



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
All Provider Bulletin 363
March 2023

TO: All Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: **Accountable Care Organization Program Updates**

Summary

Effective April 1, 2023, new MassHealth health plans will be available to MassHealth members. There will be 17 MassHealth Accountable Care Organizations (ACOs). ACOs are MassHealth–managed health care plans that are

- made up of integrated networks of physicians, hospitals, and other community-based health care providers;
- accountable for the quality, cost, and member experience of care for ~1.3 million MassHealth members; and
- responsible for providing high-value, cross-continuum care across a range of measures.

Fifteen of the ACOs are Accountable Partnership Plans (ACPPs) and two are Primary Care Accountable Care Organizations (PCACOs). MassHealth members will continue to have access to the two existing managed care organizations (MCOs), as well as the Primary Care Clinician (PCC) Plan.

The list of ACOs available to MassHealth members as of April 1, 2023, and information about each, can be found in the [MassHealth Enrollment Guide](http://www.mass.gov/doc/masshealth-enrollment-guide-2/download) at www.mass.gov/doc/masshealth-enrollment-guide-2/download.

Continuity of Care Requirements

To better support members' transition to new health plans, ACPPs, MCOs, and MassHealth's behavioral health vendor must follow continuity of care requirements detailed in their MassHealth contracts for at least 90 days starting on April 1, 2023. Leading up to and during this continuity of care period, MassHealth will be working with ACOs, MCOs, MassHealth's behavioral health vendor, providers, and vendors to make sure members' new health plans have the necessary information to effectively serve those members, including current prior authorization and referral information. ACOs, MCOs, and the MassHealth behavioral health vendor must then ensure they store this information in a timely manner in their systems or in their vendors' systems, as applicable.

During the continuity of care period, MassHealth members may continue to see providers with whom they had preexisting relationships before April 1, **even if that provider is not part of the member's new health plan's provider network**. The member's new health plan must make appropriate payment arrangements with those providers. Additionally, MassHealth has directed plans to put in place temporary prior authorization flexibilities effective April 1, 2023, and as detailed in [Managed Care Entity Bulletin 98](#). These temporary flexibilities will enable members to

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continue to receive services even when previously approved prior authorizations are not available in the member's new health plan's systems.

In accordance with [Managed Care Entity Bulletin 22](#), members continue to not need a referral to receive any MassHealth-covered service that would otherwise require a referral.

Important Continuity of Care Information for All Providers

Use the Eligibility Verification System to Determine a Member's Plan Assignment

All providers may access health plan enrollment information for their patients who are MassHealth members. Member enrollments can be reviewed by using MassHealth's Electronic Verification System (EVS). Starting April 1, 2023, EVS will reflect the new plan information for MassHealth members. Providers should submit claims to the health plan that the member is enrolled in as of the date that the service was delivered.

As a reminder, EVS does not show future health plan enrollment information. Providers will not be able to see a member's new health plan enrollment effective April 1, 2023, until April 1, 2023.

Prior Authorizations for Services During the Continuity of Care Period

MassHealth and the health plans have been working together to securely transition all prior authorization information for members who are transitioning to a new plan. Health plans are prohibited from denying claims due to lack of prior authorization until they are able to successfully transition all member information into their own systems. Providers should be aware of the following information around prior authorizations during the continuity of care period.

- Providers should continue to determine whether to submit prior authorization requests for services sought by members based on the appropriate clinical criteria. Providers should not consider whether a member is potentially changing health plans when determining whether to request prior authorization for a member.
- A member's new health plan is required to honor prior authorizations approved by the member's former plan through the prior authorization's end date or until the end of the continuity of care period (i.e., June 30, 2023), whichever is first.
- A member's new health plan must determine whether to re-authorize any prior authorizations that expire before the end of the continuity of care period.
- Providers should submit prior authorizations to the health plan that the member is enrolled in as of the date that the prior authorization was requested.
- MassHealth has been working closely with all health plans to have members' prior authorizations entered into their new health plans' systems. If a provider has an issue related to a claim for services requiring prior authorization, they should contact the health plan that the member is enrolled in as of the date that the service was delivered. Providers should contact:
 - MassHealth Customer Service [(800) 841-2900, TDD/TTY: 711] if the member is enrolled in a Primary Care ACO or the PCC Plan.

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- The ACPP or MCO Customer Service line if the member is enrolled in an ACPP or MCO.

Additional customer service contact information is included at the end of this bulletin.

Member Assignment and Noticing

Effective April 1, 2023, for purposes of a member's health plan enrollment, members will generally follow their Primary Care Providers (PCPs). If a member's PCP assignment is not available in the MassHealth system, the member will move with their prior health plan's ACO partner. Please note, all MassHealth members will have the opportunity to select a different plan or PCP before April 1, and during their Plan Selection Period, which begins on April 1, 2023, and continues through June 30, 2023. Member assignments are determined as follows:

- If a member's PCP remains in same the ACO as of April 1, 2023, the member will remain with their current ACO;
- If a member's PCP moves to a different ACO as of April 1, 2023, the member will transition to the new ACO their PCP will participate in;
- If the member's PCP moves to the PCC Plan as of April 1, 2023, the member will transition to the PCC Plan and maintain their PCP assignment; and
- If the member's PCP will not be available as of April 1, 2023, the member will transition to a new ACO based on the ACO partner of the plan in which they are currently enrolled.

Managed care members are receiving a notice and Enrollment Guide from MassHealth explaining their health plan enrollment options effective April 1, 2023. These notices will detail the member's assignment described above, which will be effective on April 1, 2023, and will explain that members will have the option of selecting a new PCP and health plan if they choose to do so.

Members enrolled in a MassHealth ACO or MCO have a 90-day Plan Selection Period. During the Plan Selection Period, members can change their plans for any reason. All members have a new Plan Selection Period each year. If a member would like to change plans or needs assistance enrolling in a plan that is available in their service area and has their preferred providers, they should visit [MassHealthChoices.com](https://www.mass.gov/service-details/fixed-enrollment-period) and may contact MassHealth Customer Service at (800) 841-2900; TDD/TTY: 711.

After the 90-day Plan Selection Period has ended, members enter a [Fixed Enrollment Period](#). Once a member is in their Fixed Enrollment Period they cannot move to another health plan until the next Plan Selection Period, except for certain reasons. More information about these reasons can be found at www.mass.gov/service-details/fixed-enrollment-period.

The dates below are for managed care members with health plan enrollments effective April 1, 2023:

- Members Receive MassHealth Notices and Enrollment Guide: February 2023 – April 2023
- Plan Selection Period: April 1, 2023 – June 30, 2023
- Fixed Enrollment Period: July 1, 2023 – March 30, 2024

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Community Partners Program

Starting April 1, 2023, there will be 20 Community Partners available to eligible MassHealth members. Community Partners work with ACOs and MCOs to support MassHealth members with significant behavioral health and complex long-term services and supports needs. The Community Partners Program includes 12 Behavioral Health and eight Long-Term Services and Supports Community Partners. The list of available Community Partners can be found here: www.mass.gov/info-details/list-of-masshealth-community-partners.

Changes in Pharmacy Coverage Effective April 1, 2023

Starting April 1, 2023, ACPPs and MCOs must cover all prescription drugs, non-drug pharmacy products, and over-the-counter drugs uniformly with how EOHHS covers such drugs and products for MassHealth fee-for-service members as set forth in the MassHealth Drug List. This requirement includes, but is not limited to, uniformly covering the drugs and products themselves and uniformly applying any utilization management and authorization requirements for such drugs and products.

Customer Service Centers

MassHealth, as well as all ACOs and MCOs, have customer service lines to answer questions. Please see below for customer service center contact information.

Accountable Care Partnership Plans	Customer Service Phone	Behavioral Health Phone
BeHealthy Partnership Plan	(800) 786-9999	(800) 495-0086
Berkshire Fallon Health Collaborative	(855) 203-4660	(888) 877-7184
East Boston Neighborhood Health WellSense Alliance	(888) 566-0010	(888) 217-3501
Fallon 365 Care	(855) 508-3390	(888) 877-7182
Fallon Health Atrius Health Care Collaborative	(866) 473-0471	(888) 777-1207
Mass General Brigham Health Plan with Mass General Brigham ACO	(800) 462-5449	(800) 462-5449
Tufts Health Together with Cambridge Health Alliance (CHA)	(888) 257-1985	(888) 257-1985
Tufts Health Together with UMass Memorial Health	(888) 257-1985	(888) 257-1985
WellSense Care Alliance	(888) 566-0010	(888) 217-3501
WellSense Beth Israel Lahey Health (BILH) Performance Network ACO	(888) 566-0010	(888) 217-3501

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Accountable Care Partnership Plans	Customer Service Phone	Behavioral Health Phone
WellSense Boston Children's ACO	(888) 566-0010	(888) 217-3501
WellSense Community Alliance	(888) 566-0010	(888) 217-3501
WellSense Mercy Alliance	(888) 566-0010	(888) 217-3501
WellSense Signature Alliance	(888) 566-0010	(888) 217-3501
WellSense Southcoast Alliance	(888) 566-0010	(888) 217-3501
Primary Care ACOs	Customer Service Phone	Behavioral Health Phone
Community Care Cooperative (C3)	(866) 676-9226	(800) 495-0086
Steward Health Choice	(855) 860-4949	(800) 495-0086
MCOs	Customer Service Phone	Behavioral Health Phone
WellSense Essential MCO	(888) 566-0010	(888) 217-3501
Tufts Health Together	(888) 257-1985	(888) 257-1985
PCC Plan	Customer Service Phone	Behavioral Health Phone
Primary Care Clinician (PCC) Plan	(800) 841-2900	(800) 495-0086
MassHealth Customer Service: (800) 841-2900, TDD/TTY: 711		

MassHealth Website

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Questions

Dental Services

Phone: (800) 207-5019; TTY: (800) 466-7566

Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)
Email: support@masshealthtss.com
Portal: [MassHealthLTSS.com](https://www.masshealthltss.com)
Mail: MassHealth LTSS, PO Box 159108, Boston, MA 02215
Fax: (888) 832-3006

All Other Provider Types

Phone: (800) 841-2900, TDD/TTY: 711
Email: provider@masshealthquestions.com