



Boston Medical Center HEALTH SYSTEM

MassHealth Redeterminations ACO Overview

February 2023

Summary: MassHealth Redeterminations Process

Redetermination Recap

- MassHealth member redeterminations were paused during the COVID-19 pandemic based on federal coverage requirements that prevented members' Medicaid coverage from ending during the COVID-19 Public Health Emergency (PHE).
- As outlined in the 2023 Consolidated Appropriations Act, these continuous coverage requirements will now end on March 31, 2023.
- **MassHealth redeterminations will now begin on April 1st** and take place over the following 12 months.
- When requested by MassHealth, all current members will need to renew their health coverage to ensure that they still qualify for MassHealth benefits.

Member Impact

- We estimate that somewhere between 15-22%* of MassHealth ACO members will lose MassHealth coverage throughout this redeterminations cycle.
- Many members will be determined ineligible for MassHealth (e.g., due to change in income) and will need to find new coverage. **Our goal is to minimize any administrative loss of coverage** for members who fail to submit paperwork, etc.
- Our goals for today are to:
 - Review the MassHealth Redetermination process
 - Share planned member supports from WellSense
 - Discuss how your ACO would like to engage in member outreach & supports

Agenda

- **MassHealth Redeterminations Process**
- MassHealth Supports
- WellSense Member Outreach Strategies
- Provider Member Outreach Strategies
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All MassHealth members will need to be redetermined over a 12 month period

Redetermination timing for a specific household depends on whether the member was renewed as normal or MOE-protected



Member renewed as normal: Member renewed at the same or greater level of coverage during the MOE period



Member will be selected for renewal 12 months after last renewal*



Member eligibility was protected during MOE period: Member did not respond, was found ineligible, or was found eligible for a lower benefit over the last two years



Member will be selected for renewal in the first ~9 months of the redetermination process

- **Whenever possible, MassHealth will automatically process a member's renewal** by matching their information against state and federal data sets.
 - MassHealth estimates that ~50% of members can be auto-renewed.
- If a member's renewal cannot be automatically processed, they will receive a **blue envelope** in the mail with a renewal form to complete and return to MassHealth.

We will see different flavors of redeterminations for our members

Auto Renewals

- Member eligibility is automatically reviewed through electronic data matching and information already on file with the state
- Member is notified that eligibility has been reviewed and **they do not need to respond, unless they need to make a correction or report a change**



No action needed from member or WellSense

Pre Populated Renewals

- Member receives a pre-populated renewal form if the state does not have enough information from data matching, or if a downgrade or termination would occur based on this information
- Member is given **45 days** to respond



Member may need help to complete – will appear on state redet lists

Request for Information

- Member receives a Request for Information if the state is unable to verify eligibility factors (e.g. income, residency, citizenship or immigration)
- Member is given **90 days** to respond to this request



Member may need help to respond – will appear on state redet lists

Regardless of redetermination type, members will either continue with their MassHealth benefit, or be determined eligible for a Health Connector plan

Eligibility Decision

Outcome

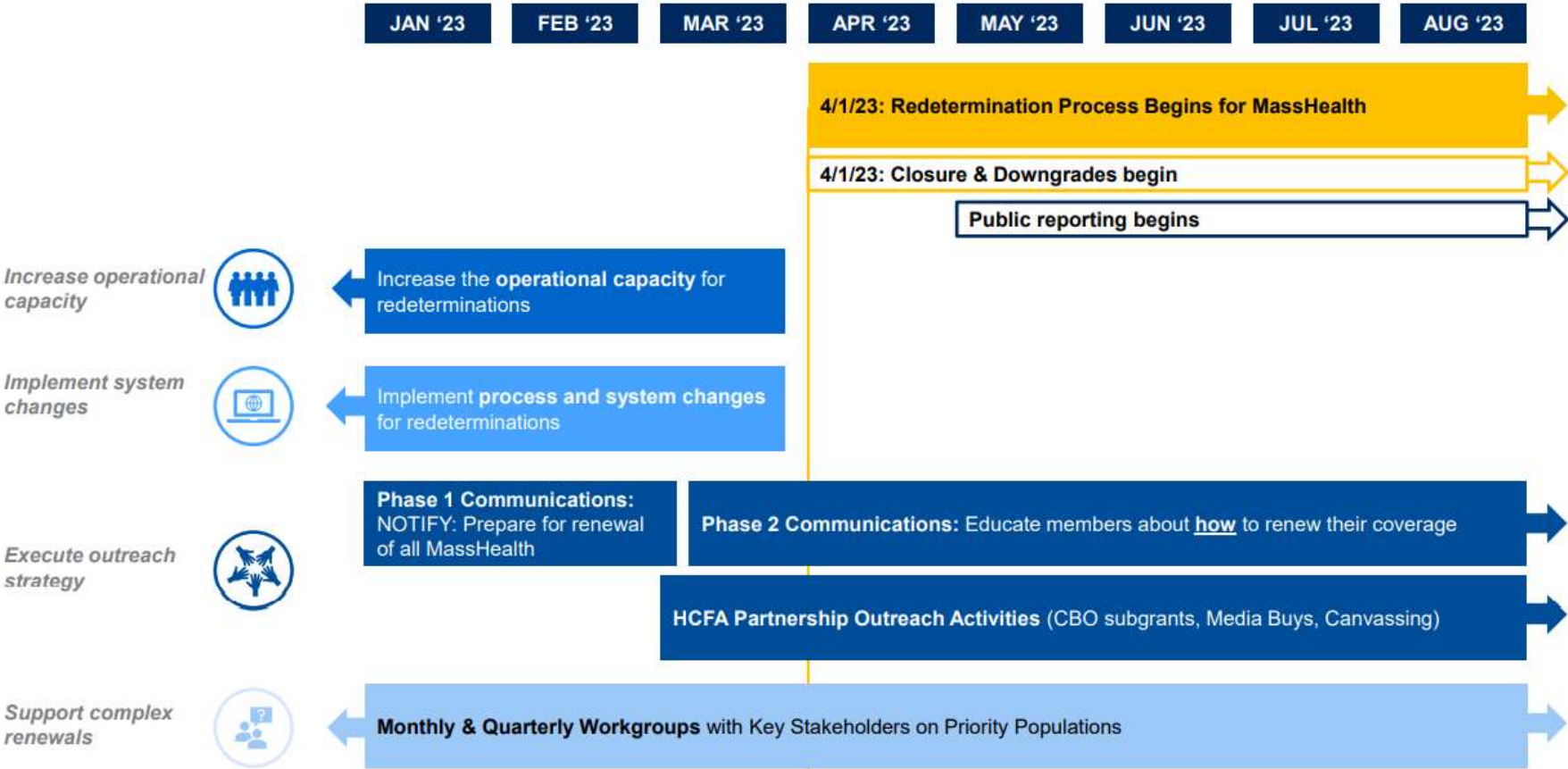
Member retains MassHealth coverage after redetermination

- Member is informed they are re-approved for MassHealth coverage
- Member will **remain enrolled in their ACO health plan** and will not need to take any additional action to remain enrolled
- Member will keep their same Plan Selection Period (PSP) and Fixed Enrollment Period (FEP) and cannot change their health plan unless they are in their PSP
 - These are not tied to redetermination dates and are member specific

Member is determined no longer eligible for MassHealth but qualifies for a Health Connector plan

- Member is informed that they no longer qualify for MassHealth and is notified of the subsidized (ConnectorCare) or unsubsidized plan (QHP) that they have been approved for
- If the redetermination is done between the 1st-15th of the month, the member has until **the end of the month** to select and pay for a Health Connector plan
- If the redetermination is done between the 16th-end of the month, the member has until **the end of the following month** to select and pay for a Health Connector plan

MassHealth Member communication campaigns will begin in late February, with eligibility closures and downgrades beginning in April



When is the earliest members may start to lose coverage?

Scenario: MassHealth member has a renewal date of April 1, 2022. MassHealth attempts to auto-renew the member but is unable to. Member is mailed a blue notice with a pre-populated renewal and has 45 days to respond. Assume member is ultimately ineligible for MassHealth coverage.

Outcome 1

- Member responds in early April (between April 1st - April 15th), and is determined to be eligible for a subsidized Health Connector Plan. Member would be **disenrolled from MassHealth effective April 30th**, and need to enroll and pay for a Health Connector plan by April 23rd to avoid a lapse in coverage.

Outcome 2

- Member responds in late April (April 16th - April 30th) and is determined to be eligible for a subsidized Health Connector Plan. Member would be **disenrolled from MassHealth effective May 30th**, and need to enroll and pay for a Health Connector plan by May 23rd to avoid a lapse in coverage.

Outcome 3

- Member responds (at any point within 45 days) and is determined to be eligible for an unsubsidized Health Connector Plan. Member would be **disenrolled from MassHealth 14 days from the date of determination.**

Outcome 4

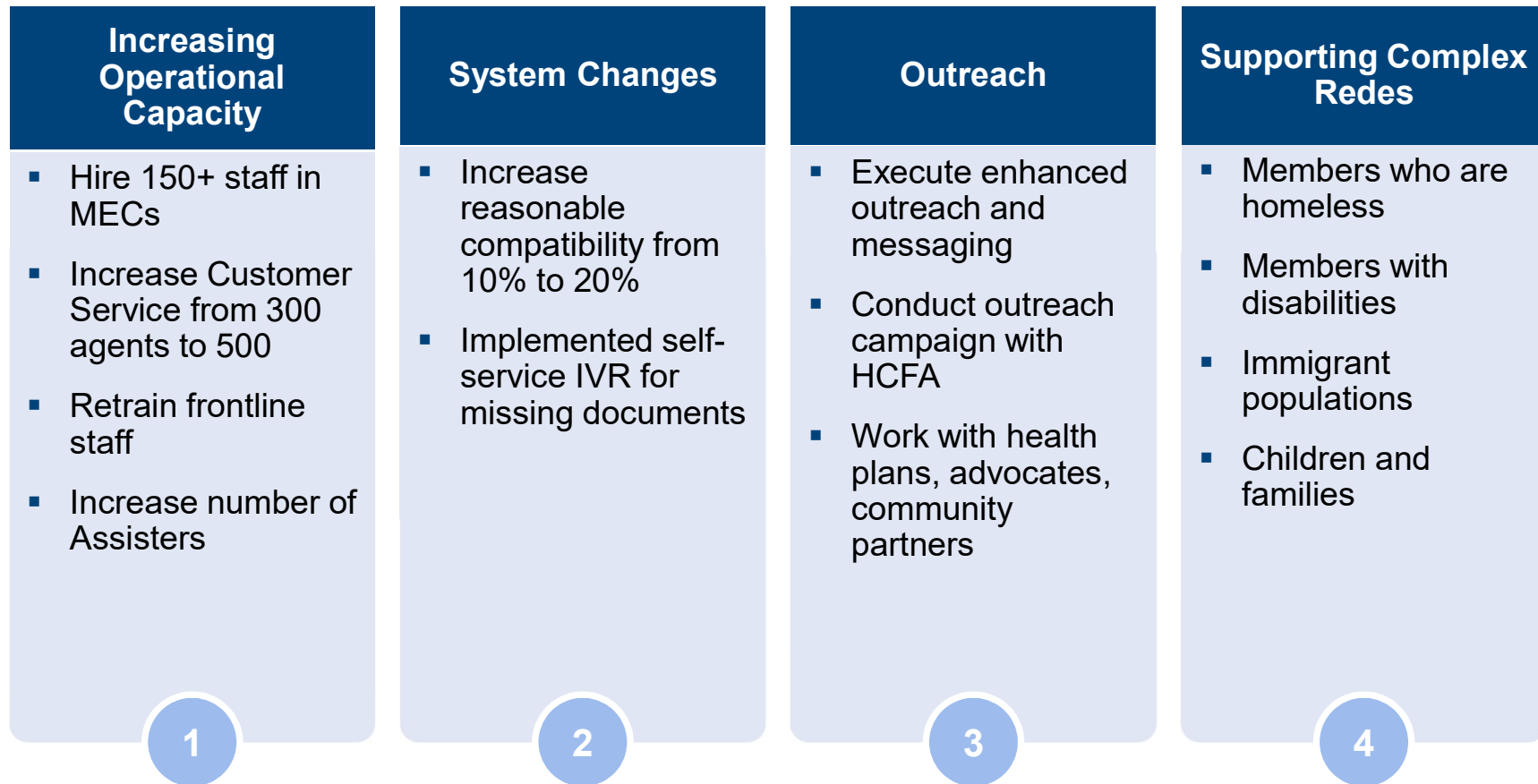
- Member fails to respond to the pre-populated renewal in the allotted 45 days. MassHealth uses the information on file (data sources) to determine eligibility. If the member is no longer eligible, their **MassHealth terminates on May 16th.**

Members may appeal MassHealth decisions. If they do so within the allotted timeframe, their eligibility will remain protected until their fair hearing.

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- **MassHealth Supports**
- WellSense Member Outreach Strategies
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MassHealth is focusing on four key strategies in their redetermination approach



For complete toolkit and redetermination deck, visit [MassHealth Eligibility Redetermination Outreach Toolkit | Mass.gov](#)

MassHealth released their Redeterminations Toolkit for external entities to assist in member redetermination messaging

Member Communications

- MassHealth will communicate redeterminations to members in two phases:
 - **Phase 1 (Now through Mid-March 2023) is the “Notify” stage** and focuses on getting members to: update their contact information, report changes, create an MA Login, and encourage members to read all mail.
 - Phase 2 (Mid-March 2023 through June 2024) will focus on educating members on how to redetermine.
- MassHealth has provided sample social media, email, phone scripts, posters, and flyers to share with providers, health plans, and community organizations in the Phase 1 Toolkit

Partnerships

- MassHealth is partnering with the Health Connector and Health Care for All to help educate and notify members, focusing on communities at the highest risk of losing coverage
- **Your Family, Your Health** campaign includes messaging in multiple languages and circulated via ethnic media channels
- We encourage our providers to have these readily available in your offices

There are a number of ways a member can receive assistance with their redetermination paperwork

Modality	How it works	Considerations
MassHealth Enrollment Centers	<ul style="list-style-type: none"> Members can walk into one of the MassHealth Enrollment Centers across the state and receive in person assistance 	<ul style="list-style-type: none"> Employee bandwidth Wait time Location
MassHealth Customer Service	<ul style="list-style-type: none"> Members can contact MassHealth Customer Service to complete a telephonic renewal Members can schedule a virtual appointment to complete a renewal 	<ul style="list-style-type: none"> Employee bandwidth Wait time Completion time
Enrollment Assistors	<ul style="list-style-type: none"> Members can schedule appointments with Certified Application Counselors (CACs) and Navigators located across the state Depending on the agency, some Assistors can help virtually or telephonically 	<ul style="list-style-type: none"> Employee bandwidth Wait time Appointment availability
Community Organizations	<ul style="list-style-type: none"> Members can schedule appointments with Certified Application Counselors (CACs) and Navigators located across the state Depending on the agency, some Assistors can help virtually or telephonically 	<ul style="list-style-type: none"> Appointment availability Location
Provider Offices	<ul style="list-style-type: none"> Providers should be reviewing EVS at point of appointment to review a member's current eligibility In some offices, frontline staff are also Assistors, or there is a financial office on site that can assist with redeterminations 	<ul style="list-style-type: none"> Assistor availability Member experience

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MassHealth and CMS have specific guidelines regarding how health plans are able to engage in the redetermination process

Supports Health Plans CAN Provide*

- ✓ Member marketing materials for distribution by health plans and providers
- ✓ Member outreach (e.g., text, email, calls, social media) to alert members of the renewal process and let them know what action is required
- ✓ Enhanced inbound call capacity to encourage members to respond to MassHealth letters or schedule MassHealth appointment
- ✓ Provider information sessions
- ✓ Support community events to increase member awareness

Supports Health Plans CANNOT Provide

- ✗ Direct assistance with member redetermination applications
- ✗ Contract with a vendor to assist with member redetermination applications

WellSense has a number of activities planned to support members with the redetermination process and plans to ramp up outreach in Phase 2

Activity	Plan		Status/Launch
Marketing & Communications	<p><u>Phase 1</u></p> <ul style="list-style-type: none"> Update our website to promote the 'notify' stage Send emails promoting notify stage to current members – (letters sent to those we don't have email addresses for) Social media campaign Share co-branded provider letters and flyers to share with members (note: will have two flyer versions available-one with callout to on-site Assister services) 	<p><u>Phase 2 (starts April 1)</u></p> <ul style="list-style-type: none"> Automated call, text, and email campaign using data from MassHealth prioritizing members with upcoming redetermination dates Targeted outreach to recently disenrolled members to share information on MassHealth & QHP coverage options 	Materials are under review by MassHealth
Direct Outreach	<ul style="list-style-type: none"> Our WellSense-based Care Management team will engage members in redetermination discussions via monthly calls CMs will promote resources but also be able to schedule an appointment for members with MassHealth directly <i>Will develop custom strategies for embedded CCM team at Lowell CHC and CPs</i> 		May
Customer Service Center	<ul style="list-style-type: none"> Inform members of the need to complete a redetermination when a "redetermination flag" is present in WS's eligibility system Provide Navigator and MH resources for redeterminations Schedule an appointment with MH when members indicate they need assistance 		Live
Provider Trainings	<ul style="list-style-type: none"> Will hold information sessions for ACO leadership & frontline staff to learn more about the redeterminations process, local resources, and member supports. 		March

WellSense is currently working with MassHealth to obtain approval of key marketing and communication materials for members and providers.

Provider Playbook

- WellSense is creating a Redeterminations Provider Playbook for our ACO partners and will host a number of trainings

Member Communications

WellSense Marketing has drafted member communications including: emails, text messages and mailers to inform members of the call to action

QHP Marketing

- WellSense Marketing has created messaging and marketing materials around MassHealth to ConnectorCare/QHP products



We are currently working with MassHealth to obtain approval of these materials and will share with providers as soon as possible.

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There are several key actions we recommend providers start taking now to support members during the determination process

Recommended Action	Description
<p>Distribute “Your Family, Your Health” Materials from MassHealth Toolkit</p>	<ul style="list-style-type: none"> Print and hang up posters in all practices Print and hand out flyers to all MassHealth members during visits
<p>Send Member Email Blast/Portal Messages from MassHealth Toolkit</p>	<ul style="list-style-type: none"> Send email to every MassHealth member (for those that have email addresses) Send message via EMR patient portal (e.g., MyChart) to every MassHealth member

MH Toolkit Poster



MH Toolkit Email

Email Language

Dear MassHealth member,

MassHealth has maintained members' coverage and benefits due to continuous coverage requirements that started during the COVID-19 emergency. We will soon return to our normal renewal process. All MassHealth members will need to renew their health coverage.

If MassHealth has enough information to confirm your eligibility, your coverage will be renewed automatically. If we are **not** able to confirm your eligibility automatically, we will send a renewal form in a **blue envelope** to the mailing address we have on file.

What you need to do now:

- Make sure MassHealth has your most up to date address, phone number, and email so you do not miss important information and notices from MassHealth.** If we are not able to contact you when you are selected for renewal your coverage may change or you may lose your coverage.
- Report any household changes.** Please continue to report any changes in your household, like a new job, address, changes to your income, disability status, or pregnancy. MassHealth wants to make sure we have the latest information for you and all members of your household.

Update your information and report changes using your MA Login Account at <http://www.mass.gov/mahis>. Don't have an account? To create one call MassHealth Customer Service at (844) 365-1841. Find out more about MA Login Accounts Online at mass.gov/masshealthlogin.

Questions?

If you have questions, need help with your MassHealth coverage, or if you have lost coverage, please contact MassHealth Customer Service at (800) 841-2900.

See full MassHealth Toolkit (including flyers, posters, emails, scripts, social media templates, etc.) at [MassHealth Eligibility Redetermination Outreach Toolkit | Mass.gov](#). Translations in Spanish, Portuguese, Haitian Creole, Vietnamese, Khmer, Chinese, Arabic, and Cape Verdean Creole coming soon.

Moving forward, we can partner on additional opportunities to engage in the redetermination supports depending on your ACO's resources and capacity

Potential Action	Potential Implementation Strategies	Timing	Effort Level	WellSense and MassHealth Resource(s)
Send co-branded WellSense/ACO mailing	<ul style="list-style-type: none"> Mail to all MassHealth members, or just to MassHealth members with upcoming appointments 	End of February	Low	<ul style="list-style-type: none"> WellSense to provide after MH approval
Share WellSense provider office handouts	<ul style="list-style-type: none"> Print and hand out to all MassHealth members Include in MyChart 	End of February	Low	<ul style="list-style-type: none"> WellSense to provide after MH approval
Use MassHealth Eligibility Verification System (EVS)	<ul style="list-style-type: none"> Review EVS at appointment scheduling to ensure member is covered Review EVS on date of service to ensure member has remained covered 	April and beyond	Medium	<ul style="list-style-type: none"> EVS MH Job Aid to Verify Member Eligibility
Conduct targeted member outreach using redetermination lists	<ul style="list-style-type: none"> Bump redetermination lists up against future appointments and outreach member to encourage them to complete paperwork or schedule a redetermination appointment with MassHealth 	April and beyond	High	<ul style="list-style-type: none"> WellSense can provide weekly lists WellSense playbook MassHealth toolkit
Host community events	<ul style="list-style-type: none"> Host local outreach events at practice sites or in partnership with local community orgs to promote awareness of redeterminations process WS can support and participate 	April and beyond	Medium-High	<ul style="list-style-type: none"> WellSense Provider playbook MassHealth toolkit
Provide direct member application support	<ul style="list-style-type: none"> Use onsite Certified Application Counselors (CACs), Financial Counselors, navigators, etc. Consider training other frontline roles (eg CHWs, Social Workers) to provide application support Though WellSense cannot support direct member application assistance, providers can explore vendors to provide this support 	April and beyond	High	<ul style="list-style-type: none"> WellSense playbook MassHealth toolkit

For discussion: what strategies is Lowell CHC considering?

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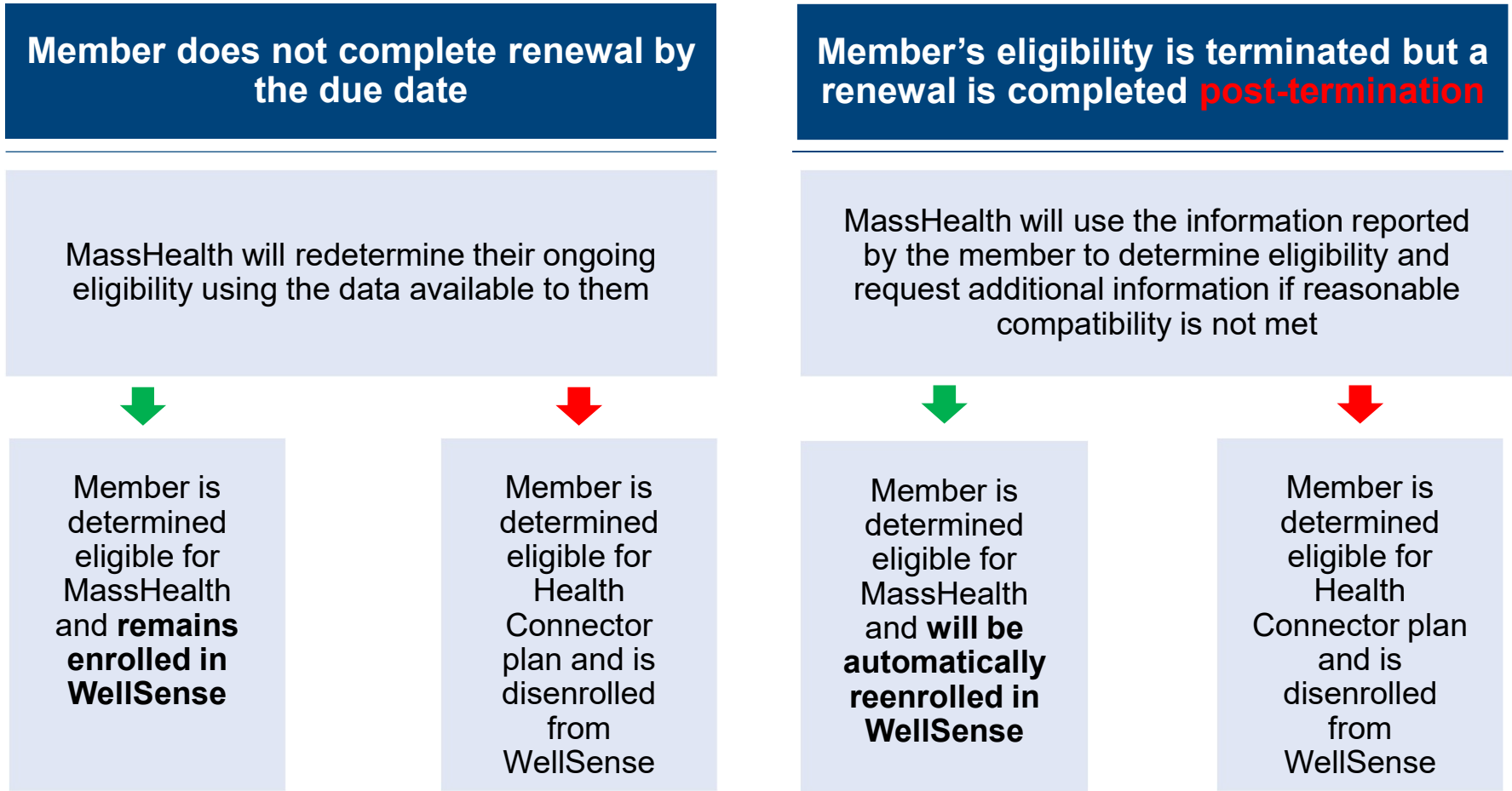
Additional MassHealth Resources for Providers

- MassHealth Redeterminations Overview Slides (Jan 2023): <https://www.mass.gov/doc/masshealth-redetermination-slide-deck/download>
- MassHealth Redeterminations Landing Page: <https://www.mass.gov/masshealth-eligibility-redeterminations>
- Full MassHealth Redeterminations Outreach Toolkit: <https://www.mass.gov/info-details/masshealth-eligibility-redetermination-outreach-toolkit>
- MassHealth Job Aid to Verify Member Eligibility: <https://www.mass.gov/doc/masshealth-mmis-job-aid-verify-member-eligibility-0/download>
- Mass Enrollment Assister Search: <https://my.mahealthconnector.org/enrollment-assisters>
- MassHealth Appointment Scheduler: <https://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative>

Additional MassHealth Resources for Members

Resource	Contact Info
MassHealth	<p>MassHealth Customer Service is available to assist members with all eligibility-related activities.</p> <ul style="list-style-type: none"> • Phone 800.841.2900 TTY 711 • Schedule an appointment with a MassHealth representative Mass.gov (telephonic or video only) • MassHealth Eligibility Redetermination Outreach Toolkit Mass.gov • MassHealth Eligibility Redeterminations Mass.gov
MAHealthconnector.org	<p>Members can go Massachusetts Health Connector – The right place for the right plan (mahealthconnector.org) and make the updates to their account</p> <p>It's the fast and easy way to complete redeterminations, upload verifications, and more.</p> <p>Members can send their renewal or additional documents to:</p>
Mail	<p>Health Insurance Processing Center PO Box 4405 Taunton, MA 02780</p>
In-person	<p>Members can visit any MassHealth Enrollment Center</p> <p>MassHealth Enrollment Centers (MECs) Mass.gov</p>
Assisters	<p>Enrollment Assisters, such as Navigators and Certified Application Counselors (CACs) are trained and certified individuals at organizations in across Massachusetts that can help members apply for coverage, shop for plans, answer your questions about eligibility, payments, plan details, and help with renewals/redeterminations and submitting documents.</p> <ol style="list-style-type: none"> 1. Visit Enrollment Assister Search – Massachusetts Health Connector (mahealthconnector.org) 2. Enter the member's address and provide them with the assister locations closest to them

With a reactive vs. proactive member base, we will likely see members who fail to redetermine timely or fail to redetermine their eligibility at all



To avoid a member appearing on our disenrollment file, and general member confusion, we want to ensure that they complete redeterminations by the due date.