



Eligibility Operations Memo 16-11
December 15, 2016

TO: MassHealth Eligibility Operations Staff

FROM: Amy Dybas, Deputy COO, Member Policy Implementation, Training, and Communications

RE: **MCO Plan Selection and Fixed Enrollment Periods and Additional Referrals needed for PCC Plans**

Introduction

On October 1, 2016, MassHealth initiated Plan Selection and Fixed Enrollment Periods for members enrolled in a managed care organization (MCO) health plan.

Also on October 1, 2016, MassHealth began requiring referrals for some Primary Care Clinician (PCC) Plan services that had not previously required referrals.

Summary of Plan Selection and Fixed Enrollment Periods

Previously, MassHealth members who had enrolled in an MCO health plan could change plans at any time for any reason. Starting on October 1, 2016, MassHealth implemented a 90-day Plan Selection Period for members enrolled in MCO health plans.

Members enrolled in an MCO health plan will only be able to change MCOs during their annual 90-day Plan Selection Period. Once a member's Plan Selection Period has ended, the member's Fixed Enrollment Period will begin. For members whose Plan Selection Period began on October 1, 2016, the Fixed Enrollment Period will begin on January 1, 2017.

During the Fixed Enrollment Period, the member will be unable to change MCOs until the member's next annual Plan Selection Period, unless the member meets an exception (listed below on pages 2 and 3).

Members enrolled in an MCO health plan on October 1, 2016

All MassHealth members who were enrolled in an MCO health plan on October 1, 2016, began their first Plan Selection Period on that date.

Members who wish to remain with their current MCO do not need to do anything.

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, unless they meet one of the exceptions listed below.

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Members who enroll in an MCO after October 1, 2016

A members' Plan Selection Period will start on the first day of his/her MCO enrollment. Members will have a 90-day Plan Selection Period.

For example, a member who enrolled in an MCO for the first time on January 1, 2017, would have until March 31, 2017, to change MCO plans.

Members who wish to remain with their new 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 PCC plan for any reason through the first 90 days.

The Fixed Enrollment Period will begin for members immediately following the 90-day Plan Selection Period end date. For example, members who enrolled in an MCO for the first time on January 1, 2017, and ended their Plan Selection Period on March 31, 2017, would begin their Fixed Enrollment Period on April 1, 2017.

They will not be able to change their plan until their next annual 90-day Plan Selection Period unless they meet an exception.

Exceptions

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.

- The member has moved out of his/her health plan's service area.
- The member needs related services to be performed at the same time, and those related services are not all available within the member's health plan's network, and the member's primary care provider or another provider determines that receiving those related services separately would be an unnecessary risk to the member.
- The member's health plan is not meeting his/her 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 the member's health care needs.
- The member's MCO no longer serves his/her geographic area. MassHealth will let the member know if this happens.
- The member's MCO has not provided access to health care providers that meet the member's health care needs over time, even after the member asked for help.
- MassHealth has information that the member is homeless, and his/her MCO does not have providers who can meet the member's specific geographic needs.
- The member's MCO is not meeting his/her language, communication, or other accessibility needs or preferences.
- The member's key network providers, including primary care physicians, specialists, or behavioral health providers, have left the member's MCO network.

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Exceptions (cont.)

- The member's health plan, because of moral or religious objections, does not cover a service the member seeks.
- The member's MCO has substantially violated a material provision of its contract with MassHealth.
- MassHealth sanctions the member's MCO by allowing members to disenroll from the health plan. MassHealth will let the member know if this happens.

Summary of New Referral Requirements for PCC Plans

In addition to the services that already require a PCC referral, effective for dates of service on and after October 1, 2016, the following services will require a PCC referral. PCC Plan members seeking the following services must first obtain a referral from their PCC.

- chiropractor services
- orthotic services
- hearing instrument specialist services
- prosthetic services
- imaging services conducted at an Independent Diagnostic Testing Facility (IDTF)
- medical nutrition therapy/diabetes nutrition management training

Questions

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline.