about a coverage decision about your health care, you can make an appeal by calling Member Services. (See the section above[plans may insert reference, as applicable]*.*)
* You can also send a complaint about <plan name> right to Medicare. You can use an online form at <https://www.medicare.gov/MedicareComplaintForm/home.aspx> or call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* To learn more about making a complaint about your health care, see Chapter 9 [plans may insert reference, as applicable].

### Coverage decisions about your drugs

* A coverage decision about your drugs is a decision about:
  + your benefits and covered drugs, **or**
  + the amount we will pay for your drugs.
* This applies to your Part D drugs, MassHealth prescription drugs, and MassHealth over-the-counter drugs. [Plans should modify the preceding information to include contact information for MassHealth drugs, if it is different from Part D drugs. If applicable, explain how MassHealth drugs are labeled in the Drug List.]
* For more on coverage decisions about your prescription drugs, see Chapter 9 [plans may insert reference, as applicable].

### Appeals about your drugs

* To learn more about making an appeal about your prescription drugs, see Chapter 9 [plans may insert reference, as applicable].

### Complaints about your drugs

* You can make a complaint about us or any pharmacy. This includes a complaint about your prescription drugs.
* If your complaint is about a coverage decision about your prescription drugs, you can make an appeal. (See the section above [plans may insert page number reference, as applicable].)
* You can send a complaint about <plan name> right to Medicare. You can use an online form at <https://www.medicare.gov/MedicareComplaintForm/home.aspx> or call 1‑800-MEDICARE (1-800-633-4227) to ask for help.
* For more information on making a complaint about your prescription drugs, see Chapter 9 [plans may insert reference, as applicable].

### Questions about payment for health care or drugs you already paid for

* For more information about paying a bill you got or to ask us how to pay you back for services or prescription drugs, see Chapter 7 [plans may insert page number reference, as applicable].
* If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. See Chapter 9 [plans may insert page number reference, as applicable] for more on appeals.

# How to contact your Care Coordinator

[Plans should replace “Care Coordinator” with the term used by the plan/state. Plans should include information explaining what a Care Coordinator is, how members can get a Care Coordinator, how they can contact the Care Coordinator, and how they can change their Care Coordinator.]

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY/TDD phone number> This call is free.  This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it.  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| E-MAIL | [Email address is optional.] |
| WEBSITE | [Web address is optional.] |

## B1. When to contact your Care Coordinator

### Questions about your health care

### Questions about getting medical services, behavioral health services and long-term services and supports (LTSS)

[Plans should revise this section as necessary to list the specific services that are available.]

# How to contact the <Nurse Advice Call Line>

[Plans may use plan-specific names for the Nurse Advice Call Line. Plans should include a brief description and information about what the Nurse Advice Call Line is.

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY/TDD phone number> This call is free.  This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it.  <Days and hours of operation> |

## C1. When to contact the Nurse Advice Call Line

### Questions about your health care

# How to contact the <Behavioral Health Crisis Line>

[*Plans may use plan-specific names for the Behavioral Health Call Line. Plans should only include the Behavioral Health Crisis Line if it is applicable*. *If plans include a Behavioral Health Crisis Line, they should also briefly describe what it is.*]

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY/TDD phone number> This call is free.  This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it.  <Days and hours of operation> |

## D1. When to contact the Behavioral Health Crisis Line

[*Plans may add or modify the information below about your organization’s crisis hotline.*]

### You need help during a mental health crisis

* You need help during a substance abuse crisis

# How to contact the State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) gives free health insurance advice to people with Medicare.In Massachusetts, the SHIP is called SHINE (Serving the Health Insurance Needs of Everyone).

SHINE is not connected with any insurance company or health plan.

|  |  |
| --- | --- |
| CALL | 1-800-AGE-INFO (1-800-243-4636) |
| TTY | 1-800-439-2370 (Massachusetts only)  This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it. |
| WRITE | Call the number above for the address of the SHINE program in your area. |
| EMAIL | [Email address is optional.] |
| WEBSITE | <https://www.800ageinfo.com/> |

## E1. When to contact SHINE

### Questions about your Medicarehealth insurance

* SHINE counselors can answer your questions about changing to a new plan and help you:
* understand your rights;
* understand your plan choices;
* make complaints about your health care or treatment; **and**
* fix problems with your bills.

# How to contact Medicare

Medicare is a federal health insurance program. It covers people 65 years of age or older; some people under age 65 with disabilities; and people with end-stage renal disease (ESRD—permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services (CMS).

|  |  |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048 This call is free.  This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it. |
| WEBSITE | <http://www.medicare.gov/>  This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing homes, physicians, home health agencies, and dialysis facilities. It includes booklets you can print right from your computer. You can also find Medicare contacts in your state by selecting “Forms, Help & Resources” and then clicking on “Phone numbers & websites.”  The Medicare website has the following tool to help you find plans in your area:  **Medicare Plan Finder:** This tool provides personalized information about Medicare prescription drug plans, Medicare health plans, and Medigap (Medicare Supplement Insurance) policies in your area. Select “Find health & drug plans.”  If you don’t have a computer, your local library or senior center may be able to help you visit this website using its computer. Or you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website, print it out, and send it to you. |

# How to contact MassHealth

MassHealth helps with the cost of medical care and long-term services and supports for people with limited incomes and resources.

You are enrolled in Medicare and in MassHealth. If you have questions about the help you get from MassHealth, the contact information is below.

[If applicable, plans may also inform members that they can get information about MassHealth from county resource centers and indicate where members can find contact information for these centers.]

|  |  |
| --- | --- |
| CALL | 1-800-841-2900 |
| TTY | 1-800-497-4648  This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it. |
| WRITE | MassHealth Customer Service  55 Summer Street  Boston, MA 02110 |
| E-MAIL | [membersupport@mahealth.net](mailto:membersupport@mahealth.net) |
| WEBSITE | <http://www.mass.gov/masshealth> |

# How to contact the Quality Improvement Organization (QIO)

[Plans may update this section with new QIO information as necessary.] Massachusetts has a Quality Improvement Organization (QIO) called Livanta. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.The QIO is not connected with our plan.

|  |  |
| --- | --- |
| CALL | 1-866-815-5440 |
| TTY | 1-866-868-2289  This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it. |
| WRITE | Livanta LLC  BFCC-QIO Area 1  10820 Guilford Road, Suite 202  Annapolis Junction, MD 20701-1105 |
| WEBSITE | <https://www.bfccqioarea1.com/index.html> |

## H1. When to contact the QIO

###### Questions about your health care

* You can make a complaint about the care you got if you:
* have a problem with the quality of care;
* think your hospital stay is ending too soon; **or**
* think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# How to contact My Ombudsman

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

* Can answer your questions or refer you to the right place to find what you need.
* Can help you address a problem or concernwith One Care or your One Care plan,<plan name>. My Ombudsman’s 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, or Medicare to review a decision about your services. My Ombudsman’s staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call or write My Ombudsman. You can also visit the My Ombudsman’s office by appointment or during walk-in hours. Walk-in hours are:

* Mondays from 1:00 p.m. to 4:00 p.m. and
* Thursdays from 9:00 a.m. to 12:00 p.m.

|  |  |
| --- | --- |
| CALL | 1-855-781-9898 (Toll Free) |
| MassRelay | Use 7-1-1 to call 1-855-781-9898  This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it. |
| WRITE | My Ombudsman  11 Dartmouth Street, Suite 301  Malden, MA 02148 |
| E-MAIL | [info@myombudsman.org](mailto:info@myombudsman.org) |
| WEBSITE | [www.myombudsman.org](http://www.myombudsman.org) |

# Other resources

[Plans may insert this section to provide additional information resources, such as county aging and disability resource centers, choice counselors, enrollment brokers, or area agencies on aging. Plans should format consistently with other sections and include a brief description and information about any other resources they add.]