



MassHealth

**Massachusetts Health Care Training
Forum (MTF)
January 2023**

Agenda



- MassHealth Member Eligibility Redeterminations: Phase 1 Communications Toolkit
- 1115 Waiver Authority Update
- MassHealth Health Plan Updates
- 2023 Cost of Living Adjustment (COLA)
- Revised Permission to Share (PSI) Form
- Resources
 - Update about SNAP Benefits

MassHealth Member Eligibility Redeterminations (2023-2024): Communications Toolkit

MassHealth's Response to COVID-19 FPHE




- In March 2020, the federal government declared a public health emergency (PHE) due to the COVID-19 pandemic. In response to the PHE and consistent with federal continuous coverage requirements, MassHealth put protections in place that prevented member's MassHealth coverage from ending during the COVID-19 emergency. **When continuous coverage requirements end on April 1, 2023**, MassHealth will return to our standard annual eligibility renewal processes
 - Once the continuous coverage requirements end, all current MassHealth members will need to renew their health coverage to ensure that they still qualify for their current benefit
 - Renewals will take place over 12 months



Communication and Outreach Plan



**Current
Phase**

- MassHealth will communicate to members in 2 phases: 
- **Phase 1: NOTIFY:** Prepare for renewal of all MassHealth members
 - MassHealth will work with stakeholders and other partners to make sure members know how to avoid gaps in coverage when renewals begin
- Phase 2: Educate members about how to renew their coverage
 - MassHealth and its partners will directly outreach to members when they are selected for renewal to make sure that they complete their renewal and, if applicable, know their options for affordable health coverage



Phase 1 Key Messages and the Toolkit



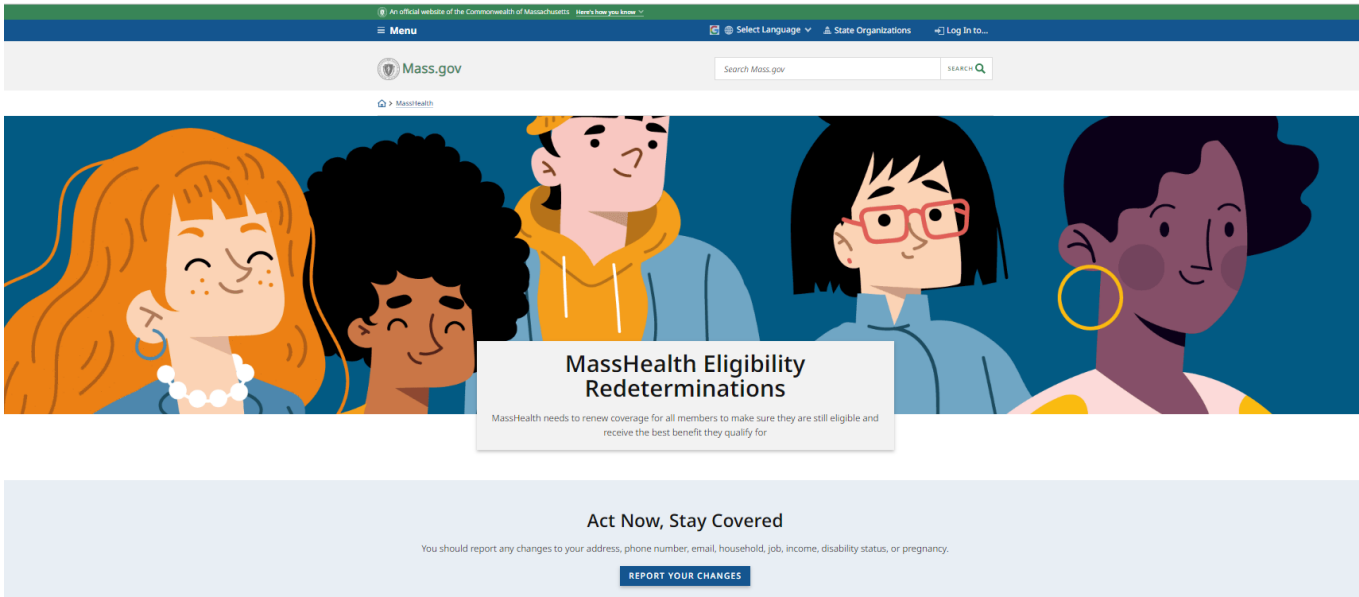
Phase 1 Key Messages

- MassHealth and its partners should use the following key messages to educate members about the upcoming renewals and make sure they do not have any gaps in coverage
 - 1. Update contact information:** Make sure to update date address, phone number, and email
 - 2. Report any household changes:** These include a new job, address, changes to your income, disability status, or pregnancy
 - 3. Create an MA Login Account:** Current members under the age of 65 can create an and access their information through MA Login Account- the fastest way to renew your MassHealth and Health Connector coverage, update your information, and report changes
 - 4. Read all mail from MassHealth:** MassHealth will mail members information about their health benefit that may require them to take action to keep their current coverage
 - Look out for a blue envelope in the mail and make note of the important deadlines



Phase 1 Toolkit

- MassHealth Toolkit:
 - [MassHealth Eligibility Redeterminations](#)
- “Your Family. Your Health.” Campaign
 - The community-oriented campaign will focus on creating multi-lingual and equity-focused member materials to ensure members receive additional supports to assist them with the renewal process

A screenshot of the MassHealth website. At the top, there is a navigation bar with a menu icon, the text "Mass.gov", a search bar, and links for "Select Language", "State Organizations", and "Log In to...". Below the navigation bar is a large banner featuring an illustration of five diverse people. Overlaid on the banner is a white box with the text "MassHealth Eligibility Redeterminations" and a sub-headline: "MassHealth needs to renew coverage for all members to make sure they are still eligible and receive the best benefit they qualify for". At the bottom of the page, there is a light blue footer with the text "Act Now, Stay Covered" and a button that says "REPORT YOUR CHANGES".

Act Now, Stay Covered

You should report any changes to your address, phone number, email, household, job, income, disability status, or pregnancy.

[REPORT YOUR CHANGES](#)

Update Your Contact Information



MassHealth has partnered with a third-party data source, LexisNexis, to match member contact information.

- Beginning the week of **1/9/2023**, heads of household with discrepant contact information will receive a notice informing them if LexisNexis has found updated contact information for their account (mailing address, phone, or email)
- For **members with a new address match**, the notice will be sent to both the current address on file and the new matched address
- Members can update their contact information by going online to MAhealthconnector.org (for members that have access to their HIX account) or call MassHealth Customer Service to update their contact information
- This mailing will run for 4 weeks



Three-Month Retroactive Eligibility Pregnant and Children (slide 1 of 3)



Retroactive eligibility up to three calendar months prior to the date of application for applicants who are pregnant and for children younger than 19 years of age.

- To qualify for MassHealth retroactive eligibility coverage up to three months before the date of the application, the member or applicant must have been eligible during the retroactive period
- If eligible, the coverage start date will be the first day of the month for which coverage is requested, not exceeding three calendar months back
- For more information: [Three-Month Retroactive Eligibility for Certain MassHealth Applicants](#)

Three-Month Retroactive Eligibility Pregnant and Children (slide 2 of 3)



- MAhealthconnector.org (HIX) system updates have new questions that will capture these requests in the **More About Your Household** screen:
 - Do any of these people have bills for medical services they got in the last 3 months before the month we got their application? If yes, complete the rest of this section.
 - What is the earliest date the member/applicant needs MassHealth? You can apply for Medicaid to help you pay for bills for medical services you got in the 3 months before the month we got your application (MM/DD/YYYY).
 - Did the member/applicant have any change in circumstance during this time?

Note: The ACA-3 paper application will align with the online application in March 2023.

Three-Month Retroactive Eligibility Pregnant and Children (slide 3 of 3)



- HIX will automatically determine if the pregnant woman or child qualifies for retro coverage if:
 - The requested retroactive MassHealth start date is within the past 3-months (first day of the third month back) of the paper/in-person application date or the application submission date during final Program Determination
- Retro coverage will not be granted when the member was:
 - eligible for Health Safety Net (HSN) Full, Partial or Children’s Medical Security Plan (CMSP) within the 3-month retro request timeframe or
 - if the application is in a **Decision Pending** or **Suspended** status

Changes to CommonHealth Eligibility for Adults



The Centers for Medicare & Medicaid Services has recently approved MassHealth's 1115 Demonstration Waiver. This waiver includes updated eligibility rules for adults 21–64 years of age who are determined to have a disability and are applying for MassHealth CommonHealth.

- Updated guidance allows adult members who have disabilities, have income above 133% FPL, and are 21–64 years of age to be eligible for MassHealth CommonHealth benefits **without needing to meet:**
 - a one-time deductible or
 - be employed at least 40 hours per month

Note, members must continue to meet all other CommonHealth eligibility requirements.

End of Year Tax Filing Process

Health Coverage and Tax Filing Requirements



Federal (1095-B) Tax Filing

Under the Affordable Care Act (ACA), health insurers (including MassHealth) who provide **Minimum Essential Coverage (MEC)** to individuals during the tax year are required to provide proof of health insurance

The 2019 tax law repealed the federal individual mandate for individuals

- The repeal means consumers will only be penalized for not having health insurance coverage on their state tax return
- ACA regulations require MassHealth to provide members with proof of insurance

State (1099-HC) Tax Filing

The Massachusetts Individual Mandate is still in effect; Massachusetts requires most adults 18 and over to purchase health insurance if it is affordable to them and meets **Minimum Creditable Coverage (MCC)** standards

- Individuals will have to provide proof of their enrollment in health coverage on their state taxes
- Failure to have health insurance for the entire year may result in a tax penalty
- Individuals may be able to get an exemption if MCC is not affordable for them or for other special circumstances or hardships

Overview of Tax Forms

1095 – B	1099 – HC
<p>Form 1095-B is a federal tax document</p>	<p>Form 1099-HC is a Massachusetts state tax document which is sent to members by their health insurance carriers.</p>
<p>The 1095-B form shows:</p> <ul style="list-style-type: none"> • Which months during the calendar year members were enrolled in a health plan that meets the federal MEC requirements for at least 1 day 	<p>The 1099-HC form shows:</p> <ul style="list-style-type: none"> • Which months during the calendar year members were enrolled in a health plan that meets the state’s MCC requirements for at least 15 days
<ul style="list-style-type: none"> • Form 1095-B will be available for certain MassHealth members electronically and upon request 	<ul style="list-style-type: none"> • Individual member had income greater than 150% FPL at any point in the 2022 calendar year

Getting 1095-B and 1099-HC Forms for MassHealth Members



- MassHealth will mail the Form 1095-B and 1099-HC to members **starting 1/31/23**
- Members can get a duplicate of their forms:
 - Online at [Masshealthtaxforms.com](https://masshealthtaxforms.com), after January 31, 2023, to view and print the Form or
 - Call MassHealth at 1-866-682-6745; TTY: (800) 497-4648 to request a duplicate hard copy
- Members with questions about why they received the Form MA 1099-HC, how to get their Form 1095-B from MassHealth, or if they need a duplicate copy, should contact MassHealth at (866) 682-6745, TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled



Members with Overlapping Health Connector and MassHealth Coverage



- There are situations when a member can get tax credits even though they have other coverage. They will receive two 1095 forms showing the overlapping coverage for those months
 - For example, people who transitioned between MassHealth and Health Connector programs or those who received retroactive MassHealth eligibility
- In general, if a member thinks their overlapping coverage was valid, they can report Health Connector coverage only for that month when filing their taxes
 - They do not need a corrected form from MassHealth, even if they do not report the MassHealth coverage on their taxes
 - MassHealth must tell a member if they had MassHealth coverage for at least one day in a month, but the member must decide if that coverage means they must repay tax credits

Members with Overlapping Health Connector and MassHealth Coverage



Continue...

- IRS regulations say that if there is overlapping coverage with Medicaid (MassHealth) and a subsidized plan with APTCs/ConnectorCare through the Health Connector, the consumer will not have to pay back subsidies for that first overlapping month of coverage following an eligibility change. *However*, they may have to repay the APTCs starting the second month after the eligibility determination

Important Dates in 2023

Dates	Action
Mid-Late January	1095-A forms sent to all Health Connector members enrolled in a QHP (including ConnectorCare members)
Late January	MassHealth members can access their 1095-B Form by going to Masshealthtaxforms.com or request a hard copy by calling MassHealth
March 1st	Individuals are asked to report any corrections to 1095 or 1099-HC forms to the Health Connector and/or MassHealth and new forms to be sent out prior to the tax filing deadline
April 18th	State and Federal Tax filing deadline

Free Tax Assistance

- **VITA**: The Volunteer Income Tax Assistance (VITA) program offers free tax help to people who generally make \$57,000 or less, persons with disabilities and limited English speaking taxpayers who need assistance in preparing their own tax returns. IRS-certified volunteers provide free basic income tax return preparation with electronic filing to qualified individuals.
- **TCE**: The Tax Counseling for the Elderly (TCE) program offers free tax help for all taxpayers, particularly those who are 60 years of age and older, specializing in questions about pensions and retirement-related issues unique to seniors. The IRS-certified volunteers who provide tax counseling are often retired individuals associated with non-profit organizations that receive grants from the IRS.
- **AARP Foundation Tax-Aide**: offers free tax help to anyone especially for those age 50 and older who can't afford a tax preparation service. IRS-certified volunteers understand that retirement or other life changes may make tax filing a little more complicated. AARP membership is not required.

Helpful Tax Resources

- Free Tax Return Preparation for Qualifying Taxpayers
<https://www.irs.gov/individuals/free-tax-return-preparation-for-you-by-volunteers>
- Affordable Care Act (ACA) Tax Provisions
<http://www.irs.gov/Affordable-Care-Act>
- Individual Shared Responsibility Provision
<https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision>
- Health Connector tax resources
<https://www.mahealthconnector.org/taxes>

MassHealth Health Plan Updates

January 2023 – March 2023

EOHHS has extended current ACO (Accountable Care Partnership Plan, Primary Care ACO, and MCO-Administered ACO) and MCO contracts through 3/31/2023.

- During this time, MassHealth expects ACOs and MCOs to continue to ensure they meet all contractual requirements and to ensure high quality care

What members can anticipate during this 3-month period:

Program Requirements:

- The current ACO and MCO programs will continue largely unchanged; required to continue meeting all contractual requirements, including ensuring that enrollees' care is coordinated
- MassHealth will continue to be responsible for paying Community Partners (CPs) for supports delivered, in accordance with those contracts, through 3/31/23. ACOs/MCOs will collaborate with CPs regarding the CPs' ability to accept new member referrals during this time period and will perform roster management
- MassHealth will continue to fund Flexible Services programs and expects ACOs to support members in accessing these critical nutrition and housing supports

January 2023 – March 2023 (continued)



Other:

NEW

- MassHealth launched the Community Behavioral Health Center (CBHC) program on January 3, 2023, in accordance with the Commonwealth's Roadmap for Behavioral Health. Members may access CBHC services, and ACPPs and MCOs must pay and work with CBHCs in accordance with contract requirements and recently released guidance. We encourage providers to build relationships with local CBHCs. More details available here: <https://www.mass.gov/service-details/roadmap-for-behavioral-health-reform>.

Launch of Reprocured Program – April 1, 2023

Launch of Reprocured ACO Program

- **MassHealth originally launched the Accountable Care Organization (ACO) program in March 2018**
- **EOHHS has reprocured its ACO program, resulting in 17 ACOs being available to members on April 1, 2023**
 - Some ACOs and provider affiliations are changing as a result of the re-procurement
 - MassHealth has additionally reprocured the Community Partners Program and selected 20 Community Partners for participation

Launch of Reprosecured ACO Program Timeline



April 1, 2023

New ACOs available to members

April 1 – June 30, 2023
Continuity of Care Period

February 7 – March 1, 2023
Member Notices and
Enrollment Guide mailed to
members

Who's Eligible to Enroll?

- MassHealth managed care eligible members:
 - Under 65, no Third Party Liability (TPL) (including Medicare)
 - Live in the community (for example, not in a nursing facility)
 - In the following MassHealth Coverage Types:
 - MassHealth Standard
 - MassHealth CommonHealth
 - MassHealth CarePlus
 - MassHealth Family Assistance

Members enrolled in the following **are not eligible for MassHealth Managed Care:**

- MassHealth Fee-for-service (FFS) (including those over age 65 or with third-party coverage)
- OneCare
- Senior Care Options (SCO)
- Program of All-inclusive Care for the Elderly (PACE)

* Providers who contract with an ACO may continue to provide services to members enrolled in the above programs regardless of their contracts with ACOs

Managed Care Health Plan Options



- **Accountable Care Organizations (ACOs):** ACOs are groups of doctors, hospitals, and other health care providers who give coordinated, high-quality care to members. This way, MassHealth members get the right care at the right time. There are two types of MassHealth ACOs. In both, ACOs are led by providers, not just administrators. Primary Care Providers (PCPs) are at the center of member care. Providers work with members directly and know their needs. They will have a bigger part in working with members to make decisions about care in an ACO than in other types of health plans. The two types of ACOs are:
 - Accountable Care Partnership Plans
 - Primary Care ACOs
- **Managed Care Organizations (MCOs):** MCOs are health plans run by insurance companies. These plans provide care through their own provider network which includes PCPs, specialists, behavioral health providers, and hospitals. Care coordinators are employed by the MCO
- **Primary Care Clinician (PCC) Plan:** In the PCC Plan, primary care providers are called primary care clinicians (PCCs). The MassHealth network of PCCs, specialists, and hospitals deliver services
- **The Massachusetts Behavioral Health Partnership (MBHP)** provides behavioral health services for members in the PCC Plan and Primary Care ACOs

Primary Care Exclusivity

- Primary care exclusivity is not changing in the reprocured ACO program
- As today, a primary care practice that contracts with an ACO as a network PCP may not contract with an MCO, the Primary Care Clinician (PCC) Plan, or any other ACO as a PCP. This network PCP may only empanel and provide primary care services to managed care members who are also enrolled in that same ACO
- Primary care exclusivity is applied at the site level. An individual clinician may work at, and serve members from, more than one ACO
- FQHCs that contract with an ACO may not contract with an MCO, the PCC Plan, or any other ACO. However, FQHCs that provide services to managed care members may bill for those services regardless of the member's plan
- PCPs that contract with an ACO may not contract with an MCO, the PCC Plan, or any other ACO. However, they may contract with:
 - MassHealth Fee-for-service (FFS)
 - One Care Plan
 - Senior Care Options (SCO)
 - Program of All-inclusive Care for the Elderly (PACE) organization

Full List of MassHealth Health Plan Options

Effective April 1, 2023

Accountable Care Partnership Plans (ACPP)

Fallon Health-Atrius Health Care Collaborative

Berkshire Fallon Health Collaborative

Fallon 365 Care

BeHealthy Partnership Plan

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

Wellsense Community Alliance

WellSense Boston Children's ACO

East Boston Neighborhood Health WellSense Alliance

Wellsense Mercy Alliance

Wellsense Signature Alliance

Wellsense Southcoast Alliance

WellSense Care Alliance

Mass General Brigham Health Plan with Mass General Brigham ACO

Tufts Health Together with Cambridge Health Alliance (CHA)

Tufts Health Together with UMass Memorial Health

Managed Care Organizations (MCO)

WellSense Essential MCO

Tufts Health Together

Primary Care Clinician (PCC) Plan

Primary Care ACO Plans (PCACO)

Community Care Cooperative (C3)

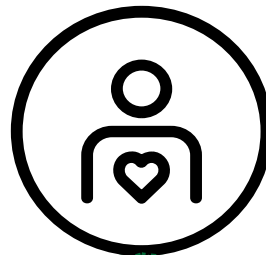
Steward Health Choice

Member Assignment Scenarios



Members generally follow their Primary Care Providers (PCP). If a member's PCP assignment is not available in our systems, the member will move with their ACO partner.

Note, all members will have the opportunity to select a different plan or PCP before 4/1 and during their plan selection period.



If a member's PCP remains in same ACO as of 4/1/23, member stays with current ACO

If a member's PCP moves to a different ACO as of 4/1/23, member moves to new ACO

If the member's PCP* moves to the PCC Plan as of 4/1/23, member moves to PCC Plan

If the member's PCP will not be available as of 4/1/23, member moves with their current ACO partner**

* PCPs in the PCC Plan are called Primary Care Clinicians (PCC)

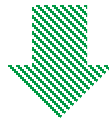
** For example, if a PCP has decided to retire or the PCP will now be a specialist site

Member Changes and Communications: Timeline



Member Notices and Enrollment Guides Mailed

February 1, 2023 – March 1, 2023



Heads of Household will get the Enrollment Guide, which includes information on selecting a plan and the notice.

All members will receive a notice.



Continuity of Care Period and Plan Selection Period

April 2023 – June 2023



Members 90-day continuity of care period ensuring they can **continue service to avoid any care or service interruptions associated with changing plans.**

Members may change their health plan

Plan Selection & Fixed Enrollment Periods



- **What are Plan Selection and Fixed Enrollment Periods?**
 - MassHealth's **Plan Selection Periods**: Members enrolled in an MCO or ACO
 - Members enrolled in an MCO or ACO can try out or change plans during their annual 90-day Plan Selection Period every year
- Plan Selection Periods will occur annually for each member
 - MassHealth will notify members about their Plan Selection Period
- At the end of the 90 days, the Plan Selection Period will end, and members will be in a **Fixed Enrollment Period**
 - Fixed Enrollment Period: Members will only be able to change their health plan for certain reasons

From April 1 to June 30, 2023

[Plan Selection Period](#)

Starting July 1, 2023

[Fixed Enrollment Period Starts](#)

Member Experience: Notices



Depending on whether a member is special assigned, or not being moved to a new plan, they will receive different messaging in 2023. Members will receive additional information about their plans directly from the ACO (for ACO plan participants) or from MassHealth (for PCC plan members).

Member Situation

February/March Notice 2023

- | | |
|---|---|
| 1 Members who are moving to a new plan because their PCP is moving to a new plan | <i>Notice will let members know that their PCP is moving to a different ACO and that the member will be enrolled in that ACO to remain with the PCP (unless they choose to move to another health plan).</i> |
| 2 Member's enrollment does not change (e.g., PCP is staying with current ACO) | <i>Notice will let members know of the Plan Selection Period and Fixed Enrollment Period and what actions a member can take.</i> |
| 3 Member's PCP is moving from an ACO to the PCC plan | <i>Notice will let members know that their PCP is moving to the PCC plan and that the member will be enrolled in the PCC plan to remain with the PCP (unless they choose to move to another health plan).</i> |
| 4 Member's that do not have a PCP and are being assigned to an ACPP plan | <i>Notice will let members know that their current plan will no longer be available beginning April 1, 2023 and they will be re-assigned to a new plan unless they choose to move to another health plan.</i> |

Member Experience: Sample Notice (slide 1 of 4)



- 1 Members who are moving to a new plan because their PCP is moving to a new plan

MASSHEALTH 2023

News About Your MassHealth Health Plan

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

[PARENT/GUARDIAN OF] [MEMBER FIRST NAME] [MEMBER LAST NAME] Date: [DATE]
[STREET ADDRESS 1] [STREET ADDRESS 2] Member ID: [XXXXXXXXXX]
[CITY], [STATE] [ZIPCODE]

FPO QR CODE

Dear [Member Name],

On April 1, 2023, your MassHealth health plan will change. Your primary care provider, <PCC_NAME_PRO>, is moving to <ACO_NAME_PRO>. We will enroll you in <ACO_NAME_PRO>, so that you can stay with <PCC_NAME_PRO>.

Even though your health plan is changing, your MassHealth benefits will stay the same. If <PCC_NAME_PRO> is not your primary care provider, call us at (800) 841-2900.

What if I am getting medical care now?

Call your new health plan at <ACO_PHONE> if you

- Are pregnant
- Are getting treatment
- Have an authorization (order) from a provider for a service
- Have a prescription for medicine
- Have a scheduled surgery or procedure
- Want to keep your Community Partner support

If you are happy with <PCC_NAME_PRO> and moving to <ACO_NAME_PRO>, you do not need to do anything.

If you want to learn about these changes or change your health plan, please read below.

Learn about new health plans

We have new MassHealth health plans starting on April 1, 2023. If you want to learn about your new plan or other health plans, read about them in the Enrollment Guide we send to the head of your household. You can also find the Enrollment Guide online at [MassHealthChoices.com](https://www.mass.gov/info-details/masshealth-choices).

Make sure the doctors you like are in your plan

You can find this information in any of these ways:

- Go to the plan's website: <ACO_URL>
- Call your new plan at <ACO_PHONE>
- Go to [MassHealthChoices.com](https://www.mass.gov/info-details/masshealth-choices)
- Read the Enrollment Guide

MH-SA/171 Member Moving (03/23) page 1 of 2

Member Experience: Sample Notice (slide 2 of 4)



- 2 Member's enrollment does not change (e.g., PCP is staying with current ACO)

Member Experience: Sample Notice (slide 3 of 4)



- 3 Member's PCP is moving from an ACO to the PCC plan

MASSHEALTH 2023

News About Your MassHealth Health Plan

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

[PARENT/GUARDIAN OF] [MEMBER FIRST NAME] [MEMBER LAST NAME] [STREET ADDRESS 1] [STREET ADDRESS 2] [CITY], [STATE] [ZIP/PCODE]

Date: [DATE] Member ID: [XXXXXXXXXXXX]

FPO QR CODE

Dear [Member Name],

On April 1, 2023, your MassHealth health plan will change. Your primary care provider, <PCC_NAME_PRO>, is moving to the Primary Care Clinician Plan. We will move you to the Primary Care Clinician Plan so you can stay with <PCC_NAME_PRO>. Because your current plan is an accountable care organization and you are now in the Primary Care Clinician Plan, your benefits may change. To learn about the differences between the two plan types, go to MassHealthChoices.com.

If <PCC_NAME_PRO> is not your primary care provider, call us at (800) 841-2900.

What if I am getting medical services now?

Call the Primary Care Clinician Plan at (800) 841-2900 if you

- Are pregnant
- Are getting treatment
- Have a authorization from a provider for a service
- Have a prescription for medicine
- Have a scheduled surgery or procedure

If you are happy with <PCC_NAME_PRO> and moving to the Primary Care Clinician Plan, you do not need to do anything.

If you have questions about health plans or change your health plan, please read below.

Learn about new health plans

We have new MassHealth health plans starting on April 1, 2023. If you want to learn about your new plan or other health plans, read about them in the Enrollment Guide we send to the head of your household. You can also find the Enrollment Guide online at MassHealthChoices.com.

Make sure the doctors you like are in your plan

You can find this information in any of these ways:

- Go to the plan's website: www.mass.gov/service-details/primary-care-clinician-pcc-plan-for-masshealth-members
- Call your new plan at (800) 841-2900
- Go to MassHealthChoices.com
- Read the Enrollment Guide

page 1 of 2

MH-SA LTR 3: Leaving ACO for PCC Plan (03/23)

page 2 of 2

Member Experience: Sample Notice (slide 4 of 4)

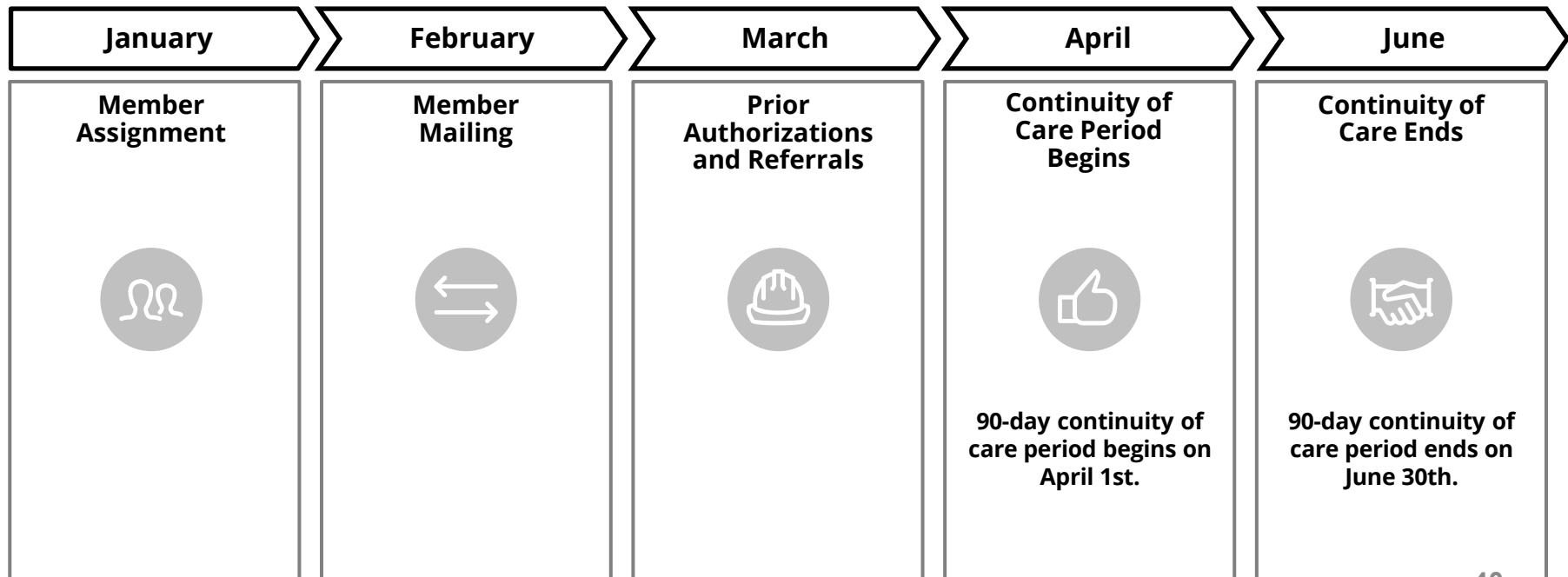


- 4 Member's that do not have a PCP and are being assigned to an ACPP plan

The image shows a sample of a MassHealth notice titled "News About Your MassHealth Health Plan". The notice is from the Commonwealth of Massachusetts, Executive Office of Health and Human Services, dated [DATE]. It is addressed to a member or their parent/guardian at [MEMBER FIRST NAME] [MEMBER LAST NAME], [STREET ADDRESS 1] [STREET ADDRESS 2], [CITY], [STATE] [ZIPCODE]. The member ID is [XXXXXXXXXX]. A box for the FPO QR CODE is present. The notice informs the member that on April 1, 2023, their current health plan will no longer be a part of MassHealth. It provides instructions on how to get medical care now, including a list of situations where immediate care is needed: being pregnant, getting treatment, having a prescription, surgery, or wanting to keep a provider. It also provides information on how to learn about new health plans and how to ensure their preferred doctors are in their new plan. The notice is labeled "page 1 of 2" and "MH-SA LTR 4: Member Moving No PCP (01/23)".

Continuity of Care Overview

The continuity of care period is a 90-day timeframe where members may continue to access care they were previously receiving while they transition to network providers. The high-level timeline and components are listed below.



Continuity of CP Supports between 4/1/23 and 6/30/23



- MassHealth will institute a 90-day continuity period for all CP Enrollees in the CP Program
- MassHealth will disenroll all current CP Enrollees on 3/31/23 and re-enroll them into the CP Program on 4/1/23
 - When CP Enrollees are re-enrolled into the CP Program on 4/1/23, CP Enrollees will be re-enrolled into the same CP, or the CP that most closely aligns with their current CP, whenever feasible
 - In instances when this is not feasible, the CP Enrollee will be re-enrolled into a CP with which the CP Enrollee's ACO or MCO holds a subcontract. The two instances in which MassHealth will not re-enroll a CP Enrollee into their current CP are:
 - CP Enrollees whose CP as of 4/1/23 is not continuing in the new CP program; OR
 - CP Enrollees whose CP as of 4/1/23 is continuing in the new CP program but is no longer serving the CP Enrollee's Service Area

Continuity of CP Supports between 4/1/23 and 6/30/23 (continue)



- During the continuity period, ACOs and MCOs may not disenroll a CP Enrollee or assign them to a different CP unless the CP Enrollee:
 - Requests disenrollment from the CP Program;
 - Requests transfer to another CP with which the Member's ACO or MCO has a subcontract that extends beyond July 31, 2023; OR
 - Graduates from the CP Program
- After June 30, 2023, ACOs and MCOs may disenroll a CP Enrollee or transfer the CP Enrollee to another CP or its internal Care Management Program in accordance with standard program requirements

MassHealth Choices and Mass.gov Updates



Before April 1st you will find

- Banner text on MassHealthChoices.com will redirect members to Mass.gov/MassHealth for ACO and provider information for after April 1st
- Updated webpages on Mass.gov/MassHealth with updated ACO information for after April 1st
- MassHealthChoices.com will continue to be the PCP directory with current ACO and provider information



After April 1st you will find

- On and after April 1st, MassHealthChoices.com will contain updates to ACOs and providers for the reprocured ACO program (including the PCP directory)

2023 Cost of Living Adjustment (COLA)

Cost of Living Adjustment (COLA) 2023



- The Social Security Administration announced on October 13, 2022, that beneficiaries would be receiving an 8.7% COLA increase for 2023
 - On average, Social Security benefits will increase by more than \$140 per month starting in January
 - The monthly maximum Federal SSI payment amounts for an eligible individual, and for an eligible individual with an eligible spouse:
 - Eligible Individual = \$914.00
 - Eligible couple = \$1,371.00



Medicare Savings Program (MSP)

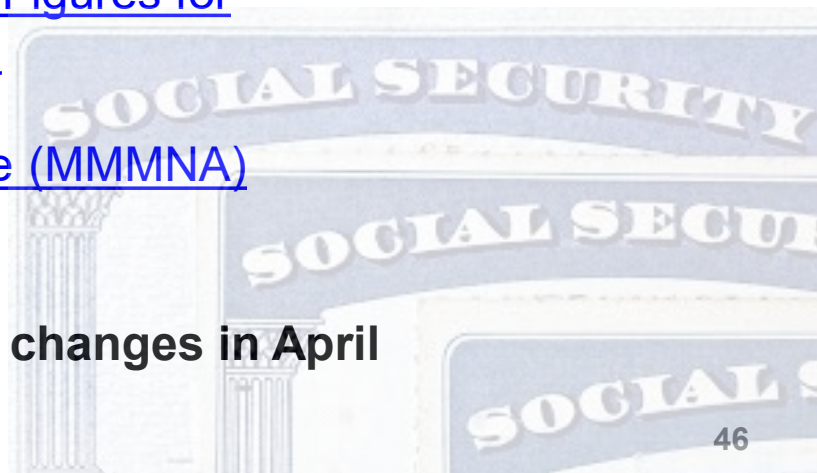


- MSP Asset Limit

Individual	\$18,180
Married Couple (living together)	\$27,260

- Medicare Part B Premium (per month)
 - \$164.90
- Updated eligibility figures for: [Eligibility Figures for Community Residents Age 65 or Older, Figures Used to Determine Minimum-Monthly-Maintenance-Needs Allowance \(MMMNA\)](#)

* **Note, federal poverty guidelines (FPL) changes in April**



MassHealth PSI Form

MassHealth PSI Form



MassHealth Permission to Share Information (PSI) Form

- Use this form if you want to give MassHealth permission to
 - talk with another person or organization about your eligibility,
 - share copies of your eligibility notices with them, or
 - share copies of your records with another person or organization.

MASSHEALTH
Permission to Share Information (PSI) Form

Use this form if you want to give MassHealth permission to

- talk with another person or organization about your eligibility,
- share copies of your eligibility notices with them, or
- share copies of your records with another person or organization.

Do not use this form if you want

- information about yourself,
- copies of your own records,
- information about your children under age 18 (You can usually get this without filling out any forms.),
- your eligibility and payment information to be shared with your health care provider. (Your health care provider can get information about your MassHealth eligibility and payment for services provided to you without you filling out any forms.), or
- to create an appeal representative status related to a Fair Hearing. (You should fill out the appropriate sections on the Fair Hearings Request (FHR-1) form OR complete a current Authorized Representative Designation (ARD) form. Current versions of both forms are available at www.mass.gov/service-details/mashealth-member-forms.)

Complete all questions under Section 2 if you want to give MassHealth permission to talk with another person or organization about your eligibility and to share copies of your eligibility notices with them. (Do not complete Section 3 unless you are asking MassHealth to share written copies of your records.) This person or organization could be someone like:

- a family member, friend, or other trusted person,
- someone who helps take care of you,
- someone who helps you fill out MassHealth forms, or
- a social worker, lawyer, or health care advocacy group.

Complete all questions under Section 3 if you want to give MassHealth permission to share copies of your records with another person or organization. (Complete Section 3 only if you are asking MassHealth to share written copies of your records.) The information included in your records may include:

- MassHealth claims showing services you have received
- Past MassHealth applications and related information you've sent to us
- Past MassHealth notices that have been sent to you

Important: If you decide you want to fill out this form, you must fill out all applicable sections. Please print clearly and remember to **sign and date Section 7**. If a legal representative is completing this form, they must **sign and date Section 8**.

SECTION 1 Name of MassHealth applicant or member

I give permission for MassHealth and its representatives to share the information listed in Section 2 or Section 3 about:

Name of applicant or member whose information is to be shared*

Street*	City*	State*	Zip*
Date of birth*	Telephone number	MassHealth ID number* OR Last four digits of applicant's or member's SSN*	

Please Note: Fields with an asterisk * are required. If you do not have a MassHealth ID number, give us the last four digits of your social security number (SSN), if you have one. If you are applying for or getting only MassHealth Limited, Children's Medical Security Plan (CMSP), or Healthy Start benefits, then we won't need your SSN.

SECTION 2 Permission for MassHealth to talk about your eligibility details and share copies of your eligibility notices

The person or organization that you write in Section 4 will be able to contact MassHealth to receive information described by the checked box below.

give MassHealth permission to do the following:

- talk about my eligibility details,
- talk about my MassHealth records,
- share copies of eligibility notices with the person or organization written in Section 4.

Please note. These notices may contain financial information. Check this box only if you want the person or organization in Section 4 to be able to contact MassHealth to get eligibility information and get copies of your eligibility notices.

If you check this box, MassHealth will send copies of your eligibility notices to the person or organization in Section 4. They will also send copies of your eligibility notices to the other members of a household. If you check this box, you must also complete Section 4. If you check this box, you must also complete a separate PSI form.

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MassHealth PSI Form Revised



- This version of the PSI includes the following overall changes.
 - New layout to align with other MassHealth forms
 - Updated section headings
 - **Added asterisks to identify required fields**
 - Separate sections for
- Sharing eligibility details and notices
- Sharing copies of records
- **After February 1, 2023**, previous versions of the PSI will be obsolete, and the December 2022 version of the PSI will be the only version that will be accepted

Resource: [MassHealth Member Forms](#)

Resources

SNAP Benefit Update



Extra COVID Food Funds for Families Ending March 2 (slide 1 of 2)



- Extra COVID Supplemental Nutrition Assistance Program (SNAP) benefits, known as SNAP Emergency Allotments, were created during the pandemic to help individuals and families buy food
- These extra COVID benefits are the difference between a household's normal benefit amount and the maximum amount for their household size, with a minimum amount of \$95 a month
 - The benefits have been put on EBT cards at the beginning of each month. Since March 2020, Massachusetts has elected to utilize this temporary benefit program that was made available under the Families First Coronavirus Relief Act
- Recent action by the federal government (through the Congressional Consolidated Appropriations Act 2023) ends the extra COVID SNAP benefits as of February 2023. **This means that Massachusetts households will receive their last extra COVID SNAP payment on March 2, 2023**

Extra COVID Food Funds for Families Ending March 2 (slide 2 of 2)



- The state **launched a new website: [Mass.gov/ExtraCOVIDSNAP](https://www.mass.gov/ExtraCOVIDSNAP)** to help residents plan for the end of these temporary federal benefits. Over the next several months, individuals and families should explore any optional expenses that may increase their normal SNAP benefits

Help spread the word about the end of these extra COVID SNAP benefits:

- [Outreach materials are available in 16 languages](#) - including flyers, text/email/robocall templates and social media posts
- [Videos](#) are available in English, Spanish, and American Sign Language (ASL)
- Encourage households to visit [Mass.gov/ExtraCOVIDSNAP](https://www.mass.gov/ExtraCOVIDSNAP) to learn how they can get the most out of their SNAP benefits, save some of it to help after March 2, and be connected with other resources

QUESTIONS?

