March 1, 2018

Dear Representative:

Starting today, MassHealth members, who are under the age of 65 and for whom MassHealth is the primary insurer, are able to receive their care through one of 17 Accountable Care Organizations (ACOs) statewide. ACOs are networks of physicians, hospitals and other community based health care providers that work to better integrate medical care for members through strong care coordination and with specialized wraparound supports for members with complex behavioral health or long-term care needs.

Implementation of ACOs is a significant milestone for MassHealth and is the result of over two years of very public engagement with a broad array of stakeholders. Most importantly, ACOs are designed to improve the health, quality of care, and experience of care for the members we serve.

1.2 million MassHealth members may now choose among several statewide options available including ACOs, two Managed Care Organizations (MCOs), or MassHealth’s Primary Care Clinician (PCC) Plan.

The foundation of the ACO model is strengthening the relationship between members and their Primary Care Provider (PCP). Members were automatically enrolled based on their existing PCP. Members may change their health plan for any reason for 90 days after enrollment (up until May 31st).

MassHealth is committed to ensuring a smooth transition for members. We want to be certain that you and your constituents are aware of the options available to support members who have any questions or concerns. Members may:

- Visit https://www.masshealthchoices.com/ to learn about their options and to enroll in a different plan.
- Call MassHealth customer service. MassHealth has over 200 specially trained customer service staff to address questions related to the ACO transition. The telephone number is: 1-800-841-2900, TTY: 1-800-497-464; Monday-Friday 8am-5pm.
- Call the ACO or MCO that they are enrolled in. Health plan contact information is attached to this letter.
- Attend an in-person enrollment event, where they can receive in-person assistance with understanding their health plan options. Information about upcoming events is available here: https://www.masshealthchoices.com/person-help.

We have taken the following steps to ensure a smooth transition for MassHealth members:

- Beginning in November 2017, all eligible members received a letter informing them of their new plan options and encouraging them to select a plan for March 1, 2018, along with a MassHealth Enrollment guide (attached). The letters also informed members who their PCP of record was (members have been encouraged to contact their plan or MassHealth if their PCP information
requires updating), and noted members who do not select a plan would be enrolled in a plan based on their existing PCP.

- MassHealth and our ACO and MCO partners stand ready to work with providers and members – particularly those with complex conditions – to ensure smooth and seamless transitions of care. Information about continuity of care policies and processes is included in the bulletin attached to this letter and available here: https://www.mass.gov/service-details/continuity-of-care.

- All members have a continuity of care period during which all existing prior authorizations, prescriptions, referrals, and previously booked appointments are honored. Members can see all of their existing providers, even if the provider is not in the new plan’s network. The minimum continuity of care period for most services is 30 days (the month of March). However:
  - The continuity of care period is 90 days for behavioral health, including outpatient and non-24 hour diversionary services, addiction treatment, Children’s Behavioral Health Initiative services and Applied Behavioral Analysis services for individuals with Autism Spectrum Disorder.
  - Continuity of care periods for certain other services are also longer (e.g., through delivery and six weeks postpartum for pregnancy).
  - In certain circumstances, plans may provide a longer continuity of care period.

- Consistent with current MassHealth policy, members have 90 days after the date of their enrollment to choose among health plans. After May 31st, they will be enrolled in their plan until February 28, 2019, with several exceptions that would allow members to change plans.

- MassHealth has conducted provider updates on continuity of care policies for broad groups of health care providers with several hundred providers in attendance at each session. In addition, MassHealth will host office hours for provider groups over the next month. Each of the ACOs and plans are required to communicate continuity of care policies to their provider networks as well.

- Beginning late spring, MassHealth has contracted with the Disability Policy Consortium to launch a new ombudsman program across all ACO and MCO options. The ombudsman program will support all types of members, and provides a confidential third party to support members and ensure member needs are being appropriately met through ACOs and MCOs. The Consortium is currently responsible for the ombudsman program for the MassHealth One Care program.

- In the event your office has a particular issue for a constituent that requires additional attention, please contact our MassHealth ombudswomen, Camille Ketsdever (Camille.Ketsdever@state.ma.us) or Kimberly Woods (Kimberly.woods@state.ma.us).

We look forward to our upcoming meeting with you to discuss the new ACO program. Legislative briefings are scheduled for the Senate on March 6 at 11:30am and for the House on March 14 at 11am. Please feel free to reach out with any questions to Amanda Cassel Kraft, MassHealth Chief of Staff, at amanda.casselkraft@state.ma.us or (617) 573-1738.

Sincerely,

Marylou Sudders

cc: Daniel Tsai, Assistant Secretary, MassHealth

Attachments: MassHealth health plan contact information
MassHealth Continuity of Care bulletin
MassHealth enrollment guide
Press Release