

## **IMPORTANT!**

**Please read this cover page before completing your *One Care Enrollment Decision Form***

The *One Care Enrollment Decision Form* will ask you to make decisions about your MassHealth and Medicare coverage. You have the right to ask questions before deciding if One Care is right for you. *You will keep your Medicare and MassHealth benefits if you join a One Care plan.*

One Care plans will cover your Medicare, MassHealth, and prescription drug benefits, including Medicare Part D. One Care plans will also provide care coordination and access to community-based services as described in the One Care Enrollment Guide.

Some questions you may want to ask before joining a One Care plan include:

- ▶ Can I keep my doctors?
- ▶ Can I keep my service providers?
- ▶ Do you cover my medications?
- ▶ Are there other One Care plans available to me where I live?

### **Who can help you decide if a One Care plan is right for you?**

To get more information about One Care or the One Care plans, you can:

- ▶ Call SHINE (Serving the Health Insurance Needs of Everyone). SHINE counselors can work with you and your caregivers to help you understand your options. They are trained to assist people who have Medicare and MassHealth and will provide impartial information about your health insurance options. SHINE counselors are available Monday–Friday, 9:00 a.m.–5:00 p.m. A counselor can work with you in person, by phone, or through e-mail. To schedule an appointment with a SHINE counselor, call 1-800-243-4636 or TTY: 1-800-872-0166 (for people who are deaf, hard of hearing, or speech disabled).
- ▶ Call MassHealth Customer Service (Monday–Friday, 8:00 a.m.– 5:00 p.m.): 1-800-841-2900 or TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled). The call is free. If you require a special accommodation to communicate with us you may contact MassHealth Customer Service or the MassHealth Disability Accommodations Ombudsman at 617-847-3468 or TTY: 617-847-3788.
- ▶ Contact the One Care plans directly.
- ▶ Talk to your doctor or other providers.
- ▶ Talk to your family.
- ▶ Read the *One Care Enrollment Guide*. If you did not receive one in the mail, go to [www.mass.gov/masshealth/onecare](http://www.mass.gov/masshealth/onecare) to download one.

# INSTRUCTIONS FOR COMPLETING YOUR ENROLLMENT DECISION FORM

Please make sure you follow these instructions to complete the *Enrollment Decision Form*.  
Keep these instructions.

- ▶ Read the cover page that is with this form.
- ▶ Read the *One Care Enrollment Guide*.
- ▶ Print your name and address on the *Enrollment Decision Form*.
- ▶ Complete the personal information section.
- ▶ Fill in your MassHealth ID and Medicare numbers.
- ▶ **Make your enrollment decision.**  
IMPORTANT: You can only choose a One Care plan that is in your county. Read page 14-15 of the *One Care Enrollment Guide* to find out which One Care plans are in your county.
  - ◆ Check the box next to the One Care plan that you would like to join; or
  - ◆ Check the box next to the words “I do not wish to sign up for One Care” if you do not want to be in One Care. If you check this box, you will keep getting your care the same way you do now. You will not be in a One Care plan.
- ▶ Tell us if you have other health insurance.
- ▶ Read the information under the statement “Please read and sign below.”
- ▶ Sign the *Enrollment Decision Form* in the space provided.
- ▶ Mail or fax the *Enrollment Decision Form* back to MassHealth.

**Mailing address:**

One Care  
PO Box 120045  
Boston, MA 02112-9912

**Fax number:**

617-988-8975  
Make sure to fax all of the pages of the  
*Enrollment Decision Form*.

## IMPORTANT! YOU HAVE A CHOICE.

- ▶ If you do not check any box in the enrollment decision section, MassHealth may automatically enroll you in a One Care plan at a later date.
- ▶ MassHealth will send you more information if we are going to automatically sign you up for a One Care plan. MassHealth will not automatically enroll you if there is only one One Care plan in your county.
- ▶ If MassHealth does automatically enroll you in a One Care plan and you don't want the One Care plan that MassHealth chooses for you, you can tell MassHealth that you want a different plan. If MassHealth chooses a plan for you, you will have two months to tell us that you want to make changes before your One Care coverage starts.

*If you have questions, please call MassHealth Customer Service (Monday–Friday, 8:00 a.m.– 5:00 p.m.): 1-800-841-2900 or TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled). The call is free. If you require a special accommodation to communicate with us you may contact MassHealth Customer Service or the MassHealth Disability Accommodations Ombudsman at 617-847-3468 or TTY: 617-847-3788. This information is also available online at [www.mass.gov/masshealth/onecare](http://www.mass.gov/masshealth/onecare).*

## ENROLLMENT DECISION FORM

Please print your

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

If someone helped you fill out this form, please write their information here.

Name: \_\_\_\_\_

Organization, if applicable: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Personal Information

Your daytime phone number: \_\_\_\_\_

Date of birth: (MM/DD/YYYY): \_\_\_\_\_ Sex:  F  M

Do you have end-stage renal disease (ESRD)?  Yes  No

### Tell us about your Medicare and MassHealth coverage.

Write out your MassHealth ID and Medicare numbers in the spaces below.

You can find your Medicare information on your red, white, and blue Medicare card, or in a letter from Social Security or the Railroad Retirement Board.

MassHealth ID number: \_\_\_\_\_

Medicare number: \_\_\_\_\_

### YOUR ENROLLMENT DECISION

Please check **one** of the boxes below to tell MassHealth your enrollment decision.

- Commonwealth Care Alliance (CCA)
- Fallon Total Care (FTC)
- Network Health
- I do not wish to sign up for One Care. (If you check this box, you will keep getting your care the same way you do now.)

Some people have other health insurance or drug coverage through private insurance, TRICARE, employers, unions, Veterans Affairs, or the State Pharmaceutical Assistance Program.

Do you have other health coverage, such as insurance through your job?  Yes  No

If yes, fill in the information below.

Name of your plan (and employer, if applicable): \_\_\_\_\_

Group number: \_\_\_\_\_ ID number: \_\_\_\_\_

Name of your plan (and employer, if applicable): \_\_\_\_\_

Group number: \_\_\_\_\_ ID number: \_\_\_\_\_

If you have other health coverage, you may not be able to sign up for One Care.

**Please read and sign below.**

When you sign this form, it means that you understand the following.

- ▶ One Care plans have a contract with the federal government and with Massachusetts.
- ▶ The health services I get with my new plan may be different than the services I had before.
- ▶ I must keep Medicare Part A, Part B, and MassHealth.
- ▶ I can be in only one Medicare plan at a time.
- ▶ By joining a One Care plan I will end my enrollment in another Medicare health or prescription drug plan.
- ▶ I must tell Medicare and MassHealth about any prescription drug coverage that I have or may get in the future.
- ▶ If I move, I need to tell MassHealth.
- ▶ As a member of a One Care plan, I have the right to appeal if I don't agree with my One Care plan's decisions about payment or services.
- ▶ The One Care plans do not usually cover people while they're out of the country.
- ▶ On the date my One Care plan coverage begins, I must get my health care from my One Care plan's doctors, except for emergency or urgently needed care, out-of-area dialysis, or if I get my One Care plan's approval to see other providers in some circumstances.
- ▶ If I need to see a doctor or other provider who is not in my One Care plan, I may need prior authorization or I may have to pay out-of-pocket for the services I get.
- ▶ I understand that if a sales agent, broker, or other individual is employed by or contracted with the One Care plans, the One Care plan may pay that person for helping me to enroll.
- ▶ By joining a One Care plan, I know that the One Care plan may share my information with Medicare and MassHealth and other plans as necessary for treatment, payment, and health care operations.
- ▶ I understand that prescription drugs are covered, but not always the same ones I'm already taking. I understand that I'll have access to my current drugs for at least 30 days, until I can switch to a different drug, and that I will have access to my current doctors for 90 days once I join One Care. I further understand that a One Care plan has providers and pharmacies I must use to get health care services, except for non-routine, emergency situations.
- ▶ I know that my One Care plan may share my information, including my prescription drug information, with Medicare and MassHealth. They may release it for research and other purposes, as allowed by federal statutes and regulations.
- ▶ The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I'll be disenrolled from my One Care plan.
- ▶ My signature (or my authorized representative's signature) on this form means that I've read and understood this form. If an authorized representative signs, the person's signature means that he or she is authorized under state law to complete this enrollment, and documentation of this authority is available upon request from Medicare and/or MassHealth.

**Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you are the authorized representative, you must provide the following information, and sign and date below.

Name (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to Enrollee: \_\_\_\_\_ Today's Date: \_\_\_\_\_