

MassHealth MCO Plan Selection and Fixed Enrollment Period FAQ for Providers

Q. How does the MCO Selection Period and Fixed Enrollment Periods work?

A. The changes for members enrolled in MCOs as of October 1, 2016 will be as follows:

- **Plan Selection Period:** Starting on **October 1, 2016**, all existing MCO members will begin their first **Plan Selection Period**. This is a period of 90-days during which members may change managed care plans.
 - Members who wish to remain with their current MCO do not need to do anything.
 - If members would like to switch MCOs, or transfer into the Primary Care Clinician Plan (PCC Plan), they may select a new MCO or the PCC Plan for any reason through **December 31, 2016**.
 - This is an opportunity for members to review their current MCO plan and see if it is still the right fit to meet their healthcare needs. Questions to ask may include;
- **Fixed Enrollment Period:** On **January 1, 2017**, the **Fixed Enrollment Period** will begin for members enrolled with an MCO whose **Plan Selection Period** ended on December 31, 2016. During the **Fixed Enrollment Period**, members enrolled in an MCO may not change MCOs or transfer into the PCC Plan until their next annual **Plan Selection Period**. MassHealth will allow for certain exceptions.

Q. Will the Plan Selection Period Apply to the Primary Care Clinician Plan (PCC Plan)?

A. No, members enrolled in the PCC Plan will not have a **Plan Selection Period**. 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**.

Q. What exceptions allow a member to transfer during the Fixed Enrollment Period?

A. Members in a **Fixed Enrollment Period** may only transfer out of their MCO if they can demonstrate to MassHealth that one of the following reasons apply:

1. The member moves out of the MCO's service area;
2. The MCO does not, because of moral or religious objections, cover the service the member seeks;

3. The member needs related services (for example a cesarean section and a tubal ligation) to be performed at the same time; not all related services are available within the network; and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk;
4. Other reasons, including but not limited to, poor quality of care, lack of access to services covered, or lack of access to providers experienced in dealing with the member's health-care needs.
5. The MCO is no longer contracted with the MassHealth agency to cover the member's service area;
6. The member adequately demonstrates to the MassHealth agency that the MCO has not provided access to providers that meet the member's health care needs over time, even after member's request for assistance;
7. The member is homeless, the MassHealth agency's records indicate the member is homeless, and the MCO cannot accommodate the geographic needs of the member;
8. The member adequately demonstrates to the MassHealth agency that the MCO substantially violated a material provision of its contract with MassHealth agency;
9. The MassHealth agency imposes a sanction on the MCO that specifically allows for members to disenroll from the MCO without cause;
10. The member adequately demonstrates to the MassHealth agency that the MCO is not meeting the member's language, communication, or other accessibility needs or preferences; or
11. The member adequately demonstrates to the MassHealth agency that key network providers, including PCPs, specialists, or behavioral health providers, leave the MCO network.

Information about exceptions to the Fixed Enrollment Period can be found in the MassHealth regulations (130 CMR 508.004). MassHealth will determine if the requirements needed for a member transfer have been met. The MassHealth's determination may be appealed.

MassHealth will send a letter to members when they are in their Fixed Enrollment Period providing them more information about the exceptions process. If a member is in a Fixed Enrollment Period, they should contact 1-800-841-2900 to make a request.

Q. Are there any changes to the MassHealth eligibility process or rules?

A. Plan Selection Periods and Fixed Enrollment Periods have no impact on MassHealth eligibility rules or MassHealth application process.

Q. What happens if a member enrolled in an MCO loses MassHealth coverage during their Plan Selection Period?

- A. If the member regains eligibility and is still managed care eligible, the member will be automatically reenrolled in their previous MCO and receive a new 90-day Plan Selection Period.

Q. What happens if an MCO member loses MassHealth coverage during their Fixed Enrollment Period?

- A. If the member regains eligibility and is still managed care eligible, the member will be automatically reenrolled into their previous MCO, they will return to Fixed Enrollment status, and will remain there until their next Plan Selection Period. If they meet one of the exceptions listed above, they will be able to change MCO plans. Otherwise they will need to wait until their next Plan Selection Period in order to change MCO plans.

Q. How do I determine which MCO a member is enrolled with?

- A. Providers must continue to check the Eligibility Verification System (EVS) to verify a member's MassHealth coverage and enrollment in an MCO. This verification process will not change with the implementation of the Plan Selection Periods and Fixed Enrollment Periods.

If you do not have access to EVS, Providers can call MassHealth Customer Service.

Q. How can providers join an MCO's provider network?

- A. Each MCO has a process for providers who are inquiring to join their provider network. Interested providers should contact MCOs directly for more details. A complete list of MCOs by region and links to their respective websites can be found here <http://www.mass.gov/eohhs/consumer/insurance/enroll-in-a-health-plan/plans-available-for-members-in-mh-standard-commonhealth-family-assistance.html>