MassHealth Payment and Care Delivery Innovation (PCDI)

Provider Education and Communication

Phase II: Operations

Executive Office of Health & Human Services
Agenda

1. Provider Education and Communication Strategy

2. Overview of PCDI

3. Continuity of Care (CoC)

4. Eligibility Verification System (EVS)

5. Health Plan Contact Information

6. Member Information and Resources

7. 2018 Provider Training & Education Schedule
MassHealth is conducting three phases of Payment and Care Delivery Innovation (PCDI) education and communication provider trainings:

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

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

- **Phase III**
  - Community Partners
  - Apr 1st - May 31st 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.
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
- MassHealth PCDI Specific Web Page for Providers:
  - https://www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers
- MassHealth Innovations: 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
MassHealth recently launched a new web page focused on PCDI information for providers. Visit this page 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

What’s Included

**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

**Links to Member Resources:**
- MassHealth Health plan materials and information for members
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Overview of PCDI

• Effective March 1, 2018, MassHealth is introducing Accountable Care Organizations (ACOs) to approximately 1.2* million managed care eligible members

• There will be three types of ACO models, each designed to emphasize care coordination, member-centric care, and align financial incentives: Accountable Care Partnership Plans, Primary Care ACO Plans, and a MCO-Administered ACO Plan

• MassHealth will also offer two Managed Care Organization (MCO) Plans, and the Primary Care Clinician (PCC) Plan as managed care options

* Member counts are subject to change due to normal activity related to member eligibility and member choice
Eligible Members and Health Plan Options

Managed-care eligible members are:

- Younger than age 65, without any third-party insurance coverage *(including Medicare)*
- Living in the community *(e.g. not in a nursing facility)*
- Enrolled in one of the following MassHealth coverage types: *Standard, CommonHealth, CarePlus, or Family Assistance*

Effective March 1, 2018, managed care eligible members will have the option to enroll in one of the following:

- Accountable Care Partnership Plans
- Primary Care ACO Plans
- Managed Care Organizations (MCOs)
- Primary Care Clinician (PCC) Plan

Note: MassHealth members who receive MassHealth coverage through Fee-for-Service (including those over age 65 or with third-party coverage), OneCare plans, Senior Care Options (SCO) plans, or Program of All-Inclusive Care for the Elderly (PACE) organizations are **not** affected by PCDI.
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. 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.
Accountable Care Partnership Plans (Model A)

- A network of PCPs who have exclusively partnered with an MCO to use the MCO’s provider network to provide integrated and coordinated care for members

- Accountable Care Partnership Plans cover a set of service areas where they will operate. Members must live in the service areas covered by the ACO to enroll in that plan

- MassHealth has contracted with 13 Accountable Care Partnership Plans
Primary Care ACOs (Model B)

- A network of PCCs who contract directly with MassHealth to provide integrated and coordinated care for members

- Primary Care ACOs work with the entire MassHealth provider network of specialists and hospitals, and may have certain providers in their “referral circle” that will not require a MassHealth referral for the service

- Primary Care ACOs will use the Massachusetts Behavioral Health Partnership (MBHP) for behavioral health services

- MassHealth has contracted with 3 Primary Care ACO Plans
MCO-Administered ACOs (Model C)

- A network of PCPs who may contract with one or multiple MCOs, and use the MCO provider networks to provide integrated and coordinated care for members.

- MCO-Administered ACOs are not presented as an enrollment option for members because they will be attributed through their relevant MCO.

- There is one MCO-Administered ACO, Lahey Clinical Performance Network, which is participating with both MCOs effective March 1, 2018: Boston Medical Center (BMC) HealthNet Plan, and Tufts Health Together.
MCOs and the PCC Plan

In addition to ACOs, members will continue to have the following managed care options effective March 1, 2018:

Managed Care Organizations (MCOs)

- MCOs are health plans run by insurance companies that provide care through their own provider network that includes PCPs, specialists, behavioral health providers, and hospitals
- There are two MCO options: Boston Medical Center (BMC) HealthNet Plan, and Tufts Health Together
- BMC HealthNet Plan will operate statewide, and Tufts Health Together will operate in every region except Southeast, MA

Primary Care Clinician (PCC) Plan

- The Primary Care Clinician (PCC) Plan is a statewide plan run by MassHealth that uses the MassHealth provider network
- Behavioral health services for the PCC Plan are provided by the Massachusetts Behavioral Health Partnership (MBHP)
- Members must choose a PCC in order to enroll in a PCC Plan
## Current and Estimated Enrollments

### Current Managed Care Enrollment as of December 2017

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Approximate Number of Members*</th>
<th>Approximate Percentage of Members*</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCOs</td>
<td>834,000</td>
<td>66%</td>
</tr>
<tr>
<td>PCC Plan</td>
<td>435,000</td>
<td>34%</td>
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</table>

### Estimated March 1st Managed Care Enrollment

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Approximate Range of Members*</th>
<th>Approximate Percentage of Member Assignments*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountable Care Partnership Plans</td>
<td>Between 440,000 to 530,000</td>
<td>~45%</td>
</tr>
<tr>
<td>Primary Care ACOs</td>
<td>Between 300,000 to 360,000</td>
<td>~31%</td>
</tr>
<tr>
<td>MCO-Administered ACOs</td>
<td>10,000</td>
<td>~1%</td>
</tr>
<tr>
<td>MCOs &amp; PCC Plan</td>
<td>Between 200,000 to 300,000</td>
<td>~23%</td>
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</table>

* Member counts are subject to change due to normal activity related to member eligibility and member choice
<table>
<thead>
<tr>
<th>Accountable Care Partnership Plans (Model A)</th>
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</thead>
<tbody>
<tr>
<td><strong>Be Healthy Partnership</strong> - Baystate Health Care Alliance with Health New England</td>
</tr>
<tr>
<td><strong>Berkshire Fallon Health Collaborative</strong> - Health Collaborative of the Berkshires with Fallon Health</td>
</tr>
<tr>
<td><strong>BMC HealthNet Plan Signature Alliance</strong> - Signature Healthcare with BMC HealthNet Plan</td>
</tr>
<tr>
<td><strong>BMC HealthNet Plan Community Alliance</strong> - Boston Accountable Care Organization with BMC HealthNet Plan</td>
</tr>
<tr>
<td><strong>BMC HealthNet Plan Mercy Alliance</strong> - Mercy Medical Center with BMC HealthNet Plan</td>
</tr>
<tr>
<td><strong>BMC HealthNet Plan Southcoast Alliance</strong> - Southcoast Health with BMC HealthNet Plan</td>
</tr>
<tr>
<td><strong>Fallon 365 Care</strong> - Reliant Medical Group with Fallon Health</td>
</tr>
<tr>
<td><strong>My Care Family</strong> - Merrimack Valley ACO with Neighborhood Health Plan (NHP)</td>
</tr>
<tr>
<td><strong>Tufts Health Together with Atrius Health</strong> - Atrius Health with Tufts Health Plan (THP)</td>
</tr>
<tr>
<td><strong>Tufts Health Together with BIDCO</strong> - Beth Israel Deaconess Care Organization (BIDCO) with Tufts Health Plan (THP)</td>
</tr>
<tr>
<td><strong>Tufts Health Together with Boston Children’s ACO</strong> – Boston Children’s ACO with Tufts Health Plan (THP)</td>
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<tr>
<td><strong>Tufts Health Together with CHA</strong> - Cambridge Health Alliance (CHA) with Tufts Health Plan (THP)</td>
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<tr>
<td><strong>Wellforce Care Plan</strong> - Wellforce with Fallon Health</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>MCOs</th>
<th>MCO-Administered ACO (Model C)</th>
<th>PCC Plan</th>
<th>Primary Care ACO Plans (Model B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Medical Center (BMC) HealthNet Plan</td>
<td>Lahey Clinical Performance Network (Participating with Boston Medical Center HealthNet Plan and Tufts Health Together)</td>
<td>Primary care Providers in the MassHealth Network</td>
<td>Community Care Cooperative (C3)</td>
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<tr>
<td>Tufts Health Together</td>
<td></td>
<td></td>
<td>Partners HealthCare Choice</td>
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<tr>
<td></td>
<td></td>
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<td>Steward Health Choice</td>
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</table>
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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.

MassHealth is committed to working with all relevant parties to ensure continuity of care for the many members who are moving to new plans, whether they are going to or from an ACO Partnership Plan, a Primary Care ACO, an MCO, or the Primary Care Clinician (PCC) Plan.

The Continuity of Care document may be found on the PCDI web page MassHealth Provider PCDI Resources Web Page (URL: https://www.mass.gov/lists/provider-pcdi-resources). You may link directly to the document at Continuity of Care through transition to new managed care arrangements.
Continuity of Care (CoC)

30-day Continuity of Care Period

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 30-day continuity of care period. The 30-day continuity of care period begins on the first day the member is enrolled with the plan.

For these 30 days, members may continue to see their current providers for previously scheduled appointments and ongoing treatments and services, 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. Providers will see which plan they will need to consult by viewing the MassHealth Eligibility Verification System (EVS). See slide 24 for more information about EVS.

It is essential that MassHealth and all of its partners—ACOs, MCOs, providers, suppliers, other state agencies, and community assisters—work together to ensure that all MassHealth members have access to care and are able to continue treatments during their transition to 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. 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.
Continuity of Care (CoC)

30-day Continuity of Care Period Continued

In addition to the general principles above for all members, MassHealth has worked with its ACOs and MCOs to identify members who may need extra help during this transition. They include people who

- are pregnant;
- have significant health care needs or complex medical conditions;
- have autism spectrum disorder;
- have significant mental health or substance use needs;
- are receiving Children’s Behavioral Health Initiative (CBHI) services;
- are receiving ongoing services such as dialysis, home health, chemotherapy and/or radiation, or hepatitis C treatments; or
- are hospitalized.
Continuity of Care (CoC)

How MassHealth, ACOs, and MCOs Will Support Member Transitions

Accountable Care Partnership Plans and MCOs are taking the following steps to support member transitions across all covered services.

- Using data to identify highest risk enrollees;
- Providing authorization information, extending existing prior authorizations, or otherwise making accommodations for existing services, treatments, and medications;
- Relaxing referral and prior authorization requirements, where applicable;
- Performing member outreach; and
- Sharing and using medical, behavioral health, and care management information to ensure continuous care during the transition.
Continuity of Care (CoC)

How MassHealth, ACOs, and MCOs Will Support Member Transitions

For Primary Care ACOs and the PCC Plan, MassHealth will perform the functions above, including coordination with our behavioral health vendor. Accountable Care Partnership Plans and MCOs may also

- Enter into single case agreements or out-of-network agreements with providers who are providing services for members but are not part of the new network;
- Contract with critical providers as network providers; or
- Extend continuity of care arrangements in certain cases in order to facilitate continuity beyond the 30-day continuity of care period.

Accountable Care Partnership Plans and MCOs must inform their members if a continuity of care arrangement that has been made for them is short-term (e.g. a time-limited, single case agreement) or long-term in nature (e.g. a network provider agreement). This information will allow members to make informed choices about their plan enrollment options.
Use the Eligibility Verification System to Determine a Member’s Plan

All providers will be able to access plan enrollment information for their patients. Starting March 1, 2018, EVS will reflect the new plan information for MassHealth members. For more information about new EVS messaging, please go to the MassHealth’s Payment & Care Delivery Innovation for Providers Web page.
Prior Authorizations for Medical Services During Transition

To the extent possible, MassHealth and all MCOs in effect before March 1, 2018, 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. The following are the key general principles around prior authorizations through the 30-day continuity of care period:

• Authorizations approved by another plan before the effective date of the member’s enrollment in a new plan will be honored by the new plan through the end of the authorization period or up until the end of the continuity of care period, whichever is first.

• Authorizations that expire before the end of the 30-day continuity of care period will need to be reauthorized by the new plan, subject to the medical necessity determination of the new plan.

• Services that are scheduled, but not authorized, for a date of service on or after March 1, 2018, must be authorized by the new plan after March 1, 2018.
Continuity of Care (CoC) – Important Information for All Providers

Prior Authorizations for Medical Services During Transition Continued

• Members may continue to see the rendering provider of the authorized service through the entire 30-day continuity of care period, regardless of whether that provider is in the network of the new plan. Providers not in the network must contact the new plan to make appropriate arrangements to be paid.

• For members newly enrolling in a Primary Care ACO or the PCC Plan, MassHealth has made every effort to ensure that prior authorizations for individuals have been entered into the MassHealth claims system. However, if a member receives services as part of an existing prior authorization in the first 30 days, and the claim for those services is denied for a reason related to prior authorization, providers should contact MassHealth Customer Service.

• For enrollees of an Accountable Care Partnership Plan or MCO, please contact the plan about denied claims described above.
Continuity of Care (CoC) – Important Information for All Providers

1. Member cared for at POC
   - Provider treats the member

2. Provider checks EVS
   - Provider checks EVS for plan on record on date of service

3. Provider submits for PA if needed
   - Provider submits for authorization to the plan identified in EVS on the date of service regardless of whether the provider has a contract with the plan on record

4. Provider bills for services rendered on DOS
   - Provider bills the plan on record on the date of service
   - Providers not in the network must contact the new plan to make appropriate arrangements to be paid
   - Payer pays the claim

General flow for addressing prior authorizations through transition
Continuity of Care (CoC) – Important Information for All Providers

Knowing Your Networks

Providers should tell their patients about their affiliations with the new plans so members know if special arrangements for continued care need to be made in the short-term, and so they can make informed long-term decisions about their plan enrollment choices. Providers should verify which provider networks they belong to. Providers wishing to join an Accountable Care Partnership Plan, MCO, or the MassHealth Primary Care ACO and PCC Plan network should call the customer service number(s) starting on slide 64 of this presentation.

PCPs who are participating in an ACO may only be PCPs for MassHealth members enrolled in that ACO (this does not apply for the provision of Medication Assisted Treatment (MAT) for individuals with substance use disorder). However, all other providers can be in multiple networks, if appropriate provider enrollment arrangements are agreed to and made with the plan.
Continuity of Care (CoC)

Behavioral Health

There are three behavioral health contractors among all of the managed care plans:

- Beacon Health Options is the behavioral health contractor for Accountable Care Partnership Plans affiliated with BMC HealthNet, Fallon, and Neighborhood Health Plan as well as the BMC Health Net MCO.

- Tufts Health Plan provides its own behavioral health network for its Accountable Care Partnership Plans and its MCO.

- Massachusetts Behavioral Health Partnership (MBHP) provides the behavioral health network for all Primary Care ACOs, the PCC Plan, and Health New England/Be Healthy Partnership Plan.

It is essential that behavioral health providers reach out to payers to ensure that extra care is taken to continue critical services during transition. Members in active mental health or substance use treatment must be allowed to continue with their providers and treatments throughout the continuity of care period. Behavioral health providers should reach out to plans for longer term arrangements. EVS messaging will be very clear about which entity is responsible and pays for behavioral health services for any given member.
Continuity of Care (CoC)

Pharmacy Services

MassHealth, Accountable Care Partnership Plans, and MCOs are working to add approved prior authorizations into their pharmacy claims systems for members who are transitioning between plans. However, it is possible that some pharmacy claims may still require prescriber outreach or prior authorization at the time of service. Pharmacies should take the following actions to ensure that no member is without medically necessary medications during the transition period.

Specifically:

- If a prescription has no remaining refills, the pharmacy must contact the prescriber to get authorization for a new prescription.

- If a prior authorization exists and has not expired, the authorization will be honored by the new plan for the continuity of care period or until the end date of the authorization, whichever is first.

- If a prior authorization has expired, the pharmacy must notify the member of the prior authorization’s expiration and contact the prescriber to give them the necessary information to submit to the appropriate new plan. Please note that the pharmacist can bill an emergency override for the medication (for a minimum 72-hour supply) while the prescriber works on the authorization.
Continuity of Care (CoC)

Pharmacy Services Continued

• If a prescription lacks a required prior authorization, the pharmacy must notify the member of the prior authorization requirement and contact the prescriber to give them the necessary information to submit to the appropriate new plan. As above, the pharmacist can bill an emergency override for the medication (for a minimum 72-hour supply) while the prescriber works on the authorization.

For any questions or concerns related to emergency overrides, prior authorizations, or claims for a Primary Care ACO or PCC Plan member, a pharmacy or prescriber can call the Drug Utilization Review (DUR) program at 1-800-745-7318. For a member enrolled in an Accountable Care Partnership Plan or MCO, a pharmacy or prescriber can call the program contact on the denied claim or authorization, or the plan’s continuity of care contact designated below.
Continuity of Care (CoC)

Durable Medical Equipment, Home Health, Therapies, Orthotics, Prosthetics, Oxygen and Respiratory Supplies, Hospice, and Nursing Facility Stays Less Than 100 Days

It is most important that providers reach out to payers to make sure that extra care is taken to continue essential services during transition. Members in active treatment must be allowed to continue with their providers and treatments throughout the 30-day continuity of care period. Providers should reach out to plans for longer term arrangements. EVS messaging will be very clear about which entity is responsible and pays for any services for any given member.

Information about prior authorizations and existing services has been shared to the extent possible for members enrolled in an Accountable Care Partnership Plan or MCO. Existing authorization periods must be honored by plans receiving new enrollees.

If the member enrolls in a Primary Care ACO or the PCC Plan, and a prior authorization is necessary, these providers should submit claims for the first 30 days of service to MassHealth via the Provider Online Service Center (POSC). MassHealth has made every effort to ensure that prior authorizations for individuals served by these provider types have been entered into our system. However, if a member receives services as part of an existing prior authorization in the first 30 days and the claim for those services is denied, providers can contact the LTSS Provider Service center at 1-844-368-5184.
Continuity of Care (CoC)

Long-Term Services and Supports Provided Through MassHealth

MCOs and ACOs are not currently responsible for the delivery of the following long-term services and supports:

- Adult Foster Care;
- Group Adult Foster Care;
- Adult Day Health;
- Personal Care Attendant;
- Day Habilitation;
- Nursing Facility Stays after 100 days; and
- Chronic Disease and Rehabilitation Hospitals after 100 days.

These services are provided directly by MassHealth and are available to eligible MassHealth members. Providers should continue to refer MassHealth members who they believe are eligible for these services to individual Adult Foster Care, Group Adult Foster Care, Adult Day Health, and Day Habilitation providers and Personal Care Management agencies as they do today. For more information about these and other long term services and supports please consult [https://www.massoptions.org/massoptions/find-community-long-term-supports-and-services](https://www.massoptions.org/massoptions/find-community-long-term-supports-and-services).
**Continuity of Care (CoC)**

**Inpatient Hospitalization – Medical and Behavioral Health**

Inpatient hospitalizations and 24-hour diversionary services for behavioral health that have been authorized by the plan in effect before March 1, 2018, must be honored by the new plan.

MassHealth (for Primary Care ACOs and the PCC Plan), Accountable Care Partnership Plans, and MCOs must pay for any inpatient stays that were authorized by the member’s plan in effect before March 1, 2018, and that are in place at the time of transition. The new plan becomes responsible for payment for days in the hospital on the effective date of enrollment in the plan. The new plan is also responsible for conducting concurrent review, as well as coordinating discharge planning and follow-up care with the hospital. Inpatient hospital providers should reach out to new plans for inpatient hospitalizations that were scheduled, but not yet submitted and reviewed for authorization by the previous plan. If the new plan has an authorization requirement, the request should be submitted to the new plan for review. Similarly, authorizations that are pending, but not yet finalized, should be submitted to the new plan for review.

Inpatient stays and 24-hour diversionary services must continue to be covered by the new plan until the member is medically cleared for discharge.
What Members Can Do If They Have Concerns About Their Care During the Transition

Members who have concerns or questions about their continuity of care are encouraged to work with their new plans and health care providers to confirm or obtain authorizations for health care services that they are receiving at the time of transition. There are a number of steps members may take to ensure a smooth transition if they have concerns or specific health needs:

• Contact their new plan. Members should let their new plan know about any planned visits with their primary care provider, specialists, and behavioral health providers, as well as any authorized hospitalizations and medications they are currently taking. The member’s new plan can verify if existing providers will be covered beyond the 30-day continuity of care period, help the member find new providers if necessary, and coordinate any prior authorizations needed.

• Contact their primary care providers, specialists, and behavioral health providers to let them know about their new health plan. The providers should verify if they are part of that new health plan’s provider network, or if they are in another health plan’s network.

• Contact MassHealth at 1-800-841-2900. If members want help selecting or enrolling in a plan that contracts with a particular provider, MassHealth can provide that information, and help the member select and change plans. Members should also call MassHealth if they have an urgent situation that is not being addressed by their new plan.
Continuity of Care (CoC)

Escalation Protocols for Continuity of Care Concerns

Even with all best efforts, it is not possible to know in advance of all situations in which members will require assistance during this transition. For example:

- Members may face new, urgent medical situations;
- Members may be new to MassHealth and have unknown medical needs;
- Claims data used to help determine a member’s health needs may be unavailable;
- Data may not reflect a particular urgency that is felt by a given member; or
- Members may have had trouble understanding information provided in any written notices from MassHealth or their new plan.

For these reasons, MassHealth has established continuity of care escalation protocols with ACOs and MCOs for continuity of care concerns or issues during the transition. Members, and those assisting members, should contact the new plan for any continuity of care concerns or issues. Contact information for the new plans is provided on page 45.

In addition, member appeals processes will continue to be available, both through the new plan and through MassHealth’s Board of Hearings. If the plan chooses to modify or terminate a prior authorization or prior approval, the plan must treat the modification or termination as an Adverse Action and follow the appeal rights policy and procedures, including advance notice by the plan to the member and aid paid pending the outcome of the appeal at the Board of Hearings.
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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 enhanced to identify which 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.
1. BeHealthy Partnership – Accountable Care Partnership Plan

**Dates of Eligibility**

Click on the Date Range to view Eligibility information for Member ID

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Eligibility Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/01/2018 - 02/07/2018</td>
<td>MASSHEALTH STANDARD</td>
</tr>
</tbody>
</table>

The information below refers to the MASSHEALTH STANDARD coverage for 02/07/2018 to 02/07/2018.

**Eligibility Restrictive Messages**

Restrictive Messages: 991 / 991 CERTAIN HSN DENTAL SERVICES AVAILABLE AT COMMUNITY HEALTH CENTERS AND HOSPITAL-BASED HEALTH CENTERS.

**List of Managed Care Data (for MCO/ACO)**

<table>
<thead>
<tr>
<th>Name</th>
<th>NPI</th>
<th>Phone</th>
<th>Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEHEALTHY PARTNERSHIP</td>
<td></td>
<td>(800) 766-9999</td>
<td>02/07/2016 - 02/07/2018</td>
</tr>
</tbody>
</table>

**Managed Care Data (for MCO/ACO) Details**

- **Name**: BEHEALTHY PARTNERSHIP
- **NPI**: 1573 / 688
- **Phone**: (800) 766-9999
- **Date Range**: 02/07/2018 - 02/07/2018

**Restrictive Messages**

1574 / 689 For medical service questions, call 1-800-766-9999.
1575 / 690 For behavioral health service questions and authorizations, call Massachusetts Behavioral Health Partnership at 1-800-465-0066.
1576 / 691 For claims, policy, or billing questions, call 1-800-766-9999.

**Member Payment Responsibility Detail**

<table>
<thead>
<tr>
<th>Patient Paid Amount</th>
<th>Patient Paid Amount Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spend Down Amount</td>
<td>Deductible Amount</td>
</tr>
<tr>
<td>Deductible Amount</td>
<td>Co-pay Status</td>
</tr>
<tr>
<td>Co-pay Status</td>
<td>Co-pay Cap Status</td>
</tr>
<tr>
<td>Restrictive Messages</td>
<td></td>
</tr>
</tbody>
</table>

Note: EVS only displays a member’s current eligibility, not prospective eligibility.

If a member enrolls in a health plan effective March 1, 2018 their new Plan assignment and corresponding messages will not appear in EVS until the date the enrollment takes effect.
Note: EVS only displays a member’s current eligibility, not prospective eligibility.

If a member enrolls in a health plan effective March 1, 2018 their new Plan assignment and corresponding messages will not appear in EVS until the date the enrollment takes effect.
3. BMC HealthNet Plan Community Alliance – Accountable Care Partnership Plan

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If a member enrolls in a health plan effective March 1, 2018 their new Plan assignment and corresponding messages will not appear in EVS until the date the enrollment takes effect.
6. BMC HealthNet Plan Southcoast Alliance – Accountable Care Partnership Plan

Note: EVS only displays a member’s current eligibility, not prospective eligibility.

If a member enrolls in a health plan effective March 1, 2018 their new Plan assignment and corresponding messages will not appear in EVS until the date the enrollment takes effect.
7. Fallon 365 Care – Accountable Care Partnership Plan

Note: EVS only displays a member’s current eligibility, not prospective eligibility.

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If a member enrolls in a health plan effective March 1, 2018 their new Plan assignment and corresponding messages will not appear in EVS until the date the enrollment takes effect.
11. Tufts Health Together with Boston Children’s ACO – Accountable Care Partnership Plan

**Note:** EVS only displays a member’s current eligibility, not prospective eligibility.

If a member enrolls in a health plan effective March 1, 2018 their new Plan assignment and corresponding messages will not appear in EVS until the date the enrollment takes effect.
12. Tufts Health Together with CHA – Accountable Care Partnership Plan

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If a member enrolls in a health plan effective March 1, 2018 their new Plan assignment and corresponding messages will not appear in EVS until the date the enrollment takes effect.
1. Community Care Cooperative (C3) – Primary Care ACO Plan

Note: EVS only displays a member’s **current** eligibility, not prospective eligibility.

If a member enrolls in a health plan effective March 1, 2018 their new Plan assignment and corresponding messages will not appear in EVS until the date the enrollment takes effect.
2. Partners Healthcare Choice – Primary Care ACO Plan

**Note:** EVS only displays a member’s current eligibility, not prospective eligibility.

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3. Steward Health Choice – Primary Care ACO Plan

Note: EVS only displays a member’s current eligibility, not prospective eligibility.

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Primary Care Clinician (PCC) Plan and Behavioral Health

Note: EVS only displays a member’s current eligibility, not prospective eligibility.

If a member enrolls in a health plan effective March 1, 2018 their new Plan assignment and corresponding messages will not appear in EVS until the date the enrollment takes effect.
## Accountable Care Partnership Plans

### BeHealthy Partnership

<table>
<thead>
<tr>
<th>EVS System Generated Message #</th>
<th>Unique Message #</th>
<th>EVS Restrictive Message Text – Effective March 1, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1573</td>
<td>688</td>
<td>BeHealthy Partnership member. BeHealthy Partnership is an Accountable Care Partnership Plan.</td>
</tr>
<tr>
<td>1574</td>
<td>689</td>
<td>For medical service questions call 1-800-786-9999.</td>
</tr>
<tr>
<td>1575</td>
<td>690</td>
<td>For behavioral health service questions and authorizations, call Massachusetts Behavioral Health Partnership at 1-800-495-0086.</td>
</tr>
<tr>
<td>1576</td>
<td>691</td>
<td>For claims, policy, or billing questions, call 1-800-786-9999.</td>
</tr>
</tbody>
</table>

### Berkshire Fallon Health Collaborative

<table>
<thead>
<tr>
<th>EVS System Generated Message #</th>
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<tbody>
<tr>
<td>1577</td>
<td>692</td>
<td>Berkshire Fallon Health Collaborative member. Berkshire Fallon Health Collaborative is an Accountable Care Partnership Plan.</td>
</tr>
<tr>
<td>1578</td>
<td>693</td>
<td>For medical service questions call 1-855-203-4660.</td>
</tr>
<tr>
<td>1579</td>
<td>694</td>
<td>For behavioral health service questions and authorizations, call Beacon Health Strategies at 1-888-877-7184.</td>
</tr>
<tr>
<td>1580</td>
<td>695</td>
<td>For claims, policy, or billing questions, call 1-855-203-4660.</td>
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### BMC HealthNet Plan Community Alliance

<table>
<thead>
<tr>
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<tr>
<td>1581</td>
<td>696</td>
<td>BMC HealthNet Plan Community Alliance member. BMC HealthNet Plan Community Alliance is an Accountable Care Partnership Plan.</td>
</tr>
<tr>
<td>1582</td>
<td>697</td>
<td>For medical service questions call 1-888-566-0010.</td>
</tr>
<tr>
<td>1583</td>
<td>698</td>
<td>For behavioral health service questions and authorizations, call Beacon Health Strategies at 1-888-217-3501.</td>
</tr>
<tr>
<td>1584</td>
<td>699</td>
<td>For claims, policy, or billing questions, call 1-888-566-0010.</td>
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### BMC HealthNet Plan Mercy Alliance

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<tr>
<td>1585</td>
<td>700</td>
<td>BMC HealthNet Plan Mercy Alliance member. BMC HealthNet Plan Mercy Alliance is an Accountable Care Partnership Plan.</td>
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<tr>
<td>1586</td>
<td>701</td>
<td>For medical service questions call 1-888-566-0010.</td>
</tr>
<tr>
<td>1587</td>
<td>702</td>
<td>For behavioral health service questions and authorizations, call Beacon Health Strategies at 1-888-217-3501.</td>
</tr>
<tr>
<td>1588</td>
<td>703</td>
<td>For claims, policy, or billing questions, call 1-888-566-0010.</td>
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### Accountable Care Partnership Plans

#### BMC HealthNet Plan Signature Alliance

<table>
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<th>EVS System Generated Message #</th>
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<th>EVS Restrictive Message Text – Effective March 1, 2018</th>
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<tr>
<td>1589</td>
<td>704</td>
<td>BMC HealthNet Plan Signature Alliance member. BMC HealthNet Plan Signature Alliance is an Accountable Care Partnership Plan.</td>
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<tr>
<td>1590</td>
<td>705</td>
<td>For medical service questions call 1-888-566-0010.</td>
</tr>
<tr>
<td>1591</td>
<td>706</td>
<td>For behavioral health service questions and authorizations, call Beacon Health Strategies at 1-888-217-3501.</td>
</tr>
<tr>
<td>1592</td>
<td>707</td>
<td>For claims, policy, or billing questions, call 1-888-566-0010.</td>
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#### BMC HealthNet Plan Southcoast Alliance

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1593</td>
<td>708</td>
<td>BMC HealthNet Plan Southcoast Alliance member. BMC HealthNet Plan Southcoast Alliance is an Accountable Care Partnership Plan.</td>
</tr>
<tr>
<td>1594</td>
<td>709</td>
<td>For medical service questions call 1-888-566-0010.</td>
</tr>
<tr>
<td>1595</td>
<td>710</td>
<td>For behavioral health service questions and authorizations, call Beacon Health Strategies at 1-888-217-3501.</td>
</tr>
<tr>
<td>1596</td>
<td>711</td>
<td>For claims, policy, or billing questions, call 1-888-566-0010.</td>
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#### Fallon 365 Care

<table>
<thead>
<tr>
<th>EVS System Generated Message #</th>
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</thead>
<tbody>
<tr>
<td>1597</td>
<td>712</td>
<td>Fallon 365 Care member. Fallon 365 Care is an Accountable Care Partnership Plan.</td>
</tr>
<tr>
<td>1598</td>
<td>713</td>
<td>For medical service questions call 1-855-508-3390.</td>
</tr>
<tr>
<td>1599</td>
<td>714</td>
<td>For behavioral health service questions and authorizations, call Beacon Health Options at 1-888-877-7182.</td>
</tr>
<tr>
<td>1600</td>
<td>715</td>
<td>For claims, policy, or billing questions, call 1-855-508-3390.</td>
</tr>
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#### My Care Family

<table>
<thead>
<tr>
<th>EVS System Generated Message #</th>
<th>Unique Message #</th>
<th>EVS Restrictive Message Text – Effective March 1, 2018</th>
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</thead>
<tbody>
<tr>
<td>1601</td>
<td>716</td>
<td>My Care Family member. My Care Family is an Accountable Care Partnership Plan.</td>
</tr>
<tr>
<td>1602</td>
<td>717</td>
<td>For medical service questions call 1-800-462-5449.</td>
</tr>
<tr>
<td>1603</td>
<td>718</td>
<td>For behavioral health service questions and authorizations, call Beacon Health Options at 1-800-414-2820.</td>
</tr>
<tr>
<td>1604</td>
<td>719</td>
<td>For claims, policy, or billing questions, call 1-800-462-5449.</td>
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#### Tufts Health Together with Atrius Health

<table>
<thead>
<tr>
<th>EVS System Generated Message #</th>
<th>Unique Message #</th>
<th>EVS Restrictive Message Text – Effective March 1, 2018</th>
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<tbody>
<tr>
<td>1605</td>
<td>720</td>
<td>Tufts Health Together with Atrius Health member. Tufts Health Together with Atrius Health is an Accountable Care Partnership Plan.</td>
</tr>
<tr>
<td>1606</td>
<td>721</td>
<td>For medical service questions call 1-888-257-1985.</td>
</tr>
<tr>
<td>1607</td>
<td>722</td>
<td>For behavioral health service questions and authorizations, call Tufts Health Together with Atrius Health at 1-888-257-1985.</td>
</tr>
<tr>
<td>1608</td>
<td>723</td>
<td>For claims, policy, or billing questions, call 1-888-257-1985.</td>
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</table>
# Accountable Care Partnership Plans

## Tufts Health Together with BIDCO

<table>
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<tr>
<th>EVS System Generated Message #</th>
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<tbody>
<tr>
<td>1609</td>
<td>724</td>
<td>Tufts Health Together with BIDCO member. Tufts Health Together with BIDCO is an Accountable Care Partnership Plan.</td>
</tr>
<tr>
<td>1610</td>
<td>725</td>
<td>For medical service questions call 1-888-257-1985.</td>
</tr>
<tr>
<td>1611</td>
<td>726</td>
<td>For behavioral health service questions and authorizations, call Tufts Health Together with BIDCO at 1-888-257-1985.</td>
</tr>
<tr>
<td>1612</td>
<td>727</td>
<td>For claims, policy, or billing questions, call 1-888-257-1985.</td>
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## Tufts Health Together with Boston Children’s ACO

<table>
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<tr>
<td>1613</td>
<td>728</td>
<td>Tufts Health Together with Boston Children’s ACO member. Tufts Health Together with Boston Children’s ACO is an Accountable Care Partnership Plan.</td>
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<tr>
<td>1614</td>
<td>729</td>
<td>For medical service questions call 1-888-257-1985.</td>
</tr>
<tr>
<td>1615</td>
<td>730</td>
<td>For behavioral health service questions and authorizations, call Tufts Health Together with Boston Children’s ACO at 1-888-257-1985.</td>
</tr>
<tr>
<td>1616</td>
<td>731</td>
<td>For claims, policy, or billing questions, call 1-888-257-1985.</td>
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## Tufts Health Together with CHA

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<thead>
<tr>
<th>EVS System Generated Message #</th>
<th>Unique Message #</th>
<th>EVS Restrictive Message Text – Effective March 1, 2018</th>
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</thead>
<tbody>
<tr>
<td>1618</td>
<td>732</td>
<td>Tufts Health Together with CHA member. Tufts Health Together with CHA is an Accountable Care Partnership Plan.</td>
</tr>
<tr>
<td>1619</td>
<td>733</td>
<td>For medical service questions call 1-888-257-1985.</td>
</tr>
<tr>
<td>1620</td>
<td>734</td>
<td>For behavioral health service questions and authorizations, call Tufts Health Together with CHA at 1-888-257-1985.</td>
</tr>
<tr>
<td>1621</td>
<td>735</td>
<td>For claims, policy, or billing questions, call 1-888-257-1985.</td>
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</table>

## Wellforce Care Plan

<table>
<thead>
<tr>
<th>EVS System Generated Message #</th>
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<th>EVS Restrictive Message Text – Effective March 1, 2018</th>
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</thead>
<tbody>
<tr>
<td>1622</td>
<td>736</td>
<td>Wellforce Care Plan member. Wellforce Care Plan is an Accountable Care Partnership Plan.</td>
</tr>
<tr>
<td>1623</td>
<td>737</td>
<td>For medical service questions call 1-855-508-4715.</td>
</tr>
<tr>
<td>1624</td>
<td>738</td>
<td>For behavioral health service questions and authorizations, call Beacon Health Options at 1-888-877-7183.</td>
</tr>
<tr>
<td>1625</td>
<td>739</td>
<td>For claims, policy, or billing questions, call 1-855-508-4715.</td>
</tr>
</tbody>
</table>
# EVS Codes and Restrictive Messages for Managed Care Health Plans - Effective March 1, 2018

## Primary Care ACO Plans

### Community Care Cooperative (C3)

<table>
<thead>
<tr>
<th>EVS System Generated Message #</th>
<th>Unique Message #</th>
<th>EVS Restrictive Message Text – Effective March 1, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>687</td>
<td>687</td>
<td>COMMUNITY CARE COOPERATIVE MEMBER. COMMUNITY CARE COOPERATIVE IS A PRIMARY CARE ACO. CALL PCC ABOVE FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR 450.118(J).</td>
</tr>
<tr>
<td>1626</td>
<td>740</td>
<td>Community Care Cooperative (C3) member. Community Care Cooperative is a Primary Care ACO.</td>
</tr>
<tr>
<td>1627</td>
<td>741</td>
<td>For medical service questions call, 1-866-676-9226.</td>
</tr>
<tr>
<td>1628</td>
<td>742</td>
<td>For claims, referrals, or billing questions, call the MassHealth Customer Service Center at 1-800-841-2900.</td>
</tr>
<tr>
<td>76</td>
<td>525</td>
<td>For behavioral health service questions and authorizations, call Massachusetts Behavioral Health Partnership at 1-800-495-0086.</td>
</tr>
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</table>

### Partners HealthCare Choice

<table>
<thead>
<tr>
<th>EVS System Generated Message #</th>
<th>Unique Message #</th>
<th>EVS Restrictive Message Text – Effective March 1, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>686</td>
<td>686</td>
<td>PARTNERS HEALTHCARE CHOICE MEMBER. PARTNERS HEALTHCARE CHOICE IS A PRIMARY CARE ACO. CALL THE PCC ABOVE FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR 450.118(J).</td>
</tr>
<tr>
<td>1629</td>
<td>743</td>
<td>Partners HealthCare Choice member. Partners HealthCare Choice is a Primary Care ACO.</td>
</tr>
<tr>
<td>1630</td>
<td>744</td>
<td>For medical service questions call, 1-800-231-2722.</td>
</tr>
<tr>
<td>1631</td>
<td>745</td>
<td>For claims, referrals, or billing questions, call the MassHealth Customer Service Center at 1-800-841-2900.</td>
</tr>
<tr>
<td>76</td>
<td>525</td>
<td>For behavioral health service questions and authorizations, call Massachusetts Behavioral Health Partnership at 1-800-495-0086.</td>
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</table>

### Steward Health Choice

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>685</td>
<td>685</td>
<td>STEWARD HEALTH CHOICE MEMBER. STEWARD HEALTH CHOICE IS A PRIMARY CARE ACO. CALL THE PCC ABOVE FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR 450.118(J).</td>
</tr>
<tr>
<td>1632</td>
<td>746</td>
<td>Steward Health Choice member. Steward Health Choice is a Primary Care ACO.</td>
</tr>
<tr>
<td>1633</td>
<td>747</td>
<td>For medical service questions call, 1-855-860-4949.</td>
</tr>
<tr>
<td>1634</td>
<td>748</td>
<td>For claims, referrals, or billing questions, call the MassHealth Customer Service Center at 1-800-841-2900.</td>
</tr>
<tr>
<td>76</td>
<td>525</td>
<td>For behavioral health service questions and authorizations, call Massachusetts Behavioral Health Partnership at 1-800-495-0086.</td>
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</table>
# Primary Care Clinician (PCC) Plan

<table>
<thead>
<tr>
<th>EVS System Generated Message #</th>
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</thead>
<tbody>
<tr>
<td>461</td>
<td>461</td>
<td>PRIMARY CARE CLINICIAN (PCC) PLAN MEMBER. CALL PCC FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR 450.118(J).</td>
</tr>
<tr>
<td>461</td>
<td>461</td>
<td>For behavioral health service questions and authorization, call Massachusetts Behavioral Health Partnership at 1-800-495-0086.</td>
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</table>

## MCO Plans

### BMC HealthNet Plan

<table>
<thead>
<tr>
<th>EVS System Generated Message #</th>
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<th>EVS Restrictive Message Text – Effective March 1, 2018</th>
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<tbody>
<tr>
<td>1059</td>
<td>618</td>
<td>BMC HealthNet Plan member. BMC HealthNet Plan is an MCO.</td>
</tr>
<tr>
<td>747</td>
<td>021</td>
<td>For medical services call 1-888-566-0010. For behavioral health service questions and authorizations call Beacon Health Strategies at 1-888-217-3501.</td>
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</table>

### Tufts Health Together

<table>
<thead>
<tr>
<th>EVS System Generated Message #</th>
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<tbody>
<tr>
<td>1138</td>
<td>616</td>
<td>Tufts Health Together member. Tufts Health Together is an MCO.</td>
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### Payer of Claims Effective March 1, 2018

<table>
<thead>
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<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.*
Agenda

1. Provider Education and Communication Strategy
2. Overview of PCDI
3. Continuity of Care (CoC)
4. Eligibility Verification System (EVS)
5. Health Plan Contact Information
6. Member Information and Resources
7. 2018 Provider Training & Education Schedule
# Accountable Care Partnership Plans

<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>BMC HealthNet Plan Community Alliance</td>
<td>1-888-566-0010</td>
<td>Beacon Health Strategies</td>
<td><a href="http://www.bmchp.org/community">BMC HealthNet Plan Community Alliance</a></td>
</tr>
<tr>
<td>Boston ACO</td>
<td></td>
<td>1-888-217-3501</td>
<td><a href="http://www.bmchp.org/community">BOSTON MEDICAL CENTER HEALTHNET PLAN COMMUNITY ALLIANCE</a></td>
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<td>Beacon Health Strategies</td>
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<table>
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<th>Customer Service</th>
<th>Behavioral Health Services</th>
<th>Member Card Image</th>
</tr>
</thead>
</table>
| BMC HealthNet Plan Southcoast Alliance  
Southcoast Health  
in partnership with BMC HealthNet Plan  
[www.bmchp.org/southcoast](http://www.bmchp.org/southcoast) | 1-888-566-0010 | Beacon Health Strategies  
1-888-217-3501 |  

**BOSTON MEDICAL CENTER**  
HEALTHNet PLAN  

**Southcoast Health**  

**Member Name**  
Member ID: 0001234567  
MassHealth ID#: 12345678901  
Network: Southcoast Alliance  
www.bmchp.org/southcoast |
| Berkshire Fallon Health Collaborative  
Health Collaborative of the Berkshires  
in partnership with Fallon Health  
[www.fallonhealth.org/Berkshires](http://www.fallonhealth.org/Berkshires) | 1-855-203-4660 | Beacon Health Strategies  
1-888-877-7184 |  

**Fallon Health Collaborative**  
Berkshire Fallon Health Collaborative  
www.fallonhealth.org/Berkshires  

**Member Name**  
Member ID: 0001234567  
MassHealth ID#: 12345678901  
Network: Berkshire Fallon Health Collaborative  
www.fallonhealth.org/Berkshires |
| Fallon 365 Care  
Reliant Medical Group  
in partnership with Fallon Health  
[www.fallonhealth.org/365care](http://www.fallonhealth.org/365care) | 1-855-508-3390 | Beacon Health Options  
1-888-877-7182 |  

**Fallon 365 Care**  
Reliant Medical Group  
www.fallonhealth.org/365care  

**Member Name**  
Member ID: 0001234567  
MassHealth ID#: 12345678901  
Network: Reliant Medical Group  
www.fallonhealth.org/365care |
## Accountable Care Partnership Plans

<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>Wellforce Care Plan</strong>&lt;br&gt;Wellforce Care Plan&lt;br&gt;<em>in partnership</em> with Fallon Health&lt;br&gt;<a href="http://www.fallonhealth.org/wellforce">www.fallonhealth.org/wellforce</a></td>
<td>1-855-508-4715</td>
<td><strong>Beacon Health Options</strong>&lt;br&gt;1-888-877-7183</td>
<td><img src="https://www.fallonhealth.org/wellforce" alt="Wellforce Care Plan Image" /></td>
</tr>
<tr>
<td><strong>Be Healthy Partnership</strong>&lt;br&gt;Baystate Health Care Alliance&lt;br&gt;<em>in partnership</em> with Health New England&lt;br&gt;<a href="http://www.behealthypartnership.org">www.behealthypartnership.org</a></td>
<td>1-800-786-9999</td>
<td><strong>Massachusetts Behavioral Health Partnership (MBHP)</strong>&lt;br&gt;<a href="http://www.masspartnership.com">www.masspartnership.com</a>&lt;br&gt;1-800-495-0086</td>
<td><img src="https://www.behealthypartnership.org" alt="BeHealthy Partnership Image" /></td>
</tr>
<tr>
<td><strong>My Care Family</strong>&lt;br&gt;Merrimack Valley ACO&lt;br&gt;<em>in partnership</em> with Neighborhood Health Plan (NHP)&lt;br&gt;<a href="http://www.mycarefamily.org">www.mycarefamily.org</a></td>
<td>1-800-462-5449</td>
<td><strong>Beacon Health Options</strong>&lt;br&gt;1-800-414-2820</td>
<td><img src="https://www.mycarefamily.org" alt="My Care Family Image" /></td>
</tr>
</tbody>
</table>
# Accountable Care Partnership Plans

## Accountable Care Partnership Plans

<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>
</table>
| Tufts Health Together with Atrius Health  
Atrius Health  
in partnership with Tufts Health Plan (THP)  
1-888-257-1985 | ![Tufts Health Together with Atrius Health](image1)  
Member ID #: NXXXXX00000000000  
MassHealth ID #: NXXXXX00000000000  
Member: SUSAN A. SAMPLE  
Pharmacy customer service:  
000.000.0000  
RXPN: 000000  
RXN: XXX  
RXGR: RXX00000  
Member services:  
888.257.1985  
[TuftsHealthTogether.com/AtriusHealth](http://www.TuftsHealthTogether.com/AtriusHealth) |
| 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 BIDCO](image2)  
Member ID #: NXXXXX00000000000  
MassHealth ID #: NXXXXX00000000000  
Member: SUSAN A. SAMPLE  
Pharmacy customer service:  
000.000.0000  
RXPN: 000000  
RXN: XXX  
RXGR: RXX00000  
Member services:  
888.257.1985  
[TuftsHealthTogether.com/BIDCO](http://www.TuftsHealthTogether.com/BIDCO) |
| 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 Boston Children’s ACO](image3)  
Member ID #: NXXXXX00000000000  
MassHealth ID #: NXXXXX00000000000  
Member: SUSAN A. SAMPLE  
Pharmacy customer service:  
000.000.0000  
RXPN: 000000  
RXN: XXX  
RXGR: RXX00000  
Member services:  
888.257.1985  
[TuftsHealthTogether.com/BCACO](http://www.TuftsHealthTogether.com/BCACO) |
| Tufts Health Together with CHA  
Cambridge Health Alliance (CHA)  
in partnership with Tufts Health Plan (THP)  
1-888-257-1985 | ![Tufts Health Together with CHA](image4)  
Member ID #: NXXXXX00000000000  
MassHealth ID #: NXXXXX00000000000  
Member: SUSAN A. SAMPLE  
Pharmacy customer service:  
000.000.0000  
RXPN: 000000  
RXN: XXX  
RXGR: RXX00000  
Member services:  
888.257.1985  
[TuftsHealthTogether.com/CHA](http://www.TuftsHealthTogether.com/CHA) |
Primary Care ACO Plans

<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)*</td>
<td>1-866-676-9226</td>
<td>Massachusetts Behavioral Health Partnership (MBHP) <a href="http://www.masspartnership.com">www.masspartnership.com</a> 1-800-495-0086</td>
<td><img src="image" alt="Community Care Cooperative" /></td>
</tr>
<tr>
<td>Partners HealthCare Choice*</td>
<td>1-800-231-2722</td>
<td>Massachusetts Behavioral Health Partnership (MBHP) <a href="http://www.masspartnership.com">www.masspartnership.com</a> 1-800-495-0086</td>
<td><img src="image" alt="Partners HealthCare Choice" /></td>
</tr>
<tr>
<td>Steward Health Choice*</td>
<td>1-855-860-4949</td>
<td>Massachusetts Behavioral Health Partnership (MBHP) <a href="http://www.masspartnership.com">www.masspartnership.com</a> 1-800-495-0086</td>
<td><img src="image" alt="Steward Health Choice" /></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.
# MCOs and PCC Plan

## BMC HealthNet Plan
- **Website:** [www.bmchp.org](http://www.bmchp.org)
- **Customer Service:** 1-888-566-0010
- **Behavioral Health Services:** Beacon Health Strategies 1-888-217-3501

## Tufts Health Together
- **Website:** [http://www.tuftshealthtogether.com](http://www.tuftshealthtogether.com)
- **Customer Service:** 1-888-257-1985
- **Behavioral Health Services:** Tufts Health Together 1-888-257-1985

## Primary Care Clinician (PCC) Plan*
- **Customer Service:** 1-800-841-2900
- **Behavioral Health Services:** Massachusetts Behavioral Health Partnership (MBHP) 1-800-495-0086

*Note:
- To enroll in the PCC Plan, members must also select a PCP in the MassHealth network. PCPs may not be available in all service areas.
- PCC Plan members can enroll in an ACO or MCO at any time.
- Community Partners, who provide long-term services and supports, are not available in the PCC Plan.
- Behavioral Health Community Partners are only available for PCC Plan members who also participate in Community Based Flexible Supports (CBFS), a Massachusetts Department of Mental Health program.
Agenda

1. Provider Education and Communication Strategy

2. Overview of PCDI

3. Continuity of Care (CoC)

4. Eligibility Verification System (EVS)

5. Health Plan Contact Information

6. Member Information and Resources

7. 2018 Provider Training & Education Schedule
After March 1, 2018, a new managed care member’s Plan Selection Period will be the first 90 days after the effective date of enrollment to a new Plan, and Fixed Enrollment will be the remaining 275 days of the year.

- For example, a new managed care eligible member who enrolls into a new Plan effective 6/1/18, will be in their Plan Selection Period from 6/1/18 to 8/29/18, and their Fixed Enrollment Period from 8/30/18 to 5/31/19.

- All managed care members have a new plan selection and fixed enrollment period every year.

- Member enrollment changes made during the Plan Selection Period will take 2 to 3 days to process.
Member Resources

New MassHealth Choices
• MassHealth website with information to search and compare plan choices, learn the importance of selecting a PCP, links to provider directories, and enroll online
  • [www.masshealthchoices.com](http://www.masshealthchoices.com)

Member Materials
• Enrollment Guide, member mailings, Fact Sheets, and other helpful resources
  • [https://masshealthchoices.com/member-materials](https://masshealthchoices.com/member-materials)

MassHealth Customer Service Center
• Enhanced call center staff to support enrollment activity, member calls, and questions
  • 1-800-841-2900
  • TTY: 1-800-497-4648
New MassHealth Choices

The Compare Plans tool helps members find which MassHealth health plans are available where they live. To get started, all they have to do is enter their ZIP code.
MassHealth Choices – Health Plan Options

All health plan options available in the member’s service area will populate on the page. The user can scroll through the different options and choose up to three plans to compare.
MassHealth Choices – Compare Health Plans

Members can see how plans compare to one another in a side-by-side view. They can review plan details such as: plan descriptions, member card images, digital tools, pregnancy benefits, healthy kids programs, healthy living and health education programs, and view links to provider directories and hospital affiliations. Please note, the PCP provider look-up that is accessible directly on this site is only for ACO PCPs.

Berkshire Fallon Health Collaborative
Toll free number: 1-888-203-4660
TTY: 711
Behavioral health number: 1-888-877-7194
Available Monday - Friday, 8 a.m. to 6 p.m.
www.fallonhealth.org/Berkshires

BMC HealthNet Plan
Toll free number: 1-888-566-0010
Behavioral health number: 1-888-217-3501
Available Monday - Friday, 8 a.m. to 6 p.m.
www.bhmc.org

Community Care Cooperative (C3)
Toll free number: 1-866-676-9226
TTY: 711
Behavioral health number: 1-800-465-0096
Available Monday - Friday, 9 a.m. to 5 p.m.
www.C3aco.org

Description of plan
The Berkshire Fallon Health Collaborative (BFHC) is a partnership between Fallon Health, Berkshire Health Systems and Community Health Programs. BFHC is committed to providing our members with the right care, at the right time, in the right place.

Member card

BMC HealthNet Plan

Description of plan
Healthy is easier when you have a community to back you up. We get to know you and your family’s needs. We connect you to care and local resources. We support you on your road to healthy. Because healthy happens where you are.

Member card

Community Care Cooperative (C3)

Description of plan
Community Care Cooperative (C3) members get primary care at a community health center. Members have access to most MassHealth specialists and hospitals. For a list of our health centers, go to: www.C3aco.org

Member card
If one scrolls to the bottom of each health plan profile, they will find a section that provides **Provider Directory Links**. This section will direct the member to the right place to search for Primary Care Providers, Specialists, and Behavioral Health Providers in that plan’s network.
MassHealth Provider Directory for Members

Members will use these resources to search for different kinds of providers depending on which plan they choose.

<table>
<thead>
<tr>
<th>Health Plan Type</th>
<th>Primary Care Providers</th>
<th>Specialists</th>
<th>Behavioral Health Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountable Care Partnership Plan</td>
<td>MassHealth Choices Find a Primary Care Provider Tool</td>
<td>Health Plan’s Provider Directory*</td>
<td>Health Plan’s Provider Directory*</td>
</tr>
<tr>
<td>Primary Care ACO</td>
<td>MassHealth Choices Find a Primary Care Provider Tool</td>
<td>MassHealth Provider Directory on mass.gov</td>
<td>Massachusetts Behavioral Health Partnership</td>
</tr>
<tr>
<td>Managed Care Organization (MCO)</td>
<td>Health Plan’s Provider Directory*</td>
<td>Health Plan’s Provider Directory*</td>
<td>Health Plan’s Provider Directory*</td>
</tr>
<tr>
<td>Primary Care Clinician (PCC) Plan</td>
<td>MassHealth Provider Directory on mass.gov</td>
<td>MassHealth Provider Directory on mass.gov</td>
<td>Massachusetts Behavioral Health Partnership</td>
</tr>
</tbody>
</table>

*Links to a Health Plan’s Provider Directory will be available through the “Compare Plans” section of MassHealth Choices.
MassHealth Provider Directory

URL: [https://masshealth.ehs.state.ma.us/providerdirectory/](https://masshealth.ehs.state.ma.us/providerdirectory/)

This tool allows members to find providers participating in the PCC plan and the three Primary Care ACO Plans:

- Partners Health Care Choice
- Steward Health Choice
- Community Care Cooperative (C3)

The table at the top will direct members to the correct resources to search or primary care, specialist, or behavioral health providers.

**Important:** This site is not for members in the following plans: ACO Partnership Plan, MCO, SCO, PACE, or One Care.

<table>
<thead>
<tr>
<th>Search for providers in one of these plans:</th>
<th>Primary Care</th>
<th>Specialists</th>
<th>Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>MassHealth Network</td>
<td>SCROLL DOWN</td>
<td>SCROLL DOWN</td>
<td>CLICK HERE</td>
</tr>
<tr>
<td>Also for age 65+ and those with secondary insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MassHealth PCC Plan</td>
<td>SCROLL DOWN</td>
<td>SCROLL DOWN</td>
<td>CLICK HERE</td>
</tr>
<tr>
<td>Primary Care Clinician (PCC) Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partners HealthCare Choice*</td>
<td>CLICK HERE</td>
<td>SCROLL DOWN</td>
<td>CLICK HERE</td>
</tr>
<tr>
<td>Steward Health Choice*</td>
<td>CLICK HERE</td>
<td>SCROLL DOWN</td>
<td>CLICK HERE</td>
</tr>
<tr>
<td>Community Care Cooperative*</td>
<td>CLICK HERE</td>
<td>SCROLL DOWN</td>
<td>CLICK HERE</td>
</tr>
</tbody>
</table>

*These are the Primary Care ACO health plans. These health plans are not available for enrollment until March 1, 2018.*
Members can choose the plan they are interested in from the dropdown menu

Then, they can search for provider by provider type, service, or hospital

They can search by location or

Keyword search - where they can enter the name of a provider
Agenda

1. Provider Education and Community Strategy

2. Overview of PCDI

3. Continuity of Care (CoC)

4. Eligibility Verification System (EVS)

5. Provider Resources

6. Member Information and Resources

7. 2018 Provider Training & Education Schedule
## 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>Date</td>
<td>Time</td>
<td>Date</td>
</tr>
<tr>
<td>01/09/18</td>
<td>1:00 PM</td>
<td>02/01/18</td>
</tr>
<tr>
<td>01/11/18</td>
<td>10:00 AM</td>
<td>02/06/18</td>
</tr>
<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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<td>01/25/18</td>
<td>10:00 AM</td>
<td>02/20/18</td>
</tr>
<tr>
<td>01/30/18</td>
<td>1:00 PM</td>
<td>02/22/18</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.
## Provider In-Person Events

<table>
<thead>
<tr>
<th>Schedule of Upcoming PCDI Provider Events</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January 2018</strong></td>
</tr>
<tr>
<td><strong>Location</strong></td>
</tr>
<tr>
<td><strong>Bristol Community College</strong></td>
</tr>
<tr>
<td>777 Elsbree Street, Fall River, MA 02720</td>
</tr>
<tr>
<td><strong>Holiday Inn</strong></td>
</tr>
<tr>
<td>30 Washington Street, Somerville, MA 02143</td>
</tr>
<tr>
<td><strong>Lawrence Public Library</strong></td>
</tr>
<tr>
<td>51 Lawrence Street, Lawrence, MA 01841</td>
</tr>
<tr>
<td><strong>UMass Medical School Amphitheater</strong></td>
</tr>
<tr>
<td>333 South Street, Shrewsbury, MA 01545</td>
</tr>
<tr>
<td><strong>March 2018</strong></td>
</tr>
<tr>
<td><strong>Location</strong></td>
</tr>
<tr>
<td><strong>Holiday Inn</strong></td>
</tr>
<tr>
<td>30 Washington Street, Somerville, MA 02143</td>
</tr>
<tr>
<td><strong>Castle of Knights</strong></td>
</tr>
<tr>
<td>1599 Memorial Drive Chicopee, MA 01020</td>
</tr>
<tr>
<td><strong>Berkshire Crowne Plaza</strong></td>
</tr>
<tr>
<td>1 West Street, Pittsfield, MA 01201</td>
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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)