



MassHealth
All Provider Bulletin 255
September 2015

TO: All Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: New CarePlus Enrollment Option

Overview

Beginning October 1, 2015, MassHealth CarePlus members will have the option of choosing to enroll in the Primary Care Clinician Plan (PCC Plan).

MassHealth CarePlus is a 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.)

CarePlus offers a wide range of health benefits, such as doctor and clinic visits, hospital stays, prescription medicines, and behavioral health services, including 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 MassHealth-contracted CarePlus managed care organization (CarePlus MCO) or the PCC Plan is effective. MassHealth pays providers directly for services provided fee-for-service, subject to all administrative and billing requirements.

A CarePlus member's enrollment in a CarePlus MCO or the PCC Plan is 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.

Eligibility Verification System Messages

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

For enrolled members:

- *Primary Care Clinician (PCC) Plan member. Call PCC for authorization for all services except those listed in 130 CMR 450.118(J).*

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 1-800-841-2900.*

For members with other insurance:

- *CarePlus Member with active TPL. Some services may be available fee-for-service. Providers should contact 1-800-841-2900.*

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 ("medically frail"). This qualifies the member for MassHealth Standard. (See [130 CMR 505.008\(F\)](#) for more information on medical frailty.) Members may self-identify as medically frail at any time they are in CarePlus and are given the options 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 Service Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.