

Provider Guide to Identifying ConnectorCare Coverage



This Guide shows providers how to identify individuals enrolled in the ConnectorCare program.

The following health plans participate in ConnectorCare, depending on the region:

- Allways Health Partners
- Boston Medical Center HealthNet Plan
- Fallon Health
- Health New England
- Tufts Health Direct

Providers should take the following steps to identify ConnectorCare coverage:

- Examine the member card (if available)
- Confirm active coverage with a third-party system such as the New England Health Exchange Network (NEHEN) or with the health plan directly through the plan’s provider eligibility system
 - ConnectorCare coverage can also be confirmed by calling health plan provider services lines

The Medicaid Management Information System (MMIS) *may* provide responses indicating eligibility for the ConnectorCare program but it does not include information about ConnectorCare enrollment. Providers will not be able to see if an individual is enrolled or which ConnectorCare health plan the individual is enrolled in. To receive health plan enrollment information, the Health Connector’s Customer Service Line providers must have an appropriate designation form on file (e.g. a certified assister designation or an Authorized representative Designation (ARD) form) for each Health Connector member.

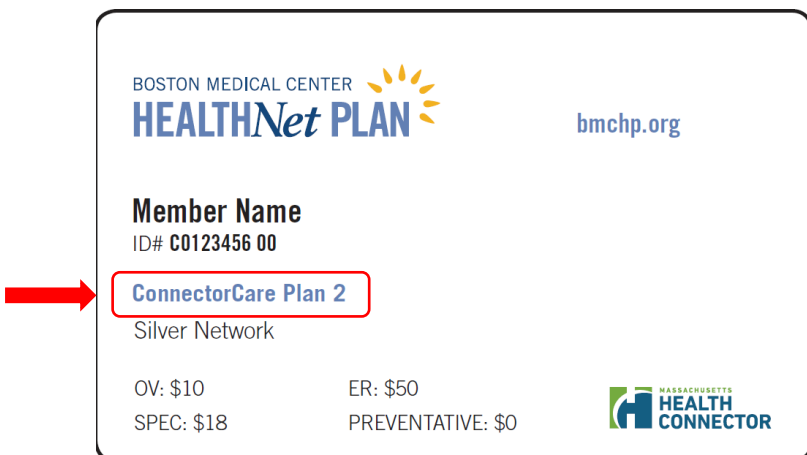
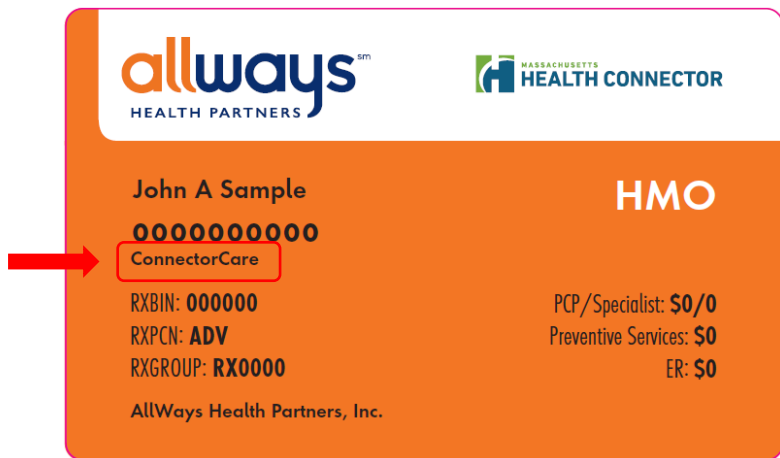
While MMIS does not provide information about enrollment, it does indicate eligibility for ConnectorCare. Below are the aid categories for ConnectorCare and messages that appear in MMIS:

| Aid Category | Eligibility | Restrictive Message |
|--------------|--|---|
| 1X | Individual is eligible for ConnectorCare and temporary full Health Safety Net | Temporary Full HSN medical and dental are available. Member Eligible for ConnectorCare. If member is unenrolled, visit MAHealthConnector.org for more information. |
| 1Y | Individual is eligible for ConnectorCare and temporary partial Health Safety Net | Temporary Partial HSN medical and dental are available. Member Eligible for ConnectorCare. If member is unenrolled, visit MAHealthConnector.org for more information. |


| Aid Category | Eligibility | Restrictive Message |
|--------------|---|--|
| Z3 | Individual is eligible for ConnectorCare and has access to Health Safety Net full for Dental services only | Full HSN Dental Available. Member eligible for ConnectorCare. If member is unenrolled, visit MAHealthConnector.org for more information. |
| Z4 | Individual is eligible for ConnectorCare and has access to Health Safety Net partial for Dental services only | Partial HSN Dental Available. Member eligible for ConnectorCare. If member is unenrolled, visit MAHealthConnector.org for more information |

Sample Card Images


ConnectorCare Coverage is indicated on the health insurance card the member receives from the plan. Often, the Health Connector logo is also present, which further indicates participation with the Health Connector. The following sample cards demonstrate where ConnectorCare coverage is shown on the member card.





John Sample
 ID 0000000000000000
 RX [Y/N] HCO xxx DB [Y/N]

Regional/Limited network

Community Care
ConnectorCare 1 ←

COPAYS
 PCP office visit \$ 15
 Physical exam \$ 0
 Specialist office \$ 30
 Emergency room \$ 100
 Same-day surgery \$ 250
 Inpatient \$ 250
 Prescription \$ 15/30/50




 **Health New England** 

ID: 000000000000 GRP#: 0000000000 **HNE CONNECTOR CARE 2** ←

Name Benefit Plan Copays: **HMO**
 01 FirstXXXXXXXXX LastXXXXXXXXX PCP: \$00
 02 FirstXXXXXXXXX LastXXXXXXXXX Specialist: \$00
 03 FirstXXXXXXXXX LastXXXXXXXXX Emergency Room: \$00
 04 FirstXXXXXXXXX LastXXXXXXXXX Mental Health: \$00
 05 FirstXXXXXXXXX LastXXXXXXXXX Inpatient: \$000
 06 FirstXXXXXXXXX LastXXXXXXXXX Ambulatory Surgery: \$000
 07 FirstXXXXXXXXX LastXXXXXXXXX Rx: \$00/00/\$00
 Chiropractic: \$00

RxBIN: 610593 RxCN: MHP RxGRP: HNE

Questions? Call us at (413) 787-4004 or (800) 310-2835

 **TUFTS Health Plan** **Tufts Health Direct**
 A focused-network plan for individuals and small groups
 Tufts Health Public Plans, Inc.

Member ID #: NXXXXXXXXXX
 Member: SUSAN A SAMPLE
 Cost sharing: OV: \$XX/\$XX
 Preventive: \$0
 ER: \$XXX
 RX: \$XX.XX/\$X.XX/\$X.XX
 RX mail: \$XX/\$X.XX/\$XX.XX

Plan level: **CONNECTORCARE PLAN TYPE II** ←
 This space is for PCP Referral.

CVS/caremark customer service: 800.577.5339 Member services:
 RxBIN: 004336 RxCN: ADV **888.257.1986** (TTY: 711)
 RxGRP: RX144 **tuftshealthplan.com**