**Instructions to Health Plans**

* [Plans should replace the word “Medicaid” with “MassHealth”.]
* [If plans/states do not use the term “Care Coordinator,” plans should replace it with the term the plan uses.]
* [Plans may add a cover page to the Summary of Benefits. Plans may include the Marketing ID only on the cover page.]
* [Where the template instructs inclusion of a phone number, plans must ensure it is a toll-free number and include a toll-free TTY/TDD number and days and hours of operation.]
* [Plans should note that any reference to a “Member Handbook” is also a reference to the Evidence of Coverage document.]
* [Plans should add or delete the categories in the “Services you may need” column to match State-specific benefit requirements.]
* [For the “Limitations, exceptions, & benefit information” column, plans should provide specific information about need for referrals, need for prior authorization, utilization management restrictions for drugs, maximum out of pocket costs on services, permissible OON services, and applicable cost sharing (if different than in-plan cost sharing).]
* [*Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to* [*https://www.hhs.gov/civil-rights/for-individuals/section-1557*](https://www.hhs.gov/civil-rights/for-individuals/section-1557)*.*]
* [Plans may place a QR code on materials to provide an option for members to go online.]
* [Wherever possible, plans are encouraged to adopt good formatting practices that make information easier for English-speaking and non-English speaking enrollees to read and understand. The following are based on input from beneficiary interviews:
* *Format a section, chart, table, or block of text to fit onto a single page. In instances where plan-customized information causes an item or text to continue to the following page, enter a blank return before right aligning with clear indication that the item continues (for example, similar to the Benefits Chart in Chapter 4 of the Member Handbook, insert:* **This section is continued on the next page***).*
* *Ensure plan-customized text is in plain language and complies with reading level requirements established in the three-way contract.*
* *Break up large blocks of plan-customized text into short paragraphs or bulleted lists and give a couple plan-specific examples as applicable.*
* *Spell out an acronym or abbreviation before its first use in a document or on a page (for example, Long-term services and supports (LTSS) or low income subsidy (LIS)).*
* *Include the meaning of any plan-specific acronym, abbreviation, or key term with its first use.*
* *Avoid separating a heading or subheading from the text that follows when paginating the model.*
* *Use universal symbols or commonly understood pictorials.*
* *Draft and format plan-customized text and terminology in translated models to be culturally and linguistically appropriate for non-English speakers.*
* *Consider using regionally appropriate terms or common dialects in translated models.*
* *Include instructions and navigational aids in translated models in the translated language rather than in English.*
* *Consider producing translated models in large print.*]

Introduction

This document is a brief summary of the benefits and services covered by <plan name>. 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 <plan name>. Key terms and their definitions appear in alphabetical order in the last chapter of the Member 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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1. Disclaimers

White exclamation point appears in blue box at top of page with short description of the Summary of Benefits.This is a summary of health services covered by <plan name> for <date>. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

* [*Plans must include all applicable disclaimers as required in the Medicare Communications and Marketing Guidelines and State-specific Marketing Guidance.*] It is for people with both Medicare and MassHealth ages 21 through 64 at the time of enrollment.
* Under <plan name> you can get your Medicare and MassHealth services in one health plan called a One Care plan. A <plan name> Care Coordinator will help manage your health care needs. [Plans should change “Care Coordinator” to the term used by the state and/or plan.]
* 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*.
* ATTENTION: If you speak [*insert language of the disclaimer*], language assistance services, free of charge, are available to you. Call [insert Member Services toll-free phone and TTY/TDD numbers, and days and hours of operation]*.* The call is free. [*This disclaimer must be included in Spanish and any other* non-English languages that meet the Medicare and/or state thresholds for translation*.*]
* You can get this document for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY/TDD numbers>, <days and hours of operation. The call is free.
* [*Plans must also describe how members can make a standing request to get this document, now and in the future, in a language other than English or in an alternate format.*]

1. Frequently Asked Questions

The following chart lists frequently asked questions. [*Plans should add text in bold at the end of a frequently asked question (FAQ) title if the service continues onto the next page*: **(continued on the next page)**. *Plans should add text in bold after the FAQ title on the following page*: **(continued from previous page)**. *Plans should also be aware that the flow of FAQ from one page to the next may vary after plan-customized information is added, which may necessitate adding and/or removing these instructions in other FAQ as needed. Additionally, plans should maintain consistency of table formatting, borders, and color scheme throughout after adding plan-customized information*.]

[Plans may add a maximum of two additional FAQs to this section. For example, plans may add an FAQ giving additional information about their specific plan. Answers must be kept brief, consistent with the pre-populated responses in the template.]

| **Frequently Asked Questions (FAQ)** | **Answers** |
| --- | --- |
| **What is a One Care Plan?** | A One Care Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has Care Coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need. <Plan name> (Medicare-Medicaid Plan) is a One Care Plan that provides benefits of MassHealth and Medicare to enrollees in the One Care program. [Plans should change “Care Coordinator” to the term used by the state and/or plan.] |
| **What is a <plan name> Care Coordinator?** | A <plan name> 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?** | Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, 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. |
| **What is a Long-Term Supports (LTS) Coordinator?** | A <plan name> 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. This person helps you get services that help you live independently in your home. |
| **Will you get the same Medicare and MassHealth benefits in <plan name> that you get now?** | You will get your covered Medicare and Medicaid benefits directly from <plan name>*.* You will 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. You may also get other benefits the same way you do now, directly from a state agency like the Department of Mental Health or the Department of Developmental Services.  When you enroll in <plan name>, you and your Care Team will work together to develop an individualized Personal Care Plan to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that <plan name> does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for <plan name> to cover your drug if medically necessary. For all other services, you can keep seeing your doctors and getting your current services for 90 days, or until your individualized Personal Care Plan is complete. |
| **Can you go to the same doctors you see now?** | Often that is the case. If your providers (including doctors, therapist, pharmacies, and other health care providers) work with <plan name> and have a contract with us, you can keep going to them.   * Providers with an agreement with us are “in-network.” You must use the providers in <plan name>’s network. * If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of <plan name>’s plan. [*Plans may insert additional exceptions as appropriate.*]   To find out if your doctors are in the plan’s network, call Member Services or read <plan name>’s *Provider and Pharmacy Directory*. [*Plans may insert additional language regarding the possibility for member’s out of network providers to contract with the plan.*]  If <plan name> is new for you, we will work with you to develop an individualized Personal Care Plan to address your needs. You can continue seeing the doctors you go to now for 90 days or until your individualized Personal Care Plan is completed. |
| **What happens if you need a service but no one in <plan name>’s network can provide it?** | Most services will be provided by our network providers. If you need a service that cannot be provided within our network, <plan name> will pay for the cost of an out-of-network provider. |
| **Where is <plan name> available?** | The service area for this plan includes: [*Plans should enter county* ***or*** *counties*]Counties [*plans should enter \* to denote partial county*], <State>. You must live in [*plans should enter this area* ***or*** one *of these areas*] to join the plan.  [*Plans enter if applicable:* \* Denotes partial county.Call Member Services for more information about whether the plan is available where you live.] |
| **Do you pay a monthly amount (also called a premium) under <plan name>?** | You will not pay any monthly premiums to <plan name>for your health coverage.  If you pay a premium to MassHealth for CommonHealth, you must continue to pay the premium to MassHealth to keep your coverage. |
| **What is prior authorization?** | Prior authorization means that you must get approval from <plan name> before <plan name> will provide coverage for a specific service, item, or drug or out-of-network provider. <Plan name> may not cover the service, item or drug if you don’t get prior approval. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. <Plan name> can provide you with a list of services or procedures that require you to get prior authorization from <plan name> before the service is provided.**  See Chapter 3, [*plans may insert reference, as applicable*] of the *Member Handbook* to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the *Member Handbook* to learn which services require a prior authorization. |
| **What is a referral?**  [If a plan does not require referrals for any of its services, the plan may delete this question.] | [*Plans may modify this section as needed*] A referral means that your [insert: primary care provider (PCP) **or** Care Team] must give you approval before you can see someone that is not your PCP or use other providers in the plan’s network. If you don’t get approval, <plan name> may not cover the services. You don’t need a referral to see certain specialists, such as women’s health specialists.  A specialist is a provider with extra training. If you don’t get a referral from your [insert: PCP **or** Care Team], <plan name> may not cover the services. <Plan name>can provide you with a list of services that require you to obtain a referral from your [*insert:* PCP ***or*** Care Team] before the service is provided.  See Chapter 3, [*plans may insert reference, as applicable*] of the *Member Handbook* to learn more about when you will need to get a referral from your PCP or Care Team. |
| **What is Extra Help?**  [If a plan is electing to reduce Part D copays to $0, the plan may delete this question.] | Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”  Your prescription drug copays under <plan name>already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users may call 1-800-325-0778. [Plan may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology.] |
| **Who should you contact if you have questions or need help? (continued on the next page)**  [The Member Services, Nurse Advice, and Behavioral Health sections may be combined if the plan uses the same contact information for all three functions.] | **If you have general questions or questions about our plan, services, service area, billing, or member cards, please call <plan name> Member Services:**   |  |  | | --- | --- | | **CALL** | <Phone number(s)>  Calls to this number are free. <Days and hours of operation> [*Include information on the use of alternative technologies*.]  Member Services also has free language interpreter services available for people who do not speak English. | | **TTY** | <TTY/TDD phone number> [*Plans may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology*]  [*Insert if the plan uses a direct TTY or other accessible number*: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  Calls to this number are free. <Days and hours of operation> | |
| **Who should you contact if you have questions or need help? (continued from previous page)**  [The Member Services, Nurse Advice, and Behavioral Health sections may be combined if the plan uses the same contact information for all three functions.] | **If you have questions about your health, please call the <Nurse Advice Call line>** [*plans can use a plan-specific name for the Nurse Advice Call Line*]**:**   |  |  | | --- | --- | | **CALL** | <Phone number>  Calls to this number are free. <Days and hours of operation> [*Include information on the use of alternative technologies*.] | | **TTY** | <TTY/TDD phone number>  [*Insert if the plan uses a direct TTY number*: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  Calls to this number are [*Insert if applicable*: not] free. <Days and hours of operation> |   **If you need immediate behavioral health services, please call the <Behavioral Health Crisis Line>**[*plans can use a plan-specific name for the Behavioral Health Crisis Line*]**:**   |  |  | | --- | --- | | **CALL** | <Phone number>  Calls to this number are free. <Days and hours of operation> [*Include information on the use of alternative technologies*.] | | **TTY** | <TTY/TDD phone number>  [*Insert if the plan uses a direct TTY number*: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  Calls to this number are [*Insert if applicable*: not] free. <Days and hours of operation> | |

1. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.[*Plans should add text in bold at the end of a service title if the service continues onto the next page*: **(This service is continued on the next page)**. *Plans should add text in bold after the service title on the following page*: <**name of service**> **(continued)**. *Plans should also be aware that the flow of services from one page to the next may vary after plan-customized information is added, which may necessitate adding and/or removing these instructions in other services as needed. Additionally, plans should maintain consistency of table formatting, borders, and color scheme throughout after adding plan-customized information*.]

| **Health need or concern** | **Services you may need** [This category includes examples of services that beneficiaries may need. The health plan should add or delete any services based on the services covered by the State.] | **Your costs for in-network providers** | **Limitations, exceptions, & benefit information (rules about benefits)** [Plans should provide specific information about: need for referrals, need for prior authorization, utilization management restrictions for drugs, maximum out of pocket costs on services, and permissible OON services and applicable cost sharing (if different than in-network cost sharing).] | |
| --- | --- | --- | --- | --- |
| **You want to see a doctor** | Visits to treat an injury or illness | $0 |  | |
| Wellness visits, such as a physical | $0 |  | |
| Transportation to a doctor’s office | $0 |  | |
| Specialist care |  |  | |
| Care to keep you from getting sick, such as flu shots | $0 |  | |
| “Welcome to Medicare” (preventive visit one time only) | $0 |  | |
| **You need medical tests** | Lab tests, such as blood work | $0 |  | |
| X-rays or other pictures, such as CAT scans | $0 |  | |
| Screening tests, such as tests to check for cancer | $0 |  | |
| **You need drugs to treat your illness or condition (This service is continued on the next page)** | Generic drugs (no brand name) | [Plans should insert a single amount or all applicable copay amounts for a tier with LIS copay amounts] for a [must be at least 30-day] supply.  [Plans may delete the following statements if they charge $0 for all generic drugs.] Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details. | There may be limitations on the types of drugs covered. Please see <plan name>’s *List of Covered Drugs* (Drug List) for more information.  [Plans must indicate if extended-day supplies are available at retail and/or mail order pharmacy locations and make clear that the cost sharing amount for these extended-day supplies is the same as for a one-month supply.]  If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs. | |
| **You need drugs to treat your illness or condition (continued)** | Brand name drugs | [*Plans should insert a single amount or all applicable copay amounts for a tier with LIS copay amounts*] for a [*must be at least 30-*day] supply.  [*Plans may delete the following statement if they charge $0 for all brand name drugs.*]Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details. | There may be limitations on the types of drugs covered. Please see <plan name>’s *List of Covered Drugs* (Drug List) for more information.  [Plans must indicate if extended-day supplies are available at retail and/or mail order pharmacy locations and make clear that the cost sharing amount for these extended-day supplies is the same as for a one-month supply.]  If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs. | |
| Over-the-counter drugs | [*Plans should insert a single amount, multiple amounts, or minimum/maximum range.*] | There may be limitations on the types of drugs covered. Please see <plan name>’s *List of Covered Drugs* (Drug List) for more information. | |
| **You need drugs to treat your illness or condition (continued)** | Medicare Part B prescription drugs | $0 | Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs | |
| **You need therapy after a stroke or accident** | Occupational, physical, or speech therapy | $0 |  | |
| **You need emergency care** | Emergency room services | $0 | [Plans must state that emergency room services must be provided OON and without prior authorization requirements.] | |
| Ambulance services | $0 |  | |
| Urgent care | $0 | [Plans must state that urgent care services must be provided OON and without prior authorization requirements.] | |
| **You need hospital care** | Hospital stay | $0 |  | |
| Doctor or surgeon care | $0 |  | |
| **You need help getting better or have special health needs** | Rehabilitation services | $0 |  | |
| Chiropractic care | $0 |  | |
| Medical equipment for home care | $0 |  | |
| Skilled nursing care and home health services | $0 |  | |
| Family planning | $0 |  | |
| Nurse midwife services | $0 |  | |
| Abortion services | $0 |  | |
| Dialysis services | $0 |  | |
| Podiatry | $0 |  | |
| Prosthetics | $0 |  |
| Orthotic services | $0 |  |
| **You need eye care** | Eye exams | $0 |  |
| Glasses or contact lenses | $0 |  |
| Other vision care | $0 |  |
| **You need dental care** | Dental check-ups and Preventive Care | $0 |  |
| Restorative and Emergency Dental Care | $0 |  |
| **You need hearing/auditory services** | Hearing screenings | $0 |  |
| Hearing aids | $0 |  |
| **You have a chronic condition, such as diabetes or heart disease** | Services to help manage your disease | $0 |  |
| Diabetes supplies and services | $0 |  |
| **You have a mental health condition** | Mental or behavioral health services | $0 |  |
| **You have a substance use disorder** | Substance use services | $0 |  |
| **You need long-term mental health services** | Inpatient and outpatient care and community-based services for people who need mental health care | $0 |  |
| **You need durable medical equipment (DME)**  **Note:** This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the *Member Handbook*. | Wheelchairs, Crutches, and Walkers | $0 |  |
| Nebulizers | $0 |  |
| Oxygen equipment and supplies | $0 |  |
| **You need help living at home** | Home services, such as cleaning or housekeeping | $0 |  |
| Changes to your home, such as ramps and wheelchair access | $0 |  |
| Day Habilitation services | $0 |  |
| Services to help you live on your own (Home health care services or personal care attendant services) | $0 |  |
| Adult Day Health or other support services | $0 |  |
| Adult Foster Care and Group Adult Foster Care | $0 |  |
| **You need a place to live with people available to help you** | Nursing home care | $0 |  |
| **Your caregiver needs some time off** | Respite care | $0 |  |
| **You need transportation** | Emergency transportation | $0 |  |
| Transportation to medical appointments | $0 |  |
| Transportation to other services | $0 |  |

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read the <plan name> *Member Handbook*. If you have questions, you can also call <plan name> Member Services.

1. Other services <plan name> covers

This is not a complete list. Call Member Services or read the *Member Handboo*k to find out about other covered services.

| **Other services <plan name> covers** | **Your costs for in-network providers** |
| --- | --- |
| [*Insert special services offered by your program. This does not need to be a comprehensive list.*] | [*Plans should include copays for pharmacy products, if/as applicable.*] |
|  |  |
|  |  |
|  |  |

1. Benefits covered outside of <plan name>

This is not a complete list. Call Member Services to find out about other services not covered by <plan name> but available through Medicare, MassHealth, or a State Agency.

| **Other services covered by Medicare, MassHealth, or a State Agency** | **Your costs** |
| --- | --- |
| [*Insert services covered outside the plan by Medicare fee-for-service and/or MassHealth fee-for-service, as appropriate. This does not need to be a comprehensive list.*] | [*Plans should include copays for listed services.*] |
| Certain hospice care services covered outside of <plan name> | $0 |
| Psychosocial rehabilitation |  |
| Targeted case management |  |
| Rest home room and board |  |

1. Services that <plan name>, Medicare, and MassHealth do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

|  |
| --- |
| **Services <plan name>, Medicare, and MassHealth do not cover** |
| [*Insert any excluded benefit categories. This does not need to be a comprehensive list. Plans may consult Section G of Chapter 4 of the Member Handbook for examples.*] |
|  |
|  |
|  |

1. Your rights and responsibilities as a member of the plan

As a member of <plan name>, you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused Medically Necessary treatment. You can exercise these rights without being punished or adversely affecting the way <plan name> and its providers treat you. You can also use these rights without losing your health care services. We will 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 are not limited to, the following:**

* **You have a right to respect, fairness and dignity.** This includes the right to:
* Get covered services without concern about race, ethnicity, national origin, religion, gender, age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discriminations under any state or federal law or regulation.
* Receive, at your, request information in other formats (e.g., large print, braille, audio) free of charge.
* Be free from any form of physical restraint or seclusion.
* Not be billed by network providers.
* Have your questions and concerns answered completely and courteously.
  + Apply your rights freely without any negative affect on the way <plan name> or your provider treats you.
* **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  + <Plan name>
  + The services we cover.
  + How to get services.
  + How much services will cost you.
  + Names of health care providers and Care Coordinators.
  + Your rights and responsibilities.
* **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  + Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call <insert number> if you want to change your PCP.
  + Choose a Long-Term Supports Coordinator (LTS Coordinator).
  + See a women’s health care provider without a referral.
  + Get your covered services and drugs quickly.
  + Know and receive all benefits, services, rights and responsibilities you have under <plan name>, Medicare and MassHealth.
  + Know what the outcome of your treatment options may be.
  + Refuse treatment as far as the law allows, even if your doctor advises against it.
  + Stop taking medicine.
  + Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. <Plan name> will pay for the cost of your second opinion visit.
  + Create and apply and advance directive, such as a will or health care proxy.
* **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
* Get medical care for covered services within the time frames described in the *Member Handbook*, and to file an appeal if you do not receive your care within those timeframes.
* 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 the <insert number> if you need help with this service.
* Have your *Member Handbook* and any printed materials from <plan name> translated into your primary 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 and urgent care services, 24 hours a day, seven days a week, without prior approval.
* See 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, as well as anything you discuss with them. No personal health information will be released to anyone without your consent, unless required by law.
  + Have privacy during treatment.
* **You have the right to make complaints about your covered services or care.** This includes the right to:
  + Access an easy process to voice your concerns, and to expect follow-up by <plan name>.
  + File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
* Ask for a state fair hearing from the state of Massachusetts.
  + Get a detailed reason why services were denied.
  + Disenroll from <plan name> and change to another plan by calling Massachusetts Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.

**Your responsibilities include, but are not limited to, the following**:

* **You have a responsibility to treat others with respect, fairness and dignity.** You should:
  + Treat your health care providers with dignity and respect.
  + Keep appointments, be on time, and call in advance if you’re going to be late or have to cancel.
* **You have the responsibility to give information about you and your health.** You should:
  + Tell your health care provider your health complaints clearly and provide as much information as possible.
  + Tell your health care provider about yourself and your health history.
  + Tell your health care provider that you are a <plan name> member.
  + Talk to your <PCP>, Care Team, Care Coordinator, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergencies or when you refer yourself for certain covered services).
  + Tell your <PCP>, Care Team, Care Coordinator, or other appropriate person within 48 hours of any emergency or out-of-network treatment.
  + Notify <plan name>’s Member service department if there are any changes in your personal information, such as your address or phone number.
* **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  + Learn about your health problems and any recommended treatment, and consider the treatment before it’s performed.
  + Partner with your Care Team and work out treatment plans and goals together.
  + Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health.
* **You have the responsibility to obtain your services from <plan name>.** You should:
  + Get all your health care from <plan name>, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless <plan name> provides a prior authorization for out-of-network care.
  + Not allow anyone else to use your <plan name> Member ID Card to obtain healthcare services.
  + Notify <plan name> when you believe that someone has purposely misused <plan name> benefits or services.

You may be responsible for payment of services not covered by <plan name>. A full list of the covered services is available in the *Member Handbook*.

For more information about your rights, you can read the <plan name> *Member Handbook*. If you have questions, you can also call <plan name> Member Services.

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

If you have a complaint or think <plan name> should cover something we denied, call <plan name> at <toll-free number>.You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the <plan name> *Member Handbook*. You can also call <plan name> Member Services.

[*Plans should include contact information for complaints, grievances, and appeals.*]

1. 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 concernwith One Care or your One Care plan,<plan name>. 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, 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. People who are deaf, hard of hearing, or speech disabled should use MassRelay at 711 to dial 1-855-781-9898.
* Email [info@myombudsman.org](mailto:info@myombudsman.org)
* Write to or visit the My Ombudsman office at 11 Dartmouth Street, Suite 301, Malden, MA 02148
* Visit My Ombudsman online at <http://www.onecareombuds.org>

1. 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 <plan name> Member Services. Phone numbers are on the cover of this summary.
* Or, call the MassHealth 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, 24 hours a day, 7 days a week.
* [*Plans may also insert additional State-based resources for reporting fraud*.]