



MassHealth
All Provider Bulletin 243
March 2014

TO: All Providers Participating in MassHealth

FROM: Kristin L. Thorn, Medicaid Director

RE: New Coverage Type: MassHealth CarePlus

Overview

Effective January 1, 2014, MassHealth CarePlus is a new coverage type for adults ages 21 to 64 whose income is at or below 133 percent of the federal poverty level (FPL). (See [130 CMR 505.008: MassHealth CarePlus](#) for categorical requirements and financial standards.)

MassHealth CarePlus serves the majority of the population that is eligible for MassHealth coverage as a result of the Medicaid expansion in Massachusetts authorized by the Affordable Care Act (ACA). CarePlus members have not been determined disabled and do not have dependent children under age 19 living in the household.

CarePlus offers a wide range of health benefits, such as doctor and clinic visits, hospital stays, prescription medicines, mental and behavioral health services, and substance use disorder services. (See [130 CMR 450.105\(B\)](#) for a complete list of covered services.)

Managed Care Enrollment

Managed care enrollment is required for MassHealth CarePlus members, unless the member is enrolled in other insurance outside MassHealth, such as through an employer, or unless another exception applies. (See [130 CMR 508.000](#) for managed care requirements.)

Members receive full coverage for CarePlus covered services directly from MassHealth on a fee-for-service basis until their enrollment in a health plan is effective. Until a member chooses a MassHealth-contracted CarePlus managed care organization (CarePlus MCO) or is assigned to a CarePlus MCO, they can continue to receive services on a fee-for-service basis and MassHealth will pay providers directly, subject to all administrative and billing requirements.

CarePlus is provided through CarePlus MCOs. Currently, the Primary Care Clinician (PCC) Plan is not available as an option for CarePlus members. If you are seeing patients who were previously enrolled in the PCC Plan, contact the patient's new CarePlus MCO to determine how to participate in their plan.

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Managed Care Enrollment (cont.)

CarePlus members have an opportunity to select a CarePlus MCO and are assigned to a CarePlus MCO if they do not make a selection. Patients can call the MassHealth Customer Services Center to learn about the CarePlus MCOs' networks of providers.

CarePlus MCO enrollment and changes in enrollment are effective on the first day of the month following selection or assignment except in limited circumstances. Providers are advised to check the Eligibility Verification System (EVS) each day services are provided and every day of an inpatient hospital stay to determine members' enrollment.

After they are enrolled, CarePlus members obtain the majority of covered services directly through their MCOs. Members also have coverage for the following services directly from MassHealth: nonemergency transportation to medical appointments; preventive, emergency, and certain restorative dental care; and eyeglasses. Members may also choose to receive family planning services from any MassHealth provider, and if in need of hospice services, they may receive hospice through MassHealth or through their MCO. The delivery of these services is the same as in MassHealth Standard.

MassHealth does not enroll CarePlus members who are enrolled in other insurance into a CarePlus MCO. However, those members receive CarePlus benefits that are not provided by the member's primary insurance directly from MassHealth on a fee-for-service basis. MassHealth also wraps the member's primary insurance to ensure that the member pays no more than nominal copayments.

Eligibility Verification System Messages

Providers can use the EVS to check MassHealth CarePlus members' eligibility. EVS will supply the following messages for CarePlus members.

For members with pending enrollment:

- *Member eligible for CarePlus but not enrolled. Fee-for-service may be available until member enrollment is effective. For questions regarding services, providers should call 800-841-2900.*

For members with other insurance:

- *CarePlus Member with active TPL. Some services may be available fee-for-service. Providers should contact 800-841-2900.*

Members with Special Health Care Needs

If a member has a serious and complex medical condition and needs long term services and supports, the member can inform MassHealth that he or she has Special Health Care Needs (also known as "medically frail"), and this qualifies the member for MassHealth Standard. (See [130 CMR 505.008\(F\)](#) for more information on medical frailty.) Members

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Members with Special Health Care Needs (*cont.*)

may self-identify as medically frail at any time they are in CarePlus and are given the option of staying in CarePlus or moving to MassHealth Standard. CarePlus members receive information about how to identify themselves as having Special Health Care Needs in their eligibility notice, member booklet, and enrollment guide.

Prior authorizations for long-term services and supports, as well as additional financial eligibility requirements for long-term institutional care, still apply to members who have moved to MassHealth Standard because they are medically frail.

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Services Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.