ACO/MCO Continuity of Care FAQs
February 2018

General Program Questions

- Starting March 1, 2018, new Accountable Care Organization (ACO) and Managed Care Organization (MCO) contracts will become effective to improve accountability and integration of care for MassHealth members

- These changes apply to MassHealth managed care members (generally, this includes members under age 65 who do not have another primary insurer, either commercial or Medicare, and are not in a long-term facility)

1. How do MassHealth's new ACO and MCO plans compare to current plans?

- Prior to March 1, 2018, there are **two types of plans** these members may be enrolled in:

    - Members enrolled in the **PCC Plan** receive care (including pharmacy) other than behavioral health services from MassHealth's fee for service (FFS) network. Claims for these members are submitted to MassHealth according to MassHealth billing rules (including MassHealth's authorization requirements, MassHealth's formulary, etc.) and are paid at MassHealth rates. Members enrolled in the PCC Plan receive behavioral health services from MassHealth's behavioral health vendor, the Massachusetts Behavioral Health Partnership (MBHP). Claims for behavioral health services for members in the PCC Plan are submitted to MBHP according to MBHP's billing rules (including authorization requirements, etc.) and are paid at MBHP's negotiated rates.

    - Members enrolled in one of MassHealth's six **MCOs** receive MCO covered services from the contracted network of their MCO. Claims for these members are submitted to the MCO (or their Pharmacy Benefit Manager (PBM) or, in some cases, a behavioral health subcontractor) according to the MCO's billing rules (including authorization requirements, formulary, etc.), and are paid at the MCO's negotiated rates.

- Starting March 1, 2018, members may enroll in any of the following plan options, which for many purposes are similar to the two existing types described above:

    - MassHealth will still have a **PCC Plan** that will continue to operate as described above.
    - MassHealth will still have an **MCO program**, with two MCOs (Boston Medical Center Health Plan (BMCHP) and Tufts Health Public Plan (Tufts)) rather than six.
    - In addition, MassHealth will have three **Primary Care ACOs** (Steward Health Choice, Community Care Cooperative (C3), and Partners HealthCare Choice). Primary Care ACOs use MassHealth contracted primary care, specialist and hospitals providers. MBHP provides behavioral health services, and Primary Care ACOs are responsible for ensuring that behavioral health services are integrated with physical health services for members. **Like members in the PCC Plan**, claims for non-behavioral health services provided to these members are submitted to MassHealth according to MassHealth administrative billing rules, and are paid at MassHealth rates. Claims for behavioral health services for are submitted to MBHP according to MBHP's administrative and billing rules, and are paid at MBHP's negotiated rates.

    - MassHealth will also have 13 **Accountable Care Partnership Plans**. Each Partnership Plan is jointly formed by a provider-led ACO and one of five MCOs. Members enrolled in Partnership Plans receive care from the contracted network of the MCO. Accountable Care Partnership Plans are responsible for coordinating health care services, including integrating behavioral health and physical health. **Like members in MCOs**, claims for these members are submitted to the Partnership Plan (or their PBM or BH vendor) according to the Partnership Plan's billing rules (including authorization requirements, formulary, etc.), and are paid at the Partnership Plan's negotiated rates. Along with Primary Care ACOs, Partnership Plans are one of MassHealth's two new ACO plan options.

    - ACOs are groups of doctors, hospitals, and other health care providers who come together to give coordinated, high-quality care to MassHealth members. This way, MassHealth members get the right care at the right time. When an ACO succeeds in both delivering high-quality care and spending health care dollars wisely, MassHealth will reward the ACO.

    Please see Appendix D for additional detail on how services and contracting work under MassHealth's new plans

Member Questions

2. What should a member do if not all of their providers are in-network in their ACO?

Take the following example:

- A member gets primary care from a community health center that has joined a certain ACO. The member also receives specialty care from several providers.
    - On March 1, 2018, this member has most likely been "special assigned" to the ACO that their community health center has joined , to preserve their relationship with their primary care provider. This member may make a different plan selection at any point for any reason prior to June 1, 2018
    - This member's specialty providers may or may not all be in the ACO's new network. The member should check the ACO's provider directory, or call the ACO with any questions.
- If this member chooses to remain in the ACO, but not all of their providers are in that ACO:
    - This member may continue to see out-of-network providers for continuing care during the 30-day continuity of care period
    - If this member wants to continue to see one of these providers after the continuity of care period rather than transitioning to an in-network provider, this member should contact their plan. The plan may add the provider to their network, enter into a single case agreement for certain services, or help the member identify other appropriate specialists that are available in the network. If the member is in a Primary Care ACO, the provider will have to join the MassHealth FFS network in order to continue seeing the member after the continuity of care period ends.
- If this member wishes to leave their ACO and join a different plan, in order to maintain in-network access to one or more of the member's specialty providers:
    - This member may continue to see their primary care provider at their community health center during the continuity of care period
    - This member will have to choose a different PCP that is available in their new plan, and can call their new plan for assistance making a selection
    - If this member receives other services, such as Medication Assisted Treatment (MAT), from their community health center, they may continue to see the community health center for these services, even after the continuity period, as long as appropriate network arrangements are in place from the member's new plan.

3. How do the continuity of care policies ensure a smooth transition for members with previously scheduled appointments or procedures in March?

Members may continue to see their current providers for previously scheduled appointments and ongoing treatments and services for a minimum of 30 days from their dates of enrollment, even if their provider is not part of the member's new plan network. If providers are not part of the new plan's network, they will need to make appropriate arrangements with the Accountable Care Partnership Plan, MCO, or MassHealth in order to be paid by the new plan.

4. During the continuity of care period, will providers be paid for services which normally do not require a referral/authorization (e.g. a primary care visit) regardless of whether they were scheduled before or after 3/1?

Yes.

5. If a member received a letter assigning them to a new plan, or asking them to select a new plan, do they still have access to the 90-day Plan Selection Period to select a plan?

Yes. Members will have the full 90-day plan selection period (beginning March 1 and ending May 31, 2018) to choose their health plan. Members received a packet in the fall which outlined the choices available to them in the geography in which they lived. Should they have any questions about the plans available in their area, they can call MassHealth Customer Service at 1-800-841-2900; TTY: 1-800-497-4648 or visit MassHealthChoices.com.

6. **What type of member outreach is being done by MassHealth, Accountable Care Partnerships and MCOs? When is it being done/has it been done?**

- Last fall, for members whose primary care providers were joining ACOs, MassHealth made assignments for ~800,000 members to these ACOs, to make it easier for these members to keep their primary care relationships. MassHealth sent notices to all these members during November and December informing them of this assignment, listing the specific primary care provider and the specific ACO, and encouraging the member to explore their plan options at MassHealthChoices.com and to call with any questions or concerns.

- Now, all ACO and MCO plans are sending members welcome packages that include member handbooks, ID cards, and other information about the plan. This information has been or will be sent out on or about the member's date of enrollment. All member handbooks and other member education materials have been approved by MassHealth. Materials include details such as plan benefits including covered services, what requires PA/referrals, where to find information about network providers, member rights and important contact information for the plans.

- In addition, all ACO and MCO plans have had public-facing customer service lines up and running since November 2017 and have been engaging with members and providers who have questions.

- All plans have mechanisms for communication with members with regards to continuity of care:

    - Several plans (but not all) are planning to issue automated notices to members who use out-of-network providers or services that would normally require authorization during the continuity period. These materials are also reviewed and approved by MassHealth.

    - Other plans have a more targeted approach, using a combination of claims monitoring and direct member outreach from the plan's care manager or the member's primary care provider to facilitate transitions to the plan's network and authorization requirements

Provider Contracting and Billing

7. **Which providers can be in-network for MassHealth's new ACO and MCO plans?**

- All provider types except for primary care providers may, as today, participate in any ACO/MCO networks, as long as they are able to reach contracting terms with the plan. Any such providers that wish to join a network may:
    - Engage in contract discussion with the MCOs for participation in their MCO and/or Partnership Plan products, and/ or
    - Enroll with MassHealth for participation in MassHealth's FFS network, which is available to Members in the in the PCC Plan and the three Primary Care ACOs, and/or
    - Contract with a plan's behavioral health network or behavior vendor's network (i.e. Tufts, Beacon and MBHP), assuming they are able to reach mutually acceptable contracting terms
- Each primary care provider that participates in an ACO may only be in-network for that specific ACO for the purposes of routine primary care. This means that MassHealth members enrolled in other plans will not be able to select that provider as their PCP for routine primary care services
    - You may have heard this concept referred to as "primary care exclusivity"
    - To the extent these providers serve members in a capacity other than acting as the member's primary care provider, they may still do so regardless of what plan the member is in, so long as the provider has the appropriate contracts and authorizations in place with the member's plan. For example, if the provider is contracted with the member's plan they may continue to provide services such as:
        - Medication assisted treatment (MAT)
        - Behavioral health services
        - Outpatient services or office visits provided in a specialty capacity
        - Coverage services for affiliated practices

- Further, primary care exclusivity is enforced at the site level. As is the case today, individual clinicians may have relationships with two or more sites of care where they practice (e.g., on different days of the week), and these sites may or may not all be in the same ACO; these arrangements continue to be permitted without changes

- Primary care exclusivity does not impact members in the Special Kids Special Care Program

8. How will plans arrange for payment during the continuity of care period for out of network providers, and what should a provider do if they wish to join the network of an ACO?

- Each Managed Care and Accountable Care Partnership Plan has an approach to compensating out of network providers during this period, and providers should outreach to the plan directly to understand their approach. In many cases, plans may put in place single case agreements with providers.
    - If a provider wishes to join the network of the ACO or MCO on a permanent basis, the provider should reach out to the plan directly to arrange for inclusion and payment, in essentially the same way they would with an MCO in today's market.
- For the PCC Plan and Primary Care ACOs, under federal rules, MassHealth is not allowed to make single case agreements for these plans under its regulatory authority. Instead, out-of-network providers should seek to enroll with MassHealth as a provider (and become credentialed by MassHealth) and, once enrolled, will be paid according to the MassHealth fee schedule.
    - MassHealth has developed an expedited process for provider enrollment. Providers interested in enrolling should call MassHealth customer service at 1-800-841-2900; TTY: 1-800-497-4648.

9. For members who are auto-assigned, will there be any time before they are formally enrolled in their new plan?

Almost all members have been assigned to their new plan with effective enrollment date on March 1st. Certain members may be assigned to a new plan in in the first week of March, and those members will be in MassHealth's FFS for up to a week's time. Enrollments will not be backdated to March 1. Providers should bill the plan of record on the date of service (including MassHealth FFS, if applicable).

New managed-care eligible members who join MassHealth after March 1, consistent with existing policy, will remain in FFS for a period of up to 14 days. If these Members do not select a plan option they will be assigned to a plan.

Members' 30-day continuity of care periods start on the day their enrollments are effective.

10. When should a provider begin the process of arranging payment from a member's new plan?

Providers should begin outreaching to a member's new plan as soon as they can verify it in MassHealth's Eligiblity Verification System (EVS), and should work with the plan of record on the date of service.

11. What if a provider does not wish to receive payment from the member's new plan?

MassHealth strongly encourages providers to see members during the continuity of care period and enter into payment arrangements with the member's new health plan.

12. Does the concept of "primary care exclusivity" impact providers and members during the continuity of care period?

No. Members may continue to see their providers including their primary care provider, and providers should work with the member's current plan at the time of service (as displayed in EVS) to arrange payment.

13. Where can I find out which plan a member is enrolled with?

Providers can confirm enrollment in EVS.

Prior Authorizations

14. **How will authorizations granted by the member's current plan that extend beyond 3/1 be handled by the member's new plan?**

During the continuity of care period, all existing prior authorizations for services and for provider referrals will be honored by the new plan. Members can continue to see all providers currently providing their care during this period, even if that provider is not in their new plan's network. Providers should check members' eligibility starting on 3/1 in EVS, and reach out the members' new plan to put go-forward authorizations into place.

15. **There has been some discussion of transferring prior authorizations from one ACO/MCO/PCC Plan to another. Is that happening or should providers be strictly pursuing getting all new prior authorizations with the new plan?**

To the extent possible, MassHealth, MBHP/ Beacon, and all MCOs have shared prior authorization information with new plans for members who are transitioning. MassHealth and the new plans have been working to add known prior authorizations into their systems to prepare for new enrollees. Providers should be contacting the member's new plan of record after 3/1 (as displayed in EVS) where new authorizations or renewals are required. If a provider has any question about the status of a prior authorization, the provider should contact the plan.

Behavioral Health

16. **What is the continuity of care period for outpatient and non-24 hour diversionary behavioral health services?**

90 days.

17. **If our agency is currently contracted with all existing MassHealthMassHealth behavioral health plans (MBHP, Tufts, and Beacon), will that contract extend to the new plans?**

During the continuity of care period, all existing prior authorizations for services and for provider referrals will be honored by the new plan. In the vast majority of cases (including the PCC Plan and Primary Care ACOs), behavioral health provider contracts with MBHP, Tufts and Beacon will extend to the new plans. Should you have questions about your network participation, please contact the plan directly.

18. **How will members continue accessing MAT during the continuity of care period and after?**

- Members have the right to continue accessing MAT from their current prescribers throughout the continuity period, with or without a referral, regardless of the prescriber's network relationship with a plan
- For Accountable Care Partnership Plans and MCOs:
    - We expect all our plans to make sure that all new enrollees are able to access a sufficient network of MAT prescribers
    - Plans are evaluating their MAT networks in advance of 3/1/18 to ensure they are as broad as possible
- For members in the PCC Plan and Primary Care ACOs:
    - MassHealth will credential and enroll any willing, qualified provider of MAT services to ensure access for members in these plans
- For providers (including primary care):

  Regardless of which ACO model a provider is associated with, providers may contract with any plan or MassHealth for the provision of MAT services.

19. **How should MAT providers bill for MAT services provided to a member whose PCP is in a different ACO from the MAT provider?**

MAT providers (including PCPs, OBOT sites, etc.) may continue to contract with any and all plans (including ACOs and MCOs) to provide these services, including to members who are not assigned to them for routine primary care. MAT providers should contract with any plans whose members they wish to treat, and should bill these plans for care provided to these members as normal.

20. **If a therapist is not in-network for their client's new health plan, can they continue to bill the member's old plan after March 1(as long as there are still authorized sessions)?**

Providers must bill the member's plan of record (as it appears in EVS) on the date of service (i.e., for members enrolled in new ACO or MCO plans on 3/1/18, providers should bill those new plans for any services rendered after that date). The new plan will honor the authorized sessions for services provided during the duration of the continuity of care period or the duration of the authorization, whichever comes first.

21. **How can a MassHealth member or a provider identify which behavioral health plan the member is assigned to, if they cannot find the letter they were sent by MassHealth?**

The member should call MassHealth Customer Service: 1-800-841-2900; TTY: 1-800-497-4648, or a provider can check EVS. When a provider is looking up member eligibility and plan assignment in EVS, they should use the MassHealth ID 1000 number.

Long Term Services and Supports

22. **A previous payor has expired our authorization as of 2/28/18 even though we have documentation from the physician for 11 refills, and the authorization should have been extended beyond that date. What should the provider do?**

The provider should contact the new plan to establish a new authorization.

23. **For LTSS services paid for directly by MassHealth and not by the ACO/MCO, will MassHealth implement extension protocols if PCPs won't sign PAs for members they have not seen/perhaps met?**

Most members' PCPs are not changing because members were prospectively assigned to ACOs based on their existing PCP. However, to the extent that a member's PCP does change (e.g., because the member selects a different plan), providers and members should work with new plans and PCPs to get a new authorization and/or referral in place for LTSS services that are paid for directly by MassHealth. The new referral and authorization are not needed until the existing authorization has expired.

24. **How can LTSS providers who work with members receive authorization to speak to the plan on behalf of the member?**

There is no change to current policy on a plan's communications. The plan will work with the member or designated representative.

25. **Can you please clarify that if a patient is transferring from the PCC plan to an Accountable Care Partnership Plan or MCO (or vice versa), will we need to reapply to the new plan for a new prior authorization during or after the 30 day period?**

If a prior authorization is already in place for the 30 day continuity of care period, it will be honored by the member's new plan (whether they are moving from an ACO/MCO to the PCC plan or vice versa). The member and/or provider should work with the member's new plan to arrange for authorizations beyond the 30 day continuity of care period.

26. Are Adult Foster Care providers and other LTSS providers that are currently paid directly by MassHealth (not by MCOs) affected by ACOs?

No, Adult Foster Care, Group Adult Foster Care, Personal Care Attendant, Adult Day Health, and Day Habilitation continue to be paid directly by MassHealth.

27. How will providers know if 30 days is the end date of the authorization?

Providers should contact the member's new plan to confirm current authorization status. However, as a general rule, during the continuity of care period, authorizations from prior plans will be honored until the expiration of the authorization or 30 days, whichever comes first.

Pharmacy

28. How will pharmacy claims be processed starting March 1, 2018?

Consistent with current practice, pharmacies will be paid by a member's plan, subject to its rules, formulary, and rates:

- If the member is in the PCC Plan or a Primary Care ACO, the pharmacy will be paid by MassHealth, according to the current MassHealth rate methodology. Pharmacies should submit claims to POPS the same way they already do.
- If the member is in an MCO or a Accountable Care Partnership Plan, the pharmacy will be paid by the appropriate MCO (or its PBM). Rates are based on contracts between the MCO/Partnership Plan and pharmacies. As is currently the case, MCOs (and Partnership Plans) maintain their own formularies, and may have minor formulary differences from each other and from the MassHealth Drug List.

29. How will pharmacy networks change starting March 1?

For members in the PCC Plan and Primary Care ACOs, all pharmacies (both retail and specialty) that are contracted with MassHealth will be in-network. For members in Accountable Care Partnership Plans and MCOs, pharmacies must be contracted with the appropriate MCO in order to be in-network.

Pharmacies who are contracted with MCOs should confirm directly with these MCOs (1) that those contracts extend past March 1, 2018; and (2) if the MCO will offer multiple ACO and/or MCO products as of March 1, 2018, which products the contract applies to.

30. What if a member switches to a new plan that does not contract with their current pharmacy provider?

To ensure that members transition to their new plans successfully and continue to have access to all the services they need, all members enrolling into a new plan on or after March 1, 2018, will have a minimum 30-day continuity of care period. The continuity of care period begins on the first day the member is enrolled with the plan. During this period, members may continue to be served by their previous providers (including specialty pharmacies), even if that provider is not part of the member's new plan network.

If providers are not part of the new plan's network, they will need to make appropriate arrangements with the Accountable Care Partnership Plan, MCO, or MassHealth in order to be paid by the new plan after the continuity of care period.

For any other questions regarding pharmacy networks (including specialty pharmacies), call the Plan and PBM phone numbers listed in Appendix A.

31. Will co-pays change after March 1, 2018 due to the new ACO and MCO contracts?

No. Pharmacy co-pays for all MassHealth ACO and MCO members will not change due to the new ACO and MCO contracts.

32. What changes in member enrollment can I expect on March 1, 2018?

A significant number of members will shift to a different plan, since members will move to whichever ACO plan his or her primary care provider participates in.

Members have the option to switch plans freely for the first 90 days of their enrollment. Members who are enrolled in the PCC Plan can switch into an ACO or MCO at any time.

Members who change plans on March 1, 2018 may also experience a change in their PBM. (Please see the Appendix A below for pharmacy contact numbers, by plan).

33. How can pharmacies know which plan a member is in after March 1?

As is the case today, pharmacies should identify the member's plan on the date of service, and should bill the appropriate plan or PBM. After March 1 pharmacies can continue using members' plan-specific enrollment cards to verify eligibility. Each ACO (including each Primary Care ACO as well as each individual Partnership Plan) and MCO will issue its own unique card to its members, which members may bring with them to the pharmacy. BIN/PCN/group number combinations are provided on these cards.

34. What if a MassHealth member does not have his/her membership ID card available at the pharmacy?

If the member does not have the card available when requesting service at a pharmacy (or if the BIN/PCN/group is unavailable for any reason), below are three ways to confirm MassHealth eligibility and plan enrollment:

a) A list of BIN/PCN/Group number combinations can be found in this document in Appendix C

b) Consult MassHealth's Eligibility Verification System (EVS) at https://newmmis-portal.ehs.state.ma.us/EHSProviderPortal/providerLanding/providerLanding.jsf

c) Submit a claim to MassHealth's Pharmacy Online Processing System (POPS): If pharmacies are unsure which plan a MassHealth member is in, they may choose to bill POPS. If the member is enrolled in an MCO or ACO Partnership Plan, POPS will send information back in the denial message to help the pharmacy identify the correct plan to bill.

Once a member's ACO/MCO plan is identified, additional required information (such as the member's plan-specific ID number) can be obtained by calling the plan (see contact information in Appendix A below).

35. What if the member's new plan or PBM denies a pharmacy claim?

Pharmacists should call the new plan's pharmacy help desk to address the issue. The contact information for all plans is listed below in Appendix A.

36. Can a member switch plans if she or he is dissatisfied with the new plan or PBM?

All MassHealth members may switch plans for any reason during the first 90 days of their enrollment. Members enrolled in the PCC Plan may switch to an ACO or MCO at any time.

37. If a member has an existing prior authorization and switches plans on March 1, will the new plan honor the existing prior authorization?

Yes, the authorization will be honored by the new plan for at least the 30-day continuity of care period or until the end date of the authorization, whichever is first. MassHealth and Partnership plans are making every effort to ensure existing PAs are transferred to a member's new plan before March 1, 2018.

More information about continuity of care can be found in Pharmacy Facts 111 at https://www.mass.gov/service-details/pharmacy-facts-2018.

If a member's plan has not yet authorized a prescription fill, pharmacists may submit emergency override claims to ensure members do not experience gaps in care.

38. How can I submit emergency override claims?

For members in the MassHealth PCC plan or a Primary Care ACO, pharmacies can submit claims with a value of "03" for Level of Service (field 418). MassHealth will pay the pharmacy for at least a 72-hour, non-refillable supply of the drug. After the prescription is adjudicated, the pharmacy should remove the "03" from the level of service field before the next fill. The DUR unit at UMass must be contacted during normal business hours to obtain PA for additional refills. DUR can be reached at 1-800-745-7318.

For members in Partnership ACO plans and MCOs, pharmacies should follow the specific directions listed below in Appendix B in order to submit emergency override claims.

39. How long can a pharmacy provide an emergency supply using the "emergency override" mechanism?

All pharmacy providers can provide at least a 72 hour emergency supply of a prescribed drug. All ACO/MCOs and MassHealth will provide payment for these emergency prescribed drugs.

40. If a prescription has no remaining refills and the original prescriber is not in the member's new plan, will a new prescription from that prescriber be honored?

Yes, the new prescription will be honored.

41. If a member's previous plan restricted the member to using only one pharmacy under a controlled substances management program (CSMP), does this restriction carry over after March 1? What if that pharmacy is not in the new network?

MCOs and Partnership ACO plans will be notified of new members who are currently enrolled in a CSMP at MassHealth or their previous MCO. The new plan will evaluate the member's case and make a determination about future CSMP participation.

42. If a member cannot get an appointment with a physician to obtain a new prescription or prior authorization within 30 days, what should the member do?

Members, as well as the pharmacy, should contact the provider to get a new prescription on file as soon as possible.

If a prior authorization is needed, members and pharmacies should work with the provider to ensure the necessary documentation is submitted to the new plan. Pharmacies should issue emergency overrides to ensure that appropriate continuity of care is provided while the authorization is in process.

43. For drugs where prior authorization has been granted for multiple months but where the member must make a monthly office visit for each 30-day refill (e.g., narcotics), what should the member do if the prescriber is not in the member's new plan?

If the prescriber is not in the new plan, members (and their providers) should contact their new plan to make appropriate arrangements. During the 30-day continuity of care period, the member can see their existing provider, even if the provider is not in the new plan's network. If the member will continue to need a new prescription every 30 days for the medication, a new prior authorization may be required by the plan. Providers, members, and pharmacies should work together to ensure the new plan has all of the necessary information.

44. What should I do if a member's PBM isn't responsive in addressing an issue?

Call the member's ACO or MCO plan at the phone numbers listed below in Appendix A.

45. What should I do if a member's ACO or MCO plan isn't responsive in addressing an issue?

Call MassHealth's Customer Service Center at 1-800-841-2900 or 1-800-497-4648 (TTY).

46. Will medical supplies currently billed under the MassHealth pharmacy benefit (e.g., diabetic test strips) continue to be covered under the pharmacy benefit by all MassHealth ACOs and MCOs?

All medical supplies currently covered under MassHealth's pharmacy benefit will continue to be available through a member's MCO or ACO plans' pharmacy benefit. Pharmacists should direct questions regarding billing and dispensing procedures to the member's MCO or ACO plan.

47. How is MassHealth changing its 340B policy effective March 1, 2018?

Starting March 1, 2018, ACO Partnership Plans and MCOs will no longer be permitted to pay Community Health Centers (CHCs) for drugs purchased through the 340B program. CHCs are defined by MassHealth as health centers that are not hospital licensed health centers. ACO Partnership Plans and MCOs may continue to pay hospitals and hospital licensed health centers for drugs purchased through the 340B program. ACO Partnership Plans and MCOs must continue to identify all 340B claims when reporting encounters to MassHealth using Submission Clarification Code 20.

The PCC Plan and Primary Care ACOs will continue to pay all 340B covered entities (including eligible CHCs) for drugs purchased through the 340B program, consistent with current policy. Billing practices do not need to change for these members.

Appendix A: Customer Service and Pharmacy Help Desk Contact Info for all Plans

Accountable Care Partnership Plans	ACO Customer Service	Pharmacy Help Desk
Be Healthy Partnership (HNE)	1-800-786-9999	1-800-918-7545 (Optum Rx)
Berkshire Fallon Health Collaborative	1-855-203-4660 1-866-275-3247 (Eligibility Verification)	1-800-364-6331 (CVS Caremark)
BMC HealthNet Plan Community Alliance	1-888-566-0010	1-888-566-0010 (choose pharmacy option in call menu to reach Envision, BMC's PBM)
BMC HealthNet Plan Mercy Alliance	1-888-566-0010	1-888-566-0010 (choose pharmacy option in call menu to reach Envision, BMC's PBM)
BMC HealthNet Plan Signature Alliance	1-888-566-0010	1-888-566-0010 (choose pharmacy option in call menu to reach Envision, BMC's PBM)
BMC HealthNet Plan Southcoast Alliance	1-888-566-0010	1-888-566-0010 (choose pharmacy option in call menu to reach Envision, BMC's PBM)
Fallon 365 Care	1-855-508-3390 1-866-275-3247 (Eligibility Verification)	1-800-364-6331 (CVS Caremark)
My Care Family (NHP)	1-800-462-5449	1-800-421-2342 (CVS Caremark)
Tufts Health Together with Atrius Health	1-888-257-1985	877-683-6174 (CVS Caremark)
Tufts Health Together with BIDCO	1-888-257-1985	877-683-6174 (CVS Caremark)
Tufts Health Together with Boston	1-888-257-1985	877-683-6174 (CVS Caremark)

Children's ACO		
Tufts Health Together with CHA	1-888-257-1985	877-683-6174 (CVS Caremark)
Wellforce Care Plan (Fallon)	1-855-508-4715 1-866-275-3247 (Eligibility Verification)	1-800-364-6331 (CVS Caremark)
Primary Care ACOs	**ACO Customer Service**	**Pharmacy Help Desk**
Community Care Cooperative (C3)	1-866-676-9226	1-866-246-8503 (Conduent)
Partners HealthCare Choice	1-800-231-2722	1-866-246-8503 (Conduent)
Steward Health Choice	1-855-860-4949	1-866-246-8503 (Conduent)
MCOs	**ACO Customer Service**	**Pharmacy Help Desk**
BMC HealthNet Plan	1-888-566-0010	1-888-566-0010 (choose pharmacy option in call menu to reach Envision, BMC's PBM)
Tufts Health Together	1-888-257-1985	877-683-6174 (CVS Caremark)
PCC Plan	**ACO Customer Service**	**Pharmacy Help Desk**
Primary Care Clinician (PCC) Plan	1-800-841-2900	1-866-246-8503 (Conduent)

Appendix B: Emergency Override Codes for Plans

Accountable Care Partnership Plans	**Emergency Override Code**
Be Healthy Partnership (HNE)	Call 1-800-918-7545 (Optum Rx) for override
Berkshire Fallon Health Collaborative	Value of "03" in field 418 (level of service)
BMC HealthNet Plan Community Alliance	Overrides by phone call only: 1-888-566-0010
BMC HealthNet Plan Mercy Alliance	Overrides by phone call only: 1-888-566-0010
BMC HealthNet Plan Signature Alliance	Overrides by phone call only: 1-888-566-0010
BMC HealthNet Plan Southcoast Alliance	Overrides by phone call only: 1-888-566-0010
Fallon 365 Care	Value of "03" in field 418 (level of service)
My Care Family (NHP)	11112222333
Tufts Health Together with Atrius Health	11112222333
Tufts Health Together with BIDCO	11112222333
Tufts Health Together with Boston Children's ACO	11112222333
Tufts Health Together with CHA	11112222333
Wellforce Care Plan (Fallon)	Value of "03" in field 418 (level of service)
Primary Care ACOs	**Emergency Override Code**
Community Care Cooperative (C3)	Value of "03" in field 418 (level of service)
Partners HealthCare Choice	Value of "03" in field 418 (level of service)
Steward Health Choice	Value of "03" in field 418 (level of service)
MCOs	
BMC HealthNet Plan	Overrides by phone call only: 1-888-566-0010
Tufts Health Together	11112222333

PCC Plan	Emergency Override Code
Primary Care Clinician (PCC) Plan	Value of “03” in field 418 (level of service)

Appendix C: BIN/PCN/Group Numbers for ACOs, MCOs and PCC Plan

Accountable Care Partnership Plans	MCO Partner	PBM	BIN	PCN	Group
Be Healthy Partnership (HNE)	HNE	OptumRX	610593	MHP	HNEMH
Berkshire Fallon Health Collaborative	Fallon	CVS Caremark	004336	ADV	RX6429
BMC HealthNet Plan Community Alliance	BMCHP	Envision	610342	BCAID	MAHLTH
BMC HealthNet Plan Mercy Alliance	BMCHP	Envision	610342	BCAID	MAHLTH
BMC HealthNet Plan Signature Alliance	BMCHP	Envision	610342	BCAID	MAHLTH
BMC HealthNet Plan Southcoast Alliance	BMCHP	Envision	610342	BCAID	MAHLTH
Fallon 365 Care	Fallon	CVS Caremark	004336	ADV	RX6430
My Care Family (NHP)	NHP	CVS Caremark	004336	ADV	RX1653
Tufts Health Together with Atrius Health	Tufts	CVS Caremark	004336	ADV	RX1143
Tufts Health Together with BIDCO	Tufts	CVS Caremark	004336	ADV	RX1143
Tufts Health Together with Boston Children's ACO	Tufts	CVS Caremark	004336	ADV	RX1143
Tufts Health Together with CHA	Tufts	CVS Caremark	004336	ADV	RX1143
Wellforce Care Plan (Fallon)	Fallon	CVS Caremark	004336	ADV	RX6431
Primary Care ACOs	**MCO Partner**	**PBM**	**BIN**	**PCN**	**Group**
Community Care Cooperative (C3)	MassHealth	Conduent	009555	MASSPROD	MassHealth
Partners HealthCare Choice	MassHealth	Conduent	009555	MASSPROD	MassHealth
Steward Health Choice	MassHealth	Conduent	009555	MASSPROD	MassHealth
MCOs*	**MCO**	**PBM**	**BIN**	**PCN**	**Group**

	Partner				
BMC HealthNet Plan	BMCHP	Envision	610342	BCAID	MAHLTH
Tufts Health Together	Tufts	Caremark	004336	ADV	RX1143
PCC Plan	**MCO Partner**	**PBM**	**BIN**	**PCN**	**Group**
Primary Care Clinician (PCC) Plan	MassHealth	Conduent	009555	MASSPROD	MassHealth

*Members of the Lahey Clinical Performance Network ACO should submit claims to the appropriate MCO using the information above.

Appendix D

Member Perspective

"If I am enrolled in ___, which providers can I see for ___?"

	Primary Care	Hospital/ Specialists	Behavioral Health (BH)	Long-Term Services and Supports (LTSS)	Pharmacy
PCC Plan	MassHealth PCPs	MassHealth Hospital/ Specialists	MBHP providers	MassHealth LTSS providers	MassHealth network Pharmacies
Primary Care ACO	Primary Care ACO's PCPs	MassHealth Hospital/ Specialists	MBHP providers	MassHealth LTSS providers	MassHealth network Pharmacies
MCO	PCPs in the MCO's network	Hospitals/ specialists in the MCO's network	BH Providers in the MCO's network or the network of its BH vendor	*Year 1 & 2 –* MassHealth LTSS providers	Pharmacies in the MCO's network
MCO-Administered ACO	MCO-Administered ACO's PCPs			*Year 3 or 4 –* LTSS Providers in the MCO's network	
Partnership Plan	PCPs in the Partnership Plan's network	Hospitals/ specialists in the Partnership Plan's network	BH Providers in the Partnership Plan's network or the network of its BH vendor	*Year 1 & 2 –* MassHealth LTSS providers	Pharmacies in the Partnership Plan's network
				Year 3 or 4 – LTSS Providers in the Partnership Plan's network	

Provider Perspective (1 of 2): PCPs

"What are my ACO participation options and their implications?"

My options for ACO participation are . . .	And what it means for the MassHealth managed care-eligible members I can serve is . . .
Do not participate in an ACO	I need to **contract with the PCC Plan and/or MassHealth MCOs** in order to have any of their enrollees on my primary care panel
Join a Partnership Plan as a Network PCP	I serve a panel of members who are **all enrolled in my ACO**. I cannot simultaneously have a PCP panel in other products (i.e., the PCC Plan, an MCO, or another ACO)
Join a Primary Care ACO as a Participating PCP	
Join an MCO-Administered ACO as a Participating PCP	My ACO will partner with one or more MCOs (in year 1, my ACO will partner with all the MCOs operating in its geography). I will be required to contract with those MCOs as a Network PCP for their enrollees, and all of their enrollees who are assigned to my panel will be considered part of my ACO's attributed population

- *This primary care exclusivity is **site-** / **practice-level**, similar to PCC Plan enrollments or participating in the ACO Pilot*
- *MassHealth will provide additional operational details of primary care provider enrollment/ACO affiliation to those providers participating with ACOs over the coming months*

Provider Perspective (2 of 2): non-PCP providers

"What does ACO reform mean for my contracts and who I can see?"

		I want to see members enrolled in . . .			
		The PCC Plan	A Primary Care ACO	An MCO *(regardless of whether or not they are attributed to an MCO-Administered ACO)*	A Partnership Plan
I am a…	Hospital	Be in MassHealth's hospital network *(via the MassHealth hospital RFA)*		Contract with each MCO whose enrollees I want to see *(negotiated rate)*	Contract with each Partnership Plan whose enrollees I want to see *(negotiated rate)*
	Professional (e.g., specialist)	Be a MassHealth-participating provider *(via MH professional reg/fee schedule)*			
	Behavioral Health (BH) Provider	Be an in-network provider for MassHealth's BH Vendor *(via contract with the BH Vendor)*		Contract with each MCO (or that MCO's BH Vendor if they have one) whose enrollees I want to see *(negotiated rate)*	Contract with each Partnership Plan (or that Plan's BH Vendor if they have one) whose enrollees I want to see *(negotiated rate)*
	Long-Term Services and Supports (LTSS) Provider	Contract with MassHealth as an LTSS provider at the MassHealth fee schedule; LTSS is "wrapped" coverage directly by MassHealth		For years 1 and 2, contract with MassHealth as an LTSS provider at the MassHealth fee schedule; LTSS is "wrapped" coverage directly by MassHealth for all members, regardless of model	
				Starting on or about year 3, contract with each MCO whose enrollees I want to see *(negotiated rate)*	Starting on or about year 3, contract with each Partnership Plan whose enrollees I want to see *(negotiated rate)*
	Pharmacy	Contract with MassHealth as an in-network pharmacy provider		Contract with each MCO (or that MCO's pharmacy benefit manager as applicable) whose enrollees I want to see	Contract with each Partnership Plan (or that Plan's pharmacy benefit manager as applicable) whose enrollees I want to see