



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

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.

Health Connector Updates

Open Enrollment 2018 Close-out

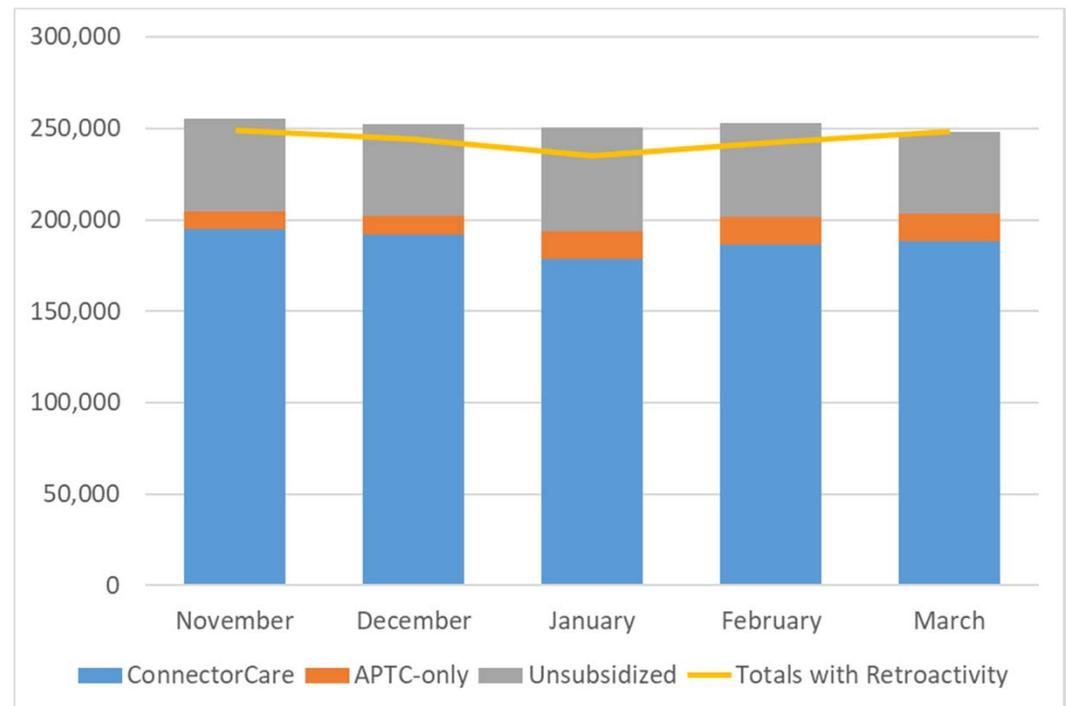
Overall Membership



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.

Total Enrollment by Program Type, Nov. 2017 to Mar. 2018



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

Target Communities	
Brockton	Lowell
Cambridge	Lynn
Chelsea	Mattapan
Dorchester	New Bedford
East Boston	Quincy
Everett	Revere
Fall River	Roxbury
Framingham	Springfield
Lawrence	Worcester

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 Assistors, 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 Assistants

A screenshot of a Facebook post from the official page of the Massachusetts Health Connector. The post is titled "Massachusetts Health Connector" and was posted "23 minutes ago". The main text of the post reads: "You may have heard the federal requirement to have health insurance - called the individual mandate - was repealed starting in 2019, but the Massachusetts requirement to have coverage will still be in place. Get the facts and #StayCovered --> <https://www.mahealthconnector.org/stay-covered>". Below the text is a photograph of four diverse young adults (two men and two women) standing outdoors in a grassy area, engaged in conversation. A blue text box is overlaid on the bottom left of the photo, stating: "Massachusetts residents 18+ must have coverage that meets state requirements." Below the photo is a green banner with the hashtag "#StayCoveredMA". At the bottom of the post, there is a call to action: "Get the facts about the individual mandate at www.MAhealthconnector.org/stay-covered". The Facebook interface shows "Like", "Comment", and "Share" buttons below the post, and a navigation bar at the very bottom with icons for home, friends, messages, and a menu.

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

[Employer Name]
[Address Line 1]
[Address Line 2]
[City], [State] [Zip]

Date : [Notice Date]
Notice Name : **Employer Shared Responsibility**
Notice ID : [Notice ID]
Member ID : [Member ID]

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.

Employee Name	Birth Date	Member ID	Last 4 digits of Social Security Number (if available)
[Household Member Name]	[Month and Day]	[Member ID]	[last 4 of SSN]

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)(C)(i) of the Internal Revenue Code), or
 - Does not provide minimum value (as defined by section 36B(c)(2)(C)(ii) 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

Employer Sponsored Insurance (ESI) calculation



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)



Application Year 2018

Start Your Application

Family & Household

Income

Additional Questions

Review & Sign

Employer Health Coverage Information for Kathleen

* Will Kathleen be enrolled in a health plan offered by *Sample Employer* during the time period he/she is applying for coverage?

Yes No

* Date Kathleen will be covered by *Sample Employer's* plan (MM/DD/YYYY):

04/01/2018

I don't know

* What is the health plan called? * What is the policy number or member ID?

* Please select the members covered in this policy:

Dawson
 None of the Above

* Does Kathleen expect any changes to *Sample Employer's* health coverage in 2018?

Yes No

* Does the health plan offered by *Sample Employer* meet the "minimum value" standard for coverage?
[Learn more about what minimum value means.](#)

Yes No

How much would Kathleen have to pay in premiums for the lowest-cost plan that meets the minimum value standard? Only tell us about the cost of the individual (self-only) health plan, not the cost of a family health plan.

* Plan Premium Cost:

\$ 1300 every Year

Employer Sponsored Insurance (ESI) calculation (cont'd)



Contact Information	+
Family & Household	+
Tax Filing Status	+
Family Income	+
Additional Information	-

Dawson
Has Minimum Essential Coverage (MEC): No
Has Option to Enroll in Employer Health Coverage: Yes
Has Affordable Employer Sponsored Insurance(ESI): Yes
Kathleen
Has Minimum Essential Coverage (MEC): No
Has Option to Enroll in Employer Health Coverage: Yes
Has Affordable Employer Sponsored Insurance(ESI): Yes
MEC Used In PD

Eligibility Details			
Date your application was submitted	March 20, 2018		
Federal Poverty Level (FPL) based on your self-reported income ⓘ	220.0% What is this?		
Federal Poverty Level (FPL) used to decide your Program Eligibility	220.0%		
Health Connector Eligibility Effective Date	April 1, 2018		
Program Eligibility			
Name	You qualify for these programs	We need proofs from these categories	Status
Dawson	Health Connector Plans ⓘ Health Safety Net Partial ⓘ	-	
Kathleen	Health Connector Plans ⓘ Health Safety Net Partial ⓘ	-	

Health Connector Formulary and Provider Search Integration



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 Plan Shopping- Plan Finder Tool	<h2>Plan Finder Tool</h2> <p>For Julian Tish</p>
Find Providers and Facilities	<p><i>When you see a star (*), you must complete the field.</i></p> <p>Our Plan Finder Tool can help you find a health and/or dental plan that meets your needs. If you want help finding a plan, select "Yes, I want help finding a plan" to include the following in your plan search:</p>
Find Prescription Drugs	<p>Your Preferred Providers and Facilities</p> <p>This tool shows which health and/or dental plans accept your preferred providers (such as doctors and dentists), facilities (such as hospitals and health centers), or both.</p>
Review	<p>Your Preferred Prescription Drugs</p> <p>This tool shows which health insurance plans cover your prescription drugs (medications).</p>
	<p>* Do you want to use the Plan Finder Tool?</p> <p><input checked="" type="radio"/> Yes, I want help finding a plan</p> <p><input type="radio"/> No. Skip to Plan Shopping</p>
	<p>* Which search tools do you want to use to shop for a plan? (you can choose just one or both tools)</p> <p><input checked="" type="checkbox"/> My Preferred Providers and Facilities</p> <p><input checked="" type="checkbox"/> My Preferred Prescription Drugs</p>

Health Connector Formulary and Provider Search Integration (cont'd)



Health Plan Shopping- Plan Finder Tool

Find Providers and Facilities

Find Prescription Drugs

Review

Find Providers & Facilities

For Julian Tish

Note: Please fill out at least one field below to start your search.

Providers **Facilities**

First Name: Last Name: Zip Code:

[Show Advanced Search](#)

Search Results

You can add up to 5 providers, 5 facilities, or both to see if they are in-network during plan shopping. We will only display up to 100 results. To improve the accuracy of your search and reduce the number of results, add additional details.

Select your providers below. If you want to see more information about a provider, click the **See Details** link. When you see a provider you want to include when you shop for plans, click the **Add** link by their information. When you have made all of your choices, click the **Continue** button.

First Name	Last Name	City	Zip Code	Specialty	Actions
Emily	Aaronson	Boston	02114	Emergency Medicine	See Details Add
Gerald	Abbott	Boston	02114	Radiology	See Details Add

Health Connector Formulary and Provider Search Integration (cont'd)



Health Plan Shopping- Plan Finder Tool

[Find Providers and Facilities](#)

[Find Prescription Drugs](#)

[Review](#)

Find Providers & Facilities

For Julian Tish

Note: Please fill out at least one field below to start your search.

[Providers](#) [Facilities](#)

First Name

Search Results
You can add up to 10 results. Only display up to 10 results. Add additional results.

Select your provider. When you see information, you can add additional providers.

- First Name: Emily
- Gerald

Prescription Drug Search

For Julian Tish

Note : You can add up to 10 drugs to include in your plans.

Please type in the drug name below

Selected drugs:

Drug Name	Dosage Form	Strength	Action
NYAMYC (Topical)	Topical Powder	100 unt/mg	Remove

Note : The prescription drug information is updated regularly so it is as up-to-date as possible. But, health plans can change covered drug lists at any time. To make sure that a particular drug is covered by a plan, always check the plan's latest prescription drug (formulary) list on the health insurer's website, or call the insurance company to confirm prescription drug coverage by the plan.

[Skip this Step](#)

Health Connector Formulary and Provider Search Integration (cont'd)



Application Year: 2018

Shop & Enroll

Health Plan Shopping

[Find a Health Plan](#)
Julian Tish

Quick Filters - Plan Quick Filters
Use the filters below to narrow your plan search results.

Reset All

Providers

- Brian P Abbott
- Gregory A Abel
- John S Ablon

[Add/Modify Providers](#)

Facilities

- Partner's HealthCare - Massachusetts General Hospital
- Codman Square Health Center
- Charles River Community Health

[Add/Modify Facilities](#)

Drugs

Find a Health Plan

The monthly premium shown below has been reduced by an Advance Premium Tax Credit of \$187.00. You are eligible for an Advance Premium Tax Credit of up to \$187.00. For individuals eligible for Catastrophic Health Plans, premium amounts do not reflect any Advance Premium Tax Credits as Catastrophic Health Plans are not eligible to receive tax credits. [Change Tax Credit](#)

Compare 0 Plans Sort By: Best Match

1 to 3 of 3

MONTHLY PREMIUM	CARRIER DETAILS	PLAN DETAILS	ANNUAL DEDUCTIBLES	EST. OUT-OF-POCKET COSTS	INCLUDED BENEFITS
\$243.00 ConnectorCare	NHP ConnectorCare 2 <input type="checkbox"/> Select to compare	NHP ConnectorCare 2 Preferred Drug List HMO/SILVER	Individual \$0 Family \$0	Individual \$750.00 Family \$1,500.00	<input type="button" value="Add To Cart"/> This Plan Covers: 1 Providers 2 Facilities 1 Drugs
\$44.00 ConnectorCare	BMCHIP ConnectorCare 2 <input type="checkbox"/> Select to compare	BMCHIP ConnectorCare 2 Preferred Drug List HMO/SILVER	Individual \$0 Family \$0	Individual \$750.00 Family \$1,500.00	<input type="button" value="Add To Cart"/> This Plan Covers: 0 Providers 2 Facilities 1 Drugs
\$53.00 ConnectorCare	TUFTS Health Plan <input type="checkbox"/>	Tufts Health Direct ConnectorCare 2 Preferred Drug List	Individual \$0	Individual \$750.00	<input type="button" value="Add To Cart"/> This Plan Covers:

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:

Please send proof of the following items for the household member(s) listed below. When you send your documents, make sure to include a copy of this letter. Also, write your name and member ID number on all papers.

- Anne Applicant **Member ID:** 1234567890 **Date of Birth:** July 12, 1962
 - Proof of Income due on June 2, 2018

Below are the income proofs that the member above must send:

- 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]

➢ Please fill out and return any forms enclosed with this letter.

To find out what documents you can send us as proof, please see the *List of Acceptable Documents* at the end of this letter.

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

How to Report a Birth for a Health Connector Member *(cont'd)*



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 $\leq 200\%$ FPL the child will be eligible for MassHealth Standard
 - If the MAGI income is $200 < \leq 300\%$ 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

February

-  All Provider Bulletin 274: Continued Implementation of Ordering, Referring, and Prescribing Provider Requirements (DOCX 206 KB)
-  All Provider Bulletin 274: Continued Implementation of Ordering, Referring, and Prescribing Provider Requirements (PDF 226.61 KB)
-  **Acute Inpatient Hospital Bulletin 161: Changes to Notification of Birth (NOB-1) Form and Filing Process (DOCX 111.1 KB)**
-  **Acute Inpatient Hospital Bulletin 161: Changes to Notification of Birth (NOB-1) Form and Filing Process (PDF 327.97 KB)**

MassHealth NOB Process: What's New on the Form (cont'd)



- Form located at:

<https://www.mass.gov/files/documents/2018/03/22/NOB-1-03-18.pdf>

- Fax to: 617-887-8777

MassHealth
Commonwealth of Massachusetts
EOHHS • www.mass.gov/masshealth

EDM COVER SHEET

NOTIFICATION OF BIRTH

Instructions:

- Complete form and print it out
- Sign form and fax it to 617-887-8777**

Hospital Name
Hospital Address
Contact Name & Telephone No.

Section I: Mother's Information

Mother's MassHealth Member ID	Mother's Name
Mother's Address	
Mother's Date of Birth	Mother's Telephone No.
Primary Insurer or Guardian & Relationship to Newborn	
Primary Commercial Insurance	

Section II: Child's Information (Please Note: You must include all the information requested in this section.)
Please list additional children on a separate sheet.

Child's Last Name	Child's First Name	M.I.	Child's Date of Birth (MM/DD/YYYY)	Gender
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

Please avoid using "BABY GIRL" or "BABY BOY" as a substitute for 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.

Has an application for the child's social security number been made through the hospital? Yes No

I certify that the above-named child was born to the mother listed above. Date

Signature and Title

Section III: Child's Information (for MassHealth use only)

Child's Member ID	Start Date	Cat.
Child 1		
Child 2		
Child 3		

NOB-1 (Rev. 02/18)

NOB-1 (Rev. 02/18)

MassHealth NOB Process: What's New on the Form (cont'd)



- What's new:
 - New NOB form:
<https://www.mass.gov/files/documents/2018/03/22/NOB-1-03-18.pdf>
 - New fields: “Primary Insurer or Guardian” and “Primary Commercial Insurance” information. ***These are optional; added per hospitals' requests*

Section I: Mother's Information	
Mother's MassHealth Member ID	Mother's Name
Mother's Address	
Mother's Date of Birth	Mother's Telephone No.
Primary Insurer or Guardian & Relationship to Newborn	
Primary Commercial Insurance	

MassHealth NOB Process: Update (cont'd)



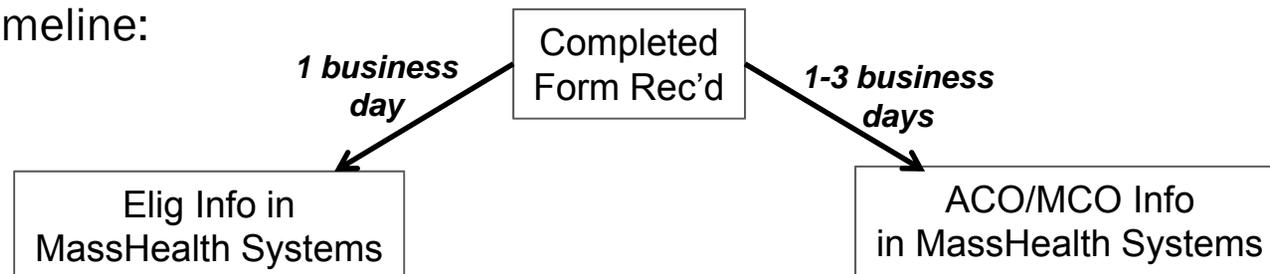
- Deleted fields:
 - “Mother’s Plan” section, and “Child’s Birth Weight,” “Gestational Age,” and “Race Code” fields

Section I: Mother’s Information				
Mother’s MassHealth Member ID		Mother’s Name		
Mother’s Address				
Mother’s Date of Birth		Mother’s Telephone No.		
Primary Insurer or Guardian & Relationship to Newborn				
Primary Commercial Insurance				
Section II: Child’s Information <i>(Please Note: You must include all the information requested in this section.)</i> <i>Please list additional children on a separate sheet.</i>				
Child’s Last Name	Child’s First Name	M.I.	Child’s Date of Birth (MM/DD/YYYY)	Gender
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
Please avoid using “BABY GIRL” or “BABY BOY” as a substitute for 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.				

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



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

Member Transition: Plan Selection Period and Fixed Enrollment Period



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 and for details about the Fixed Enrollment Period, go to 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>

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

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>
- April 6, 2018 Update: https://www.mass.gov/files/documents/2018/04/06/COC-addtl-mbr-supports040618_2.pdf

Continuity of Care

Supporting Member Transitions to New MassHealth Plan Options

Starting March 1, 2018, new Accountable Care Organization (ACO) and Managed Care Organization (MCO) contracts will become effective to improve accountability and integration of care for MassHealth members.

MassHealth is committed to working with all relevant parties to ensure continuity of care for the many members who are moving to new plans, whether they are going to or from an ACO Partnership Plan, a Primary Care ACO, an MCO, or the Primary Care Clinician (PCC) Plan.

To this end, MassHealth has issued "Continuity of Care-Supporting Member Transitions to New MassHealth Plan Options" to explain how MassHealth is working with ACOs, MCOs, and providers to ease this transition to new plans. Please review this important document and follow the instructions within, as applicable.

Important things for you to know

- These changes apply to MassHealth managed care members (generally, this includes members under age 65 who do not have another primary insurer, either commercial or Medicare, and are not in a long-term facility)
- All members have a minimum 30-day Continuity of Care period.

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](#)

New Service Area Exceptions Process



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
- Pharmacy Facts Number 112: FAQ for ACO launch:
<https://www.mass.gov/files/documents/2018/03/01/pharmacy-facts-112.pdf>
 - See Pharmacy Facts 113 for updated contact information for pharmacies to validate member ACO plan numbers
- Pharmacy Facts Number 113:
<https://www.mass.gov/files/documents/2018/03/16/pharmacy-facts-113.pdf>

Number 112, March 1, 2018

PHARMACY FACTS
Current information for pharmacists about the MassHealth Pharmacy Program
www.mass.gov/masshealth-pharmacy-facts

Editor: Vic Vangel Contributors: Paul Jeffrey, Kim Lenz, Nancy Schiff, Vic Vangel

Pharmacy: Frequency Asked Questions for ACO launch

Claims submission and adjudication

1. How will pharmacy claims be processed starting March 1, 2018?
Consistent with current practice, pharmacies will be paid by a member's plan, subject to its rules, formulary, and rates:

- If the member is in the PCC Plan or a Primary Care ACO, the pharmacy will be paid by MassHealth, according to the current MassHealth rate methodology. Pharmacies should submit claims to POPS the same way they already do.
- If the member is in an MCO or an Accountable Care Partnership Plan, the pharmacy will be paid by the appropriate MCO (or its pharmacy benefit manager (PBM)). Rates are based on contracts between the MCO/Partnership Plan and pharmacies. As is currently the case, MCOs (and Partnership Plans) maintain their own formularies, and may have minor formulary differences from each other and from the MassHealth Drug List.

Pharmacies contracted in ACOs

2. How will pharmacy networks change starting March 1?
For members in the PCC Plan and Primary Care ACOs, all pharmacies (both retail and specialty) that are contracted with MassHealth will be in-network. For members in Accountable Care Partnership Plans and MCOs, pharmacies must be contracted with the appropriate MCO in order to be in-network.

Pharmacies who are contracted with MCOs should confirm directly with these MCOs: (1) that those contracts extend past March 1, 2018; and (2) if the MCO will offer multiple ACO and/or MCO products as of March 1, 2018, which products the contract applies to.

3. What if a member switches to a new plan that does not contract with their current pharmacy provider?
To ensure that members transition to their new plans successfully and continue to have access to all the services they need, all members enrolling into a new plan on or after March 1, 2018, will have a minimum 30-day continuity of care period. The continuity of care period begins on the first day the member is enrolled with the plan. During this period, members may continue to be served by their previous providers (including specialty pharmacies), even if that provider is not part of the member's new plan network.

If providers are not part of the new plan's network, they will need to make appropriate arrangements with the Accountable Care Partnership Plan, MCO, or MassHealth in order to be paid by the new plan after the continuity of care period.

For any other questions regarding pharmacy networks (including specialty pharmacies), call the Plan and PBM phone numbers listed in Appendix A.

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 or Change Form

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

Is this form for you?
Certain members in the MassHealth program will need to enroll in a health plan. Use this form if you

- Are under 65
- Do not have other insurance (including Medicare)
- Live in the community (for example, not in a nursing facility), and
- Are in MassHealth Standard, CommonHealth, CarePlus, or Family Assistance.

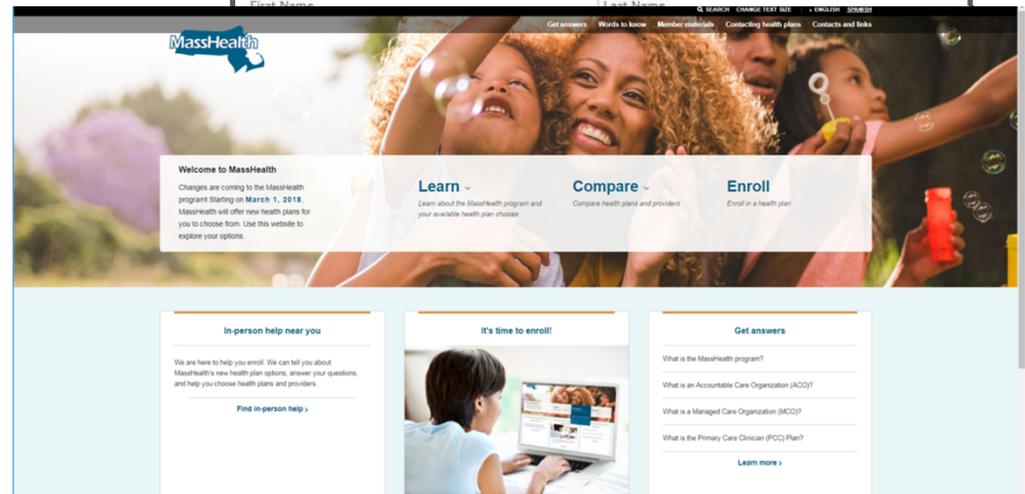
Enroll or change health plans
To enroll or change health plans, choose a plan available where you live. You must choose a primary care provider (PCP). **Please note:** If you do not choose a health plan, MassHealth will pick a plan for you. If you pick a health plan, but not a PCP, the plan will assign a PCP to you.

- Learn about health plans available in your area at www.MassHealthChoices.com
- Compare health plans, check for your PCP, or find a PCP at www.MassHealthChoices.com
- Enroll in a health plan or change health plans at www.MassHealthChoices.com

Enrollment
This is **NOT** an application to apply for MassHealth. If you need to apply for MassHealth, go to www.MAhealthconnector.org.

New Health Plan Enrollment Change Health Plan

Member info (Please fill out one form for each family member.)



Health Plan Enrollment Effective Date



Timeframe for Health Plan Enrollment Effective Date

Enrollment Received By	Member requesting Enrollment in	Health Plan Enrollment Effective Date	Plan Effective in Eligibility Verification Systems (EVS)
Telephone	<ul style="list-style-type: none"> Primary Care ACO or Primary Care Clinician (PCC) Plan 	One calendar day after the request was received	One calendar day after the request was received
	<ul style="list-style-type: none"> Accountable Care Partnership Plan or Managed Care Organization (MCO) 	One business day + one calendar day after the request was received.	One business day + one calendar day after the request was received
Online or Fax	<ul style="list-style-type: none"> Primary Care ACO or Primary Care Clinician (PCC) Plan 	Retroactive to the date when the enrollment request was received	One calendar day after the request was received
	<ul style="list-style-type: none"> Accountable Care Partnership Plan or Managed Care Organization (MCO) 	Retroactive to the date when the enrollment request was received	One business day + one calendar day after the request was received

Enrollment Effective Date (*cont'd*)



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](https://www.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

How to Assist a MassHealth Member with Health Plan Selection (*cont'd*)



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?

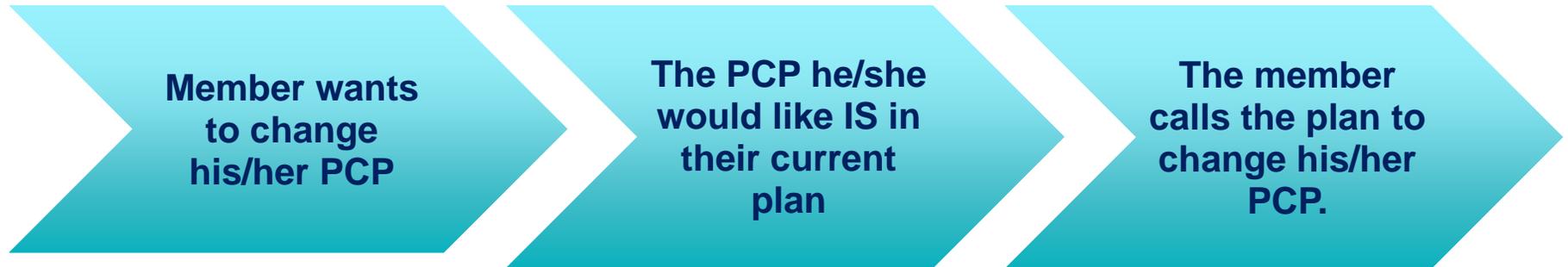
MassHealth Resources

- How Can MassHealth Health Plan Members Change PCPs

How to Change a PCP



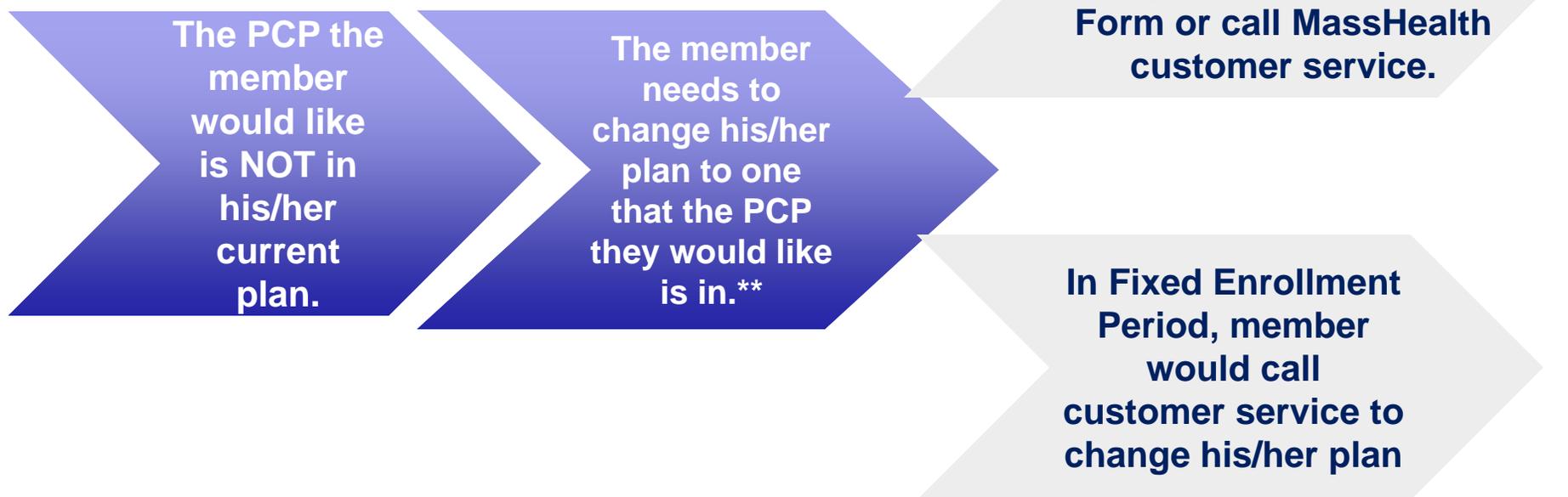
If members are enrolled in an MCO or an ACO and they would like to change their PCP:



How to Change a PCP



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

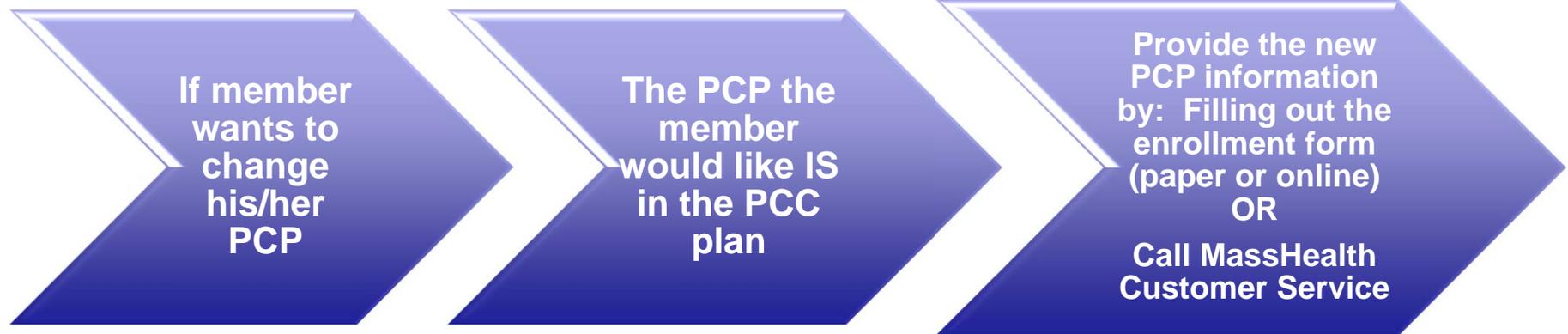


** Members are subject to Plan Selection Period/Fixed Enrollment Period rules if they are selecting a PCP in another plan. Some exceptions apply.**

How to Change a PCP



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



How to Change a PCP



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

