



# 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

# 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](http://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**



**Apply for health and dental insurance during**  
**Open Enrollment**  
November 1– January 23

Apply online at  
[MAhealthconnector.org](http://MAhealthconnector.org)

**Shop and compare your options online at MAhealthconnector.org**

You can apply online and find out which plans you qualify for, including:

- Health insurance plans with essential health benefits like prescription drugs and visits to the doctor or hospital
- Dental insurance plans
- Ways to save on health care: tax credits and low- or no-cost ConnectorCare plans and MassHealth

You can get free in-person help from a Navigator or Certified Application Counselor. These are people who have been trained and certified to:

- Answer questions about getting insurance
- Help you to fill out an application
- Help you choose a health or dental plan

Go to [www.MAhealthconnector.org/here-to-help](http://www.MAhealthconnector.org/here-to-help) for a full list of places to get help.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-623-6765 (TTY: 1-877-623-7773)。  
Se fala português, encontramos disponíveis serviços linguísticos, grátis. Ligue para 1-877-623-6765 (TTY: 1-877-623-7773).



MASSACHUSETTS  
HEALTH  
CONNECTOR  
*The right place for the right plan*

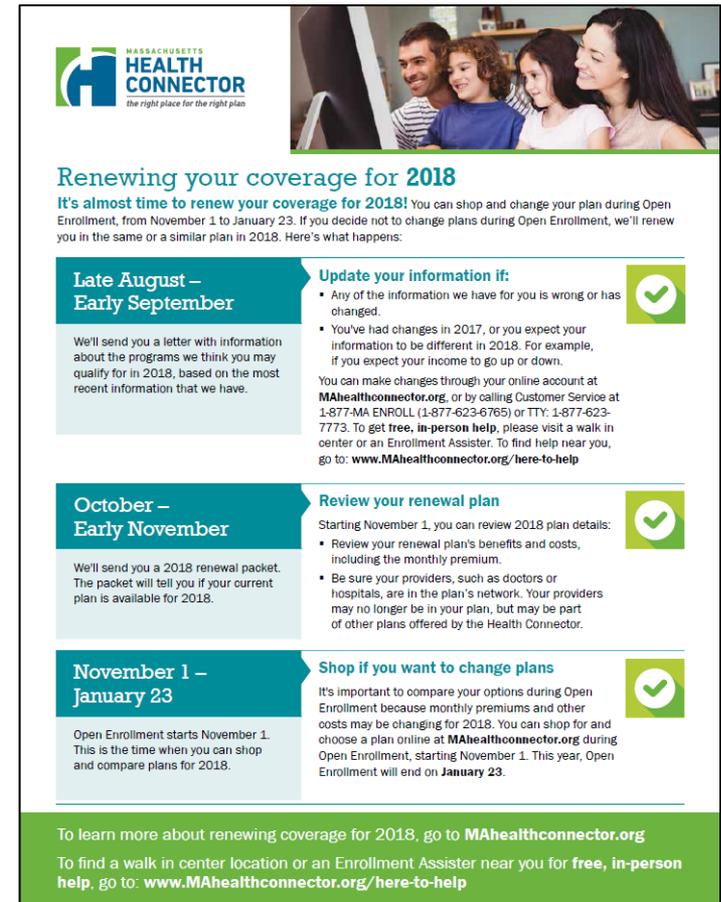
Massachusetts Health Connector complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

*Open Enrollment flyer can be downloaded from MTF website (ENG/SPA)*

# Open Enrollment 2018 (cont'd)

- 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*



**MASSACHUSETTS HEALTH CONNECTOR**  
*the right place for the right plan*



### Renewing your coverage for 2018

**It's almost time to renew your coverage for 2018!** You can shop and change your plan during Open Enrollment, from November 1 to January 23. If you decide not to change plans during Open Enrollment, we'll renew you in the same or a similar plan in 2018. Here's what happens:

<b>Late August – Early September</b>  We'll send you a letter with information about the programs we think you may qualify for in 2018, based on the most recent information that we have.	<b>Update your information if:</b> <ul style="list-style-type: none"><li>• Any of the information we have for you is wrong or has changed.</li><li>• You've had changes in 2017, or you expect your information to be different in 2018. For example, if you expect your income to go up or down.</li></ul> You can make changes through your online account at <b>MAhealthconnector.org</b> , or by calling Customer Service at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773. To get <b>free, in-person help</b> , please visit a walk in center or an Enrollment Assister. To find help near you, go to: <a href="http://www.MAhealthconnector.org/here-to-help">www.MAhealthconnector.org/here-to-help</a>	
<b>October – Early November</b>  We'll send you a 2018 renewal packet. The packet will tell you if your current plan is available for 2018.	<b>Review your renewal plan</b> Starting November 1, you can review 2018 plan details: <ul style="list-style-type: none"><li>• Review your renewal plan's benefits and costs, including the monthly premium.</li><li>• Be sure your providers, such as doctors or hospitals, are in the plan's network. Your providers may no longer be in your plan, but may be part of other plans offered by the Health Connector.</li></ul>	
<b>November 1 – January 23</b>  Open Enrollment starts November 1. This is the time when you can shop and compare plans for 2018.	<b>Shop if you want to change plans</b> It's important to compare your options during Open Enrollment because monthly premiums and other costs may be changing for 2018. You can shop for and choose a plan online at <b>MAhealthconnector.org</b> during Open Enrollment, starting November 1. This year, Open Enrollment will end on <b>January 23</b> .	

To learn more about renewing coverage for 2018, go to [MAhealthconnector.org](http://MAhealthconnector.org)  
To find a walk in center location or an Enrollment Assister near you for **free, in-person help**, go to: [www.MAhealthconnector.org/here-to-help](http://www.MAhealthconnector.org/here-to-help)

*“What to expect” mailer sent in September*

# Open Enrollment 2018 (cont'd)



## *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

# Preliminary Eligibility Update



***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**

# Billing and Payment

***Members that would like to switch plans for 2018 should make the change before November 23<sup>rd</sup>.***

- 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 23<sup>rd</sup>
- 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 23<sup>rd</sup> 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

**Health Connector Enrollment Bill**

Quote Date: 11/15/2017  
 Primary Recipient: JOHN DOE  
 Member ID: 000000000000  
 Billing Account Number: 000000000  
 People Covered: 2  
 Coverage month: Jan 2018

Previous Balance: \$0.00  
 Payments Received: \$0.00  
 Past Due Balance: \$0.00  
 Fees/Discounts: \$0.00  
 Adjustments: \$0.00  
 Your Monthly Premium: \$100.00  
**Total Due by 12/23/2017: \$100.00**

Your Monthly Premium Detail

Carrier	Plan	Actual Monthly Premium	Premium Tax Credit	Your Monthly Premium
Great Health Plan, Inc.	GHP Standard Plan Silver	\$150.00	\$50.00	\$100.00

**Important messages about your account:**

After payment is received, we will send you a letter confirming your enrollment. Your insurance plan will also send more information, including member ID card(s).

The amount under "Total Due" may include more than one month of coverage, including past months. Please pay the total amount due in order to have coverage for all of the months that you requested.

You can pay this bill through your online account at MAhealthconnector.org. If you do not have an online account but would like to make payments online, please call Health Connector Customer Service.

Health connector customer service 1-877-MA-ENROLL (1-877-623-6765) TTY: 1-877-623-7773, Monday - Friday, 8:00 a.m. to 6:00 p.m.  
 Send this part of your bill with your payment. DO NOT send Cash.  
 Write your Account Number on your check or money order. Make checks payable to: Health Connector

Address changed?  
 Go to MAhealthconnector.org or  
 contact Health Connector customer Service

Billing Account Number: 000000000  
 Due Date: 12/23/2017  
 Total Due: \$100.00

Amount Enclosed: \$

JOHN DOE  
 123 HOME ST  
 ANY CITY, MA 00000

HEALTH CONNECTOR  
 PO BOX 970063  
 BOSTON, MA 02297-0063

0000000000 0000000000 0000000000



# **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

Carriers	Non-Group	Small Group	For sale on Health Connector	High	Low	Pedi	Total
<i>Altus Dental</i>	✓	✓	✓	1	1	1	3
<i>Blue Cross Blue Shield of MA</i>		✓		1	1	2	4
<i>Delta Dental of MA</i>	✓	✓	✓	2	3	4	9
<i>Guardian</i>		✓		1	1	1	3
<b>TOTAL</b>				<b>5</b>	<b>6</b>	<b>8</b>	<b>19</b>

# Qualified Health Plans



***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

Issuers	Platinum	Gold	Silver	Bronze	Catastrophic	Total
Blue Cross Blue Shield	1	1	1	1	1	5
BMC HealthNet Plan	1	1	2	1	0	5
Fallon Health	2	4	3	2	1	12
Health New England	1	4	1	1	0	7
Harvard Pilgrim Health Care	1	1	1	1	0	4
Neighborhood Health Plan	1	2	3	1	0	7
Tufts Health Plan - Direct	1	2	2	2	1	8
Tufts Health Plan - Premier	1	1	1	1	0	4
<b>TOTAL</b>	<b>9</b>	<b>16</b>	<b>14</b>	<b>10</b>	<b>3</b>	<b>52</b>

# QHPs: Unsubsidized & APTC-only Premium Increases

## Unsubsidized & APTC-only Average Changes in Premium by Tier (excluding Silver): 2017 to 2018<sup>1,2</sup>

Platinum	Gold	Bronze	Catastrophic
4,004 members	8,739 members	3,613 members	111 members
 18.3%	 10.7%	 11.9%	 8.3%

- 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

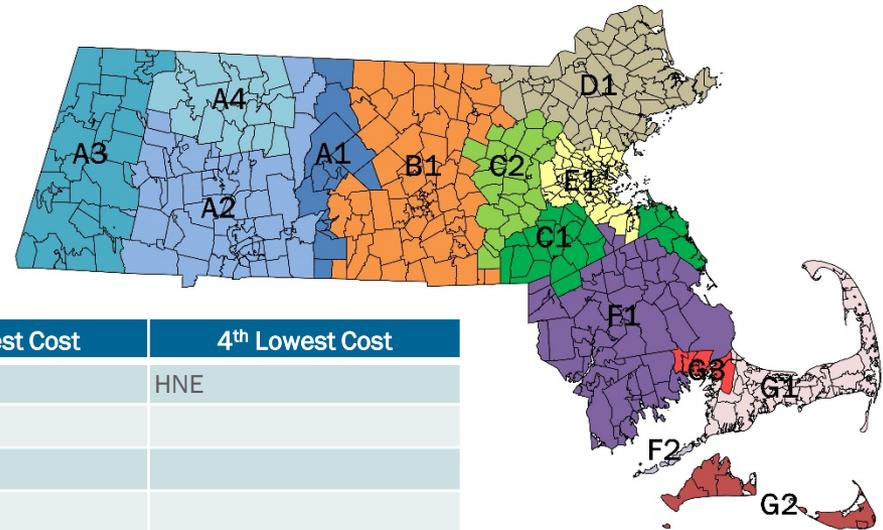
<sup>1</sup> Enrollment data from NTT All Spans as of September 5, 2017

<sup>2</sup> Enrollment-weighted premium change (2017 actuals to 2018 calculated) with and without member aging (~2%), assumes mapping to 2018 renewal plan

# ConnectorCare: Recommended Regions and Carriers



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



Region	Lowest Cost	2 <sup>nd</sup> Lowest Cost	3 <sup>rd</sup> Lowest Cost	4 <sup>th</sup> Lowest Cost
A1	BMCHP	Tufts-Direct	NHP	HNE
A2	BMCHP	Tufts-Direct	HNE	
A3	Tufts-Direct	HNE		
A4	HNE			
B1	Tufts-Direct (formerly BMCHP)	Fallon	BMCHP (formerly Tufts-Direct)	NHP
C1	Tufts-Direct	BMCHP	NHP	
C2	Tufts-Direct	BMCHP	Fallon	NHP
D1	BMCHP	Tufts-Direct	NHP	
E1	BMCHP	Tufts-Direct	NHP	
F1	BMCHP	Tufts-Direct	NHP	
F2	NHP			
G1	Tufts Direct (formerly BMCHP)	BMCHP (formerly Tufts-Direct)		
G2	NHP			
G3	Tufts Direct (formerly BMCHP)	BMCHP (formerly Tufts-Direct)	NHP	

# ConnectorCare: 2018 Plan Designs



## CONNECTORCARE BENEFITS & COPAYS

Plan Type		Plan Type 1	Plan Types 2A & 2B	Plan Types 3A & 3B
Medical Maximum Out-of-Pocket (Individual/ Family)		\$0	\$750/\$1,500	\$1,500/\$3,000
Prescription Drug Maximum Out-of-Pocket (Individual/ Family)		\$250/\$500	\$500/\$1,000	\$750/\$1,500
Preventive Care/Screening/Immunization		\$0	\$0	\$0
Primary Care visit to treat injury or illness (exc. Well Baby, Preventive and X-rays)		\$0	\$10	\$15
Specialist Office Visit		\$0	\$18	\$22
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$0	\$10	\$15
Rehabilitative Speech Therapy		\$0	\$10	\$20
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$0	\$10	\$20
Emergency Room Services		\$0	\$50	\$100
Outpatient Surgery		\$0	\$50	\$125
All Inpatient Hospital Services (including Mental/Behavioral Health and Substance Abuse Disorder Services)		\$0	\$50	\$250
High Cost Imaging (CT/PET Scans, MRIs, etc.)		\$0	\$30	\$60
Laboratory Outpatient and Professional Services		\$0	\$0	\$0
X-Rays and Diagnostic Imaging		\$0	\$0	\$0
Skilled Nursing Facility		\$0	\$0	\$0
Retail Prescription Drugs:	Generics	\$1	\$10	\$12.50
	Preferred Brand Drugs	\$3.65	\$20	\$25
	Non-Preferred Brand Drugs	\$3.65	\$40	\$50
	Specialty High Cost Drugs	\$3.65	\$40	\$50



# **Helping Health Connector Members**

# Assisting 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)

# Assisting Members (cont'd)



## 3. Use Available Resources

The Assister Portal, Payment Center, and Notices are all helpful tools as you assist members through the process

### Update or confirm your information in the next 30 days:

**It looks like your eligibility will change for [renewal year] and your health insurance costs may go up.** You may still be able to get help paying for coverage in [renewal year] if you take action. Use the checklist below to find your next steps.

**Has your income changed?**

If your income has changed since you last updated your application, you will need to give us your most up-to-date income information.

Please update your information in your online account. You can find step-by-step instructions for how to update your income on our website at [MAhealthconnector.org](http://MAhealthconnector.org), and in the Frequently Asked Questions section at the end of this letter, under "How do I update my information?"

➤ Your online account username is: [user name]

If you don't have an online account, you can update your information by calling Customer Service, or by visiting one of our walk in centers. You can find a list of our walk in centers at the end of this letter.

**Are you eligible for Medicare?**

If you now qualify for Medicare, you won't be able to continue to get help paying for your insurance in [renewal year]. Please enroll in Medicare coverage as soon as possible, if you haven't already. After you are enrolled in Medicare, you need to go to your online account or call us to cancel your Health Connector health plan. Learn more about the steps you need to take at [www.MAhealthconnector.org/Medicare](http://www.MAhealthconnector.org/Medicare)

**If your income is the same and you are not eligible for Medicare or other coverage**

Your program eligibility for [renewal year] may have changed because we couldn't verify (prove) your income information. Because of this, you will need to review and confirm your information and re-submit your application, even if your income is still the same.

You can update your information in your online account. You can find step-by-step instructions for how to review and confirm your income on our website at [MAhealthconnector.org](http://MAhealthconnector.org). You can also find steps in the Frequently Asked Questions section at the end of this letter, under "How do I update my information?"

If you don't have an online account, you can update your information by calling Customer Service, or by visiting one of our walk in centers. You can find a list of our walk in centers at the end of this letter.

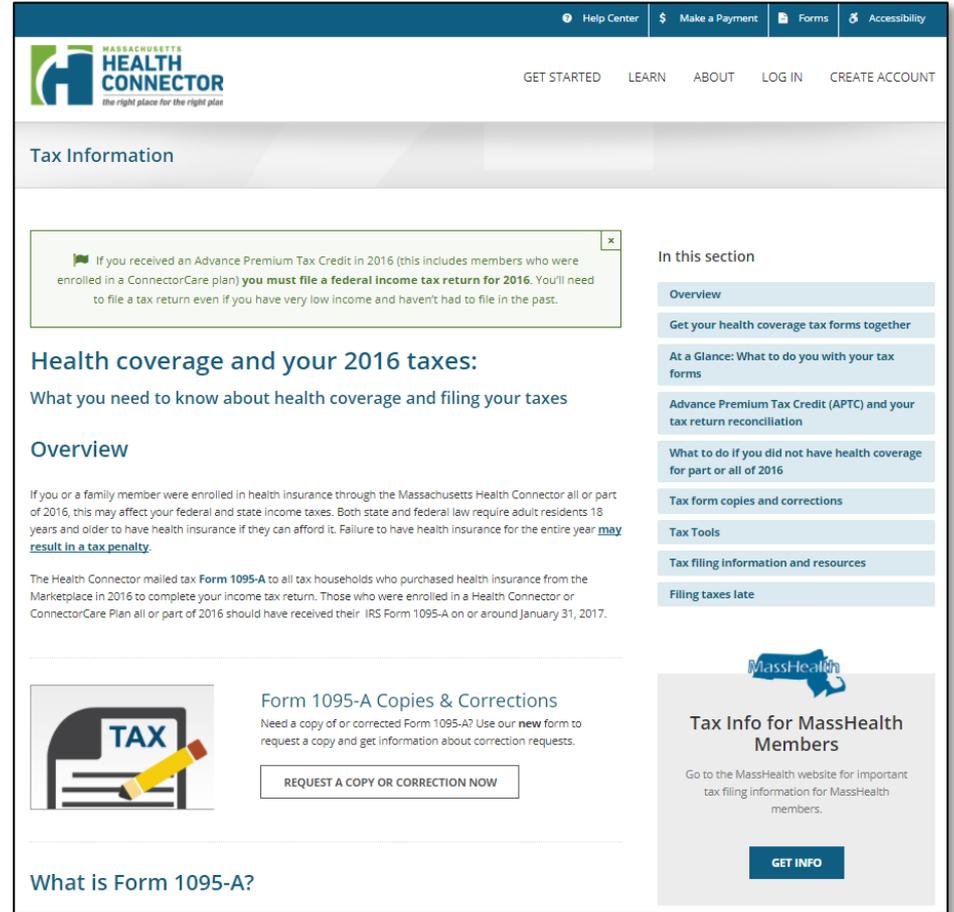
Reviewing your application information is the best way to make sure that you're getting the right amount of help paying for your coverage and not paying more than you need to each month. You can update your information online at [MAhealthconnector.org](http://MAhealthconnector.org), or by calling Customer Service.

➤ Your online account username is: [user name]

# Assisting Members (cont'd)

**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



Help Center | Make a Payment | Forms | Accessibility

GET STARTED | LEARN | ABOUT | LOG IN | CREATE ACCOUNT

## Tax Information

If you received an Advance Premium Tax Credit in 2016 (this includes members who were enrolled in a ConnectorCare plan) you must file a federal income tax return for 2016. You'll need to file a tax return even if you have very low income and haven't had to file in the past.

### Health coverage and your 2016 taxes:

What you need to know about health coverage and filing your taxes

#### Overview

If you or a family member were enrolled in health insurance through the Massachusetts Health Connector all or part of 2016, this may affect your federal and state income taxes. Both state and federal law require adult residents 18 years and older to have health insurance if they can afford it. Failure to have health insurance for the entire year [may result in a tax penalty](#).

The Health Connector mailed tax **Form 1095-A** to all tax households who purchased health insurance from the Marketplace in 2016 to complete your income tax return. Those who were enrolled in a Health Connector or ConnectorCare Plan all or part of 2016 should have received their IRS Form 1095-A on or around January 31, 2017.

#### Form 1095-A Copies & Corrections

Need a copy of or corrected Form 1095-A? Use our **new** form to request a copy and get information about correction requests.

[REQUEST A COPY OR CORRECTION NOW](#)

#### What is Form 1095-A?

#### In this section

- Overview
- Get your health coverage tax forms together
- At a Glance: What to do you with your tax forms
- Advance Premium Tax Credit (APTC) and your tax return reconciliation
- What to do if you did not have health coverage for part or all of 2016
- Tax form copies and corrections
- Tax Tools
- Tax filing information and resources
- Filing taxes late

MassHealth

#### Tax Info for MassHealth Members

Go to the MassHealth website for important tax filing information for MassHealth members.

[GET INFO](#)

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>

Health Plan Shopping Guide



Use this guide to help you choose a health insurance through the Massachusetts Health Connector.



**Step 1: Know which plans you**

First, you'll need to know which plans are available online. You'll be able to see your plan options and click the Find a Plan button. You can search online or by phone, you can search for a plan by going to [MAhealthconnector.org](http://MAhealthconnector.org) and clicking the homepage. You can also call 1-877-623-7773.



**Step 2: Compare costs**

The total cost of your coverage will include your premium and your out-of-pocket costs. In general, the higher your out-of-pocket costs will be, the lower your premium will be. Our plans are organized by metallicity to make it easier to compare. Learn more about metallicity on page 3. Use our worksheet on page 3 to see how to compare costs based on health services you think you'll need.



**Step 3: Find out whether the providers you want are in a plan's network**

Once you've narrowed your plan choice to one, you'll want to make sure that you want to use for care (such as your primary care doctor) are in those plan's provider networks. Learn more about provider networks on page 6.



**Step 4: Choose your new plan**

After you've learned more about a plan and the providers you want are in its network, you can enroll online at [MAhealthconnector.org](http://MAhealthconnector.org). You can also call Customer Service to enroll by phone. After you enroll, you'll need to pay your first premium to complete enrollment. You must pay your first premium by the 23rd of the month before your coverage begins.




## Can you get help paying for health insurance through the Health Connector?

**You may qualify if you:**

- Shop through the Health Connector
- Live in Massachusetts
- Are a U.S. citizen, national, or are otherwise lawfully present in the U.S.
- Have income that is 400% of the Federal Poverty Level (FPL) or lower (see chart below)

**You won't be able to qualify if you:**

- Get coverage through Medicare, MassHealth (Medicaid), or other public health insurance programs
- Are in jail at this time
- Are offered affordable, comprehensive health insurance from an employer (even if you aren't enrolled)

Note: If the cost of your employer's health insurance plan for individuals is more than 9.66% of your income, then that coverage is not considered affordable.

2016 FEDERAL POVERTY LEVEL (FPL) GUIDELINES						
Household size	ConnectorCare Plan Type 1 (0-100% FPL)	ConnectorCare Plan Type 2A (100-150% FPL)	ConnectorCare Plan Type 2B (150-200% FPL)	ConnectorCare Plan Type 3A (200-250% FPL)	ConnectorCare Plan Type 3B (250-300% FPL)	Tax credit only (300-400% FPL)
1	\$11,880	\$17,820	\$23,760	\$29,700	\$35,640	\$47,520
2	\$16,020	\$24,030	\$32,040	\$40,050	\$48,060	\$64,080
3	\$20,160	\$30,240	\$40,320	\$50,400	\$60,480	\$80,640
4	\$24,300	\$36,450	\$48,600	\$60,750	\$72,900	\$97,200
For each extra person, add:	\$4,160	\$6,240	\$8,320	\$10,400	\$12,480	\$16,640
Lowest monthly premium for ConnectorCare	\$0	\$0	\$43	\$83	\$124	Tax credit amount varies

If you meet these requirements, you may be able to get help paying for health insurance. Visit [MAhealthconnector.org](http://MAhealthconnector.org) to start an application online today!

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-623-7765 (TTY: 1-877-623-7773).

**ATENÇÃO:** se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-623-7765 (TTY: 1-877-623-7773).

# Shopping For 2018 Plans

*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

You qualify for tax credit ⓘ

This household qualifies for an Advance Premium Tax Credit to help lower monthly health coverage costs.  
The maximum monthly tax credit amount: \$ 83.00

Program Eligibility

Name	You qualify for these programs	We need proofs from these categories	Status
	ConnectorCare Plan Type 3A (Advance Premium Tax Credits plus Massachusetts state subsidy) ⓘ	-	
	Temporary Health Safety Net ⓘ		

Important Links

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

Verification Date = 08/22/2017

Application Summary **Find a Plan for 2018**

# Shopping For 2018 Plans

*Continue through Shop & Enroll, then click Find a new Plan for 2018.*

**Renewal Plan 2018**

Your current plan is available in 2018. You will automatically be enrolled in this plan as of Jan 1, 2018 if you do not choose a different plan by 11/24/2017. If you want to shop for a different plan, click on "Find a new Plan for 2018" below.

MONTHLY PREMIUM	CARRIER DETAILS	PLAN DETAILS	ANNUAL DEDUCTIBLES	EST. OUT-OF-POCKET COSTS	INCLUDED BENEFITS	ACTIONS
\$86. <sup>00</sup>	 <b>TUFTS</b> Health Plan	Tufts Health Direct ConnectorCare 3 <a href="#">Preferred Drug List</a> HMO/Silver 	\$0.00 / Person \$0.00 / Family	\$2,250.00 / Person \$4,500.00 / Family	   	<a href="#">Remove</a>

OR

[Find a new Plan for 2018](#)

[Back](#) [Continue](#)

# 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 plans that include doctors and medical facilities to include when shopping for a plan. You can choose up to 5 providers and 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 have seen 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](http://www.MassHealthChoices.com) \*fastest way\*
  - Mail or fax in the MassHealth Enrollment form: [www.mass.gov/eohhs/how-to/planenrollment](http://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

- **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

# Accountable Care Partnership Plan



## Accountable Care Partnership Plans



### PCPs

You have to choose a PCP within the Accountable Care Partnership Plan's network.



### Medical Services and Behavioral Health Services

You will receive medical AND behavioral health services from providers in the Accountable Care Partnership Plan's network.

## 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

## Primary Care ACOs



### PCPs

You have to choose a PCP within the Primary Care ACO's network.



### Medical Services

You will receive medical services from providers in the MassHealth network.



### Behavioral Health Services

You will receive your behavioral health services from the Massachusetts Behavioral Health Partnership (MBHP) network.

## 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)



## Managed Care Organizations



### PCPs

You have to choose a PCP within the MCO's network.



### Medical Services and Behavioral Health Services

You will receive medical AND behavioral health services from providers in the MCO's network.

## 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



## Primary Care Clinician Plan



### PCPs

You have to choose a PCP within the PCC Plan network.



### Medical Services

You will receive medical services from providers in the MassHealth network.



### Behavioral Health Services

You will receive your behavioral health services from the Massachusetts Behavioral Health Partnership (MBHP) network.

## 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*

# Primary Care Clinician and Primary Care Provider: Definitions



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

# PCC and PCP: Examples

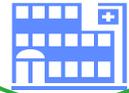


Members have Dr. John Doe as their PCP today, but in their new ACO, members will be attributed to where the ABC Community Health Center where Dr. Doe works as a PCP. ABC Community Health Center will be the PCC, and Dr. Doe will be the PCP

Dr. Doe



ABC  
Community  
Center



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

Nurse  
Practitioner  
Betty



XYZ  
Hospital



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

Dr.  
Gomez



Dr. Gomez  
Private  
Practice



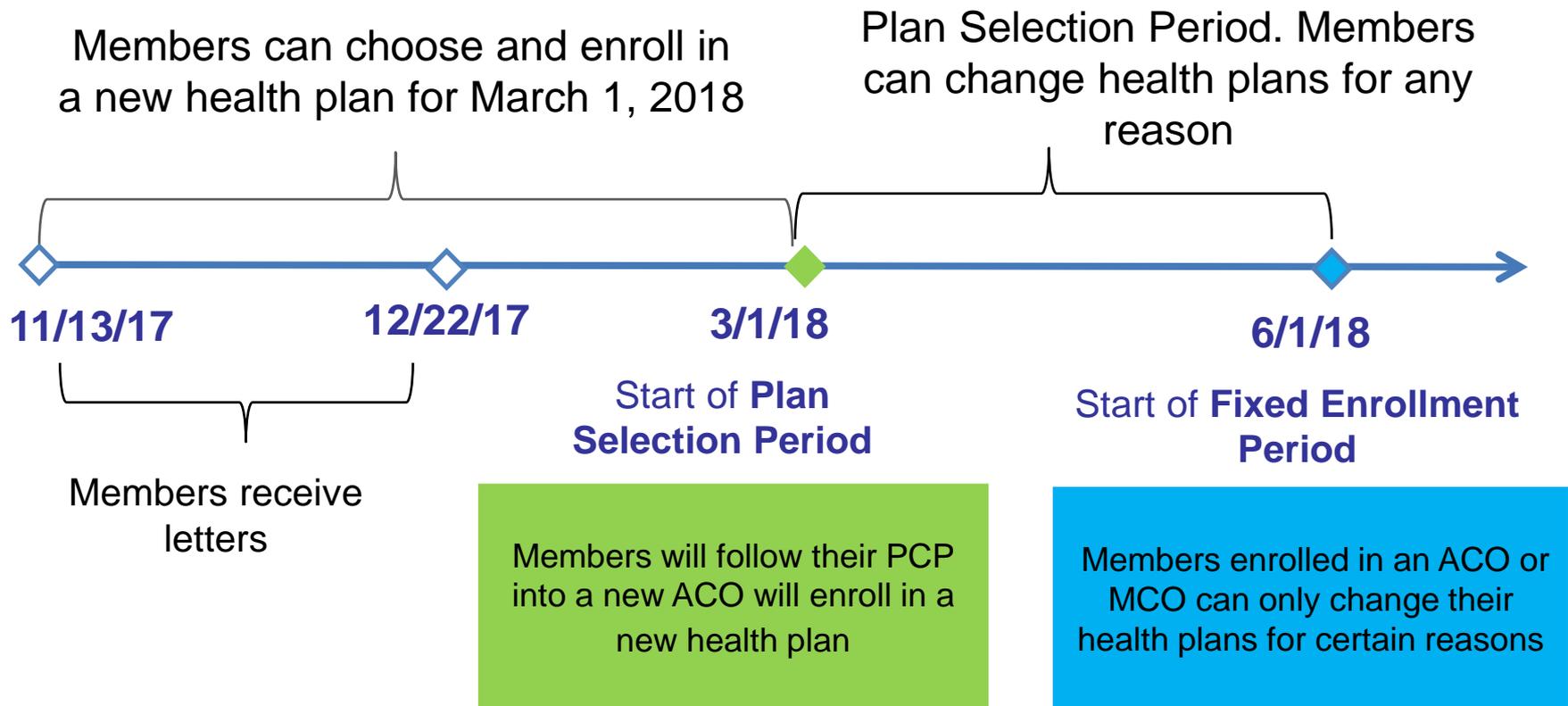
Members will be assigned at the PCC level. In member communications, for simplicity, the more commonly used term "PCP" will refer to this entity (except for PCC Plan-specific communications)

# **Member Experience: Notices**

# Important Dates



Important dates for managed care eligible members and what action they can take.



# 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

---

### Special Assignment

### Auto Assignment

---

#### Member Letter

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)

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 before **March 1, 2018**, MassHealth will choose one for them

# Member Experience: Notices



November/  
December 2017

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

Member Situation	November/December Notice 2017	Member Notice Material	
1	Members who are moving to a new plan because their PCP is moving to a new plan	<b>Special Assignment:</b> “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”	Welcome packet from ACO regarding new plan details, benefits, etc
2	Member’s MCO is sun-setting or no longer available in the region	<b>Auto Assignment:</b> “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”	<ol style="list-style-type: none"><li>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</li><li>2. Welcome package from MCO or MassHealth</li></ol>

# Member Experience: Notices (continued)



November/  
December 2017

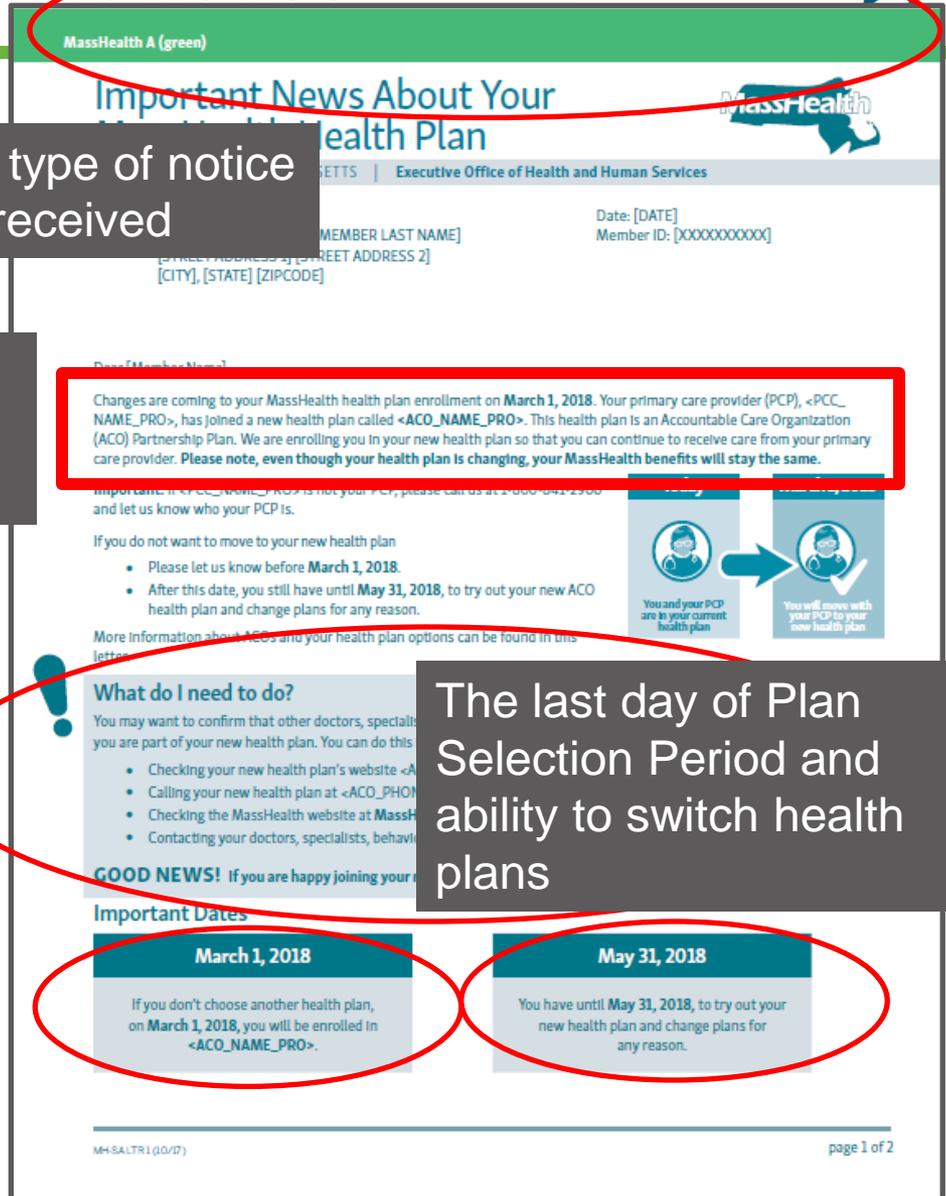


Depending on whether a member is special assigned, auto assigned, or not being moved to a new plan, he/she will receive different messaging in 2017

Member Situation	November/December Notice 2017	Member Notice Material
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 will let members know of the Plan Selection Period and Fixed Enrollment Period and what actions a member can take	None

# Member Experience: Notices:

## Sample *Special Assignment* notice



Identify the type of notice a member received

- Key things to remember

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



MassHealth A (green)

## Important News About Your MassHealth Health Plan



COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

[PARENT/GUARDIAN OF]  
[MEMBER FIRST NAME] [MEMBER LAST NAME]  
[STREET ADDRESS 1] [STREET ADDRESS 2]  
[CITY], [STATE] [ZIPCODE]

Date: [DATE]  
Member ID: [XXXXXXXXXX]

Dear [Member Name],

Changes are coming to your MassHealth health plan enrollment on **March 1, 2018**. Your primary care provider (PCP), <PCC\_NAME\_PRO>, has joined a new health plan called <ACO\_NAME\_PRO>. This health plan is a Partnership Plan. We are enrolling you in 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 <PCC\_NAME\_PRO> is not your PCP, please call us at 1-800-342-2900 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 still have until **May 31, 2018**, to try out your new ACO 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 confirm that other doctors, specialists, behavioral health providers, and hospitals that are most important to you are 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 at <ACO\_PHONE>
- Checking the MassHealth website at [MassHealthChoices.com](http://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.

MassHealth B (green)

## Important News About Your MassHealth Health Plan



COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

[PARENT/GUARDIAN OF]  
[MEMBER FIRST NAME] [MEMBER LAST NAME]  
[STREET ADDRESS 1] [STREET ADDRESS 2]  
[CITY], [STATE] [ZIPCODE]

Date: [DATE]  
Member ID: [XXXXXXXXXX]

Dear [Member Name],

Changes are coming to your MassHealth health plan enrollment on **March 1, 2018**. Your primary care provider (PCP), <PCP\_NAME\_PRO>, has joined a new health plan called <ACO\_NAME\_PRO>. This plan is a Partnership Plan. We are enrolling you in 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 <PCC\_NAME\_PRO> is not your PCP, please call us at 1-800-342-2900 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 still have until **May 31, 2018**, to try out your new ACO 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 confirm that other doctors, specialists, behavioral health providers, and hospitals that are most important to you are part of your new health plan. You can do this in the following ways.

- For more information on other PCPs in your network, visit [MassHealthChoices.com](http://MassHealthChoices.com). You can also check your health plan's website <ACO\_URL> or call your health plan at <ACO\_PHONE>.
- Your specialist and hospital network will be the MassHealth provider network. You can use the MassHealth Provider Directory at [mass.gov/masshealth](http://mass.gov/masshealth) to look up your providers.
- Your behavioral health benefits will be from the Massachusetts Behavioral Health Partnership (MBHP). You can use the MBHP Provider Directory at [masspartnership.com](http://masspartnership.com) to look up your providers.

**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.

# Member Experience: Notices



MassHealth C (green)

## Important News About Your MassHealth Health Plan



COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

[PARENT/GUARDIAN OF]  
[MEMBER FIRST NAME] [MEMBER LAST NAME]  
[STREET ADDRESS 1] [STREET ADDRESS 2]  
[CITY], [STATE] [ZIPCODE]

Date: [DATE]  
Member ID: [XXXXXXXXXX]

Dear [Member Name],

Changes are coming to your MassHealth health plan enrollment on **March 1, 2018**. Your primary care provider (PCP), <PCC\_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 <PCC\_NAME\_PRO> is not your PCP, please call us at 1-800-841-2900 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 still have until **May 31, 2018**, to let us know your new health plan and change plans for any reason.

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

### What do I need to do?

You may want to confirm that other doctors, specialists, behavioral health providers, and hospitals that are most important to you are part of <MCO\_NAME\_PRO>. You can do this in the following ways.

- Checking your new health plan's website <MCO\_URL>
- Calling your new health plan <MCO\_PHONE>
- Checking the MassHealth website at [MassHealthChoices.com](http://MassHealthChoices.com)
- 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 don't choose another health plan, on **March 1, 2018**, you will be enrolled in <MCO\_NAME\_PRO>.

**May 31, 2018**

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

MassHealth AE (green)

## Important News About Your MassHealth Health Plan



COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

[PARENT/GUARDIAN OF]  
[MEMBER FIRST NAME] [MEMBER LAST NAME]  
[STREET ADDRESS 1] [STREET ADDRESS 2]  
[CITY], [STATE] [ZIPCODE]

Date: [DATE]  
Member ID: [XXXXXXXXXX]

Dear [Member Name],

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**. We encourage you to find out more about new MassHealth health plans available in your area. **Please note, even though your health plan is changing, your MassHealth benefits will stay the same.**

### What do I need to do?

You can choose a health plan for yourself! MassHealth has many plan options.

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

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

You may want to look for a plan that has the doctors, specialists, behavioral health providers, and hospitals that are most important to you. In some cases, you may have to pick a new primary care provider (PCP).

**If you DO NOT do anything, MassHealth will pick a new health plan for you automatically. We will send you a letter saying which health plan you have been assigned to.**

### 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 an 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 out more about these reasons in the Enrollment Guide, which was sent to your household and is also available online at [mass.gov/masshealth](http://mass.gov/masshealth).



# Important News About Your MassHealth Health Plan



COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

[PARENT/GUARDIAN OF]  
[MEMBER FIRST NAME] [MEMBER LAST NAME]  
[STREET ADDRESS 1] [STREET ADDRESS 2]  
[CITY], [STATE] [ZIPCODE]

Date: [DATE]  
Member ID: [XXXXXXXXXX]

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](http://MassHealthChoices.com) or by reading the Enrollment Guide which was sent to your household and can also be found at [mass.gov/masshealth](http://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 provider (PCP), 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](http://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 a MCO or ACO health plan. If you are enrolled in a 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](http://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



## Member Timeline



### Member Experience

Julia receives a letter from MassHealth telling her about her assignment to a new plan

### 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**

# Member Experience: Member Scenario #2



## Member Timeline



### Member Experience

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

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

*\* 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**

Plan Selection  
Period Begins  
**3/1/18**

Fixed  
Enrollment  
Period Begins  
**6/1/18**

### 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 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

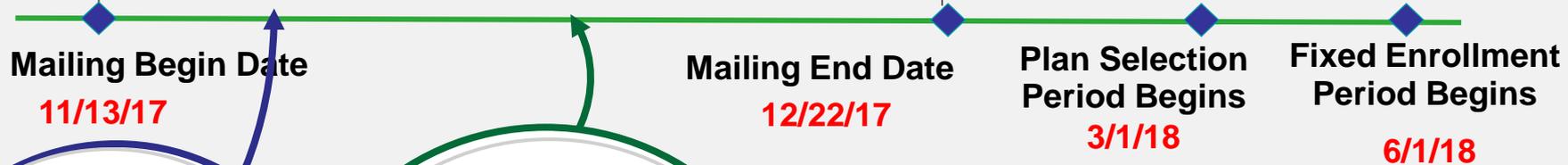
Marisol is moved into the new plan on **March 1, 2018**. She can change her plan again until **May 31, 2018**

# Member Experience: Member Scenario #4



## Member Timeline

Member Notice Mailing Duration



### Member Experience

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

### Member Action

Jerry calls the Plan to make sure that the specialists, doctors, and hospitals important to him are also in the same plan. He discovers that an important **specialist of his is not in his assigned plan**

### Member Action

- Since Jerry's important specialist is not in his plan, he visits [www.MassHealthChoices.com](http://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](http://www.MassHealthChoices.com) to complete enrollment
- Jerry also selects a PCP who is in his new health plan

# Member Materials

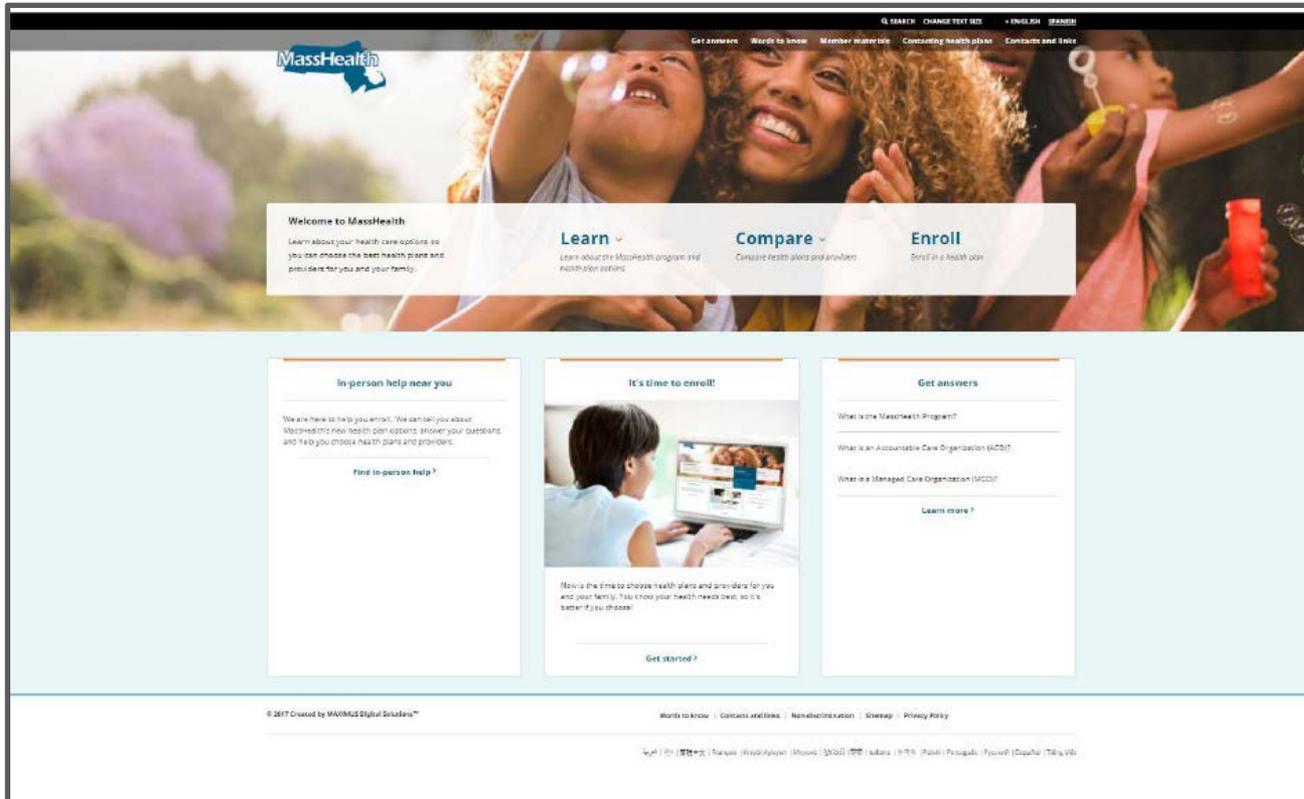
# MassHealth Enrollment Guide



- MassHealth's New Enrollment Guide



# New MassHealth Health Plan Provider Directory



- 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!

[www.MassHealthChoices.com](http://www.MassHealthChoices.com)



**Questions?**