



Member name
Member address

February 23, 2022

Notice of Approval of Service Request

Member's ID#:
DOB
Requesting provider Lowell Community Health Center
Service provider
Referred to provider Lowell Community Health Center
Authorization number

Dear _____

CCA has completed the review of your request. After careful review of your request, we are pleased to inform you that your request meets medical necessity criteria and has been approved. Criteria used to make this decision is available upon request.

Date of Request : 02/17/2022

Service	Quantity	From Date of Service	To Date of Service
K0554 Receiver (monitor), dedicated, for	1	02/23/2022	02/22/2023

use with therapeutic glucose continuous monitor system			
K0553 Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	12	02/23/2022	02/22/2023

Your provider has been notified about our decision and will contact you to arrange to provide the approved service(s).

If you have any questions or concerns, please call our Member Services Department at 1-866-610-2273, 8 a.m. – 8 p.m., 7 days a week. TTY users should call 711.

Sincerely,



Lori Tishler, MD
Vice President of Medical Affairs
Commonwealth Care Alliance (Medicare-Medicaid Program)

Cc: Lowell Community Health Center

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

You can get this information for free in Spanish or speak with someone about this information in other languages for free. Call 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week. The call is free.

Este documento está disponible en español. Para hablar con un intérprete, por favor llame al 1866-610-2273 (TY: llamar a MassRelay al 711), 8 a.m. – 8 p.m., 7 días a la semana. Este es un servicio gratuito.

You can get this information for free in other formats, such as large print, braille, or audio. Call 1-866-610-2273, 8 a.m. – 8 p.m., 7 days a week. 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 race, color, national origin, age, disability, or sex. Commonwealth Care Alliance does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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 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 race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator, Office of General Counsel
30 Winter Street
Boston, MA 02108
Phone: 1-617-960-0474, ext. 3932, (TTY: 711)
Fax: 1-617-249-0709
E-mail: 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 <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
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/oct/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 1-866610-2273 (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** 668-016- (ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 (117: رقم هاتف الصم 3722. والبيكم)

Hindi (हिंदी): ध्यानः ि आप ि दिी बोलते ंीी तो आपके ललए मफ्तुत म भष सी त सव दएँ उपलब्धः1

।ंीी 1-866-610-2273 (TTY: 711) पर कॉल कर ।

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 (λληνικά): 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。1866-610-2273 (TTY:711) まで、お電話にてご連絡ください。

Cambodian (ខ្មែរ): ប្រយ័ត្ន: រឿងសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សវាជនំ សាកាន ឬ វាយមិនគិត ល្អ គឺអាចមានសំរាប់ អង្រែ នក។ ចូរ ទូរស័ព្ទ 1-866-610-2273 (TTY: 711)។

Lao/Laotian (ພາສາລາວ): ໂບດຊາບ: ຖ້ າວ່ າ ທ່ ານວິວີ າພາສາລາວ,

ການບໍລິການຊຸ ອດ ານພາສາໂດຍບໍ່ເສ ງຄ່ າ ແມ່ ນົມພໍ ອມໃຫ້ ທ່ ານ.ໂທ 1-866-610-
ວຍວິທ 2273 (TTY:
711).

Gujarati (ગજરાતી): સચના: : જો તમે ગજરાતી.. બોલતા હો, તો નન:શબ્દ..ભાષા સહાય
સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-610-2273 (TTY: 711)



Member name
Member address

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

Date: February 23, 2022

Member number:

Name:

Service: FreeStyle Libre 2 therapeutic continuous glucose monitor (CGM) reader and sensor

Authorization requested:

FreeStyle Libre 2 therapeutic continuous glucose monitor (CGM) reader and sensor

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 FreeStyle Libre 2 therapeutic continuous glucose monitor (CGM) reader and sensor is denied.

Why did we deny or change your request?

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

You do not receive at least 3 insulin injections per day. You are not on a continuous insulin infusion pump.

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

- Prior authorization request from PROVIDER received on February 21, 2022.
- Endocrinology office visit note dated February 10, 2022.
- Medicare Local Coverage Determination (LCD): Glucose Monitors (L33822):

A therapeutic CGM can only be approved when all of the following criteria is met:

1. The beneficiary has diabetes mellitus (Refer to the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses); and,
2. The beneficiary is insulin-treated with multiple (three or more) daily administrations of insulin or a continuous subcutaneous insulin infusion (CSII) pump; and,
3. The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; and,
4. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria (1-3) above are met; and,
5. Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan.

You must meet the above criteria to be approved for a therapeutic CGM. The CGM is denied because you do not receive at least 3 insulin injections per day. You are not on a continuous insulin infusion pump. 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 CCA One Care 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. Refer to the section titled “How to ask for a Level 1 Appeal with CCA One Care” 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 866-610-2273 and ask for one, or visit our website at www.ccama.org/onecare. 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 CCA One Care

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 CCA One Care

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 look at 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 CCA One Care Member Handbook for more information about the Level 2 Appeals process.

Get help & more information

CCA One Care: 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 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) You can also visit our website at www.ccama.org/onecare.

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.
- 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.

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 (CCA) One Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts Medicaid program to provide benefits of both program to enrollees. Enrollment in the plan depends on contract renewal.

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

Notice of Nondiscrimination

Commonwealth Care Alliance, Inc.[®] complies with applicable Federal civil rights laws and does not discriminate on the basis of, or 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, public assistance, or place of residence. Commonwealth Care Alliance, Inc.:

- 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, Inc. has failed to provide these services or discriminated in another way based on 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, public assistance, or place of residence, you can file a grievance with:

Commonwealth Care Alliance
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

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, 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.

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 العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم 1-866-610-2273 (رقم هاتف الصم والبكم 711).

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 ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-866-610-2273 (TTY 711)។

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

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