

FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL



State Coverage Programs 101 for PHM Teams

November 18, 2019

Outline of presentation

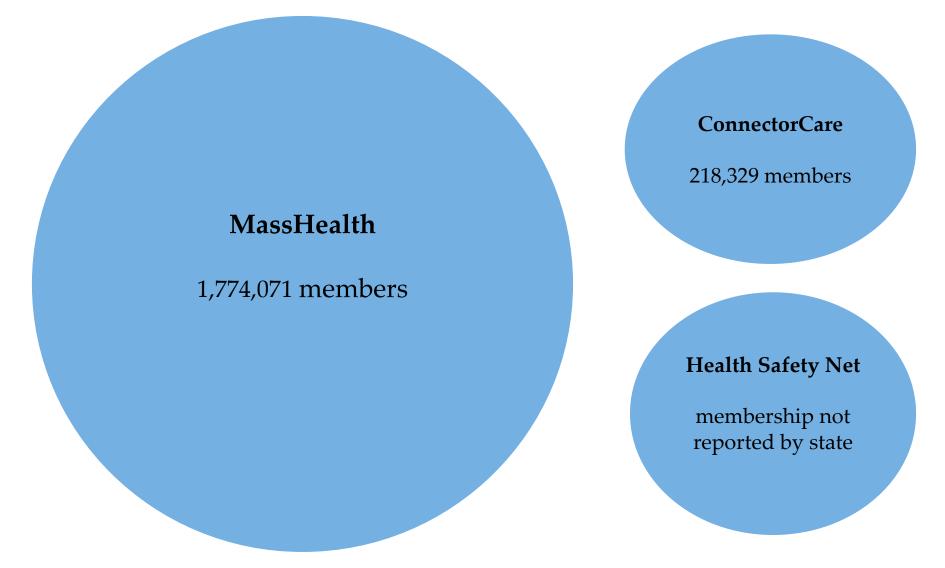
- 1. State coverage programs overview
- 2. MassHealth
 - i. Eligibility categories
 - ii. Covered services
 - iii. Managed care plans
- 3. Health Safety Net
- 4. ConnectorCare
- 5. Resources for patients and staff



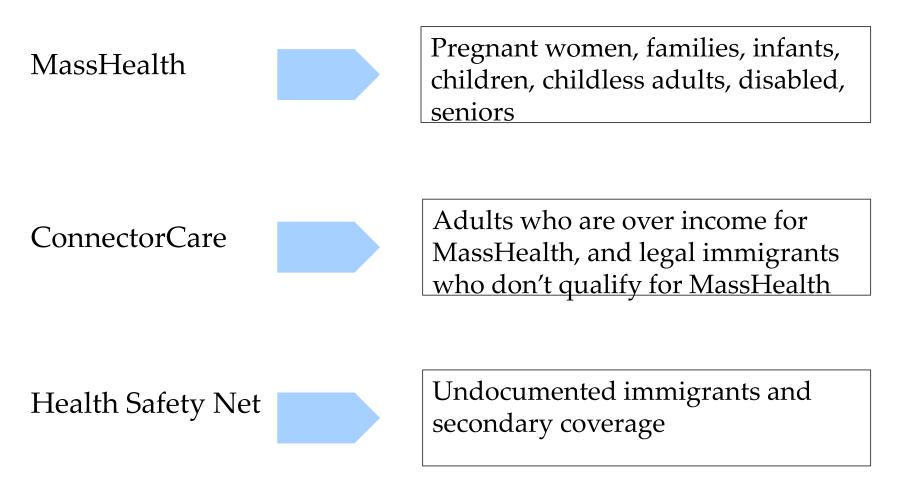
State coverage programs overview

State Coverage Programs

membership as of Summer 2019







This is not meant to be an exhaustive list of who is on which program – these are the <u>general</u> categories.



- The state makes the decision.
- Apply via one application online, mail, or with a Certified Application Counselor (Partners Patient Financial Counselors).
- It depends on
 - Citizenship/immigration status
 - Income (Federal Poverty Levels, or FPLs)
 - Whether or not you have other insurance
 - Your situation (pregnancy, disability, HIV+, parent, child, etc.)
- A patient's coverage can't be "upgraded" unless the patient's situation has changed newly disabled, loss of income, change in immigration status, etc.

You must live in Massachusetts to qualify for any of these state coverage programs.



Immigration status

- Mass residence has nothing to with immigration status. Someone can be here in the U.S. illegally, but still be a Mass resident.
- Mass residents who are here illegally (undocumented immigrants) can qualify for MassHealth Limited, Children's Medical Security Plan, Health Safety Net, and MassHealth Standard if they are pregnant.
- Legal immigrants fall into many different categories, and your particular status (asylee, Temporary Protected Status, deferred action status, refugee, Legal Permanent Resident for under 5 years, etc.) determines the state program you get.



	Can I have other insurance (like commercial insurance or Medicare)and get this program?
MassHealth	YES
ConnectorCare	NO
Health Safety Net	YES



MassHealth

- <u>All</u> MassHealth members have an ELIGIBILITY CATEGORY, which determines the member's COVERED SERVICES.
- <u>Most MassHealth members also have a MANAGED CARE PLAN</u>, which we may or may not contract with.
- To determine what services a member can get where, you must know both the ELIGIBILITY CATEGORY and the MANAGED CARE PLAN.



MassHealth: eligibility categories

MassHealth eligibility categories

- Everyone on MassHealth has a CATEGORY of eligibility. The category you get depends on your eligibility factors income, age, immigration status, and situation/condition (pregnancy, disability, etc.)
- The eligibility categories are:
 - MassHealth Standard
 - MassHealth CarePlus
 - MassHealth Family Assistance
 - MassHealth CommonHealth
 - MassHealth Limited
 - Children's Medical Security Plan (CMSP)
- These eligibility categories dictate a patient's benefits (covered services.)

Most MassHealth members also have a managed care plan - we will talk more about managed care plans in the next section. **We "accept" all of these categories;** it's the managed care plan we may not contract with.



MassHealth eligibility categories: a combination of your income, age, and immigration status

Standard	Pregnant women and infants regardless of immigrant status (< 200% FPL) Children 1 - 20 (< 150% FPL) Disabled children 1 – 20 (< 200% FPL) Parents and caretaker relatives of children to age 19 (<133% FPL) Disabled adults under 65 (< 133% FPL) Breast and cervical cancer diagnosis under 65 (< 250% FPL) Seniors (<100% FPL and asset test) HIV+ adults < 65 (< 133% FPL)
	Medically frail CarePlus adults < 133% FPL
	Former foster care youth to age 26 HCBS waiver adults to 229% FPL
CarePlus	Adults (<133% FPL)
Family Assistance	Infants (200% - 300% FPL) Children 1 - 18 (150%-300% FPL) HIV+ adults < 65 – citizens and some legal immigrants - (133%-200% FPL) Certain legal immigrants: disabled and seniors (<100% FPL) (those defined as "lawfully present" by the ACO <65 get ConnectorCare)
CommonHealth	Disabled adults 19-64 working (no income limit) with monthly premiums Disabled adults 19-64 not working - one time spend-down (>133% FPL) Disabled children through age 20 at 200% FPL or higher with monthly premiums
Limited	Available for emergency services only < 133% FPL For individuals who would otherwise be eligible for MassHealth except for immigration status Are able to be seen for non-emergency services due to automatic Health Safety Net secondary

Excludes Children's Medical Security Plan (CMSP)



MassHealth: covered services

Your eligibility category determines your covered services

In general, all MassHealth eligibility categories cover

- Acute hospital inpatient stays
- Office visits
- Emergency services
- Surgery
- Prescription drug coverage

MassHealth Limited and CMSP are the exceptions:

- MassHealth Limited covers emergency services only. These patients have Health Safety Net as well, which covers non-emergency services at certain locations.
- CMSP has a more limited set of covered services:
 - ED visits and acute hospital inpatient stays are not covered.
 - Service caps on Rx, DME, and BH visits.



MassHealth post acute benefit differences by category

	Standard & CommonHealth	Family Assistance	CarePlus	ConnectorCare	Limited/ HSN
Adult day health/foster care	~	Х	х	x	Х
Audiology	~	✓	~	✓	X
Chiropractic care	✓	\checkmark	✓	✓	X
Inpatient rehab	~	✓	\checkmark	60 days/plan year	Х
Hearing aids	~	\checkmark	✓	✓	X
Home health	~	✓	√*	✓	X
Hospice	~	\checkmark	✓	✓	X
Personal Care (usually provided by PCAs)	~	Х	Х	x	Х
Skilled nursing facility (first 100 days)	~	Х	\checkmark	100 days/plan year	Х
Skilled nursing facility (long-term care 100+ days)	\checkmark	Х	\checkmark	X	Х
Medical non-emergency transportation	~	Х	\checkmark	X	Х

* CarePlus members no longer need to be inpatient in order to access home health care benefits.



Overview:

- Current benefits (PCA, Home Health) remain unchanged.
- CMS provided guidance to MassHealth that home health services cannot be contingent on a skilled or therapy need.
- Effective July 1, 2019 MassHealth created a <u>new level of Home Health</u> benefit for ADL Supports Only – no skilled nursing need or therapy need required.

How it works:

- Home Health Agency responsible for prior authorization.
- MassHealth will authorize PA's for up to 90 days at a time as long as medically necessary.
- No max # of units during the 90 calendar days based on medical necessity
- Paying same rate as skilled home health benefit.
- Requires clinical assessment every 60 days (physician signed care plan).



How you might use it:

- To support individuals with short term, acute needs.
- To offer ADL support for individuals with chronic needs while services appropriate for long-term support are being secured.
- To provide an alternative for individuals who would be challenged to selfdirect PCA services.
- For individuals on MassHealth Family Assistance or CarePlus which do not have a PCA benefit.

Despite these being "short term" there may be patients who need these services chronically – that's OK as long as they continue to be medically necessary



MassHealth: managed care plans

MassHealth managed care rules

- Most (~ 70%) MassHealth members are required to have a managed care plan.
- MassHealth managed care plans include
 - Accountable Care Organizations (ACOs)
 - Managed Care Organizations (MCOs)
 - MassHealth Primary Care Clinician (PCC) Plan
- The other 30% are not eligible for a managed care plan. They are on "Fee for Service"- MassHealth with no health plan. They are:
 - In a nursing home
 - Over age 65
 - MassHealth is secondary to other insurance (such as Medicare)
 - In period before being auto-assigned.
 - On MassHealth Limited or Children's Medical Security Plan

Remember, we "accept" all of the eligibility categories; it's the managed care plan we may not contract with.



MassHealth managed care plans

Managed care eligible MassHealth members can choose (or be assigned to):

MassHealth PCC Plan

This still exists for members whose PCP is not in an ACO.

Managed Care Plans (MCOs)

2 MCOs: BMC HealthNet and Tufts Public Plans.

Model A ACOs: Accountable Partnership Plans

13 ACOs that use an MCO as their plan infrastructure. Model B ACOs: Primary Care ACOs

3 ACOs that use MassHealth as their plan infrastructure.

Partners ACO is a Model B ACO

The ACOs are just new types of MassHealth plans.



- ACOs are collections of primary care practices.
 - If a primary care practice is in an ACO, all of their MassHealth managed care patients must join that ACO. They are exclusive to that ACO.
 - ACO members get <u>non-primary care</u> services from providers in their ACO's plan network.



What is an Accountable Care Partnership Plan ACO? (Model A)

• A collection of primary care practices that have **partnered with a health plan** to use their provider network and infrastructure to provide services.

ACOs	Health Plan Network
 Atrius Health Beth Israel Deaconess Care Organization Cambridge Health Alliance Children's Hospital Integrated Care Organization 	Tufts Public Plans
 Boston Accountable Care Organization Mercy Health Accountable Care Organization Signature Healthcare Corporation Southcoast Health Network 	BMC Health Net
 Health Collaborative of the Berkshires Reliant Medical Group Wellforce 	Fallon
Baystate Health Care Alliance	Health New England
Merrimack Valley ACO – My Care Family	AllWays



What is a Primary Care ACO? (Model B)

• A collection of primary care practices that have **partnered directly with MassHealth** to use their provider network and infrastructure to provide services.

ACOs	Health Plan Network
 Partners HealthCare ACO Steward Medicaid Care Network Community Care Cooperative (13 community health centers) 	MassHealth

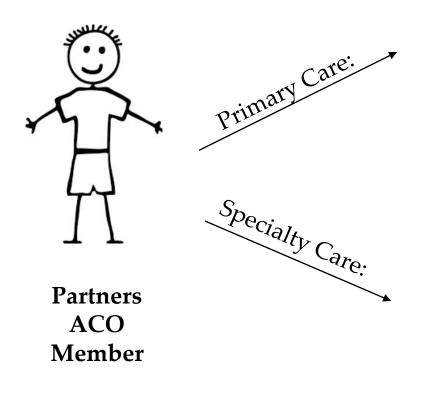


MassHealth managed care plans – ACOs, MCOs, PCC Plan

Accountable Care Organizations (ACOs) and Health Plans	Health plan partner
Partners HealthCare Choice ACO	
Steward Health Choice ACO	MassHealth
Community Care Cooperative (C3)	
Merrimack Valley ACO – My Care Family	AllWays
Boston Community Alliance ACO with BMC HealthNet Plan / BACO	
Mercy Health ACO with BMC HealthNet Plan	
Signature Healthcare Corporation with BMC HealthNet Plan	BMC HealthNet
Southcoast Health Network with BMC HealthNet Plan	
Lahey Clinical Performance Network	
Health Collaborative of the Berkshires w/ Fallon (FCHP)	
Reliant Medical Group with Fallon Community Health Plan	Fallon
Wellforce in partnership with Fallon Community Health Plan	
Baystate Health Care Alliance in partnership w/ Health New England	Health New England
Atrius Health with Tufts Health Together	
Beth Israel Deaconess Care Org with Tufts Health Together	
Children's Hospital Integrated Care Org. with Tufts Health Together	Tufts Health Public Plans
Cambridge Health Alliance with Tufts Health Together	
Lahey Clinical Performance Network	
BMC HealthNet MCO	BMC HealthNet
Tufts Health Together MCO	Tufts Public Plans
PCC Plan	MassHealth



Where can our Partners HealthCare Choice ACO patients go for care?



Goes to Partners ACO PCP

Can go to any specialist or hospital that accepts MassHealth (because our ACO runs on the MassHealth Network). They do not need a referral for care in the Partners system.



Partners contracted plans for **PRIMARY CARE** (primary care practices in our ACO are exclusive)

Epic Plan Code Names	Plan Network		Contracted					
MASSHEALTH PARTNERS HEALTHCARE CHOICE ACO	o ACO!	MASSHEALTH	Yes 🗸					
MASSHEALTH PCC	-							
MASSHEALTH STEWARD HEALTH CHOICE ACO	MASSHEALTH							
MASSHEALTH COMMUNITY CARE COOPERATIVE/C3 ACO								
ALLWAYS HEALTH PARTNERS (NHP) MY CARE FAMILY ACO	ALLWAY	S HEALTH PARTNERS (NHP)						
BMC HEALTHNET MASSHEALTH MCO								
BMC HEALTHNET COMMUNITY ALLIANCE ACO (Boston ACO)	_							
BMC HEALTHNET MERCY ALLIANCE ACO	BMC HEALTHNET							
BMC HEALTHNET SIGNATURE ALLIANCE ACO								
BMC HEALTHNET SOUTHCOAST HEALTH NETWORK ACO BMC HEALTHNET LAHEY CLINICAL PERFORMANCE NETWORK ACO								
				FALLON HEALTH COLLABORATIVE OF THE BERKSHIRES ACO			No	
FALLON 365 CARE ACO		FALLON COMMUNITY HEALTH PLAN						
FALLON WELLFORCE ACO								
TUFTS PUBLIC PLANS MASSHEALTH TOGETHER MCO								
TUFTS PUBLIC PLANS ATRIUS HEALTH ACO								
TUFTS PUBLIC PLANS BETH ISRAEL DEACONESS ACO TUFTS PUBLIC PLANS BOSTON CHILDREN'S ACO TUFTS PUBLIC PLANS CAMBRIDGE HEALTH ALLIANCE ACO		TUFTS HEALTH PUBLIC PLANS						
				TUFTS PUBLIC PLANS LAHEY CLINICAL PERFORMANCE NETWORK ACO				
				HEALTH NEW ENGLAND BE HEALTHY PARTNERSHIP ACO	HEALTH NEW ENGLAND			
		н	ARTNERS® 27					

Partners specialists and hospitals may see patients according to whether or not we are contracted with their MassHealth managed care plan.



Partners contracted plans for SPECIALTY & HOSPITAL CARE

Epic Plan Name		Plan Network	Contracted
MASSHEALTH PCC			
MASSHEALTH PARTNERS HEALTHCARE CHOICE ACO		MASSHEALTH	YES
MASSHEALTH STEWARD HEALTH CHOICE ACO		WASSILALIT	
MASSHEALTH COMMUNITY CARE COOPERATIVE/C3 ACO			
ALLWAYS MY CARE FAMILY ACO (except for Spaulding Brighton)		ALLWAYS HEALTH PARTNERS (NHP)	
BMC HEALTHNET MASSHEALTH MCO		BMC HEALTHNET	
BMC HEALTHNET COMMUNITY ALLIANCE ACO		DIVICTILALITINET	
TUFTS PUBLIC PLANS BOSTON CHILDREN'S ACO		TUFTS HEALTH PUBLIC PLANS	
BMC HEALTHNET MERCY ALLIANCE ACO			
BMC HEALTHNET SIGNATURE ALLIANCE ACO		BMC HEALTHNET	
BMC HEALTHNET SOUTHCOAST HEALTH NETWORK ACO			
FALLON HEALTH COLLABORATIVE OF THE BERKSHIRES ACO			Na
FALLON 365 CARE ACO		FALLON COMMUNITY HEALTH PLAN	No
FALLON WELLFORCE ACO			
TUFTS PUBLIC PLANS CHA ACO (MGH for Children exception)			
TUFTS PUBLIC PLANS ATRIUS HEALTH ACO (NWH OB exception)		TUFTS HEALTH PUBLIC PLANS	
TUFTS PUBLIC PLANS BETH ISRAEL DEACONESS ACO		TUFTS REALTH PUBLIC PLANS	
TUFTS PUBLIC PLANS TOGETHER MCO			
HEALTH NEW ENGLAND BE HEALTHY PARTNERSHIP ACO		HEALTH NEW ENGLAND	

• Lahey ACO members will have either BMC HealthNet MCO or Tufts Together MCO. These members cannot be distinguished in Epic.

Partners contracted plans for **BEHAVIORAL HEALTH**

Plan Name	Medical Plan Network	Carout	Accepted
Partners HealthCare Choice	MassHealth	MBHP	Yes
Steward Health Choice	MassHealth	MBHP	Yes
Community Care Cooperative (C3)	MassHealth	MBHP	Yes
My Care Family	AllWays Health Partners (NHP)	Optum	No
BMC HealthNet Plan	BMC Healthnet	Beacon	Yes
BMC HealthNet Plan Community Alliance	BMC Healthnet	Beacon	Yes
Tufts Health Together with Boston Children's	Tufts Public Plans	Tufts	Yes
BMC HealthNet Plan Mercy Alliance	BMC Healthnet	Beacon	No
BMC HealthNet Plan Signature Alliance	BMC Healthnet	Beacon	No
BMC HealthNet Plan SouthCoast Alliance	BMC Healthnet	Beacon	No
Berkshire Fallon Health Collaborative	Fallon	Beacon	No
Fallon 365 Care	Fallon	Beacon	No
Wellforce Care Plan	Fallon	Beacon	No
Tufts Health Together Plan	Tufts Public Plans	Tufts	No
Tufts Health Together with Atrius Health	Tufts Public Plans	Tufts	No
Tufts Health Together with BIDCO	Tufts Public Plans	Tufts	No
Tufts Health Together with CHA	Tufts Public Plans	Tufts	No*
BeHealthy Partnership	Health New England	MBHP	No
MassHealth PCC Plan	MassHealth	MBHP	Yes

* Except for BH services for pedi members at MGH/MGPO



Some examples:

- 1) Patient calls MGH Chelsea to schedule a primary care visit. He has MassHealth CarePlus with no health plan. Can he be scheduled?
 - YES patients with no health plan have "MassHealth Fee for Service" and can be seen.
- 2) Patient calls MGH Chelsea to schedule a primary care visit. He has MassHealth CarePlus with C3 ACO. Can he be scheduled?
 - NO we can only see Partners HealthCare Choice ACO patients for primary care. We can't see patients on other MassHealth plans.
- 3) Patient calls MGH Chelsea to schedule a visit with one of their specialists. He has MassHealth CarePlus with Steward ACO. Can he be scheduled?
 - YES we see patients for specialty care according to our contracts. Steward ACO is a "Model B ACO" which runs on the MassHealth network. We are contracted. The patient will need a referral.
- 4) Patient calls MGH Chelsea to schedule a visit with one of their specialists. He has BMC's Signature Alliance ACO. Can he be scheduled?
 - NO we see patients for specialty care according to our contracts. Although we are contracted with some of the BMC plans, we are not contracted with this one.



How do MassHealth members get onto a plan/ACO?

- New applicants must actively select their plan/ACO if they want to see a particular PCP. They must select the ACO that PCP is in.
- If they do not actively select a plan/ACO, MassHealth assigns them to a plan/ACO in 2 weeks, based on their plan/ACO history.
- Newborns are assigned to the same plan/ACO and PCP site that their mom is in, unless mom makes a different selection.
 - If mom's PCP site is an adult practice, MassHealth would assign baby a site based on geography.
 - MassHealth is working on changes to the hospital Notification of Birth Form to help mom choose a different plan/ACO and pediatrician for baby.



MassHealth member eligibility rules

- Every MassHealth member has an annual **eligibility redetermination**.
 - Based on date that the member was initially found eligible for MassHealth.
 - If member doesn't respond to paperwork mailed by MassHealth, s/he may lose eligibility.
 - Member should call MassHealth or work with a patient financial counselor to get reinstated.
- Every MassHealth member also has an annual **plan selection period**.
 - Based on date that the member was enrolled in his/her managed care plan.
 - 90 day period during which member can switch managed care plans for any reason (members can switch PCP sites within a plan at any time).
 - Member is in a "fixed enrollment period" for remainder of year, during which s/he may only switch plans for an exception reason (moved out of service area, PCP left plan, etc.)



QUESTIONS FROM REGISTRANTS

Seniors and MassHealth

- Seniors are the only group who have an asset test as part of their application for MassHealth. There is a separate application form for seniors.
- Seniors may also apply with the state application for MassHealth Buy In ٠ programs, which help pay the senior's Medicare costs.
- Seniors are not eligible for the MassHealth ACOs. They are eligible for Senior • Care Option plans, or SCOs.
- MassHealth operates 10 Home and Community Based (HCBS) Services Waivers ٠ (includes Frail Elders, Money Follows the Person, PACE program, Kaleigh Mulligan, TBI waiver, etc)
 - These are MassHealth programs that provide access to long-term services and supports to help eligible seniors and individuals with disabilities live in the community.
 - Members under the age of 65 in the HCBS waivers programs may **choose**, but are not required, to enroll in a health plan/ACO if they do not have other insurance.



One example of the HCBS Waivers is the Frail Elder waiver program

- Allows certain people ages 60 -64 who are totally and permanently disabled, or 65+ regardless of disability, to live at home and receive certain services (like homemaker, nonmedical transportation, and home-delivered meals).
- Waiver participants also receive services covered under MassHealth Standard.
- Requires that the member has clinical level of care needs equal to that provided in a nursing facility, based on a waiver clinical assessment conducted by an Aging Services Access Point (ASAP) nurse.
- To apply for the Frail Elder Waiver, contact your local Aging Services Access Point (ASAP) agency by calling (800) AGE-INFO.



Mr. Smith

- CATEGORY OF ELIGIBILITY: Mr. Smith is on **MassHealth CarePlus** because he is a childless adult, with income under 133% FPL (or \$17K). Unless he has a child, gets HIV, or becomes disabled, he can't qualify for MassHealth Standard.
 - As a MassHealth CarePlus member, he qualifies for the full range of MassHealth benefits, with the exception of some post acute services like PCAs.
- MANAGED CARE PLAN: Mr. Smith's PCP is at the BWH Jen Center, so he selected the Partners HealthCare Choice ACO, to enable him to see his PCP at BWH.
 - As a Partners HealthCare Choice ACO member, he qualifies for the programs that the ACO has set up through PHM.



37



Health Safety Net

What is HSN?

- A program (funded by hospitals, insurers, and the state) that reimburses <u>hospitals</u> and <u>community health centers</u> for medically necessary services for patients who aren't eligible for other state programs.
- HSN <u>is not</u> insurance coverage. There are no referral/PA requirements or PCP assignment. People with HSN-only do not have a health plan and are not in the ACO.



Who gets HSN?

Mass residents who don't qualify for MassHealth or ConnectorCare:

- 1. Those who are not eligible for state programs due to immigration status (undocumented immigrants)
- 2. Those who are in gap periods before their state coverage takes effect
- Those with insurance who need HSN secondary to cover deductibles and co-insurance (ex: Medicare beneficiaries) IMPORTANT: patients on MassHealth Limited also have HSN as Secondary.

The type of HSN a patient qualifies depends on income:

- HSN Full: <150% FPL
- HSN Partial: 150% 300% FPL with a deductible

Patients on HSN Partial only have to show the state that they have incurred expenses to meet the deductible.



Where can patients with HSN go for care?

- The Health Safety Net fund will only reimburse <u>hospitals</u> and <u>community health centers</u> for medically necessary services provided to HSN patients.
- Other types of health care providers are not reimbursed by the HSN, and HSN patients are not covered at those sites (including home health agencies, post acute facilities, etc.)
- Physician Organizations are not reimbursed for services provided to HSN patients. However, Partners requires its employed Physician Organizations to provide care to HSN patients.
- Remember, MassHealth Limited patients are covered for emergency services by MassHealth, but they also have HSN as secondary. This means MassHealth Limited patients can be seen for non-emergency services in our system, using their HSN.





ConnectorCare overview

What is ConnectorCare?

- A state and federally subsidized program for those who don't qualify for MassHealth
- All members have a HEALTH PLAN with premiums and co-pays.
 - These health plans are separate from the MassHealth managed care plans – these individuals are not eligible for MassHealth ACOs, MCOs, or the MassHealth PCC Plan.

Who gets ConnectorCare?

- Citizens 133% FPL to 300% FPL who are too high income for MassHealth
- Legal immigrants up to 300% FPL who are not eligible for MassHealth because of their immigration status

Adults only, because children are eligible for MassHealth at these income levels and immigration statuses.



Current ConnectorCare premiums - 2020

Monthly premiums for Boston area residents by plan type:

Plan	PT 1 <100% FPL	PT 2A 100%-150%	PT 2B 150%-200%	PT 3A 200%-250%	PT 3B 250%-300%
Tufts	\$0	\$0	\$45 (+\$1)	\$87 (+\$2)	\$130 (+\$4)
BMC HealthNet	\$0	\$0	\$45 (+\$1)	\$87 (+\$2)	\$130 (+\$4)
AllWays Health Partners	\$217	\$226	\$276	\$318	\$360

- Partners is only contracted with the AllWays ConnectorCare plan, which is unaffordable for patients at these income levels.
- Patients may only switch plans during an annual open enrollment period beginning in November, for January 1st effective date.





Partners Community Health, Public Payer Patient Access:

Kim Simonian, Anne Fox

Contact us for

- Questions on any of the content presented today
- Requests for materials or education for your site
- Questions or concerns about member access problems
- Feedback on how the MassHealth, ConnectorCare, and HSN programs are working.



Resource	Can assist members with:
Partners HealthCare Choice ACO 1-800-231-2722 <u>www.partners.org/MassHealthACO</u>	 Questions specific to the Partners ACO: Which Primary Care sites are in the Partners ACO? Where can I go for specialty care? What are the benefits of the Partners ACO?
Patient Financial Services (site specific) <u>https://www.partners.org/for-patients/Patient-Billing- Financial-Assistance/Financial-Assistance/Financial- Counselor-Contact-Information.aspx</u>	 Check eligibility Compare different plan options Enroll the member in an MCO/ACO Change plans and primary care locations
MassHealth 1-800-841-2900 <u>www.masshealthchoices.com</u>	 Check eligibility Compare different plan options Enroll the member in an MCO/ACO Change plans and primary care locations



48

• <u>www.partners.org/MassHealthACO</u>

Visit this webpage for member and provider resources, including our member handbook and covered services grids.



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What is it?

- Source of truth for contracted plans across Partners
- Includes Cooley, PMA, Suburban North
- Does not include Affiliates (APP, Emerson, etc.)
- Info still in progress for McLean and the BH carveouts.
- This is a fluid document
- Primarily for sites where Partners is doing the contracting

Where is it?

Available on the following Sharepoint site:

http://sharepoint.partners.org/phs/payerinformation/SitePages/Home.aspx





Family Size	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL
1	\$12,060	\$18,090	\$24,120	\$30,150	\$36,180
2	\$16,240	\$24,360	\$32,480	\$40,600	\$48,720
3	\$20,240	\$30,630	\$40,840	\$51,050	\$61,260
4	\$24,600	\$36,900	\$49,200	\$61,500	\$73,800



EVS Eligibility Responses - Crosswalk with Epic Plan Codes

Eligibility Message from MassHealth (EVS)	Epic Plan Name	Plan ID in Epic
BMC HealthNet Plan Community Alliance	BMC HEALTHNET COMMUNITY ALLIANCE ACO	100306
BMC HealthNet Plan Mercy Alliance	BMC HEALTHNET MERCY ALLIANCE ACO	100307
BMC HealthNet Plan Signature Alliance	BMC HEALTHNET SIGNATURE ALLIANCE ACO	100308
BMC HealthNet Plan SouthCoast Alliance	BMC HEALTHNET SOUTHCOAST ALLIANCE ACO	100309
Fallon 365 Care	FALLON 365 CARE ACO	100812
Berkshire Fallon Health Collaborative	FALLON BERKSHIRE HEALTH COLLABORATIVE ACO	100811
BeHealthy Partnership	HEALTH NEW ENGLAND BE HEALTHY PARTNERSHIP ACO	103106
My Care Family	ALLWAYS MY CARE FAMILY ACO	15000108
Tufts Health Together with BIDCO	TUFTS PUBLIC PLANS BIDCO ACO	101309
Tufts Health Together with Boston Children's ACO	TUFTS PUBLIC PLANS BOSTON CHILDREN'S ACO	101311
Tufts Health Together with CHA	TUFTS PUBLIC PLANS CHA ACO	101310
Tufts Health Together Plan	TUFTS PUBLIC PLANS MASSHEALTH TOGETHER MCO	101302
BMC HealthNet Plan	BMC HEALTHNET MASSHEALTH MCO	100302
Wellforce Care Plan	FALLON WELLFORCE ACO	100813
Community Care Cooperative (C3) ACO	MASSHEALTH COMMUNITY CARE COOPERATIVE/C3 ACO	300118
Partners HealthCare Choice	MASSHEALTH PARTNERS HEALTHCARE CHOICE ACO	300116
EVS Will list PCC site for PCC Plan	MASSHEALTH PCC	300106
Steward Health Choice	MASSHEALTH STEWARD HEALTH CHOICE ACO	300117
Tufts Health Together with Atrius Health	TUFTS PUBLIC PLANS ATRIUS HEALTH ACO	101308



EVS Eligibility Responses - Crosswalk with Epic Plan Codes Partners Contracted Plans in YELLOW

Eligibility Message from MassHealth (EVS)	Epic Plan Name	Plan ID in Epic
BMC HealthNet Plan Community Alliance	BMC HEALTHNET COMMUNITY ALLIANCE ACO	<mark>100306</mark>
BMC HealthNet Plan Mercy Alliance	BMC HEALTHNET MERCY ALLIANCE ACO	100307
BMC HealthNet Plan Signature Alliance	BMC HEALTHNET SIGNATURE ALLIANCE ACO	100308
BMC HealthNet Plan SouthCoast Alliance	BMC HEALTHNET SOUTHCOAST ALLIANCE ACO	100309
Fallon 365 Care	FALLON 365 CARE ACO	100812
Berkshire Fallon Health Collaborative	FALLON BERKSHIRE HEALTH COLLABORATIVE ACO	100811
BeHealthy Partnership	HEALTH NEW ENGLAND BE HEALTHY PARTNERSHIP ACO	103106
My Care Family	NEIGHBORHOOD HEALTH PLAN MY CARE FAMILY ACO	<mark>15000108</mark>
Tufts Health Together with BIDCO	TUFTS PUBLIC PLANS BIDCO ACO	101309
Tufts Health Together with Boston Children's ACO	TUFTS PUBLIC PLANS BOSTON CHILDREN'S ACO	<mark>101311</mark>
Tufts Health Together with CHA	TUFTS PUBLIC PLANS CHA ACO	101310
Tufts Health Together Plan	TUFTS PUBLIC PLANS MASSHEALTH TOGETHER MCO	101302
BMC HealthNet Plan	BMC HEALTHNET MASSHEALTH MCO	<mark>100302</mark>
Wellforce Care Plan	FALLON WELLFORCE ACO	100813
Community Care Cooperative (C3) ACO	MASSHEALTH COMMUNITY CARE COOPERATIVE/C3 ACO	<mark>300118</mark>
Partners HealthCare Choice	MASSHEALTH PARTNERS HEALTHCARE CHOICE ACO	<mark>300116</mark>
EVS Will list PCC site for PCC Plan	MASSHEALTH PCC	<mark>300106</mark>
Steward Health Choice	MASSHEALTH STEWARD HEALTH CHOICE ACO	300117
Tufts Health Together with Atrius Health	TUFTS PUBLIC PLANS ATRIUS HEALTH ACO	101308

