MassHealth
Program Overview

Executive Office of Health and Human Services
MassHealth Operations
Anne-Marie D’Angelo Florent
Kara Chiev
June 2017
Agenda

- MA Health Care Coverage
- MassHealth’s Health Plan Options
  - Plan Selection Period and Fixed Enrollment Period
  - Health Plans Options
- MassHealth Traditional Coverage
- The Application and Renewal Process
- Resources
MA Health Care Coverage
MA Health Care Coverage

Subsidized Insurance through Health Connector

- **FLP**
  - 400%
  - QHP with Premium Tax Credits
  - “ConnectorCare”
  - QHP
  - With federal tax credits and subsidies and additional state subsidies
  - Lawfully
  - Present ages
  - 21+
  - (AWSS)
  - MassHealth

Note: Children, disabled individuals and adults with HIV or breast or cervical cancer remain eligible for MassHealth at higher incomes (income levels vary).
MassHealth Eligibility

There are six universal eligibility factors that all applicants and members must meet:

- Massachusetts residency
- Providing or applying for a Social Security Number
- Assignment of Rights to Medical Support and Third Party Payments
  - Good Cause for Non-Cooperation
- Assignment of Third Party recoveries
- Potential sources of health care
- Utilization of potential benefits
The following additional factors must be considered when determining eligibility:

- Citizenship or immigration status
- Categorical (disability, age, children, pregnancy)
- Financial (income)
- Household composition, age, and tax filing status
Coverage Types in MA

- **MassHealth**
  - Standard
  - CommonHealth
  - CarePlus
  - Family Assistance
  - Limited
  - CMSP

- **Health Connector**
  - Qualified Health Plan (QHP)
  - QHP with Advanced Premium Tax Credit (PTC)
  - ConnectorCare plans (QHPs which include additional premium and cost sharing subsidies)

- **Health Safety Net**
MassHealth’s Health Plan
Plan Selection and Fixed Enrollment Period

Plan Selection Period
- Members enrolled in a MassHealth MCO health plan will have a 90-day Plan Selection Period every year.
- During this time, members can enroll or switch their health plans for any reason.
- If members are happy with their current health plan, they do not need to take action. They will remain in their current plan.

Fixed Enrollment Period
- After the 90-day Plan Selection Period has ended, members will enter a Fixed Enrollment Period and will only be able to change health plans for certain reasons listed later in the presentation.

How a member can enroll in an MCO plan
- Online at http://mass.gov/MassHealth
- Completing and mailing the MassHealth Health Plan Enrollment Form
- Calling MassHealth Customer Service
Will the Plan Selection Period and Fixed Enrollment Period Apply to Everyone?

- No. The following members are exempt from the Plan Selection and Fixed Enrollment Periods:
  - Members enrolled in the PCC Plan
  - PCC Plan members can choose a different PCC in the PCC Plan or can choose to enroll in an MCO Plan at any time. However, members that select to enroll in an MCO will have a Plan Selection Period followed by a Fixed Enrollment Period.

- MassHealth members who are in the care and custody of the Department of Children and Families (DCF) or Department of Youth Services (DYS)
  - These members can switch MCOs or join the PCC Plan at anytime for any reason
Fixed Enrollment Period

Once a member is in their Fixed Enrollment Period they cannot move to another health plan until your next Plan Selection Period, unless MassHealth determines that one of the exceptions below applies to you.

- Member move out of your health plan’s service area.
- Member need related services to be performed at the same time, and those related services are not all available within their health plan’s network, and their primary care provider or another provider determines that receiving those related services separately would be an unnecessary risk to the member.
- Member’s health plan is not meeting their needs for other reasons including but not limited to poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with their health care needs.
Fixed Enrollment Period (cont.)

- Member’s MCO no longer serves their geographic area. MassHealth will let them know if this happens.
- Member’s MCO has not provided access to health care providers that meet their health care needs over time, even after they’ve asked for help.
- MassHealth has information that members are homeless, and their MCO does not have providers who can meet their specific geographic needs.
- Member’s MCO is not meeting their language, communication, or other accessibility needs or preferences.
- Member’s key network providers, including primary care physicians, specialists, or behavioral health providers, have left their MCO’s network.
- Member’s health plan, because of moral or religious objections, does not cover a service the member seek.
- Member’s MCO has substantially violated a material provision of its contract with MassHealth.
- MassHealth sanctions member’s MCO by allowing members to dis-enroll from the health plan. MassHealth will let members know if this happens.
Plan Selection Period and Fixed Enrollment Period will apply to members voluntarily enrolled in an MCO, if the member is seeking to change to another MCO.

However, members voluntarily enrolled in an MCO can transfer to the PCC Plan at any time, or, choose to receive all services on a fee for service basis.

Members who are voluntarily enrolled in an MCO include:

- Members who are enrolled in the Kaileigh Mulligan Program
- Members who are enrolled in a home and community-based services waiver program
- Members who are receiving Title IV-E adoption assistance
Managed Care Eligible Members

Managed Care Eligible Coverage Types

- Current and future MassHealth’s managed care populations:
  - Under 65, no TPL (Third Party Liability) (including Medicare)
  - Living in the community
  - In the following MassHealth Coverage Types:
    - MassHealth Standard
    - CommonHealth
    - CarePlus
    - Family Assistance
Current Choices for Managed Care Members (cont’d)

- Currently, managed care members can choose:
  - Primary Care Clinician (PCC) Plan:
    - Behavioral health is managed by the Massachusetts Behavioral Health Partnership (MBHP)
    - All other services (medical and Long Term Services and Support (LTSS)) are provided directly by MassHealth
  - Managed Care Organization (MCO) in their region:
    - Manages medical and behavioral health services
    - LTSS is provided directly by MassHealth
Future Choices for Managed Care Members

- Members will have the following choices when new health plans become available:
  - Managed Care Organization (MCO) program,
  - Primary Care Clinician (PCC) Plan, and
  - Accountable Care Organizations (ACO)
This winter 2017 MassHealth will now offer new choices of health plan for member’s called an Accountable Care Organization.

- An ACO is a group of Primary Care Providers (PCP) who work together to make sure a member’s overall health care needs are met. When they are part of an ACO, their doctors will work with the member and each other to coordinate their care and help them meet their health goals.

- In an ACO, a PCP is responsible for working with the member and the ACO’s network of providers to help better coordinate their care and connect them with available services and supports. This coordination can help them get the right care at the right time to improve their health and keep them healthy.
## New Health Plan Choice

<table>
<thead>
<tr>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accountable Care Partnership Plans</strong></td>
</tr>
<tr>
<td>A group of PCPs who have exclusively partnered with an Managed Care Organization (MCO) to use their provider network to provide integrated and coordinated care for members.</td>
</tr>
<tr>
<td><strong>Primary Care ACOs</strong></td>
</tr>
<tr>
<td>A group of PCPs who contract directly with MassHealth to use its provider network to provide integrated and coordinated care for members.</td>
</tr>
<tr>
<td><strong>MCO’s and MCO Administered ACO</strong></td>
</tr>
<tr>
<td>Managed Care Organization (MCO) that has a network of providers to deliver care. MCO’s may contract with an ACO to provide more integrated and coordinated care.</td>
</tr>
<tr>
<td><strong>PCC Plan</strong></td>
</tr>
<tr>
<td>MassHealth’s statewide managed care option that uses the MassHealth provider network to deliver care.</td>
</tr>
</tbody>
</table>
Member Enrollment in New MCOs and ACOs

- In order to ensure that all managed care eligible members are enrolled in an MCOs and ACOs (or PCC Plan) by winter of 2017, certain members will have a “Special Assignment” to plans.

- Special Assignment:
  - Will be based on keeping members with their PCP, to the extent possible.
  - Members who will be Specially Assigned will receive a notice and an enrollment guide from MassHealth.
  - All health plan options (AC0, MCO, and PCC Plan) will be presented in an enrollment guide.
  - Members will default to their Specially Assigned plans on December 18th if they do not make another choice.

- MCO and ACO enrolled members will have a Plan Selection Period beginning winter of 2017, and the Fixed Enrollment Period will begin for those members spring of 2018.
Application Filing
Application Filing for ACA Coverage

■ Apply faster online! Go to MAhealthconnector.org

■ Apply by phone:
  – Call the Health Connector Customer Service at 1-877 MA-ENROLL (1-877-623-6765) or
  – MassHealth at 1-800-841-2900

■ Apply in person at a MassHealth Enrollment Center

■ Apply using the under 65 ACA-3 paper application when other methods are unsuccessful. Mail the application to

  Health Insurance Processing Center
  P.O.Box 4405
  Taunton, MA 02780
  Or
  Fax: 1-857-323-8300
ACA Renewals

- MassHealth is required to renew households annually
- Automatic and prepopulated renewals will be completed for eligible households
- Households not auto renewed are sent letters to heads of households explaining that their family should submit a new application within 45 days at http://www.MAhealthconnector.org
- Households can renew online, by paper, or over the phone
MassHealth Traditional Coverage
Coverage Types for 65 & Over Living in the Community and Waiver Programs

- Standard
- CommonHealth
- Family Assistance
- Limited
- Senior Buy-In (QMB)
- Buy-In
- QI-1 (Qualified individual)
- Health Safety Net

Medicare Part B (2017) is $109.00 for most people.

MassHealth can be a secondary payer for Medicare beneficiaries
Income & Asset Standards for MassHealth Coverage for 65 & Over Living in the Community

<table>
<thead>
<tr>
<th></th>
<th>Income</th>
<th>Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$1,005/ monthly</td>
<td>$2,000</td>
</tr>
<tr>
<td>Couple</td>
<td>$1,354/monthly</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

Applicants over income will receive a six month deductible; but they may still be eligible for a MassHealth Buy-In coverage and or for the Health Safety Net.
Buy-In Programs

- Qualified Medicare Beneficiary (QMB) 100% FPL
- Specified Low Income Beneficiary (SLMB) 120% FPL
- Qualified Individual -1 (QI-1) 135% FPL
- Income guidelines vary for the Buy-In Programs
- 2017 asset limits are $7,390 for an (Individual) and $11,090 for a (Couple) for all Buy-In programs
Countable Assets

Countable assets include, but are not limited to,

- value of bank accounts
- certificates of deposit
- mutual funds, stocks and bonds
- the value of real property, except your home, if it meets eligibility requirements
Noncountable Assets

- The home you live in if it is located in Massachusetts, unless you are getting long-term-care services in a long-term-care facility
- One vehicle for each household
- Life insurance policies for both you and your spouse if the total face value for each of you is $1,500 or less
- Burial plots up to $1,500 per person for you and your spouse that is specifically set aside for funeral and burial expenses.
Noncountable Assets (cont.)

- Up to $1,500 per person for you and your spouse that is specifically set aside for funeral and burial expenses
- An irrevocable burial trust or prepaid irrevocable burial contract set up in reasonable amounts for future payment of funeral or burial expenses
- A complete list of countable and non countable assets can be found in the MassHealth regulations at 130 CMR: 520.007 and 520.008
MassHealth Home and Community Base Service (HCBS) Waiver Programs

The HCBS Waiver Programs are:

- The Frail Elder Waiver
- Persons with an Intellectual Disability (3 types)
- Persons with Traumatic Brain Injury Waiver
- Acquired Brain Injury Waiver Residential Habilitation
- Acquired Brain Injury Waiver Non-Residential Habilitation
- Money Follows the Person Waiver Residential Supports
- Money Follows the Person Community Living Waiver
Waiver Program Financial Determination

- Waiver participants are eligible for MassHealth Standard
- Financial eligibility guidelines for the waivers are:
  - Income at or ≤ 300% SSI 2017 Federal Benefit Rate (FBR) which is $735 a month X 3 = $2205 a month.
  - Assets ≤ $2,000 for the individual applicant/member.
  - Assets ≤ $120,900 for the spouse of the married waiver applicant/member.

NOTE: If there is a spouse, the spouse’s income is not counted.

MassHealth Regulations for other waiver programs can be found at 130 CMR: 519.007
Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)

- The SACA-2 application
- Mailed or faxed to:
  MassHealth Enrollment Center Central Processing Unit
  P.O. Box 290794
  Charlestown, MA 02129-0214
  Fax: 617-887-8799
- Hand delivered to:
  MassHealth Enrollment Center
  Central Processing Unit
  The Schrafft Center 529 Main St., Suite 1M
  Charlestown, MA 02129-0214
MassHealth Renewals: Traditional

- Traditional populations including elders and members in the Home and Community Based Waiver programs will be renewed annually on their due dates
- Automatic and Prepopulated Renewals will be completed for eligible households
- An eligibility form is mailed to the member to complete within 45 days
- Documentation for applications and renewals will be attempted to be verified with a data match
- If a data match does not happen MassHealth will request verification from the member
Resources
Contact Information

www.mass.gov/masshealth
1-800-841-2900

- MassHealth Enrollment Center
  - 45 Spruce St.
    Chelsea, MA 02150
  - 367 East St.
    Tewksbury, MA 01876
  - 21 Spring St., Suite 4
    Taunton, MA 02780
  - 88 Industry Ave Suite D
    Springfield, MA 01104

- Central Processing Unit (SACA-2) Application Processing Center
  - PO Box 290794
    Charlestown, MA 02129
  - Fax: 1-617-887-8799

- Health Insurance (ACA-3) Application Processing Center
  - P.O. Box 4405
    Taunton, MA 02780
  - Fax: 1-857-323-8300
Massachusetts Health Connector

- www.MAhealthconnector.org
- 1-877-MA ENROLL (1-877-623-6765)
  TTY: 1-877-623-7773
- Walk-in Centers:
  - Boston
    133 Portland Street
    Boston, MA 02114
  - Western MA
    88 Industry Avenue
    Springfield, MA 01104
  - Central MA
    146 Main Street
    Worcester, MA 01608
Health Safety Net (HSN)

- Health Safety Net Customer Service Center
- 1-877-910-2100
- hsnhelpdesk@state.ma.us
Enrollment Assisters

Certified Application Counselors

- The Commonwealth has approximately 1,600 Certified Application Counselor (CACs) spread across nearly all hospitals and Community Health Centers

Navigators

- The Commonwealth has selected and Certified 15 Navigator organizations

Go to [www.MAhealthconnector.org](http://www.MAhealthconnector.org), select “Help Center” to find local listings
Enrollment Assisters

SHINE (Serving the Health Insurance Needs of Everyone)

- SHINE Counselors assists elders and individuals with disabilities in understanding their Medicare and MassHealth benefits and other health insurance options
- For more information visit http://www.mass.gov/elders/
- To schedule an appointment call: 1-800-AGE-INFO (1-800-243-4636)
<table>
<thead>
<tr>
<th>Family Size</th>
<th>MassHealth Income Standards</th>
<th>100% Federal Poverty Level</th>
<th>5% Federal Poverty Level</th>
<th>120% Federal Poverty Level</th>
<th>133% Federal Poverty Level</th>
<th>135% Federal Poverty Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$522</td>
<td>$6,264</td>
<td>$1,005</td>
<td>$12,060</td>
<td>$51</td>
<td>$603</td>
</tr>
<tr>
<td>2</td>
<td>$650</td>
<td>$7,800</td>
<td>$1,354</td>
<td>$16,240</td>
<td>$68</td>
<td>$812</td>
</tr>
<tr>
<td>3</td>
<td>$775</td>
<td>$9,300</td>
<td>$1,702</td>
<td>$20,420</td>
<td>$86</td>
<td>$1,021</td>
</tr>
<tr>
<td>4</td>
<td>$891</td>
<td>$10,692</td>
<td>$2,050</td>
<td>$24,600</td>
<td>$103</td>
<td>$1,230</td>
</tr>
<tr>
<td>5</td>
<td>$1,016</td>
<td>$12,192</td>
<td>$2,399</td>
<td>$28,780</td>
<td>$120</td>
<td>$1,439</td>
</tr>
<tr>
<td>6</td>
<td>$1,141</td>
<td>$13,692</td>
<td>$2,747</td>
<td>$32,960</td>
<td>$138</td>
<td>$1,648</td>
</tr>
<tr>
<td>7</td>
<td>$1,266</td>
<td>$15,192</td>
<td>$3,095</td>
<td>$37,140</td>
<td>$155</td>
<td>$1,857</td>
</tr>
<tr>
<td>8</td>
<td>$1,383</td>
<td>$16,596</td>
<td>$3,444</td>
<td>$41,320</td>
<td>$173</td>
<td>$2,066</td>
</tr>
<tr>
<td>For each additional person add</td>
<td>$133</td>
<td>$1,596</td>
<td>$349</td>
<td>$4,180</td>
<td>$18</td>
<td>$209</td>
</tr>
</tbody>
</table>
## 2017 MassHealth Income Standards and Federal Poverty Guidelines

<table>
<thead>
<tr>
<th>Family Size</th>
<th>150% Federal Poverty Level</th>
<th>200% Federal Poverty Level</th>
<th>250% Federal Poverty Level</th>
<th>300% Federal Poverty Level</th>
<th>400% Federal Poverty Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monthly</td>
<td>Yearly</td>
<td>Monthly</td>
<td>Yearly</td>
<td>Monthly</td>
</tr>
<tr>
<td>1</td>
<td>$1,508</td>
<td>$18,090</td>
<td>$2,010</td>
<td>$24,120</td>
<td>$2,513</td>
</tr>
<tr>
<td>2</td>
<td>$2,030</td>
<td>$24,360</td>
<td>$2,707</td>
<td>$32,480</td>
<td>$3,384</td>
</tr>
<tr>
<td>3</td>
<td>$2,553</td>
<td>$30,630</td>
<td>$3,404</td>
<td>$40,840</td>
<td>$4,255</td>
</tr>
<tr>
<td>4</td>
<td>$3,075</td>
<td>$36,900</td>
<td>$4,100</td>
<td>$49,200</td>
<td>$5,125</td>
</tr>
<tr>
<td>5</td>
<td>$3,598</td>
<td>$43,170</td>
<td>$4,797</td>
<td>$57,560</td>
<td>$5,996</td>
</tr>
<tr>
<td>6</td>
<td>$4,120</td>
<td>$49,440</td>
<td>$5,494</td>
<td>$65,920</td>
<td>$6,867</td>
</tr>
<tr>
<td>7</td>
<td>$4,643</td>
<td>$55,710</td>
<td>$6,190</td>
<td>$74,280</td>
<td>$7,738</td>
</tr>
<tr>
<td>8</td>
<td>$5,165</td>
<td>$61,980</td>
<td>$6,887</td>
<td>$82,640</td>
<td>$8,609</td>
</tr>
<tr>
<td>For each additional person add</td>
<td>$523</td>
<td>$6,270</td>
<td>$697</td>
<td>$8,360</td>
<td>$871</td>
</tr>
</tbody>
</table>

**Institutional Income Standard $72.80**

DG-FPL [Rev. 03/17]
THANK YOU

Questions?