



MA Health Care Learning Series

Massachusetts Healthcare Training Forum (MTF)

July 2017

Agenda

- **Health Connector**
 - Open Enrollment 2018 Preview
 - Online Payment Center and Paperless Notices
- **MassHealth Updates**
 - Systems Updates
 - MassHealth Health Plan Updates

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 Preview

The Health Connector has started the planning process for Open Enrollment 2018:

- 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
- We remain committed to offering our members and new enrollees a stable and well supported enrollment experience
- If approved at the Health Connector's July board meeting, OE 2018 will begin on 11/1/2017 and will end on 1/23/2018

OE18
KICKOFF!

Redeterminations & Renewals: Overview



The federal government requires that each year, individuals in Marketplaces have their eligibility redetermined and have their QHPs/QDPs renewed

Redetermination: Eligibility

Annual process for a Marketplace to reassess an individual's eligibility for enrollment in or financial assistance paying for a Qualified Health Plan (QHP)/Qualified Dental Plan (QDP) by proactively reviewing federal data and requesting new information from a customer whose prior eligibility information does not reasonably match any new information obtained.

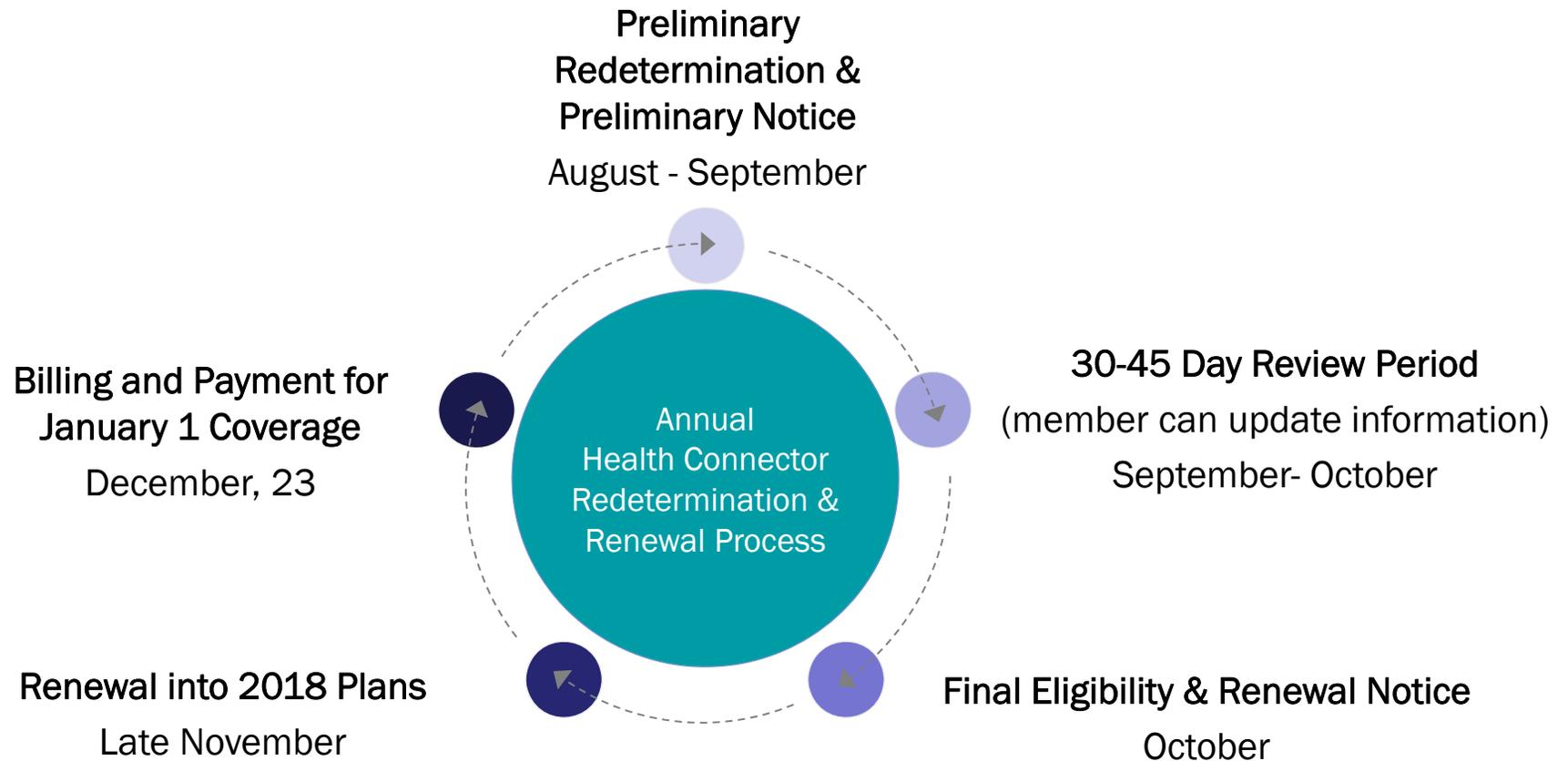


Renewal: Enrollment

Process outlined by federal regulations that guarantees that eligible QHP/QDP enrollees be renewed into coverage for the following coverage year if they are still eligible. Includes guidelines on how to provide a like-plan for members in the event their same plan is not available or if their eligibility has changed.

- The Health Connector's **Redetermination and Renewal Process** are a set of annual operational activities that happen each year in advance of the Open Enrollment period

Overview of Redetermination and Renewal Process



Redeterminations and Renewals: 5 Key Takeaways



1. Preliminary Determination and Preliminary Notice

In August, the Health Connector makes a preliminary eligibility redetermination for all households with at least 1 active Qualified Health Plan (QHP) eligible member that continues to be eligible for MassHealth or the Health Connector

- MassHealth and the Health Connector will review available federal and state data sources for income
- If the member has not manually verified income within the last renewal period, the system 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 system will make a the determination using available data sources

Noticing: All QHP enrollees that applied for financial assistance will get:

- a) Health Connector preliminary eligibility notice; or a
- b) MassHealth Auto-Renewal for Mixed Household who can be auto-renewed; or
- c) Combined QHP and MassHealth notice for mixed household with a MassHealth pre-populated form.

Mixed Households that can be auto-renewed will get a and b.

Redeterminations and Renewals: 5 Key Takeaways (cont.)



2. 30 – 45 Day 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 2018.

- **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 receive a MassHealth Pre-populated Renewal form will have 45 days to review their application and make any changes before renewal eligibility is finalized
- MassHealth members who are sent a pre-populated form are required to return the form to MassHealth to provide updated information online or by phone or paper
- Members can make changes on their own online at any time

Redeterminations and Renewals: 5 Key Takeaways (cont.)



3. Final Eligibility & Renewal Notice

- Eligibility is finalized after the 30-45 review period
- A Final Eligibility and Renewal Notice is sent to All households with at least one eligible and enrolled QHP member that continues to be eligible for a QHP in 2018.

Note about failing to reconcile taxes: In late September, IRS systems will share with state systems data indicating whether or not a consumer has filed and reconciled their taxes for 2016. If a Health Connector member did not properly file or reconcile their taxes after receiving tax credits in 2016, the member will be blocked from receiving subsidies in 2018. This is known as failure to reconcile (FTR). Members who did not file in 2016 will likely see their eligibility change online when IRS updates their records. If there is a change in eligibility, members will receive an updated Eligibility Approval notice when the Connector receives the IRS update (end of September). They will also see the resulting change reflected in the Final Eligibility and Renewal Notice sent in October.

Redeterminations and Renewals: 5 Key Takeaways (cont.)



4. Renewal into 2018 Health Connector Plan

- All Health Connector eligible and enrolled QHP members who continue to be eligible for January 1 will be auto renewed into a plan.
- The Health Connector follows guidelines to place members into their dental and medical plans for 2018.

Redeterminations and Renewals: 5 Key Takeaways (cont.)



5. Billing and Payment for January 1 coverage

Payment is due on December 23, 2017

Members that:

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

In-person and Call Center Member Assistance



The Health Connector remains committed to serving new and existing members by offering in-person assistance and convenient call center hours.

- Walk-in centers: In-person assistance from Health Connector customer service staff. Each site performs the full range of customer service activities, such as helping with applications, taking payments, and troubleshooting accounts

Location	Address	Open Enrollment Hours
Boston	133 Portland Street Boston, MA 02114	M-R: 8am-8pm; F: 8am-6pm; Sat: 9am-5pm
Worcester	146 Main Street Worcester, MA 01608	M-R: 8am-8pm; F: 8am-6pm; Sat: 9am-5pm
Springfield	88 Industry Ave Springfield, MA 01104	M-F: 9am-5pm

In-person and Call Center Member Assistance (cont.)



- Customer Service during Open Enrollment: The Health Connector call center will have extended business hours to ensure current and new members have expanded access to getting their questions answered. During Open Enrollment, the call center will be open:
 - Monday – Thursday, 8am – 8pm
 - Friday 8am – 6pm and
 - Saturday 9am – 5pm
- Customer Service Representatives will be receiving specialized training to support Open Enrollment calls and more staff are being added to the call center in order to support the increased demand during this time
 - The Call Center Number is: **1-877-MA-ENROLL** or **1-877-623-6765**.
 - Help is available in all languages

In-Person and Call Center Member Assistance (cont.)



- Massachusetts Navigators: Continue to conduct outreach and provide application, eligibility, and enrollment assistance to people in the community. They are available to help members of the community with questions or issues. Appointments are encouraged

Boston Public Health Commission	1010 Massachusetts Avenue, Boston , Ma 02118
Cambridge Economic Opportunity Committee	11 Inman Street, Cambridge, Ma 02139
Caring Health Center	1049 Main Street, Springfield, Ma 01103
Community Action Committee of Cape Cod & Islands, Inc.	372 North Street, Hyannis, Ma 02601
Community Health Center of Franklin County	489 Bernardston Road, Greenfield, Ma 01301
Ecu-Health Care	99 Hospital Avenue, Suite 208, North Adams, MA 01247
Family Health Center of Worcester	26 Queen Street, Worcester, Ma 01610
Fishing Partnership	30 Chestnut Ave # 2, Burlington, MA 01803
Greater Lawrence Community Action Committee	305 Essex Street, Lawrence, MA 01840
Health Care For All	1 Federal Street, Boston, MA 02110
Hilltown Community Health Center	58 Old North Road, Worthington, MA 01098
Joint Committee for Children's Health Care in Everett	Everett City Hall, 484 Broadway, Everett, MA 02149
Manet Community Health Center	110W Squantum Street, Quincy, Ma 02171
PACE	166 William Street, New Bedford, Ma 02740
Stanley St. Treatment & Resources	400 Stanley Street, Fall River, MA 02720
Vineyard Health Care Access	114 New York Avenue, Vineyard Haven, MA 02568

To find an enrollment assister near you, visit: <https://my.mahealthconnector.org/enrollment-assisters>

New Online Payment Center and Paperless Notices

New Online Payment Center and Paperless Notices are LIVE!



Health Connector members now have new way to make payments and can sign up for paperless noticing:

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

As of 6/30/17:

- **1956** subscribers have signed up for at least one type of paperless noticing (bill, notice, or tax documents)
- **Of the 1956** subscribers, **1353** signed up to receive all 3 notice types by email.

New Online Payment Center and Paperless Notices (cont.)



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

New Online Payment Center and Paperless Notices (cont.)



How you can promote the use of the Online Payment Center:

Let members know that:

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

Note: Assistors who experience any difficulty using this new functionality should report issues to either Health Connector Assister Line or Health Connector Customer Service.

Systems Updates

Systems Update



- Health Connector updates:
 - Certificate of Exemption for Catastrophic Eligibility
 - Health Connector Provider Search
- MassHealth updates:
 - Transitional Medical Assistance
 - Responsible Party
 - Enrolling in a MassHealth MCO
 - Updating Employer Information
 - MassHealth Notice Updates

Systems Updates: Health Connector Updates

Certificate of Exemption for Catastrophic Eligibility



The online system now has the ability to allow catastrophic eligibility and shopping for individuals who are age 30 and older if they have a hardship exemption.

- A link to the hardship exemption form on the Healthcare.gov website will be available from MAhealthconnector.org or the direct link is: <https://www.healthcare.gov/health-coverageexemptions/hardship-exemptions/>
- The form must be submitted to Health and Human Services (HHS) for approval. If approved by HHS, individual must submit a copy of the letter to:

Mail:

Massachusetts Health Connector

133 Portland St 1st Floor

Boston, MA 02114

Fax: 617-887-8745

- This change does not impact current eligibility for and enrollment in catastrophic plans for individuals under 30
- Individuals who are eligible for ConnectorCare do not qualify for catastrophic plans even if they have an approved Hardship Exemption from HHS

Health Connector Provider Search



All eligible Qualified Health Plan (QHP) members can now search for current providers associated with QHPs .

Each shopping group on the application will be able to access and view decision support screens for Health and Dental plans

The system will:

- Allow each shopping group on the application to separately access and view decision support screens for Health and Dental plans
- Display a new page that provides all users the option to enter the decision support screens, or proceed directly to plan shopping and/or anonymous browsing
- Prior to the Plan Selection page, applicable users will have the option to enter information on new decision support pages about up to 5 providers and/or up to 5 facilities. When the user finishes these pages and proceeds to Plan Selection, information about whether these providers or facilities are in-network will display on the Plan Selection page for each plan

Health Connector Provider Search (cont.)



The decision support screens allow Health and Dental plans to be filtered for a selected provider or facility, as well as provide informational text.

- When performing a provider search, the Distance dropdown allows increments of 1, 2, 5, 10, 25, 50, 100, 150 miles.
- When performing an advanced facility/hospital search, the following filters may be used:
 - Facility name
 - Zip code
 - Distance in miles from zip code
 - Type of facility
- When performing an advanced provider search, the following filters may be used:
 - Provider name (First or Last)
 - Zip code
 - Distance in miles from zip code
 - Language spoken
 - Sex
 - Specialty
 - Accepting new patients

Health Connector Provider Search (cont.)



Important Links

- Learn more [about the proofs we need](#)
- Learn more [about the programs that you qualify for](#)
- Learn more [about the next steps you will need to take to enroll in coverage](#)

 Your household qualifies for a Special Enrollment Period

You can enroll through
May 12, 2017

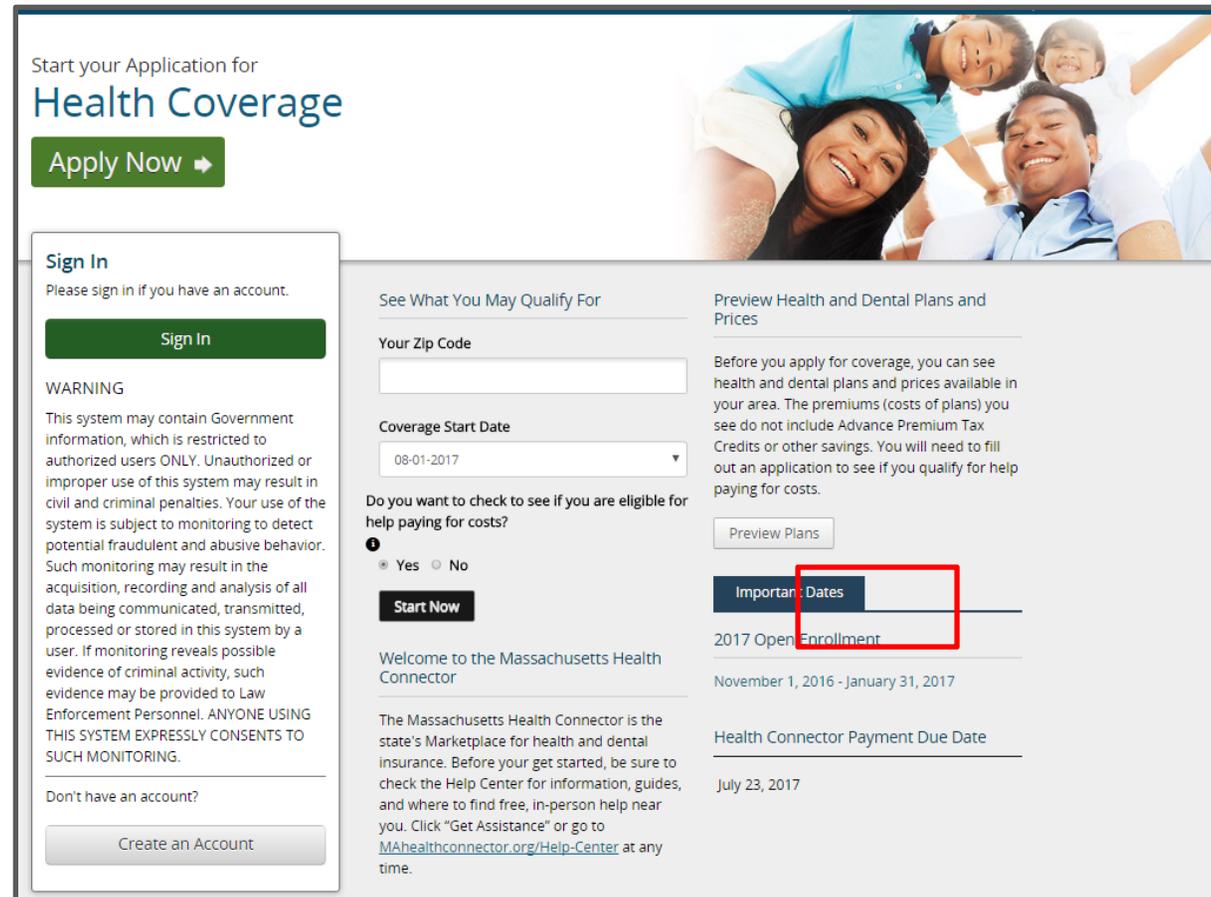
You qualify to enroll in a new or different health insurance plan until May 12, 2017. If you would like to enroll in a new or different coverage, you must choose a plan and pay the first monthly premium before coverage can start.

[Application Summary](#) [Find a Plan for 2017](#) [Admin SEP](#)

Health Connector Provider Search (cont.)



- When using anonymous browsing, consumers can also access the Provider Search tool.



The screenshot shows the 'Start your Application for Health Coverage' page. At the top, there is a banner with a family photo and the text 'Start your Application for Health Coverage' and an 'Apply Now' button. Below the banner, there are three main sections:

- Sign In:** A section with a 'Sign In' button and a 'WARNING' box containing a disclaimer about government information and monitoring.
- See What You May Qualify For:** A section with a 'Your Zip Code' input field, a 'Coverage Start Date' dropdown menu (set to 08-01-2017), and a radio button selection for 'Do you want to check to see if you are eligible for help paying for costs?' (selected 'Yes'). A 'Start Now' button is located below this section.
- Preview Health and Dental Plans and Prices:** A section with a 'Preview Plans' button and a table of information. The table has a header row with 'Important Dates' highlighted in red. The table content is as follows:

Important Dates
2017 Open Enrollment
November 1, 2016 - January 31, 2017
Health Connector Payment Due Date
July 23, 2017

Systems Update: MassHealth Updates

Transitional Medical Assistance (TMA)



- Federal law requires that MassHealth provide 12 calendar months of extended eligibility to all MassHealth Standard members who would otherwise become ineligible because an increase in earned income would result in a household MAGI determination of an FPL over 133%.
- The 12 month period begins on the effective date of the increase in earned income.
- Update to Income screen of new “Income Effective date” field
- New TMA approval and change notices generated by the online system

Commonwealth of Massachusetts 
Executive Office of Health and Human Services

Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780-0419

You can get this information large print and braille. Call 1-800-841-2900 from Monday to Friday, 8:00 A.M. to 5:00 P.M. TTY: 1-800-497-4648

 Address

Attn: [ARD/ PSI Name] Re: Notice sent to [Primary Recipient Name]

Dear [Primary Recipient Name],

MassHealth has learned that your household income has gone up. However, the people listed below can continue to receive MassHealth Standard benefits through a program called Transitional Medical Assistance (TMA).

➤ [Name] [Member ID:] [Member ID] Date of Birth: [DOB] starting on [TMA Start Date] and ending on [TMA End Date]

As long as you and your household members remain Massachusetts residents, you can keep your current benefits through TMA coverage for a 12 month period starting on the date your household income went up.

This is according to the MassHealth regulations at 130 CMR 505.002 (L).

What happens next?

➤ The people listed on this notice will continue to get MassHealth Standard benefits in the same way they do today. They should keep using their MassHealth card.

Responsible Party



- A new “Responsible Party” section has been added to the online application, and will soon be added to the paper application, for applications where the Head of Household (HoH) is a child under the age of 18. In order to complete the application, MassHealth and the Health Connector need to have an adult, who is at least 18 years old, to serve as the Responsible Party, unless the child is emancipated.
- The responsible party...
 - Must be 18 or older
 - Can be a parent, guardian, or other trusted person in the applicant’s life
 - Must make sure the applicant follows the Terms and Conditions if they are enrolling in a Health Connector health or dental plan
 - Is an adult on the application if the child is listed as HoH and the application includes other adults (e.g., not applying, caretakers)
 - Is not given authority to do anything else (an ARD/PSI is still needed for copies of notices)

Responsible Party (cont.)

- Upon eligibility redetermination, if the child HOH has become an adult, the now-adult HOH will be the Responsible Party
- Responsible Party Application Changes – When the HoH is under 18, the following question will display on the “Rights and Responsibilities” page:
 - “Is <Head of Household Name> an emancipated child?”
 - If “Yes,” the Responsible Party section will no longer display and no further information is requested.
 - If “No,” the Responsible Party section must be completed by the Adult who is at least 18 years old
- **Note:** MassHealth will not send any notices addressed to the Responsible Party; if the Responsible Party is looking for information or copies of notices, a PSI or ARD must be completed.

Responsible Party (cont.)



Is DISOHcc DAosngreen an Emancipated Minor? ⓘ

Yes No

Note: In order to complete your application, we need an adult, who is at least 18 years old, to serve as the responsible party. The responsible party can be a parent, guardian, or other trusted person in your life. The responsible party must also make sure you follow the Terms and Conditions if you are enrolling in a Health Connector health or dental plan. Please provide the information below.

Responsible Party

Contact Information

* First Name	Middle Name	* Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	Suffix ▾

Social Security Number

* Relationship

Not Selected ▾

* Date of Birth (MM/DD/YYYY)

Enrolling in a MassHealth MCO



- New link will display on the Eligibility Results page for individuals determined eligible for MassHealth benefits and managed care eligible.
- Members will see an “Enroll in a MassHealth health plan now”. Members can use this link to complete a MassHealth health plan enrollment form.
 - If the member does not have an existing MassHealth ID #, a SS# can be used

Updating an Employer Information



- When reporting a change to income, do not type over employer information that is already in the online application. To change employer information, add the updated or new information as a new employer.
- The following message will now appear in the Income section of the online application as a reminder:

Note: If you need to change your employer information, please add your updated or new information as a new employer. Do not type over your current information. Changing your existing information may affect your ability to qualify for some programs that help pay for health coverage.

- “Note: If you need to change your employer information, please add your updated or new information as a new employer. Do not type over your current information. Changing your existing information may affect your ability to qualify for some programs that help pay for health coverage.”

Updates to Screens



Screen	Update/Change
Term of Use	Updated text
Notice of Consent and Authorization	Refers to MassHealth's privacy policy
Income Screens	<ul style="list-style-type: none">• Word "retirement" will be updated to "retirement or pension"• Applicant will have the option to enter both one-time and recurring income from one source but with different frequency• Deductions screen will list acceptable deductions under the "other deductions" option.
Create Profile and Personal Information	A note that a SSN must be required if applying for MassHealth Premium Assistance

Updates to Screens



Screen	Update/Change
Intent to Reside	New message on the Intent to Reside page: “Do not select any member(s) who came to Massachusetts to visit for personal pleasure or for the purpose of receiving medical care in a setting other than a nursing facility”

A screenshot of the 'Intend To Reside' screen in the MassHealth application. On the left is a navigation menu with options: 'Application Year 2017', 'Start Your Application', 'Family & Household' (highlighted in blue), 'Income', 'Additional Questions', and 'Review & Sign'. The main content area is titled 'Intend To Reside' and contains the following text: 'When you see a star (*), you must complete the field.' and 'When you see an ⓘ, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.' Below this is a red asterisk warning: '* Please select the member(s) who are living in Massachusetts and either intend to reside here, even if they do not have a fixed address, or are seeking employment or have a job commitment in Massachusetts.' A yellow highlighted box contains the instruction: 'Do not select any member(s) who came to Massachusetts to visit for personal pleasure or for the purpose of receiving medical care in a setting other than a nursing facility.' There are two radio button options: 'O P Mastermind Sr.' (which is selected) and 'None of these people'. At the bottom right are 'Back' and 'Save and Continue' buttons.



MassHealth Health Plan Updates

What Are the Goals of the MassHealth Payment Reform Initiative?



- CMS (Center for Medicare and Medicaid) authorized MassHealth to move forward with development of three ACO models anticipated to start serving managed care eligible members.

The goals of these new models are to:

- Coordinate care for members
 - Emphasize the role of primary care
 - Reward providers for improving patient health outcomes and lowering costs
 - Invest in supporting and increasing links to Community Partners (such as behavioral health (BH) and Long Term Services and Supports (LTSS)) – for both MCOs and ACOs
- In 2018, managed care eligible members will have a choice of health plan models including ACOs, MCOs, and the Primary Care Clinician (PCC) Plan.

Who is Impacted by Payment Reform?



- Managed care-eligible members including persons who are:
 - Under 65, with no Third Party Liability (TPL) (including Medicare)
 - Living in the community
 - In the following MassHealth coverage types:
 - Standard
 - CommonHealth
 - CarePlus
 - Family Assistance

What are Accountable Care Organizations (ACO)?



An Accountable Care Organization (ACO) is a health plan accountable to members to provide quality care and help them meet their health goals. ACOs have groups of primary care providers (PCPs) and other providers who work together to meet members' overall health care needs.

In an ACO, the PCP and their team is responsible for working with members and their ACO's network of providers to help coordinate members' care and connect them with available services and supports. This coordination can help members get the right care at the right time.

Accountable Care Organization (ACO) Health Plans



A. Accountable Care Partnership Plans

- Managed care organizations (MCOs) with a closely partnered ACO, or integrated entities meeting the requirements of both, that provide vertically integrated, coordinated care under a capitated rate

B. Primary Care ACOs

- ACOs that contract directly with MassHealth to take financial accountability for a defined population of enrolled members through retrospective shared savings and risk

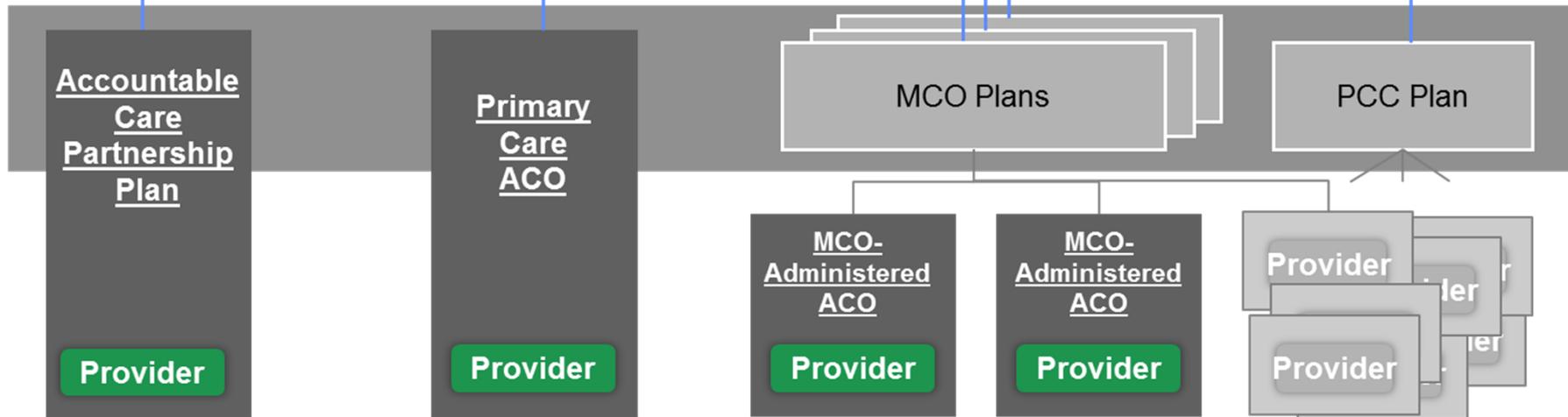
C. MCO-Administered ACOs

- ACOs that contract directly with MassHealth MCOs to take financial accountability for the MCO enrollees they serve through retrospective shared savings and risk

MassHealth Restructuring



MassHealth



Accountable Care Partnership Plan

- MCO and ACO have significant integration and provide covered services through a provider network
- Risk-adjusted, prospective capitation rate
- Takes on full insurance risk

Primary Care ACO

- ACO contracts directly with MassHealth for overall cost/ quality
- Based on MassHealth provider network/MBHP
- ACO may have referral circles
- Choice of level of risk; both include two-sided performance (not insurance) risk

MCO & MCO-Administered ACO

- MCO contracts with “MCO-Administered” ACO(s) as a part of their network
- MCO plays a larger role to support population health management
- Various levels of ACO risk; all include two-sided performance (not insurance) risk

PCC Plan

- Primary care Providers based on the PCC Plan network
- Specialists based on MassHealth network
- Behavior Health administered by Massachusetts Behavioral Health Partnership (MBHP)

MassHealth Restructuring (cont.)



- MassHealth Entered into Contract Negotiations with 18 ACOs
 - These ACOs are expected to cover over 900,000 MassHealth members and include approximately 4,500 primary care providers.
 - The following is the full list of the MassHealth ACOs that have been selected for contract negotiation:

• Atrius Health with Tufts Health Public Plans	• Lahey Health
• Baystate Health Care Alliance with Health New England	• Mercy Health Accountable Care Organization with Boston Medical Center HealthNet Plan
• Beth Israel Deaconess Care Organization with Tufts Health Public Plans	• Merrimack Valley ACO with Neighborhood Health Plan
• Boston Accountable Care Organization with Boston Medical Center HealthNet Plan	• Partners HealthCare ACO
• Cambridge Health Alliance with Tufts Health Public Plans	• Reliant Medical Group with Fallon Community Health Plan
• Central Massachusetts Accountable Care Organization with Tufts Health Public Plans	• Signature Healthcare Corporation with Boston Medical Center HealthNet Plan
• Children’s Hospital Integrated Care Organization with Tufts Health Public Plans	• Southcoast Health Network with Boston Medical Center HealthNet Plan
• Community Care Cooperative	• Steward Medicaid Care Network
• Health Collaborative of the Berkshires with Fallon Community Health Plan	• Wellforce with Fallon Community Health Plan

Plan Selection Periods



Members who become eligible

90-day Plan Selection Period, from the day the member enrolls into a plan

PCC Plan members and specific populations

- No Plan Selection or Fixed Enrollment Periods and can change plans at any time
- Includes MassHealth members:
 - Enrolled in the Kaileigh Mulligan Program, who voluntarily enroll in the PCC Plan
 - In the care of Department of Children and Families (DCF) or Department of Youth Services (DYS)
 - Receiving Title IV-E adoption assistance
 - Newborns and children under one year of age
 - Enrolled in community- and home-based services waivers
 - PCC Plan members

Assignment to Plans



- In order to ensure that all managed care-eligible members are enrolled in MCOs and ACOs (or PCC Plan), certain members will have a “Special Assignment” to plans and/or “Auto Assignment” to plans.
- Members whose enrollments will change as a result of Special Assignment or Auto Assignment will receive a letter from MassHealth, letting them know of the change.

	Special Assignment	Auto Assignment
Member Letter	Letter will tell a member which plan he/she is enrolled in (based on the movement of his/her PCP)	Letter will inform a member that his/her MCO is no longer available and that he/she needs to choose a new plan
Reason	MassHealth intends to keep members with their existing PCP when possible, a process called Special Assignment. As a result, the majority of members will move to the same plan their PCP joins.	MassHealth will let members choose new plans, or, if they do not choose MassHealth will choose for them.

Notices



Depending on whether a member is special assigned, auto assigned, or not being moved to a new plan, they will receive different messaging |

Member Situation	
1) Members who are moving to a new plan because their PCP is moving to a new plan	Special Assignment: “Your current PCP has joined an ACO. You will be enrolled in this ACO and continue receiving care from your PCP. You will no longer be in your <current MCO or PCC Plan>. Please call MassHealth or go online if you’d like to make a different choice.”
2) Member’s MCO is sun-setting or no longer available in the region	Auto Assignment: “Your MCO will no longer be contracted with MassHealth to provide services. You have an opportunity to select a new plan, or you will be assigned to one and notified of the result.”
3) Member’s enrollment does not change (e.g., PCP is not joining an ACO; MCO is not sun-setting; member does not move)	Notice regarding the Plan Selection Period and Fixed Enrollment Period and what actions a member can take

Health Plan Choices, Network, Plan Selection Period (PSP), ID Cards



Health Plan Choice	Networks	PSP?	ID Card?
Accountable Partnership Plans	<ul style="list-style-type: none"> Members must choose a PCP within the Partnership Plan's network. Members will receive services through other providers, like specialists and hospitals, who are in the Partnership Plan's network of providers. 	Yes	Plan and MassHealth ID card
Primary Care ACOs	<ul style="list-style-type: none"> Member must choose a PCP within the Primary Care ACO's network. Members will receive services through providers like hospitals, or specialists from the MassHealth network of providers and will receive your behavioral health services from the Massachusetts Behavioral Health Partnership (MBHP) network of providers. 	Yes	Plan and MassHealth ID card

Health Plan Choices, Network, Plan Selection Period (PSP), ID Cards (cont.)



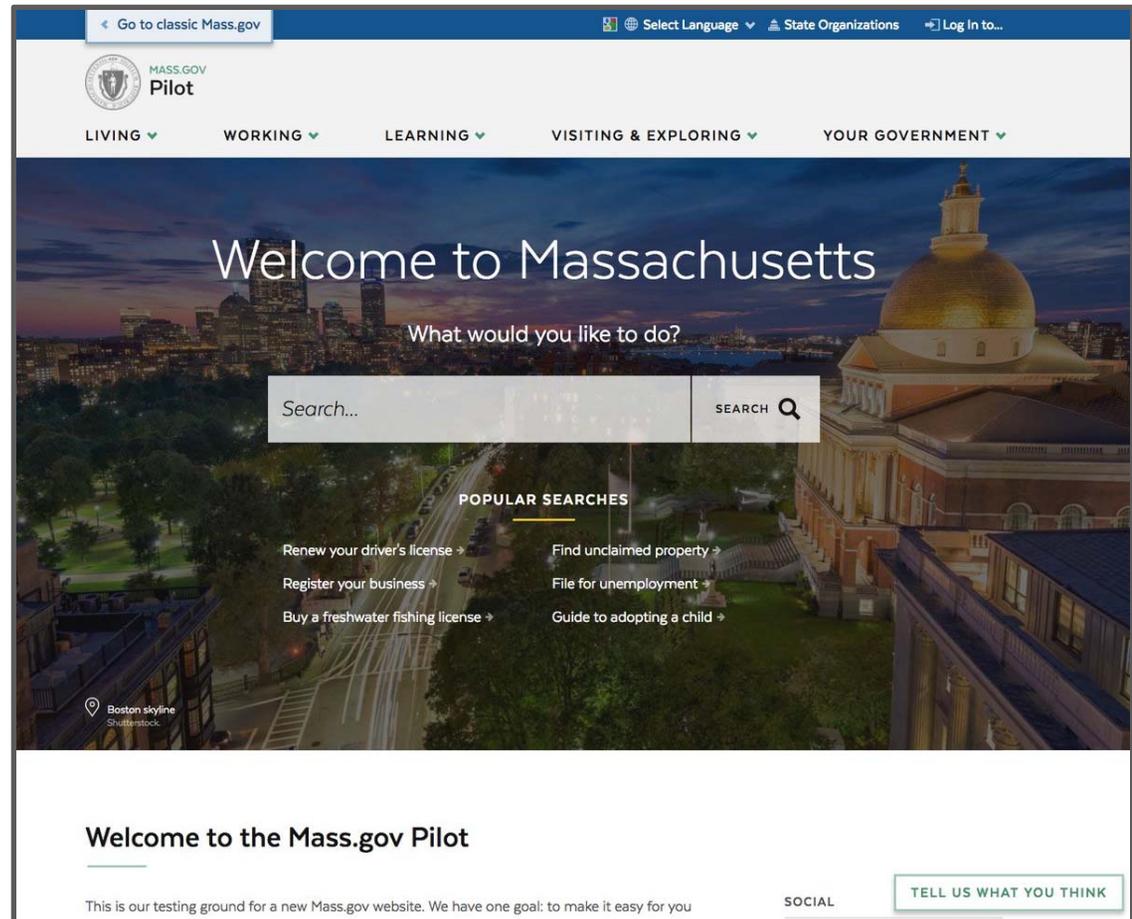
Health Plan Choice	Networks	PSP?	ID Card?
Managed Care Organization (MCO)	<ul style="list-style-type: none"> Members must choose a PCP within the MCO's network. Members will receive services through other providers like a hospital, specialist, or behavioral health provider, within the MCO's network of providers 	Yes	Plan and MassHealth ID card
Primary Care Clinician (PCC) Plan	<ul style="list-style-type: none"> Members must choose a PCP within the MassHealth network. Member will receive services through other providers like hospital, or specialist from the MassHealth network of providers and receive your behavioral health services from the MBHP network of providers. 	No, can change a health plan at anytime	MassHealth ID card

Website Update

Coming Soon: A New Look to Mass.gov



- Check out <https://pilot.mass.gov> and provide your feedback on the future of the Commonwealth's digital front door.





Questions?