



MA Health Care Learning Series

Massachusetts Healthcare Training Forum (MTF)

July 2018

Agenda

- **MassHealth Updates**
 - Provisional Eligibility Changes
 - MassHealth Health Plan Reminders
 - MassHealthChoices.com Update
- **Health Connector**
 - Open Enrollment 2019 Preview

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.



Provisional Eligibility Changes

What is Provisional Eligibility and Reasonable Compatibility?



- **Provisional Eligibility**
 - MassHealth provides benefits to eligible applicants based on self-attestation (except for disability, citizenship, and immigration status) during the **provisional period**.
 - Applicants must provide all outstanding eligibility forms of proof within 90 days of receipt of MassHealth's Request for Information Notice (90 day RFI).
 - Each applicant can only get **one provisional eligibility** approval in a 12-month period.
 - Except when a woman attests to pregnancy and the MassHealth MAGI household income is less than or equal to 200% of the FPL.
- **Reasonable Compatibility**
 - used to determine if self-attested income can be verified based on comparison to income received from electronic data source.
 - When self-attested income is reasonably compatible with the electronic data, the self attested income amount is used to determine eligibility.

Changes to Provisional Eligibility



How changes apply to NEW applicants

- Beginning July 1, 2018, new applicants aged 21 and older with unverified MassHealth Modified Adjusted Gross Income (MAGI) household will no longer be eligible for provisional benefits. They will not receive a MassHealth or Health Safety Net (HSN) benefit.
 - This change only applies to outstanding **income verifications**.
- MassHealth may provide provisional benefits during the 90-day RFI period to eligible applicants with pending an income RFI to those:
 - under age 21;
 - pregnant with self-attested MassHealth MAGI household income less than or equal to 200% of the federal poverty level (FPL);
 - an individual with HIV-positive status with self-attested MassHealth MAGI household income of less than or equal to 200% of the FPL;
 - an individual in active treatment for breast or cervical cancer with self-attested MassHealth MAGI household income of less than or equal to 250% of the FPL; or
 - an adult aged 21 through 64 whose MassHealth MAGI household income is verified, but who has other outstanding verifications.

Changes to Provisional Eligibility



(cont'd)

How changes apply to Current Members

- Adults 21 and older who are currently receiving MassHealth or HSN who have unverified income in their MassHealth MAGI household as a result of reported changes or completion of the annual renewal, based on self-attested income, the member will:
 - Stay in the existing benefit *if* the program determination would result in the same benefit.
 - Pend in the existing benefit until verification is submitted *if* the program determination would result in more comprehensive benefit.
 - Coverage may change to a new benefit *if* the program determination would result in a less comprehensive benefit.
 - Terminate coverage *if* member no longer meets program requirements.

**MassHealth regulations: 130 CMR 502.000 and 505.000.

Changes to Reasonable Compatibility MassHealth for Income: MassHealth



- **Beginning July 1, 2018**, MassHealth is updating the regulation defining reasonable compatibility for income.
- An individual's income is considered to be reasonably compatible for MassHealth, if one of the following applies:
 - Both the attested income and the income from the data sources are above the applicable income standard for the individual.
 - Both the attested income and the income from the data sources is at or below the applicable income standard for the individual.
 - The attested income is at or below the applicable standard and income from the data sources are above the applicable standard but their difference is 10% or less; or
 - The attested income is above the applicable standard and the income from the data sources is at or below the applicable standard.

Changes to Reasonable Compatibility MassHealth for Income: MassHealth (cont'd)

- If all household income is verified and there are other outstanding verifications, the individual may receive provisional eligibility and a RFI will be sent for the outstanding verifications.

NOTE:

- Verification of income may be requested for an individual who is considered reasonably compatible when both attested income and data source income are below MassHealth income thresholds if:
 - The income is countable in the household of another individual in the application, or if anyone in the household is eligible for Health Connector benefits, an RFI notice may be generated.

Impact to Health Connector Eligibility



For new applicants:

- If the self-attested income is above the MassHealth financial threshold.
 - The applicant may be determined for a Health Connector benefit based on Health Connector provisional eligibility rules.
 - The applicant **will not be eligible for HSN** benefits until all household income is verified and within program limits.
- If the attested income is within MassHealth financial thresholds:
 - The applicant cannot be determined eligible for a Health Connector benefit pending the MassHealth decision.

Impact to Health Connector Eligibility (cont'd)



There will be some changes for Health Connector members enrolled in ConnectorCare or APTC benefits if they update their income and that income falls within a MassHealth MAGI FPL range.

If an individual currently enrolled in ConnectorCare or APTC updates their income to:

Less than 100% FPL, and otherwise meets MassHealth qualifications.

- The individual will remain in their existing benefit through the end of that enrollment month as well as an additional month.
- Note that after the additional month of ConnectorCare coverage, subsidies will end, but the QHP enrollment will remain. The member must proactively terminate a QHP enrollment if they do not want to continue without subsidies.
 - Example: A ConnectorCare PT3B member reports an income decrease to 40% FPL on July 2nd. If an income RFI is triggered, the member will remain in ConnectorCare PT3B until August 31.
 - If that same member reported their income change on July 22, they would also remain in ConnectorCare PT3B until August 31.

Impact to Health Connector Eligibility (cont'd)



If an individual currently enrolled in ConnectorCare or APTC updates their income to:

- Above 100% FPL, but still within MassHealth ranges and otherwise meets MassHealth qualifications.
 - The individual's ConnectorCare eligibility will be recalculated based on the new FPL, but the individual will remain in ConnectorCare throughout the duration of their MassHealth pending period.
 - Example: PT3B member reports new income of 120% FPL on July 2nd, generating an RFI. The member will be moved to PT2A on August 1. They will stay in PT2A while their verifications are pending. Once the verifications are processed or the verification timeframe ends, their eligibility will be redetermined based on the verified income amount or the available data source if they do not submit proof.
- In both scenarios, if the individual is determined eligible for MassHealth, ConnectorCare benefits will be terminated prospectively.

Scenario



Jim, age 37, submits an online application with his wife, Samantha, age 35, and their daughter, Zoe, age 3. Jim and Samantha are married filing jointly and claim Zoe as a tax dependent. Samantha is currently pregnant. Jim and Samantha are both working, and their self-attested MAGI income is 130% of FPL. The income is not reasonably compatible with electronic data sources and a RFI notice is sent requesting proof of income for Jim and Samantha.

- Jim is not eligible for provisional coverage because he is an adult with an unverified income. During the 90-day RFI period, Jim **will pend in no benefit** until all income in the MAGI household is verified.
- Samantha will be provisionally eligible for MassHealth Standard, because she is a pregnant woman.
- Zoe will be provisionally eligible for MassHealth Standard, because she is a child under age 19.



Online System Update

Online System Update



- Language has been added to the *Eligibility Results* screen to inform a user when the MassHealth or HSN determination is pending due to verifications.
 - In the “**Program Eligibility**” section, “**MassHealth Decision Pending**” will display when the member is pending income verification and does not qualify for provisional benefits.
 - Alert messages will display at the top and bottom of the screen when at least one individual in the household has MassHealth determination pending advising that the individuals listed may not be able to get or keep coverage unless they send in the requested proofs.

Online System Update (cont'd)



Sample *Eligibility Results* screen for single individual pending MassHealth decision.

Customer: Daniel Mayers

My Profile

My Eligibility

My Appeals

My Enrollments

My Assisters

2017 Eligibility Results

Back Back to Eligibility Applications Show Medicaid Household Detail Show Medicaid Notice

When you see an ⓘ, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

IMPORTANT

MassHealth Eligibility

For people who are approved for health coverage through MassHealth, the coverage is temporary and may be reduced or end. If the people in your household are "pending", you may qualify for MassHealth or Health Safety Net, but we need more information to make a final decision. You will not be able to get or keep your MassHealth coverage unless you send us the requested proof.

December 29, 2017

ed income ⓘ	135.02% What is this?
ram Eligibility	135.02%

We need proofs from these categories

Proof of Income	Status
	Active

unless you send us the requested proof above.

IMPORTANT

MassHealth Eligibility

For people who are approved for health coverage through MassHealth, the coverage is temporary and may be reduced or end. If the people in your household are "pending", you may qualify for MassHealth or Health Safety Net, but we need more information to make a final decision. You will not be able to get or keep your coverage unless you send us the requested proof.

Online System Update (cont'd)



Sample *Eligibility Results* screen for single individual pending MassHealth decision.

NOTE

You may not be able to get or keep your coverage unless you send us the requested proof above.

Not Eligible 
MassHealth Decision
Pending

Customer: Daniel Mayers

My Profile
My Eligibility
My Appeals
My Enrollments
My Assisters

2017 Eligibility Results

Back Back to Eligibility Applications Show Medicaid Household Detail Show Medicaid Notice

When you see an  roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

IMPORTANT

MassHealth Eligibility

For people who are approved for health coverage through MassHealth, the coverage is temporary and may be reduced or end. If the people in your household are "pending", you may qualify for MassHealth or Health Safety Net, but we need more information to make a final decision. You will not be able to get or keep your MassHealth coverage unless you send us the requested proof.

Read through your results below, learn about the programs you qualify for, and look at the proofs we may need you to send us.

Household 1+

Eligibility Details			
Date your application was submitted	December 29, 2017		
Federal Poverty Level (FPL) based on your self-reported income 	135.02%	What is this?	
Federal Poverty Level (FPL) used to decide your Program Eligibility	135.02%		

Program Eligibility			
Name	You qualify for these programs	We need proofs from these categories	Status
Daniel Mayers	 Not Eligible  MassHealth Decision Pending	Proof of Income	Active

NOTE

You may not be able to get or keep your coverage unless you send us the requested proof above.

Online System Update (cont'd)



Sample Eligibility Results screen for:

- Multi-member household adults eligible for Health Connector benefits, but MassHealth or HSN is pending; children provisionally approved for MassHealth.

The screenshot shows a web-based application interface for '2017 Eligibility Results'. On the left, a sidebar lists 'Customer: Veronica Jolane' and navigation links: 'My Profile', 'My Eligibility', 'My Appeals', 'My Enrollments', and 'My Assisters'. The main content area has a yellow header 'IMPORTANT' containing two sections: 'MassHealth Eligibility' and 'Health Connector Eligibility'. Both sections provide brief descriptions of coverage status. Below these, a section titled 'Household 1-' contains a table with columns for 'Eligibility Detail', '2017', 'What is this?', '2018', and 'Coverage costs'. A red box highlights the 'IMPORTANT' section, and a black arrow points from the 'IMPORTANT' text in the sidebar to the 'IMPORTANT' box on the screen. The bottom right corner of the slide has the number '18'.

IMPORTANT

MassHealth Eligibility

For people who are approved for health coverage through MassHealth, the coverage is temporary and may be reduced or end. If the people in your household are “pending”, you may qualify for MassHealth or Health Safety Net, but we need more information to make a final decision. You will not be able to get or keep your coverage unless you send us the requested proof.

Health Connector Eligibility

For people who are approved for health coverage through the Health Connector – such as ConnectorCare plans – you may shop for a health plan and complete your enrollment now.

Eligibility Results Screen for a Multi-member Household



This is a sample Eligibility Results screen for a multi-member household with adults eligible for Health Connector benefits, but MassHealth and HSN are pending; the children are provisionally approved for MassHealth.

Health Connector Eligibility

For people who are approved for health coverage through the Health Connector--such as Connector Care plans--you may shop for a health plan and complete your enrollment now.

The screenshot shows the '2017 Eligibility Results' page for customer Veronica Polane. On the left, a sidebar lists 'My Profile', 'My Eligibility', 'My Appeals', 'My Enrollments', and 'My Assessments'. The main content area is titled '2017 Eligibility Results' and includes a 'Back' button and links to 'Back to Eligibility Applications', 'Show Medicaid Household Details', and 'Show Medicaid Notice'. A yellow box highlights the 'IMPORTANT' section under 'MassHealth Eligibility', which states: 'For people who are approved for health coverage through MassHealth, the coverage is temporary and may be reduced or end. If the people in your household are "pending", you may qualify for MassHealth or MassHealth Safety Net, but we need more information to make a final decision. You will not be able to get or keep your coverage unless you send us the requested proof.' Another yellow box highlights the 'Health Connector Eligibility' section, which says: 'For people who are approved for health coverage through the Health Connector—such as ConnectorCare plans—you may shop for a health plan and complete your enrollment now.' Below these sections, there is a 'Household 1' table with columns for 'Name', 'Status', 'Program Eligibility', and 'MassHealth Eligibility'. The table shows entries for 'Sarah Applicant' (Status: Active, Programs: ConnectorCare Plan Type 2B with Advance Premium Tax Credit), 'John Applicant' (Status: Pending, Programs: MassHealth Decision Pending, MassHealth Family Assistance), and 'Chris O'Brien' (Status: Active, Programs: Completion of the Non-Custodial Parent Form (NCP-13)). A red arrow points from the 'Health Connector Eligibility' text in the yellow box to the 'Health Connector Eligibility' section on the screen. Another red arrow points from the 'John Applicant' row in the table to the 'John Applicant' name in the table.



MassHealth Health Plan Update

MassHealth Health Plan Options



Accountable Care Partnership Plans

- Be Healthy Partnership
- Berkshire Fallon Health Collaborative
- BMC HealthNet Plan Signature Alliance
- BMC HealthNet Plan Community Alliance
- BMC HealthNet Plan Mercy Alliance
- BMC HealthNet Plan Southcoast Alliance
- Fallon 365 Care
- My Care Family
- Tufts Health Together with Atrius Health
- Tufts Health Together with BIDCO
- Tufts Health Together with Boston Children's ACO
- Tufts Health Together with CHA
- Wellforce Care Plan

Primary Care ACO Plan

- Community Care Cooperative (C3)
- Partners HealthCare Choice
- Steward Health Choice

MCO Plan

- Boston Medical Center Health Plan (BMCHP)
- Tufts Health Together (Tufts)

PCC Plan

Primary Care Providers in the PCC Plan network

Plan Selection Period



- MassHealth members enrolled in an ACO (Accountable Care Organization) Plan or the MCO (Managed Care Organization) Plan will have a 90-day Plan Selection Period every year.
- If members are happy with their current health plan, they do not need to take action.
- Members enrolled with an ACO or MCO plan will only be able to change health plans during their annual 90-day Plan Selection Period.

Fixed Enrollment Period



- The Fixed Enrollment Period will begin for members immediately following the 90-day Plan Selection Period end date.
- During the Fixed Enrollment Period members enrolled in an ACO or MCO Plan may not change ACOs or MCOs or transfer into the PCC Plan until their next annual Plan Selection Period, unless they meet certain exceptions.
- <https://www.mass.gov/service-details/fixed-enrollment-period>

Fixed Enrollment Period Exceptions

When you are in your Fixed Enrollment Period, you may only change your health plan for one of these reasons.

- You move 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 you request.
- You need related services to be performed at the same time; not all related services are available within the network; and your primary care provider or another provider determines that receiving the services separately would subject you to unnecessary risk.
- You receive poor quality care, lack access to services covered, or lack access to providers experienced in dealing with your health care needs.
- The MCO or Accountable Care Partnership Plan is no longer contracted with MassHealth to cover your service area, or your PCP who participates in your Primary Care ACO is not available in your service area.
- You demonstrate to MassHealth that the MCO, Accountable Care Partnership Plan, or Primary Care ACO has not provided access to providers that meet your health care needs over time, even after you request assistance.
- You 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.
- You 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

Exceptions Request



- MassHealth will respond to all service area exception requests no later than 30 days after receipt.
 - Members whose requests are approved will receive a confirmation letter of enrollment in the requested plan.
 - Denial notices will include information on how to appeal the decision.

Important Dates



Plan Selection Period



- During the PSP, members can change health plans for any reason
- If a member decides to change their health plan, they should check to ensure that their desired primary care providers (PCP), specialists, behavioral health providers, etc. are accepted by the plan they want to choose.
- **2018 period: March 1, 2018 – JUNE 30, 2018**



Fixed Enrollment Period



- When the PSP ends, the FEP begins**
- During this time, members will not be able to change their health plan, except for certain reasons. PCPs can be changed at any time.
- **2018-2019 period: JULY 1, 2018 – February 28, 2019**



***For managed care members not enrolled in the Primary Care Clinician (PCC) Plan*

Health Plan Enrollment Process



When to enroll in a MassHealth health plan?

- Members determined eligible for MassHealth and are eligible to enroll in a managed care plan, they have 14 days to pick a plan from the date of eligibility.
- If the member does not select a plan, he/she will be auto-assigned into a plan.



■ How to Enroll in or switch health plans?

- Go online at www.MassHealthChoices.com
fastest way
- Mail or fax in the MassHealth Enrollment form:
<https://masshealth.ehs.state.ma.us/StateForms/>
- Call MassHealth Customer Service
(1-800-841-2900 TTY: 1-800-497-4648)

The screenshot shows the MassHealthChoices.com website. At the top, there's a navigation bar with links for 'SEARCH', 'CHANGE TEXT SIZE', 'ENGLISH', and 'SPANISH'. Below the navigation is a large banner image of two young children smiling. The main content area has several sections: 'Welcome to MassHealth' (with a 'Get started' link), 'Learn' (with links for 'MassHealth program', 'Accountable Care Organization (ACO)', 'Managed Care Organization (MCO)', and 'Primary Care Clinician (PCC) Plan'), 'Compare' (with a link to 'Compare health plans and providers'), and 'Enroll' (with a link to 'Enroll in a health plan'). The 'It's time to enroll!' section shows a person on a computer. The 'Get answers' section has links for 'What is the MassHealth program?', 'What is an Accountable Care Organization (ACO)?', 'What is a Managed Care Organization (MCO)?', and 'What is the Primary Care Clinician (PCC) Plan?'. The 'Find a primary care provider' section shows a doctor talking to a patient.

MassHealthChoices.com Update



- MassHealth health plan directory to help members Learn, Compare, and Enroll in a new MassHealth health plan.

Welcome to MassHealth

It's important to choose health plans and providers for you and your family! Use this website to learn about the plans and providers in your area. [Get started >](#)

Learn

Learn about the MassHealth program and your available health plan choices

Compare

Compare health plans and providers

Enroll

Enroll in a health plan

It's time to enroll!

Now is the time to choose health plans and providers for you and your family. You know your health needs best, so it's better if you choose!

Get started >

Get answers

What is the MassHealth program?

What is an Accountable Care Organization (ACO)?

What is a Managed Care Organization (MCO)?

What is the Primary Care Clinician (PCC) Plan?

Learn more >

Find a primary care provider

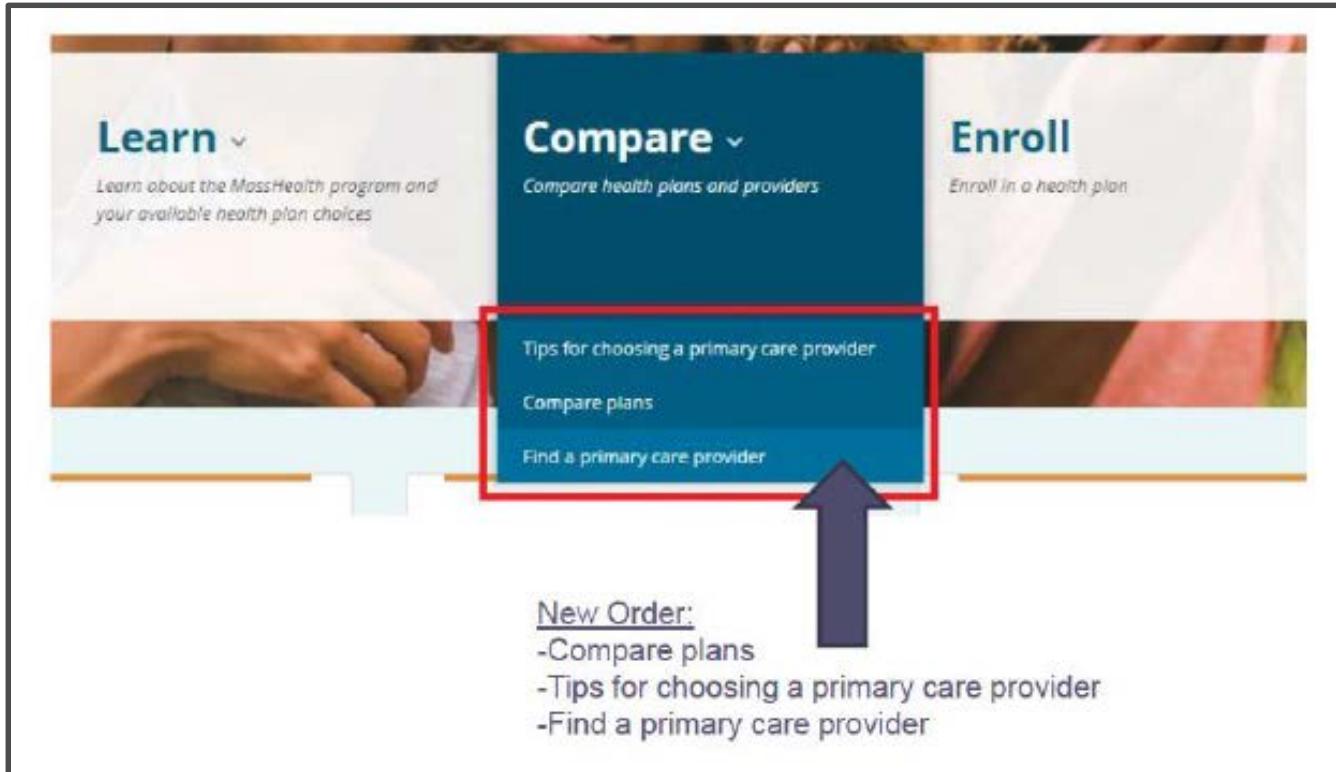
Find primary care providers near where you live. Search by location or type of health plan you have.

Search now >

MassHealthChoices.com Update



- Reorder sub-pages under *Compare*
 - New Order:
 - Compare Plans
 - Tips for choosing a primary care provider
 - Find a primary care provider



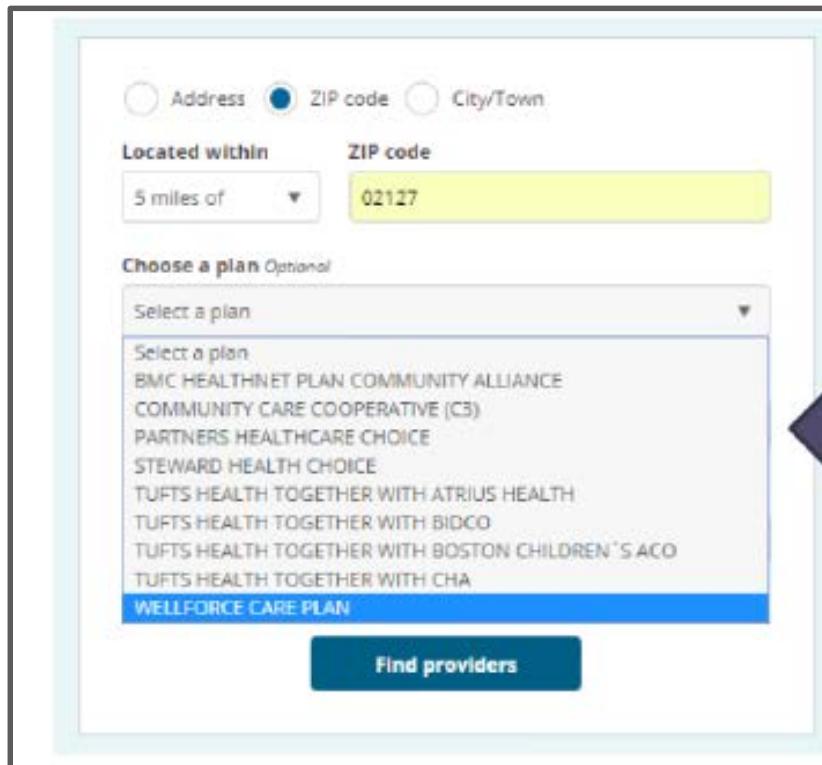
New Order:

- Compare plans
- Tips for choosing a primary care provider
- Find a primary care provider

MassHealthChoices.com Update



- Add in Primary Care Clinician (PCC) Plan PCCs to *Find a PCP* Tool.



The screenshot shows the 'Find providers' search interface. At the top, there are three radio button options: 'Address', 'ZIP code' (which is selected), and 'City/Town'. Below these are two input fields: 'Located within' (with a dropdown menu showing '5 miles of' and a zip code field containing '02127') and 'ZIP code'. A large dropdown menu titled 'Choose a plan' (marked as optional) is open, listing various health plans. The 'WELLFORCE CARE PLAN' option is highlighted with a blue background. At the bottom of the interface is a blue 'Find providers' button. To the right of the interface, a dark grey arrow points from the text towards the 'WELLFORCE CARE PLAN' option in the dropdown menu.

The PCC Plan will be an option in this filter, and PCC Plan results will be included in the results for unfiltered searches

MassHealthChoices.com Update (cont'd)



- Change “Provider Name” field title to clarify the site is a PCP-only Tool.
 - The site currently has a “Provider Name” field that allows the user to enter a free-text keyword search. The title of that field will be changed to read: “PCP/Primary Care Practice Name” to further clarify that the tool is for PCPs only.

Let's search for a primary care provider near where you live.

You can use this site to see which primary care providers are available in the Accountable Care Organizations (ACOs).

You can use the links below to find primary care providers in the Managed Care Organizations (MCOs) and the Primary Care Clinician (PCC) Plan.

- [BMC HealthNet Plan \(MCO\)](#)
- [Tufts Health Together \(MCO\)](#)
- [Primary Care Clinician \(PCC\) Plan](#)

Address ZIP code City/Town

Located within ZIP code

5 miles of 02127

Choose a plan Optional

Select a plan

Choose a provider type Optional

Select a provider type

PCP/Primary Care Practice Name Optional

Enter a provider name



MassHealthChoices.com Update (cont'd)



- Add Health Plan type to the details of the Compare Plans profile for each plan.

BMC HealthNet Plan

Toll free number: 1-888-566-0010
Behavioral health number: 1-888-217-3501
Available Monday - Friday, 8 a.m. to 6 p.m.
www.bmchp.org

Basic plan benefits [View details >](#)

More plan details

- Description of plan
- Member card
- Digital tools
- Healthy kids programs
- Healthy living and health education
- Provider directory links
- Hospital affiliation information

[See all plan benefits and details >](#)

BMC HealthNet Plan Community Alliance

Toll free number: 1-888-566-0010
TTY: 711
Behavioral health number: 1-888-217-3501
Available Monday - Friday, 8 a.m. to 6 p.m.
www.bmchp.org/community

Basic plan benefits [View details >](#)

More plan details

- Description of plan
- Member card
- Digital tools
- Pregnancy benefits
- Healthy kids programs
- Healthy living and health education
- Provider directory links
- Hospital affiliation information

[See all plan benefits and details >](#)

Health Plan Type distinction will be added in this section so that users can tell the difference between plan types, especially in instances where there is an MCO like BMC and then the other BMC ACO Partnership plans.

MassHealthChoices.com Update MassHealth (cont'd)

- Add “No Results Found” language on Find a PCP, also Add Suggestions for how to Conduct a more Successful search.
 - Example: Add search tips to help with the abbreviations used, such as ‘S’ or ‘So’ instead of “South”.

The screenshot shows the MassHealthChoices.com website interface. At the top, there's a navigation bar with links for 'Learn', 'Compare', and 'Enroll'. On the right side of the header, there's a sidebar titled 'Get answers' with links to 'Words to know', 'Member materials', 'Contacting health plans', and 'Contacts and links'. Below the header, the main content area has a teal header bar with the title 'Find a primary care provider'. Underneath, there's a search form where users can enter an address, ZIP code, or city/town, and select a location radius (5 miles or 10 miles). A ZIP code field contains '01201' and a 'Go' button. To the right of the search form are 'Filter by' and 'View on map' buttons. At the bottom of the page, a red-bordered box displays the message 'No results found. Try adding more miles to the search area.'



My Ombudsman Program



What is *My Ombudsman*?

- *My Ombudsman* is an independent organization that helps individuals, including their families and caregivers, address concerns or questions that may impact their experience with a MassHealth health plan or their ability to access their health plan benefits and services.
- *My Ombudsman* works with the member, MassHealth, and each MassHealth health plan to help resolve concerns to ensure that members receive their benefits and exercise their rights within their health plan.
- *My Ombudsman* is knowledgeable about member rights, contractual requirements of each health plan, benefits and services available to members, as well as resources in the community.
- *My Ombudsman* is able to connect with representatives at health plans and at MassHealth to investigate and resolve concerns quickly and appropriately.

Who is Eligible to Receive Assistance from *My Ombudsman*?



My Ombudsman provides assistance to members enrolled in, or attributed to, the following MassHealth health plans:

- One Care
- Managed Care Organizations (MCOs)
- Accountable Care Organizations (ACOs)
- Members enrolled in the Massachusetts' Behavioral Health Partnership (MBHP) for their behavioral health services. MBHP is MassHealth's Managed Behavioral Health vendor
- Senior Care Options (SCO)
- Program of All-Inclusive Care for the Elderly (PACE) organizations

Why Would a Member Contact My Ombudsman?



- A member enrolled in one of the MassHealth health plans listed above may contact the Ombudsman if they have questions or concerns about the care they are receiving from their health plan.
- If a member feels like their rights as a member are not being adhered to, they are having difficulty getting the services they think they need, are having trouble communicating with a provider or members of their care team, or have questions about where to go for help or more information, they should contact *My Ombudsman*.

What Does My Ombudsman Do?



My Ombudsman staff help resolve questions and concerns in a variety of ways. *My Ombudsman*:

- Provides information. *My Ombudsman* staff answer questions about MassHealth health plans, including information about specific benefits, member rights, and how to access services.
- Investigates. *My Ombudsman* staff talk to all relevant parties to understand concerns, discuss options, and build solutions.
- Mediates. *My Ombudsman* staff can bring together people who want to solve problems.
- Discusses options. *My Ombudsman* helps individuals find and consider options for addressing their concerns.

What Does *My Ombudsman* Do? (cont'd)



- Explains grievance/appeal process. If the member chooses, *My Ombudsman* staff can work with members and their plan to try to resolve a concern before filing a grievance or an appeal. While *My Ombudsman* cannot represent a member in grievance or appeal proceedings, they can explain how to file an appeal and what to expect during the appeal process.
- Makes referrals. *My Ombudsman* can refer individuals to information, and problem resolution resources, including formal grievance and appeal processes and legal services.
- Provides feedback. *My Ombudsman* provides feedback to MassHealth and to plans about trends in member concerns that may indicate a need for technical assistance or highlight a systemic issue.

My Ombudsman Contact Information



Phone: 1-855-781-9898 (Toll Free)

For TTY users, use MassRelay at 711 to call the number above

Email: info@myombudsman.org

Website: www.myombudsman.org

Office:

11 Dartmouth Street

Suite 301

Malden, MA 02148

**Office is wheelchair accessible.*

Walk-in hours: Mondays 1 p.m.–4 p.m. and Thursdays 9 p.m.–12 p.m. and by appointment.

Health Connector

Open Enrollment Preview

Open Enrollment 2019 Preview

The Health Connector has started the planning process for Open Enrollment 2019:

Open Enrollment is the time when any new members can apply for coverage and current members' coverage is renewed for the upcoming year and can shop for plans.

OE2019

- We remain committed to offering our members and new enrollees a stable and well supported enrollment experience.

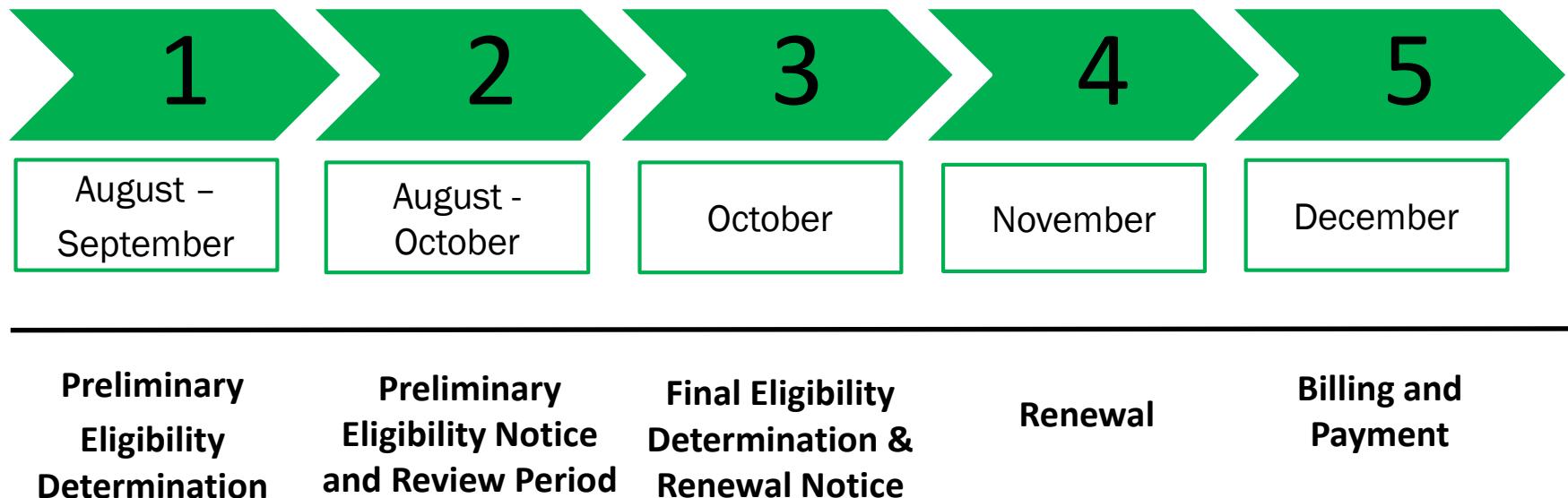
Redeterminations & Renewals

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.



Redeterminations and Renewals: 5 Steps (cont'd)



1. Preliminary Eligibility Determination

In **August and September** the Health Connector makes a preliminary eligibility determination for actively enrolled Health Connector members and Health Connector members who are part of mixed households.

Mixed households are households that have both Health Connector members and others who are enrolled in MassHealth.

- Available federal and state data sources are used to check for income and other factors.
 - If a member has income that was verified with documents within the last year, that income will be used for 2019.
 - If the member has not verified income within the last year, the Health Connector will use the available data to determine if current income is reasonably compatible with the new data.
 - If federal and state data sources are incompatible or not available, the Health Connector will make the determination using available data sources. If the data sources are compatible with what is currently on file for the member, the income in use now will be used for 2019 also.

Redeterminations and Renewals: 5 Steps (cont'd)



1. Preliminary Eligibility Determination (cont'd)

- Members who are identified as Medicare eligible will lose access to State and Federal subsidies; but can remain in an unsubsidized Health Connector plan through the end of the calendar year. These individuals will not be renewed and will lose their Health Connector health plan. If they are enrolled in a Health Connector Dental plan, they will be eligible to stay enrolled in Dental for the next year.

Note about failing to reconcile taxes: As part of preliminary eligibility, IRS systems will share with state systems data indicating whether or not a consumer filed and reconciled their taxes for 2017. If a Health Connector member did not properly file or reconcile their taxes after receiving tax credits in 2017, the member may be blocked from receiving subsidies in 2019. This is known as failure to reconcile (FTR). Members who did not file in 2017 will likely see their eligibility change to Health Connector plans without subsidies when they receive their Preliminary Eligibility notice. They will also see the resulting change reflected in the Final Eligibility and Renewal Notice sent in October.

Redeterminations and Renewals: 5 Steps (cont'd)



2. Preliminary Eligibility Notice and Review Period

Notices with the results of the preliminary eligibility determination are sent in **August** and **September** to all Health Connector enrollees that applied for financial assistance.

Health Connector members will get:

- a) Health Connector preliminary eligibility notice

Mixed Households will receive either a:

- a) MassHealth Auto-Renewal notice (for Mixed Households who can be auto-renewed); or a
- b) Combined (co-branded) Health Connector and MassHealth notice for Mixed households with a MassHealth pre-populated form (for those Mixed Households who cannot be auto-renewed).

Redeterminations and Renewals: 5 Steps (cont'd)



2. Preliminary Eligibility Notice and Review Period (cont'd)

Review Period: After members go through the redetermination process and receive their preliminary notice, they have an opportunity to make changes before that determination is finalized for the next year.

- **Health Connector Households:** 30 days to review application and make any changes before their renewal eligibility is finalized.
- **Mixed Households that cannot be auto-renewed:** Households that have both Health Connector and MassHealth members and get a MassHealth Pre-populated Renewal form have 45 days to review their application and make any changes before renewal eligibility is finalized.
 - Those who are sent a pre-populated form are required to return the form to MassHealth to provide updated information either online, by phone to MassHealth Customer Service or paper (mail or in-person).

All members can make changes on their own online at any time.

Redeterminations and Renewals: 5 Steps (cont'd)



3. Final Eligibility Determination & Renewal

Eligibility is finalized after the 30-45 review period

- In **October** a **Final Eligibility and Renewal Notice** is 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 the following year.
- This notice will include the health plan name and premium for the upcoming year, and their APTC value.

Redeterminations and Renewals: 5 Steps (cont'd)



4. Renewal into Health Connector Plan

Open Enrollment begins on **November 1st**.

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 for 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.

Redeterminations and Renewals: 5 Steps (cont'd)



5. Billing and Payment for January 1 coverage

Payment is due on December 23rd

Members that:

- Stay in a plan with the same carrier must pay their new premium amount for January coverage.
- Change carriers, are required to submit a binder payment to their new plan for January coverage.

Reminders

Reminder to tell us about changes

Tell us about changes



Tell us if your information changed since you applied or last updated your Health Connector account.

Why should you report changes?

It's important to tell about changes to your information. Changes can affect eligibility. Keeping your information up to date is the best way to make sure you get the right coverage at the right cost.

If you are in a ConnectorCare plan or get a monthly tax credit to lower the cost of your monthly premium, it's especially important to report income changes. If you don't tell us about changes to your income, it could affect your tax refund when you file taxes at the end of the year.

When should you report changes?

You should try to report changes as soon as you can, but **no later than 30 days** after the change.

You can update your information any time on your online account at MAhealthconnector.org.

If you don't have an online account, you can call Customer Service or visit an Enrollment Assister to update information.

What kind of changes should you report?

Changes to your family size, such as:

- Marriage or divorce
- A new child, including by adoption or foster placement
- A death in the family

Changes to your household income, such as:

- Income that's higher than the income you expected when you applied or updated your account
- Income that's gone up or down since you applied or updated your account

Changes to coverage available to you, such as:

- Getting coverage through a job
- Turning 26, so you're no longer eligible for coverage on your parent's health plan
- Becoming eligible for Medicare

Other changes

- Changes to your address
- Changes to your name, date of birth, or Social Security Number (SSN)
- Changes to your citizenship or immigration status

Learn more at MAhealthconnector.org

During the months of May and July, the Health Connector includes flyers with invoices to remind members about telling us if their information changed since they **last applied** or **last updated** their Health Connector account.

Flyer is two-sided with messaging in English and Spanish.

Reminder about using online payment center and paperless notices



Why Promote the use of the Health Connector's Online Payment Center?

Members will find it helpful that:

- Notices, including preliminary and renewal notices, are available to view online through the Payment Center.
- Using the online Payment Center can help members view bills, payment history and submit payments.

Note: If a member elects paperless notices, anyone designated as an ARD will continue to get a paper notice, those designated as a PSI will not.

Reminder about using online payment center and paperless notices (cont'd)



How to access:

1. Members should log into their account at Mahealthconnector.org
 - If they don't have an online account they can call Customer Service to get one set up.
2. Go to My Enrollments
3. Go to Make a Payment
 - From here, choose to set up AutoPay for monthly Health Connector bills. Members can also set up paperless bills, notices, and tax forms.

New online payment center and paperless notices!

What's new?

- New online payment features, like the ability to view your billing and payment history
- New choices to sign up for paperless bills, notices, and tax forms

How to access:

1. Log into your account at MAhealthconnector.org.
If you don't have an online account, call Customer Service to get started setting one up at:
1-877-MA ENROLL
(1-877-623-6765)
TTY: 1-877-623-7773
2. Go to My Enrollments.
3. Go to Make a Payment. From here, you can choose to set up AutoPay for your monthly Health Connector bills. You can also set up paperless bills, notices, and tax forms.

Learn more at www.MAhealthconnector.org/paperless

Faster
Get your notices and monthly bills right away instead of waiting for the mail

Easier
See all of your current and past information from the Health Connector in one place

Simpler
Reduce paper and clutter in your home

Cheaper
Save on the cost of postage stamps, bank checks and money orders when you pay online every month

Greener
Save trees and reduce greenhouse gases with less paper printing and mail delivery



Questions?