MA Health Care Learning Series

Massachusetts Health Care Training Forum (MTF)

April 2018
Agenda

- Health Connector
  - OE 2018 closeout
  - Seal of Approval Schedule
  - Individual Mandate
  - New Employer Notice
  - mahealthconnector.org System Updates
  - Reporting a birth for a Health Connector member

- MassHealth Updates
  - Notice of Birth (NOB-1) Update
  - MassHealth Health Plan Update
    - Continuity of Care Update
    - How to Assist a Member Select a MassHealth Health Plan
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.
Health Connector Updates
Open Enrollment 2018
Close-out
Overall Membership

The Health Connector had a stable and busy Open Enrollment (OE) despite a challenging federal policy landscape.

- Enrollment has stayed relatively flat, with March at 248,000, despite shifts in membership during Open Enrollment.

- Nationally, state-based Marketplaces fared better, with flat enrollment, than federally facilitated Marketplaces, where membership declined by 5% this OE compared to last.
New Members

At the end of OE 2018, more than 49,000 new members had enrolled with the Health Connector.

• This is about 5,000 fewer new members than last OE
• A smaller portion of this year’s new members were truly “new”. Analysis showed that more former members and former applicants enrolled this year than in past years
  – 27% completed their first application during OE, compared to 35% last year
  – 37% were eligible prior to OE but had never enrolled, compared to 25% last year
• New members were eligible for subsidies at roughly the same rate as retained members, but the distribution among ConnectorCare plan types was slightly lower income
New Members (cont’d)

New member demographics suggest individuals from traditionally harder to reach populations benefited from Health Connector outreach efforts.

- Similar to last year, new members are younger than retained members, with 58% aged 18 – 44 compared to 50% of retained members.
New Members (cont’d)

- 8% of new members indicated a Spanish language preference, compared to 6% last year
- 32% of all new members came from the 18 communities heavily targeted by our outreach efforts, compared to 39% last year
  - 28% of all members, new and retained, are from target communities
  - While 2016 outreach was focused in the open enrollment window, outreach during 2017 and 2018 is spread over both closed and open enrollment periods
  - This was the third year of an outreach strategy focused on these communities. Staff are reviewing results and will recalibrate outreach approaches as needed

<table>
<thead>
<tr>
<th>Target Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brockton</td>
</tr>
<tr>
<td>Cambridge</td>
</tr>
<tr>
<td>Chelsea</td>
</tr>
<tr>
<td>Dorchester</td>
</tr>
<tr>
<td>East Boston</td>
</tr>
<tr>
<td>Everett</td>
</tr>
<tr>
<td>Fall River</td>
</tr>
<tr>
<td>Framingham</td>
</tr>
<tr>
<td>Lawrence</td>
</tr>
</tbody>
</table>
Seal of Approval
Overview of Goals and Strategies

The Health Connector’s Seal of Approval Process for 2019 Health and Dental Plans began in March. The proposed 2019 Seal of Approval approach responds to a dynamic and increasingly complex health care landscape, with strategies tailored to different groups of members.

- As a reminder, the Seal of Approval is the annual process whereby the Health Connector reviews health and dental plans proposed by health and dental carriers to be sold in the upcoming year on MAhealthconnector.org.
- The Health Connector’s Board of Directors is responsible for approving the plans, including the ConnectorCare plans, that are sold through the Health Connector each year.
- More details about the 2019 plans will be shared with Assisters, as Open Enrollment approaches, through the July MTFs and additional online trainings and conference calls.
Massachusetts Individual Mandate
MA Individual Mandate is still in effect

*In Massachusetts, all residents are required to have health insurance that meets state standards.*

- In Massachusetts, Chapter 58 established an individual mandate in 2007, requiring adults in Massachusetts to purchase health insurance if it is affordable to them and meets Minimum Creditable Coverage (MCC) standards
- MCC ensures residents have meaningful benefits, such as prescription coverage, behavioral health benefits, maternity care and other services
- The state mandate has been in place consistently since 2007, even through the implementation of the Affordable Care Act, and remains in place today
Changes to the Individual Mandate Landscape

Beginning in 2019, the federal government will no longer assess penalties for not having coverage, essentially ending the federal mandate. However, the state mandate remains in place.

- For 2017 and 2018, 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, consumers will only be penalized for not having health insurance coverage on their state tax return.
- Health Connector members should know that 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.
Proposed Efforts to Revive Awareness of State-Level Mandate

The Health Connector is planning a “Stay Covered” campaign, developing materials and enhancing visibility of the state’s requirements to remind Massachusetts residents of the individual mandate.

1. Tailored guides and advisories
2. Ongoing work with sister agencies and stakeholders
3. Messaging and resources for all Assisters
New Employer Notice
New Employer Notice

As required by Federal law, the Health Connector will begin noticing Employers regarding employees who were determined eligible for and enrolled in subsidized health coverage through the Health Connector for at least one month during the plan year.

- This is only a notification that the company may have to pay an employer shared responsibility payment
- Only the IRS, not the Health Connector, can determine whether the employer will owe a shared responsibility payment
- The Health Connector is sending this letter because employers have an opportunity to appeal the decision about their employee’s eligibility if they believe it is incorrect

Dear [Employer Name],

The following employee of [Employer name] applied for health insurance coverage through the Massachusetts Health Connector. They were determined eligible for and have since enrolled in subsidized health coverage through the Health Connector for at least one month in [plan year]. The Health Connector is the health insurance Marketplace ("Exchange") for Massachusetts.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Birth Date</th>
<th>Member ID</th>
<th>Last 4 digits of Social Security Number (if available)</th>
</tr>
</thead>
</table>

This person reported that at least one of the following statements applies to them:
- They are in a waiting or probationary period for a health insurance plan offered through their employer.
- Their employer does not offer coverage to its full-time employees and their dependents through a qualified health insurance plan, or
- Their employer provides coverage through a health insurance plan that is either:
  - Not affordable (as defined by section 36B(c)(2)(A)(i) of the Internal Revenue Code), or
  - Does not provide minimum value (as defined by section 36B(c)(2)(C)(i) of the Internal Revenue Code).

Why am I getting this notice?

You are getting this notice because you may have to pay an employer shared responsibility payment to the Internal Revenue Service (IRS) in the future, if various conditions are met.

Certain employers (those with at least 50 full-time employees or full-time equivalent employees, called "applicable large employers") might have to pay an employer shared responsibility payment if at least one full-time employee is enrolled in subsidized Marketplace coverage for any month.

The IRS may determine that you must pay an employer shared responsibility payment if your company meets the following conditions, in addition to having an employee enrolled in subsidized Marketplace coverage:
- Your company is an applicable large employer.
MAhealthconnector.org
System Updates
The online application will now automatically calculate whether the employer coverage offered to an applicant is considered “affordable” under ACA rules.

The applicant/assister will not have to manually calculate the affordability of their health insurance in the application.

• The applicant must enter the employee’s “individual” premium contribution and frequency, and the system will make the affordability calculation
• Once the calculation is made, the system will make a program determination that takes into account the plan affordability
• The application will also clarify the wording around whether a plan meets the “minimum value” standard
Employer Sponsored Insurance (ESI) calculation (cont’d)
Employer Sponsored Insurance (ESI) calculation (cont’d)
The Formulary and Provider Search tool will now be integrated into Health Connector members’ online shopping platform.

- When a new applicant or returning member is shopping for a health or dental plan, they will have the option of using the Plan Finder Tool. The Plan Finder Tool allows users to enter their preferred providers, facilities, and now prescription drugs.

- After the user enters their preferences, the plan display screen shows how many of the selected providers, facilities, and prescription drugs each plan covers.

- Members can also sort by selected providers, facilities, or prescription drugs on the plan display page.
Health Connector Formulary and Provider Search Integration (cont’d)
Health Connector Formulary and Provider Search Integration (cont’d)
Health Connector Formulary and Provider Search Integration (cont’d)
System Release Update Related to MassHealth

- Many systems enhancement will enable MassHealth staff to easily access member information, faster access to submitted documents and/or verifications, and create a better customer service experience for members

- The incarceration question was moved from the Signature page to the Family and household section

- Update to RFI Notice: Income
  - Language for the MassHealth and Health Connector Income RFI notices will now include additional detailed information pertaining to the types and sources of self-attested income provided by the member in the Income section of the application
System Release Update Related to MassHealth (cont’d)

- Sample of MassHealth RFI Income Notice:

![Sample of MassHealth RFI Income Notice](image)
System Release Update Related to MassHealth (cont’d)

- Sample of Health Connector Income Notice

Send proof of income from these sources
For the member(s) listed below, we need proof of income from the following sources. To find out what types of documents you can send us for income proof, see the List of Acceptable Documents at the end of this letter.

Please include a copy of this letter with your proof and write your name, Member ID, and birth date on all documents that you send.

Member Name: [Member Name] Member ID: [Member ID] Date of Birth: [DOB]
Remember, this proof is due on [Due date]

- Proof of Job income from [employer/job name]
- Proof of Self Employment Income from [type of work]
- Proof of Social Security Benefits
- Proof of Unemployment Income
- Proof of Retirement or Pension Income from [source]
- Proof of Income from Capital Gains (or Losses)
- Proof of Income from Interest, Dividends, or Other Investment Income
- Proof of Rental or Royalty Income
- Proof of Farming or Fishing Income
- Proof of Alimony Received
- Proof of Income from Canceled Debts
- Proof of Income from Court Awards
- Proof of Income for Jury Duty Pay
- Proof of Other Income from [other source]

If you no longer have income from any of these sources, please update the income information in your application. You can update your income online or by calling Customer Service.
Reporting a Birth for a Health Connector Member
How to Report a Birth for a Health Connector Member

Call Health Connector customer service as soon as possible after birth of child – unlike the MassHealth process, the hospital will not submit a Notice of Birth for the member.

- If parent is newly enrolling with the Health Connector, newborns can only be covered prospectively
- If parent is enrolled in Health Connector QHP, the change must be reported to Health Connector’s customer service within 30 days to ensure the newborn is enrolled in the health plan
  - If parent is currently enrolled in a Health Connector plan, newborns are covered from the day they were born
- Note: Reporting the change (in this case birth) is required within 30 days, but the Special Enrollment Period window extends for 60 days
- However, it is recommended to report the birth of child within 10 days
If parent is enrolled in a ConnectorCare plan and then reports the birth, note that their eligibility may change.

- Depending on the new program determination they may become eligible for MassHealth and the newborn may be covered by MassHealth rather than ConnectorCare. In this case it is important to report the birth sooner.
  - A child born to a parent who was not eligible for MassHealth on the child's date of birth (including those enrolled in ConnectorCare plans) will be determined according to regular MassHealth eligibility rules.
    - If the household's MAGI income is <=200% FPL the child will be eligible for MassHealth Standard.
    - If the MAGI income is 200<=300% FPL the child will be eligible for Family Assistance.
  - Note: The start date of MassHealth coverage will be 10 days prior to the date the change is reported. (If a child is added within 10 days of date of birth, start date will begin on date of birth.)
  - We encourage those enrolled in ConnectorCare to report births within 10 days to prevent gaps in coverage for children determined eligible for MassHealth.
Reporting a Birth for a MassHealth member
How to Report a Birth

It is important to remind pregnant mothers that any birth needs to be properly reported to ensure their infant is covered by a health plan.

Q: How should women currently eligible and on MassHealth report a birth?

- Women currently receiving MassHealth can report a birth directly to MassHealth. Facilities can use the Notification of Birth (NOB) process to report the birth directly to the MassHealth.

- Newborns added to the online application via Report a Change functionality or renewals will be evaluated to determine if they are a newborn who was born to a MassHealth-eligible mother on the child's date of birth.
  - If so, the child will be approved for MassHealth Standard until the first birthday and the coverage will be retro to the child's date of birth.
MassHealth NOB Process: Update

- A new NOB Bulletin was published in February: https://www.mass.gov/lists/2018-masshealth-provider-bulletins/

- Describes changes to the Notification of Birth (NOB-1) form and process
  - Submitters should and can look up the mother’s and newborn’s health plan and/or ACO/MCO assignment on EVS. Do Not mail the forms to MassHealth: it is no longer a requirement. MassHealth will no longer mail the forms back.

- No other versions of the paper NOB form will be created. MassHealth will move to an online only submission process in June or July 2018. All submitters will need Virtual Gateway logins to submit NOB forms. More details and training info are coming soon
MassHealth NOB Process: What’s New on the Form (cont’d)

- Form located at:

- Fax to: 617-887-8777
MassHealth NOB Process: What’s New on the Form (cont’d)

- What’s new:
  - New fields: “Primary Insurer or Guardian” and “Primary Commercial Insurance” information. **These are optional; added per hospitals’ requests**
● Deleted fields:
  - “Mother’s Plan” section, and “Child’s Birth Weight,” “Gestational Age,” and “Race Code” fields
MassHealth NOB Process: Update (cont’d)

- Faxing in the NOB forms to fax number 617-887-8777 is the **fastest** way to add newborns to the MassHealth system.
- **Mailed-in NOBs are no longer accepted**
- Providers should check EVS (Eligibility Verification System) for all member information
- Providers should also complete the NOB-1 form with the newborn’s **birth name**. Please avoid using “BABY GIRL” or “BABY BOY” as the newborn’s name, and use these terms ONLY as a last resort. If you enter “BABY GIRL” or “BABY BOY” on this form, it will take us longer to process it and will slow down/complicate claims payments
- Processing timeline:
MassHealth Managed Care Enrollment for Newborns

- A newborn of a woman who is enrolled in a MassHealth managed care organization (MCO) will be retroactively enrolled in the mother’s MCO/ACO to the baby’s date of birth.

- A newborn of a woman who is enrolled in the Primary Care Clinician (PCC) Plan or receiving services on a fee-for-service basis is provided MassHealth benefits on a fee-for-service basis until a health-plan selection is made or assigned, if the member does not voluntarily select a health plan.

- A MassHealth-eligible newborn will be retroactively enrolled in the same MCO/ACO as the mother, as long as the MCO/ACO is available to MassHealth members in the region where the mother lives.
MassHealth Health Plan Update
Who’s Impacted?

- Under 65, with no other health coverage such as Third Party Liability (TPL), including Medicare
- Living in the community
- In the following MassHealth coverage types:
  - Standard
  - CommonHealth
  - CarePlus
  - Family Assistance
# MassHealth Health Plan Options

<table>
<thead>
<tr>
<th>Accountable Care Partnership Plans</th>
<th>Primary Care ACO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be Healthy Partnership</td>
<td>Community Care Cooperative (C3)</td>
</tr>
<tr>
<td>Berkshire Fallon Health Collaborative</td>
<td>Partners HealthCare Choice</td>
</tr>
<tr>
<td>BMC HealthNet Plan Signature Alliance</td>
<td>Steward Health Choice</td>
</tr>
<tr>
<td>BMC HealthNet Plan Community Alliance</td>
<td></td>
</tr>
<tr>
<td>BMC HealthNet Plan Mercy Alliance</td>
<td></td>
</tr>
<tr>
<td>BMC HealthNet Plan Southcoast Alliance</td>
<td></td>
</tr>
<tr>
<td>Fallon 365 Care</td>
<td></td>
</tr>
<tr>
<td>My Care Family</td>
<td></td>
</tr>
<tr>
<td>Tufts Health Together with Atrius Health</td>
<td></td>
</tr>
<tr>
<td>Tufts Health Together with BIDCO</td>
<td></td>
</tr>
<tr>
<td>Tufts Health Together with Boston Children’s ACO</td>
<td></td>
</tr>
<tr>
<td>Tufts Health Together with CHA</td>
<td></td>
</tr>
<tr>
<td>Wellforce Care Plan</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MCO Plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Medical Center Health Plan (BMCHP)</td>
<td>Tufts Health Together (Tufts)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PCC Plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Providers in the PCC Plan network</td>
<td></td>
</tr>
</tbody>
</table>
**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**
UPDATE: Fixed Enrollment Will Now Begin July 1, 2018

MassHealth members now have until July 1, 2018, to change their health plan for any reason.

- Fixed Enrollment was originally scheduled to begin in June 2018 for members who enrolled in a new plan in March. The extension until July 1st allows for a greater period of transition.

- For general information about the Plan Selection Period, please go to [www.mass.gov/service-details/plan-selection-period](http://www.mass.gov/service-details/plan-selection-period) and for details about the Fixed Enrollment Period, go to [www.mass.gov/service-details/fixed-enrollment-period](http://www.mass.gov/service-details/fixed-enrollment-period)
Plan Selection Period and Fixed Enrollment Periods

- **Reminder: Plan Selection Period**
  - MassHealth members enrolled in an ACO (Accountable Care Organization) Plan or the MCO (Managed Care Organization) Plan will have a new 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
Continuity of Care
Continuity of Care

- MassHealth is committed to ensuring Continuity of Care (CoC) for certain high risk populations during their transitions to new health plans.

- CoC is a contractual obligation for ACOs, MCOs, and MassHealth. Transition support is a shared responsibility across MassHealth members, providers, and Plans.

- MassHealth is working with the Plans, and MassHealth Customer Service to develop policies and procedures to escalate CoC issues to the correct points of contact.

- MassHealth will issue guidance and points of contact for entities who are assisting members with transitions.
Continuity of Care: Memo

• For more information about Continuity of Care, go to https://www.mass.gov/service-details/continuity-of-care

• A frequently asked questions (FAQ) document is available that provides additional guidance to providers, billers, and members on continuity of care. The document is available as a downloadable and printable PDF at https://www.mass.gov/service-details/continuity-of-care

Continuity of Care Extended for Medical Care through May 31

To help members and providers who need additional time to complete the transition process, all plans will be taking additional steps through May 31, 2018, to ensure uninterrupted care for members, including continued coverage for members’ existing providers, scheduled appointments and ongoing treatment.

These steps will build on the initial 30-day continuity of care period for all medical services that was available for all members who enrolled in new plans in March. As a reminder, continuity of care for behavioral health remains at 90 days (through May 31, 2018).

Through May 31, members who have not yet transitioned to their plan’s in-network providers may continue to see their existing providers. Please note that out-of-network providers must contact the member’s new plan, identified in EVS, for authorizations and payment arrangements. Providers should let members know if they are not in the network of the member’s new plan and should not make subsequent appointments unless they have made long-term arrangements with the new plan.

• In addition, all plans will continue to honor prior authorizations for services and prescriptions from a member’s previous plan.

• Please contact your member’s health plan if you have questions. For ACO, MCO, and PCC Plan contact information use the MassHealth Contact Matrix 2018 Managed Care Health Plans.
Effective **April 9, 2018**, MassHealth is implementing a process to allow members, under certain specific circumstances, to join an Accountable Care Partnership Plan that does not cover the service area in which the member lives. MassHealth will allow current and future members to request a service area exception to enroll in an out-of-area Accountable Care Partnership Plan by contacting the MassHealth Customer Service Center.

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.
New Service Area Exceptions Process (cont’d)

- 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
Pharmacy Facts

- For current information for pharmacies about the MassHealth Pharmacy Program: www.mass.gov/masshealth-pharmacy-facts

  - See Pharmacy Facts 113 for updated contact information for pharmacies to validate member ACO plan numbers

How to Assist a Member Select a MassHealth Health Plan
How to Enroll In or Switch Health Plans

● How to Enroll?
  – 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 at 1-800-841-2900 (TTY: 1-800-497-4648)
# Health Plan Enrollment Effective Date

## Timeframe for Health Plan Enrollment Effective Date

<table>
<thead>
<tr>
<th>Enrollment Received By</th>
<th>Member requesting Enrollment in</th>
<th>Health Plan Enrollment Effective Date</th>
<th>Plan Effective in Eligibility Verification Systems (EVS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telephone</strong></td>
<td>• Primary Care ACO or Primary Care Clinician (PCC) Plan</td>
<td>One calendar day after the request was received</td>
<td>One calendar day after the request was received</td>
</tr>
<tr>
<td></td>
<td>• Accountable Care Partnership Plan or Managed Care Organization (MCO)</td>
<td>One business day + one calendar day after the request was received</td>
<td>One business day + one calendar day after the request was received</td>
</tr>
<tr>
<td><strong>Online or Fax</strong></td>
<td>• Primary Care ACO or Primary Care Clinician (PCC) Plan</td>
<td>Retroactive to the date when the enrollment request was received</td>
<td>One calendar day after the request was received</td>
</tr>
<tr>
<td></td>
<td>• Accountable Care Partnership Plan or Managed Care Organization (MCO)</td>
<td>Retroactive to the date when the enrollment request was received</td>
<td>One business day + one calendar day after the request was received</td>
</tr>
</tbody>
</table>
Timeframe for Enrollment Requests to be Reflected in the Health Plans (ACO or MCO) Systems:

- A member’s enrollment request will usually be reflected in health plans’ internal authorization and referrals systems one calendar day + one business day after the request was received by MassHealth.

- The member’s effective date for enrollment in the plans’ internal systems will align with the member’s effective date in EVS.

- **Reminder:** Updates can be seen in the MassHealth Eligibility Verification System (EVS) once they are processed. Be sure to check EVS on the date of service to confirm what health plan the member is enrolled in on that date.
How to Assist a MassHealth Member with Health Plan Selection

- If a MassHealth managed-care member is eligible to enroll in or change their health plan, Assisters or the individual assisting can guide them through the process for selecting a health plan.

- MassHealth Choices website (MassHealthChoices.com) is the easiest and fastest way for members to learn, compare, and enroll in MassHealth managed-care health plan.

- Members can call MassHealth Customer Service Monday through Friday, from 8 a.m. to 5 p.m. for assistance and to enroll.
How to Assist a MassHealth Member with Health Plan Selection (cont’d)

- Providers or staffs who work at a MassHealth managed-care organization-ACO, MCO, or PCC-are obligated to inform individuals they assist that they are part of the health plan

- When helping an member, they may:
  - Explain member notices and available tools
  - Confirm that a member’s provider organization listed on the member’s notice is in their or not in their organization’s health plan
  - Help member identify all plans available in the member’s service area
  - Help a member identify if the specialists, hospitals, physicians, or behavioral health providers that are important to the member are available in the plans in the member’s service area
  - Help a member fill out an enrollment form with the member present if the member has made a choice
Assisters or any individual helping a MassHealth member understand their MassHealth health plan options have an obligation to:

- Inform the members of their relationship with a provider and/or organization (i.e. ACO/MCO), and disclose any other potential conflict of interest - if applicable

- Inform the members of independent support available from MassHealth Customer Service

- If the member cannot make a decision on a health plan based on the information provided and is looking for additional advice or assistance, the Assister or individual helping the member should direct the member to call MassHealth Customer Service

**IMPORTANT** - Only the member can make the choice as to which health plan to enroll in!
MassHealth Member Card
Member ID Card

- After members enroll in a health plan, members will receive both a MassHealth and a health plan ID card.
- If members have a MassHealth card and also have other health plan cards, be sure to bring and show all plan cards at all appointments and when filling prescriptions.
- Replacing a lost cards:
  - If a health plan member ID card is ever damaged, lost, or stolen, call the health plan’s member service department for a replacement card.
  - If a MassHealth member ID card is ever damaged, lost, or stolen, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648) for a replacement card.

**Note: PCC Plan members bring and present their MassHealth card.**
Questions?
MassHealth Resources

- How Can MassHealth Health Plan Members Change PCPs
If members are enrolled in an MCO or an ACO and they would like to change their PCP:

Member wants to change his/her PCP

The PCP he/she would like IS in their current plan

The member calls the plan to change his/her PCP.
**Members are subject to Plan Selection Period/Fixed Enrollment Period rules if they are selecting a PCP in another plan. Some exceptions apply.**

*If members are enrolled in an **MCO** or an **ACO** and they would like to change their PCP:*

- **The PCP the member would like is NOT in his/her current plan.**
- **The member needs to change his/her plan to one that the PCP they would like is in.**

**During Plan Selection, members can go online to MassHealthChoices.com to complete the Enrollment Form or call MassHealth customer service.**

**In Fixed Enrollment Period, member would call customer service to change his/her plan**
How to Change a PCP

If members are enrolled in the PCC Plan and they would like to change their PCP:

1. If member wants to change his/her PCP
2. The PCP the member would like is in the PCC plan
3. Provide the new PCP information by: Filling out the enrollment form (paper or online) OR Call MassHealth Customer Service
How to Change a PCP

If members are enrolled in the PCC Plan and they would like to change their PCP:

- If the PCP the member would like is NOT in the PCC Plan, the member will need to change plans.