



Physician Guide to Commonwealth Care/Choice



MASSACHUSETTS
MEDICAL SOCIETY

Every physician matters, each patient counts.

**Massachusetts Medical Society
Physician Guide to Commonwealth Care/Choice**

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MMS Physician Guide to Commonwealth Care/Choice

This document is intended to be a guide to physicians and their office staff to assist them and their patients regarding Chapter 58 and its new health care products. This information is intended to serve as a general resource and does not constitute legal advice.

1. Overview

On April 4, 2006 the Massachusetts House and Senate both overwhelmingly approved a compromise bill aimed at extending health insurance coverage to the state's approximately 550,000 uninsured over the next three years. This new law - Chapter 58 or the Acts of 2006- An Act Providing Access to Affordable, Quality, Accountable Health Care ("Chapter 58") provides substantial Medicaid reimbursement increases for physicians and hospitals during that period. The Medicaid reimbursement increases provide \$81 million in additional funding to physicians in escalating amounts over a three-year period. The first rate increase was implemented in July 2006. The legislation also established a MassHealth Payment Policy Advisory Board (which will include a representative of the MMS) to "review and evaluate rates and payment systems." Gov. Mitt Romney signed the bill on April 12, 2006.

The new statute, Chapter 58, expanded Medicaid eligibility for children, increased the enrollment cap on MassHealth Essential (for the unemployed), CommonHealth (for people with disabilities), and HIV programs, restored key benefits (such as eyeglasses and prosthetics) that had been cut and also established a "Wellness Program" for MassHealth patients. In addition, the Commonwealth Health Insurance Connector (the "Connector") was created to make it easier and less costly for small businesses and individuals to purchase insurance with pretax dollars. The Connector oversees Commonwealth Care and Commonwealth Choice, new programs designed to offer affordable health insurance to qualified individuals and small groups. Commonwealth Care offers free or subsidized health insurance to people with income up to 300% Federal Poverty Level (FPL) and Commonwealth Choice offers a number of different health plan products for those who earn more than 300% FPL and do not receive health insurance through their employer. Small groups and businesses may also be able to purchase insurance through the Commonwealth Choice program. Commonwealth Care was implemented on October 1, 2006. Commonwealth Choice health plan products are scheduled to be available for purchase beginning May 1, 2007.

Both Commonwealth Care and Commonwealth Choice are an essential component of the new law because these programs enable individuals and small employers to fulfill their responsibilities to have and provide minimum affordable health insurance coverage by July 1, 2007 or be penalized on their income taxes. Employers with at least 11 employees will be required to pay into the health care pool if they do not provide insurance to their employees and assessed \$295 per uncovered employee per year beginning July 1, 2007.

Chapter 58 created a Health Care Quality and Cost Council within the Executive Office of Health and Human Services (the "Council"). This Council will establish a consumer health information website with cost and quality data to assist patients in decision-making. However, the law provides that the data reported by the Council "should be accurate and

evidence-based, and not imply distinctions where comparisons are not statistically significant.” The MMS is represented on an advisory committee that guides the Council in its work.

Commonwealth Connector Programs:

Commonwealth Care

The first phase of the new law is the Commonwealth Care Health Insurance Program, Commonwealth Care, is a premium assistance program to help uninsured adults purchase health insurance. To qualify, a person must have a household income at or below 300% FPL, not be eligible for MassHealth (Medicaid) or Medicare, and have no access to affordable employer-sponsored coverage within the past 6 months. Massachusetts citizens, qualified aliens, and aliens with special status are eligible while undocumented aliens are not.

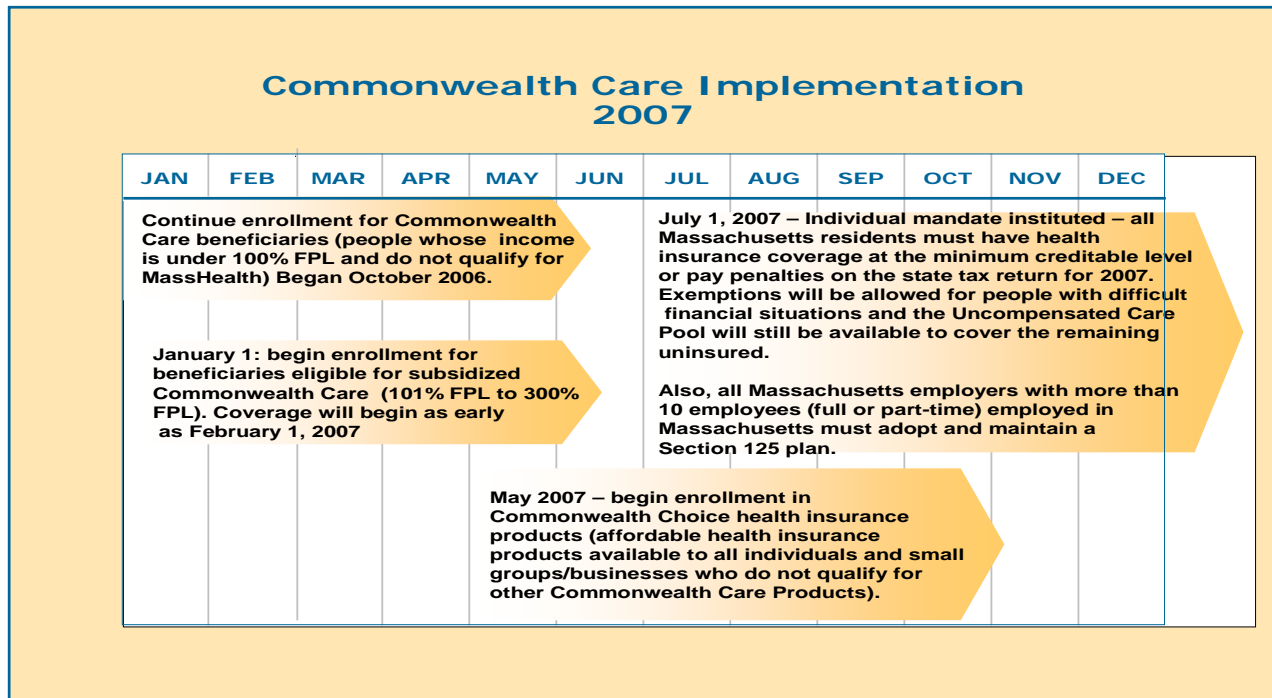
Enrollment for those at or below 100% FPL began October 1, 2006, with the full program available in January 2007. Non-working individuals, the self-employed, and employees from companies of any size are potentially eligible. Employees must either have no access to insurance, or work for employers who contribute less than 33% (or less than 20% for family coverage) towards their insurance costs. Employees who have accepted any financial incentive from the employer to decline the employer’s coverage are not eligible. The amount of the premium subsidy will be determined using an income-based sliding scale. For those whose incomes are at or below 100% FPL, the subsidy will cover the full cost of the premium and only minimal co-payments will apply.

Commonwealth Choice

The second phase of the Commonwealth Connector program is Commonwealth Choice. Beginning May 1, 2007, Commonwealth Choice will sell affordable health insurance products to people who earn more than 300% FPL as well as small groups and employers. There are four levels of products; Gold, Silver, Bronze, and Young Adult offered through 7 health plans which received the Connector Seal of Approval and approval by the Division of Insurance in order to sell the products. Each of these 7 health plans will offer 5 products: 1 Gold level, 2 Silver levels, 1 Bronze level, and 1 Young Adult product. The insurance products offer different benefit levels for buyers to choose from with premiums that vary by plan design, network of providers, and cost sharing. Products at the Gold level have the highest premiums and lowest co-pays and plans at the Bronze level have higher out-of-pocket cost and lower premiums. Young Adult Plans have limited coverage and the lowest premiums; these products follow the same coverage guidelines as mandated college student health insurance products and are available to people between 19 and 26 years of age.

Commonwealth Choice and Commonwealth Care are provided in order to assist Massachusetts residents in meeting the requirement to possess a minimum affordable level of health insurance by July 1, 2007. On March 20, 2007, the Board of the Connector passed minimum creditable coverage standards, which includes prescription drug coverage. However, as of the winter of 2007, implementation of these standards is delayed until 2009. Affordability standards have not been set by the Connector’s Board; however, the standards will include exemptions for people with financial hardship. If a Massachusetts resident does not possess health insurance and is not qualified for a financial exemption, that resident will be penalized on his/her 2007 tax filing.

Timeline for Commonwealth Care/Choice implementation¹:



2. How Chapter 58 Affects Your Practice

Your practice may experience an increase of patients who have become insured recently through Commonwealth Care or Commonwealth Choice. Depending on your location, you may see patients who are not accustomed to visiting a physician office, paying co-pays and deductibles, and/or understanding how their benefits work (such as referrals). Previously, such patients may have gone to community health centers or emergency departments for care on an as-needed basis, and may not be as familiar with preventive care.

In addition, as an employer you may have to adjust your current health plan options for your employees in order to meet the new employer requirements as well as complete forms annually to comply with the new law.

Physician Practice Impact Analysis

As Massachusetts approaches the goal of universal health care coverage, physicians must determine whether their practices can afford to see more patients. To determine the impact on your practice, an assessment should be conducted of your practice's current performance level, expense ratios, and productivity.

¹ Massachusetts Commonwealth Health Insurance Connector Authority.
Accessible at <http://www.mass.gov/?pageID=hichomepage&L=1&L0=Home&sid=Qhic>.

The factors of this type of assessment vary from practice to practice. Understanding your obligations of participation by contractual duty is the first step. Following this, a proper assessment can be made regarding next steps in accommodating or coping with the effect of this on your practice. The following checklist provides some guidance about the types of questions you should be asking:

- ☐ Am I obligated under my current payer agreements to participate in any of these new programs?
- ☐ Am I obligated under any association agreements (IPA/PHO) or memberships to participate in these new programs?
- ☐ How many current patients could this affect in my practice?
- ☐ How many new patient appointments might this new insurance program generate?
- ☐ Can this practice accommodate the administrative burden of this new insurance program, and what might need to be done?

Physicians may want to contact a consultant to review these and other questions to determine the specific impact these programs may have on their practice. For information about consulting services offered by the Physician Practice Resource Center (PPRC) at the Massachusetts Medical Society, see Appendix B – An Overview of Physician Practice Resource Center (PPRC) at the Massachusetts Medical Society.

Determining Eligibility of Patients for Services:

Physicians and their office staff should be aware that MassHealth is assisting the Connector with eligibility processing of Commonwealth Care. If a patient is enrolled or determined eligible for Commonwealth Care, the Recipient Eligibility Verification System (REVS) will display a message notifying you of eligibility and if necessary will inform you which of the four Managed Care Organizations (MCOs) cover that individual in your region. See Appendix F – MassHealth Eligibility REVS Codes.

Once a patients' enrollment starts with a selected health plan, patients will have 60 days to change the health plan if they or their physician feel a different health plan may better meet their needs.

Member insurance cards will vary depending on the Managed Care Organization (MCO) selected. There will not be standard Commonwealth Care or Choice insurance cards.

When you treat an uninsured patient, you can direct them to the appropriate places that will assist the patient in determining which program he/she qualifies for and enrollment in one of many state health care programs including Commonwealth Care and Commonwealth Choice. See Appendix C - Hospital and Community Health Center Contact List.

Physicians, office staff, or patients with questions about Commonwealth Care may call a central number for any information including eligibility and enrollment: **1-877-MA-ENROLL (1-877-623-6765)** or visit the **Commonwealth Care website (www.mass.gov/connector)**

Commonwealth Care Participating Plans and Products:

For the first three years of Commonwealth Care, through 2009, only the current Medicaid Managed Care Organizations (MMCOs) are able to market products to qualified enrollees. Commonwealth Care Products are available to Massachusetts residents through the following health insurers:

- Boston Medical Center HealthNet Plan

- Fallon Community Health Plan
- Network Health
- Neighborhood Health Plan

Primarily, these four Managed Care Organizations (MCOs) offering Commonwealth Care products will be the best source for questions from physicians and office staff. Below is information and details on the MCOs products and coverage areas for Commonwealth Care. See Appendix A for Health Plan Contact Information.

Physician Enrollment and Contract Information

A list of Commonwealth Care service coverage areas can be found in Appendix D².

Physicians interested in Physician Enrollment and billing may contact the MCOs directly:

- Fallon Community Health Plan - 1-866-ASK-FCHP (866-275-3247)
- Network Health - 1-888-257-1985
- Neighborhood Health Plan - 1-800-462-5449
- Boston Medical Center HealthNet Plan - 1-888-566-0008

Physicians may need to sign contracts to be reimbursed for treatment of Commonwealth Care members even if you are already contracted with one or all of the four plans.

² *For Commonwealth Care, health plans have expanded into new service areas and may need to contract with physician practices to ensure that there is a robust network of services in each service area. NOTE: Some health plans cover more or different regions than they cover for their MassHealth products.*

Current Commonwealth Care Managed Care Organizations (MCOs)

	BMC HealthNet Plan Commonwealth Care	Neighborhood Health Plan	Network Health	Fallon Community Health Network
1. Contact Information for Physicians re: billing and enrollment	1-888-566-0008 (Provider) 1-877-957-5300 (Members) 1-800-792-4355 (Prospective members)	1-800-462-5449	1-888-257-1985	1-866-ASK-FCHP (866-275-3247)
2. ID Card (what will physicians see? Logos, copays, etc.)	The front contains: BMC HealthNet Plan Commonwealth Care logo, Member Name, Member ID, PCP, PCP location, Rx/ER/OV co-payments, Plan Type, our website address (www.bmchp.org), logos for our Pharmacy Benefit Manager, Vision and Dental (if appropriate) carriers. The back includes the following phone numbers: member service, vision, mental health/substance abuse, dental– if appropriate, provider, behavioral health, pharmacy. It also includes dental (if appropriate) and vision claim addresses	Logo, ID#, copay info, Rx and or dental coverage info, etc	Network Health logo, Network Health <i>Forward</i> TM logo, member name, member address, member ID number, member DOB, member's plan type and co-payment amounts.	Commonwealth Care Direct Care" and FCHP logo. Copay amounts are indicated on the card.
3. Physician Network	Listing available through (www.bmchp.org) and (macommonwealthcare.com) The most current information can be obtained through Member services at 877-957-5300.	Full listing available at http://www.nhp.org/apps/pub/directory.nhp?file=directory/commonwealth.xml	Available in printed provider directory, online at www.network-health.org , and via Customer Service at 888-257-1985	FCHP Direct Care network

	BMC HealthNet Plan Commonwealth Care	Neighborhood Health Plan	Network Health	Fallon Community Health Network
4. Physician Enrollment: - Sign a new contract? - Credentialing required?	New providers welcomed into the network.	In some cases physicians will have to sign a new contract. If they have not been previously credentialed, it is required.	Credentialing required. Visit provider section of Web site, www.network-health.org for details.	Physicians must be part of the FCHP Direct Care network
5. Areas served	Serves all areas of Massachusetts. Statewide.	Serves Central, Eastern, Northern, Southeastern, and Western Massachusetts	Serves Central, Eastern, Northern, Southeastern, and Western Massachusetts	Serves Central, Eastern, Northern, Southeastern, and Western Massachusetts. The FCHP Commonwealth Care Direct Care service area is Central MA.
6. Where is co-payment information available?	On the ID card, website, and through the Member Evidence of Coverage.	On the ID card, online referral and eligibility application, NHPnet	Information available, but not limited to: On member ID card; In member handbook/EOC; On Web Site – www.network-health.org	On the membership card. In addition, provider may access detailed information via the FCHP online eligibility tool or by contacting FCHP's provider service line (1-866-ASK-FCHP)
7. Reimbursements	Per the provider contract	Based on the NHP Medicaid fee schedule rates	Per the provider contract	FCHP Direct Care rates as indicated in provider contract
8. General Contact Information	General Phone: 1-877-957-5300 (main) 1-800-792-4355 (prospective members) TTY: 1-866-765-0055 Web: www.bmchp.org	General Phone: 1-800-462-5449 TTY: 1-800-655-1761 Web: www.nhp.org	General Phone: 1-888-257-1985 TTY: 1-617-806-8196 Web: www.network-health.org	1-800-868-5200 TTY: 1-877-608-7677 Web: www.fchp.org

Plan Benefit Designs and Co-payments

Commonwealth Care

The plan benefits and co-payments will vary depending upon two factors:

1. Product line – under 100%, 100-200%, or 200-300% of FPL;
2. The Plan in which the individual is enrolled.

Outlined below are the generic benefits and co-payment requirements for the various products³. Benefit plan design summaries are available by contacting the Plans directly.

Service	Under 100% FPL	100-200% FPL	200-300% FPL
PCP/SP	Covered in Full	\$5/\$10	\$10/\$20
Outpt MH/SA	\$0	\$10	\$20
Abortion	Covered in Full	\$50	\$100
Outpatient Surg	Covered in Full	\$50	\$100
X-rays/Labs	Covered in Full	Covered in Full	Covered in Full
RX	\$1/\$3	\$5/\$10/\$30	\$10/\$20/\$40
Emergency Care	\$3*	\$50*	\$75
Inpatient Care	Covered in Full	\$50	\$250
Wellness Benefit	Covered in Full	\$0-10	\$0-20

* Co-payment waived if admitted to an inpatient unit.

A complete listing of Plans, products, service areas and premiums is included in Appendix D.

Commonwealth Choice

The Connector will provide affordable health plan products to small groups/businesses and individuals. The Connector granted its Seal of Approval to seven health plans and their respective proposed health insurance products on March 8, 2007. According to the Connector, the estimated premium for the average uninsured Massachusetts resident will be \$175.

The Connector's website states that "Hundreds of thousands of Massachusetts residents will be eligible to purchase these Commonwealth Choice plans through the Connector starting May 1, [2007] with a July 1, [2007] effective date."

The Connector will offer different benefit levels for buyers to choose from with premiums that vary by plan design, networks of providers (i.e., limited networks) and cost sharing. There will also be lower-priced Young Adults Plans specifically tailored for uninsured individuals between the ages of 19 and 26.

The 7 health plans offering Commonwealth Choice products are:

1. Blue Cross and Blue Shield of Massachusetts
2. ConnectiCare

³ Source: Commonwealth Connector

<http://www.mass.gov/?pageID=hicmodulechunk&L=1&L0=Home&sid=Qhic&b=terminalcontent&f=august3meeting&csid=Qhic>

3. Fallon Community Health Plan
4. Harvard Pilgrim Health Care
5. Health New England
6. Neighborhood Health Plan
7. Tufts Health Plan

Aimed at individuals and businesses with fewer than 50 employees, Commonwealth Choice is also expected to attract many part-time workers and contract employees who historically have not been offered employer-based health insurance.

The three plan levels will all offer comprehensive coverage, including inpatient and outpatient medical care, emergency care, mental health and substance abuse services, rehabilitation services, hospice and vision care. Co-payments, deductibles and out-of-pocket contributions may vary among plans.⁴

As of the release of this publication the proposed health plan products are pending approval by the Division of Insurance.

As information is available updates will be posted to the Massachusetts Medical Society website (www.massmed.org).

See Appendix D for a grid of all health plan products.

3. Information For Your Office Staff and Patients

Helping Patients Determine Eligibility for Enrollment

Individuals will qualify for Commonwealth Care if their income is at or below 300% of FPL and if they do not qualify for MassHealth. Products and co-payments vary depending on income. Many outreach efforts are in process to ensure that all eligible Massachusetts residents obtain health care coverage through Commonwealth Care and/or other state programs. Hospital and community health center financial counselors are all being trained to assist uninsured patients in applying for the new Commonwealth Care programs. Other groups such as Health Care for All and the Greater Boston Interfaith Organization are actively working to help uninsured individuals obtain health care coverage as well.

The Connector developed a flowchart outlining the enrollment process (by web, mail, or fax) to show how individuals may enroll in the program. Please refer to Appendix E – Enrollment Process.

Important Information about Commonwealth Care enrollees

- Commonwealth Care members will be subject to the same annual re-determinations as MassHealth members regarding eligibility.
- Commonwealth Care members will have same obligations as MassHealth and Uncompensated Care Pool members to promptly inform MassHealth of changes in circumstances that affect eligibility (e.g., income).

⁴ Connector Health Authority Press Release, March 3, 2007; NEW HEALTH INSURANCE PLAN WILL BE AVAILABLE FOR UNDER \$200_Connector Authority Board Will Vote On Re-submitted Bids Next Thursday

More information is available at the Connector website www.mass.gov/connector. Your patients or you can contact Commonwealth Care Customer Service Center at 1-877-MA-ENROLL (1-877-623-6765) Monday-Friday from 8 am to 5 pm.

Patient Resources to determine eligibility and enroll:

- **Commonwealth Care Customer Service:**
Telephone: 1-877-MA-ENROLL (1-877-623-6765)
Website: www.macommonwealthcare.com
- **Commonwealth Care Estimated Premiums by region and health plan:**
Estimated premiums by health plan and region for individuals who qualify for the subsidized Commonwealth Care are available at the following link:
http://mass.gov/Qhic/docs/CommCareEnrolleeContribsv1_1.xls
- **Pathways to coverage:**
To help patients determine their eligibility for coverage in MassHealth the Massachusetts Medicaid Policy Institute and the Center for Health Policy Research at University of Massachusetts Medical School have created a resource. Included on the website is a downloadable document that includes flow charts to determine qualifications for health insurance coverage by age and health status. <http://www.pathwaystocoverage.org/>

Resources to help patients obtain affordable health insurance coverage:

- **Health Care For All:** A non-profit state consumer health organization whose mission statement is: "Health Care for All is building a movement of empowered people and organizations with the goal of creating a health care system that is responsive to the needs of all people, particularly the most vulnerable. Health Care For All is dedicated to making quality care the right of all people, and supports a health care system that is universal, comprehensive, and equitable." For information or assistance with enrolling or eligibility go to: www.hcfama.org or call Health Care For All's Helpline at 800-272-4232.

Other state health care programs that patients may be eligible for:

- **Children's Medical Security Program:** The Children's Medical Security Program provides limited benefits for a child up to age 19. CMSP is the health plan for children who are not eligible for MassHealth or do not have private health insurance coverage. The program covers doctor visits, emergency care, primary and preventive services, and limited prescription drugs. For more information [Click Here](#) or call the MassHealth Enrollment Center at 1-888-665-9993.
- **Healthy Start:** Healthy Start provides health insurance for low-income, uninsured pregnant women who are not eligible for MassHealth. Healthy Start provides coverage for pregnancy-related primary and specialty care, labor and delivery, prescriptions, and several other health benefits. For more information see [Click Here](#) or call a Healthy Start representative at 1-888-488-9161.

- **HIV Drug Assistance Program:** HDAP is a drug assistance program for Massachusetts residents with HIV whose incomes are at or under \$50,000/year. HDAP is funded by the Massachusetts Department of Public Health and independently administered by the Community Research Initiative of New England. 1-800-228-2714 [Click here](#) for more information. (Source: "[Pathways to Coverage](#)", *Massachusetts Medicaid Policy Institute*)
- **Insurance Partnership:** The Insurance Partnership is not health insurance, but a program that can help small businesses and self-employed individuals pay for their health insurance premiums based on the annual family income. The Insurance Partnership is for Massachusetts adults only. [Click here](#) for more information on the MA Insurance Partnership.
- **Mass Medline:** This program is a public-private partnership between the Massachusetts Office of Elder Affairs and the Massachusetts College of Pharmacy and Health Sciences. It provides information on both public and private prescription assistance programs to people who are having trouble covering their prescription drug costs. Residents can call a toll-free number to speak with an intake specialist who will collect information on the prescriptions needed and provide assistance in finding programs that will cover their costs. Contact: 1-866-633-1617 or complete the intake form at their website (www.massmedline.com). (Source: "[Pathways to Coverage](#)", *Massachusetts Medicaid Policy Institute*)
- **Prescription Advantage Plan:** This plan is administered by the Executive Office of Elder Affairs, is a prescription drug insurance plan that is available to all Massachusetts residents age 65 and older, as well as younger individuals with disabilities who meet income and employment guidelines. Members pay premiums, deductibles, and co-payments based on their gross annual household income. Prescription Advantage places an annual out-of-pocket spending limit on the amount members pay in deductible and co-payment amounts toward their prescriptions. [Click here](#) for more information on the MA Prescription Advantage Plan. (Source: "[Pathways to Coverage](#)", *Massachusetts Medicaid Policy Institute*)
- **Serving the Health Information Needs of Elders (SHINE) Counseling Program:** SHINE is a free statewide health insurance counseling program for seniors and Medicare beneficiaries in Massachusetts. The SHINE program ensures that individuals have access to unbiased and up-to-date information about their health care options. Contact: 1-800-243-4636 (1-800-AGE-INFO) (Source: "[Pathways to Coverage](#)", *Massachusetts Medicaid Policy Institute*)

4. Practice/Employer Responsibility

Your new responsibilities as an employer: The Connector provides an employer handbook to help employers navigate the new health insurance coverage requirements. [Click Here](#) to read the guide.

Individual Responsibility

Current law states that by July 1, 2007, individuals will be required to purchase health insurance that meets state requirements for minimum coverage. Regulations for the definition of minimum coverage will be defined in regulations by the Connector in the Spring of 2007.

Individuals who cannot show proof of health insurance coverage by December 31, 2007, will lose their personal income tax exemption when filing their 2007 income taxes. The 2006 personal exemption is \$3,850 for an individual, which translates into a tax savings of approximately \$204 for an individual (5.3 percent of \$3,850). However, failure to meet the requirement in 2008 will result in a fine for each month the individual does not have coverage. The fine will equal 50 percent of the least costly, available insurance premium that meets the standard for creditable coverage.

The Department of Revenue will enforce the individual mandate through the tax collection process.

The mandate is only required if insurance products are deemed affordable and if a person does not qualify for an exemption. The definition of affordability and related exemptions is expected to be defined in regulation by the Connector in the Spring of 2007.

5. How the Massachusetts Medical Society Physician Practice Resource Center (PPRC) Can Help You

In the process of determining the effect of these changes on your practice, a professional consultant may be of value. A consultant can assist you in determining the overall health of your practice as well as identify potential issues that may need addressing.

The PPRC provides practice management consulting services that can assess your level of performance and analyze your expense ratios and productivity, following up with recommendations designed to provide realistic approaches to coping with your practice's environment. Specifically, the PPRC can assist with:

- ✓ Detailed financial analysis of your practice's current performance, and benchmarking against national levels.
- ✓ Analysis of the current productivity of your practice, and benchmarking against national averages.
- ✓ Workflow analysis
- ✓ Practice specific recommendations for improvement

Contact the Physician Practice Resource Center's consulting services at 781-434-7702, or e-mail Adam Shlager at ashlager@mms.org.

6. Frequently Asked Questions

Frequently Asked Questions For Physicians⁵

General

1. What is a Commonwealth Care Plan Type?

A Plan Type is a scope of health benefits that is available to a group of eligible Commonwealth Care individuals based on their income. Each Plan Type has a certain list of health benefits and co-payments.

Commonwealth Care has four Plan types:

- Plan Type 1 is available to those under 100% FPL
- Plan Type 2 is available to those greater than 100% FPL but at or below 200% FPL.
- Plan Type 3 and 4 is available to those greater than 200% FPL but at or below 300% FPL

2. How do I contact the health plans regarding billing and contracting issues?

Providers interested in Provider Enrollment and Provider billing should contact one of the Medicaid MCOs directly:

- Fallon Community Health Plan - 1-866-ASK-FCHP (866-275-3247)
- Network Health - 1-888-257-1985
- Neighborhood Health Plan - 1-800-462-5449
- Boston Medical Center HealthNet Plan - 1-888-566-0008

Eligibility/Enrollment/Coverage

3. How do I check a patient's eligibility?

Effective October 1, 2006, the Recipient Eligibility Verification System (REVS) will display new messages when a member is enrolled or determined eligible to enroll in one of the four Managed Care Organizations.

More information is available at the Connector website www.mass.gov/connector. Patients with questions about Commonwealth Cares can contact Commonwealth Care Customer Service Center at 1-877-MA-ENROLL - (1-877-623-6765) Monday-Friday from 8 am to 5 pm.

4. What if a patient's income changes?

It is the enrollee's responsibility to inform Commonwealth Care of income changes. A pay check stub is required as proof and they will be re-enrolled at the proper level depending on the change in income and un-enrolled if the income goes over 300% FPL.

5. How can a physician find out what co-payment amount the Commonwealth Care member will need to pay?

⁵ FAQs answered directly by Connector staff

The physician should check the member's Managed Care Organization (MCO) identification card and contact the MCO plan directly for this information if there are any questions. This information will not be listed on the Recipient Eligibility Verification System (REVS).

Co-payments for all Commonwealth Care products:

The plan benefits and co-payments will vary depending upon two factors:

1. Product line – under 100%, 100-200%, 200-300% and over 300%;
2. The Plan in which the individual is enrolled.

Outlined below are the generic benefits and co-payment requirements for the various products⁶. Benefit plan design summaries are available by contacting the Plans directly.

Service	Under 100% FPL	100-200% FPL	200-300% FPL
PCP/SP	Covered in Full	\$5/\$10	\$10/\$20
Outpt MH/SA	\$0	\$10	\$20
Abortion	Covered in Full	\$50	\$100
Outpatient Surg	Covered in Full	\$50	\$100
X-rays/Labs	Covered in Full	Covered in Full	Covered in Full
RX	\$1/\$3	\$5/\$10/\$30	\$10/\$20/\$40
Emergency Care	\$3*	\$50*	\$75
Inpatient Care	Covered in Full	\$50	\$250
Wellness Benefit	Covered in Full	\$0-10	\$0-20

* Co-payment waived if admitted to an inpatient unit.

6. Are Commonwealth Care beneficiaries covered for out-of-state services?

MCOs provide coverage for out-of-state emergencies and urgent care services. Routine care, follow-up care, or care that could have been foreseen prior to leaving the state would not be covered.

7. Can a patient change health plans after the 60-day window?

After a Commonwealth Care member's enrollment starts, the individual will have 60 days to change health plans for any reason. After the 60-day period has passed, the individual may only change health plans for the following reasons:

- The member moves and the new address is outside of the health plan's service area;
- The member demonstrates to the Connector that the health plan has not provided access to health-care providers that meet your health-care needs over time, even after asking the health plan for help; or
- The member's primary care provider is no longer part of the health plan or there is a significant change in the health plan's group of providers.

⁶ Source: Commonwealth Connector

<http://www.mass.gov/?pageID=hicmodulechunk&L=1&L0=Home&sid=Qhic&b=terminalcontent&f=august3meeting&csid=Qhic>

If the Connector agrees that the member meets one of the reasons above and there is at least one business and one calendar day left in the month, the effective date of the new plan will be the first day of the month following the date of the change.

Billing

8. If a patient's coverage changes will a physician still receive reimbursement?

Yes, while a patient is transitioning to a new coverage type due to eligibility changes, the physician will still be paid under the patient's most recent coverage during the month that the change occurs. An important basic tenet of Commonwealth Care enrollment operations is that enrollment always starts on the first day of a month and ends on the last day. Coverage will always be provided during these time frames, so appropriate claims should be processed for care provided during the month of the eligibility change.

9. Can a physician collect co-payments?

Yes, providers may collect co-payments for Commonwealth Care members. The Commonwealth Care program has developed a schedule for co-pays based on the Plan Type and service(s) provided. Co-payments are either collected at point-of-service or billed.

10. Can a patient be billed co-pays? What if a patient does not pay?

Providers have the right to refuse to provide a service to a Commonwealth Care member who does not pay the co-payment at point-of-service. If the provider decides to provide the service, members will still owe the provider for the co-payment. Providers may use any legal method to collect the money owed.

11. Will reimbursement be retroactive when a patient switches health plans?

No, there should be no need for retroactive reimbursement, since Commonwealth Care enrollments are always prospective, with enrollments always beginning on the first of a month and ending on the last day of a month.

Contracting

12. Do I need to sign a new contract with each health plan to participate in Commonwealth Care?

Provider contracting is handled by each of the Commonwealth Care MCOs. The MCO may have different coverage areas for MassHealth and the subsidized Commonwealth Care products. Providers should check with the MCO if they are interested in being part of their Commonwealth Care network.

13. If I sign a new contract how quickly can I be enrolled as a provider and will the new contract require credentialing?

Provider enrollment processes may vary among the MCOs, so providers must contact each MCO directly for details. All providers are required to be credentialed prior to becoming providers for the MCOs.

14. Are out-of-network physicians covered? For example, if a physician sees a patient in the hospital or as an out-patient that is covered by a plan in which the physician is not a contracted provider?

Commonwealth Care MCOs must offer a provider network sufficient to provide access to all Commonwealth Care covered benefits. In the event an MCO is unable to provide access to a certain benefit with its existing network, the MCO must have in place protocols to address the situation, which may include use of out-of-network providers. In addition, if providers are not a contracted provider for a member's MCO, they should not be routinely seeing patients in a hospital or other setting.

15. Does Commonwealth Care work like MA Health in regards to closing a panel (For example, if I close my practice to new patients I must close it to all new patients)?

Yes, similar to MassHealth, Commonwealth Care MCOs must prohibit their providers from closing or otherwise limiting acceptance of Commonwealth Care members as patients unless the same limitation applies to all MassHealth or commercially insured persons.

Frequently Asked Questions For Employers⁷

(Updated February 15, 2007)

1. What are the new requirements for employers?

Fair Share Contribution

Employers with 11 or more full-time equivalent employees that do not make a “fair and reasonable” premium contribution for their employees’ health insurance will be subject to pay a Fair Share Contribution. The Fair Share Contribution will be no more than \$295 per employee per year. This amount is pro-rated for part-time employees. Liability for the Fair Share Contribution is based on data from October 1, 2006 to September 30, 2007.

Section 125 Plan/Free Rider Surcharge

Employers with more than 10 employees must adopt and maintain a Section 125 plan that meets the regulations of the Connector. A Section 125 plan allows employees to pay for health insurance coverage on a pre-tax basis, and is not subject to state and federal taxes or federal FICA withholding taxes. A Section 125 plan can benefit both the employer and the employee since they both will have lower payroll-related taxes. The requirement goes into effect on July 1, 2007.

Employers with more than 10 employees that do not offer a Section 125 plan that meets the regulations of the Connector to all employees and that have employees or dependents who receive “state-funded health services” may be subject to the Free Rider Surcharge. Here, “state-funded health services” refers to health services that are paid for by the state through the Uncompensated Care Trust Fund (also known as the “free care pool”) or the Health Safety Net Trust Fund. The amount of the Free Rider Surcharge will vary based upon the number of employees, the utilization of the “free care pool” or the Health Care Safety Net, total state funded costs, and the percentage of employees enrolled in the employer’s health plan. The Free Rider Surcharge goes into effect on July 1, 2007.

Health Insurance Responsibility Disclosure (HIRD)

Employers with more than ten employees are required to complete an Employer Health Insurance Responsibility Disclosure (HIRD) Form. On this form, employers will report information such as: does the employer offer its employees a Section 125 plan that meets the regulations of the Commonwealth Connector? The Division of Health Care Finance & Policy (DHCFP) will issue regulations about the HIRD form, to be effective on July 1, 2007.

2. What is a “fair and reasonable” premium contribution for the purposes of determining the Fair Share contribution?

An employer will make a “fair and reasonable” premium contribution if it passes either of the following tests:

Primary test: at least 25% of full-time (35 hours or more per week) employees are enrolled in the employer’s health insurance plan and the employer is making a financial contribution to it.

Secondary test: the employer offered to pay at least 33% of the premium cost of its health insurance plan offered to all full-time employees who are employed at least 90 days during the period of October 1, 2006 to September 30, 2007.

⁷ Source: The Commonwealth Health Insurance Connector:
[http://www.mass.gov/?pageID=hicterminal&L=2&L0=Home&L1=Frequently+Asked+Questions+\(FAQ\)&sid=Qhic&b=terminalcontent&f=for_employers&csid=Qhic](http://www.mass.gov/?pageID=hicterminal&L=2&L0=Home&L1=Frequently+Asked+Questions+(FAQ)&sid=Qhic&b=terminalcontent&f=for_employers&csid=Qhic). Accessed February 27, 2007

3. If an employer offers more than a 33 percent premium contribution to one group of full-time employees, but less than 33 percent to another group of full-time employees, does it pass the secondary test?

No. The employer must offer at least 33 percent to all full-time employees who were employed at least 90 days during the period from October 1, 2006 to September 30, 2007 in order to pass the secondary test.

4. What are the rules for multi-state employers with Massachusetts locations?

The employer must perform the primary and secondary Fair Share tests for all employees at Massachusetts locations, whether or not they are Massachusetts residents.

5. If an employer does not make a “fair and reasonable” contribution to its employees’ health insurance premiums, what happens?

The employer must pay an assessment of up to \$295 per employee, per year. The Division of Unemployment Assistance (DUA) will issue rules about the determination of the contribution, as well as how to make required payments.

6. If employees don’t have health insurance, what consequences will they face as individuals?

The health care reform law created a requirement that all Massachusetts residents age 18 and over (with some exceptions) obtain and maintain health insurance that meets minimum coverage requirements beginning July 1, 2007. This is known as the individual mandate.

With some exceptions, individuals who cannot show proof of health insurance coverage that meets the standard of minimum creditable coverage by Dec. 31, 2007, will lose their personal income tax exemption when filing their 2007 income taxes.

Failure to meet the individual mandate in 2008 will result in a fine for each month the individual does not have coverage. The fine will equal 50 percent of the least costly, available insurance premium that meets the standard for minimum creditable coverage.

7. Who will oversee enforcement of the individual mandate?

The Department of Revenue will enforce the individual mandate through the state personal income tax collection process.

8. Will employers be subject to penalties if their employees refuse health insurance?

No. If employees refuse employer-sponsored health insurance, the employer will not be held responsible.

9. What will an employer be required to do if an employee declines employer-sponsored health insurance?

Employers with more than ten employees must collect and retain for three years an Employee Health Insurance Responsibility Disclosure Form (HIRD) for each employee who declines the employer-sponsored health plan. These forms will be developed by the Division of Health Care Finance and Policy (DHCFF) and, once developed, will be available on the Connector’s website

Frequently Asked Questions For Patients⁸

1. What is Commonwealth Care?

Commonwealth Care is a health insurance program for low-income residents of Massachusetts. It is administered through the Connector. Coverage under Commonwealth Care is through a choice of private health insurance plans. The Connector helps eligible individuals choose and enroll in a health plan that works for them. Once enrolled, individuals will become a member of the health plan they select. For information on eligibility and applying for Commonwealth Care, please call 1-877-MA-ENROLL or visit www.macommonwealthcare.com.

2. What is Commonwealth Choice?

Administered through the Connector, Commonwealth Choice is a health insurance program for Massachusetts residents and small employers. Individuals will be able to choose from a variety of private health insurance options and small employers will either contribute to and make available health insurance plans to their employees or allow for pre-tax premium deductions for health insurance through the Connector. The Connector will assist eligible individuals and employers choose and enroll in a health plan that works for them. Once enrolled, individuals will become a member of the health plan they select. Enrollment in Commonwealth Choice will begin on May 1, 2007 for effective coverage beginning July 1, 2007.

3. How do I know if I am eligible for Commonwealth Care or Commonwealth Choice?

Commonwealth Care has specific eligibility requirements. Broadly, these are: Your family's income before taxes is at or below 300% of the federal poverty level; you are uninsured; you are a U.S. citizen/national, qualified alien, or alien with special status; and you are age 19 or older (*eligible persons under age 19 receive MassHealth benefits through MassHealth). Please call 1-877-MA-ENROLL or visit www.macommonwealthcare.com for additional information on eligibility for Commonwealth Care.

Commonwealth Choice is different - it is not a subsidized health insurance program, but a program for individuals and small businesses to purchase health insurance on their own. If you are an individual, please visit www.mass.gov/connector for additional information. If you are a small business, please review the FAQs for Employers on this site for additional information.

4. Does the statute define a dependent?

The statute does not explicitly define "dependent." It does; however, refer to a "dependent under the Internal Revenue Code."

A simplified summary of the definition of dependent in Internal Revenue Code (the official definition is many pages long) is: either a "qualifying child" or a "qualifying relative."

Generally, a "qualifying child" is: (a) a child (including stepchild, adopted child, or eligible foster child), or a sibling (or stepsibling) of the taxpayer, or a descendant of either; (b) has resided in the principal abode of the taxpayer for more than half of the relevant calendar

⁸ Source: Commonwealth Health Insurance Connector:
[http://www.mass.gov/?pageID=hicterminal&L=2&L0=Home&L1=Frequently+Asked+Questions+\(FAQ\)&sid=Qhlc&b=terminalcontent&f=for_individuals&csid=Qhlc](http://www.mass.gov/?pageID=hicterminal&L=2&L0=Home&L1=Frequently+Asked+Questions+(FAQ)&sid=Qhlc&b=terminalcontent&f=for_individuals&csid=Qhlc)

year; (c) has not attained age 19 (or is a student who has not attained age 24 as of the end of the year); and (d) has not provided more than half of his or her support for that year. A child who does not satisfy the qualifying child definition may be a "qualifying relative."

Generally, a "qualifying relative" is an individual who: (a) is a child (including stepchild, adopted child, or eligible foster child), a sibling (including stepsiblings), the taxpayer's father or mother or an ancestor of either of them, a stepparent, a niece or nephew, an aunt or uncle, certain in-laws of the taxpayer, or an individual, other than a spouse, who resides in the principal abode of the taxpayer and is a member of the household; (b) has gross income in the relevant calendar year not exceeding the exemption amount (\$3,200 for 2005); (c) receives more than half of his or her support for the year from the taxpayer; and (d) is not a qualifying child of any other taxpayer for the calendar year.

5. If employees don't have health insurance, what consequences will they face as individuals?

Individuals who cannot show proof of health insurance coverage by Dec. 31, 2007, will lose their personal income tax exemption when filing their 2007 income taxes. The 2006 personal exemption is \$3,850 for an individual, which translates into a tax savings of approximately \$204 for an individual (5.3 percent of \$3,850). However, failure to meet the requirement in 2008 will result in a fine for each month the individual does not have coverage. The fine will equal 50 percent of the least costly, available insurance premium that meets the standard for creditable coverage.

6. Who will oversee enforcement of the mandate?

The Department of Revenue will enforce the individual mandate through the tax collection process.

7. Will employers be subject to penalties if employees refuse health insurance?

No. If employees refuse employer-sponsored health insurance, the employer will not be held responsible.

8. If someone is working for a period of time but not eligible or covered for a period of time, e.g., an apprentice or someone who has a waiting period of x number of months or x number of hours, is he/she eligible for Connector Coverage?

Yes. Such a person could enroll in Commonwealth Care if his/her income falls below 300% FPL. Such a person could also purchase a Commonwealth Choice product as an individual beginning on May 1, 2007.

9. What will the employer be required to do if an employee declines employer-sponsored health insurance?

Employers with 11 or more employees must file a Health Insurance Disclosure Form for employees. These forms will be distributed by the Division of Health Care Finance and Policy and will be available on the Connector's website. www.mass.gov/connector.

10. Will people who retire before they are eligible for Medicare be eligible for Connector products at any level?

Yes. Such a person could enroll in Commonwealth Care, so long as he/she meets normal eligibility requirements (i.e. – income is below 300% FPL). Such a person could also purchase a Commonwealth Choice product as an individual through the Connector. Ideally, that person would become a Medicare beneficiary upon reaching the age of 65 consistent with eligibility for that program.

7. Glossary

Commonwealth Health Insurance Connector Authority (the Connector): The Commonwealth Health Insurance Connector Authority is an independent authority created, under Chapter 58 of the Acts of 2006, as part of the sweeping reform designed to increase access to health care in Massachusetts. It was organized in June 2006 and launched its first major program of health coverage in the Fall of 2006. The Connector serves as a bridge between eligible individuals, small employers, and health plans to promote affordable private health insurance to uninsured residents of Massachusetts. (Source: Connector website)

Community Health Centers (CHC): Local health centers that provide primary health care services to the insured, underinsured, and uninsured. Free care or sliding-scale fee reduction based on income is available. The services provided and the fees charged vary from center to center. (Source: *Reference "Pathways to Coverage"*)

ERISA: The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for pension plans in private industry. For example, if your employer maintains a pension plan, ERISA specifies when you must be allowed to become a participant, how long you have to work before you have a non-forfeitable interest in your pension, how long you can be away from your job before it might affect your benefits, and whether your spouse has a right to part of your pension in the event of your death. Most of the provisions of ERISA are effective for plan years beginning or after January 1, 1975⁹.

Fair Share Contribution: An employer of 11 or more full-time equivalent employees who does not satisfy the requirements for a fair and reasonable premium contribution will owe a fair share contribution to the state of \$295 per full-time employee per year, plus the pro rata share of \$295 for part-time and seasonal employees.

Federal Poverty Level (FPL): The amount of income determined by the federal Department of Health and Human Services to provide a bare minimum for food, transportation, shelter, and other necessities. FPL income guidelines are updated annually and vary according to family size. Public assistance programs such as Medicaid define eligibility using some percentage of the FPL as income limits. See the end of this publication for an FPL chart with various levels. (Source: *"Pathways to Coverage", Massachusetts Medicaid Policy Institute*)

Free Rider Surcharge: A penalty that an employer with more than 10 (part- or full-time) employees fails to offer a Section 125 plan and:

- ☐ An employee or dependent receives free care with more than three state-funded hospital admissions or physician visits per year; or
- ☐ The company has five or more instances of employees or dependents receiving free care in a year.

In the first year, the surcharge will range from 10 percent to 55 percent of the cost of free care for employees, with an exemption on the first \$50,000 of state-funded cost per employer.

Health Insurance Disclosure Form (HIRD): Employers with 11 or more employees must file a Health Insurance Disclosure Form for employees who decline employer-sponsored health insurance. These forms will be distributed by the Division of Health Care Finance and Policy and will be available on the Connector's website.

⁹ United States Department of Labor accessible at http://www.dol.gov/ebsa/compliance_assistance.html

Insurer: A carrier authorized to transact accident and health insurance under chapter 175, a nonprofit hospital service corporation licensed under chapter 176A, a nonprofit medical service corporation licensed under chapter 176B, a dental service corporation organized under chapter 176E, an optometric service corporation organized under chapter 176F and a health maintenance organization licensed under chapter 176G. (Source: MGL 176G §1)

Individual Practice Association (IPA): A network of licensed physicians and other health care providers who practice in their own offices as part of a group for the purposes of contracting with and participating in a managed care plan.

Member Benefit Request (MBR): Paper application for Commonwealth Care and MassHealth. The mail-in address appears on the application. [Click here](#) to access applications. (Source: Connector FAQs)

Physician Health Organization (PHO): A cooperative entity that is formed between hospitals and physicians to provide a network, usually for the purposes of contracting with and participating in a managed care plan.

Section 125 Plan: A type of health insurance plan that saves employers FICA taxes and generally re-pay the administrative costs of set-up after the first employee signs up. A Section 125 plan allows employees to pay for health insurance coverage on a pre-tax basis that is not subject to state and federal taxes or federal FICA withholding taxes. (Source: Connector FAQs)

Uncompensated Care Pool: A state program that reimburses acute hospitals and community health centers (CHCs) for some of the cost of medically necessary services (not including independent labs and physician fees) provided to low-income, uninsured, and underinsured people.

Patients can apply at the individual hospital or CHC for “free care” (available to patients with a household income at or below 200% FPL), partial free care (which has a deductible and is available to patients with a household income greater than 200% but not more than 400% FPL) or medical hardship assistance (for patients at any income level with medical expenses that exceed 30% of household income plus assets). All applicants are required to use the joint MassHealth/Uncompensated Care Pool application form, also known as the Medical Benefits Request form. (Reference: Pathways to Coverage)

Appendix A
Health Plan Contact Information:

Boston Medical Center Healthnet Plan:

Member Services: 1-800-792-4355

TTY: 1-866-765-0055

Alcohol, Drug Abuse and Mental Health Services: 1-877-957-5600

TTY: 1-866-765-0055

Web site: www.bmchp.org

Network Health:

Customer Service: 1-888-257-1985

TTY: 1-617-806-8196

Alcohol, Drug Abuse and Mental Health Services: 1-888-257-1986

TTY: 1-617-806-8196

Web site: www.network-health.org

Fallon Community Health Plan:

Member Services: 1-800-868-5200

TTY: 1-877-608-7677

Alcohol, Drug Abuse and Mental Health Services (Beacon Health Strategies): 1-888-421-8861

TTY: 1-781-994-7660

Web site: www.fchp.org

Neighborhood Health Plan:

Customer Care Center: 1-800-462-5449

TTY: 1-800-655-1761

Alcohol, Drug Abuse and Mental Health Services (Beacon Health Strategies): 1-800-414-2820

TTY: 1-781-994-7660

Web site: www.nhp.org



Appendix B:

Consulting Services:

- **Administrative Process Improvement:** Review Client's general office procedures and work with Client to develop an action plan for suggested workflow improvements, if necessary. Identify resources for implementing the action plan.
- **Software Assessment and Selection:** Evaluate Client's existing practice computer hardware/software, billing system or vendor, phone systems, and general office machinery for efficiency, compatibility, and operation with respect to HIPAA. Work with Client to develop a work plan for improvements. Identify options for new systems.
- **Financial Strategy Development:** Analyze Client's practice revenue, expenses and collections. Work with Client to develop recommendations that may help increase overall profitability. Evaluate Client's revenue cycle processes to help Client try to maximize accounts receivable recovery and minimize payment denials.
- **HIPAA Package:** Evaluate Client's understanding of HIPAA Transactions and Code Sets, Privacy, Security, and other associated regulations. Work with Client to develop an action plan to implement changes required by these regulations.
- **Marketing Strategy Development:** Perform a market analysis to provide information for Client's practice expansion and/or consolidation of activities. Work with Client to develop a marketing plan that may help increase Client's practice visibility.
- **Patient Satisfaction:** Analyze Client's current practice environment, provide tools to survey existing patients, and offer suggestions that may help improve patient satisfaction
- **Practice Start-up:** Provide information, resources, and assistance to open a new physician practice.
- **Supply Management:** Evaluate Client's options for group purchasing and discounts for office equipment, practice equipment, medical and non-medical consumables, and other products and services.

Why Choose PPRC's Consulting Services?

- Knowledgeable consultants with hands-on physician practice management and Massachusetts health plan reimbursement experience.
- Resources and services offered by the PPRC are carefully scrutinized to be timely, accurate, and practical for busy physician offices.
- MMS reputation for producing high-quality products and services.
- A thirty-five percent (35%) discount for Massachusetts Medical Society (MMS) members is applied to the standard consulting fee.

To learn more contact the PPRC:

Adam Shlager, MS
PPRC Practice Management Consultant
Phone: (781) 434-7702
Cell: (603) 315-6689
Email: ashlager@mms.org
Visit the PPRC homepage:
www.massmed.org/pprc

Appendix C:

Hospital contacts for patients to contact to determine eligibility in state health care programs.

Visit www.gethealthcoverage.net for a listing of Community Health Centers in MA and the most up-to-date listing of hospital contacts.

Hospital/Contact	Office Locations	Phone Numbers	Hours of Operations
Baystate Medical Center / Financial Counselors	759 Chestnut Street, Springfield, MA 01199	413-794-2452	7:30am to 4:30pm, M-F
Berkshire Medical Center / Advocacy for Access	725 North Street, Pittsfield, MA 01201	1-888-822-2237	7:00am to 4:00pm - M-F
Beth Israel Deaconess Needham Hospital / Financial Counselor	148 Chestnut Street, Needham, MA 02492	781-453-3070	8:30am to 4:30pm - M-F
Caritas Carney Hospital / Financial Coordinators	2100 Dorchester Avenue, Dorchester, MA 02124	617-506-4554	8:00am to 8:00pm - M-F
Caritas Carney Hospital / Financial Counselor	2100 Dorchester Ave., Dorchester, MA. 02124	617-506-4554	8:00am to 8:00pm - M-F
Caritas Good Samaritan Medical Center / Patient Financial Counselors	235 N. Pearl Street, Brockton, MA 02301	508-427-3053	7:30am to 9:30pm - M-F, 2:00pm to 9:30pm Sat
Caritas Norwood Hospital / Financial Coordinators	800 Washington Street, Norwood, MA 02062	781-278-6143	8:00am to 8:00pm - M-F
Cooley Dickinson Hospital / Hampshire HealthConnect Program	30 Locust St, P.O. Box 5001, Northampton, MA 01060-50	413-582-2848	8:00am to 4:30pm - M-F
Emerson Hospital / Financial Counselors	133 Old Road To 9 Acre Corner, Concord, MA 01742	978-287-3064	7:00am to 5:00pm - M-F
Fairview Hospital / Advocacy for Access	29 Lewis Ave., Great Barrington, MA 01230	1-888-822-2237	9:00am to 3:00pm - M-F
HealthAlliance Hospital / Gateway Health Access Program	60 Hospital Road, Leominster, MA 01453	978-466-2307	8:30am to 5:00pm - M-F
Heywood Hospital / Gateway Health Access Program	242 Green Street, Gardner, MA 01440	978-630-6562	8:30am to 5:00pm - M-F
Jordan Hospital / Financial Counselor	275 Sandwich Street, Plymouth, MA 02360	508-830-2046	9:00am to 4:00pm - M-F
Lawrence General Hospital / Patient Financial Services	One General Street, Lawrence, MA 01842	978-683-4000, 2069	8:00 am to 4:30pm - M-F
Lowell General Hospital / Patient Financial Counselors	295 Varnum Avenue, Lowell, MA 01854	978-937-6600	9:00am to 4:00pm - M-F

Marlborough Hospital / Financial Counselors Office	157 Union Street, Marlborough, MA 01752	508-486-5864	7:30am to 4:00pm - M-F
Massachusetts Eye & Ear Infirmary / Financial Counselors	243 Charles Street, Boston, MA 02114	617-573-3073	8:00am to 5:00pm - M-F
Massachusetts General Hospital / Patient Financial Services and Registration	55 Fruit Street, Wang Building, Boston, MA 02114	617-726-2191	7:30am to 8:00pm - M-F, 9:00am to 4:00pm - Sat, 9:00am to 4:00pm - Sun
Milton Hospital / Financial Coordinators		617-313-1388	7:00am to 3:30pm - M-F
Nantucket Cottage Hospital / Health Care Advocate	57 Prospect St (Room 208), Nantucket, MA 02554	508-825-8256	8:00am to 4:00pm, M-F
Nashoba Valley Medical Center / Financial Counselors	200 Groton Road, Ayer MA 01432	978-784-9237	8am to 4:00pm - M-F
Newton -Wellesley Hospital / Financial Counseling Office	2014 Washington Street, Newton, MA 02462	617-243-6824	7:30am to 5:00pm - M-F 11:00am to 7:30pm- every other weekend
North Shore Medical Center - Salem Hospital / Patient Access Services	81 Highland Avenue, Salem, MA	781-477-3555	7:00am to 11:00pm - M-F 10:00am to 8:00pm - Weekends
North Shore Medical Center - Union Hospital / Patient Access Services	500 Lynnfield Street, Lynn, MA	978-825-6900	7:00am to 11:00pm - M-F 10:00am to 8:00pm - Weekends
Saint Vincent Hospital / Patient Financial Services	123 Summer Street, Worcester, MA 01608	508-363-6130	8:00am to 8:30pm - M-F
Saints Medical Center / Financial Counselors	1 Hospital Drive, Lowell, MA 01852	978-458-1411	8:00am to 4:30pm - M-F
Southcoast - Charlton Memorial Hospital / Patient Financial Services Department	363 Highland Ave, Fall River, MA 02720	508-679-7264	8:00am to 4:00pm - M-F
Southcoast - St. Luke's Hospital / Patient Financial Services Department	101 Page Street, New Bedford, MA 02740	508-961-5070	8:00am to 4:00pm - M-F
Southcoast - Tobey Hospital / Patient Financial Services Department	43 High Street, Wareham, MA	508-273-4027	8:00am to 4:00pm - M-F
UMass Memorial Memorial Campus / Financial Counselors	119 Belmont Street, Worcester MA 01605	508-334-5788	7:00am to 11:30pm - M-F
UMass Memorial University Campus / Financial Counselors	55 Lake Ave North, Worcester MA 01608	508-334-7829	7:00am to 11:30pm - M-F





1 Appendix D: Participating Plans and Products



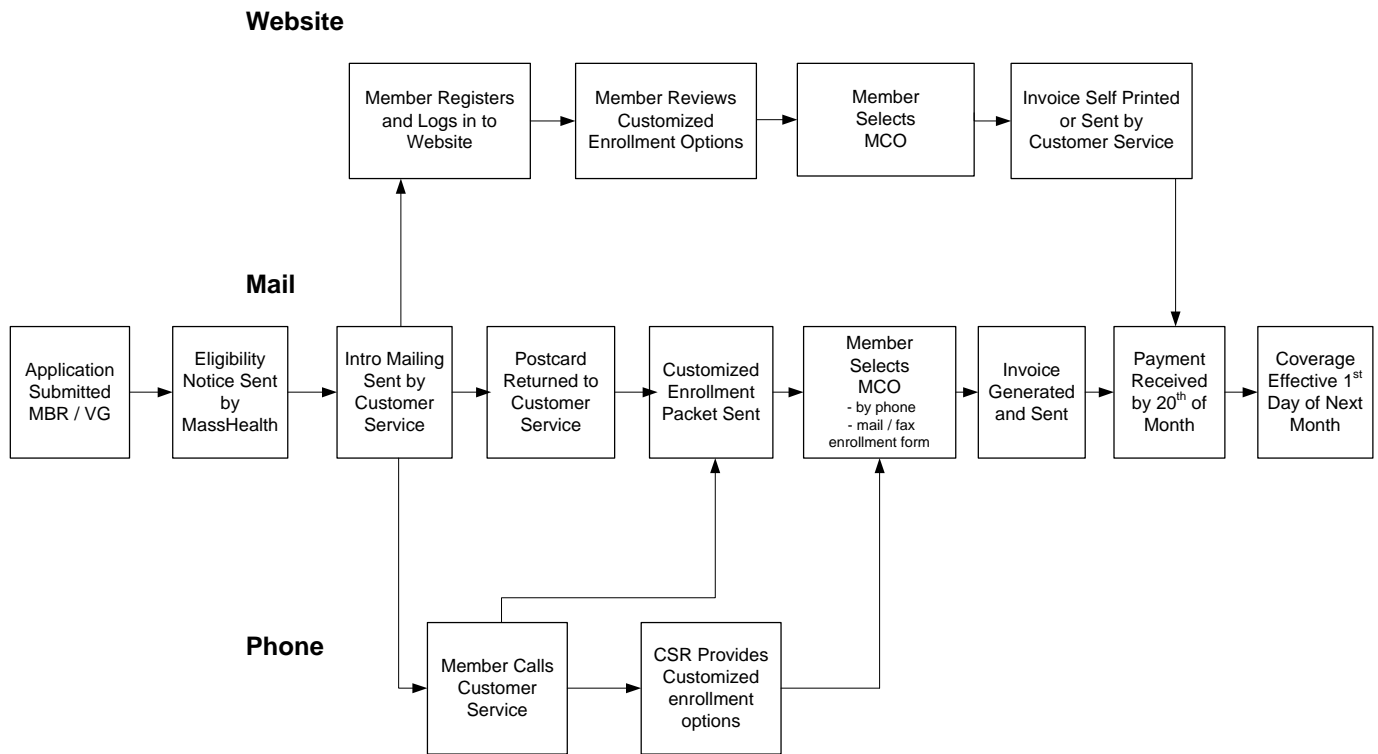
Health Plans in Commonwealth Care			
Contact: Boston Medical Center (BMC) HealthNet Plan — Phone: 1-800-792-4355 TTY: 1-866-765-0055 Web: www.bmchp.org	Contact: Fallon Community Health Plan (FCHP) — Phone: 1-800-868-5200 TTY: 1-877-608-7677 Web: www.fchp.org	Contact: Neighborhood Health Plan (NHP) — Phone: 1-800-462-5449 TTY: 1-800-655-1761 Web: www.nhp.org	Contact: Network Health — Phone: 1-888-257-1985 TTY: 1-617-806-8196 Web: www.network-health.org
About this plan Areas served: BMC HealthNet Plan serves all areas of Massachusetts Languages: Has providers or medical staff who speak English, Spanish, Haitian Creole, Portuguese, Russian and more Offices: Has medical providers (doctors) who practice in: <ul style="list-style-type: none"> • Community Health Centers • Hospital-based group practices • Multi-specialty group practices • Private group or individual offices 	About this plan Areas served: FCHP serves Central and Eastern Massachusetts Languages: Has providers or medical staff who speak English, Spanish, Hindi, Portuguese, Russian, Chinese and more. Offices: Has medical providers (doctors) who practice in multi-specialty group practices.	About this plan Areas served: NHP serves Central, Eastern, Northern, Southeastern, and Western Massachusetts Languages: Has providers or medical staff who speak English, Spanish, Portuguese, Chinese, Haitian Creole, Russian and more. Offices: Has medical providers (doctors) who practice in: <ul style="list-style-type: none"> • Community Health Centers • Hospital-based group practices • Multi-specialty group practices • Private group or individual offices 	About this plan Areas served: Network Health serves Central, Eastern, Northern, Southeastern, and Western Massachusetts Languages: Has providers or medical staff who speak English, Spanish, Portuguese, Haitian Creole, Cantonese, and more. Offices: Has medical providers (doctors) who practice in: <ul style="list-style-type: none"> • Community Health Centers • Hospital-based group practices • Multi-specialty group practices • Private group or individual offices
Benefits and copays in these plans All health plans offer the same basic health benefits (services) and the same copays (payments for services). See the brochure, <i>Benefits and Copays</i>.			
Alcohol, drug abuse and mental health A full range of treatment is offered by the plan. Call BMC HealthNet Plan to learn more. Phone: 1-877-957-5600 TTY: 1-866-765-0055	Alcohol, drug abuse and mental health A full range of treatment is offered by Beacon Health Strategies for FCHP. Call Beacon to learn more. Phone: 1-888-421-8861 TTY: 1-781-994-7660	Alcohol, drug abuse and mental health A full range of treatment is offered by Beacon Health Strategies for NHP. Call Beacon to learn more. Phone: 1-800-414-2820 TTY: 1-781-994-7660	Alcohol, drug abuse and mental health A full range of treatment is offered by the plan. Call Network Health to learn more. Phone: 1-888-257-1986 TTY: 1-617-806-8196
Vision care For all health plans in Commonwealth Care, the basic vision benefit is a routine eye exam and free glasses every 24 months. Each plan may offer extra coverage for glasses and contact lenses. To know the exact vision benefits offered by a plan, call the plan or call Commonwealth Care at 1-877-MA-ENROLL (1-877-623-6765).			
Page 1 • Health Plans in Commonwealth Care • Questions? Call 1-877-MA-ENROLL (1-877-623-6765) Monday - Friday 8 a.m. to 5 p.m. TTY: 1-877-623-7773. www.macommonwealthcare.com • Over ➡			

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Health Plans in Commonwealth Care, <i>continued</i>			
			
Extras BMC HealthNet Plan offers: <ul style="list-style-type: none"> • A free nurse advice line. You can call 24 hours a day, 7 days a week if you or a family member are sick or hurt, or for any health questions. • No referrals for visits to BMC HealthNet Plan specialists. • <i>Member News</i>, a quarterly member newsletter. • A website at www.bmchp.org with information about benefits and health topics such as asthma, how to quit smoking, how to have a healthy baby, and many others. 	Extras FCHP offers: <ul style="list-style-type: none"> • Free phone calls with nurses and other health care professionals, 24 hours a day, 7 days a week. • No referrals for visits to Fallon Clinic specialists. • Chiropractic care. • Discounts on chiropractic care (beyond standard benefit), acupuncture, massage therapy, health and wellness products, vitamins and fitness equipment. • Discounts at fitness centers. • The <i>It Fits!</i> program pays a member up to \$100 for certain healthy activities, such as fitness club memberships, Pilates and yoga by certified instructors, Weight Watchers, and town and school sports programs. • <i>Healthy Communities</i>, free quarterly health guide. • A website at www.fchp.org: find a PCP or specialist, change your address, contact customer service, e-mail your questions, get important health information, access the Healthwise® Knowledgebase, create a Personal Wellness Profile™. 	Extras NHP offers: <ul style="list-style-type: none"> • <i>Health Needs A Plan</i>: A free home medical reference book, in English or Spanish, with information on more than 200 common health concerns. • Free registration at Weight Watchers. • <i>Our Neighborhood</i>, a twice yearly newsletter in English and Spanish about health and NHP services. • A website at www.nhp.org with the Healthwise® Knowledgebase and <i>Smart Neighbor</i>, a list of over 450 medical and social resources. 	Extras Network Health offers: <ul style="list-style-type: none"> • Free phone calls with doctors, nurses, social workers and other health care professionals, 24 hours a day, 7 days a week. • No referrals for visits to Network Health specialists. • Products to help you quit smoking. • Your choice of a free food or transportation gift card for a visit to your PCP. • Free Weight Watchers registration and discounts on gym memberships. • <i>MemberCare</i>, a quarterly member newsletter in English and Spanish, with information on important health topics and Network Health services. • A website at www.network-health.org where you can find a PCP or specialist, change your address, e-mail your questions, and get important health information.
Education and case management BMC HealthNet Plan offers (restrictions may apply): <ul style="list-style-type: none"> • Asthma management: Home visits, home environment assessment, nurse care managers and community resource care managers. • Diabetes and congestive heart failure management: Education plan, nurse care managers and home visits when needed. • HIV/AIDS: Community resource care managers and home visits when needed. • Pregnancy and parenting: Childbirth and parenting classes, help on pregnancy and parenting issues from nurse care managers and community health workers. • Community resource help: Care managers to assist with housing, food, heating fuel and clothing needs. 	Education and case management FCHP offers (restrictions may apply): <ul style="list-style-type: none"> • Stop smoking: nicotine patches, group sessions, telephone counseling. • Asthma, coronary artery disease, diabetes and heart failure: Disease management with provider coordination of care and services, classes, informational booklets and telephone support by a registered nurse. • Care coordination: FCHP has case management services that help you coordinate pregnancy, short-term illnesses and medical and social issues. • "Coming Home" program: Support to members following hospitalization. • Member outreach: FCHP calls members to help them better understand their benefits and their health care insurance. 	Education and case management NHP offers (restrictions may apply): <ul style="list-style-type: none"> • Care Coordination: An NHP Care Manager, like a personal health coach, works with you, your doctor, and your family to help figure out services you want and need. • Social Care Managers: NHP connects you with community resources for housing, food, heat and clothing you may need. • Stop Smoking: Nicotine replacement medicines and individual telephone counseling. • Asthma: Disease management, education, home environmental assessments and telephone support. • Diabetes: Disease management, education, home visits and telephone support. • Pregnancy: NHP's <i>For You Two</i> program offers help with pregnancy and answers questions about parenting. 	Education and case management Network Health offers (restrictions may apply): <ul style="list-style-type: none"> • Coordinated care: We bring together our medical, pharmacy, behavioral health, and social care management teams to ensure you get the best possible care. • Social care managers: We link you with community resources to help you get the support you need. • Personal health coaches: Our coaches are available 24/7 to assist you with managing chronic illness, if needed, and to help provide access to additional online, printed, and video health information. • Diabetes program: We offer education, support, and free BROOKS® pharmacy gift cards to help manage your diabetes. • Pregnancy program: We offer proactive help with your pregnancy and parenting questions.
Page 2 • Health Plans in Commonwealth Care Questions? Call 1-877-MA-ENROLL (1-877-623-6765) Monday - Friday 8 a.m. to 5 p.m. TTY: 1-877-623-7773. www.macommonwealthcare.com			

Appendix E – Enrollment Process¹⁰



¹⁰ Source: Commonwealth Connector Update, February 1, 2007 available at: http://www.mass.gov/Ohic/docs/CCare_Presentation_FebUpdate.ppt, Accessed on February 1, 2007)

Appendix F: MassHealth Eligibility REVS Codes

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth

MASSHEALTH
TRANSMITTAL LETTER ALL-142
September 2006

TO: All Providers Participating in MassHealth

FROM: Beth Waldman, Medicaid Director

RE: All Provider Manuals (Revisions to Appendix Y Due to Commonwealth Care Coverage)

Effective October 1, 2006, six new messages will be displayed by the Recipient Eligibility Verification System (REVS) when a member is enrolled or determined eligible to enroll in a new health-care program, the Commonwealth Care Health Insurance Program, also referred to as Commonwealth Care. Commonwealth Care is administered by the Commonwealth Health Insurance Connector Authority (the Connector).

Commonwealth Care is a program that provides subsidies toward the purchase of private health insurance on behalf of enrolled Massachusetts residents who are not eligible for MassHealth benefits (other than MassHealth Limited) and who have household incomes at or below 300% of the federal poverty level. Commonwealth Care coverage is not MassHealth, but MassHealth is assisting the Connector in eligibility processing for Commonwealth Care.

Commonwealth Care will be rolled out in two phases:

- * Phase I: Beginning October 1, 2006, enrollment in Commonwealth Care will be offered to eligible adults with family incomes at or below the federal poverty level.
- * Phase II: Starting January 2007, enrollment in Commonwealth Care will be offered to eligible adults with family incomes up to three times the federal poverty level.

At this time, Commonwealth Care coverage for both phases will be available exclusively through the following four MassHealth-contracted managed-care organizations (MCOs):

- * Boston Medical Center (BMC) HealthNet Plan
- * Cambridge Health Alliance's Network Health
- * Neighborhood Health Plan
- * Fallon Community Health Plan

Commonwealth Care eligibility will display in REVS by the new coverage type, Commonwealth Care (Commonwealth is abbreviated due to system limitations).

Individuals who qualify for Commonwealth Care coverage must enroll with one of the four managed-care providers listed above in order to receive this coverage.

If there is no effective managed-care enrollment for an individual with a Commonwealth Care coverage type, the following message will be displayed:

*620 MEMBER ALSO ELIGIBLE FOR COMMONWEALTH CARE. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. CALL 1-877-MA-ENROLL.

Acute hospitals and community health centers may submit claims to the Uncompensated Care Pool for eligible services provided to individuals for whom the 620 code appears for the applicable date of service. If there are any additional coverage types under which an individual is eligible, they will also be displayed on REVS.

Once Commonwealth Care managed-care enrollment becomes effective for an individual, a carrier code and carrier name will display on REVS that is associated with the MCO coverage for that individual. The carrier names for Commonwealth Care enrollees, listed below, explicitly contain the words "Commonwealth Care" with the name of the health plan.

904 00	COMMONWEALTH CARE/MCO FALLON HLTH PLAN
904 01	COMMONWEALTH CARE/MCO NEIGHBORHOOD HLTH
904 02	COMMONWEALTH CARE/MCO NETWORK HEALTH
904 03	COMMONWEALTH CARE/MCO BMC HEALTHNET

Additionally, new service-restriction messages will appear for Commonwealth Care managed-care enrollment. Restriction messages will appear on the REVS screen with the coverage type and carrier code information above, so that providers are able to distinguish Commonwealth Care enrollment from MassHealth enrollment. Service-restriction messages will appear as displayed below. An asterisk (*) denotes a new service-restriction message.

Due to system limitations on message length, REVS will present two separate messages for Commonwealth Care enrollments as follows. The first message will contain medical and behavioral health contact information immediately followed by dental and vision contact information.

*615 BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL
1-888-566-0008. FOR BEHAVIORAL HEALTH SERVICES CALL
1-866-444-5155.

*618 BMC HEALTHNET PLAN MEMBER. FOR DENTAL SERVICES CALL
1-800-685-9971. FOR VISION SERVICES CALL 1-800-615-1883.

006 NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL
1-888-257-1985. FOR BEHAVIORAL HEALTH SERVICES CALL
1-888-257-1986.

*616 NETWORK HEALTH MEMBER. FOR DENTAL SERVICES CALL
1-888-257-1985. FOR VISION SERVICES CALL 1-888-257-1985.

006 NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-462-5449.
FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.

*617 NHP MEMBER. FOR DENTAL SERVICES CALL 1-800-685-9971. FOR VISION
SERVICES CALL 1-800-462-5449.

131 FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR
BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.

*619 FALLON COMMUNITY HEALTH PLAN MEMBER. FOR DENTAL SERVICES CALL
1-800-868-5200. FOR VISION SERVICES CALL 1-800-868-5200.

This letter transmits revisions to Appendix Y in all provider manuals. Appendix Y lists the active REVS codes and their respective service-restriction messages. Providers accessing REVS to verify a member's eligibility before providing medical services will receive one or more of the restriction messages listed in this appendix.

In addition to these changes, three other messages have also been updated due to changes in phone numbers or regulations. They are service-restriction messages 031, 171, and 480.

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

More information about Commonwealth Care is available on the MassHealth Web site at www.mass.gov/masshealth and the Connector Web site at www.mass.gov/connector.

NEW MATERIAL

(The pages listed here contain new or revised language.)

All Provider Manuals

Pages Y-1 through Y-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manuals

Pages Y-1 through Y-6 — transmitted by Transmittal Letter ALL -141

REVS Codes and Messages

Important Note: This appendix is available online at www.mass.gov/masshealthpubs. MassHealth will update Appendix Y as needed. Paper copies of this appendix will not be mailed automatically, but can be requested by mailing, faxing, or e-mailing a request to:

MassHealth Publications
P.O. Box 9118
Hingham, MA 02043
Fax: 617-988-8973
E-mail: publications@mahealth.net

This appendix lists the active Recipient Eligibility Verification System (REVS) codes and their respective service-restriction messages. Providers accessing REVS to verify a patient's eligibility before providing medical services will receive one or more of the following restriction messages.

Code	Message
006	NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-462-5449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.
011	NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-462-5449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.
021	BMC HEALTHNET MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0010. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501.
031	PRIOR AUTH REQUIRED ON ALL CARE EXCEPT EMERGENCIES. ESP NORTH SHORE. CALL 781-581-3900 FOR LYNN CLIENTS, 978-837-9479 FOR BEVERLY CLIENTS.
035	DMH CLIENT.
036	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF THE CAMBRIDGE HOSPITAL AT 617-868-6323.
041	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP AT FALLON AT 508-852-2026.
046	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR

051 EMERGENCIES. CALL ESP OF UPHAM'S CORNER AT 617-288-0970.
 056 PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR
 061 EMERGENCIES. CALL HARBOR ELDER SERVICES AT 617-296-5100.
 066 NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-
 071 1985. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.
 075 BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL
 096 1-888-566-0010. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501.
 111 NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-1985. FOR
 116 BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.
 121 MEMBER ENROLLED IN PROGRAM THAT LIMITS HIM/HER TO 1 PHARMACY.
 126 FOR INFORMATION, MEMBER MAY CALL 1-800-841-2900, 8AM-5PM MON-FRI.
 131 MEMBER ID MAY HAVE BEEN USED IN THE PAST BY MORE THAN ONE
 171 MASSHEALTH MEMBER. VERIFY MEMBER NAME AND BIRTHDATE ON RESPONSE.
 186 CARE MANAGEMENT PILOT PROGRAM MEMBER. PLEASE CALL 413-794-9428
 201 TO COORDINATE ALL MEDICAL AND BEHAVIORAL HEALTH SERVICES.
 231 RESIDENT AT LONG-TERM-CARE FACILITY.
 Code EAEDC (CAT. 04). SERVICES RESTRICTED. SEE 130 CMR 450.106. FOR QUESTIONS,
 Message CALL PROVIDER SERVICES AT 1-800-841-2900.
 246 DIRECT ALL INQUIRIES ABOUT ELIGIBILITY TO SOCIAL SERVICE WORKER.
 271 COMMUNITY CASE MANAGEMENT MEMBER. PRIOR AUTHORIZATION NOW
 281 REQUIRED FOR HOME HEALTH (PDN, NURSING, HH AIDE, PCW) INFO
 306 1-800-863-6068.
 311 FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR
 366 BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.
 386 PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR
 391 EMERGENCIES. CALL ESP OF EAST BOSTON AT 617-568-6416.
 461 EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR
 480 450.130(D).
 485 SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR
 490 ALL SERVICES EXCEPT EMERGENCIES. CALL CCA:
 1-866-610-2273.
 SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR
 ALL SERVICES EXCEPT EMERGENCIES. CALL SWH:
 1-888-794-7268.
 246 EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).
 271 MET CAP ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(C).
 281 UNCOMPENSATED CARE POOL IS FOR CERTAIN HOSPITAL AND CHC SERVICES
 306 ONLY. FOR MORE INFORMATION, CALL 1-877-910-2100.
 311 INDIVIDUAL HAS SUBMITTED AN MBR AND IS NOT ELIGIBLE FOR
 366 MASSHEALTH. FOR MORE INFORMATION, CALL 1-800-462-7738.
 386 FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR
 391 BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.
 461 MET CAP ON PHARMACY SERVICES UNDER 130 CMR 450.130(C).
 480 MEDICARE-COVERED SERVICES ONLY.
 485 SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION
 490 NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL EVERCARE:
 1-888-867-5511.
 461 PRIMARY CARE CLINICIAN (PCC) PLAN MEMBER. CALL PCC FOR
 480 AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR
 485 450.118(J).
 490 BILL MEMBER'S PRIVATE HEALTH INSURANCE. SEE 130 CMR 450.316-317 FOR INFO
 ON TPL REQS AND PAYMENT LIMITATIONS ON CLAIM SUBMISSIONS.
 BILL MEMBER'S PRIVATE HEALTH INSURANCE. MASSHEALTH PAYS ONLY
 FOR COPAYS AND DEDUCTIBLES FOR WELL-CHILD VISITS.
 DMH CLIENT. NOT ELIGIBLE FOR MASSHEALTH.

495 ELIGIBLE FOR PREMIUM ASSISTANCE ONLY. BILL MEMBER'S PRIVATE
 HEALTH INSURANCE.
 500 SPECIAL NHP PROGRAM. CALL NHP FOR AUTHORIZATION FOR ALL SERVICES XCEPT
 FAMILY PLANNING, GLASSES, AND MOST DENTAL. 1-888-816-6000
 505 ASSHEALTH COMMONHEALTH MEMBER. FOR QUESTIONS, CALL 1-800-841-2900.
 516 ALL HRCA AT 617-325-8000 FOR AUTHORIZATION OF ALL SERVICES EXCEPT ACUTE
 INPATIENT ADMISSIONS.
 520 ELIGIBLE FOR AMBULATORY PRENATAL CARE ONLY.
 522 ELIGIBLE FOR EMERGENCY SERVICES ONLY.
 525 FOR MENTAL HEALTH OR SUBSTANCE ABUSE SERVICE AUTHORIZATION, CALL THE
 PARTNERSHIP AT 1-800-495-0086.
 530 NO PCC/MCO AUTHORIZATIONS NEEDED. FOR MH/SA SERVICE AUTHORIZATION,
 CALL THE PARTNERSHIP AT 1-800-495-0086.
 595 MEMBER ELIGIBLE BUT NOT ENROLLED IN MANAGED CARE. SERVICE
 CANNOT BE BILLED TO MASSHEALTH. MEMBER MUST CALL CUSTOMER
 SERVICE 1-800-841-2900.
 596 MEMBER ALSO ELIGIBLE FOR ESSENTIAL. MEMBER MUST ENROLL IN
 MANAGED CARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL
 800-841-2900.
 597 MEMBER ALSO ELIGIBLE FOR BASIC. MEMBER MUST ENROLL IN MANAGED
 CARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL 800-841-2900.
 601 ELIGIBLE FOR EMERGENCY SERVICES, INCLUDING LABOR AND DELIVERY,
 UNDER LIMITED WITHOUT COPAY UNDER 130 CMR 450.130(D).
 602 FOR ELIGIBILITY DATES AND PAYMENT FOR ALL OTHER PREGNANCY-RELATED
 SERVICES UNDER HEALTHY START, CALL 1-888-488-9161.
 603 ELIGIBLE FOR EMERGENCY SERVICES UNDER LIMITED WITHOUT COPAY
 UNDER 130 CMR 450.130(D).
 604 FOR ELIGIBILITY DATES AND PAYMENT FOR PRIMARY AND PREVENTIVE
 CARE SERVICES CALL CMSP AT 1-800-909-2677.
 605 FOR ELIGIBILITY DATES AND PAYMENT FOR PRIMARY AND PREVENTIVE
 CARE SERVICES CALL CMSP AT 1-800-909-2677.
 606 REIMBURSEMENT FROM THE UNCOMPENSATED CARE POOL NOT ALLOWABLE FOR
 THIS PATIENT. FOR INFORMATION CALL 617-988-3222 OR 1-877-910-2100.
 608 MEMBER ELIGIBLE FOR MEDICARE PART D. FOR MEMBER ENROLLMENT
 STATUS OR OTHER INFORMATION CALL 1-800-MEDICARE (1-800-633-4227).
 609 YES. MEMBER HAS FULL MEDICAID BENEFITS.
 610 NO. MEMBER DOES NOT HAVE FULL MEDICAID BENEFITS.
 611 MEMBER IS QUALIFIED MEDICARE BENEFICIARY. SEE 130 CMR 519.010.
 612 MEMBER IS SPECIFIED LOW INCOME MEDICARE BENEFICIARY. SEE 130 CMR
 519.011(A).
 613 MEMBER IS QUALIFIED INDIVIDUAL BENEFICIARY. SEE 130 CMR 519.011(B).
 614 BILL HOSPICE PROVIDER IF SERVICE IS RELATED TO TERMINAL ILLNESS.
 615 BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0008. FOR
 BEHAVIORAL HEALTH SERVICES CALL 1-866-444-5155.
 616 NETWORK HEALTH MEMBER. FOR DENTAL SERVICES CALL 1-888-257-1985. FOR
 VISION SERVICES CALL 1-888-257-1985.
 617 NHP MEMBER. FOR DENTAL SERVICES CALL 1-800-685-9971. FOR VISION
 SERVICES CALL 1-800-462-5449.
 618 BMC HEALTHNET PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-685-971. FOR
 VISION SERVICES CALL 1-800-615-1883.
 619 FALLON COMMUNITY HEALTH PLAN MEMBER. FOR DENTAL SERVICES CALL
 -800-868-5200. FOR VISION SERVICES CALL 1-800-868-5200.
 620 MEMBER ALSO ELIGIBLE FOR COMMONWEALTH CARE. MEMBER MUST ENROLL IN
 MANAGED CARE TO RECEIVE THESE BENEFITS. CALL 1-877-MA-ENROLL.

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