

MassHealth Health Plans Webinar Transcript

1
00:00:00,100 --> 00:00:02,533
Good morning, everyone. It's 10:00.

2
00:00:02,533 --> 00:00:03,566
Welcome to the MassHealth

3
00:00:03,566 --> 00:00:04,633
Plan Updates

4
00:00:04,633 --> 00:00:07,166
relaunch of ACO Programs presentation.

5
00:00:07,500 --> 00:00:09,866
Thank you for joining us today.

6
00:00:09,866 --> 00:00:12,300
Our presenter today is Kara Chiev,

7
00:00:12,300 --> 00:00:13,666
Manager of External Training

8
00:00:13,666 --> 00:00:15,600
and Communications at MassHealth.

9
00:00:15,600 --> 00:00:16,733
Good morning, everyone.

10
00:00:16,733 --> 00:00:18,200
Welcome to this webinar.

11
00:00:18,200 --> 00:00:19,466
Thank you for joining us today

12
00:00:19,466 --> 00:00:21,100
to learn from a Mass,

13
00:00:21,100 --> 00:00:23,400

a MassHealth members perspective,

14

00:00:23,400 --> 00:00:24,766

how to help our members

15

00:00:24,766 --> 00:00:26,800

understand their 2023

16

00:00:27,166 --> 00:00:28,500

health plan options.

17

00:00:28,500 --> 00:00:30,566

I'll be covering

18

00:00:30,566 --> 00:00:32,866

this webinar and really going

19

00:00:32,866 --> 00:00:35,366

through the agenda items.

20

00:00:36,266 --> 00:00:39,133

So here we're going to work through first

21

00:00:39,133 --> 00:00:40,200

the current health

22

00:00:40,200 --> 00:00:42,000

plan enrollment process,

23

00:00:42,000 --> 00:00:44,100

which is not changing.

24

00:00:44,100 --> 00:00:46,800

Then we'll look at the new plan options

25

00:00:46,800 --> 00:00:48,166

that will be available

26

00:00:48,166 --> 00:00:50,266
starting April 1st,

27

00:00:50,266 --> 00:00:51,800
then walking you through

28

00:00:51,800 --> 00:00:53,033
the different notices

29

00:00:53,033 --> 00:00:54,366
members have already

30

00:00:54,366 --> 00:00:56,600
received and what they mean.

31

00:00:58,466 --> 00:00:59,100
Next,

32

00:00:59,100 --> 00:01:00,633
Continuity of Care.

33

00:01:00,633 --> 00:01:02,766
MassHealth is committed

34

00:01:02,766 --> 00:01:05,433
to working with members, providers

35

00:01:05,833 --> 00:01:07,400
and other stakeholders

36

00:01:07,400 --> 00:01:10,266
to promote Continuity of Care.

37

00:01:10,266 --> 00:01:12,966
This is to support a successful

38

00:01:12,966 --> 00:01:14,366

transition.

39

00:01:14,366 --> 00:01:17,166

I'll review the Continuity of Care Period.

40

00:01:19,300 --> 00:01:21,066

Next, the Community Partners

41

00:01:21,066 --> 00:01:23,433

Program was also re-procured.

42

00:01:23,566 --> 00:01:25,300

I'll go over what that means

43

00:01:25,300 --> 00:01:27,000

for those members

44

00:01:27,000 --> 00:01:30,333

as well as provide data on its success

45

00:01:30,400 --> 00:01:31,533

since the program's

46

00:01:31,533 --> 00:01:33,900

launch back in 2018.

47

00:01:35,000 --> 00:01:36,633

Then a quick reminder

48

00:01:36,633 --> 00:01:39,666

on EVS that's the Eligibility Verification System.

49

00:01:40,033 --> 00:01:42,533

Also, nothing new, nothing is changed.

50

00:01:42,600 --> 00:01:44,866

Just a quick reminder.

51
00:01:44,866 --> 00:01:47,233
Next is an overview of MassHealth

52
00:01:47,233 --> 00:01:49,200
Choices.

53
00:01:49,233 --> 00:01:51,233
MassHealth Choices is where members

54
00:01:51,233 --> 00:01:51,900
can learn

55
00:01:51,900 --> 00:01:52,966
about their health plan

56
00:01:52,966 --> 00:01:55,100
options, compare plans

57
00:01:55,133 --> 00:01:59,100
and enroll in a plan.

58
00:01:59,100 --> 00:02:01,900
Then we'll move into Primary Care ACOs

59
00:02:02,700 --> 00:02:05,400
Plan and Fee-for-Service Plan Directory.

60
00:02:05,733 --> 00:02:07,266
You do have that available

61
00:02:07,266 --> 00:02:09,266
as well on the MassHealth website.

62
00:02:09,266 --> 00:02:10,533
We'll go over

63
00:02:10,533 --> 00:02:12,300

really the difference between

64

00:02:12,300 --> 00:02:13,166
MassHealth Choices

65

00:02:13,166 --> 00:02:16,100
and this provider directory,

66

00:02:16,100 --> 00:02:17,066
and then lastly,

67

00:02:17,066 --> 00:02:19,366
before we get into questions,

68

00:02:19,366 --> 00:02:20,933
there are resources

69

00:02:20,933 --> 00:02:22,533
at the end of the deck,

70

00:02:22,533 --> 00:02:26,300
like a quick link to the 2023 Member

71

00:02:26,300 --> 00:02:27,033
Enrollment Guide.

72

00:02:28,366 --> 00:02:28,566
So,

73

00:02:28,566 --> 00:02:33,833
going on to the next slide.

74

00:02:33,833 --> 00:02:37,200
Next slide.

75

00:02:37,200 --> 00:02:40,200
Who are the MassHealth members

76
00:02:40,200 --> 00:02:42,933
that can enroll in an Accountable Care

77
00:02:42,966 --> 00:02:44,900
Plan or ACO,

78
00:02:44,900 --> 00:02:47,666
the Managed Care Plan, or MCO Plan

79
00:02:48,100 --> 00:02:49,666
or the Primary Care

80
00:02:49,666 --> 00:02:52,666
Clinician Plan or the PCC plan?

81
00:02:53,766 --> 00:02:57,000
Simply they are the members

82
00:02:57,000 --> 00:02:57,966
that are

83
00:02:57,966 --> 00:02:59,433
younger than 65

84
00:02:59,433 --> 00:03:00,500
and MassHealth

85
00:03:00,500 --> 00:03:02,666
is their primary health care coverage.

86
00:03:03,166 --> 00:03:03,833
These members

87
00:03:03,833 --> 00:03:04,833
live in the community,

88
00:03:04,833 --> 00:03:05,833

which means that they are

89

00:03:05,833 --> 00:03:08,100
not in a nursing facility

90

00:03:08,100 --> 00:03:10,700
and have been program determined eligible

91

00:03:10,700 --> 00:03:13,200
for one of the following MassHealth coverage types

92

00:03:13,733 --> 00:03:16,700
that's MassHealth Standard, CommonHealth,

93

00:03:17,233 --> 00:03:19,533
CarePlus or Family Assistance.

94

00:03:22,100 --> 00:03:22,666
Below,

95

00:03:22,666 --> 00:03:23,666
just a quick note

96

00:03:23,666 --> 00:03:26,100
is where the regulation lives

97

00:03:26,100 --> 00:03:26,800
as far as

98

00:03:26,800 --> 00:03:30,033
if you want to see the full list

99

00:03:30,133 --> 00:03:32,266
of our managed care eligible

100

00:03:32,266 --> 00:03:34,000
and those that are not managed care

101

00:03:34,000 --> 00:03:34,933
eligible members,

102

00:03:34,933 --> 00:03:40,000
that's our regulation at 130 CMR 508.

103

00:03:42,766 --> 00:03:43,200
So, the next

104

00:03:43,200 --> 00:03:48,466
slide. So

105

00:03:49,233 --> 00:03:51,666
when members become

106

00:03:51,666 --> 00:03:54,133
newly eligible for MassHealth

107

00:03:54,733 --> 00:03:55,933
or they're coming back on

108

00:03:55,933 --> 00:03:56,600
to MassHealth

109

00:03:56,600 --> 00:03:58,666
after a number of months

110

00:04:00,166 --> 00:04:03,200
and they're determined eligible to enroll

111

00:04:03,466 --> 00:04:05,200
in a managed care plan,

112

00:04:05,200 --> 00:04:06,433
they must select

113

00:04:06,433 --> 00:04:08,733

a plan within 14 days.

114

00:04:08,733 --> 00:04:10,600

So they have 14 days

115

00:04:10,600 --> 00:04:13,366

from being program determined MassHealth

116

00:04:13,366 --> 00:04:16,600

eligible to select a health plan.

117

00:04:16,700 --> 00:04:18,633

If they don't select a health plan,

118

00:04:18,633 --> 00:04:21,400

they will be auto-enrolled, auto-

119

00:04:21,400 --> 00:04:26,100

assigned into a plan.

120

00:04:26,100 --> 00:04:29,433

And how do they go about enrolling?

121

00:04:29,700 --> 00:04:31,033

They can go online

122

00:04:31,033 --> 00:04:33,300

to MassHealthChoices.com

123

00:04:33,300 --> 00:04:36,033

that's really the fastest

124

00:04:36,033 --> 00:04:38,700

way to enroll in a health plan

125

00:04:38,700 --> 00:04:39,666

that's online.

126

00:04:39,666 --> 00:04:40,800

As you heard,

127

00:04:40,800 --> 00:04:41,366

that's

128

00:04:41,466 --> 00:04:43,433

also the best place for them

129

00:04:43,433 --> 00:04:45,500

to learn about their health plans,

130

00:04:45,500 --> 00:04:46,733

the different health plans

131

00:04:46,733 --> 00:04:49,466

that's available in their area

132

00:04:50,233 --> 00:04:54,066

and they can quickly enroll and

133

00:04:54,533 --> 00:04:55,666

at that website.

134

00:04:57,200 --> 00:04:59,400

Members can also submit

135

00:04:59,400 --> 00:05:00,533

their health plan

136

00:05:00,533 --> 00:05:04,366

enrollment by mail or faxing it.

137

00:05:04,366 --> 00:05:07,166

They do receive a MassHealth Enrollment

138

00:05:07,166 --> 00:05:08,433
Form in their notice that

139
00:05:08,433 --> 00:05:10,366
they can submit back

140
00:05:10,366 --> 00:05:12,900
or they can also call MassHealth Customer Service

141
00:05:12,900 --> 00:05:15,900
to make that plan selection.

142
00:05:16,000 --> 00:05:18,200
So when can somebody change

143
00:05:18,266 --> 00:05:19,100
their health plan?

144
00:05:19,100 --> 00:05:22,800
It is during their Plan Selection Period.

145
00:05:22,800 --> 00:05:26,700
Going on to the next slide.

146
00:05:26,700 --> 00:05:29,433
So looking at the Plan Selection Period.

147
00:05:31,533 --> 00:05:33,933
Members, as I mentioned,

148
00:05:33,933 --> 00:05:36,466
if they're under 65, they're managed,

149
00:05:36,466 --> 00:05:37,300
care eligible

150
00:05:37,300 --> 00:05:40,300
and enrolled in a MassHealth ACO

151
00:05:40,300 --> 00:05:44,266
or MCO, they have 90 days to select

152
00:05:44,600 --> 00:05:46,133
or they've got a 90-day

153
00:05:46,133 --> 00:05:47,700
Plan Selection Period every year,

154
00:05:47,700 --> 00:05:49,900
which means that they can switch out

155
00:05:49,900 --> 00:05:56,266
of their plan for any reason.

156
00:05:56,266 --> 00:05:57,700
If members are happy

157
00:05:57,700 --> 00:05:59,300
with their current health plan,

158
00:05:59,300 --> 00:06:00,600
they don't need to do anything.

159
00:06:00,600 --> 00:06:02,066
They don't need to take any action

160
00:06:02,066 --> 00:06:04,000
during their Plan Selection Period.

161
00:06:04,000 --> 00:06:06,433
They will remain in their current plan.

162
00:06:07,866 --> 00:06:09,933
For Fixed Enrollment Period,

163

00:06:11,533 --> 00:06:13,933
after that 90-day of Plan Selection

164
00:06:13,933 --> 00:06:14,700
Period, after it

165
00:06:14,700 --> 00:06:18,533
ends, members will enter into a Fixed

166
00:06:18,533 --> 00:06:19,966
Enrollment Period.

167
00:06:19,966 --> 00:06:22,500
So once that member is in this Fixed

168
00:06:22,533 --> 00:06:23,800
Enrollment Period,

169
00:06:23,800 --> 00:06:26,166
they can't move out or join

170
00:06:26,166 --> 00:06:27,933
another health plan

171
00:06:27,933 --> 00:06:30,600
unless they meet an exception

172
00:06:30,600 --> 00:06:36,000
and at their next Plan Selection Period.

173
00:06:36,000 --> 00:06:39,733
The exception reasons are on our website.

174
00:06:40,200 --> 00:06:42,866
It also has not changed

175
00:06:43,066 --> 00:06:44,400
and the quick link

176
00:06:44,400 --> 00:06:47,066
is also available on this slide for you.

177
00:06:48,266 --> 00:06:50,066
So if you are newer to

178
00:06:50,066 --> 00:06:51,433
our health plan space

179
00:06:51,433 --> 00:06:53,533
and want to see

180
00:06:53,533 --> 00:06:56,833
some of the Fixed Enrollment reasons

181
00:06:57,833 --> 00:07:00,266
for members being able to switch plans,

182
00:07:00,266 --> 00:07:03,600
you can go on to our website and it's

183
00:07:03,600 --> 00:07:08,866
available there.

184
00:07:08,866 --> 00:07:11,133
Moving to the next slide.

185
00:07:11,866 --> 00:07:13,533
So does the Plan Selection

186
00:07:13,533 --> 00:07:15,000
Period and Fixed Enrollment

187
00:07:15,000 --> 00:07:17,433
Period apply to everyone? It does not.

188

00:07:17,766 --> 00:07:20,666
It does not apply to our newborns

189
00:07:20,666 --> 00:07:23,266
until their first birthday.

190
00:07:23,266 --> 00:07:24,533
It also does not apply

191
00:07:24,533 --> 00:07:26,600
to those MassHealth members

192
00:07:26,600 --> 00:07:29,000
who are in the care in custody of

193
00:07:29,233 --> 00:07:31,100
DCF or DYS

194
00:07:31,100 --> 00:07:32,500
that's the Department of Children

195
00:07:32,500 --> 00:07:33,533
and Families

196
00:07:33,533 --> 00:07:36,533
or Department of Youth Services.

197
00:07:36,533 --> 00:07:38,266
And also this,

198
00:07:38,266 --> 00:07:39,600
the Planned Selection Period

199
00:07:39,600 --> 00:07:43,400
and Fixed Enrollment Period does not apply to members in

200
00:07:43,400 --> 00:07:50,566
the PCC plan.

201

00:07:50,566 --> 00:07:51,866

Here's a great slide,

202

00:07:51,866 --> 00:07:52,466

I think,

203

00:07:52,733 --> 00:07:55,100

for you to print out

204

00:07:55,100 --> 00:07:57,300

or have available on hand.

205

00:07:57,300 --> 00:07:59,666

If you have a member with you, it

206

00:08:00,200 --> 00:08:02,400

really explains to them

207

00:08:02,400 --> 00:08:05,566

if they are in an ACO or a Managed Care

208

00:08:05,566 --> 00:08:06,766

Plan,an MCO Plan,

209

00:08:08,100 --> 00:08:09,466

some of the guidelines for

210

00:08:09,466 --> 00:08:11,500

Plan Selection and Fixed Enrollment.

211

00:08:13,666 --> 00:08:15,700

Plan Selection Periods are unique

212

00:08:15,700 --> 00:08:16,900

to each member.

213

00:08:16,900 --> 00:08:19,533
During the Plan Selection Period

214
00:08:19,533 --> 00:08:21,900
these members can change their health

215
00:08:21,900 --> 00:08:23,833
plan for any reason.

216
00:08:23,833 --> 00:08:25,500
And just as a reminder,

217
00:08:25,500 --> 00:08:28,166
for those that have worked with

218
00:08:28,866 --> 00:08:30,933
MassHealth members for many years,

219
00:08:31,333 --> 00:08:34,600
you know that for primary care providers,

220
00:08:35,000 --> 00:08:38,933
PCPs, members can change their PCPs

221
00:08:39,100 --> 00:08:40,200
at any time

222
00:08:40,200 --> 00:08:42,666
within that, their health plan.

223
00:08:44,766 --> 00:08:48,300
For this round, the 2023

224
00:08:48,300 --> 00:08:49,900
Plan Selection Period

225
00:08:49,900 --> 00:08:51,966
will run from April 1st

226

00:08:52,566 --> 00:08:54,133
through the end of June,

227

00:08:54,133 --> 00:08:56,400
June 30th of 2023.

228

00:08:58,266 --> 00:09:02,033
When July 1st comes, that will be

229

00:09:02,133 --> 00:09:04,500
the member's Fixed Enrollment Period,

230

00:09:04,500 --> 00:09:07,500
which means that they will not be able

231

00:09:07,500 --> 00:09:09,300
to switch health plans

232

00:09:09,300 --> 00:09:13,000
without meeting an exception.

233

00:09:13,000 --> 00:09:15,200
And as I mentioned,

234

00:09:15,200 --> 00:09:16,566
those members in ACOs

235

00:09:16,566 --> 00:09:17,866
or MCOs

236

00:09:17,866 --> 00:09:20,033
will have their Fixed Enrollment

237

00:09:20,033 --> 00:09:27,500
Period start July 1st.

238

00:09:27,500 --> 00:09:36,933
So going on to the next slide.

239
00:09:36,933 --> 00:09:37,533
So

240
00:09:40,466 --> 00:09:41,600
with

241
00:09:42,900 --> 00:09:44,166
we re-procured health

242
00:09:44,166 --> 00:09:46,800
plans back in late fall

243
00:09:47,233 --> 00:09:52,000
and finalized contracts in January,

244
00:09:52,233 --> 00:09:54,333
and these are the plans

245
00:09:54,333 --> 00:09:57,633
that will move forward with MassHealth

246
00:09:58,100 --> 00:10:02,866
into 2023 starting April 1st.

247
00:10:02,866 --> 00:10:03,900
So members will have

248
00:10:03,900 --> 00:10:04,966
the following choices

249
00:10:04,966 --> 00:10:06,966
when new health plans become available.

250
00:10:06,966 --> 00:10:10,366
That's 17 Accountable Care Organizations

251

00:10:10,366 --> 00:10:14,233
and under the ACO umbrella,

252

00:10:14,233 --> 00:10:15,700
we have 15

253

00:10:15,700 --> 00:10:18,866
Accountable Care Partnership Plans

254

00:10:18,866 --> 00:10:21,233
and two Primary Care ACOs

255

00:10:22,433 --> 00:10:25,133
for the MCO program.

256

00:10:26,100 --> 00:10:29,766
no changes will have two MCO's
available

257

00:10:29,766 --> 00:10:31,400
for a member selection,

258

00:10:31,400 --> 00:10:32,433
and members

259

00:10:32,433 --> 00:10:33,233
can also select

260

00:10:33,233 --> 00:10:36,900
to enroll in the Primary Care Clinician

261

00:10:36,900 --> 00:10:48,366
or PCC Plan.

262

00:10:48,366 --> 00:10:52,000
So let's dive into the differences

263

00:10:52,000 --> 00:10:54,333
between the,

264
00:10:55,000 --> 00:10:57,666
the plans, specifically

265
00:10:57,666 --> 00:11:02,133
the Accountable Care Organization plans.

266
00:11:02,133 --> 00:11:05,400
ACOs are defined as groups of doctors,

267
00:11:05,900 --> 00:11:08,200
hospitals and other health care providers

268
00:11:08,200 --> 00:11:09,966
who give coordinated,

269
00:11:09,966 --> 00:11:12,166
high quality care to members.

270
00:11:12,166 --> 00:11:12,433
This

271
00:11:12,433 --> 00:11:14,600
way members get the right care

272
00:11:14,600 --> 00:11:16,200
at the right time.

273
00:11:16,200 --> 00:11:18,233
Under the larger ACO umbrella,

274
00:11:18,333 --> 00:11:21,366
here you have the Accountable Care ACO,

275
00:11:21,366 --> 00:11:26,933
and that's the Partnership Plan.

276

00:11:26,933 --> 00:11:31,766

So the Partnership Plan, under this plan,

277

00:11:31,766 --> 00:11:35,000

the PCPs work with just one health plan.

278

00:11:35,166 --> 00:11:37,266

The provider network includes

279

00:11:37,266 --> 00:11:39,300

the primary care provider,

280

00:11:39,300 --> 00:11:40,266

the specialist,

281

00:11:40,266 --> 00:11:42,933

behavioral health providers, and hospitals.

282

00:11:44,200 --> 00:11:46,433

PCP Plans and

283

00:11:46,433 --> 00:11:48,866

coordinated care,

284

00:11:48,866 --> 00:11:51,233

they coordinate the member's care to meet

285

00:11:51,766 --> 00:11:53,800

the member's health care needs.

286

00:11:53,800 --> 00:11:55,666

In this kind of ACO,

287

00:11:55,666 --> 00:11:57,966

the member must live in the service area

288

00:11:57,966 --> 00:11:59,233
that's covered

289
00:11:59,233 --> 00:12:02,200
by the ACO, the member must use

290
00:12:02,200 --> 00:12:05,400
the ACOs provider network.

291
00:12:05,400 --> 00:12:08,500
They can choose a PCP in the ACO

292
00:12:08,533 --> 00:12:11,466
or one will be assigned to them.

293
00:12:11,466 --> 00:12:13,333
So if they're in

294
00:12:13,333 --> 00:12:15,100
the Accountable Care Partnership plan,

295
00:12:15,100 --> 00:12:19,033
they will have the list of PCPs within their plans

296
00:12:19,033 --> 00:12:21,200
network to, to choose from.

297
00:12:22,200 --> 00:12:25,433
They can change their PCP at any time

298
00:12:25,433 --> 00:12:28,300
within the, this ACO type.

299
00:12:29,766 --> 00:12:31,433
They may get the services

300
00:12:31,433 --> 00:12:33,266
of a behavioral health

301
00:12:33,266 --> 00:12:35,600
or long-term-care services and support

302
00:12:36,400 --> 00:12:39,033
from Community Partners

303
00:12:39,433 --> 00:12:41,033
and they will have

304
00:12:41,033 --> 00:12:42,533
a Plan Selection Period

305
00:12:42,533 --> 00:12:45,166
and Fixed Enrollment Period every year.

306
00:12:50,066 --> 00:12:51,500
Under the same larger

307
00:12:51,500 --> 00:12:54,466
ACO umbrella is the Primary Care ACOs.

308
00:12:54,933 --> 00:12:57,566
In this ACO, primary care providers

309
00:12:57,733 --> 00:12:59,066
have joined together

310
00:12:59,066 --> 00:13:01,333
into an ACO to be responsible

311
00:13:01,333 --> 00:13:03,133
for our members care.

312
00:13:03,133 --> 00:13:04,600
This ACO contracts

313

00:13:04,600 --> 00:13:05,900
directly with MassHealth

314
00:13:05,900 --> 00:13:08,333
to bring the full range of services.

315
00:13:08,966 --> 00:13:10,966
Primary Care ACOs, work

316
00:13:10,966 --> 00:13:11,766
with the MassHealth

317
00:13:11,766 --> 00:13:13,533
provider network of specialists

318
00:13:13,533 --> 00:13:14,833
and hospitals,

319
00:13:14,833 --> 00:13:16,533
and may have certain providers

320
00:13:16,533 --> 00:13:18,266
in their referral circle.

321
00:13:18,266 --> 00:13:20,366
The circle gives our members

322
00:13:20,366 --> 00:13:23,000 direct
access to other providers.

323
00:13:24,066 --> 00:13:25,466
MBHP, that's the

324
00:13:25,466 --> 00:13:26,700
Massachusetts Behavioral

325
00:13:26,700 --> 00:13:28,533
Health Partnership,

326
00:13:28,700 --> 00:13:31,000
provides behavioral health services.

327
00:13:32,166 --> 00:13:34,200
In this kind of plan,

328
00:13:34,200 --> 00:13:37,766
MassHealth members must choose a PCP

329
00:13:37,766 --> 00:13:40,333
in the ACOs group of providers.

330
00:13:41,266 --> 00:13:43,500
Again, they can change their PCP

331
00:13:43,500 --> 00:13:44,533
at any time

332
00:13:44,533 --> 00:13:47,133
within this ACO.

333
00:13:47,133 --> 00:13:48,500
They may get the services

334
00:13:48,500 --> 00:13:49,500
of a behavioral health

335
00:13:49,500 --> 00:13:52,733
or long-term-care services and supports

336
00:13:53,400 --> 00:13:54,900
through Community Partners

337
00:13:54,900 --> 00:13:58,166
and will also have a yearly Plan

338

00:13:58,166 --> 00:14:03,233
Selection and Fixed Enrollment Period.

339
00:14:03,233 --> 00:14:04,500
Going on to the next slide

340
00:14:04,500 --> 00:14:06,000
here will

341
00:14:06,000 --> 00:14:09,100
move out of the ACO space and here's the,

342
00:14:09,233 --> 00:14:11,733
the MCO or Managed Care

343
00:14:11,733 --> 00:14:12,900
Organization Plan.

344
00:14:12,900 --> 00:14:15,000
So what's the difference?

345
00:14:15,000 --> 00:14:16,800
So MCOs, these plans

346
00:14:16,800 --> 00:14:18,666
provide care through their own

347
00:14:18,666 --> 00:14:21,600
provider network, which includes PCPs,

348
00:14:22,500 --> 00:14:23,266
specialists,

349
00:14:23,266 --> 00:14:25,833
behavioral health providers, and hospitals.

350
00:14:27,000 --> 00:14:29,133
Care Coordinators are employed

351

00:14:29,133 --> 00:14:30,400
by the MCO.

352

00:14:31,500 --> 00:14:33,933
So members they can select an MCO

353

00:14:34,066 --> 00:14:36,700
if they live in the service area

354

00:14:36,700 --> 00:14:40,866
that's covered by the MCO,

355

00:14:40,866 --> 00:14:42,600
they must use the MCO's provider

356

00:14:42,600 --> 00:14:43,666
network,

357

00:14:44,466 --> 00:14:48,000
choose a PCP in that MCO

358

00:14:48,600 --> 00:14:52,400
and similar to the ACO plans, members in

359

00:14:53,466 --> 00:14:57,433
this plan may switch PCPs at any time.

360

00:14:57,733 --> 00:14:59,133
They may get the services

361

00:14:59,133 --> 00:15:01,066
of a behavioral health

362

00:15:01,066 --> 00:15:03,700
or long-term-care services and support

363

00:15:04,100 --> 00:15:06,066

through Community Partners.

364

00:15:06,833 --> 00:15:08,833

And they will also have

365

00:15:08,833 --> 00:15:10,300

a yearly Plan Selection

366

00:15:10,300 --> 00:15:14,833

Period and Fixed Enrollment Period.

367

00:15:14,833 --> 00:15:17,066

Lastly, the PCC plan.

368

00:15:17,366 --> 00:15:18,366

In this plan,

369

00:15:18,366 --> 00:15:20,333

the primary care providers are called

370

00:15:20,333 --> 00:15:20,966

primary care

371

00:15:20,966 --> 00:15:23,966

clinician. Members will have access

372

00:15:24,000 --> 00:15:27,066

to the MassHealth network of PCCs,

373

00:15:27,900 --> 00:15:30,100

specialists and hospitals

374

00:15:31,466 --> 00:15:33,100

delivering services

375

00:15:33,100 --> 00:15:36,466

and the Massachusetts Behavioral Health

376

00:15:36,466 --> 00:15:38,433
Partnership, or MBHP

377

00:15:38,433 --> 00:15:41,300
provide behavioral health services.

378

00:15:41,300 --> 00:15:43,800
In the PCC plan, members must choose

379

00:15:43,800 --> 00:15:47,033
a PCC from the MassHealth Network.

380

00:15:47,400 --> 00:15:50,100
They can change their PCC at any time

381

00:15:50,100 --> 00:15:53,733
and they can change from the PCC plan

382

00:15:54,100 --> 00:15:57,600
to an ACO or MCO at any time.

383

00:15:58,933 --> 00:16:00,933
It should be noted that

384

00:16:00,933 --> 00:16:03,466
this is the only plan the Community

385

00:16:03,466 --> 00:16:06,166
Partners Program is not usually available

386

00:16:06,700 --> 00:16:08,100
and a PCP

387

00:16:08,100 --> 00:16:10,133
in an ACO

388

00:16:10,133 --> 00:16:12,500
will not be available

389
00:16:12,500 --> 00:16:16,200
it as PCC in the PCC

390
00:16:16,200 --> 00:16:19,733
plan.

391
00:16:19,733 --> 00:16:22,633
Going on to the next slide,

392
00:16:22,633 --> 00:16:25,666
the Primary Care Exclusivity policy.

393
00:16:25,800 --> 00:16:27,766
This is not changing.

394
00:16:27,766 --> 00:16:31,200
The policy means that a primary care

395
00:16:31,566 --> 00:16:35,700
practice, that contract with an ACO

396
00:16:35,800 --> 00:16:39,100
as a network PCP may not contract

397
00:16:39,100 --> 00:16:43,133
with an MCO of a PCC plan or any other

398
00:16:43,133 --> 00:16:45,300
ACO as a PCC.

399
00:16:46,666 --> 00:16:49,000
This network primary care

400
00:16:49,066 --> 00:16:51,300
provider may only be in

401

00:16:51,300 --> 00:16:53,466
and provide primary care services

402

00:16:53,466 --> 00:16:55,300
to managed care members

403

00:16:55,300 --> 00:16:58,500
who are also enrolled in that same ACO.

404

00:16:59,133 --> 00:17:01,333
Again, no changes. Primary Care

405

00:17:01,366 --> 00:17:04,400
Exclusivity is applied at the site level.

406

00:17:04,833 --> 00:17:05,700
An individual

407

00:17:05,700 --> 00:17:08,733
that's a clinician may work at

408

00:17:08,766 --> 00:17:15,333
and serve members from more than one ACO.

409

00:17:15,333 --> 00:17:17,333
So for primary care providers,

410

00:17:17,333 --> 00:17:19,066
that contract with an ACO

411

00:17:20,533 --> 00:17:22,733
may not contract with another,

412

00:17:23,000 --> 00:17:23,866
another plan.

413

00:17:23,866 --> 00:17:27,200
However, they may contract with MassHealth

414
00:17:27,200 --> 00:17:28,933
Fee-For-Service,

415
00:17:28,933 --> 00:17:30,600
the OneCare Plan,

416
00:17:30,600 --> 00:17:32,733
our Senior Care Options Plan

417
00:17:32,733 --> 00:17:35,166
or our program of All-Inclusive

418
00:17:35,166 --> 00:17:36,566
Care for the Elderly,

419
00:17:36,566 --> 00:17:42,700
our PACE organization.

420
00:17:42,700 --> 00:17:47,066
Here is the plan options that members

421
00:17:47,066 --> 00:17:48,266
will be able to select

422
00:17:48,266 --> 00:17:50,433
from starting April 1st.

423
00:17:51,000 --> 00:17:51,833
As you can see,

424
00:17:51,833 --> 00:17:54,233
the 17 ACOs are listed here

425
00:17:54,233 --> 00:17:56,666
with the two MCO and our

426

00:17:56,666 --> 00:18:00,100
Primary Care Clinician Plan.

427

00:18:00,100 --> 00:18:02,633
Going on to the next slide

428

00:18:03,133 --> 00:18:05,666
again with the re-procurement.

429

00:18:06,300 --> 00:18:07,533
Next slide

430

00:18:09,133 --> 00:18:11,400
with the re-procurement of the ACO

431

00:18:11,400 --> 00:18:12,233
Program,

432

00:18:12,233 --> 00:18:14,166
some ACOs and provider

433

00:18:14,166 --> 00:18:16,433
affiliations are changing

434

00:18:16,866 --> 00:18:18,433
so members may be assigned

435

00:18:18,433 --> 00:18:20,166
to a new health plan.

436

00:18:20,166 --> 00:18:21,700
MassHealth wants to maintain

437

00:18:21,700 --> 00:18:24,733
the member's relationship with their PCP

438

00:18:24,900 --> 00:18:26,466
if possible,

439
00:18:26,466 --> 00:18:28,000
so generally

440
00:18:28,000 --> 00:18:30,066
members would follow their PCP.

441
00:18:30,600 --> 00:18:32,400
This graphic here shows you

442
00:18:32,400 --> 00:18:33,933
the different scenarios

443
00:18:33,933 --> 00:18:36,000
of member assignment.

444
00:18:36,000 --> 00:18:39,300
The first circle or first scenario is

445
00:18:39,300 --> 00:18:42,900
if a member's PCP stays in the same ACO

446
00:18:43,333 --> 00:18:45,400
as of 4/1,

447
00:18:45,400 --> 00:18:47,833
the member will stay with their PCP in

448
00:18:47,833 --> 00:18:49,233
their current ACO.

449
00:18:50,700 --> 00:18:51,500
The second

450
00:18:51,500 --> 00:18:52,600
scenario is

451

00:18:52,600 --> 00:18:55,466
if a member's PCP moves to

452

00:18:55,500 --> 00:18:56,400
a different ACO,

453

00:18:56,400 --> 00:18:57,900
that member

454

00:18:57,900 --> 00:19:01,333
will follow their PCP to the new ACO.

455

00:19:02,633 --> 00:19:04,533
The third scenario is

456

00:19:04,533 --> 00:19:06,333
if the member's primary care

457

00:19:06,333 --> 00:19:10,266
provider moves to the PCC Plan, again,

458

00:19:10,266 --> 00:19:10,833
the member

459

00:19:10,833 --> 00:19:13,033
will follow their primary care provider

460

00:19:13,033 --> 00:19:17,800
and move into our PCC plan.

461

00:19:17,800 --> 00:19:20,533
Now, the last scenario in this situation,

462

00:19:20,533 --> 00:19:21,266
the member's

463

00:19:21,266 --> 00:19:22,533
primary care provider

464
00:19:22,533 --> 00:19:24,300
may not be available

465
00:19:24,300 --> 00:19:27,000
as the provider decided to retire

466
00:19:27,433 --> 00:19:29,333
or the PCP will,

467
00:19:29,333 --> 00:19:31,433
will now be a specialist.

468
00:19:31,433 --> 00:19:33,066
This member will move

469
00:19:33,066 --> 00:19:36,333
based on their current ACO partner.

470
00:19:38,833 --> 00:19:41,000
The next set of slides are

471
00:19:41,233 --> 00:19:42,366
sample notices.

472
00:19:42,366 --> 00:19:44,500
You will get these note, these,

473
00:19:44,933 --> 00:19:48,366
this deck and be able to review

474
00:19:48,466 --> 00:19:51,500
the first page of the notice

475
00:19:51,500 --> 00:19:53,200
but, basically it's

476

00:19:53,200 --> 00:19:55,200
just going to let you know

477

00:19:55,200 --> 00:19:56,500
what we mentioned

478

00:19:56,500 --> 00:19:57,300
a little bit ago

479

00:19:57,300 --> 00:19:58,733
is the different scenarios.

480

00:19:58,733 --> 00:20:02,800
So members that are staying

481

00:20:02,800 --> 00:20:05,866
the same, nothing is happening. Their

482

00:20:05,866 --> 00:20:06,800
primary care

483

00:20:06,800 --> 00:20:08,933
provider did not switch health plans

484

00:20:09,633 --> 00:20:12,333
as of 4/1, so the members will be,

485

00:20:13,200 --> 00:20:15,833
well MassHealth has let them know

486

00:20:15,833 --> 00:20:19,200
that they're not changing health plans.

487

00:20:20,500 --> 00:20:22,800
So moving to the next slide.

488

00:20:23,166 --> 00:20:25,500
Here's the other sample notice.

489
00:20:25,500 --> 00:20:28,233
Here is the situation of the member

490
00:20:28,233 --> 00:20:30,166
where their primary care provider

491
00:20:30,166 --> 00:20:33,700
did move or is moving to a new ACO.

492
00:20:33,700 --> 00:20:35,666
And this letter just lets

493
00:20:35,666 --> 00:20:36,233
the member know

494
00:20:36,233 --> 00:20:37,566
that they are also moving

495
00:20:37,566 --> 00:20:40,233
to a new ACO with their

496
00:20:40,700 --> 00:20:45,933
their PCP.

497
00:20:45,933 --> 00:20:49,333
And here is the next notice.

498
00:20:49,333 --> 00:20:52,366
The sample here mentions that

499
00:20:52,800 --> 00:20:53,733
the PCP

500
00:20:53,733 --> 00:20:55,500
is moving to the PCC plan,

501

00:20:55,500 --> 00:20:59,400
so they will also have the PCC plan

502

00:21:00,133 --> 00:21:01,966
starting 4/1.

503

00:21:01,966 --> 00:21:05,300
And lastly is the notice, sample notice of

504

00:21:05,400 --> 00:21:07,300
if the member

505

00:21:07,300 --> 00:21:09,366
if the provider is no longer available

506

00:21:09,833 --> 00:21:13,166
as of April 1st, the member will move

507

00:21:13,266 --> 00:21:15,500
based on their current ACO

508

00:21:16,300 --> 00:21:18,900
partner.

509

00:21:18,900 --> 00:21:22,200
Going into the next slide.

510

00:21:22,200 --> 00:21:24,000
As we look at the roadmap

511

00:21:24,000 --> 00:21:26,600
for this re-procurement, as I mentioned, on

512

00:21:27,100 --> 00:21:28,500
January 1st,

513

00:21:28,500 --> 00:21:30,600
the ACO contracts were finalized,

514
00:21:30,633 --> 00:21:32,533
notices went out

515
00:21:32,533 --> 00:21:35,400
between February 7th to March 1st

516
00:21:36,000 --> 00:21:37,966
and then on April 1st is

517
00:21:37,966 --> 00:21:40,066
when the plans will become available

518
00:21:40,066 --> 00:21:41,866
for member selection,

519
00:21:41,866 --> 00:21:43,200
which also starts

520
00:21:43,200 --> 00:21:45,833
the member's plan selection period

521
00:21:45,833 --> 00:21:48,000
and the Continuity of Care Period

522
00:21:48,000 --> 00:21:51,600
also starts on April 1st.

523
00:21:51,600 --> 00:21:54,100
Moving to the next slide. To support,

524
00:21:55,766 --> 00:21:56,700
to support a

525
00:21:56,700 --> 00:22:00,666
successful transit, transition, MassHealth

526

00:22:00,666 --> 00:22:02,066
is committed to working

527

00:22:02,066 --> 00:22:04,133
with our members, providers

528

00:22:04,133 --> 00:22:05,466
and other stakeholders

529

00:22:05,466 --> 00:22:08,266
to promote continuity of care.

530

00:22:08,266 --> 00:22:10,533
Going on to the next slide.

531

00:22:12,466 --> 00:22:14,133
So these members will have

532

00:22:14,133 --> 00:22:15,766
a Continuity of Care Period

533

00:22:15,766 --> 00:22:18,033
to ease the adjustment

534

00:22:18,133 --> 00:22:22,200
to their new health plan.

535

00:22:22,200 --> 00:22:27,900
Going onto the next slide.

536

00:22:27,900 --> 00:22:29,200
So that Continuity of Care

537

00:22:29,200 --> 00:22:31,500
Period is 90 days

538

00:22:31,500 --> 00:22:32,400
where members

539
00:22:32,400 --> 00:22:34,433
may continue to access care

540
00:22:34,433 --> 00:22:36,633
they were previously receiving

541
00:22:36,700 --> 00:22:39,100
regardless of provider networks.

542
00:22:39,733 --> 00:22:40,866
The high,

543
00:22:40,866 --> 00:22:41,466
the high level

544
00:22:41,466 --> 00:22:45,000
timeline and components are listed
here.

545
00:22:45,600 --> 00:22:47,300
But the most important thing

546
00:22:47,300 --> 00:22:48,666
I want to point you to

547
00:22:48,666 --> 00:22:52,066
is the last two column, the April

548
00:22:52,066 --> 00:22:54,566
and the 2023 column

549
00:22:55,066 --> 00:22:57,033
where Continuity of Care

550
00:22:57,033 --> 00:22:59,166
Period starts on April 1st

551

00:23:00,500 --> 00:23:03,133
and the ongoing, that 90-day

552

00:23:03,133 --> 00:23:04,866
Continuity of Care for, for

553

00:23:04,866 --> 00:23:06,300
members transitioning.

554

00:23:07,900 --> 00:23:08,400
Going on to

555

00:23:08,400 --> 00:23:09,866
the next slide.

556

00:23:12,866 --> 00:23:14,900
During the Continuity of Care Period,

557

00:23:15,600 --> 00:23:18,300
new members to a health plan may continue

558

00:23:18,666 --> 00:23:20,700
to see their current providers

559

00:23:20,700 --> 00:23:23,833
for at least 90 days after April 1st.

560

00:23:26,233 --> 00:23:29,033
To ensure Continuity of Care for members,

561

00:23:29,033 --> 00:23:30,866
MassHealth and the health plans

562

00:23:30,866 --> 00:23:32,233
are working together

563

00:23:32,233 --> 00:23:35,166
to transition all prior authorization

564
00:23:35,600 --> 00:23:37,100
and referral information

565
00:23:37,100 --> 00:23:39,066
for transitioning members.

566
00:23:39,066 --> 00:23:42,900
Plans are required to not deny any claims

567
00:23:43,300 --> 00:23:45,366
that require prior authorization

568
00:23:45,366 --> 00:23:46,800
until they are able

569
00:23:46,800 --> 00:23:48,800
to successfully transition

570
00:23:48,800 --> 00:23:50,466
all members information

571
00:23:50,466 --> 00:23:52,500
into their own systems.

572
00:23:54,233 --> 00:23:56,333
Moving to the next slide, members

573
00:23:57,000 --> 00:24:00,100
can contact their new plans now

574
00:24:00,500 --> 00:24:01,366
to let them know

575
00:24:01,366 --> 00:24:02,700
of any ongoing

576
00:24:02,700 --> 00:24:05,066
treatments or scheduled appointments.

577
00:24:05,700 --> 00:24:07,766
If they have any questions,

578
00:24:07,766 --> 00:24:09,133
here are

579
00:24:09,666 --> 00:24:12,700
the different options to

580
00:24:12,700 --> 00:24:15,833
getting, getting to resources.

581
00:24:15,833 --> 00:24:17,666
They can call MassHealth,

582
00:24:17,666 --> 00:24:19,833
they can use MassHealth Choices

583
00:24:20,533 --> 00:24:21,566
to look up

584
00:24:22,866 --> 00:24:23,700
their health plan

585
00:24:23,700 --> 00:24:27,933
options, research the options.

586
00:24:27,933 --> 00:24:29,733
We do have the updated

587
00:24:29,733 --> 00:24:32,000
list of ACOs

588

00:24:32,000 --> 00:24:33,766
on the MassHealth websites.

589
00:24:33,766 --> 00:24:35,000
They can see the

590
00:24:35,000 --> 00:24:37,866
the different options, health plan options

591
00:24:37,866 --> 00:24:40,866
that will become available on April 1st.

592
00:24:41,566 --> 00:24:43,766
They can also go to their health

593
00:24:43,766 --> 00:24:46,033
plans, website and directory

594
00:24:46,800 --> 00:24:48,666
to research

595
00:24:48,666 --> 00:24:51,633
the health plan, as well as ensuring

596
00:24:51,633 --> 00:24:56,033
that there other specialists

597
00:24:56,566 --> 00:24:59,866
that they are seeing are also in-network

598
00:24:59,866 --> 00:25:01,600
with their health plan

599
00:25:01,600 --> 00:25:04,433
that they will be moving to.

600
00:25:04,500 --> 00:25:07,166
Moving to the next slide.

601

00:25:07,166 --> 00:25:10,200

Next slide.

602

00:25:10,200 --> 00:25:10,800

So Community

603

00:25:10,800 --> 00:25:12,166

Partners

604

00:25:12,166 --> 00:25:15,266

are community-based experts experience

605

00:25:15,266 --> 00:25:17,666

with either behavioral health

606

00:25:17,666 --> 00:25:19,966

or long-term services and support,

607

00:25:20,966 --> 00:25:24,600

that partner with ACOs and MCOs, in

608

00:25:25,000 --> 00:25:26,200

providing care

609

00:25:26,200 --> 00:25:29,866

coordination to CP eligible members.

610

00:25:30,666 --> 00:25:33,200

They provide enhanced care coordination

611

00:25:33,200 --> 00:25:35,400

to MassHealth members enrolled in

612

00:25:35,833 --> 00:25:37,700

the ACOs or MCO plans

613

00:25:38,733 --> 00:25:41,266
or these members are with the Department

614
00:25:41,266 --> 00:25:44,066
of Mental Health with complex needs.

615
00:25:45,033 --> 00:25:46,566
So looking at the Behavioral Health

616
00:25:46,566 --> 00:25:47,700
Community Partners,

617
00:25:47,700 --> 00:25:49,500
the BHCPs,

618
00:25:49,500 --> 00:25:50,966
they will provide supports

619
00:25:50,966 --> 00:25:55,500
to certain members from age 18 to 64

620
00:25:55,900 --> 00:25:57,766
with significant

621
00:25:57,766 --> 00:25:58,966
behavioral health needs,

622
00:25:58,966 --> 00:26:00,033
including serious

623
00:26:00,033 --> 00:26:02,166
mental illness and addiction.

624
00:26:02,800 --> 00:26:03,366
The program

625
00:26:03,366 --> 00:26:06,000
may support up to 26,000 members.

626

00:26:07,700 --> 00:26:09,266
For the Long-Term-Care Services

627

00:26:09,266 --> 00:26:11,700
and Supports Community Partners,

628

00:26:11,700 --> 00:26:13,900
LTSS CPs will provide

629

00:26:14,733 --> 00:26:17,300
support to certain members

630

00:26:17,300 --> 00:26:20,500
from the age of three years to 64,

631

00:26:20,533 --> 00:26:21,600
with complex

632

00:26:21,600 --> 00:26:22,266
LTSS

633

00:26:22,500 --> 00:26:25,333
needs such as children and adults

634

00:26:25,333 --> 00:26:27,433
with physical and development,

635

00:26:27,433 --> 00:26:29,366
developmental disabilities

636

00:26:29,366 --> 00:26:30,966
and brain injuries.

637

00:26:30,966 --> 00:26:31,800
The program here

638

00:26:31,800 --> 00:26:34,200
can support up to 9000 members.

639
00:26:34,933 --> 00:26:37,033
Moving into the next slide.

640
00:26:37,033 --> 00:26:39,566
Since its launch back in 2018,

641
00:26:39,933 --> 00:26:43,000
the CP program has shown great gains.

642
00:26:43,000 --> 00:26:44,533
The chart below illustrates

643
00:26:44,533 --> 00:26:46,200
those successes.

644
00:26:46,200 --> 00:26:49,733
The program reduced ER visits by 21%.

645
00:26:50,333 --> 00:26:51,666
They saw reductions

646
00:26:51,666 --> 00:26:53,233
in behavioral health admissions

647
00:26:53,233 --> 00:26:56,900
by at least 30% and reductions in risk

648
00:26:57,333 --> 00:27:00,700
adjusted total cost of care by 20%.

649
00:27:00,700 --> 00:27:02,366
So you will have these slides

650
00:27:02,366 --> 00:27:04,233
to review that data.

651

00:27:04,233 --> 00:27:05,666

But the CP Programs

652

00:27:05,666 --> 00:27:06,300

have so far

653

00:27:06,300 --> 00:27:07,833

been a great success

654

00:27:07,833 --> 00:27:09,633

and support for members.

655

00:27:11,433 --> 00:27:11,933

Going to the

656

00:27:11,933 --> 00:27:16,066

next slide.

657

00:27:16,066 --> 00:27:19,133

The objective of the CP Programs are

658

00:27:21,300 --> 00:27:23,366

reaffirm MassHealth commitment

659

00:27:23,366 --> 00:27:24,700

to providing community

660

00:27:24,700 --> 00:27:26,200

based outreach and enhanced

661

00:27:26,200 --> 00:27:28,800

supports for our highest risk members

662

00:27:29,233 --> 00:27:31,100

and leveraging the expertise

663

00:27:31,100 --> 00:27:33,333
of community based organizations.

664
00:27:33,333 --> 00:27:36,433
The second objective is to simplify

665
00:27:36,433 --> 00:27:37,533
and streamline

666
00:27:37,533 --> 00:27:39,966
the relationship between the CPs

667
00:27:40,333 --> 00:27:43,800
and the ACOs and MCOs.

668
00:27:45,333 --> 00:27:48,633
The third objective is heighten, clarify

669
00:27:48,633 --> 00:27:51,000
and standardize expectations

670
00:27:51,000 --> 00:27:52,766
of Community Partners

671
00:27:52,766 --> 00:27:54,066
related to both care

672
00:27:54,066 --> 00:27:55,400
coordination

673
00:27:55,400 --> 00:27:57,666
and accountability for outcomes

674
00:27:58,066 --> 00:27:59,566
and aligning the

675
00:27:59,566 --> 00:28:02,300
LTSS CP model with Behavioral Health

676
00:28:03,033 --> 00:28:06,300
CP model. Fourth is to continue,

677
00:28:06,300 --> 00:28:07,800
continue

678
00:28:07,800 --> 00:28:09,733
to incentivize strong

679
00:28:09,733 --> 00:28:11,733
and a seamless partnership

680
00:28:11,733 --> 00:28:14,033
between the physical,

681
00:28:14,533 --> 00:28:16,166
among the physical health,

682
00:28:16,166 --> 00:28:17,466
behavioral health,

683
00:28:17,466 --> 00:28:19,600
long-term services and supports

684
00:28:19,600 --> 00:28:20,666
and health related

685
00:28:20,666 --> 00:28:23,100
social needs delivery system.

686
00:28:23,100 --> 00:28:23,866
And lastly,

687
00:28:23,866 --> 00:28:26,500
the fifth objective is to continue

688

00:28:26,500 --> 00:28:28,800
to incentivize value-based care

689
00:28:29,233 --> 00:28:32,766
and trend management using an updated

690
00:28:32,766 --> 00:28:34,066
accountability model.

691
00:28:35,700 --> 00:28:37,200
As we move to the next slide,

692
00:28:37,200 --> 00:28:38,100
who's eligible

693
00:28:38,100 --> 00:28:41,533
to receive support from the CP Program?

694
00:28:42,000 --> 00:28:46,633
They're members eligible are those

695
00:28:47,166 --> 00:28:50,033
that are enrolled in the ACO or MCO

696
00:28:50,033 --> 00:28:52,900
Plans and or receiving

697
00:28:53,333 --> 00:28:54,533
or has received

698
00:28:54,533 --> 00:28:56,566
Adult Community Clinical Supports

699
00:28:56,966 --> 00:28:58,533
or Community-Based

700
00:28:58,533 --> 00:29:00,700
Flexible Support Services.

701

00:29:01,333 --> 00:29:03,166
These members are not required

702

00:29:03,166 --> 00:29:06,200
to be enrolled in an ACO or MCO.

703

00:29:07,200 --> 00:29:10,300
MassHealth anticipates that beginning in

704

00:29:10,333 --> 00:29:12,000
July of 2023,

705

00:29:12,000 --> 00:29:14,100
individuals who screen positive

706

00:29:14,100 --> 00:29:15,266
for Level 2

707

00:29:15,266 --> 00:29:19,133
Preadmission Screenings and Resident

708

00:29:19,133 --> 00:29:20,900
Review in a Skilled Nursing

709

00:29:20,900 --> 00:29:22,933
Facility will also be eligible

710

00:29:23,300 --> 00:29:24,100
for enrollment

711

00:29:24,100 --> 00:29:27,033
with a behavioral health CP.

712

00:29:27,033 --> 00:29:28,766
However, our members

713

00:29:28,766 --> 00:29:30,300
enrolled in the following

714
00:29:30,300 --> 00:29:33,133
are not eligible for the CP Program.

715
00:29:33,533 --> 00:29:35,933
They include members in the PCC plan

716
00:29:36,366 --> 00:29:38,966
or the MassHealth Fee-For-Service

717
00:29:39,566 --> 00:29:40,766
Program,

718
00:29:40,766 --> 00:29:42,100
with the exception of members

719
00:29:42,100 --> 00:29:43,866
enrolled in the DMH's

720
00:29:43,866 --> 00:29:48,066
ACCS or the Post-ACCS services.

721
00:29:48,066 --> 00:29:50,000
One Care members are not eligible

722
00:29:50,000 --> 00:29:51,600
for CPs.

723
00:29:51,600 --> 00:29:52,866
Our members

724
00:29:52,866 --> 00:29:53,900
and our SCO,

725
00:29:53,900 --> 00:29:55,200
that's the Senior

726
00:29:55,200 --> 00:29:58,366
Care Option Plan are not are not eligible

727
00:29:59,466 --> 00:30:01,600
as well as PACE members

728
00:30:02,033 --> 00:30:04,633
or members in the DMHs Program of

729
00:30:04,633 --> 00:30:07,966
Assertive Community Treatment.

730
00:30:07,966 --> 00:30:09,700
Looking at the different phases

731
00:30:09,700 --> 00:30:11,300
of the Community

732
00:30:11,300 --> 00:30:13,366
Partner Care Coordination.

733
00:30:13,366 --> 00:30:16,333
First the member is identified eligible

734
00:30:16,366 --> 00:30:18,000
to enroll in a CP,

735
00:30:18,000 --> 00:30:21,066
then the member is contacted by that

736
00:30:21,066 --> 00:30:24,266
CP to confirm they want to participate.

737
00:30:25,100 --> 00:30:26,700
A comprehensive assessment

738

00:30:26,700 --> 00:30:28,466
is completed by the CP

739
00:30:28,466 --> 00:30:31,233
and the CP will use that information

740
00:30:32,500 --> 00:30:35,800
to complete a treatment or a care plan

741
00:30:35,800 --> 00:30:39,700
base. The plan

742
00:30:39,700 --> 00:30:43,000
will reflect the preferences, goals

743
00:30:43,200 --> 00:30:46,166
and needs of the member,

744
00:30:46,166 --> 00:30:49,800
and it needs to be assigned-off by the member

745
00:30:49,800 --> 00:30:52,000
and the designated CP staff.

746
00:30:52,833 --> 00:30:53,933
The last phase of the care

747
00:30:53,933 --> 00:30:55,400
coordination is the CP

748
00:30:55,400 --> 00:30:58,333
form a Care Team for that member

749
00:30:58,866 --> 00:31:01,666
connecting between providers,

750
00:31:01,666 --> 00:31:03,400
as well as assisting the members

751
00:31:03,400 --> 00:31:04,900
in accessing services

752
00:31:04,900 --> 00:31:07,333
and implementing the Person-Centered

753
00:31:07,700 --> 00:31:09,733
Treatment Plan with that member.

754
00:31:14,433 --> 00:31:15,866
MassHealth did re-procure

755
00:31:15,866 --> 00:31:19,566
the CP Program for 2023 and selected

756
00:31:19,800 --> 00:31:22,566
20 Community Partners

757
00:31:22,566 --> 00:31:24,800
to participate moving forward.

758
00:31:24,800 --> 00:31:25,900
The members in the current

759
00:31:25,900 --> 00:31:27,900
program will be disenrolled

760
00:31:27,900 --> 00:31:29,433
on the last day of this month,

761
00:31:29,433 --> 00:31:32,666
that's March 31st, and re-enrolled

762
00:31:32,666 --> 00:31:35,400
into the CP Program on April 1st.

763

00:31:36,033 --> 00:31:38,366
When enrollees are re-enrolled

764
00:31:38,366 --> 00:31:40,533
into the CP Program,

765
00:31:40,533 --> 00:31:42,766
the enrollees will either be enrolled

766
00:31:42,766 --> 00:31:44,400
into the same CP

767
00:31:44,400 --> 00:31:45,300
or the CP

768
00:31:45,300 --> 00:31:45,966
that most

769
00:31:45,966 --> 00:31:48,433
closely aligns with their current CP,

770
00:31:48,900 --> 00:31:51,100
whenever feasible.

771
00:31:51,100 --> 00:31:54,000
In instances when this is not feasible,

772
00:31:54,433 --> 00:31:55,266
CP Enrollee

773
00:31:55,266 --> 00:31:56,400
will be re-enrolled

774
00:31:56,400 --> 00:31:59,700
into a CP with which the enrollee's

775
00:32:00,333 --> 00:32:04,466
ACO or MCO plan holds a subcontract.

776

00:32:05,033 --> 00:32:06,366

There are two instances

777

00:32:06,366 --> 00:32:09,433

in which MassHealth will not re-enroll a CP

778

00:32:09,833 --> 00:32:12,100

Enrollee into their current CP,

779

00:32:12,133 --> 00:32:16,000

and that is if the Enrollee whose CP

780

00:32:16,000 --> 00:32:18,266

as of 4/1 is not continuing

781

00:32:18,400 --> 00:32:20,100

in the new CP Program

782

00:32:21,300 --> 00:32:24,000

or the CP Enrollee whose

783

00:32:24,000 --> 00:32:24,733

CP as of

784

00:32:24,733 --> 00:32:28,000

4/1 is continuing in the new CP Program

785

00:32:28,000 --> 00:32:31,100

but is no longer serving

786

00:32:31,200 --> 00:32:33,533

the CP Enrollee's service area.

787

00:32:34,900 --> 00:32:37,200

During this period of transition,

788

00:32:37,200 --> 00:32:38,066
Community Partner

789
00:32:38,066 --> 00:32:38,733
members

790
00:32:38,733 --> 00:32:40,200
will have a 90-day

791
00:32:40,200 --> 00:32:42,500
Continuity of Care Period.

792
00:32:42,500 --> 00:32:45,133
During this period ACOs

793
00:32:45,133 --> 00:32:48,100
and MCOs may not disenroll an enrollee

794
00:32:48,133 --> 00:32:51,466
or assign them to a different CP

795
00:32:51,466 --> 00:32:55,333
unless the enrollee requests

796
00:32:56,000 --> 00:32:57,766
disenrollment from the program

797
00:32:57,766 --> 00:33:01,600
or requests a transfer to another CP

798
00:33:01,600 --> 00:33:03,366
with which the member's ACO

799
00:33:03,366 --> 00:33:07,266
or MCO has a subcontract that exceeds

800
00:33:07,266 --> 00:33:10,266
beyond July 31st,

801
00:33:10,266 --> 00:33:12,633
or they graduated from the CP Program.

802
00:33:13,966 --> 00:33:15,466
After June 30th.

803
00:33:15,466 --> 00:33:16,700
ACOs and MCOs

804
00:33:16,700 --> 00:33:20,000
may disenroll a CP Enrollee

805
00:33:20,000 --> 00:33:23,400
or transfer the Enrollee to another CP

806
00:33:23,800 --> 00:33:26,500
or its internal Care Management Program

807
00:33:27,366 --> 00:33:29,766
in accordance with standard program

808
00:33:29,766 --> 00:33:33,000
requirements.

809
00:33:33,000 --> 00:33:35,266
So, going into EVS.

810
00:33:35,266 --> 00:33:37,233
Really, this is a reminder

811
00:33:37,233 --> 00:33:39,633
for all of our providers out in

812
00:33:39,633 --> 00:33:40,466
the community,

813

00:33:41,700 --> 00:33:42,300
the MassHealth

814
00:33:42,300 --> 00:33:46,200
Eligibility Verification System providers

815
00:33:46,266 --> 00:33:47,433
should continue

816
00:33:47,433 --> 00:33:49,333
to check members enrollment

817
00:33:49,333 --> 00:33:51,400
and eligibility using

818
00:33:51,400 --> 00:33:55,166
EVS on the POSC, that's the Provider

819
00:33:55,166 --> 00:33:57,300
Online Service Center.

820
00:33:57,300 --> 00:33:58,400
There are two types

821
00:33:58,400 --> 00:33:59,800
of restrictive messages

822
00:33:59,800 --> 00:34:01,933
that appears on EVS,

823
00:34:02,166 --> 00:34:03,166
no changes here,

824
00:34:03,166 --> 00:34:04,433
that's the eligibility

825
00:34:04,433 --> 00:34:06,166
Restrictive Message

826

00:34:06,166 --> 00:34:07,733
showing which coverage type

827

00:34:07,733 --> 00:34:12,300
that member was determined and is in

828

00:34:12,300 --> 00:34:13,700
and the Managed Care Data

829

00:34:13,700 --> 00:34:15,800
Restrictive Messages

830

00:34:15,966 --> 00:34:18,566
The Managed Care Data Restricted Messages

831

00:34:18,566 --> 00:34:20,666
will be updated to identify

832

00:34:20,800 --> 00:34:22,900
which type of health plan

833

00:34:22,900 --> 00:34:24,333
the member is enrolled in

834

00:34:24,333 --> 00:34:26,166
and their contact

835

00:34:26,166 --> 00:34:28,366
information for inquiries

836

00:34:28,366 --> 00:34:29,066
or questions

837

00:34:29,066 --> 00:34:32,700
regarding billing, service authorization,

838

00:34:33,766 --> 00:34:36,633
and behavioral health vendors.

839
00:34:36,633 --> 00:34:39,000
If you have questions about how to check

840
00:34:39,333 --> 00:34:42,600
a member's eligibility, do refer back

841
00:34:42,600 --> 00:34:46,333
to the Verify Member Eligibility Job

842
00:34:46,666 --> 00:34:50,800
Aid that is on the POSC website.

843
00:34:50,800 --> 00:34:51,266
A quick

844
00:34:51,266 --> 00:34:52,566
note here

845
00:34:52,566 --> 00:34:55,466
is that EVS only displays a member's

846
00:34:55,800 --> 00:34:57,600
current eligibility,

847
00:34:57,600 --> 00:34:59,766
not prospective eligibility.

848
00:34:59,766 --> 00:35:02,033
If a member is changing health plans

849
00:35:02,466 --> 00:35:03,766
on April 1st,

850
00:35:03,766 --> 00:35:07,533
their new enrollment will not be visible

851

00:35:07,933 --> 00:35:11,200
until that date.

852

00:35:11,200 --> 00:35:12,800
Going onto the next slide.

853

00:35:12,800 --> 00:35:13,433
Here, let's

854

00:35:13,433 --> 00:35:15,333
just go over a little bit of

855

00:35:15,333 --> 00:35:16,500
MassHealth Choices

856

00:35:16,500 --> 00:35:19,066
for those newer to our space.

857

00:35:19,166 --> 00:35:20,100
MassHealth Choices

858

00:35:21,333 --> 00:35:21,900
is the

859

00:35:21,900 --> 00:35:24,000
provider directory to help members

860

00:35:25,033 --> 00:35:27,366
learn, compare and enroll

861

00:35:28,300 --> 00:35:30,233
health plans.

862

00:35:31,833 --> 00:35:32,666
For folks

863

00:35:32,666 --> 00:35:34,766
that is in the audience

864
00:35:34,766 --> 00:35:37,100
that's familiar and have used Choices,

865
00:35:38,100 --> 00:35:39,600
awesome, that's great.

866
00:35:39,600 --> 00:35:41,066
Next set of slides

867
00:35:41,066 --> 00:35:43,166
we'll be looking at how members

868
00:35:43,166 --> 00:35:44,833
use this provider directory

869
00:35:44,833 --> 00:35:46,900
and how they can navigate Choices.

870
00:35:48,466 --> 00:35:50,933
So since initial,

871
00:35:51,133 --> 00:35:53,566
initially launching MassHealth Choices,

872
00:35:53,966 --> 00:35:55,433
we received

873
00:35:55,433 --> 00:35:57,300
great feedback from users

874
00:35:57,300 --> 00:35:58,733
as well as Assisters.

875
00:35:58,733 --> 00:35:59,666
So thank you

876

00:35:59,666 --> 00:36:01,100
and do continue

877

00:36:01,100 --> 00:36:03,600
to let us know how it's working.

878

00:36:03,600 --> 00:36:05,800
Here is the landing page

879

00:36:05,800 --> 00:36:06,900
for where members

880

00:36:06,900 --> 00:36:08,100
can easily navigate

881

00:36:08,100 --> 00:36:09,900
to what they're looking to do,

882

00:36:09,900 --> 00:36:11,533
whether it's to understand

883

00:36:11,533 --> 00:36:13,000
upcoming changes

884

00:36:13,000 --> 00:36:14,233
under the Important

885

00:36:14,233 --> 00:36:15,533
Updates box,

886

00:36:15,533 --> 00:36:17,566
Learn How to Choose a Health Plan,

887

00:36:18,200 --> 00:36:20,400
Find a Provider or Enroll.

888

00:36:21,533 --> 00:36:23,666
At the top toolbar,

889
00:36:23,666 --> 00:36:26,400
you and our members can review some

890
00:36:26,433 --> 00:36:30,600
FAQs, access Glossary Key Terms

891
00:36:30,600 --> 00:36:32,700
that you'll see throughout

892
00:36:32,700 --> 00:36:35,033
MassHealth Choices, look at,

893
00:36:36,066 --> 00:36:37,800
download or print our

894
00:36:37,800 --> 00:36:39,766
member materials.

895
00:36:39,766 --> 00:36:40,433
Here's also

896
00:36:40,433 --> 00:36:41,466
where you will find

897
00:36:41,466 --> 00:36:43,500
the latest Enrollment Guide.

898
00:36:43,500 --> 00:36:45,600
You can also find

899
00:36:45,633 --> 00:36:48,000
contact information for any of the

900
00:36:48,000 --> 00:36:48,733
health plans

901

00:36:48,733 --> 00:36:51,700
and the last tool here is

902

00:36:51,900 --> 00:36:54,433
to find out how to contact MassHealth

903

00:36:54,433 --> 00:36:55,533
and other resources.

904

00:36:55,533 --> 00:36:57,733
So way up at the top of the toolbar,

905

00:36:57,733 --> 00:37:00,600
you'll have those options.

906

00:37:00,600 --> 00:37:02,700
Going to the next slide.

907

00:37:03,100 --> 00:37:04,600
How does a member

908

00:37:04,600 --> 00:37:06,733
compare health plans?

909

00:37:07,066 --> 00:37:09,966
Users can select compare,

910

00:37:10,333 --> 00:37:12,166
and a lot of dropdown

911

00:37:12,166 --> 00:37:14,100
options will be available.

912

00:37:14,100 --> 00:37:16,333
The first is to compare plans.

913

00:37:16,333 --> 00:37:17,733
They can also

914
00:37:17,733 --> 00:37:20,200
look to find a primary care provider.

915
00:37:21,566 --> 00:37:22,933
Under compare,

916
00:37:22,933 --> 00:37:25,133
members do have an option,

917
00:37:25,133 --> 00:37:25,933
there are tips

918
00:37:25,933 --> 00:37:27,966
for choosing a primary care

919
00:37:27,966 --> 00:37:29,400
provider it's available

920
00:37:29,400 --> 00:37:30,533
when that selection

921
00:37:30,533 --> 00:37:32,733
is made off of the landing page.

922
00:37:32,733 --> 00:37:34,266
Here is the screenshot

923
00:37:34,266 --> 00:37:36,866
when they selected compare plans

924
00:37:37,500 --> 00:37:39,100
and they will be able

925
00:37:39,100 --> 00:37:40,666
to enter their zip code

926
00:37:40,666 --> 00:37:43,800
to find a health plan or a provider

927
00:37:43,800 --> 00:37:47,233
that's in their area.

928
00:37:47,233 --> 00:37:49,133
And right next to the zip code bar

929
00:37:49,133 --> 00:37:50,000
is the ability

930
00:37:50,000 --> 00:37:51,466
to compare up to three

931
00:37:51,466 --> 00:37:53,700
different health plans.

932
00:37:53,700 --> 00:37:55,266
Once you enter the zip code,

933
00:37:55,266 --> 00:37:56,733
the system will populate

934
00:37:56,733 --> 00:37:59,466
to, populate the available plans

935
00:37:59,733 --> 00:38:01,233
within that zip code

936
00:38:01,233 --> 00:38:02,400
and you can

937
00:38:02,400 --> 00:38:04,633
then select up to three health plans

938

00:38:04,633 --> 00:38:07,666
to compare side by side.

939
00:38:07,666 --> 00:38:09,000
Moving to the next slide,

940
00:38:09,000 --> 00:38:10,433
if the member decides

941
00:38:10,433 --> 00:38:14,266
to search for a PCP or PCC,

942
00:38:14,633 --> 00:38:18,033
they can select the find a PCP

943
00:38:18,033 --> 00:38:21,433
which is the last selection under

944
00:38:21,433 --> 00:38:26,600
the compare tool.

945
00:38:26,600 --> 00:38:33,300
Going into the next slide.

946
00:38:33,300 --> 00:38:36,566
So here members have

947
00:38:37,200 --> 00:38:38,733
done a couple of their research.

948
00:38:38,733 --> 00:38:40,033
They look for health plans

949
00:38:40,033 --> 00:38:43,733
that in their area they selected
one,

950
00:38:43,733 --> 00:38:47,100
then they use the PCP.

951
00:38:47,600 --> 00:38:51,266
They've found a PCP that's within that ACO

952
00:38:52,500 --> 00:38:54,400
and now they're ready to enroll.

953
00:38:54,400 --> 00:38:55,600
So they can

954
00:38:55,600 --> 00:38:59,400
go up to the toolbar and select, enroll

955
00:38:59,700 --> 00:39:01,200
and move forward

956
00:39:01,200 --> 00:39:03,800
in enrollment into a health plan.

957
00:39:04,100 --> 00:39:04,733
As always,

958
00:39:04,733 --> 00:39:05,933
members can contact

959
00:39:05,933 --> 00:39:07,766
MassHealth Customer Service

960
00:39:07,766 --> 00:39:09,033
if they need assistance

961
00:39:09,033 --> 00:39:12,600
or if they want to enroll

962
00:39:12,600 --> 00:39:14,966
with the help of our Customer

963

00:39:14,966 --> 00:39:15,666
Service Team.

964
00:39:15,666 --> 00:39:18,833
They can also submit the paper enrollment

965
00:39:18,833 --> 00:39:21,900
form to us.

966
00:39:21,900 --> 00:39:24,366
Moving to the next slide

967
00:39:25,033 --> 00:39:27,266
here, as I mentioned earlier,

968
00:39:27,266 --> 00:39:28,966
there are a lot of resources

969
00:39:28,966 --> 00:39:32,166
at the top toolbar for member materials.

970
00:39:33,566 --> 00:39:33,933
Here

971
00:39:33,933 --> 00:39:35,266
members can learn about

972
00:39:35,266 --> 00:39:37,033
the different health plans,

973
00:39:37,033 --> 00:39:37,900
that break down

974
00:39:37,900 --> 00:39:40,466
that we went through earlier,

975
00:39:40,466 --> 00:39:42,833
tools to choose a health plan,

976

00:39:42,833 --> 00:39:45,233
and the latest

977

00:39:45,233 --> 00:39:47,900
Enrollment Guide is available

978

00:39:47,900 --> 00:39:49,766
under that link.

979

00:39:49,966 --> 00:39:54,066
Going to the next slide.

980

00:39:54,066 --> 00:39:57,200
So the additional directory.

981

00:39:57,200 --> 00:39:59,366
This additional directory is on

982

00:39:59,466 --> 00:40:00,933
the MassHealth website.

983

00:40:00,933 --> 00:40:04,533
You can use this directory to also find
PCPs

984

00:40:04,533 --> 00:40:05,533
or specialists

985

00:40:05,533 --> 00:40:08,033
that are in the MassHealth network.

986

00:40:08,033 --> 00:40:09,533
So as you can see

987

00:40:09,533 --> 00:40:11,333
with this screenshot,

988

00:40:11,333 --> 00:40:13,000
you can select to look

989
00:40:13,000 --> 00:40:15,266
for behavioral health providers,

990
00:40:16,133 --> 00:40:17,033
services,

991
00:40:18,166 --> 00:40:19,566
primary care provider

992
00:40:19,566 --> 00:40:21,600
within this network

993
00:40:21,600 --> 00:40:24,333
hospitals and facilities, specialists

994
00:40:24,833 --> 00:40:27,233
and search by provider name.

995
00:40:28,533 --> 00:40:30,600
MassHealth Choices is

996
00:40:30,600 --> 00:40:31,966
really a great tool

997
00:40:31,966 --> 00:40:35,533
for all of our members in our ACO,

998
00:40:35,933 --> 00:40:38,366
MCO or PCC plan.

999
00:40:38,800 --> 00:40:42,700
They can select to find ACOs and

1000
00:40:43,333 --> 00:40:46,000
PCCs in Choices and Choices

1001

00:40:46,000 --> 00:40:48,900
have a quick link to the MCO's

1002

00:40:48,900 --> 00:40:50,766
website

1003

00:40:50,766 --> 00:40:51,600
directing them

1004

00:40:51,600 --> 00:40:53,466
to their provider directory.

1005

00:40:53,466 --> 00:40:56,633
So MassHealth Choices does not populate

1006

00:40:57,100 --> 00:41:00,566
MCO PCPs. You'll,

1007

00:41:00,866 --> 00:41:03,533
the member will have to go to the

1008

00:41:03,633 --> 00:41:05,633
the MCO's

1009

00:41:06,000 --> 00:41:09,166
website and look for those PCPs

1010

00:41:09,166 --> 00:41:11,766
there.

1011

00:41:11,766 --> 00:41:13,500
Moving to the next slide,

1012

00:41:13,500 --> 00:41:14,400
this screenshot

1013

00:41:14,400 --> 00:41:15,633
shows the selection

1014
00:41:15,633 --> 00:41:18,900
to search for a specialist.

1015
00:41:19,500 --> 00:41:20,400
Quick reminder,

1016
00:41:20,400 --> 00:41:24,000
if you have a poor experience

1017
00:41:24,000 --> 00:41:27,033
with any of our systems, try to clear

1018
00:41:27,033 --> 00:41:29,766
the cache cause that will help

1019
00:41:30,366 --> 00:41:32,666
the browser.

1020
00:41:32,666 --> 00:41:34,066
Moving to the next slide.

1021
00:41:35,133 --> 00:41:35,533
Okay.

1022
00:41:35,533 --> 00:41:37,900
So lastly, a couple of resources.

1023
00:41:40,666 --> 00:41:42,466
ACOs and MCO

1024
00:41:42,466 --> 00:41:45,200
members will receive certain services

1025
00:41:45,200 --> 00:41:48,000
that are paid for by their health plan

1026
00:41:49,000 --> 00:41:51,300
and certain services that are paid

1027
00:41:51,300 --> 00:41:54,800
for by MassHealth.

1028
00:41:54,800 --> 00:41:57,100
Additional covered services may

1029
00:41:57,800 --> 00:41:59,933
differ by coverage type.

1030
00:42:00,966 --> 00:42:02,033
The MassHealth coverage

1031
00:42:02,033 --> 00:42:03,466
type that includes MassHealth

1032
00:42:03,466 --> 00:42:05,466
Standard, CommonHealth

1033
00:42:05,466 --> 00:42:08,100
Care Plus and Family Assistance.

1034
00:42:08,100 --> 00:42:10,100
So depending on their coverage

1035
00:42:10,100 --> 00:42:11,100
type, members

1036
00:42:11,100 --> 00:42:12,100
may have access

1037
00:42:12,100 --> 00:42:14,266
to different covered services

1038

00:42:14,866 --> 00:42:17,800
if they change

1039
00:42:17,833 --> 00:42:19,266
the coverage type.

1040
00:42:19,266 --> 00:42:22,800
If they want to stay within the ACO,

1041
00:42:23,166 --> 00:42:26,233
that their doctor is, is in.

1042
00:42:26,700 --> 00:42:28,700
they don't have to do anything.

1043
00:42:28,700 --> 00:42:30,566
Their eligibility,

1044
00:42:30,566 --> 00:42:32,366
their coverage type may change,

1045
00:42:32,366 --> 00:42:35,233
but they may continue to

1046
00:42:37,700 --> 00:42:40,900
get services from their ACO

1047
00:42:40,933 --> 00:42:43,700
or MCO or the PCC plan.

1048
00:42:44,700 --> 00:42:48,033
They don't need to make any any changes,

1049
00:42:48,900 --> 00:42:49,800
even though their

1050
00:42:49,800 --> 00:42:51,300
coverage type may change.

1051

00:42:53,133 --> 00:42:53,700
ACO

1052

00:42:53,700 --> 00:42:54,466
MCO covered

1053

00:42:54,466 --> 00:42:56,800
services include physical health,

1054

00:42:57,966 --> 00:43:00,366
such as

1055

00:43:00,366 --> 00:43:02,666
services for physical health

1056

00:43:02,766 --> 00:43:04,633
includes primary care,

1057

00:43:04,633 --> 00:43:06,066
inpatient, outpatient,

1058

00:43:06,066 --> 00:43:07,733
professional specialty,

1059

00:43:07,733 --> 00:43:10,066
and emergency physical health services.

1060

00:43:11,400 --> 00:43:12,833
For behavioral health services

1061

00:43:12,833 --> 00:43:15,366
such as inpatient, outpatient,

1062

00:43:15,366 --> 00:43:16,400
diversionary,

1063

00:43:16,400 --> 00:43:17,400
and emergency

1064
00:43:17,400 --> 00:43:19,300
behavioral health services.

1065
00:43:19,300 --> 00:43:21,533
For pharmacy services,

1066
00:43:21,533 --> 00:43:24,400
with limited exceptions.

1067
00:43:24,400 --> 00:43:26,133
There are other covered services

1068
00:43:26,133 --> 00:43:28,933
that includes home health,

1069
00:43:28,933 --> 00:43:30,466
DME, that's durable,

1070
00:43:30,466 --> 00:43:32,100
durable medical equipment,

1071
00:43:32,100 --> 00:43:33,800
hospice therapy,

1072
00:43:33,800 --> 00:43:34,666
chronic disease

1073
00:43:34,666 --> 00:43:36,733
hospitals, rehab,

1074
00:43:36,900 --> 00:43:38,433
rehabilitation, hospitals

1075
00:43:38,433 --> 00:43:39,366
and nursing homes

1076
00:43:39,366 --> 00:43:45,633
for the first 100 days of admission.

1077
00:43:45,633 --> 00:43:48,033
The following long-term-care services

1078
00:43:48,066 --> 00:43:48,666
and supports

1079
00:43:48,666 --> 00:43:49,833
will continue to be paid

1080
00:43:49,833 --> 00:43:51,733
by MassHealth Fee-For-Service.

1081
00:43:51,733 --> 00:43:54,666
That's the PCA (Personal Care Attendant),

1082
00:43:54,800 --> 00:43:56,800
Adult Foster Care, Group

1083
00:43:56,800 --> 00:43:57,900
Adult Foster Care,

1084
00:43:57,900 --> 00:43:59,266
Adult Day

1085
00:43:59,266 --> 00:44:00,033
Health,

1086
00:44:00,666 --> 00:44:03,800
Day Habilitation,

1087
00:44:03,800 --> 00:44:08,433
Continuous Skilled Nursing, Long-term,

1088

00:44:08,533 --> 00:44:10,833
that's over 100 days Nursing Facility

1089
00:44:11,233 --> 00:44:13,333
and Long-Term over 100 days

1090
00:44:13,333 --> 00:44:14,133
Chronic disease

1091
00:44:14,133 --> 00:44:16,433
and Rehabilitation Hospitals.

1092
00:44:16,433 --> 00:44:18,366
These services will not be included

1093
00:44:18,366 --> 00:44:20,133
in ACOs in MCOs

1094
00:44:20,133 --> 00:44:23,033
total cost of care and capitation rates.

1095
00:44:24,600 --> 00:44:25,600
If providers have

1096
00:44:25,600 --> 00:44:27,033
questions about prior

1097
00:44:27,033 --> 00:44:29,133
authorizations, claims, referral

1098
00:44:29,500 --> 00:44:33,100
or other material related to LTSS,

1099
00:44:33,100 --> 00:44:34,833
they should contact MassHealth's

1100
00:44:34,833 --> 00:44:37,133
LTSS Provider Services,

1101
00:44:37,133 --> 00:44:38,866
that's Optum

1102
00:44:39,100 --> 00:44:40,300
by emailing them

1103
00:44:40,300 --> 00:44:41,700
or visiting their website

1104
00:44:41,700 --> 00:44:43,933
or by calling them at the 844

1105
00:44:43,933 --> 00:44:47,733
number here.

1106
00:44:47,733 --> 00:44:48,300
Next slide.

1107
00:44:48,300 --> 00:44:51,466
Here is the new, the updated

1108
00:44:51,966 --> 00:44:55,333
April 1st, 2023 Enrollment Guide.

1109
00:44:56,100 --> 00:44:57,000
Here's a quick link

1110
00:44:57,000 --> 00:44:58,366
to the Enrollment Guide.

1111
00:44:58,366 --> 00:45:02,800
It is on the MassHealth website as well as Choices.

1112
00:45:03,566 --> 00:45:05,700
Going to the next slide.

1113

00:45:06,133 --> 00:45:09,533
And here is MassHealth Customer Service

1114
00:45:09,800 --> 00:45:12,433
our 800-841-2900 number.

1115
00:45:13,533 --> 00:45:15,700
There is a self-service option available

1116
00:45:15,800 --> 00:45:17,066
for members.

1117
00:45:17,066 --> 00:45:19,000
They can select self-service

1118
00:45:19,000 --> 00:45:20,466
if they want to confirm the health plan

1119
00:45:20,466 --> 00:45:22,500
that they are enrolling

1120
00:45:22,500 --> 00:45:24,633
or their MassHealth eligibility.

1121
00:45:25,200 --> 00:45:27,366
The self service option is available

1122
00:45:27,366 --> 00:45:29,000
24 hours a day,

1123
00:45:29,000 --> 00:45:30,466
both in English and Spanish.

1124
00:45:31,700 --> 00:45:33,533
For all other services,

1125
00:45:33,533 --> 00:45:35,033
if you need to talk with MassHealth

1126

00:45:35,033 --> 00:45:36,300
Customer Service,

1127

00:45:36,300 --> 00:45:37,600
they're available Monday

1128

00:45:37,600 --> 00:45:39,733
through Friday 8 to 5 p.m.,

1129

00:45:39,733 --> 00:45:45,366
there are interpreter services available.

1130

00:45:45,366 --> 00:45:48,200
Here are the different

1131

00:45:48,433 --> 00:45:50,833
options that members can select

1132

00:45:50,833 --> 00:45:51,966
to self-service

1133

00:45:51,966 --> 00:45:57,266
using the 800-841-2900 our main

1134

00:45:57,800 --> 00:46:00,466
MassHealth number.

1135

00:46:00,466 --> 00:46:02,433
So they can verify their

1136

00:46:02,433 --> 00:46:03,600
MassHealth coverage,

1137

00:46:03,600 --> 00:46:06,233
their health plan information,

1138

00:46:06,233 --> 00:46:09,166
applicants can request

1139
00:46:09,166 --> 00:46:12,533
an application or order an application.

1140
00:46:12,833 --> 00:46:14,066
Next slide.

1141
00:46:14,066 --> 00:46:16,000
And as well as check on

1142
00:46:16,000 --> 00:46:19,233
the status of their PT1, that's

1143
00:46:19,233 --> 00:46:20,066
the Prescription

1144
00:46:20,066 --> 00:46:23,166
to Transportation, if their provider,

1145
00:46:23,166 --> 00:46:25,800
their doctor submitted a PT1 request,

1146
00:46:26,200 --> 00:46:27,800
they can check the status there

1147
00:46:27,800 --> 00:46:30,300
or there's also a new web portal

1148
00:46:30,300 --> 00:46:32,666
or for members to check on that,

1149
00:46:32,666 --> 00:46:34,233
that status.

1150
00:46:34,233 --> 00:46:35,300
And also premium

1151

00:46:35,300 --> 00:46:36,900
billing invoices and notices,

1152

00:46:36,900 --> 00:46:38,266
that's also available

1153

00:46:38,266 --> 00:46:40,100
through our self-service option.

1154

00:46:40,100 --> 00:46:41,366
We are enhancing

1155

00:46:41,366 --> 00:46:42,766
our self-service options.

1156

00:46:42,766 --> 00:46:44,200
So more information to come

1157

00:46:44,200 --> 00:46:47,466
as far as what members will be able to

1158

00:46:48,033 --> 00:46:49,466
get or receive information

1159

00:46:49,466 --> 00:46:50,400
about their coverage.

1160

00:46:51,400 --> 00:46:53,966
We have reached the end of this meeting.

1161

00:46:54,533 --> 00:46:56,700
I want to thank the two of them

1162

00:46:56,700 --> 00:46:57,633
for providing us

1163

00:46:57,633 --> 00:46:59,133
with all this information.

1164
00:46:59,133 --> 00:47:00,033
Thank you again,

1165
00:47:00,033 --> 00:47:01,300
everyone, for joining us.

1166
00:47:01,300 --> 00:47:03,533
Stay well and enjoy the rest of your day.