



MA Health Care Learning Series

Massachusetts Healthcare Training Forum (MTF)

October 2018

Agenda

- **MassHealth Updates**
 - MassHealth Health Plan Updates

- **Health Connector**
 - Open Enrollment Readiness and Reminders
 - Health Connector Health and Dental plans for 2019
 - Shopping screen updates
 - Outreach and #StayCovered Campaign

MA Health Care Learning Series

The MA Health Care Learning Series provides regular updates and presentations from Health Connector and MassHealth staff, to educate those who help Massachusetts residents in applying, getting and keeping their health coverage through MassHealth, the Health Connector and Health Safety Net via MAhealthconnector.org.

MassHealth Updates

How to Enroll in a MassHealth Health Plan



MassHealth managed care eligible members can submit a health plan enrollment request by:

- Going online to [MassHealthChoices.com](https://www.mass.gov/healthchoices). This is the **fastest** and easiest way to submit a request.
- By mail or faxing a request. The form is available in English or Spanish at <https://www.mass.gov/how-to/enroll-in-a-masshealth-health-plan-individuals-and-families-younger-than-65>
- Or by calling MassHealth at (800) 841-2900 (TTY: (800) 497-4648) Mondays – Fridays: 8 a.m. to 5 p.m.

Reminder: Fixed Enrollment Period



- Member's in an Accountable Care Organization (ACO) or Managed Care Organization (MCO) when their Plan Selection Period has ended, they will be in their Fixed Enrollment Period.
- During the Fixed Enrollment Period, members will not be able to change a health plan until the next Plan Selection Period, except for certain reasons. Fixed Enrollment Exceptions can be found: www.mass.gov/service-details/fixed-enrollment-period.

Fixed Enrollment Exceptions



- Member moves out of the MCO, Accountable Care Partnership Plan or Primary Care ACO service area.
- The MCO, Accountable Care Partnership Plan or Primary Care ACO does not, because of moral or religious objections, cover the service the member request.
- Member need related services to be performed at the same time; not all related services are available within the network; and their primary care provider or another provider determines that receiving the services separately would subject them to unnecessary risk.
- Member receive poor quality care, lack access to services covered, or lack access to providers experienced in dealing with their health care needs.
- The MCO or Accountable Care Partnership Plan is no longer contracted with MassHealth to cover the member's service area, or their PCP who participates in their Primary Care ACO is not available in their service area.
- Member demonstrate to MassHealth that the MCO, Accountable Care Partnership Plan, or Primary Care ACO has not provided access to providers that meet their health care needs over time, even after they request assistance.

Fixed Enrollment Exceptions (cont'd)



- Member who are homeless (and MassHealth's records also indicate that you are homeless), and the MCO, Accountable Care Partnership Plan, or Primary Care ACO cannot accommodate your needs geographically.
- Member demonstrate to MassHealth that the MCO, Accountable Care Partnership Plan, or Primary Care ACO substantially violated a material provision of its contract with MassHealth.
- MassHealth imposes a sanction on the MCO, Accountable Care Partnership Plan, or Primary Care ACO that specifically allows member to disenroll from their MCO, Accountable Care Partnership Plan, or Primary Care ACO without cause.
- Member demonstrate to MassHealth that the MCO, Accountable Care Partnership Plan, or Primary Care ACO is not meeting the language, communication, or other accessibility preferences or needs.
- Member demonstrate to MassHealth that their key network of providers, including PCPs, specialists, or behavioral health providers, have left the MCO, Accountable Care Partnership Plan, or Primary Care ACO network.

Note: Information about exceptions to the Fixed Enrollment Period can be found in the MassHealth regulations at [130 CMR 508.000](#).

Fixed Enrollment Exceptions (cont.)



Under certain circumstances, members can request to join an Accountable Care Partnership Plan that does not cover the service area in which they live.

- Service area exceptions may be granted for the following reasons:
 - The member has an established relationship with a PCP who participates in an Accountable Care Partnership Plan that does not cover the service area in which the member resides;
 - The member is homeless and a specific Accountable Care Partnership Plan can better accommodate the member's support needs; or
 - The member's enrollment in the Accountable Care Partnership Plan significantly supports language, communication, or cultural needs; specialized health care needs; or other accessibility needs.
- Members can contact MassHealth Customer Service to request an exception.

Reminder: Plan Selection Period



- **March 1, 2019:** Plan Selection Period for members who enrolled (or special assigned) in an Accountable Care Partnership Plan, Primary Care ACO Plan or MCO Plan March 1, 2018.
- Member's have 90 days to change health plans for any reason.
 - Members can switch primary care providers at anytime
- When member's switch health plans, should confirm that other doctors, specialists, and hospitals that are most important to them are in the health plan's network.

MassHealth Accountable Care Organization Updates

- Additional primary care providers joining ACO plans.
(Central and Western regions in the state)
- Members moving into ACO plans.
 - MassHealth intends to keep members with their existing Primary Care Provider (PCP) when possible. As a result, a number of members (~26,000) will be following their PCP into the same health plan their PCP has joined.
 - Member's will receive a letter letting them know of their new health plan, the actions they can take, and their Plan Selection and Fixed Enrollment Period.

MassHealth ACO Updates (cont'd)



- Members whose Primary Care Provider (PCP) will be joining an Accountable Care Organization will receive an ACO Year Two notice.
- Beginning in late October, members will begin to receive notices informing them of changes to their health plan. Notices will inform the member that their PCP will be joining an ACO on January 1, 2019 and that they will be moving with their PCP into this ACO.

Member Actions Following Assignment



- If members are satisfied with their plan assignment, **they do not need to do anything**. On January 1, 2019, they will be enrolled in new health plan.
- However, members should confirm that other doctors, specialists, and hospitals that are most important to them are part of their plans by:
 - Checking the plan website
 - Calling the plan
 - Checking the www.MassHealthChoices.com, OR
 - Calling their specialists, behavioral health providers, and/or hospitals
- Members who want to switch health plans from their plan assignment can do so by visiting www.MassHealthChoices.com, completing and submitting an Enrollment Form, or calling MassHealth.

Member Notice



MassHealth Y2

MassHealth Y2

Important News About Your MassHealth Health Plan

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

[PARENT/GUARDIAN OF
MEMBER FIRST NAME] [MEMBER LAST NAME]
[STREET ADDRESS 1] [STREET ADDRESS 2]
[CITY], [STATE] [ZIPCODE]

Date: [DATE]
Member ID: [XXXXXXXXXX]

Dear [Member Name],

On **January 1, 2019**, your primary care provider (PCP), <PCC_NAME_PRO>, is joining <ACO_NAME_PRO>, a MassHealth <ACO_MODEL>. ACOs are health plans designed to keep you—and your providers—focused on your health goals. On January 1, 2019, we will enroll you in this plan so that you can continue to receive care from your PCP. **Please note, even though your health plan is changing, your MassHealth benefits will stay the same.**

Important: If <PCC_NAME_PRO> is not your PCP, please call us at 1-800-841-2900 and let us know who your PCP is.

If you do not want to move to your new health plan

- Please let us know before **January 1, 2019**.
- After this date, you still have until **March 31, 2019**, to try out your new ACO health plan and change plans for any reason.



What do I need to do?

You may want to confirm that other doctors, specialists, behavioral health providers, and hospitals that are most important to you are part of your new health plan. You can do this in the following ways.

- Visit your new health plan's website <ACO_URL>
- Call your new health plan at <ACO_PHONE>
- Check the MassHealth website at MassHealthChoices.com
- Contact your doctors, specialists, behavioral health provider, and/or hospitals

GOOD NEWS! If you are happy joining your new health plan with your PCP, you **DO NOT** need to do anything.

Important Dates

January 1, 2019

If you don't choose another health plan, on **January 1, 2019**, you will be enrolled in <ACO_NAME_PRO>.

March 31, 2019

You have until **March 31, 2019**, to try out your new health plan and change plans for any reason.

What does being in an ACO health plan mean for me?

An ACO is a health plan that is accountable to provide quality care and help you meet your health goals. ACOs have groups of primary care providers (PCPs) and other providers who work together to meet your overall health care needs.

In an ACO, your PCP and their team is responsible for working with you to help coordinate your care and connect you with available services and supports. This coordination can help you get the right care at the right time.

If you are pregnant, in treatment, or have a prescription, an authorized service, or an upcoming surgery, you'll need to call your health plan to let them know. Your health plan will work with you and your providers to avoid interruptions to your care.

What else do I need to know?

You have an annual Plan Selection Period to try out your new health plan. This period starts on **January 1, 2019**. You have until **March 31, 2019**, to change your plan for any reason.

On **April 1, 2019**, you will be in your Fixed Enrollment Period and will only be able to change plans for certain reasons. You can find out more about these reasons online at mass.gov/masshealth or in the *MassHealth Enrollment Guide* sent to your household.

What happens next?

If you have not contacted MassHealth to change your health plan before **January 1, 2019**, you will get a welcome packet from your new health plan that will explain how to get the most out of your health plan benefits. You will continue to use your current MassHealth ID card (the card with the picture of Massachusetts on it), and you'll also receive a member ID card from your new health plan. Please bring both cards to all of your appointments.

How do I change my health plan or get more information?

- ONLINE** Learn more about your health plan options and how to change your plan at MassHealthChoices.com. You can also read about health plan options online at mass.gov/masshealth or in the *MassHealth Enrollment Guide*.
- CALL** You can also phone us at 1-800-841-2900 (TTY: 1-800-497-4648) to talk to someone about the information in this letter.
- MAIL or FAX** Fill out the enrollment form, available at MassHealthChoices.com, and mail or fax it to us.
- IN-PERSON** **Talk to a Certified Application Counselor or Navigator**, who can also help you with your application. To make an appointment, go to www.MAhealthconnector.org/help-center and click the "Find an Enrollment Assister" button.

If your MassHealth eligibility changes, it may impact your health plan enrollment. This letter is not a guarantee of MassHealth eligibility. If you are no longer a MassHealth member, please disregard this letter.

Sincerely,
MassHealth

Please Note You can get this information in large print or braille. Call 1-800-841-2900 from Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled

Continuity of Care



MassHealth is committed to working with all relevant parties to ensure continuity of care for members who move into new plans, whether a member is moving into an ACO Partnership Plan or a Primary Care ACO. To ensure all members have a successful transition, members have a 90 day continuity of care period to provide uninterrupted care for members, including continued coverage for members' existing providers, scheduled appointments and ongoing treatment.

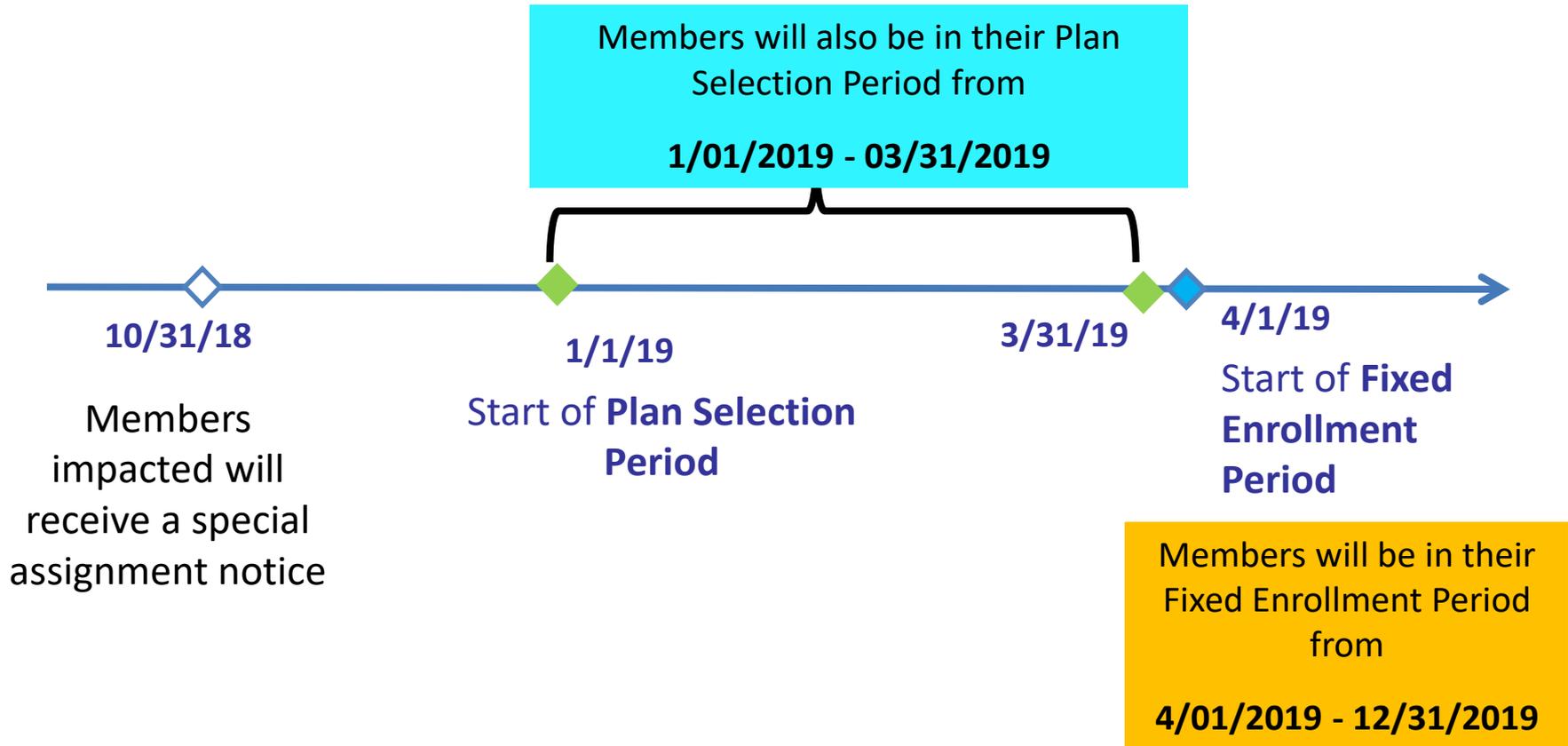
- Members can continue to see their existing providers for 90 days, even if those providers are not in their new plan's network.
- In some cases, the continuity of care period may be extended. For example members who are pregnant can continue seeing their existing OB/GYN providers throughout their pregnancy and up to six weeks postpartum.
- We are asking all plans, providers, and assisters to reinforce this message and to ensure that members continue to receive all needed health care services during this transition.

Continuity of Care (cont'd)



- Members can contact their new plan now to let them know of any ongoing treatments or scheduled appointments.
- Providers who are not in the new plan's network must contact the new plan to make appropriate payment arrangements.
- Providers will be able to see new plan information in the MassHealth Eligibility Verification System (EVS) starting January 1, 2019. They can contact the new plan at that time for new authorization requests, or with any questions or concerns.
- While ACOs are ultimately responsible for coordinating member's transition and service coordination into their new health plan, both MassHealth and ACOs will ensure escalation protocols are in place for continuity of care issues that may arise.

Members Newly Enrolled in an ACO on 1/1/19



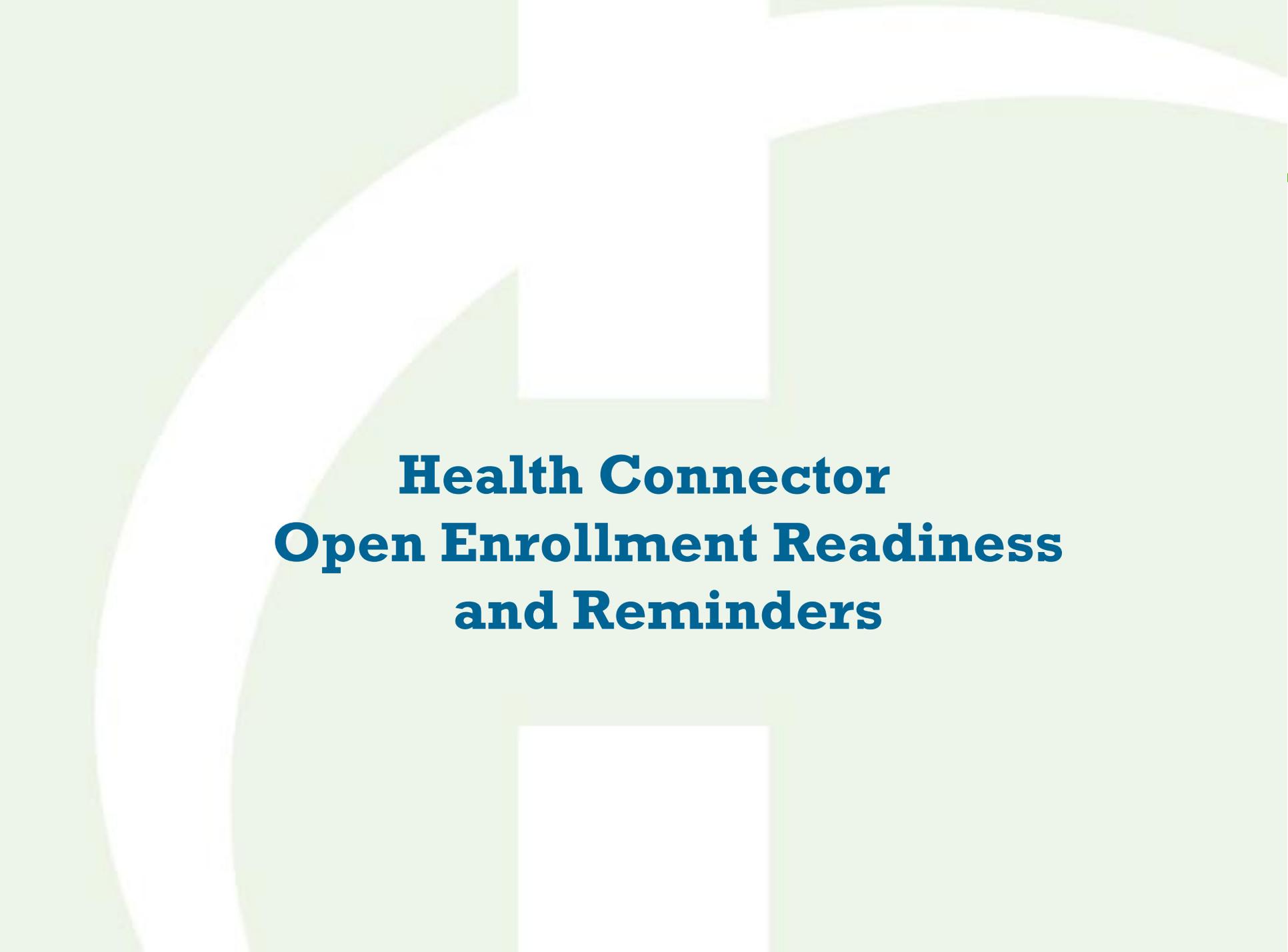
Update: Neighborhood Health Plan Rebranding



- Effective **January 1, 2019**, Neighborhood Health Plan (NHP) will become AllWays Health Partners.
- NHP members will receive notification as well as a new member ID card.
- New Neighborhood Health Plan Behavioral Health Partner:
 - Effective **January 2019**, Neighborhood Health Plan (AllWays Health Partners) will transition from Beacon Health Options to **Optum** for their behavioral health services.
 - All NHP members will receive notification of the upcoming change.
 - More information will be shared over the next few months as Neighborhood Health Plan works to transition to Optum.



**** Members should contact NHP with any questions or concerns regarding these changes.****

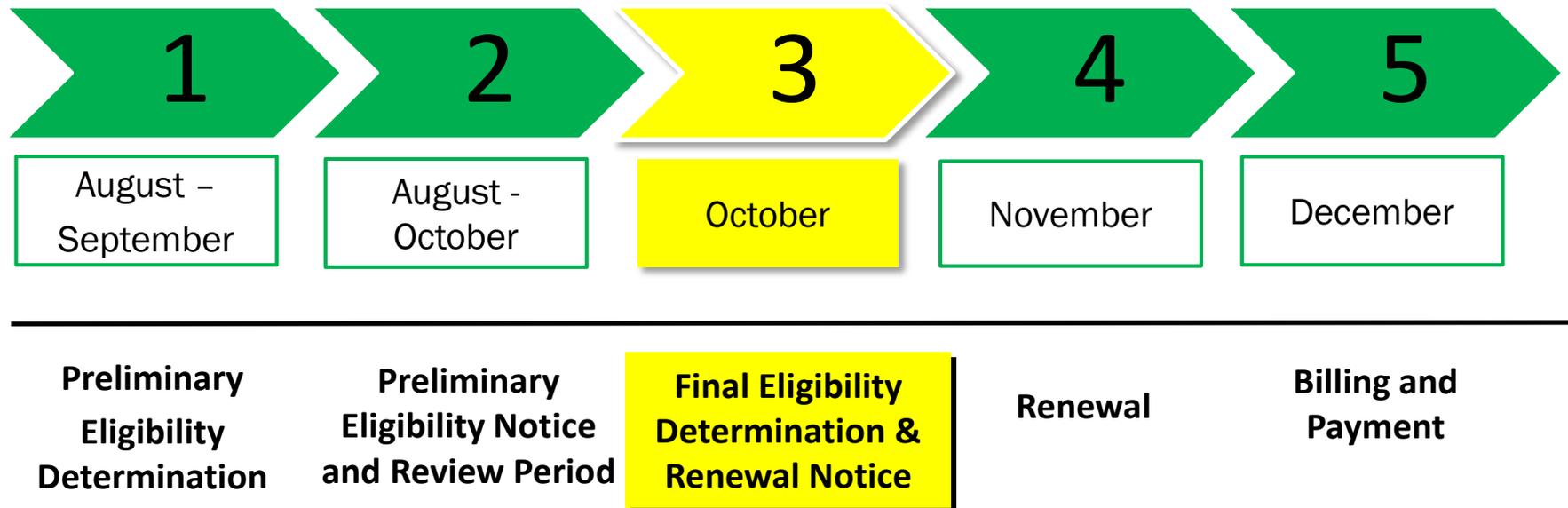


**Health Connector
Open Enrollment Readiness
and Reminders**

Redeterminations & Renewals Processes and Timelines

The Health Connector's Redetermination and Renewal Processes are a set of activities that happen each year before and during the Health Connector's Open Enrollment period.

Individuals with coverage through the Health Connector have their eligibility redetermined so that they can be renewed into coverage for the upcoming year.



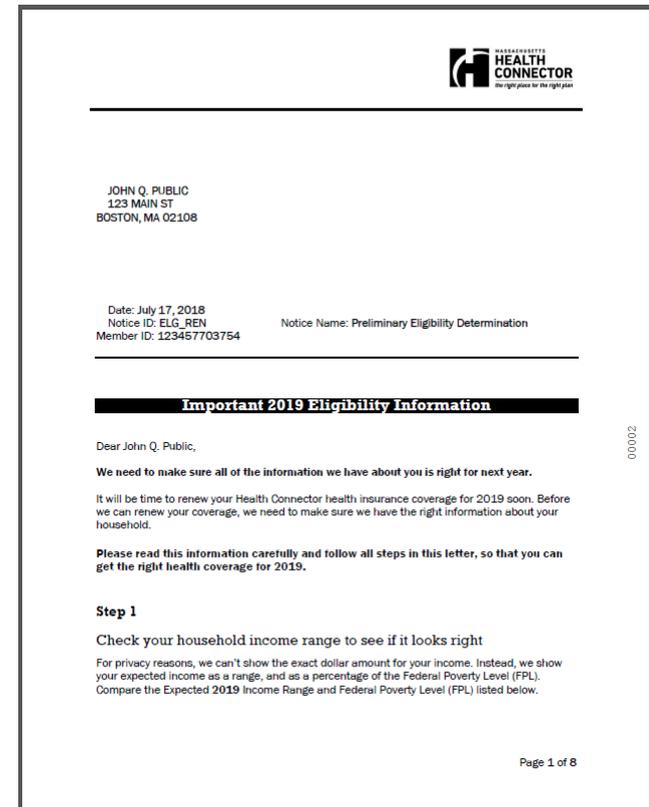
Open Enrollment 2019 will run from November 1 - January 23

Member Noticing



Members received “preliminary eligibility” notices for 2019 that outlined their projected eligibility and encouraged them to update their applications for 2019.

- The Health Connector recently sent members preliminary eligibility notices or co-branded notices including MassHealth renewal information to households with both Health Connector and MassHealth members.
- Both letters explain why eligibility changes might occur and instructs members on how to make updates online or via the Customer Service Center.
- Member eligibility is finalized after the 30-45 day review period.



Member Noticing (cont'd)



As part of the Health Connector's annual Redeterminations and Renewal process, "Final Eligibility and Renewal" notices are being mailed to members this month.

- The Final Eligibility and Renewal notices are sent to all households with at least one eligible and enrolled Health Connector health plan member that continues to be eligible for a Health Connector plan in 2019.
- This notice will include the program determination (including ConnectorCare Plan Type and APTC amount), health plan name and premium for the upcoming year.

A sample of a Health Connector notice letter. The letter is addressed to John Q. Public at 123 Main St, Boston, MA 02108. It is dated July 17, 2018, and is titled "Preliminary Eligibility Determination". The notice ID is ELG_REN and the member ID is 123457703754. The letter includes a section titled "Important 2019 Eligibility Information" and provides instructions for the member to check their household income range to see if it looks right. The letter is on page 1 of 8.

MASSACHUSETTS
HEALTH
CONNECTOR
the right place for the right plan

JOHN Q. PUBLIC
123 MAIN ST
BOSTON, MA 02108

Date: July 17, 2018
Notice ID: ELG_REN
Member ID: 123457703754

Notice Name: Preliminary Eligibility Determination

Important 2019 Eligibility Information

Dear John Q. Public,

We need to make sure all of the information we have about you is right for next year.

It will be time to renew your Health Connector health insurance coverage for 2019 soon. Before we can renew your coverage, we need to make sure we have the right information about your household.

Please read this information carefully and follow all steps in this letter, so that you can get the right health coverage for 2019.

Step 1

Check your household income range to see if it looks right

For privacy reasons, we can't show the exact dollar amount for your income. Instead, we show your expected income as a range, and as a percentage of the Federal Poverty Level (FPL). Compare the Expected 2019 Income Range and Federal Poverty Level (FPL) listed below.

Page 1 of 8

00002

Member Noticing Inserts

Renew or change plans for 2019

Open enrollment starts November 1. This is the time when you can choose to renew or change health insurance plans for 2019.

In general, if you keep paying your monthly premiums, you can renew for 2019 into:

- Your current plan, if it is available in 2019, **or**
- A similar plan, if your current plan is not available for 2019.

If you want to enroll in a different plan, you can shop and change plans during Open Enrollment.

Shop during Open Enrollment to save money. Many of our health plans have similar benefits, which makes them easier to compare. If you shop during Open Enrollment, you may be able to find a plan that costs you less but still covers the benefits you need and the doctors you want in 2019.

What you need to do:



Review your 2019 renewal plan

This packet tells you the type of coverage you'll qualify for in 2019. It also tells you the plan you'll be enrolled in, unless you decide to change plans during Open Enrollment.



Compare changes for 2019

Your premium for 2019 may be different than it was in 2018. You can compare any other changes to benefits or costs in your plan at:

www.MAhealthconnector.org/compare-plans



Check for providers and prescription drugs

Use our online tools to see which plans cover providers (such as doctors or hospitals) and prescription drugs that you will need in 2019.



Shop during Open Enrollment

You can compare health plans online at MAhealthconnector.org to find the one that fits your budget and healthcare needs for 2019.



Keep paying your monthly premium

You'll need to keep paying your premium bills on time in order to have coverage in 2019. If you don't pay your January premium by December 23, you could have a gap in coverage.



Important Dates:

November 1, 2018

First date to start shopping and comparing plans at MAhealthconnector.org.

December 23, 2018

Due date for your January 1, 2019 premium (if you have premiums). It's important to pay this bill on time to stay enrolled. You'll also need to change plans by this date if you want to enroll in a different plan for January 1, 2019.

January 1, 2019

The first day of your new 2019 coverage. If there have been any changes to the plans you qualify for, January 1 is the date when those changes will start.

January 23, 2019

The last day of Open Enrollment. This is the last date you can change your plan for 2019.

Questions?

There are many places where you can get free help in person! Go to:

www.MAhealthconnector.org/here-to-help for more information.

Do you want a new health plan for 2019?

These questions can help you when shopping for a new health plan

1. Think about how often you and anyone on your plan usually access health care services. Health care services are things like going to the doctor, or having an operation. Write down how many times a year you expect to:

Visit a Primary Care Physician (PCP) _____

Visit a specialist _____

Have tests, like blood tests or MRIs, as part of managing a chronic condition _____

Have a planned surgery, birth, or other procedure _____

This information can help you choose which metallic tier (level) is best for your health plan.
Note: You do not need to take this step if you are in a ConnectorCare plan, because all ConnectorCare plans have the same costs for services.

If you get health care services often, you may want to choose a plan with a higher monthly premium but lower out-of-pocket costs, such as a Gold or Platinum plan.

If you don't get many health care services, you may want a plan that costs less each month but has higher out-of-pocket costs, such as a Silver or Bronze plan.

2. Do you have prescription medications that you and anyone on your plan take regularly? If so, for each medicine write:

Medicine 1 exact name _____

The number of pills or dose that you have filled at the pharmacy each month _____

Medicine 2 exact name _____

The number of pills or dose that you have filled at the pharmacy each month _____

Medicine 3 exact name _____

The number of pills or dose that you have filled at the pharmacy each month _____

Make sure you can get the prescriptions you need at a cost you can afford. Contact the insurance company before you enroll to make sure they cover all of your medicines and to learn what the costs are.

3. Are there any doctors or specialists that you or anyone on your plan will want to be able to see for appointments? If so, list those doctors here.

4. Do you have a hospital or health center that you or anyone on your plan will want to be able to go to if you need care? If so, what is the name of the hospital or health center?

Find out if the providers (doctors and hospitals) and prescription medications you want are in the plan's network before you enroll. You can use our new tools available in our online shopping to look up this information. You can also call your provider directly to ask about health plans that they work with.



When Open Enrollment begins:

After you've filled in this information and checked prescription costs and provider networks, go to MAhealthconnector.org to start looking at plans for 2019. You can use our plan filter tools to choose from plans at the right metallic coverage level for you. You can also filter by plans that cover your providers and prescription medications. To find **free, in-person help** with choosing a plan, go to: www.MAhealthconnector.org/here-to-help

Member Noticing Inserts (cont'd)

Shop and compare plans during Open Enrollment

You'll have many health plans to choose from during Open Enrollment, **November 1 through January 23**. Shop and compare plans online at MAhealthconnector.org.

Depending on where you live and which program you qualify for, you may be able to shop from plans offered by:



NOTE: Starting in 2019, *Neighborhood Health Plan* will be called *AllWays Health Partners*



- The communications shown on slide 8 and 9 will be included as inserts with a member's Final Eligibility and Renewal notice.

NHP will be doing business as AllWays Health Partners



Health Insurance Renewal Information

Household Member	Date of Birth	2019 Program Eligibility	Current Health Plan Name	2019 Renewal Health Plan Name	Same plan as 2018?	Date Coverage Renews
[REDACTED]	[REDACTED]	Health Connector Plan (No financial help)	Neighborhood Health Plan/Standard Platinum: NHP Prime HMO 20/40 FlexRx 6-Tier	AllWays Health Partners/Standard Platinum: Complete HMO 20/40	Yes	January 1, 2019
[REDACTED]	[REDACTED]	Health Connector Plan (No financial help)	Neighborhood Health Plan/Standard Platinum: NHP Prime HMO 20/40 FlexRx 6-Tier	AllWays Health Partners/Standard Platinum: Complete HMO 20/40	Yes	January 2019

Your new monthly premium for 2019

2019 Renewal Plan Monthly Premium: \$1370.06 (amount you pay each month)

- This is the amount your household will pay each month if you stay enrolled in the 2019 health insurance renewal plan listed above.

- Remind members of NHP's brand change and that NHP will be doing business as AllWays Health Partners.

Health Insurance Renewal Information

Household Member	Date of Birth	2019 Program Eligibility	Current Health Plan Name	2019 Renewal Health Plan Name	Same plan as 2018?	Date Coverage Renews
[REDACTED]	[REDACTED]	ConnectorCare Plan Type 3A with Advance Premium Tax Credit	Neighborhood Health Plan ConnectorCare	AllWays Health Partners ConnectorCare	Yes	January 1, 2019

Your new monthly premium for 2019

2019 Renewal Plan Monthly Premium: \$308.00 (amount you pay each month)

- This is the amount your household will pay each month if you stay enrolled in the 2019 health insurance renewal plan listed above.
- There are other ConnectorCare plans available to you for 2019. You can see the names and monthly costs for other ConnectorCare plans in the "Other available ConnectorCare plans" section of this letter.
- Your monthly premium is lower than the actual plan cost because it is reduced by a monthly tax credit.

Tax credit information for 2019

2019 Maximum Advance Premium Tax Credit Amount: \$289.00 per month

This is the amount of tax credit that will be used to lower your premium each month for 2019

- Members currently enrolled in NHP will receive notices displaying Neighborhood Health Plan as the Current plan and AllWays Health Partners as the Renewal plan.

Renewal into a Health Connector Plan



The Health Connector follows guidelines to place members into their dental and medical plans each year.

- All Health Connector eligible and enrolled QHP (health plan) members who continue to be eligible on January 1 will be auto renewed into a plan.
- During Open Enrollment, members can shop for and select new plans for the next year if they do not want to be renewed into their current plan.

Enrollment, Billing and Payment

Enrollment into a health plan is not complete until premium payment has been received and processed

- Current Members that would like to switch plans for the next year should make the change before November 23rd.
- The Health Connector sends the bill for January 1 coverage during the first week of December. This bill is based on a member's final program eligibility determination.
- If an existing member switches plans and wants to see their updated bill in December, the member must shop for their new plan by November 23rd.
- If a member receives a bill for a premium they were not expecting, they still have until December 23rd to:
 - Review and update their 2019 application, or
 - Shop for a lower cost plan before January 1 coverage.

Health Connector Premium Payments



Premium payments can be made:

- Online through the payment center
- By mail
- In person

For more information on how to make a payment go to:

<https://www.mahealthconnector.org/how-to-pay>

Health Connector Call Center Readiness



Health Connector Call center staffing and training are underway in preparation for 2019 Open Enrollment.

- 2019 Open Enrollment Call Center Hours will include the two Saturdays in December, and two Saturdays again in January, prior to the 23rd payment deadline.

Open Enrollment 2019 Call Center Hours of Operation	Closed Enrollment Call Center Hours of Operation
Monday – Thursday 8AM - 7PM	Monday – Thursday 8AM – 6PM
Friday 8AM – 7PM	Friday 8AM – 6PM
Saturday Dec. 15, Dec 22, Jan. 12, Jan. 19	Saturday CLOSED

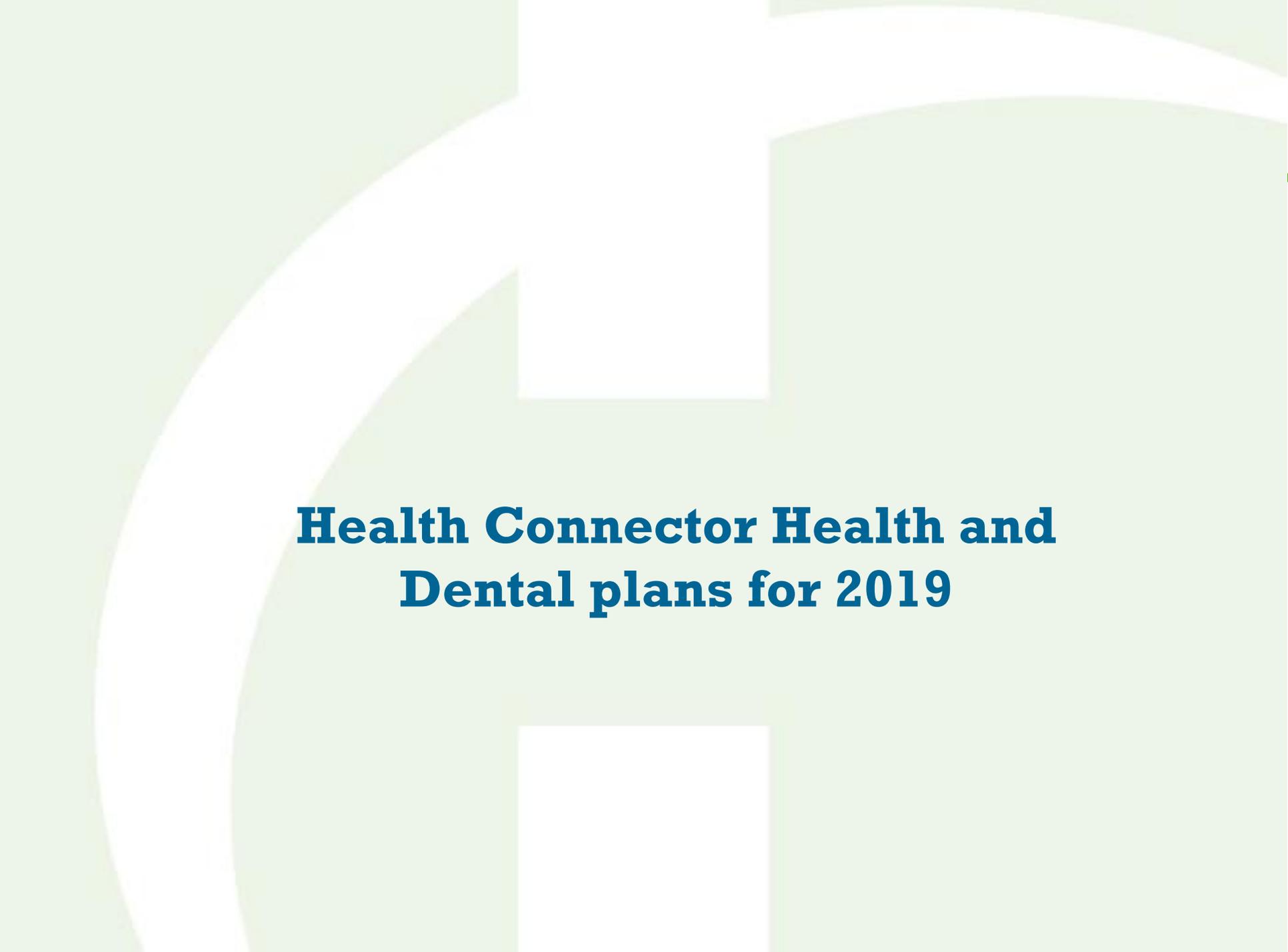
- As in past years, the Health Connector will operate walk-in centers in Boston, Brockton, Worcester, and Springfield.
- Visit <https://www.mahealthconnector.org/about/contact> for addresses and hours of operation.

Open Enrollment 2019 – November 1st - January 23



Member Support Activities for Open Enrollment 2019

Continued Activities	New Supports
<ul style="list-style-type: none">✓ Extension of OE through 1/23✓ Online payment portal✓ Electronic notice delivery and viewing✓ Shopping queue at call center✓ Robust Navigator program✓ Outreach and marketing✓ Coordination with sister agencies, state Legislative staff, and federal Congressional delegations✓ Coordination with tax preparer community	<ul style="list-style-type: none"><input type="checkbox"/> Plan display enhancements, including improvements to linked carrier microsites<input type="checkbox"/> Improved plan comparison tool<input type="checkbox"/> Provider search tool enhancement to show provider tier information<input type="checkbox"/> Self-service by phone to check account balance and payment status



**Health Connector Health and
Dental plans for 2019**

Carrier Participation Overview



The Health Connector will have steady carrier participation in 2019, with the same carriers as 2018, as well as a new entrant.

- In 2019, one new carrier will sell QHPs on both the non-group and small group platforms, with an additional carrier rejoining the small group platform.
 - **UnitedHealthcare** is preparing to join the non-group and small group platforms for January 1, 2019 effective dates.
 - United will only offer plans in the metro Boston area.
 - **Tufts Premier** is preparing to join the small group platform for April 1, 2019 effective dates.
- Neighborhood Health Plan (NHP) is rebranding under a new name, **AllWays Health Partners**.
 - The carrier does not anticipate any substantive product changes, but plan names are expected to reflect AllWays Health Partners for January 1 effective dates.
 - Renewing members will see “Neighborhood Health Plan” as their current carrier/plan name, and “AllWays Health Partners” as their 2019 carrier/plan name.
 - NHP is also changing behavioral health vendors, from Beacon in 2018 to Optum in 2019.

Qualified Health Plans: Non-Group Overview



There are 57 non-group QHPs approved for 2019, a net increase of five plans from 2018.

- This increase reflects expanded low gold and bronze offerings as an alternative to silver plans impacted by federal CSR withdrawal.
- This increase also features expanded carrier choice, with United rejoining the shelf.

Non-Group 2019							
Issuers	Platinum	Gold	Silver	Bronze	Catastrophic	Total 2019	Total 2018 for Comparison
Blue Cross Blue Shield	1	2	1	1	1	6	5
BMC HealthNet Plan	1	2	1	1	0	5	5
Fallon Health	2	5	3	2	1	13	12
Health New England	1	2	1	2	0	6	7
Harvard Pilgrim Health Care	1	2	1	1	0	5	4
Neighborhood Health Plan/AllWays Health Partners	1	2	1	1	0	5	7
Tufts Health Plan - Direct	1	2	1	2	1	7	8
Tufts Health Plan - Premier	1	2	1	1	0	5	4
United	1	2	1	1	0	5	N/A
Total 2019	10	21	11	12	3	57	
<i>Total 2018 for Comparison</i>	<i>9</i>	<i>16</i>	<i>14</i>	<i>10</i>	<i>3</i>	<i>52</i>	

ConnectorCare Overview

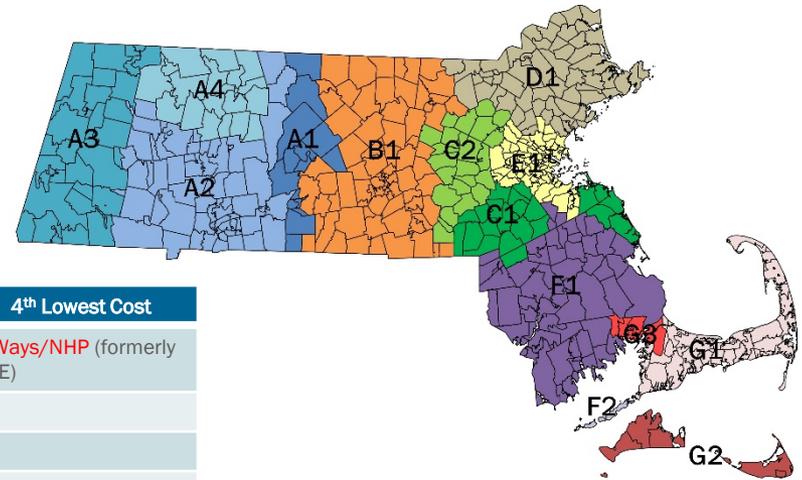


ConnectorCare will have stable health insurance carrier participation and offer statewide coverage and access to two or more carriers in many regions

- Similar to past years, all ConnectorCare members will have access to at least one ConnectorCare plan at the Affordability Schedule-defined monthly cost.
- The Health Connector is also expanding access in many regions to a second ConnectorCare plan at the same Affordability Schedule-defined monthly cost.
 - With a few exception regions (A3–Berkshire, A4 – Franklin, F2 – Dukes, G2 - Nantucket) *At this time, health insurance carrier availability and pricing do not support additional choice.*

ConnectorCare Carriers by Region

Carriers indicated in **GREEN** have moved to a lower cost position relative to 2018, while carriers indicated in **RED** have moved to a higher cost position. Prior carrier in rank order position is noted in parentheses.



Region	Lowest Cost	2 nd Lowest Cost	3 rd Lowest Cost	4 th Lowest Cost
A1	BMCHP	Tufts-Direct	HNE (formerly AllWays/NHP)	AllWays/NHP (formerly HNE)
A2	BMCHP	Tufts-Direct	HNE	
A3	Tufts-Direct	HNE		
A4	HNE			
B1	Fallon (formerly Tufts-Direct)	Tufts-Direct (formerly Fallon)	BMCHP	AllWays/NHP
C1	Tufts-Direct	BMCHP	AllWays/NHP	
C2	Tufts-Direct	BMCHP	Fallon	AllWays/NHP
D1	Tufts-Direct (formerly BMCHP)	BMCHP (formerly Tufts-Direct)	AllWays/NHP	
E1	Tufts-Direct (formerly BMCHP)	BMCHP (formerly Tufts-Direct)	AllWays/NHP	
F1	Tufts-Direct (formerly BMCHP)	BMCHP (formerly Tufts-Direct)	AllWays/NHP	
F2	AllWays/NHP			
G1	Tufts-Direct	BMCHP		
G2	AllWays/NHP			
G3	Tufts-Direct	BMCHP	AllWays/NHP	

ConnectorCare Premiums by Region



Region A1		Enrollee Premium Contribution By Plan Type				
		1 <small>*100%FFL</small>	2A <small>100-150% FFL</small>	2B <small>150-200% FFL</small>	3A <small>200-250% FFL</small>	3B <small>250-300% FFL</small>
1	BMC	\$0	\$0	\$44	\$85	\$128
2	Tufts-Direct	\$0	\$0	\$44	\$85	\$128
3	HNE	\$122	\$121	\$188	\$210	\$254
4	AllWays Health Partners	\$159	\$157	\$205	\$248	\$293

Region A2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$44	\$85	\$128
2	Tufts-Direct	\$0	\$0	\$44	\$85	\$128
3	HNE	\$122	\$121	\$188	\$210	\$254

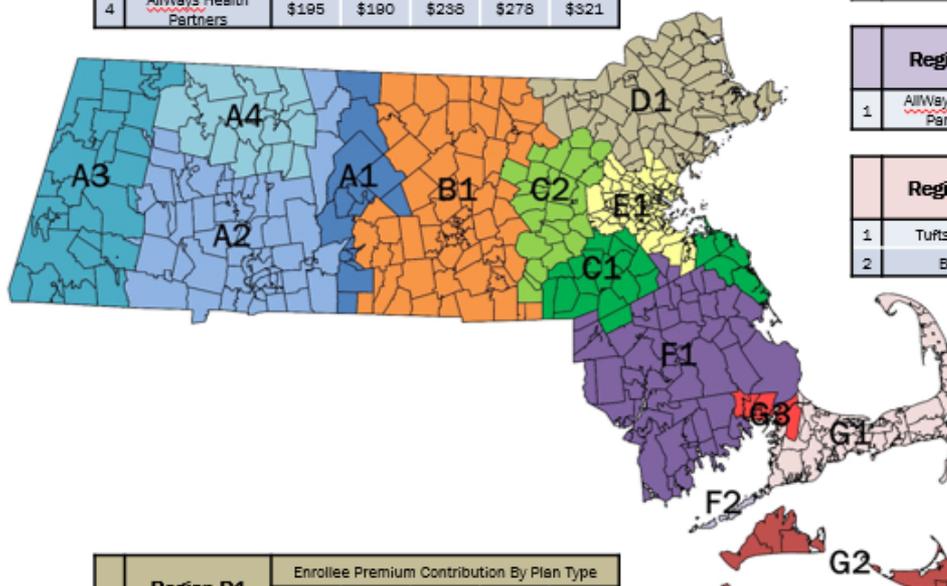
Region A3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts-Direct	\$0	\$0	\$44	\$85	\$128
2	HNE	\$72	\$116	\$185	\$208	\$251

Region A4		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	HNE	\$0	\$0	\$44	\$85	\$128

Region B1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Fallon	\$0	\$0	\$44	\$85	\$128
2	Tufts Direct	\$0	\$0	\$44	\$85	\$128
3	BMC	\$0	\$0	\$44	\$85	\$128
4	AllWays Health Partners	\$156	\$157	\$205	\$248	\$291

Region C1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts-Direct	\$0	\$0	\$44	\$85	\$128
2	BMC	\$0	\$0	\$44	\$85	\$128
3	AllWays Health Partners	\$195	\$190	\$238	\$278	\$321

Region C2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts-Direct	\$0	\$0	\$44	\$85	\$128
2	BMC	\$0	\$0	\$44	\$85	\$128
3	Fallon	\$72	\$74	\$119	\$180	\$201
4	AllWays Health Partners	\$195	\$190	\$238	\$278	\$321



Region D1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts-Direct	\$0	\$0	\$44	\$85	\$128
2	BMC	\$0	\$0	\$44	\$85	\$128
3	AllWays Health Partners	\$188	\$188	\$215	\$258	\$300

Region E1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts-Direct	\$0	\$0	\$44	\$85	\$128
2	BMC	\$0	\$0	\$44	\$85	\$128
3	AllWays Health Partners	\$224	\$221	\$287	\$308	\$349

Region F1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts-Direct	\$0	\$0	\$44	\$85	\$128
2	BMC	\$0	\$0	\$44	\$85	\$128
3	AllWays Health Partners	\$211	\$210	\$257	\$299	\$344

Region F2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	AllWays Health Partners	\$0	\$0	\$44	\$85	\$128

Region G1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts-Direct	\$0	\$0	\$44	\$85	\$128
2	BMC	\$0	\$0	\$44	\$85	\$128

Region G2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	AllWays Health Partners	\$0	\$0	\$44	\$85	\$128

Region G3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts-Direct	\$0	\$0	\$44	\$85	\$128
2	BMC	\$0	\$0	\$44	\$85	\$128
3	AllWays Health Partners	\$235	\$278	\$323	\$388	\$413

ConnectorCare Plan Designs



CONNECTORCARE BENEFITS & COPAYS

Plan Type		Plan Type 1	Plan Types 2A & 2B	Plan Types 3A & 3B
Medical Maximum Out-of-Pocket (Individual/ Family)		\$0	\$750/\$1,500	\$1,500/\$3,000
Prescription Drug Maximum Out-of-Pocket (Individual/ Family)		\$250/\$500	\$500/\$1,000	\$750/\$1,500
Preventive Care/Screening/Immunization		\$0	\$0	\$0
Primary Care visit to treat injury or illness (exc. Well Baby, Preventive and X-rays)		\$0	\$10	\$15
Specialist Office Visit		\$0	\$18	\$22
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$0	\$10	\$15
Rehabilitative Speech Therapy		\$0	\$10	\$20
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$0	\$10	\$20
Emergency Room Services		\$0	\$50	\$100
Outpatient Surgery		\$0	\$50	\$125
All Inpatient Hospital Services (including Mental/Behavioral Health and Substance Abuse Disorder Services)		\$0	\$50	\$250
High Cost Imaging (CT/PET Scans, MRIs, etc.)		\$0	\$30	\$60
Laboratory Outpatient and Professional Services		\$0	\$0	\$0
X-Rays and Diagnostic Imaging		\$0	\$0	\$0
Skilled Nursing Facility		\$0	\$0	\$0
Retail Prescription Drugs:	Generics	\$1	\$10	\$12.50
	Preferred Brand Drugs	\$3.65	\$20	\$25
	Non-Preferred Brand Drugs	\$3.65	\$40	\$50
	Specialty High Cost Drugs	\$3.65	\$40	\$50

The background is a light green color with several large, white, curved shapes that create a sense of depth and movement. These shapes are layered, with some appearing to be in front of others, creating a 3D effect. The overall aesthetic is clean and modern.

Shopping Display Updates

Shopping Display Updates

The Health Connector will update shopping pages to better highlight the most important information. These changes will be introduced before Open Enrollment (OE).

Current

Find a Health Plan

Please note that the rates you pay may be lower than the amount displayed if you are eligible for financial assistance such as Advance Premium Tax Credits or reduced copays and deductibles. [Start your application](#) to see if you are eligible for any of these assistance programs.

Compare 0 Plans Sort By: Monthly Premium - Low to High Go

Apply for Coverage

1 to 10 of 44

MONTHLY PREMIUM	CARRIER DETAILS	PLAN DETAILS	ANNUAL DEDUCTIBLES	EST. OUT-OF-POCKET COSTS	INCLUDED BENEFITS
\$125. ⁷⁷	 <input type="checkbox"/> Select to compare	Standard Bronze: BMC HealthNet Plan Bronze Preferred Drug List HMO/BRONZE	Individual \$2,500 Family \$5,000	Individual \$7,350. ⁰⁰ Family \$14,700. ⁰⁰	
\$131. ¹⁶	 <input type="checkbox"/> Select to compare	Tufts Health Direct Catastrophic Preferred Drug List HMO/CATASTROPHIC	Individual \$7,350 Family \$14,700	Individual \$7,350. ⁰⁰ Family \$14,700. ⁰⁰	

Future

Find a Health Plan

Please note that the rates you pay may be lower than the amount displayed if you are eligible for financial assistance such as Advance Premium Tax Credits or reduced copays and deductibles. [Start your application](#) to see if you are eligible for any of these assistance programs.

Compare 0 Plans Sort By: Best Match Go

Next

1 to 10 of 39

MONTHLY PREMIUM	CARRIER & PLAN DETAILS	ANNUAL DEDUCTIBLES	MAX. OUT-OF-POCKET COST
\$273. ⁵³	 Standard Bronze: NHP Prime HMO 2500/5000 30/50 FlexRx 6-Tier HMO/BRONZE See Plan Details Additional information from BMC HealthNet Plan	Individual \$3,000 Family \$6,000	Individual \$3,500 Family \$8,000
\$265. ⁵³		Individual \$3,000	Individual \$3,500

Select to compare This Plan Covers: 3 Providers - 4 Facilities - 1 Drugs

Shopping Display (Cont'd.)

For medical carriers, the shopping display, plan details, plan comparison, and integrated provider search tool will highlight tiered networks and concierge providers, if applicable.

Plan Details

[Back to Plan List](#) [Download in Excel](#)

MONTHLY PREMIUM	CARRIER & PLAN DETAILS	ANNUAL DEDUCTIBLES ⓘ	MAX. OUT-OF-POCKET COST ⓘ	
\$273.53	 <p>Standard Bronze: NHP Prime HMO 2500/5000 30/50 FlexRx 6-Tier HMO/BRONZE Additional Information from BMC HealthNet Plan</p>	Individual \$3,000 Family \$6,000	Individual \$3,500 Family \$8,000	Add To Cart

Network Note

Preferred Providers covered in the plan

Provider Name	Accepting New Patients? ⓘ	Network Tier ⓘ	Concierge Provider Only? ⓘ
Rondey A Allen	Yes	Tier 1	Yes
Julie C Abert	Yes	Tier 2	No
Jessica M Anchor Samuels	No	Tier 1	Yes



**Outreach Efforts
and #StayCovered
Campaign**

Open Enrollment 2019



Multi-level outreach will inform uninsured residents and expand visibility in communities with higher uninsured rates.

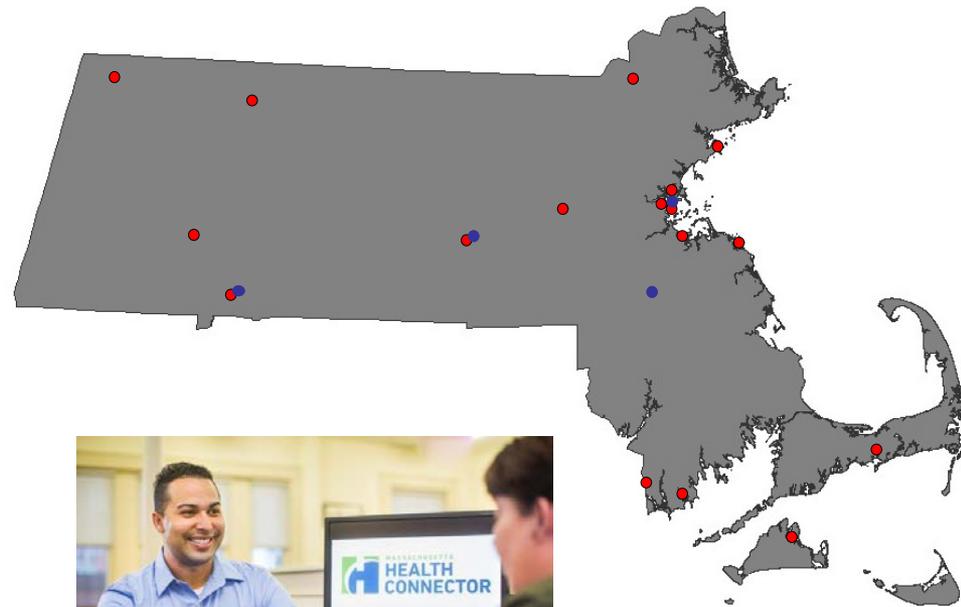
- **Pre-Open Enrollment visibility tour in October**, a traditional multi-day statewide tour discussing Open Enrollment and availability of local assisters.
- **Days of Coverage, Dec. 18 and Jan. 17**, with visits to multiple locations each day, raising awareness of pending enrollment deadlines.
- **Signage** placed at neighborhood locations provide additional opportunity in trusted locations.
- **Paid media** will create direct messaging opportunities to targeted audiences.
- **Telethons** in Spanish-language on Telemundo and Univision.

2019 Target Communities	
Boston	Lowell
Brockton	Lynn
Cape Cod*	New Bedford
Chelsea	Quincy
Chicopee*	Revere
Everett	Salem*
Fall River	Springfield
Fitchburg	Worcester
Framingham	Somerville*
Holyoke*	Waltham*
Lawrence	

* New target community

2019-2020 Navigators

The Health Connector is pleased to announce a Navigator program with robust coverage in areas of high need, including in never-before covered locations.



- Year Round Health Connector Walk-In Center
- 2019-2020 Navigators

Organization	Location(s)
Boston Public Health Commission	Boston
Cambridge Economic Opportunity Commission	Cambridge
Caring Health Center	Springfield
Community Health Center of Franklin County	Greenfield
Community Action Committee of Cape Cod & Islands	Hyannis
Ecu-Health Care	North Adams
Edward M. Kennedy Community Health Center ★	Framingham and Worcester
Family Health Center of Worcester	Worcester
Fishing Partnership Support Services	North Shore, South Shore, Cape Cod and SouthCoast
Greater Lawrence Community Action Council	Lawrence
HealthFirst Family Care Center ★	Fall River
Hilltown Community Health Center	Huntington
Joint Committee for Children's Health Care	Everett
Manet Community Health Center	Quincy
PACE (People Acting in Community Endeavors)	New Bedford
Vineyard Health Care Access	Vineyard Haven

* Star indicates new Navigator

#StayCovered

With federal individual mandate penalties cancelled after 2018, it is important to remind Massachusetts residents that a state individual mandate remains.

- The #StayCovered campaign is a multi-platform effort that leverages the help and visibility of a wide range of partners.
- Assistors can download and distribute the resources available from:
<https://www.mahealthconnector.org/stay-covered>



Consumer Guide

Massachusetts law requires residents to have health coverage

With all the changes in health insurance these days, it can be hard for people to know what kind of health plan is best for themselves and their families. But if you are a Massachusetts resident age 18 or older, you are required to have health coverage that meets certain standards or else you may have to pay a state tax penalty. This requirement is part of Massachusetts state law.

As you consider your health coverage options, you should be aware of specific state coverage standards that are still in effect. This guide is intended to help you ensure that you and your family have health coverage that meet Massachusetts requirements and consumer protections so that you and your family members can avoid state penalties.

Your Responsibility to Have Comprehensive Coverage

Massachusetts law generally requires adult residents (age 18+) to have health coverage that meets "Minimum Creditable Coverage" (MCC). MCC standards require you to have a plan that cover key health benefits including preventive health care. These standards protect you from severe financial losses as a result of serious illness or injury.

MCC is the level of coverage a Massachusetts resident must have so that they are not penalized under the state's individual mandate law when filing taxes. MCC standards help ensure that people have the coverage they need and works to keep insurance costs down for consumers.

In addition to Massachusetts law, federal law currently contains a similar requirement that individuals obtain coverage that meets certain standards or face a federal tax penalty. While there will no longer be a federal penalty starting in 2019, Massachusetts residents can still face a state penalty for not having health coverage that meets MCC requirements.

Remember...

You still have a responsibility to have health coverage that meets certain standards under Massachusetts law, even though similar federal requirements are changing.

Questions? Visit [MAhealthconnector.org/stay-covered](https://www.mahealthconnector.org/stay-covered)

#StayCovered



In Massachusetts, the Individual Mandate still requires adults to purchase health insurance if it is affordable to them and meets Minimum Creditable Coverage (MCC) standards.

The repeal of the federal individual mandate means that:

- For 2018 tax returns (filed in 2019), consumers are still required to provide proof of their enrollment in health insurance coverage on both their state and federal tax returns or pay a penalty.
- For 2019 tax returns (filed in 2020), consumers will only be penalized for not having health insurance coverage on their state tax return.
- Any plan sold through the Health Connector meets the state's individual mandate requirements.
- Consumers that receive federal APTCs must still file and reconcile them on their federal tax return in order to continue to be eligible for them in future years.

#StayCovered (Cont'd) & Marketplace Awareness Program



The Health Connector launched a new program to support #StayCovered, general enrollment and retention efforts, along with ongoing consumer education around changes in the federal landscape.

- Health Care For All will help create and participate in an outreach and education campaign that will heavily feature the #StayCovered campaign, along with other enrollment and retention messaging.
- Health Care For All will leverage opportunities to talk directly to consumers, via its HelpLine and coordinated email messaging to its client base.
- A series of events during Open Enrollment will provide opportunities for in-person assistance in targeted communities, along with an additional public platform for enrollment and #StayCovered messaging.
- Throughout the course of the campaign, which runs through June 2019, Health Care For All will attend 30 community events around the state, providing information to attendees about the importance of having health insurance and the need to #StayCovered.



Questions?