

# Mass General Brigham Health Plan ACO Training

# Agenda

### Welcome

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Q & A



# MGB ACO Plan Details



## Mass General Brigham ACO

Mass General Brigham ACO currently partners with MassHealth as the payer. Effective April 1, 2023, Mass General Brigham (the delivery system) will partner with Mass General Brigham Health Plan for ACO patients. Members who have Mass General Brigham Accountable Care Organization (ACO) today will remain with Mass General Brigham Accountable Care Organization (ACO) unless they opt for another plan/provider.

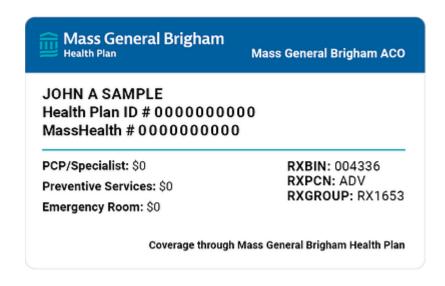
This collaboration will provide opportunities to leverage the ACO program framework to develop integrated models of care that deliver improved health outcomes and exceptional experiences to MassHealth members. In addition, our collaboration will advance our health equity goals focused on social determinants of health and improving health disparities.



### MGB ACO ID Cards

MGB ACO members will receive new ID cards to reflect the Mass General Brigham Health Plan.

- Both the Health plan ID number and Mass Health ID number will begin with 100
- The Health plan ID number will be 10 digits long
- The Mass Health ID number is 12 digits long (this will be displayed under the Health plan ID#)







# **Network Information**



# The Mass General Brigham ACO Network Is Not the Same As The Full Commercial Network

This information is still evolving as the Contracting team continues to add additional providers for this product.

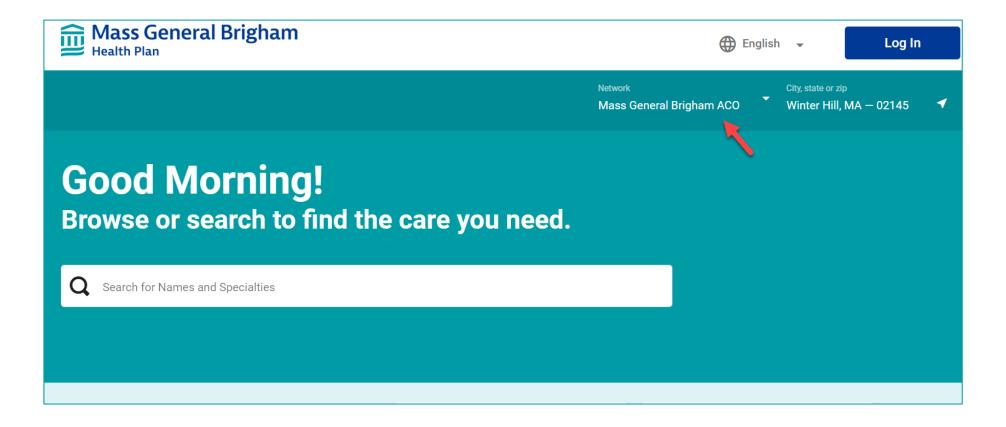
Please see a snapshot below of some of the facilities included in the MGB ACO Provider Network:

Mass General Brigham
Milford Regional Medical Center, Inc.
Lawrence General Hospital
UMass Memorial Medical Ctr
Cooley Dickinson Hospital
BMC Health System, Inc.
Cambridge Health Alliance
Children's Hospital Boston



## MGB ACO Provider Directory

For a compete listing of participating provider please use the MGB ACO Provider Directory: <u>Home</u> (<u>sapphirethreesixtyfive.com</u>)





# MGB ACO Prior Authorizations & Notification Guidelines



### MGB ACO Prior Authorizations and Notification Guidelines

- Referrals will NOT be required for in-Network Providers
- Referrals will be required for Out Of Network Providers.
- Authorizations <u>will not</u> be required for High Tech Radiology or Cardiac Imaging

Authorizations/Notifications for services may be required for MGB ACO members. For information regarding services that require prior authorization or notification for the MGB ACO, please visit the <u>Authorization guidelines (massgeneralbrighamhealthplan.org)</u>.

### Services that require referrals or authorizations

- Log into the provider portal for member-specific information
- View a PDF of all services that require referrals, authorizations, or notifications \(\perp \)
- $\circ$  View the Medicare Advantage prior authorization and notification guidelines  $\, oldsymbol{ol}oldsymbol{ol}ol{ol}}}}}}}}}}}}}}}}}}}}}$
- View a PDF of durable medical equipment, medical supplies, oxygen related equipment, orthotics prosthetics and hearing aids that require prior authorization  $\bot$



## Continuity Of Care for MGB ACO

- Per EOHHS, a 90-day Continuity of Care period from 4/1/23-6/30/23 will occur for a new member who had a scheduled procedure/service approved by the previous health plan, with an in network or out of network (OON) provider. The authorization will be transitioned to us and will have an end date of 6/30/2023.
- In the event of active ongoing services with an OON provider, after 6/30/23, the provider must submit the request for continued service which will be reviewed by our Utilization Management Team.
  - Our UM Team will process review of the request using out of network policy.
- If the current authorization with the in-network provider has expired (past 6/30/23), and the member still requires an authorization for the service, then the provider will need to submit a new request for prior authorization; this is considered a **new request for services** and not Continuity of Care as the previously approved services auth has ended.
- When the request is considered a new request (*whether for continued or new services*), and requires Prior Authorization, it will need to be submitted via our Provider Portal.
- Any historical supporting clinical documentation should be included with the new prior authorization request.



# Redetermination



# What is redetermination and how has the Federal PHE affected Medicaid enrollment?

- Redetermination is the annual process by which a member's Medicaid eligibility is verified by the State
- Redetermination has been paused during the Covid Federal Public Health Emergency throughout the country
  - In Massachusetts continuous enrollment has led to an increase in MassHealth Population from 1.8M to 2.3M members
- April 1, 2023 state Medicaid agencies are required to start redetermination and have 14 months to redetermine 100% of the Medicaid members.
  - Members with the oldest date of eligibility verification will be redetermined first



# The Commonwealth is committed to ensuring residents have access health insurance coverage

MassHealth, The Connector and Healthcare for All are working together to create a campaign to raise awareness as well as to support residents through this process

- 15 communities have been identified as 'priority' communities where MassHealth and Health Care
  For All will make direct outreach to members
  - Boston, Brockton, Chelsea, Everett, Fall River, Framingham, Lawrence, Lowell, Lynn, Malden, New Bedford, Quincy, Revere, Springfield, Worcester

MassHealth Eligibility Redetermination Outreach Toolkit | Mass.gov

MassHealth Redetermination - Health Care For All (hcfama.org)



# How can we all assist members to maintain MassHealth eligibility or obtain other coverage

### **Providers can:**

- 1. Encourage patients to update their contact information with MassHealth
- 2. Educate patients on the importance of responding to MassHealth
- 3. Post posters in offices to educate members (found in MassHealth Tool Kit)
- Utilize social media to post information on redetermination (copy and graphics in Tool Kit)
- 5. Provide assistance or resources for patients who need help completing redetermination paperwork

### The Health Plan will:

- Outreach to all members encouraging them to update contact information with MassHealth
- When they are selected for renewal, the
   Health Plan will outreach to encourage
   members to respond to MassHealth; outreach
   will include text, email, letter, etc
- 3. If members do not respond to MassHealth renewal request, the Health Plan will work with the delivery system to engage hard to reach members as well as continue Plan outreach efforts



# MGB ACO Tools & Resources



## **Provider Portal**

The MGB HP provider portal is your one-stop-shop for managing your MGB HP patients.

Through the portal, you have real-time access to:

- Verify patient eligibility
- Verify claims status
- Submit or check authorizations/referrals
- Access your explanation of payments (EOPs)
- View member and provider roster reports
- Update your practice information
- And much more!

If you do not have access to Our Provider Portal, you can register at: Mass General Brigham Health Plan
Provider Portal



# Welcome to your Provider Portal

Log in for quick access to tools and resources that support your patients' needs.

Your patients' health is everything to us.



#### Log in to the Provider Portal

**Username** Forgot Your Username?

Password Forgot Your Password?

**Account Registration** 

### al Need an Account?

If you currently have a login for NHPNet, those credentials will work here. There is no need to re-register.

If you meet the appropriate criteria and have read the instructions you may sign up for an account.



## **Prior Authorization Verification Tool**

Prior authorization verification tool: Code Checker

- Through the Provider Portal, you can verify PA requirements based on a member's specific plan
- Obtain PA requirements by entering in a valid CPT/HCPCS code
- Save time and validate prior authorization requirements before you submit a new request

To access the prior authorization verification tool in Provider Portal, go to **Authorizations**  $\rightarrow$  **Overview**  $\rightarrow$  **Check authorization requirements by code**.





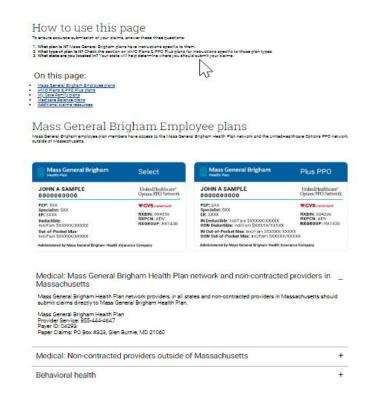
# Claims Information Page

<u>Claims information</u> (massgeneralbrighamhealthplan.org)

### Highlights:

- Clear guidance for where to send claims
- ID card images to help you identify plans
- Provider Refund/Claims Retraction FAQ
- Request for Claim Review Form



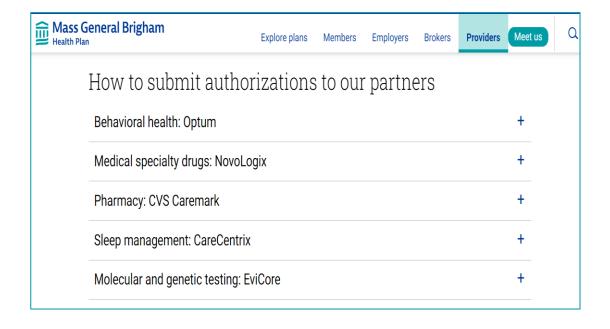


## **Vendor Partners**

- Behavioral Health: Optum a committed partner in coordinating and integrating care between medical and behavioral health services to improve patient outcomes.
- **Pharmacy**: <u>CVS Caremark</u> manages pharmacy benefits for Mass General Brigham Health Plans with prescription drug coverage.

For additional details please visit the following link:

<u>Authorization guidelines | Mass General Brigham</u> <u>Health Plan</u>





## Helpful Provider Resources

MGB ACO Landing Page & FAQ - Mass General Brigham ACO | Mass General Brigham Health Plan

Provider Education Landing Page - <u>Provider education | Mass General Brigham Health Plan</u> Access webinars, factsheets, and other tools that make it easy to do business with us.

Monthly Provider Administrative Newsletter - <u>Admin Newsletter Archive | Mass</u> <u>General Brigham Health Plan</u> Register to get monthly updates on our policies, products, and more!

MGB HP Provider Portal - Mass General Brigham Health Plan Provider Portal



## Mass General Health Plan Contacts

Provider Portal: Claims status, eligibility, EOP	
	Mass General Brigham Health Plan Provider Portal
Claims issues, benefits	Provider Service 855-444-4647 <u>HealthPlanproviderservice@mgb.org</u>
Portal IT support	HealthPlanprweb@mgb.org
Provider enrollment and credentialling, directory issues	HealthPlanpec@mgb.org
Medical policies, payment policies, provider manual, provider directory, drug lookup, forms	Providers   Mass General Brigham Health Plan
Audit denial inquiries	audit@allwayshealth.org



## Stay Connected

### *Visit the following links to register:*

- Admin Newsletter Archive | Mass General Brigham Health Plan
- MGBHP blog

### Administrative Newsletter

(monthly)

Includes important administrative updates that make it easier for your practice to do business with us

### Best Practice Provider Blog

(twice per week)

Get the latest in health and health insurance trends, news, and tips



Follow us on Twitter @MGBHealthPlan



# What to expect next!

In the coming weeks you can expect to receive the following information on:

- MGB ACO Medical Policies
- MGB ACO Payment Policies
- MGB ACO Provider Manual
- Helpful Operational Updates



