



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Office of Medicaid  
 100 Hancock Street, 6th Floor  
 Quincy, MA 02171



FIRST NAME LAST NAME  
 MAILING ADDRESS  
 CITY, STATE ZIP-ZIP+4

MAILING DATE

Important Health Plan Information from MassHealth

Member: MEMBER NAME  
 Enrolled With: PLAN / SITE NAME  
 PLAN / SITE PHONE

You are receiving this letter because you are enrolled in PLAN NAME and your Plan Selection Period starts on **Start Date**. During your Plan Selection Period, you can change your health plan for any reason. You will have a Plan Selection Period every year. Please note that your choice of health plan does not affect the services you are entitled to receive under MassHealth.

If you are happy with your health plan, you do not have to do anything.

This is a great time to review your current health plan to see if it meets your health care needs. Questions you may want to consider are:

- Are your primary care provider (PCP), specialists, behavioral health providers, or hospitals that are most important to you in your health plan’s network?
- Do you want to see different providers than you see now?
- Do you need to change providers because you moved?

You can find out more about MassHealth plan options and learn about provider networks by

- Visiting [www.masshealthchoices.com](http://www.masshealthchoices.com);
- Calling the MassHealth Customer Service Center at (800) 841-2900. For people who are deaf, hard of hearing, or speech disabled, please call TTY at (800) 497-4648;
- Visiting the website of a health plan that serves MassHealth members, or
- Contacting your doctors, specialists, behavioral health providers and/or hospitals.

If you would like to change your health plan, you have until **Plan Selection End Date** to enroll in a new plan. You can change your plan by visiting [www.masshealthchoices.com](http://www.masshealthchoices.com) or calling the MassHealth Customer Service Center at (800) 841-2900.

On **Start Date** your Fixed Enrollment Period begins. During the Fixed Enrollment Period, members can change health plans for the following reasons:

- You move out of your health plan's service area.
- Your health plan does not, because of moral or religious objections, cover the service you request.
- You need related services to be performed at the same time. Not all related services are available within the network, and your primary care provider or another provider determines that receiving the services separately would subject you to unnecessary risk.
- You receive poor quality care, lack access to services covered, or lack access to providers experienced in dealing with your health care needs.
- Your health plan is no longer contracted with MassHealth to cover your service area, or your PCP who participates in your health plan is not available in your service area.
- You demonstrate to MassHealth that your health plan has not provided access to providers that meet your health care needs over time, even after you request assistance.
- You are homeless (and MassHealth's records also indicate that you are homeless), and your health plan cannot accommodate your needs geographically.
- You demonstrate to MassHealth that your health plan violated a material provision of its contract with MassHealth.
- MassHealth imposes a sanction on your health plan that specifically allows you to disenroll from your health plan without cause.
- You demonstrate to MassHealth that your health plan is not meeting your language, communication, or other accessibility preferences or needs.
- You demonstrate to MassHealth that your key network providers, including PCPs, specialists, or behavioral health providers, left your health plan network.

You can read about your health plan options in the MassHealth Enrollment Guide available online at [mass.gov/masshealth](http://mass.gov/masshealth). If you have questions about your health plan enrollment or choices, or if you would like to request a paper copy of the Enrollment Guide, please call the MassHealth Customer Service Center at (800) 841-2900. For persons who are deaf, hard of hearing, or speech disabled, please call TTY at (800) 497-4648.

If you have concerns or problems related to getting benefits or services from your health plan, you can call My Ombudsman at (855) 781-9898. My Ombudsman is an independent program that can help you. For persons who are deaf, hard of hearing, or speech disabled, use MassRelay at 711 or videophone at (339) 224-6831. You can also email My Ombudsman at [info@myombudsman.org](mailto:info@myombudsman.org) or visit their website at [www.myombudsman.org](http://www.myombudsman.org).