



## **Commonwealth Care Alliance Notice of Adverse Action Denial or Modification of a Requested Service**

**Date:** [REDACTED] 2021

**Member number:** [REDACTED]

**Name:** [REDACTED]

**Service:** Emergency generator

**Authorization requested:**

Emergency generator

**The request for authorization of the services/items listed above was denied or changed.**

We've denied the request for the medical services/items listed above from your health care provider. Our decision is:

The requested emergency generator is denied.

### **Why did we deny or change your request?**

We denied the request for the medical services/items listed above because:

You asked for an emergency generator for your vent. This is a non-covered item. Your health insurance plan does not pay for this item. Generators are used only

if there is a loss of power in the home. Your medical needs may be met by other covered items. We do not have evidence that a generator is medically necessary.

A Commonwealth Care Alliance (CCA) Medical Director reviewed the following documents and guidelines when making this determination:

- Prior authorization request received on [REDACTED] 2021.
- Commonwealth Care Alliance Decision Support Tool for Non-Covered Benefit (DST #134):

A member may be eligible for a non-covered benefit which may be called a “benefit exception” when we are given a clear determination of need and rationale for how this resource will improve a member’s individualized care plan. A member may receive a specified resource after a careful evaluation, individualized risk assessment, and well documented rationale showing how the benefit may be reasonable (1) and medically beneficial (2).

(1) Reasonable-- Of modest or moderate cost outweighed by other cost savings or benefits

(2) Medically beneficial—Of reasonable likelihood to significantly improve a member’s health and quality of life

You must meet the above criteria to be approved for a generator. This item is being denied because it is a non-covered benefit. The generator is not reasonable and medically beneficial. Your medical needs may be met by other covered items. A backup battery has been requested from the provider for your vent. Please contact your care team if you need a plan to follow if there is a loss of power in your home. Please contact your care partner or a member of your care team if your needs change.

You should share a copy of this decision with your provider, so you and your provider can discuss next steps. If your provider requested coverage on your behalf, we have sent a copy of this decision to your provider.

## **You have the right to appeal our decision**

You have the right to ask Commonwealth Care Alliance to review our decision by asking us for a Level 1 Appeal (sometimes called an “internal appeal” or “plan appeal”).

You must ask for a Level 1 Appeal within **60 calendar days** of the date of this notice. We may give you more time if you have a good reason for missing the deadline. See section titled “How to ask for a Level 1 Appeal with

Commonwealth Care Alliance” for information on how to ask for a Level 1 Appeal.

If you are appealing because we told you that a service you currently get will be changed or stopped, you have a right to keep getting that service while your appeal is processing. If you want the service to continue, you must ask for an appeal **within 10 days of the date of this notice or before the service is changed or stopped**, whichever is later.

### **If you want someone else to request an appeal for you**

Your provider can request the appeal on your behalf. If you want a relative, friend, attorney, or someone besides your provider to make the appeal for you, you must first complete an Appointment of Representative form. The form gives the other person permission to act for you.

To get an Appointment of Representative form, call Member Services at 1-866-610-2273 and ask for one, or visit [www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207](http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207) or our website at [www.commonwealthcarealliance.org](http://www.commonwealthcarealliance.org). We must get the completed Appointment of Representative form before we can review your request if the appeal comes from someone besides you or your provider.

### **Important Information About Your Appeal Rights**

#### **There are two kinds of Level 1 Appeals with Commonwealth Care Alliance**

**Standard Appeal** – We must give you a written decision on a standard appeal within **30 calendar days** after we get your appeal. Our decision might take longer if you ask for an extension or if we need more information about your case. We’ll tell you if we’re taking extra time and will explain why more time is needed.

**Fast (Expedited) Appeal** – We must give you a decision on a fast (expedited) appeal within **72 hours** after we get your appeal request. You can ask for a fast appeal if you or your health care provider believe your health, life, or ability to regain maximum function may be put at risk by waiting up to 30 calendar days for a decision.

**We’ll automatically give you a fast appeal if your health care provider asks for one for you or if your provider supports your request.** If you ask for a fast appeal without support from your health care provider, we’ll decide if your health requires a fast appeal. If we don’t give you a fast appeal, we’ll give you a decision within **30 calendar days**.

## How to ask for a Level 1 Appeal with Commonwealth Care Alliance

You or your authorized representative must ask for a Level 1 Appeal within **60 calendar days** of the date on this notice.

To ask for a standard Level 1 Appeal, you can visit us in-person, call, send a letter, or fax us or ask your provider or representative to ask us for a decision. If you ask for a standard appeal by phone, we will repeat your request back to you to be sure we have documented it correctly. We will also send you a letter to confirm the facts of your appeal. The letter will tell you how to make any corrections.

**For a Standard Appeal:** Commonwealth Care Alliance  
Appeals & Grievances Department  
30 Winter Street  
Boston, MA 02108  
Phone: 866-610-2273 TTY Users Call: 711  
Fax: 857-453-4517

To ask for a fast Level 1 Appeal, you or your provider or representative can call, or fax your request to us.

**For a Fast Appeal:** Phone: 866-610-2273 TTY Users Call: 711  
Fax: 857-453-4517

When you make your appeal, you should give us the following information:

- Your name
- Address
- Member number
- Primary language (let us know if you need an interpreter, including American Sign Language or other languages such as Spanish)
- Reason for appealing
- Whether you want a standard or fast appeal (for a fast appeal, explain why you need one).
- Any evidence you want us to review, such as medical records, health care providers' letters (such as a doctor's supporting

statement if you request a fast appeal), or other information that explains why you need the medical services/items. Call your health care provider if you need this information.

We recommend keeping a copy of everything you send us for your records.

You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

## What happens next?

If you asked for a Level 1 Appeal, you will get a written notice from us that tells you our decision about your appeal. If we continue to deny your request for a medical service/item, you have other options:

- If the service is covered by Medicare, we will automatically send your case to an independent reviewer. If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.
- If the service is covered by MassHealth, you will have the right to ask for a Level 2 Appeal from the MassHealth Board of Hearings. If the Board of Hearings denies your request, the written decision will explain your additional appeal rights.
- If the service could be covered by both Medicare and MassHealth, we will automatically send your case to the independent reviewer. You can also ask for a Level 2 Appeal from the MassHealth Board of Hearings.

Please refer to Chapter 9 of your Commonwealth Care Alliance Member Handbook for more information about the Level 2 Appeals process.

## Get help & more information

**Commonwealth Care Alliance:** If you need any help or additional information about our decision and the appeal process, call Member Services at: 866-610-2273 (TTY 711) 8 a.m. to 8 p.m., 7 days a week, from October 1 through March 31. (April 1 through September 30, Monday to Friday, 8 a.m. to 8 p.m. and Saturday and Sunday, 8 a.m. to 6 p.m.). You can also visit our website at [www.commonwealthonecare.org](http://www.commonwealthonecare.org).

**My Ombudsman:** If you need more help or information, you can also contact My Ombudsman. My Ombudsman is an independent program. My Ombudsman staff can talk with you about how to make an appeal and

what to expect during the appeal process. My Ombudsman services are free. Here are the ways to get help from My Ombudsman:

- Call 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 call 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 by appointment, or
  - During walk-in hours:
    - Mondays: 1:00 p.m. to 4:00 p.m.
    - Thursdays: 9:00 a.m. to 12:00 p.m.
  - Visit My Ombudsman online at [www.myombudsman.org](http://www.myombudsman.org).

**Medicare:** 800-MEDICARE (800-633-4227 or TTY 877-486-2048)

**Medicare Rights Center:** 800-333-4114

**MassHealth Customer Service:** 800-841-2900 (TTY 800-497-4648)

Commonwealth Care Alliance is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call 866-610-2273 (TTY 711), 8 a.m. to 8 p.m., 7 days a week, from October 1 through March 31. (April 1 through September 30, Monday to Friday, 8 a.m. to 8 p.m. and Saturday and Sunday, 8 a.m. to 6 p.m.) The call is free.

## **Notice of Nondiscrimination**

Commonwealth Care Alliance® complies with applicable Federal civil rights laws and does not discriminate on the basis of medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance. Commonwealth Care Alliance does not exclude people or treat them differently because of medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance.

Commonwealth Care Alliance:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Commonwealth Care Alliance has failed to provide these services or discriminated in another way on the basis of medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance, you can file a grievance with:

Civil Rights Coordinator  
30 Winter Street  
Boston, MA 02108  
Phone: 617-960-0474, ext. 3932 (TTY 711) Fax: 857-453-4517  
E-mail: [civilrightscordinator@commonwealthcare.org](mailto:civilrightscordinator@commonwealthcare.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

## Multi-language Interpreter Services

**English:** ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-866-610-2273 (TTY 711).

**Spanish (Español):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-610-2273 (TTY 711).

**Chinese (繁體中文):** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-610-2273 (TTY 711)。

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-610-2273 (TTY 711).

**French (Français):** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-610-2273 (ATS 711).

**Vietnamese (Tiếng Việt):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-610-2273 (TTY 711).

**German (Deutsch):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-610-2273 (TTY 711).

**Korean (한국어):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-610-2273 (TTY 711)번으로 전화해 주십시오.

**Russian (Русский):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-610-2273 (телетайп 711).

**Arabic (العربية):** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 016-3722 (رقم هاتف الصم والبكم 117) 1-668.

**Hindi (हिंदी):** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-610-2273 (TTY 711) पर कॉल करें।

**Italian (Italiano):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-610-2273 (TTY 711).

**Portuguese (Português):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-610-2273 (TTY 711).

**French Creole (Kreyòl Ayisyen):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-610-2273 (TTY 711).

**Polish (Polski):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-610-2273 (TTY 711).

**Greek (Ελληνικά):** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-610-2273 (TTY 711).

**Japanese (日本語):** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-610-2273 (TTY 711) まで、お電話にてご連絡ください。

**Cambodian (ខ្មែរ):** ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-610-2273 (TTY 711)។

**Lao/Laotian (ລາວ):** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-610-2273 (TTY 711).

**Gujarati (ગુજરાતી):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો ભિ:શુદ્ધ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-610-2273 (TTY 711).