

NaviCare[®] SCO and HMO SNP Summary of Benefits

January 1, 2022-December 31, 2022

The NaviCare service area includes the following Massachusetts counties:

Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire,
Middlesex, Norfolk, Plymouth, Suffolk and Worcester




Introduction

This document is a brief summary of the benefits and services covered by Fallon Health’s NaviCare program. 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 NaviCare. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers

 This is a summary of health services covered by Fallon Health's NaviCare program for 2022. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. If you don't have an *Evidence of Coverage*, call NaviCare Enrollee Services at the number at the bottom of this page to get one. Or you can visit our website, fallonhealth.org/navicare, and click on the banner titled "Benefits and services."

- Fallon Health is an HMO plan with a Medicare contract and a contract with the Massachusetts Medicaid program. Enrollment in Fallon Health depends on contract renewal. NaviCare is a voluntary program in association with MassHealth/EOHHS and CMS. SilverSneakers® is a registered trademark of Tivity Health, Inc. WW® is a registered trademark of Weight Watchers International, Inc.
- 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 a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **MassHealth**, call 1-800-841-2900. TTY users should call 1-800-497-4648.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-255-7108 (TRS 711), Monday–Friday, 8 a.m.–8 p.m. Oct. 1–March 31, we're available seven days a week. The call is free.
- Your preferred language, both written and spoken, is requested by the plan on each enrollment form. Your language preference will be captured and stored in the plan's central operating system.
- Once enrolled, you may change your preferred language or communications format by informing a member of your Care Team or by calling NaviCare Enrollee Services at 1-877-700-6996 (TRS 711), Monday–Friday, 8 a.m.–8 p.m. (Oct. 1–March 31, seven days a week).

B. Frequently Asked Questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<p>What is a Senior Care Options Plan?</p>	<p>A Senior Care Options Plan is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees. It is for people age 65 and older. A Senior Care Options Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has Navigators to help you manage all your providers and services and supports. They all work together to provide the care you need.</p>
<p>Will I get the same Medicare and MassHealth benefits in NaviCare that I get now?</p>	<p>You will get your covered Medicare and MassHealth benefits directly from NaviCare. 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.</p> <p>When you enroll in NaviCare, you and your Care Team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that NaviCare 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 NaviCare to cover your drug if medically necessary. For more information, call Enrollee Services.</p>

Frequently Asked Questions (FAQ)

continued

Frequently Asked Questions	Answers
<p>Can I go to the same doctors I see now?</p>	<p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with NaviCare and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • 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 NaviCare’s network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you have providers that you go to and they are not in our network, you may continue to see them for the first 90 days if that provider is not in our network, or until you are assessed by your Care Team and your plan of care is implemented, whichever is sooner. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of NaviCare’s plan. Urgent and emergency care services are covered worldwide. Out-of-area dialysis services at a Medicare-certified dialysis facility are covered anywhere in the United States or its territories. <p>To find out if your doctors are in the plan’s network, call Enrollee Services or read NaviCare’s <i>Provider and Pharmacy Directory</i> on the plan’s website at fallonhealth.org/navicare.</p> <p>If NaviCare is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.</p>
<p>What is a NaviCare Navigator?</p>	<p>A NaviCare Navigator 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.</p>

Frequently Asked Questions (FAQ)

continued

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	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 Geriatric Services Supports Coordinator (GSSC)?	A NaviCare GSSC is a person, employed by your local Aging Service Access Point Agency, for you to contact and have on your Care Team who is an expert in home and community-based services and supports. This person helps you get services that help you live independently in your home.
What happens if I need a service but no one in NaviCare’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, NaviCare will pay for the cost of an out-of-network provider, anywhere in the United States and its territories. Urgent and emergency care services are covered worldwide.
Where is NaviCare available?	The service area for this plan includes: Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties in Massachusetts. You must live in this area to join the plan.
What is prior authorization?	Prior authorization means an approval from NaviCare to seek services outside of our network or to get services not routinely covered by our network before you get the services. NaviCare 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. NaviCare can provide you or your provider with a list of services or procedures that require you to get prior authorization from NaviCare before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Enrollee Services for help.

Frequently Asked Questions (FAQ)

continued

Frequently Asked Questions	Answers
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval to see someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, NaviCare may not cover the services. NaviCare can provide you with a list of services that require you to get a referral from your PCP before the service is provided.</p> <p>See the <i>Evidence of Coverage</i> to learn more about when you will need to get a referral from your PCP.</p>
Do I pay a monthly amount (also called a premium) under NaviCare?	No. Because you have MassHealth, you will not pay any monthly premiums to the plan for your health coverage.
Do I pay a deductible as a member of NaviCare?	No. You do not pay deductibles in NaviCare.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of NaviCare?	There is no cost sharing for medical services in NaviCare, so your annual out-of-pocket costs will be \$0.
What if I have Medicare or live in a long-term care facility?	<p>If you have Medicare Part B, you must continue to pay your Part B premium unless it is paid for you by Medicaid or another third party (which cannot be any other comprehensive health insurance).</p> <p>If you are—or become—a resident of a long-term care facility, you must continue to pay your Patient Paid Amount (PPA) to the nursing home. The PPA is the portion of monthly income that a member in a nursing facility must contribute to the cost of care.</p>

NaviCare SCO and HMO SNP Summary of Benefits

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	Hospital stay	\$0	Requires prior authorization.
	Doctor or surgeon care	\$0	Requires prior authorization.
	Outpatient hospital services, including observation	\$0	May require prior authorization.
	Ambulatory surgical center (ASC) services	\$0	Requires prior authorization and PCP referral.
You want to see a doctor	Visits to treat an injury or illness	\$0	
	Specialist care	\$0	May require PCP referral.
	Wellness visits, such as a physical	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	May require prior authorization.
	“Welcome to Medicare” (preventative visit one time only)	\$0	Coverage not available to NaviCare SCO members.
You need emergency care	Emergency room services	\$0	Worldwide emergency room services are covered without prior authorization.
	Urgent care	\$0	Worldwide urgent care services are covered without prior authorization.

NaviCare SCO and HMO SNP Summary of Benefits

List of covered services

continued

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	Requires prior authorization and PCP referral.
	Lab tests and diagnostic procedures, such as blood work	\$0	
You need hearing/auditory services	Hearing screenings	\$0	Requires PCP referral. Includes: <ul style="list-style-type: none"> • Routine exam (one per year) • Diagnostic exams
	Hearing aids	\$0	One hearing aid per ear every 60 months.
You need dental care	Dental check-ups and preventive care	\$0	
	Restorative and emergency dental care (For more information, please see the NaviCare Dental Addendum.)	\$0	Includes: <ul style="list-style-type: none"> • Dental X-ray, one every 3 years (except bitewings) • Fillings, dentures, crowns, extractions, implants, oral surgery and root canals

NaviCare SCO and HMO SNP Summary of Benefits

List of covered services

continued

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	Eye exams	\$0	Routine exam (one per year)
	Glasses or contact lenses	\$0	Includes: <ul style="list-style-type: none"> • One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery • Up to two pairs of eyeglasses, contacts, lenses, frames and/or upgrades up to the \$570 annual plan coverage limit.
	Other vision care	\$0	Includes: <ul style="list-style-type: none"> • Medicare-covered glaucoma tests • Medicare-covered exams to treat diseases of the eye
You have a behavioral health condition	Behavioral health services	\$0	
	Inpatient and outpatient care and community-based services for people who need behavioral health care	\$0	Inpatient: Requires prior authorization. Outpatient: Individual and group therapy sessions For Transcranial Magnetic Stimulation Therapy (TMS), Electro-Convulsive Therapy (ECT), Neuro-psychological Testing, and Intensive Outpatient Therapy (IOP) to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.

NaviCare SCO and HMO SNP Summary of Benefits

List of covered services

continued

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance use disorder	Substance use disorder services	\$0	
You need a place to live with people available to help you	Skilled nursing care	\$0	Requires prior authorization and PCP referral.
	Nursing home care	\$0	Requires prior authorization. If MassHealth determines that you have a monthly Patient Paid Amount (PPA), you are responsible for the PPA payments.
	Adult Foster Care and Group Adult Foster Care	\$0	Requires prior authorization. This may include daily assistance in personal care, managing medication, meals, snacks, homemaking, laundry, and medical transportation from a contracted qualified State-approved Adult Foster Care or Group Adult Foster Care Provider.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Physical and occupational therapy visits beyond the 60 th visit each require prior authorization. Speech language therapy visits beyond the 35 th visit require prior authorization.

NaviCare SCO and HMO SNP Summary of Benefits

List of covered services

continued

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	Ambulance services	\$0	Non-emergency ambulance services require prior authorization.
	Emergency transportation	\$0	Worldwide coverage.
	Transportation to medical appointments and services	\$0	<p>Unlimited rides to medical appointments and places where you receive health care, such as doctor office visits, physical therapy appointments, counseling sessions and hospital visits.</p> <p>Get rides from Fallon's partner service, Coordinated Transportation Solutions (CTS), or from your own friends and family—who can receive reimbursement for mileage of rides that have been pre-approved by CTS.</p>
You need drugs to treat your illness or condition <i>(continued on the next page)</i>	Medicare Part B prescription drugs	\$0	<p>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 <i>Evidence of Coverage</i> for more information on these drugs.</p>

NaviCare SCO and HMO SNP Summary of Benefits

List of covered services

continued

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition <i>(continued)</i></p>	<p>Generic drugs (no brand name)</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see NaviCare's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>These medications are ones that you need a prescription to receive, and that you typically get at a retail pharmacy or through mail-order. Extended-day supplies are available for most drugs, with zero cost-sharing.</p>
	<p>Brand name drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see NaviCare's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>These medications are ones that you need a prescription to receive, and that you typically get at a retail pharmacy or through mail-order. Extended-day supplies are available for most drugs, with zero cost-sharing.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see NaviCare's <i>Over-the-Counter Drug List</i> for more information.</p>

NaviCare SCO and HMO SNP Summary of Benefits

List of covered services

continued

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	Rehabilitation services	\$0	Cardiac (heart) rehabilitation for a maximum of 2 one-hour sessions per day for up to 36 sessions for up to 36 weeks requires prior authorization.
	Medical equipment for home care	\$0	Requires prior authorization.
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	Includes Medicare- and MassHealth-covered visits, such as those for nail cutting. Requires prior authorization for services in a nursing home and podiatric surgery.
	Orthotic services	\$0	Requires prior authorization.
You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Enrollee Services or refer to Chapter 4 of the <i>Evidence of Coverage</i> .	Wheelchairs, crutches, and walkers	\$0	Requires prior authorization.
	Nebulizers	\$0	Requires prior authorization.
	Oxygen equipment and supplies	\$0	Requires prior authorization.

NaviCare SCO and HMO SNP Summary of Benefits

List of covered services

continued

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	Home health services	\$0	Requires prior authorization.
	Home services, such as cleaning or housekeeping	\$0	Requires prior authorization.
	Adult day health or other support services	\$0	Requires prior authorization. This may include community-based services such as nursing, assistance with activities of daily living, social, therapeutic, recreation, nutrition at a site outside the home, dementia-specific interaction, and transportation to a NaviCare-contracted adult day health site outside of the home.
	Day habilitation services	\$0	Requires prior authorization. This includes a structured, goal-oriented, active treatment program of medically-oriented, therapeutic and habilitation services for developmentally disabled individuals who need active treatment.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Requires prior authorization.

NaviCare SCO and HMO SNP Summary of Benefits

List of covered services

continued

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services <i>(continued on the next page)</i>	Chiropractic services	\$0	
	Diabetes supplies and services	\$0	May require prior authorization. Includes blood glucose monitors and test strips, diabetes self-management training and footwear.
	Prosthetic services	\$0	Prior authorization required.
	Radiation therapy	\$0	Prior authorization required.
	Services to help manage your disease	\$0	May require prior authorization.
	Gym membership	\$0	With SilverSneakers®, you get access to online classes and instructional videos, an at-home fitness kit and/or a free gym membership.
	Fitness reimbursement	Costs above \$400	Up to \$400 per year for qualified fitness tracker, new cardio equipment, health club, fitness facility or classes not covered by SilverSneakers.

NaviCare SCO and HMO SNP Summary of Benefits

List of covered services

continued

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services <i>(continued on the next page)</i>	WW® (formerly Weight Watchers)	\$0	One 13-consecutive-week membership each year.
	Save Now card	Costs above \$150 per quarter	<p>With your preloaded Save Now card, you'll get \$150 to spend each calendar quarter (up to \$600 a year) to buy items to help keep you healthy.</p> <p>You can choose from hundreds of items, like toothbrushes, cold/allergy medicine, pain relievers and probiotics. Purchases can be made at stores or online with free home delivery.</p>
	Telehealth	\$0	<p>Includes primary care, specialist care, outpatient mental health services, opioid treatment and outpatient substance abuse services.</p> <p>24/7 access to doctors for non-emergency conditions by phone, mobile app or online.</p>

NaviCare SCO and HMO SNP Summary of Benefits

List of covered services

continued

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services <i>(continued)</i>	Care Connect	\$0	24/7 phone access to registered nurses who will recommend where you should receive care or will connect you to your doctor.
	Non-emergency transportation	\$0	Rides to run errands, visit friends, attend religious services and more. You have 140 one-way trips (within a 30-mile radius) to use per year. Get rides from Fallon’s partner service, or your own friends and family who can receive reimbursement for mileage of approved rides.

The above Summary of Benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the NaviCare *Evidence of Coverage*. If you don’t have an *Evidence of Coverage*, call NaviCare Enrollee Services at the number at the bottom of this page to get one. If you have questions, you can also call NaviCare Enrollee Services or visit fallonhealth.org/navicare.

NaviCare SCO and HMO SNP Summary of Benefits

D. Benefits covered outside of NaviCare

There are some services that you can get that are not covered by NaviCare, but are covered by Medicare, MassHealth, or a State Agency. This is not a complete list. Call Enrollee Services to find out about these services.

Other services covered by Medicare, MassHealth, or a State Agency	Your costs
Certain hospice care services covered outside of NaviCare	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0

E. Services that NaviCare, Medicare, and MassHealth do not cover

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

Services NaviCare, Medicare, and MassHealth do not cover	
Elective or voluntary enhancement procedures	Includes weight loss procedures.
Functional medicine services/procedures and supplies (including labs and supplements)	Includes alternative, holistic, and naturopathic medicine.
Radial keratotomy and LASIK surgery	

F. Your rights as a member of the plan

As a member of Fallon Health's NaviCare program, 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 will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. 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 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.
 - Get information in other formats (for example, large print, braille, or audio) free of charge.
 - Be free from any form of physical restraint or seclusion.
- **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 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.
- **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.
 - 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 are 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. NaviCare 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 does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care.
 - 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 health care providers and your health plan.



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- **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 approval 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.
- **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.
 - Ask for a state fair hearing.
 - Get a detailed reason for why services were denied.

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call NaviCare Enrollee Services.

You can also call *My Ombudsman* at 1-855-781-9898, Mon.–Fri., 9 a.m.–4 p.m. (or use MassRelay at 711 to call 1-855-781-9898 or Videophone (VP) 1-339-224-6831). This service is for MassHealth enrollees who have questions or concerns that may impact their experience with a MassHealth health plan.

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

If you have a complaint or think NaviCare should cover something we denied, call Enrollee Services. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of the *Evidence of Coverage*. You can also call NaviCare Enrollee Services.

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 NaviCare Enrollee Services. Phone numbers are at the bottom of this page.
- 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.

Notice of nondiscrimination

Fallon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Fallon does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Fallon Health:

- 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 Customer Service at the phone number on the back of your member ID card, or by email at cs@fallonhealth.org.

If you believe that Fallon Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Compliance Director
Fallon Health
10 Chestnut St.
Worcester, MA 01608
Phone: 1-508-368-9988 (TRS 711)
Email: compliance@fallonhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director 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 <https://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: 1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-700-6996 (TTY: TRS 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-700-6996 (TTY: TRS 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-700-6996 (TTY: TRS 711).

Chinese: 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 1-877-700-6996 (TTY : TRS 711) 。

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-700-6996 (TTY: TRS 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-700-6996 (TTY: TRS 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-700-6996 (телетайп: TRS 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-700-6996 (رقم هاتف الصم والبكم: TRS 711).

Khmer/Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃលក្ខណៈគឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-877-700-6996 (TTY: TRS 711)។

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-700-6996 (ATS : TRS 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-700-6996 (TTY: TRS 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-700-6996 (TTY: TRS 711)번으로 전화해 주십시오.

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-700-6996 (TTY: TRS 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-700-6996 (TTY: TRS 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-700-6996 (TTY: TRS 711) पर कॉल करें।

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-700-6996 (TTY: TRS 711).

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

1-877-700-6996

Calls to this number are free. Representatives are available Monday–Friday, 8 a.m.–8 p.m. (Oct. 1–March 31, we’re available seven days a week.) During all other times, callers may leave a voicemail. Messages will be returned the following business day.

Enrollee Services also has free language interpreter services available for non-English speakers.

TRS 711

Calls to this number are free and available 24/7.

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 Care Connect. A nurse will listen to your problem and tell you how to get care. The number for Care Connect is:

1-800-609-6175

Calls to this number are free and available 24/7. NaviCare also has free language interpreter services available for non-English speakers.

TTY: 1-800-848-0160

Calls to this number are free and available 24/7.

If you need immediate behavioral health care, please call the Emergency Services Program/Mobile Crisis Intervention line:

1-877-382-1609

Calls to this number are free and available 24/7. NaviCare also has free language interpreter services available for non-English speakers.

TTY: 1-800-249-9949

Calls to this number are free and available 24/7.

