MA Health Care Learning Series

Massachusetts Healthcare Training Forum (MTF)

January 2018
The MA Health Care Learning Series provides regular updates and presentations from Health Connector and MassHealth staff, to educate those who help Massachusetts residents in applying, getting and keeping their health coverage through MassHealth, the Health Connector and Health Safety Net via MAhealthconnector.org.
Agenda

• Health Connector
  – OE 2018
  – Special Enrollment Period Review
  – End of year tax filing process
  – Periodic Data Matching

• MassHealth
  – ACA Updates
    ▪ Changes to Provisional Eligibility – Important Update as of 1/29/18
  – MassHealth Health Plan Update
    ▪ Continuity of Care
    ▪ Payment and Care Delivery Innovations (PCDI) for Providers
    ▪ Eligibility Verification System (EVS)
Health Connector
Open Enrollment 2018
Open Enrollment 2018

When helping consumers who may be eligible for ConnectorCare or Health Connector plans, completing an online application through MAhealthconnector.org is the fastest way to ensure a member is covered.

- Subsidized paper applications are being processed within 45 days of the date of receipt. However, we do have a high volume of applications to be processed at this time, which is why we recommend using the online application at MAhealthconnector.org.

- Especially when helping those consumers with incomes up to 400% of FPL, who may be eligible for ConnectorCare or Advanced Premium Tax Credits (APTC), it is recommended that Assisters (who have access to the Assister Portal) use the Assister Portal to complete an application online to get an eligibility determination right away.
Health Connector Payment Reminders

- For consumers who are newly enrolling into Health Connector coverage (or those who changed their health insurance carrier) - *if a member owes a monthly premium* - Enrollment is not complete until payment has been received and processed.

- Payments can be made online using the Payment Center;
  - If a consumer wants to make a payment *as a guest* through the Payment Center, they must wait at least 4 hours after they’ve chosen a plan before they can make their first online payment.
  - Premium payment is due by the 23rd of the month for coverage effective the 1st of the next month.
Reminder:

- If a consumer was determined eligible for ConnectorCare or a Health Connector plan during Open Enrollment, they then needed to choose a plan and make their premium payment by the January 23rd payment deadline for coverage starting on February 1, 2018.

- Members were able to choose between coverage beginning on February 1 and March 1.

- As you help consumers apply going forward, remember that Special Enrollment Period (SEP) rules as now in effect for Health Connector plans. More information will be shared about SEP rules in upcoming slides.
In Person and Call Center Help after Open Enrollment

- Once the Health Connector enters closed enrollment starting January 24, 2018, the call center hours will switch to “normal” business hours: Monday-Friday, 8am-6pm

- In person Assistance from Health Connector Customer Service will continue to be available year round (Monday – Friday) with varying hours at the following locations:
  - Boston, Worcester, Brockton and Springfield

*Check the Health Connector website for the hours for each location*

https://www.mahealthconnector.org/about/contact
2018 January Membership

In January 2018 we have roughly 250,000 members in health plans and nearly 80,000 members in dental plans

- Of the members enrolled for January coverage, ~15% are new members and ~85% are renewing members
- Silver continues to have the most membership among the metallic tiers
- The largest increase in enrollment was in our unsubsidized book of business
  - This is due in part to eligibility changes made as part of the renewal process as well as unsubsidized applicants being less likely to qualify for an SEP to enroll outside open enrollment
- Plan Type 2B continues to have the highest volume of ConnectorCare membership
Special Enrollment Period (SEP) Review
Anyone can apply for health benefits any time during the year, but special rules apply to when people can enroll in Health Connector coverage during closed enrollment.

- Closed Enrollment will begin on **January 24, 2018**
- During Closed Enrollment, individuals can fill out an application for health or dental insurance but may not be able to ENROLL in a new or different qualified health plan (QHP) even if they are eligible
- Certain situations may qualify individuals for a Special Enrollment Period (SEP), which gives them up to 60 days to enroll in a QHP

Note: This does not apply to enrollment in MassHealth, HSN, CMSP or a Health Connector dental plan or those enrolling in Health Connector for Business.
If an individual qualifies for an SEP, they can enroll in or change health insurance carriers outside the annual Open Enrollment period.

- New members can sign up
- Existing members can add or remove members from their plan or change plans altogether
- Certain life changes, like getting married, having a baby, or losing job-based health insurance are the kind of “qualifying events” that would allow a person to shop during an SEP
- An SEP gives someone 60 days from the date of the qualifying event to select a new plan
- Individuals may pay after the 60 day window, but they must submit a plan selection in the shopping process within 60 days—a plan in their shopping cart is not enough
- Payment and enrollment deadlines still apply during an SEP
Qualifying Events

- Gains a dependent or becomes a dependent as a result of:
  - Marriage
  - Birth, adoption or placement for adoption or foster care or court-ordered care of a child
- Loses minimum essential coverage (MEC) for a reason other than failure to pay premiums or fraud
- Loses pregnancy-related coverage or medically needy coverage under the Social Security Act
- Is enrolled in Health Connector coverage and loses a dependent because of death, divorce or legal separation
- Moves to Massachusetts or gains access to new plans as a result of a permanent move (including release from incarceration)
- Is an American Indian or Alaska Native
- Becomes a Lawfully Present individual
- Is determined newly eligible for ConnectorCare or has a ConnectorCare plan type change
- Is enrolled in Health Connector coverage and becomes newly eligible for APTCs
- Is a victim of domestic abuse or spousal abandonment
- Administrative reasons:
  - Start or end of a ConnectorCare premium waiver
  - Exceptional circumstances
  - Waiver from the Office of Patient Protection
  - Erroneously enrolled or not enrolled due to error, misrepresentation, or misconduct or inaction of the Health Connector or entity affiliated with the Health Connector providing enrollment activities
  - Carrier substantially violated a material provision of its contract with the enrollee

NOTE: A new applicant who applies during closed enrollment and is determined eligible for tax credits only and who doesn’t meet another qualifying event above, does NOT qualify for an SEP as a result. (Those individuals with incomes between 300.1 – 400 % FPL)
Becoming newly eligible for ConnectorCare gives consumers 60 days to enroll from the date of the eligibility determination

- ConnectorCare members cannot change plans unless they experience a new qualifying event, which includes a change of plan type or the start or end of a ConnectorCare premium waiver

- The online system will look at any existing eligibility to determine if consumer is newly eligible
  - Example: John applies on 5/1 and is determined ConnectorCare eligible. He has 60 days to shop. He picks a plan and pays his first premium by the due date and is enrolled in a ConnectorCare plan
  - In July, John reports a change to his application that results in a slight change in his income, but it doesn't change his ConnectorCare Plan Type. He cannot change plans unless he has another qualifying event
To review Health Connector Policies on **Qualifying Events** visit the Health Connector’s Policy Center:

https://www.mahealthconnector.org/about/policy-center

Select Policies
End of Year Tax Filing Process
In Massachusetts, all residents are required to have health insurance.

In Massachusetts, Chapter 58 established an individual mandate in 2007, which requires adults in Massachusetts to purchase health insurance if it is affordable to them and meets Minimum Creditable Coverage (MCC) standards.
Recent Change to Federal Individual Mandate

*A tax law was just signed by the President that includes the repeal of the federal individual mandate beginning in 2019.*

The repeal of the federal individual mandate means that:

- For **2017** and **2018**, consumers are still required to provide proof of their enrollment in health insurance coverage on both their state and federal tax returns or pay a penalty.

- For **2019**, consumers will only be penalized for not having health insurance coverage on their state tax return.

- Health Connector members should know that any plan sold through the Health Connector meets the state’s individual mandate requirements.

- Consumers that receive federal APTCs must still file and reconcile them on their federal tax return in order to continue to be eligible for them in future years.
Taxes and health insurance overlap

Certain individuals are eligible to receive federal premium tax credits to reduce their health insurance premiums.

- Households that receive advance premium tax credits during the year will have to “reconcile” what they received based on projected income against their actual annual income when they do their federal income taxes
  - If an individual does not reconcile advance premium tax credits received, that individual may be ineligible to receive APTCs in future years until the APTCs are reconciled
- Households that did not receive premium tax credits in advance may still claim a premium tax credit when they file their taxes, even if they did not request financial assistance when they applied
# Overview of 1095 Forms

<table>
<thead>
<tr>
<th>Who sends it?</th>
<th>1095-A</th>
<th>1095-B</th>
<th>1095-C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who receives it?</td>
<td>State-based or Federal Marketplaces</td>
<td>Carriers, Government programs (Medicare, Medicaid, VA, etc.), small employers</td>
<td>Large employers (more than 50 full-time equivalent employees)</td>
</tr>
<tr>
<td>Who does not receive it?</td>
<td>Individuals enrolled in Qualified Health Plans through the Health Connector or another Marketplace</td>
<td>Individuals not enrolled in a Marketplace or are not employed by a large employer:</td>
<td>Employees of large employers</td>
</tr>
<tr>
<td>What's different from the other 1095s?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Enrollees in catastrophic health plans or dental plans</td>
<td>People who did not have a plan meeting Minimum Essential Coverage (MEC) standards</td>
<td>People who did not have a plan meeting Minimum Essential Coverage (MEC) standards</td>
</tr>
<tr>
<td></td>
<td>• Small group health options program (SHOP) enrollees</td>
<td>“Simplest” 1095 because it only shows the months a household had coverage</td>
<td>Contains the same information as the 1095-B, plus information related to any offer of coverage from the employer</td>
</tr>
<tr>
<td></td>
<td>Contains APTC amounts and other information needed to determine the correct amount of tax credits the household should have received based on their final income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## What forms will Health Connector members get?

<table>
<thead>
<tr>
<th>Program</th>
<th>1095 info</th>
<th>1099-HC info</th>
</tr>
</thead>
<tbody>
<tr>
<td>ConnectorCare</td>
<td>1095-A from the Health Connector</td>
<td></td>
</tr>
<tr>
<td>QHP with APTC or unsub</td>
<td>1095-A from the Health Connector</td>
<td>1099-HC from their health plan</td>
</tr>
<tr>
<td>Catastrophic plan</td>
<td>1095-B from the carrier</td>
<td></td>
</tr>
<tr>
<td>SHOP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Advance Premium Tax Credits

Members who received Advance Premium Tax Credits during the year (including through ConnectorCare):

**Must** complete Form 8962 when they file their taxes to see if they got the right amount of subsidy based on their final income for the year. They may get more money back or have to repay some money.

Failing to complete Form 8962 may result in being ineligible for APTCs in the future.

Members who did not receive Advance Premium Tax Credits during the year:

**May** complete Form 8962 when they file their taxes to see if they could get premium tax credits based on their final income for the year.
**Who gets what form(s)?**

<table>
<thead>
<tr>
<th>Program</th>
<th>1095 info</th>
<th>1099-HC info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>1095-B from MassHealth</td>
<td>1099-HC from MassHealth, unless household member 18 years and over was &lt;150% FPL all year</td>
</tr>
<tr>
<td>CarePlus</td>
<td>1095-B from MassHealth</td>
<td>1099-HC from MassHealth, unless household was &lt;150% FPL all year</td>
</tr>
<tr>
<td>CommonHealth</td>
<td>1095-B from MassHealth</td>
<td>1099-HC from MassHealth, unless household was &lt;150% FPL all year</td>
</tr>
<tr>
<td>Family Assistance</td>
<td>Varies depending on coverage.</td>
<td>Varies depending on coverage.</td>
</tr>
<tr>
<td>Health Safety Net</td>
<td>No form – not MEC</td>
<td>No form – not MCC</td>
</tr>
<tr>
<td>Limited</td>
<td>No form – not MEC</td>
<td>No form – not MCC</td>
</tr>
</tbody>
</table>
## Important Dates in 2018

<table>
<thead>
<tr>
<th>Dates</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-Late January</td>
<td>1095-A forms sent to all QHP members (including ConnectorCare members)</td>
</tr>
<tr>
<td>February</td>
<td>1095-B forms will be sent to certain MassHealth members</td>
</tr>
<tr>
<td>March 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>Individuals are encouraged to report any corrections to 1095 or 1099-HC forms to the Health Connector and new forms to be sent out prior to the tax filing deadline</td>
</tr>
<tr>
<td>April 17, 2018*</td>
<td>Federal and State Tax filing deadline</td>
</tr>
</tbody>
</table>

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*The regular tax return filing deadline is April 15. However, due to April 15 being on a Sunday and the Washington D.C. Emancipation Day holiday being observed on April 16 instead of April 15, 2018, Tax Day is on the following Tuesday.*
New Sample Member Letter to Tax Preparer

Created for the ConnectorCare members to share with their tax preparers

Key messages for tax preparer includes:

• The tax filing responsibilities as a ConnectorCare member
• How to use properly use Form 1095-A

Available for download in English and Spanish from MAhealthconnector.org/taxes
More details...

For more information about the Health Connector and MassHealth’s 2018 Year-end tax filing process:

- Review the complete presentation from the MTF website:
  

- Review the Health Connector and MassHealth websites:
  
  https://www.mahealthconnector.org/taxes
  
  https://www.mass.gov/service-details/important-tax-filing-information-for-masshealth-members
Periodic Data Matching
Periodic Data Matching

The Health Connector will begin periodic data matching in February 2018

- The Health Connector will begin periodically checking available data sources for death and Medicare
  - The data matching will also occur for other public MEC (i.e., TRICARE).

- If a member is found to be deceased, the Health Connector will close the coverage

- If a member is found to have Medicare, the Health Connector will end subsidies for that individual
  - Note that individuals will still have the option to continue in their unsubsidized QHP but may chose to discontinue coverage through the Health Connector and enroll in Medicare
ACA Updates
System Update: Case De-duplication Efforts:

- MassHealth continues to work to reduce the number of duplicate cases on the online system.
- This effort should greatly reduce the number of members having a duplicate application/case in the system, and minimize related complications.

ACA Member Booklet Update:

- ACA member booklet will be revised. It will be available in February 2018.
- Changes include:
  - Revised information about Provisional Eligibility
  - New MassHealth health plan options
Changes to Provisional Eligibility

MassHealth Provisional Eligibility Changes – Update 1/29/2018

MassHealth has decided to postpone implementation of the new MassHealth provisional eligibility rules that was scheduled for February 1, 2018. The impact of the new rules would be that MassHealth benefits would not be approved for certain adults until/unless income is verified.

MassHealth is in the process of taking additional steps to assess HIX programming, and ensure that the implementation of this change meets all applicable requirements.

We will notify you of the new implementation date once it has been determined.
Beginning **February 1, 2018**, provisional eligibility rules for the MassHealth MAGI population who have unverified income are changing.

**Who’s impacted?**

- **New applicants** who are adults age 21 and older who have unverified income in their MassHealth MAGI household will **not** receive a MassHealth or Health Safety Net (HSN) benefit, unless they are:
  - pregnant with self-attested MH MAGI income less than or equal to 200% FPL;
  - an individual with HIV positive status with self-attested MH MAGI income less than or equal to 200% FPL; or
  - an individual in active treatment for breast or cervical cancer with self-attested MassHealth MAGI income less than or equal to 250% FPL.

- Adults 21 and older who are **currently receiving** MassHealth or HSN who have unverified income in their MassHealth MAGI household will remain eligible for benefits, unless self-attested income exceeds program limits.
MassHealth and the Health Connector require verification of the following eligibility factors to make a final eligibility determination:

- Income
- Social Security Number
- Residency
- Citizenship
- Immigration Status
- Incarceration
- Non-custodial Parent Info (*MassHealth only*)
- American Indian/Alaska Native (*Health Connector only*)

The system will attempt to verify these factors using electronic data sources:

- If data is reasonably compatible with attested information, the eligibility factor is considered verified.
- If data is not reasonably compatible or not available, the individual will be required to send proof within 90 days and a Request for Information (RFI) notice will be sent.
MassHealth has revised regulations to change the requirements for provisional eligibility for individuals who have **unverified income**.

**New applicants:**
- MassHealth may provide provisional benefits during the 90-day RFI period to eligible applicants who are:
  - Under age 21;
  - Pregnant with self-attested MassHealth MAGI income less than or equal to 200% FPL;
  - An individual with HIV positive status with self-attested MassHealth MAGI income less than or equal to 200% FPL;
  - An individual in active treatment for breast or cervical cancer with self-attested MassHealth MAGI income less than or equal to 250% FPL; or
  - An adult age 21 or older whose MassHealth MAGI income is verified, but has other outstanding verifications.
- Individuals age 21 and older with unverified MassHealth MAGI household income will no longer be eligible for provisional benefits during the 90-day RFI period unless they meet one of the conditions listed above.

* Revised regulation can be found at 130 CMR 502.000 and 505.000.
How Does this Impact Existing Members?

- **Existing members:**
  - When an existing MassHealth or Health Safety Net (HSN) member has unverified income as a result of reported changes or completion of the annual renewal, based on self-attested income, the member will:
    - Stay in existing benefit if the program determination would result in same benefit
    - Pend in existing benefit until verification is submitted if the program determination would result in more comprehensive benefit
    - Downgrade to new benefit if the program determination would result in less comprehensive benefit
    - Terminate coverage if member no longer meets program requirements.
For new applicants:

- If the self-attested income is above the MassHealth financial threshold they will be determined for a Health Connector benefit based on Health Connector provisional eligibility rules
  - They will not be eligible for HSN benefit until all household income is verified.
- If the attested income is within MassHealth financial thresholds, the individual cannot be determined eligible for Health Connector benefit pending the MassHealth decision.
Applicants with self-attested income within MassHealth financial thresholds who do not meet the requirements of provisional eligibility will not receive a MassHealth or HSN benefit during the verification period.

MassHealth will institute new operational procedures to expedite processing of income verifications.

Verifications received within RFI period

- If all required verifications are received within 90-day time frame, coverage start date of MassHealth or HSN is 10 days before received date of application.
Verifications Not Received Within RFI Period

• If required verifications are not received and MassHealth is able to make determination based on electronic data match, the coverage start date is 10 days before date of application.

• If required verifications are **not received** and MassHealth is not able to make a determination based on electronic data sources, the individual will be denied MassHealth and HSN benefits.
  
  – If the individual later submits required verifications outside of the 90-day time frame, the coverage start date is 10 days before the date of receipt of all requested verifications.

• Important if the consumer is determined eligible for a Health Connector plan, Health Connector **enrollment is prospective only** and begins the first day of each month.
Health Plans
Who is Impacted?

- MassHealth managed care-eligible members:
  - Under 65, with no other health coverage such as Third Party Liability (TPL), including Medicare
  - Living in the community
  - In the following MassHealth coverage types:
    - Standard
    - CommonHealth
    - CarePlus
    - Family Assistance
What is Changing for Managed Care Eligible Members in 2018?

**What is Changing**

- Availability of additional health plan options for MassHealth members (new ACO options)
- Members in ACOs can expect better coordinated care across a member’s multiple providers
- Members in ACOs can expect a stronger relationship with their PCP
- Members enrolled in ACOs or MCOs have 90-days of Plan Selection Period (PSP) and can change their health plans during PSP
- CarePlus members’ health plan selection effective date will be the same as for MassHealth Standard, MassHealth CommonHealth, and MassHealth Family Assistance coverage types

**What is Staying the Same**

- Members have the same set of core benefits (based on member’s coverage type) across all plans
- Members can still choose the PCC Plan or MCO Plans as a health plan enrollment option
- Members enrolled in MCOs have 90-days of Plan Selection Period (PSP) and can change their health plans during their PSP
- Fixed Enrollment Period and exceptions
- Members can still contact MassHealth or their health plan for questions and concerns
Health Plan Enrollment Process

When to enroll in a MassHealth health plan?

- Members determined eligible for MassHealth and are eligible to enroll in a managed care plan, they have 14 days to pick a plan from the date of eligibility.
- If the member does not select a plan, he/she will be auto-assigned into a plan.

How to enroll?

- Mail or fax in the MassHealth Enrollment form: [https://masshealth.ehs.state.ma.us/StateForms/](https://masshealth.ehs.state.ma.us/StateForms/)
- Call MassHealth Customer Service (1-800-841-2900 TTY: 1-800-497-4648)

When can someone change health plans?

- Members can change health plans during their annual Plan Selection Period.
### MassHealth Health Plans: Options for 2018

#### Accountable Care Partnership Plans
- Be Healthy Partnership
- Berkshire Fallon Health Collaborative
- BMC HealthNet Plan Signature Alliance
- BMC HealthNet Plan Community Alliance
- BMC HealthNet Plan Mercy Alliance
- BMC HealthNet Plan Southcoast Alliance
- Fallon 365 Care
- My Care Family
- Tufts Health Together with Atrius Health
- Tufts Health Together with BIDCO
- Tufts Health Together with Boston Children's ACO
- Tufts Health Together with CHA
- Wellforce Care Plan

#### Primary Care ACO Plans
- Community Care Cooperative (C3)
- Partners HealthCare Choice
- Steward Health Choice

#### MCOs
- Boston Medical Center Health Plan (BMCHP)
- Tufts Public Plans (Tufts)

#### PCC Plan
- Primary care Providers in the PCC Plan network
Accountable Care Partnership Plan

When can members select or change their PCP or Plan?

- During the Plan Selection Period, members can select the Partnership Plan directly. They can also select or choose to be assigned a PCP.
- During their Fixed Enrollment Period, members cannot change plans but can choose different PCPs in their health plan network at any time.

Who can choose this plan?

- Managed care eligible members
- Member must live in the service areas covered by the ACO
Accountable Care Partnership Plan: Plan Details

Member Cards

- Use health plan card for every medical or behavioral health visit covered by the member’s health plan
- Use MassHealth card for any MassHealth covered services not covered by the member’s health plan

Care Management

The ACO practices will provide appropriate care management activities to members, such as:

- Putting together care teams of providers (including behavioral health and/or LTSS providers as needed)
- Assigning care coordinators or clinical care managers to oversee a member’s care
The Plan will be responsible for:

- Making timely authorization decisions for services
- Distributing written notices of any denials of service
- Providing information on appeals rights
- Facilitating continuity of care for new members who have current prior authorizations for services.

PCPs will refer members to necessary specialty care providers within the network. PCPs will refer members to out-of-network providers under certain circumstances.

Members can call their health plan, the number is found on the back of their health plan card, for any issues, or call MassHealth Customer Service for questions about their MassHealth eligibility.
Primary Care ACOs

When can members select or change their PCP or Plan?

- During their Plan Selection Period, in order to enroll in this plan members must choose a Primary Care ACO and a PCP affiliated with that Primary Care ACO.

- During members’ Fixed Enrollment Period, they cannot change plans but can choose different PCPs within the MassHealth network at any time.

Who can choose this plan?

- Managed care eligible members

- A given Primary Care ACO may not have PCPs available near where a member lives, in which case they can not enroll in it.

PCPs
You have to choose a PCP within the Primary Care ACO’s network.

Medical Services
You will receive medical services from providers in the MassHealth network.

Behavioral Health Services
You will receive your behavioral health services from the Massachusetts Behavioral Health Partnership (MBHP) network.
Primary Care ACO: Details

Member Cards

Bring both MassHealth card and health plan card from the ACO for every health or behavioral care visit and service.

Care Management

The ACO practices will provide appropriate care management activities to members, such as:

- Putting together care teams of providers (including behavioral health and/or LTSS providers as needed)
- Assigning care coordinators or clinical care managers to oversee a member’s care.
Primary Care ACO: Details (continued)

Prior Authorizations

MassHealth will be responsible for:

- Timely authorization decisions for services
- Written notices of any denials of service
- Continuity of care for new members who have current prior authorizations for certain services

Referrals

- The Primary Care ACO may have a referral circle of specialists and affiliated providers that members can access without a referral.
- The PCP may refer the member to providers who are not in the ACO’s referral circles when necessary.

Customer Service

Members can call their health plan, the number is found on the back of their health plan card, for any issues or call MassHealth Customer Service Center for questions about their MassHealth eligibility.
Managed Care Organization (MCO)

When can members select or change their PCP or Plan?

- During the Plan Selection Period, members can select MCOs directly. They also can select or choose to be assigned a PCP.
- During members’ Fixed Enrollment Period, they cannot change their plans but can choose different PCPs in the MCO’s network at any time.

Who can choose this plan?

- Managed care eligible members
- Member must live in the service areas covered by the MCO
- Note: PCPs who are part of an ACO will not be available as PCPs in MCO plans.
MCO: Details

Member Cards
- Bring both health plan card and MassHealth card for every health or behavioral care visit and service.

Care Management
- The Plans also should provide outreach and assistance to established members and ease their access to services in case of behavioral health issues, or long term support and services, etc.

Prior Authorizations
The MCO will be responsible for:
- Timely authorization decisions for services
- Written notices of any denials of services
- Continuity of care for new members who have existing prior authorizations for services.

Customer Service
Call your health plan at the number on your health plan card for any issues, or call MassHealth Customer Service Center for questions about your MassHealth eligibility.
Primary Care Clinician (PCC) Plan

* Primary Care Clinicians can provide primary care services to Fee-for-Service members and specialty services to MassHealth members in any system

When can members select or change their PCP or Plan?

- Members in the PCC Plan can change to an MCO or ACO at any time and members can change their PCC in the PCC Plan at any time.

Who can choose this health plan?

- Managed care eligible members
- Note: PCPs who are part of an ACO will not be available as PCCs in the PCC Plan.

* Primary Care Clinicians can provide primary care services to Fee-for-Service members and specialty services to MassHealth members in any system*
PCC Plan: Details

**Member Cards**
- Use the MassHealth card for every health or behavioral care visit and service.

**Care Management**
- The PCCs will contact members within 3 weeks of enrollment.
- PCCs should also provide outreach and assistance to members, and coordinate care related to behavioral health, or long term services and support, etc.
MassHealth or MBHP (depending on the service) will be responsible for:

- Timely authorization decisions for services
- Written notices of any denials of service
- Continuity of care for new members who have current prior authorizations for certain services.

For questions about their health plan, members can call the MassHealth Customer Service Center.
Important dates for managed care eligible members and what action they can take.

- Members can choose and enroll in a new health plan for March 1, 2018.
- Plan Selection Period. Members can change health plans for any reason.
- Members receive letters.
- Start of Plan Selection Period
- Members will follow their PCP into a new ACO will enroll in a new health plan.
- Members enrolled in an ACO or MCO can only change their health plans for certain reasons.
MassHealth Health Plan Member Movement 2018
Assignment to Plans:

In order to ensure that all managed care-eligible members are enrolled in a health plan by **March 1, 2018**, certain members will have a “**Special Assignment**” to plans and/or “**Auto Assignment**” to plans.

Members whose enrollments will change as a result of Special Assignment or Auto Assignment will receive a letter from MassHealth in November – December 2017, letting them know of the change.

Some members will not be moved and will receive a Plan Selection/Fixed Enrollment letter.

<table>
<thead>
<tr>
<th>Special Assignment</th>
<th>Auto Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member Letter</strong></td>
<td>Letter will inform a member that his/her MCO is no longer available and that he/she needs to choose a new plan.</td>
</tr>
<tr>
<td><strong>Reason</strong></td>
<td>MassHealth will let members choose new plans, or, if they do not choose before <strong>March 1, 2018</strong>, MassHealth will choose one for them.</td>
</tr>
<tr>
<td>Letter will tell a member which plan he/she will be enrolled in effective March 1, 2018 (based on the movement of his/her PCP).</td>
<td></td>
</tr>
</tbody>
</table>
Member Experience: Assignment, Enrollment, and Member Actions (continued)

Member Actions Following Assignment:

- If members are satisfied with their plan assignments, they do not need to do anything. On March 1, 2018, they will be enrolled in the new health plans.

- However, members should confirm that other doctors, specialists, and hospitals that are most important to them are part of their plans by:
  - Checking the plan website
  - Calling the plan
  - Calling their specialists, behavioral health providers, and/or hospitals
Continuity of Care (C0C)
Continuity of Care Overview

• MassHealth is committed to ensuring CoC for certain high risk populations during their transitions to new health plans.

• CoC is a contractual obligation for ACOs, MCOs, and MassHealth. Transition support is a shared responsibility across MassHealth members, providers, and Plans.

• MassHealth is working with the Plans, and MassHealth Customer Service to develop policies and procedures to escalate CoC issues to the correct points of contact.

• MassHealth will issue guidance and points of contact for entities who are assisting members with transitions.
Member Transition to New Health Plans

• MassHealth is committed to ensuring Continuity of Care for all members during their transitions to new health plans.
  
  − During this time, new members to the health plan may continue to see their current providers (including but not limited to network providers) for previously scheduled services for at least 30 days after the effective date of enrollment with a new health plan.

• Some members who are high-risk will have their health plan work with them to coordinate their continuity of care.
  
  ▪ This includes but not limited to members who, at the time of their enrollment:
    
    ❖ Are pregnant
    ❖ Have significant health care needs or complex medical condition
    ❖ Have autism spectrum disorder
    ❖ Are receiving services such as dialysis, home health, chemotherapy and/or radiation
    ❖ Are hospitalized
    ❖ Have received treatment for behavioral health (BH) or substance use disorders, or
    ❖ Have received prior authorization for services.
Member Transition to New Health Plans (continued)

• For any questions members have about access to their current providers, member’s should call their new health plan for more information

• For questions and additional resources, members can:
  – New Health Plan’s websites and directories
  – MassHealth provider directory – Find a Doctor tool
  – MassHealth Customer Service (1-800-841-2900)
Payment and Care Delivery Innovations (PCDI) for Providers
MassHealth members enrolled in ACOs and MCOs will receive certain services that are paid for by their plan ("ACO-Covered" or "MCO-Covered") and certain services that are paid for by MassHealth ("Non-ACO-Covered" or "Non-MCO-Covered"). Covered services may differ by coverage type. (Refer to plans for more information.)

ACO/MCO-Covered services include:

- **Physical health** services such as primary care, inpatient, outpatient, professional specialty, and emergency physical health services
- **Behavioral health** services such as inpatient, outpatient, diversionary, and emergency behavioral health services
- **Pharmacy services**, with limited exceptions
- **Other Covered Services**, including home health (except continuous skilled nursing), durable medical equipment (DME), hospice, therapy, chronic disease hospitals, rehabilitation hospitals, and nursing homes for the first 100 days of admission
The following LTSS services will continue to be paid by MassHealth fee-for-service:

- Personal Care Attendant
- Adult Foster Care
- Group Adult Foster Care
- Adult Day Health
- Day Habilitation
- Continuous Skilled Nursing
- Long-Term (over 100 days) Nursing Facilities, and
- Long-Term (over 100 days) Chronic Disease and Rehabilitation Hospitals

These services will not be included in ACO and MCO total cost of care and capitation rates.

If providers have questions about prior authorizations, claims, referrals, or other matters related to LTSS, they should contact MassHealth’s LTSS Provider Service Center, **Optum**, by emailing **support@masshealthltss.com**, visiting their website, **http://www.masshealthltss.com**, or by calling 1-844-368-5184.
MassHealth, ACOs, and MCOs will manage Continuity of Care for high risk populations using the following approach:

- Define High Risk Member Identification Criteria
- Analyze Member Data to Identify High Risk Members
- Share Prior Authorizations Between Plans
- Load and Manage Prior Authorizations
- Manage Member and Provider Communications
- Manage Escalations from Members and Providers
# Accountable Care Partnership Plans

**November**
- ACOs receive a file of member assignments, including prior MCO affiliations

**December**
- ACOs receive a file of current members, including new Plan assignments
- Entities receive High Risk Member Criteria

**January**
- Entities receive a claims data file

**February**
- Entities load PA’s into their system, and reach out to previously affiliated plans for information as needed. Contract language allows for plan-to-plan communication

**March**
- Entities manage CoC
- Activities during the 30 day CoC Period from 3/1/18 to 3/31/18

---

# Primary Care ACO and PCC Plan

**November**
- MassHealth begins conducting data analysis of members not moving to an ACO and coordination with MBHP.

**December**
- MassHealth defines High Risk Member Criteria

**January**

**February**
- MassHealth uploads PA files into system, and initiates member and provider communications strategies

**March**
- MassHealth supports Entities as they carry out CoC Activities during the 30 day CoC Period from 3/1/18 to 3/31/18
Eligibility Verification System (EVS)
Providers should continue to check member enrollment and eligibility using EVS* on the Provider Online Service Center (POSC)

Providers reduce the risk of denied claims by using EVS to verify member enrollment and eligibility prior to providing services to MassHealth members

There are two types of Restrictive Messages that appear on EVS:
- Eligibility Restrictive Messages (No Changes)
- Managed Care Data Restrictive Messages (Enhanced)

Effective March 1, 2018, the Managed Care Data Restrictive Messages will be updated to identify which the type of health plan a member is enrolled in, and their contact information for inquiries regarding:
- Billing (medical and behavioral health claims)
- Service authorizations (medical and behavioral health services)
- Behavioral Health vendors

If you have questions about how to check a member’s eligibility, please refer to the Verify Member Eligibility Job Aid to learn how to access and check member eligibility using EVS on the POSC (URL: https://www.mass.gov/how-to/check-member-eligibility)

*Note: EVS only displays a member’s current eligibility, not prospective eligibility. If a member is changing health plans on March 1, 2018, their new enrollment and the corresponding messages will not be visible until that date.
EVS – Eligibility Tab

1. To verify the coverage type a member has, click on the Eligibility tab.

2. Click on the hyperlink of the Date Range* entered for details regarding the member’s coverage.

*Note: EVS only displays a member’s current eligibility, not prospective eligibility. If a member is changing health plans on March 1, 2018 their new enrollment and the corresponding messages will not be visible until that date.
**Example 1: Accountable Care Partnership Plan**

**Plan Name:** Tufts Health Together with BIDCO

---

1. Click on the Date Range for additional information such as the **Eligibility Restrictive Messages** pertaining to the coverage type.

2. **Eligibility Restrictive Messages** show any and all restrictions pertaining to the member’s **coverage type**.

3. **List of Managed Care Data (for MCO/ACO)** indicates the MCO/ACO the member is enrolled with. Click on the name to display **Managed Care Data (for MCO/ACO) Details**.

4. **Managed Care Data (for MCO/ACO) Details** provides MCO’s/ACO’s name, phone number, and Restrictive Messages.

5. **Restrictive Messages** will display contact information for medical services, behavioral health services, prior authorization, claims, referrals, and billing questions.

---

*Note: EVS only displays a member’s **current** eligibility, not prospective eligibility. If a member is changing health plans on March 1, 2018 their new enrollment and the corresponding messages will not be visible until that date.*
Example 2: Primary Care ACO

Plan Name: Community Care Cooperative (C3)

1. **List of Managed Care Data (if PCC/PCCB)** Click on the name of the Primary Care Provider to display Managed Care Data (for PCC) Details

2. **Managed Care Data (for PCC/PCCB) Details** will display the Legal Name, Site/DBA Name, Site Address, Site Phone, and Restrictive Messages. If the provider is part of a Primary Care ACO, it will be displayed in the Restrictive Messages.

3. **List of Managed Care Data (for MCO/ACO)** Click on the name of the Primary Care ACO to display Managed Care Data (for MCO/ACO) Details

4. **Managed Care Data (for MCO/ACO) Details** will display the Name and Phone Number for the Primary Care ACO, and the Restrictive Messages. The Restrictive Messages will display contact information for medical services, behavioral health services, prior authorization, claims, referrals, and billing questions.

5. **List of Behavioral Health** indicates who covers the member’s behavioral health services. Click on the name of the BH health plan to display Behavioral Health Detail.

6. **Behavioral Health Detail** Restrictive Messages provide the contact information for the member’s BH coverage.

*Note: EVS only displays a member’s current eligibility, not prospective eligibility. If a member is changing health plans on March 1, 2018 their new enrollment and the corresponding messages will not be visible until that date.*
Example 3: MCO Plan

Plan Name: Boston Medical Center Health Plan – MassHealth Standard

1. **List of Managed Care Data (for MCO)** Click on the name of the MCO to display the Managed Care Data (for MCO) Details.

2. **Managed Care Data (For MCO) Details** will display the MCO Name, MCO Phone, and Restrictive Messages.

*Note: EVS only displays a member’s current eligibility, not prospective eligibility. If a member is changing health plans on March 1, 2018 their new enrollment and the corresponding messages will not be visible until that date.*
Example 4: Primary Care Clinician (PCC) Plan and Behavioral Health

1. List of Managed Care Data (if PCC/PCCB) Click on the name of the Primary Care Provider to display Managed Care Data (for PCC) Details

2. Managed Care Data (for PCC/PCCB) Details will display the Legal/DBA Name, NPI, Site Address, Site Phone, and Restrictive Messages.

3. List of Behavioral Health indicates who covers the member’s behavioral health services. Click on the name of the Behavioral Health health plan to display Behavioral Health Detail.

4. Behavioral Health Detail Restrictive Messages provide the contact information for the member’s behavioral health coverage.

*Note: EVS only displays a member’s current eligibility, not prospective eligibility. If a member is changing health plans on March 1, 2018 their new enrollment and the corresponding messages will not be visible until that date.
### Payer of Claims Effective March 1, 2018

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Payer of Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCC Plan</td>
<td>MassHealth for non-BH services (MBHP for BH services)</td>
</tr>
<tr>
<td>Primary Care ACO</td>
<td>MassHealth for non-BH services (MBHP for BH services)</td>
</tr>
<tr>
<td>MCO</td>
<td>MCO*</td>
</tr>
<tr>
<td>MCO-Administered ACO</td>
<td>MCO*</td>
</tr>
<tr>
<td>Accountable Care Partnership Plan</td>
<td>Partnership Plan*</td>
</tr>
</tbody>
</table>

*If an MCO or Accountable Care Partnership Plan uses a Behavioral Health (BH) vendor, providers may be paid through the BH vendor for BH services.
Provider Education and Communication Strategy
MassHealth is conducting three phases of Payment and Care Delivery Innovation (PCDI) education and communication provider trainings:

- **Phase I: Awareness**
  - Oct 31st - Dec 28, 2017
  - (Complete)

- **Phase II: Operations**
  - Jan 9th - Mar 30, 2018
  - (In Progress)

- **Phase III: Community Partners**
  - Apr 1st - May 31, 2018
  - (Upcoming)

- The objective of Phase I: Awareness was to provide all attendees with an understanding of MassHealth PCDI and its impact on providers and members.

- The Phase I: Awareness webinar can be viewed on the MassHealth Provider PCDI Resources Web Page (URL: https://www.mass.gov/lists/provider-pcdi-resources)

- Phase II aims to address key operational questions, and introduce new and enhanced tools to prepare for changes effective March 1, 2018.

- Phase III training will focus on MassHealth Community Partners.
Resources

- Provider Training & Education Schedule
- MassHealth Health Plan Contact Information
Provider Education
Provider Resources: Information and Training

The following web pages provide PCDI resources, materials, and information for providers:

- **MassHealth Provider Webpage**: [www.mass.gov/masshealth-for-providers](http://www.mass.gov/masshealth-for-providers)
- **MassHealth PCDI Specific Web Page for Providers**:
  - [https://www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers](https://www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers)
- **MassHealth Innovations**: [www.mass.gov/hhs/masshealth-innovations](http://www.mass.gov/hhs/masshealth-innovations)
- **MassHealth Learning Management System**:
  - Register for upcoming webinars and trainings and access to the materials for these sessions. *(Note: a valid Provider ID/Service Location number is required to access these resources)*
  - [www.masshealthtraining.com](http://www.masshealthtraining.com)
MassHealth recently launched a new web page focused on PCDI information for providers. Visit this page at [www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers](http://www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers) to receive the most recent PCDI provider updates and resources.

**Key Sections:**

**First time?**
- Guide: Payment & Care Delivery Innovation (PCDI) for Providers

**What would you like to do?**
- Enroll in a webinar/in-person class
- Log into POSC

**What you need to know**
- Webinar/in-person class schedules
- Provider PCDI Regulations
- Provider PCDI Resources
Provider PCDI Resources Web Page

https://www.mass.gov/lists/pcdi-resources-for-providers

**Bulletins:**
- All Provider Bulletin 272: Overview of 2018 New Health Plan Options

**PCDI Fact Sheets for:**
- PCPs
- Specialists
- Behavioral Health Providers
- Hospitals
- LTSS *(Coming Soon)*

**Provider Education Tools:**
- Provider PCDI Phase I: Awareness Webinar
## Provider PCDI Webinar Schedule

### Phase II: Operations

<table>
<thead>
<tr>
<th>January 2018</th>
<th>February 2018</th>
<th>March 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
<td><strong>Time</strong></td>
<td><strong>Date</strong></td>
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<tr>
<td>01/09/18</td>
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</tr>
<tr>
<td>01/11/18</td>
<td>10:00 AM</td>
<td>02/06/18</td>
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<tr>
<td>01/16/18</td>
<td>1:00 PM</td>
<td>02/08/18</td>
</tr>
<tr>
<td>01/18/18</td>
<td>10:00 AM</td>
<td>02/13/18</td>
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<tr>
<td>01/23/18</td>
<td>1:00 PM</td>
<td>02/15/18</td>
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<tr>
<td>01/25/18</td>
<td>10:00 AM</td>
<td>02/20/18</td>
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<tr>
<td>01/30/18</td>
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<td>02/22/18</td>
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<tr>
<td></td>
<td></td>
<td>02/27/18</td>
</tr>
</tbody>
</table>

To enroll in a webinar session, please register at the **MassHealth Learning and Productivity Center** at [www.masshealthtraining.com](http://www.masshealthtraining.com) and create your profile. Once you are registered, select the preferred course date and time available.
# Schedule of Upcoming PCDI Provider Events

## January 2018

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Time</th>
<th>Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bristol Community College</strong>&lt;br&gt;777 Elsbree Street, Fall River, MA 02720</td>
<td>January 10, 2018</td>
<td>Session 1: 10:00 AM-11:30 AM&lt;br&gt;Session 2: 1:00 PM-2:30 PM</td>
<td>150</td>
</tr>
<tr>
<td><strong>Holiday Inn</strong>&lt;br&gt;30 Washington Street, Somerville, MA 02143</td>
<td>January 19, 2018</td>
<td>Session 1: 10:00 AM-11:30 AM&lt;br&gt;Session 2: 1:00 PM-2:30 PM</td>
<td>70</td>
</tr>
<tr>
<td><strong>Lawrence Public Library</strong>&lt;br&gt;51 Lawrence Street, Lawrence, MA 01841</td>
<td>January 25, 2018</td>
<td>Session 1: 10:00 AM-11:30 AM&lt;br&gt;Session 2: 1:00 PM-2:30 PM</td>
<td>200</td>
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<tr>
<td><strong>UMass Medical School Amphitheater</strong>&lt;br&gt;333 South Street, Shrewsbury, MA 01545</td>
<td>January 31, 2018</td>
<td>Session 1: 10:00 AM-11:30 AM&lt;br&gt;Session 2: 1:00 PM-2:30 PM</td>
<td>100</td>
</tr>
</tbody>
</table>

## March 2018

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Time</th>
<th>Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Holiday Inn</strong>&lt;br&gt;30 Washington Street, Somerville, MA 02143</td>
<td>March 5, 2018</td>
<td>Session 1: 10:00 AM-11:30 AM&lt;br&gt;Session 2: 1:00 PM-2:30 PM</td>
<td>70</td>
</tr>
<tr>
<td><strong>Castle of Knights</strong>&lt;br&gt;1599 Memorial Drive Chicopee, MA 01020</td>
<td>March 21, 2018</td>
<td>Session 1: 10:00 AM-11:30 AM&lt;br&gt;Session 2: 1:00 PM-2:30 PM</td>
<td>300</td>
</tr>
<tr>
<td><strong>Berkshire Crowne Plaza</strong>&lt;br&gt;1 West Street, Pittsfield, MA 01201</td>
<td>March 28, 2018</td>
<td>Session 1: 10:00 AM-11:30 AM&lt;br&gt;Session 2: 1:00 PM-2:30 PM</td>
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</tr>
</tbody>
</table>

To attend one of our events, please register at the MassHealth Learning Management System (LMS) via [www.masshealthtraining.com](http://www.masshealthtraining.com) and create your profile. Once you are registered, select the preferred event date and time available under the Community Based Training Events tab.
2018 Provider PCDI Training Schedule

- **Phase III** training will focus on MassHealth’s Community Partners program
  - Trainings will be from April 1, 2018 through May 31, 2018

- To learn more about webinars/in-person sessions, please visit the: **MassHealth Learning and Productivity Center** at [www.masshealthtraining.com](http://www.masshealthtraining.com)
Health Plan Contact Info
<table>
<thead>
<tr>
<th>Accountable Care Partnership Plans</th>
<th>Customer Service</th>
<th>Behavioral Health Services</th>
<th>Member Card Image</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BMC HealthNet Plan Community Alliance</strong>&lt;br&gt;Boston Accountable Care Organization&lt;br&gt;<em>in partnership</em> with BMC HealthNet Plan&lt;br&gt;<a href="http://www.bmchp.org/community">www.bmchp.org/community</a></td>
<td>1-888-566-0010</td>
<td><strong>Beacon Health Strategies</strong>&lt;br&gt;1-888-217-3501</td>
<td></td>
</tr>
<tr>
<td><strong>BMC HealthNet Plan Mercy Alliance</strong>&lt;br&gt;Mercy Medical Center&lt;br&gt;<em>in partnership</em> with BMC HealthNet Plan&lt;br&gt;<a href="http://www.bmchp.org/mercy">www.bmchp.org/mercy</a></td>
<td>1-888-566-0010</td>
<td><strong>Beacon Health Strategies</strong>&lt;br&gt;1-888-217-3501</td>
<td></td>
</tr>
<tr>
<td><strong>BMC HealthNet Plan Signature Alliance</strong>&lt;br&gt;Signature Healthcare&lt;br&gt;<em>in partnership</em> with BMC HealthNet Plan&lt;br&gt;<a href="http://www.bmchp.org/signature">www.bmchp.org/signature</a></td>
<td>1-888-566-0010</td>
<td><strong>Beacon Health Strategies</strong>&lt;br&gt;1-888-217-3501</td>
<td></td>
</tr>
<tr>
<td><strong>BMC HealthNet Plan Southcoast Alliance</strong>&lt;br&gt;Southcoast Health&lt;br&gt;<em>in partnership</em> with BMC HealthNet Plan&lt;br&gt;<a href="http://www.bmchp.org/southcoast">www.bmchp.org/southcoast</a></td>
<td>1-888-566-0010</td>
<td><strong>Beacon Health Strategies</strong>&lt;br&gt;1-888-217-3501</td>
<td></td>
</tr>
<tr>
<td>Accountable Care Partnership Plans</td>
<td>Customer Service</td>
<td>Behavioral Health Services</td>
<td>Member Card Image</td>
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</tr>
<tr>
<td><strong>Berkshire Fallon Health Collaborative</strong></td>
<td>1-855-203-4660</td>
<td>Beacon Health Strategies</td>
<td></td>
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<tr>
<td>Health Collaborative of the Berkshires</td>
<td></td>
<td>1-888-877-7184</td>
<td></td>
</tr>
<tr>
<td><em>in partnership with Fallon Health</em></td>
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<td><a href="http://www.fallonhealth.org/Berkshires">www.fallonhealth.org/Berkshires</a></td>
<td></td>
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<tr>
<td><strong>Fallon 365 Care</strong></td>
<td>1-855-508-3390</td>
<td>Beacon Health Options</td>
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<tr>
<td>Reliant Medical Group</td>
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<td>1-888-877-7182</td>
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<td><a href="http://www.fallonhealth.org/365care">www.fallonhealth.org/365care</a></td>
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<tr>
<td><strong>Wellforce Care Plan</strong></td>
<td>1-855-508-4715</td>
<td>Beacon Health Options</td>
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<td>Wellforce Care Plan</td>
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<td>1-888-877-7183</td>
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<td><em>in partnership with Fallon Health</em></td>
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<td><strong>Be Healthy Partnership</strong></td>
<td>1-800-786-9999</td>
<td>Massachusetts Behavioral Health Partnership (MBHP)</td>
<td></td>
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<tr>
<td>Baystate Health Care Alliance</td>
<td></td>
<td><a href="http://www.masspartnership.com">www.masspartnership.com</a></td>
<td></td>
</tr>
<tr>
<td><em>in partnership with Health New England</em></td>
<td></td>
<td>1-800-495-0086</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.behealthypartnership.org">www.behealthypartnership.org</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>-------------------</td>
</tr>
</tbody>
</table>
| **Tufts Health Together with Atrius Health**  
Atrius Health  
in partnership with Tufts Health Plan (THP)  
1-888-257-1985 |  |
| **Tufts Health Together with BIDCO**  
Beth Israel Deaconess Care Organization (BIDCO)  
in partnership with Tufts Health Plan (THP)  
1-888-257-1985 |  |
| **Tufts Health Together with Boston Children’s ACO**  
Boston Children’s ACO  
in partnership with Tufts Health Plan (THP)  
1-888-257-1985 |  |
| **Tufts Health Together with CHA**  
Cambridge Health Alliance (CHA)  
in partnership with Tufts Health Plan (THP)  
1-888-257-1985 |  |
## MassHealth Health Plan Contact Information

<table>
<thead>
<tr>
<th>PRIMARY CARE ACO PLANS*</th>
<th>CUSTOMER SERVICE</th>
<th>BEHAVIORAL HEALTH SERVICES</th>
<th>MEMBER CARD IMAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Care Cooperative (C3)*&lt;br&gt; C3 members get primary care at a community health center and have access to the most MassHealth specialists and hospitals.&lt;br&gt; <a href="http://www.c3aco.org">www.c3aco.org</a></td>
<td>1-866-676-9226</td>
<td>Massachusetts Behavioral Health Partnership (MBHP)&lt;br&gt; <a href="http://www.masspartnership.com">www.masspartnership.com</a> 1-800-495-0086</td>
<td><img src="image1.png" alt="Community Care Cooperative Card" /></td>
</tr>
</tbody>
</table>

*NOTE: To enroll in a Primary Care ACO, members must also select a PCP in that ACO’s network. PCPs may not be available in all service areas.*
Questions?