MA Health Care Learning Series

Massachusetts Healthcare Training Forum (MTF)

October 2017
Agenda

- **Health Connector**
  - Open Enrollment 2018
  - Seal of Approval Results
  - Helping Health Connector Members

- **MassHealth Updates**
  - Fixed Enrollment Period Updates
  - New MassHealth Health Plans
  - Resources
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
Open Enrollment 2018

The Health Connector is ready 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

• OE 2018 will begin on 11/1/2017 and will end on 1/23/2018

Open Enrollment flyer can be downloaded from MTF website (ENG/SPA)
• Health Connector members can begin shopping and make new plan selections on **November 1**, but any new plan selection will not be effective until **January 1, 2018**

• New applicants can submit applications and enroll for coverage starting January 1, 2018 without experiencing a qualifying event

• If new members would like coverage in 2017, they must have a qualifying event

• Any Health Connector member enrolled in 2017 will be redetermined and renewed into a plan for 2018

As a reminder – people can continue to apply for and become eligible for MassHealth, the Health Safety Net, or Children’s Medical Security Plan at any time during the year

“What to expect” mailer sent in September
The Health Connector has additional customer service available during Open Enrollment this year:

- Customer Service at (877) 623-6765 are available Saturdays during Open Enrollment from 8AM-6PM
- The Assister Line will retain normal business hours (8AM-5PM) during Open Enrollment
- The Health Connector continues to have in-person assistance available at walk-in centers
  - Walk-in Centers are located in Boston, Worcester, and Springfield
  - The Health Connector is opening a walk-in center in Brockton during Open Enrollment this year, this is a one year pilot site
- Walk-in Center hours vary by location. For more information, please visit:
  [www.mahealthconnector.org/about/contact](http://www.mahealthconnector.org/about/contact)
Redeterminations & Renewals

The Health Connector will only be noticing and renewing individuals who are actively enrolled in a 2017 Qualified Health Plan (QHP) or Qualified Dental Plan (QDP) leading up to or during Open Enrollment

- **Mixed Households that can be auto-renewed will receive both the Health Connector preliminary eligibility notice and the MassHealth auto-renewal**

**Preliminary Eligibility Notice**
- Late August-early September
- Sent to enrollees who submitted a subsidized application
- Informs them of estimated 2018 FPL and program eligibility
- Instructs on how to update/correct the information
- Encourages updating the 2018 eligibility application

**Renewal Notice**
- Late October (right before Open Enrollment)
- Sent to all enrollees eligible to renew into a QHP and/or a QDP in 2018
- Includes information about the member’s 2018 plan (including QDPs, where applicable), rates, tax credit amount (where applicable), other plan options for ConnectorCare eligible members and other helpful information related to Open Enrollment
We are projecting substantial member movement based on our preliminary eligibility process.

- Overall, 26% of ConnectorCare members are currently slated to move to unsubsidized coverage
  - The majority of this movement is attributable to income not being available from state and federal sources
  - Members who were moved to unsubsidized coverage because we needed updated income information can return to subsidized coverage by submitting their updated income attestation; they may have to send us proof
  - We are already outreaching these members with additional print and email communications
Final Eligibility and Renewal

After the review period the Health Connector makes a final eligibility determination for 2018 coverage.

- A final eligibility determination for 2018 occurs in October prior to the start of Open Enrollment

- Members can still make changes to their application for 2018 coverage after final eligibility. Any changes must be made by December 23rd for them to take effect for coverage starting January 1, 2018

- Renewals is the process for eligible QHP/QDP enrollees be re-enrolled into coverage for the following year based on the final eligibility determination
Renewals for Closing Plans

The renewals process follows federal guidelines on how to provide a similar plan for members in the event their same plan is not available or if their eligibility has changed.

- Two (2) carriers that offered health insurance plans in 2017 will no longer be available in 2018:
  - CeltiCare
  - Minuteman
- Existing unsubsidized and APTC-only members enrolled in plans through these carriers will be automatically mapped at renewal into the lowest cost plan available in the metallic tier
- Existing ConnectorCare members enrolled in plans through these carriers will be mapped to the lowest cost ConnectorCare plan available in their region
Members that would like to switch plans for 2018 should make the change before November 23rd.

- The bill for January 1 coverage will be sent out during the first week of December.
- If the member wants to see their January bill in December, then the member should shop for their new plan by November 23rd.
- The bill for coverage starting on January 1, 2018 is based on the final program eligibility determination.
- If a member receives a bill for a premium they were not expecting, they still have until December 23rd to:
  - Review and update their 2018 application, or
  - Shop for a lower cost plan before January 1 coverage.
Billing and Payment (cont’d)

• If a member is changing plans, the member will get a green quote

• The green quote reflects that the member selected a new plan, and they must submit the payment to start coverage in this new plan
  – Important note: the new plan will have a different billing account number. Members must be sure to pay to the correct billing account number, or they will not be active in the newly selected plan

• If the member is staying in the same plan, member should be aware of any premium change and pay the new premium by December 23, 2017

• Payment for coverage starting on January 1, 2018 is due on December 23, 2017
Seal of Approval Results and 2018 Plan Offerings
Qualified Dental Plans

Four (4) dental carriers have submitted a total of nineteen (19) plans for QDP certification for the non-group and small group markets.

- Altus Dental and Delta Dental have submitted plans for certification and sale through the Health Connector on both the non- and small group shelves.
- All non-group dental members will be renewed into the same plan as 2017, with a majority of members seeing a moderate increase in their premiums for 2018.

<table>
<thead>
<tr>
<th>Carriers</th>
<th>Non-Group</th>
<th>Small Group</th>
<th>For sale on Health Connector</th>
<th>High</th>
<th>Low</th>
<th>Pedi</th>
<th>Total</th>
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<tbody>
<tr>
<td>Altus Dental</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Blue Cross Blue Shield of MA</td>
<td></td>
<td>✓</td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
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<tr>
<td>Delta Dental of MA</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
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<tr>
<td>Guardian</td>
<td></td>
<td>✓</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>19</td>
</tr>
</tbody>
</table>
Eight (8) medical carriers have submitted a total of fifty-two (52) plans for QHP certification for the non-group and small group markets.

- Two carriers who previously offered products on both the small and non-group shelves will not be participating in 2018: CeltiCare Health and Minuteman Health

<table>
<thead>
<tr>
<th>Issuers</th>
<th>Platinum</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
<th>Catastrophic</th>
<th>Total</th>
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<tbody>
<tr>
<td>Blue Cross Blue Shield</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
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<tr>
<td>BMC HealthNet Plan</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>5</td>
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<tr>
<td>Fallon Health</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Health New England</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Harvard Pilgrim Health Care</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
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<tr>
<td>Neighborhood Health Plan</td>
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<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Tufts Health Plan - Direct</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Tufts Health Plan - Premier</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>9</strong></td>
<td><strong>16</strong></td>
<td><strong>14</strong></td>
<td><strong>10</strong></td>
<td><strong>3</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>
**QHPs: Unsubsidized & APTC-only Premium Increases**

Unsubsidized & APTC-only Average Changes in Premium by Tier (excluding Silver): 2017 to 2018\(^1,2\)

<table>
<thead>
<tr>
<th>Tier</th>
<th>Platinum</th>
<th>Gold</th>
<th>Bronze</th>
<th>Catastrophic</th>
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<tbody>
<tr>
<td>Members</td>
<td>4,004</td>
<td>8,739</td>
<td>3,613</td>
<td>111</td>
</tr>
<tr>
<td>Premium Change</td>
<td>18.3%</td>
<td>10.7%</td>
<td>11.9%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

- This represents the average premium increases for 2018 across these four metallic tiers
- Because premiums vary considerably by carrier, members who shop could see rates ranging as low as a 7% increase, which is lower than the market-wide average

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\(^1\) Enrollment data from NTT All Spans as of September 5, 2017
\(^2\) Enrollment-weighted premium change (2017 actuals to 2018 calculated) with and without member aging (~2%), assumes mapping to 2018 renewal plan
Carriers indicated in **GREEN** have moved to a lower cost position relative to 2018, while carriers indicated in **RED** have moved to a higher cost position. Prior carrier in rank order position is noted in parentheses.

<table>
<thead>
<tr>
<th>Region</th>
<th>Lowest Cost</th>
<th>2nd Lowest Cost</th>
<th>3rd Lowest Cost</th>
<th>4th Lowest Cost</th>
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<tbody>
<tr>
<td>A1</td>
<td>BMCHP</td>
<td>Tufts-Direct</td>
<td>NHP</td>
<td>HNE</td>
</tr>
<tr>
<td>A2</td>
<td>BMCHP</td>
<td>Tufts-Direct</td>
<td>HNE</td>
<td></td>
</tr>
<tr>
<td>A3</td>
<td>Tufts-Direct</td>
<td>HNE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4</td>
<td>HNE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B1</td>
<td>Tufts-Direct(formerly BMCHP)</td>
<td>Fallon</td>
<td>BMCHP(formerly Tufts-Direct)</td>
<td>NHP</td>
</tr>
<tr>
<td>C1</td>
<td>Tufts-Direct</td>
<td>BMCHP</td>
<td>NHP</td>
<td></td>
</tr>
<tr>
<td>C2</td>
<td>Tufts-Direct</td>
<td>BMCHP</td>
<td>Fallon</td>
<td>NHP</td>
</tr>
<tr>
<td>D1</td>
<td>BMCHP</td>
<td>Tufts-Direct</td>
<td>NHP</td>
<td></td>
</tr>
<tr>
<td>E1</td>
<td>BMCHP</td>
<td>Tufts-Direct</td>
<td>NHP</td>
<td></td>
</tr>
<tr>
<td>F1</td>
<td>BMCHP</td>
<td>Tufts-Direct</td>
<td>NHP</td>
<td></td>
</tr>
<tr>
<td>F2</td>
<td>NHP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G1</td>
<td>Tufts Direct(formerly BMCHP)</td>
<td>BMCHP</td>
<td>BMCHP(formerly Tufts-Direct)</td>
<td>NHP</td>
</tr>
<tr>
<td>G2</td>
<td>NHP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G3</td>
<td>Tufts Direct(formerly BMCHP)</td>
<td>BMCHP</td>
<td>BMCHP(formerly Tufts-Direct)</td>
<td>NHP</td>
</tr>
</tbody>
</table>
## ConnectorCare: 2018 Plan Designs

### ConnectorCare Benefits & COPAYS

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Plan Type 1</th>
<th>Plan Types 2A &amp; 2B</th>
<th>Plan Types 3A &amp; 3B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Maximum Out-of-Pocket (Individual/Family)</td>
<td>$0</td>
<td>$750/$1,500</td>
<td>$1,500/$3,000</td>
</tr>
<tr>
<td>Prescription Drug Maximum Out-of-Pocket (Individual/Family)</td>
<td>$250/$500</td>
<td>$500/$1,000</td>
<td>$750/$1,500</td>
</tr>
<tr>
<td>Preventive Care/Screening/Immunization</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Primary Care visit to treat injury or illness (exc. Well Baby, Preventive and X-rays)</td>
<td>$0</td>
<td>$10</td>
<td>$15</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$0</td>
<td>$18</td>
<td>$22</td>
</tr>
<tr>
<td>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</td>
<td>$0</td>
<td>$10</td>
<td>$15</td>
</tr>
<tr>
<td>Rehabilitative Speech Therapy</td>
<td>$0</td>
<td>$10</td>
<td>$20</td>
</tr>
<tr>
<td>Rehabilitative Occupational and Rehabilitative Physical Therapy</td>
<td>$0</td>
<td>$10</td>
<td>$20</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>$0</td>
<td>$50</td>
<td>$100</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$0</td>
<td>$50</td>
<td>$125</td>
</tr>
<tr>
<td>All Inpatient Hospital Services (including Mental/Behavioral Health and Substance Abuse Disorder Services)</td>
<td>$0</td>
<td>$50</td>
<td>$250</td>
</tr>
<tr>
<td>High Cost Imaging (CT/PET Scans, MRIs, etc.)</td>
<td>$0</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td>Laboratory Outpatient and Professional Services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>X-Rays and Diagnostic Imaging</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Retail Prescription Drugs:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Generics</td>
<td>$1</td>
<td>$10</td>
<td>$12.50</td>
</tr>
<tr>
<td>Preferred Brand Drugs</td>
<td>$3.65</td>
<td>$20</td>
<td>$25</td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>$3.65</td>
<td>$40</td>
<td>$50</td>
</tr>
<tr>
<td>Specialty High Cost Drugs</td>
<td>$3.65</td>
<td>$40</td>
<td>$50</td>
</tr>
</tbody>
</table>
Helping Health Connector Members
1. Act Early
Members that act early to make updates will be able to see changes in eligibility reflected in their renewal notice, those that choose new plans early will see their new bills in December

2. Use Process of Elimination
Helping members determine why they lost subsidies can be challenging. Use the process of elimination and walk through the reasons with the member. Use the list of reasons from the Health Connector redetermination and renewal notice to as a checklist (image pictured on the next slide)
3. Use Available Resources

The Assister Portal, Payment Center, and Notices are all helpful tools as you assist members through the process.
Refer members for tax assistance if they need to file taxes and reconcile premium tax credits.

- If members need a copy of their 1095-A, refer them to the Health Connector online form at https://www.mahealthconnector.org/taxes/tax-form-copies-and-corrections

- If members had multiple insurance coverage types in 2016, they may also need to contact their employer or MassHealth for a copy of their form 1095-B

For Information about health coverage and taxes: https://www.mahealthconnector.org/taxes
Health Connector Resources

- Health Connector tools like the Health Plan Shopping Guide and Consumer Guide to Subsidies (pictured right) and other resources are available for download:

https://www.mahealthconnector.org/help-center/resource-download-center
Assisters can help members shop for their 2018 health and dental plan online.

• Go to Find a Plan for 2018 in the My Eligibility section of the online account.
Shopping For 2018 Plans

Continue through Shop & Enroll, then click Find a new Plan for 2018.
Shopping For 2018 Plans

The plan finder will ask if the member wants to search for providers and facilities before going to plans. Members can use the tool in the Shopping page.

Plan Finder Tool

Click "Start Now" if you would like to see which plans include your providers or medical facilities in-network.

Start Now

Plan Finder Tool

Our plan finder tool can help you find plans that include providers (like doctors and nurses) and facilities (like hospitals and community health centers) you visit.

- If finding a plan that includes a provider you already use is important to you, click "Yes" to search for doctors and medical facilities to include when shopping for a plan. You can choose up to 5 providers or facilities, or both to see if they are in a plan’s network.
- If you skip this step now, you can always search for providers later while shopping for plans.

Do you want to search for providers and facilities you visit?

No. Skip to plans

Yes, I want to search for providers

Note: Before you make a decision about your health plan enrollment, please call the provider or facility you want to be able to use to make sure they are in the plan’s network. It is important to ask if they will continue to be in the network of that plan for next year as well. If you want to see a doctor that you haven’t been to before, you should also ask if the doctor is taking new patients.
MassHealth
Health Plan Updates
MCO Fixed Enrollment Period Update

• **Current Managed Care Organization (MCO) Fixed Enrollment Period** for MassHealth managed care enrolled members will expire on **9/30/2017**

• To align with the implementation of ACOs, MassHealth will not begin the new plan selection period until 3/1/18, when new plan enrollments start

• The **next Fixed Enrollment Period** will not begin until **6/1/2018**. Members are able to change to available plans without meeting an exception reason until their next Fixed Enrollment Period begins
New MassHealth Health Plan
Who is Impacted

- 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:
    - MassHealth Standard
    - MassHealth CommonHealth
    - MassHealth CarePlus
    - MassHealth Family Assistance
Health Plan Enrollment Process

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

• How to enroll, members can:
  − Go online at www.MassHealthChoices.com *fastest way*
  − Mail or fax in the MassHealth Enrollment form: www.mass.gov/eohhs/how-to/planenrollment
  − Call MassHealth Customer Service (1-800-841-2900 TTY: 1-800-497-4648)

• When can someone change health plans
  − Members can change health plans during their annual Plan Selection Period
Accountable Care Organizations (ACOs)

- **Accountable Care Organizations (ACOs)** are groups of doctors, hospitals, and other health care providers who come together to give coordinated, high-quality care to MassHealth members. This way, MassHealth members get the right care at the right time. MassHealth will reward ACOs for the quality, efficiency, and experience of member care, so they are accountable to the member.
Options Available to Members on March 1, 2018

- **Accountable Care Partnership Plan**: A group of Primary Care Providers (PCPs) that works with just one managed care organization to create a full network that includes PCPs, specialists, behavioral health providers, and hospitals. PCPs and their teams plan and coordinate care to meet members health care needs.

- **Primary Care ACO**: A group of PCPs that have joined together into an ACO to be responsible for the members’ care. The ACO contracts directly with MassHealth to provide primary care and coordinate the full range of services for its enrollees. Primary Care ACOs work with the MassHealth network of specialists and hospitals and may have certain providers in their “referral circle”:
  - Referral circle: The “circle” gives direct access to certain other providers without the need for a PCP referral.
  - The Massachusetts Behavioral Health Partnership (MBHP) provides behavioral health services.
Options Available to Members on March 1, 2018 (continued)

- **MCOs** (may be new choices): MCOs provide care through their own provider network that includes PCPs, specialists, behavioral health providers, and hospitals. Care coordinators are employed by the MCO
  - BMC Health Plan and Tufts Health Plan will be available

- **PCC Plan** (with a PCC in their area): The primary care providers are called primary care clinicians (PCCs). The MassHealth network of PCCs, specialists, and hospitals delivers services
  - The Massachusetts Behavioral Health Partnership (MBHP) provides behavioral health services
ACOs Are

• Primary Care Driven
  - ACOs have a team-focused approach that allows providers to care for members’ overall health and wellness; providers will collaborate with community health workers and social workers as part of the care team

• Member-centric
  - Members can work with their PCPs and care teams to engage in their own care

• Easier Referrals
  - Some ACO networks have referral circles that may make referrals faster; other ACOs may have their own processes in place for easier referrals to certain providers

• The Right Care
  - ACOs can help members find the right care during difficult times with their health, such as during hospitalizations or after discharges from hospital stays

• Better Connections
  - ACOs can help connect members to services in their communities to improve their health

• Additional Services
  - Members who meet certain criteria may have access to additional services such as Community Partners based on eligibility standards and service availability*

* Applies to both ACOs and MCOs
When can members select or change their PCP or Plan?

- During the Plan Selection Period, members can select the Partnership Plan directly. They can also select or choose to be assigned a PCP.
- During their Fixed Enrollment Period, members cannot change plans but can choose different PCPs in their health plan network at any time.

Who can choose this plan?

- Managed care eligible members
- Member must live in the service areas covered by the ACO
Primary Care ACOs

When can members select or change their PCP or Plan?

- During their Plan Selection Period, members can choose a PCP affiliated with a Primary Care ACO to enroll in this plan.
- During members’ Fixed Enrollment Period, they cannot change plans but can choose different PCPs within the MassHealth network at any time.

Who can choose this plan?

- Managed care eligible members
- A given Primary Care ACO may not have PCPs available near where a member lives, in which case they can not enroll in it.
Managed Care Organization (MCO)

When can members select or change their PCP or Plan?

- During the Plan Selection Period, members can select MCOs directly. They also can select or choose to be assigned a PCP.
- During members’ Fixed Enrollment Period, they cannot change their plans but can choose different PCPs in the MCO’s network at any time.

Who can choose this plan?

- Managed care eligible members
- Member must live in the service areas covered by the MCO
- Note: PCPs who are part of an ACO will not be available as PCPs in MCO plans
Primary Care Clinician (PCC) Plan

When can members select or change their PCP or Plan?

• Members in the PCC Plan can change to an MCO or ACO at any time and members can change their PCC in the PCC Plan at any time.

• Who can choose this health plan?
  – Managed care eligible members
  – Note: PCPs who are part of an ACO will not be available as PCCs in the PCC Plan

* Primary Care Clinicians can provide primary care services to Fee-for-Service members and specialty services to MassHealth members in any system
A **Primary Care Clinician (PCC)** refers to any entity or collection of PCPs such as a hospital, clinic, group practice, etc. A PCC may also be a single PCP if the PCP operates as a standalone provider.

A **Primary Care Provider (PCP)** refers to a doctor, nurse practitioner, or physician’s assistant who provides routine care for a member. The PCP is responsible for all routine and preventative health care and refers the member to specialists when necessary. A PCP can be part of a PCC along with other PCPs, or the PCP may themselves be a PCC if the PCP operates as a standalone provider.
Members have Dr. John Doe as their PCP today, but in their new ACO, members will be attributed to where the ABC Community Health Center where Dr. Doe works as a PCP. ABC Community Health Center will be the PCC, and Dr. Doe will be the PCP.

Members have nurse practitioner Betty Gilpin as their PCP. Ms. Gilpin is a nurse practitioner at XYZ Hospital. Under the new ACO, members are assigned to the XYZ Hospital. XYZ Hospital will be the PCC, and Ms. Gilpin will continue to be their PCP.

Dr. Gomez, a sole practitioner, is the member’s PCP. In the new ACO, members will be assigned to Dr. Gomez’s private practice. Dr. Gomez will be the member’s PCC and PCP.

Members will be assigned at the PCC level. In member communications, for simplicity, the more commonly used term “PCP” will refer to this entity (except for PCC Plan-specific communications).
Member Experience:
Notices
Important dates for managed care eligible members and what action they can take.

Members can choose and enroll in a new health plan for March 1, 2018

Plan Selection Period. Members can change health plans for any reason

Members receive letters

Start of Plan Selection Period

Members will follow their PCP into a new ACO will enroll in a new health plan

Start of Fixed Enrollment Period

Members enrolled in an ACO or MCO can only change their health plans for certain reasons
Member Experience: Assignment, Enrollment, and Member Actions

Assignment to Plans:

In order to ensure that all managed care-eligible members are enrolled in a health plan by **March 1, 2018**, 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 in November – December 2017, letting them know of the change.

Some members will not be moved and will receive a Plan Selection/Fixed Enrollment letter.

<table>
<thead>
<tr>
<th>Special Assignment</th>
<th>Auto Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member Letter</strong></td>
<td>Letter will inform a member that his/her MCO is no longer available and that he/she needs to choose a new plan.</td>
</tr>
<tr>
<td><strong>Reason</strong></td>
<td>MassHealth will let members choose new plans, or, if they do not choose before <strong>March 1, 2018</strong>, MassHealth will choose one for them.</td>
</tr>
<tr>
<td>Letter will tell a member which plan he/she will be enrolled in effective March 1, 2018 (based on the movement of his/her PCP).</td>
<td>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.</td>
</tr>
</tbody>
</table>
## Member Experience: Notices

Depending on whether a member is special assigned, auto assigned, or not being moved to a new plan, they will receive different messaging in 2017.

<table>
<thead>
<tr>
<th>Member Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Members who are moving to a new plan because their PCP is moving to a new plan</td>
</tr>
<tr>
<td>2. Member’s MCO is sun-setting or no longer available in the region</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>November/December Notice 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> <em>Special Assignment:</em> “Your primary care provider (PCP) has joined a new health plan called an ACO. We are enrolling you in your new health plan so that you can continue to receive care from your primary care provider”</td>
</tr>
<tr>
<td><strong>2.</strong> <em>Auto Assignment:</em> “Your current MassHealth health plan will no longer be available in your area as of March 1, 2018. You will be automatically enrolled in a new health plan unless you make another choice before March 1, 2018”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Member Notice Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome packet from ACO regarding new plan details, benefits, etc</td>
</tr>
<tr>
<td>1. Messaging from MassHealth regarding which plan the member has been “auto assigned” to (either MCO or PCC Plan), if member made no plan choice</td>
</tr>
<tr>
<td>2. Welcome package from MCO or MassHealth</td>
</tr>
</tbody>
</table>
Depending on whether a member is special assigned, auto assigned, or not being moved to a new plan, he/she will receive different messaging in 2017.

<table>
<thead>
<tr>
<th>Member Situation</th>
<th>November/December Notice 2017</th>
<th>Member Notice Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member’s enrollment does not change (e.g., PCP is not joining an ACO; MCO is not sun-setting; member does not move)</td>
<td>Notice will let members know of the Plan Selection Period and Fixed Enrollment Period and what actions a member can take</td>
<td>None</td>
</tr>
</tbody>
</table>
Member Experience: Notices:

Sample Special Assignment notice

- Key things to remember
  - Identify the type of notice a member received
    - Identifies the member’s current provider and movement to a new ACO health plan
  - Actions members can take to learn about their new health plan
  - The start of Plan Selection Period
  - New health plan selection and enrollments are effective

The last day of Plan Selection Period and ability to switch health plans
Member Experience: Notices

Important News About Your MassHealth Health Plan

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

Date [DATE] | Member ID [xxxxxxxxxxxx]

Dear [Member Name],

Changes are coming to your MassHealth health plan enrollment on March 1, 2018. Your primary care provider (PCP), <PCP_NAME_1>, has joined a new health plan called <ACO_NAME_PRO>. This health plan is an Accountable Care Organization (ACO) Partnership Plan. We are notifying you of your new health plan so that you can continue to receive care from your primary care provider. Please note, even though your health plan is changing, your MassHealth benefits will stay the same.

Important: If <PCP_NAME_1> is not your PCP, please call us at 1-800-222-2900 and let us know who your PCP is.

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

- Please let us know before March 1, 2018.
- After this date, you will have until May 31, 2018, to tell us whether you want your health plan and change plans for any reason.

More information about ACOs and your health plan options can be found in this letter.

What do I need to do?

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

- Checking your new health plan’s website (<ACO_URL>)
- Calling your new health plan (<ACO_PHONE>)
- Checking the MassHealth website at MassHealthChoices.com
- Contacting your doctors, specialists, behavioral health provider, and/or hospitals

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

Important Dates

**March 1, 2018**

If you don’t choose another health plan, on March 1, 2018, you will be enrolled in <ACO_NAME_PRO>.

**May 31, 2018**

You have until May 31, 2018, to try out your new health plan and change plans for any reason.

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Important News About Your MassHealth Health Plan

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

Date [DATE] | Member ID [xxxxxxxxxxxx]

Dear [Member Name],

Changes are coming to your MassHealth health plan enrollment on March 1, 2018. Your primary care provider (PCP), <PCP_NAME_2>, has joined a new health plan called <ACO_NAME_PRO>. This plan is a Massachusetts Accountable Care Organization (ACO) health plan. We are notifying you of your new health plan so that you can continue to receive care from your primary care provider. Please note, even though your health plan is changing, your MassHealth benefits will stay the same.

Important: If <PCP_NAME_2> is not your PCP, please call us at 1-800-222-2900 and let us know who your PCP is.

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

- Please let us know before March 1, 2018.
- After this date, you will have until May 31, 2018, to tell us whether you want your health plan and change plans for any reason.

More information about ACOs and your health plan options can be found in this letter.

What do I need to do?

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

- Checking your new health plan’s website (<ACO_URL>)
- Calling your new health plan (<ACO_PHONE>)
- Checking the MassHealth website at MassHealthChoices.com
- Contacting your doctors, specialists, behavioral health provider, and/or hospitals

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

Important Dates

**March 1, 2018**

If you don’t choose another health plan, on March 1, 2018, you will be enrolled in <ACO_NAME_PRO>.

**May 31, 2018**

You have until May 31, 2018, to try out your new health plan and change plans for any reason.
Dear [Member Name],

Changes are coming to your MassHealth health plan enrollment on March 1, 2018. Your primary health care provider (PCP), [PCP_NAME_PRO], has joined [MCO_NAME_PRO]. We are enrolling you in a new health plan so that you can continue to receive care from your primary care provider. Please note, even though your health plan is changing, your MassHealth benefits will stay the same.

Important: If [PCP_NAME_PRO] is not your PCP, please call us at 1-800-243-2900 and let us know who your PCP is.

If you do not want to move to your new health plan:
- Please let us know before March 1, 2018.
- After this date, you will have until May 31, 2018, to change to your current health plan and change plans for 2018.

More information about your options can be found in this letter.

What do I need to do?

You may want to consider other doctors, specialists, behavioral health providers, and hospitals that are most important to you and are part of your new MCO. You can do this in the following ways:
- Checking your new MCO’s provider list at [MCO_URL].
- Calling your new health plan at [MCO_PHONE].
- Contacting your doctors, specialists, behavioral health providers, and/or hospitals.

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

Important Dates

March 1, 2018
- If you do not choose another plan, on March 1, 2018, you will be enrolled in your current health plan.

May 31, 2018
- You have until May 31, 2018, to try out your new health plan and change plans for any reason.

Important Date

March 1, 2018

If you do not choose another plan before March 1, 2018, MassHealth will automatically enroll you in a new health plan in your area.

What else do I need to know?

Members enrolled in an MCO or ACO health plan will have a 90-day Plan Selection Period every year. The Plan Selection Period begins the day you are enrolled in your MCO or ACO health plan. You will have 90 days to change health plans for any reason. After 90 days, you will be in your Fixed Enrollment Period and you will only be able to change your health plan for certain reasons. You can find more about these reasons in the Enrollment Guide, which was sent to your household and is also available online at mass.gov/masshealth.
Important News About Your MassHealth Health Plan

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

Dear [Member Name],

We’re writing to let you know that you have new MassHealth health plan options starting on March 1, 2018! You can choose from:

- New Accountable Care Organizations (ACOs)
- Managed Care Organizations (MCOs)
- The Primary Care Clinician (PCC) Plan

Now is a great time to see if your current plan still meets your health care needs and to check out new health plans that will start on March 1, 2018.

You can learn about health plans available in your area — as well as information on providers — by going to MassHealthChoices.com or by reading the Enrollment Guide which was sent to your household and can also be found at mass.gov/masshealth.

GOOD NEWS! If you are happy with your current health plan, you do not need to do anything.

What do I need to do?

Consider checking if your current health plan still meets your needs, including:

- Are your primary care providers (PCPs), specialists, behavioral health providers, and hospitals still in your current health plan’s network?
- Will you need to (or want to) see different providers than you see now? If yes, are they in your current health plan’s network?
- Have you moved and want to change providers?
- Are you interested in any of the new health plan options available this year in your area?

MassHealthChoices.com and the Enrollment Guide can be helpful in finding the plan that is right for you.

Plan Selection and Fixed Enrollment Periods

Members enrolled in an MCO or ACO health plan have a 90-day Plan Selection Period every year. During that period, you can change health plans for any reason.

Starting on March 1, 2018, the annual Plan Selection Period will begin for members enrolled in an MCO or ACO health plan. If you are enrolled in an MCO or ACO health plan, you have until May 31, 2018, to change health plans for any reason. After that date, you will be in your Fixed Enrollment Period and you will only be able to change your health plan for certain reasons. You can find
Member Experience: Assignment, Enrollment, and Member Actions

• Member Actions Following Assignment:

• If members are satisfied with their plan assignments, they do not need to do anything. On March 1, 2018, they will be enrolled in the new health plans

• However, members should confirm that other doctors, specialists, and hospitals that are most important to them are part of their plans by:
  – Checking the plan website
  – Calling the plan
  – Checking the www.MassHealthChoices.com, OR
  – Calling their specialists, behavioral health providers, and/or hospitals

• Members who want to switch health plans from their plan assignment can do so by calling MassHealth Customer Service
## Member Experience: Member Scenario #1

<table>
<thead>
<tr>
<th>Member Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member Notice Mailing Duration</strong></td>
</tr>
<tr>
<td><strong>Mailing Begin Date</strong></td>
</tr>
<tr>
<td>11/13/17</td>
</tr>
</tbody>
</table>

### Member Action

If Julia is happy with the plan, and confirms that the doctors and hospitals she would like to receive services from are in her new health plan, no need to call MassHealth or take any action.

### Member Experience

Julia is moved into the new plan on March 1, 2018. She can still change health plans until May 31, 2018.

Julia receives a letter from MassHealth telling her about her assignment to a new plan.
**Member Experience: Member Scenario #2**

<table>
<thead>
<tr>
<th>Member Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Begin Date</td>
</tr>
<tr>
<td>Mailing End Date</td>
</tr>
<tr>
<td>Plan Selection Period Begins</td>
</tr>
<tr>
<td>Fixed Enrollment Period Begins</td>
</tr>
</tbody>
</table>

**Member Action**

Roberto does not recognize the name of the PCP listed in the letter*. He calls his current PCP to confirm that the PCP is in the same plan. Once confirmed, no additional action is required.

**Member Experience**

Roberto receives a letter from MassHealth telling him about his assignment to a new plan.

**Member Experience**

Roberto is moved into the new plan on March 1, 2018. He can still change plans until May 31, 2018.

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* This may be due to the fact that the letter will reference the entity that the PCP is connected to, if the PCP is not a standalone practitioner.
Member Experience: Member Scenario #3

Member Timeline

Member Notice Mailing Duration

Mailing Begin Date: 11/13/17
Mailing End Date: 12/22/17

Member Action

Marisol makes a list of the providers, specialists and hospitals that are important to her. She then uses the MassHealth Choices website to research plans, and enrolls in a desired plan in January 2018.

Member Experience

Marisol receives a letter from MassHealth telling her that she must select a new plan because her MCO is sun-setting or no longer available in the region. If she does not choose a plan, she will be auto assigned to a plan.

Member Experience

Marisol is moved into the new plan on March 1, 2018. She can change her plan again until May 31, 2018.

Plan Selection Period Begins: 3/1/18
Fixed Enrollment Period Begins: 6/1/18
Since Jerry’s important specialist is not in his plan, he visits www.MassHealthChoices.com to check which plan the specialist belongs to.

Jerry then switches to that health plan by following the links on the MassHealth Choices website: www.MassHealthChoices.com to complete enrollment.

Jerry also selects a PCP who is in his new health plan.
Member Materials
MassHealth Enrollment Guide

- MassHealth’s New Enrollment Guide
New MassHealth health plan directory to help members Learn, Compare, and Enroll in a new MassHealth health plan

Includes information about Health Plans available for effective enrollment on March 1, 2018!

Questions?