

# **PrimeTime Health Plan Basic - MA Only (HMO-POS) offered by AultCare Health Insuring Corporation (doing business as PrimeTime Health Plan)**

## **Annual Notice of Changes for 2021**

You are currently enrolled as a member of PrimeTime Health Plan Basic - MA Only (HMO-POS). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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### **What to do now**

#### **1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 1.1, 1.2, and 1.4 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

#### **2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 3.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2020, you will be enrolled in PrimeTime Health Plan Basic - MA Only (HMO-POS).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

**4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in PrimeTime Health Plan Basic - MA Only (HMO-POS).
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

**Additional Resources**

- Please contact our Customer Service number at (330) 363-7407 or 1-800-577-5084 for additional information. (TTY users should call (330) 363-7460 or 1-800-617-7446.) Hours are Monday through Friday 8:00 a.m. to 8:00 p.m. From October 1st – March 31st, the Call Center is open 7 days a week from 8:00 a.m. to 8:00 p.m.
- This information is available in alternative formats such as large print, audio CD, or other alternate formats. Please call Customer Service if you need plan information in another format or language.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About PrimeTime Health Plan Basic - MA Only (HMO-POS)**

- PrimeTime Health Plan is an HMO-POS plan with a Medicare contract. Enrollment in PrimeTime Health Plan depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means AultCare Health Insuring Corporation (DBA PrimeTime Health Plan). When it says “plan” or “our plan,” it means PrimeTime Health Plan Basic - MA Only (HMO-POS).

## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for PrimeTime Health Plan Basic - MA Only (HMO-POS) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.pthp.com](http://www.pthp.com). You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b>Monthly plan premium</b>	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,400	\$3,400
<b>Doctor office visits</b>	Primary care visits: \$0 per visit  Specialist visits: \$40 per visit	Primary care visits: \$0 per visit  Specialist visits: \$40 per visit
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$275 copay per day for days 1-6 for each Medicare-covered admission. No copayment for additional days per stay.	\$275 copay per day for days 1-6 for each Medicare-covered admission. No copayment for additional days per stay.

## ***Annual Notice of Changes for 2021***

### **Table of Contents**

<b>Summary of Important Costs for 2021 .....</b>	<b>1</b>
<b>SECTION 1      Changes to Benefits and Costs for Next Year .....</b>	<b>3</b>
Section 1.1 – Changes to the Monthly Premium .....	3
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	3
Section 1.3 – Changes to the Provider Network.....	3
Section 1.4 – Changes to Benefits and Costs for Medical Services .....	4
<b>SECTION 2      Administrative Changes .....</b>	<b>5</b>
<b>SECTION 3      Deciding Which Plan to Choose.....</b>	<b>6</b>
Section 3.1 – If you want to stay in PrimeTime Health Plan Basic - MA Only (HMO-POS) .....	6
Section 3.2 – If you want to change plans .....	6
<b>SECTION 4      Deadline for Changing Plans.....</b>	<b>7</b>
<b>SECTION 5      Programs That Offer Free Counseling about Medicare .....</b>	<b>8</b>
<b>SECTION 6      Programs That Help Pay for Prescription Drugs .....</b>	<b>8</b>
<b>SECTION 7      Questions?.....</b>	<b>9</b>
Section 7.1 – Getting Help from PrimeTime Health Plan Basic - MA Only (HMO-POS).....	9
Section 7.2 – Getting Help from Medicare.....	10

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays count toward your maximum out-of-pocket amount.)	\$3,400	\$3,400 Once you have paid \$3,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

### Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [www.pthp.com](http://www.pthp.com). You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b>Acupuncture for chronic low back pain</b>	Acupuncture is <u>not</u> covered.	You pay a \$35 copay for each Medicare-covered acupuncture visit, \$1,050 annual maximum out-of-pocket cost combined with outpatient rehabilitation services.
<b>Opioid treatment program services</b>	You pay a \$40 copay for each Medicare-covered opioid treatment program service.	You pay a \$35 copay for each Medicare-covered opioid treatment program service.
<b>Hearing services</b>	You pay a \$40 copay for one routine hearing exam every three years from your PCP or specialist.	You pay a \$0 copay for one routine hearing exam every three years from your PCP or specialist.

Cost	2020 (this year)	2021 (next year)
<b>Services to treat kidney disease</b> Outpatient dialysis treatments	You pay 0% of the cost for Medicare-covered outpatient dialysis treatments.	You pay 20% of the cost for Medicare-covered outpatient dialysis treatments.
Physician services for outpatient dialysis treatments	You pay 0% of the cost for Medicare-covered outpatient dialysis physician services.	You pay a \$40 copay for each Medicare-covered outpatient dialysis physician services.
Self-dialysis training	You pay a \$0 copay for Medicare-covered self-dialysis training.	You pay 20% of the cost for Medicare-covered self-dialysis training.
<b>Physician/Practitioner services, including doctor's office visits</b> Telehealth services for Primary Care Physician, Specialist, Individual Sessions for Mental Health, Individual Sessions for Psychiatric Services, Individual Sessions for Outpatient Substance Abuse, Opioid Treatment Program Services	The listed telehealth services are <u>not</u> covered.	You pay a \$0 copay for primary care telehealth services.  You pay a \$40 copay for specialist telehealth services.  You pay a \$35 copay for mental health, psychiatric, substance abuse and/or opioid treatment program telehealth services.
Teladoc service	Teladoc is not covered.	You pay a \$0 copay for Teladoc virtual or telephonic visits.

## SECTION 2 Administrative Changes

In 2021 some of our services will be updated. The information below briefly describes these changes. For details about these services, refer to the Evidence of Coverage (EOC) section noted in the chart below. EOC's are available online at [www.pthp.com](http://www.pthp.com) or you can call Customer Service (phone numbers are listed in section 7.1) and request one be mailed to you.

Description	2020 (this year)	2021 (next year)
<b>PrimeTime Health Plan mailing address</b>	214 Dartmouth Ave SW, Canton, OH 44710  <i>or</i> PO Box 6905, Canton, <u>OH 44706</u>	Please use PO Box 6905, Canton, OH 44706
<b>PrimeTime Health Plan Customer Service Center (for walk-in service)</b>	214 Dartmouth Ave SW, Canton, OH 44710	Morrow House Building 2600 6 <sup>th</sup> St SW, Canton, OH 44710

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in PrimeTime Health Plan Basic - MA Only (HMO-POS)

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our PrimeTime Health Plan Basic - MA Only (HMO-POS).

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.



To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, AultCare Health Insuring Corporation (DBA PrimeTime Health Plan) offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from PrimeTime Health Plan Basic - MA Only (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from PrimeTime Health Plan Basic - MA Only (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2021.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2021, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OSHIIP).

OSHIIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. OSHIIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call OSHIIP at 1-800-686-1578. You can learn more about OSHIIP by visiting their website ([www.insurance.ohio.gov](http://www.insurance.ohio.gov)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Ohio HIV Drug Assistance Program (OHDAP). Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Contact:

Ohio AIDS Drug Assistance Program (ADAP)  
HIV Care Services Section  
Ohio Department of Health  
246 N. High Street  
Columbus, OH 43215

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-777-4775.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from PrimeTime Health Plan Basic - MA Only (HMO-POS)

Questions? We're here to help. Please call Customer Service at (330) 363-7407 or 1-800-577-5084. (TTY only, call (330) 363-7460 or 1-800-617-7446.) We are available for phone calls Monday through Friday 8:00 a.m. to 8:00 p.m. From October 1st – March 31st, the Call Center is open 7 days a week from 8:00 a.m. to 8:00 p.m. Calls to these numbers are free.

#### **Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for PrimeTime Health Plan Basic - MA Only (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.pthp.com](http://www.pthp.com). You can also review the attached separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit Our Website**

You can also visit our website at [www.pthp.com](http://www.pthp.com). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

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## Section 7.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)).

### **Read Medicare & You 2021**

You can read *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov](http://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.

## Multi-language Interpreter Services

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-577-5084 (TTY 1-800-617-7446).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-577-5084 (TTY 1-800-617-7446).

**繁體中文 (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 1-800-577-5084 (TTY 1-800-617-7446)。

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-577-5084 (TTY 1-800-617-7446).

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-577-5084 (رقم هاتف الصم والبكم: 1-800-617-7446).

**Wann du [Deutsch (Pennsylvania German / Dutch)]** schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-577-5084 (TTY: 1-800-617-7446).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-577-5084 (телетайп: 1-800-617-7446).

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-577-5084 (ATS : 1-800-617-7446).

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-577-5084 (TTY: 1-800-617-7446).

**Oroomiffa (Chushite-Oromo):** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-577-5084 (TTY: 1-800-617-7446).

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-577-5084 (TTY: 1-800-617-7446) 번으로 전화해 주십시오.

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-577-5084 (TTY: 1-800-617-7446).

**日本語 (Japanese):** 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。1-800-577-5084 (TTY 1-800-617-7446)まで、お電話にてご連絡ください。

**Nederlands (Dutch):** AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-577-5084 (TTY: 1-800-617-7446).

**Українська (Ukrainian):** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-577-5084 (телетайп: 1-800-617-7446).

**Română (Romanian):**

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-577-5084 (TTY: 1-800-617-7446).

**Non-discrimination Notice**

PrimeTime Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PrimeTime Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. PrimeTime Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). PrimeTime Health Plan provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, or if you believe that PrimeTime Health Plan 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 contact or file a grievance with the: PrimeTime Health Plan Civil Rights Coordinator, 2600 6<sup>th</sup> St. S.W. Canton, OH 44710, 330-363-7456, [CivilRightsCoordinator@aultcare.com](mailto:CivilRightsCoordinator@aultcare.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff 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/ocr/office/file/index.html>.

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