BMC HealthNet Plan
Provider Orientation

MassHealth
Commonwealth Care
Commonwealth Choice/Employer Choice
ConnectorCare
Qualified Health Plans
BMC HealthNet Plan - Who we are...

- Non-profit, statewide HMO founded in 1997 by Boston Medical Center
- Provider-Focused Philosophy
- MA Network Includes: 60+ Hospitals, 22,000+ PCP’s, Specialists, Ancillary providers and 1,000+ Pharmacies
- Largest Medicaid Managed Care Organization in both of MA & NH
- Service over 350,000 members in both Massachusetts and New Hampshire:

  Approximately 261,000 MassHealth Members, 45,000 Commonwealth Care Members, 1,100 QHP Members, 352 Commonwealth Choice Members and 46,000 NH Medicaid Members
Recognized for Quality

Top ten Medicaid Plans in America
“Five years in a row” *

Excellent Accreditation from NCQA

Accredited status awarded for Qualified Health Plan Program

*America’s Best Health Insurance Plans is a trademark of U.S. News & World Report.
Provider Responsibilities

• Reminder - Provider cannot bill MassHealth Members, including, CarePlus Members for missed appointments

• Provider cannot refuse care to a MassHealth/CarePlus Member who has outstanding debt with the Provider from a time prior to the Enrollee becoming a Member

• Provider legally obligated to communicate with individuals with limited English proficiency utilizing interpreter services or available resources

• Members to be made aware of available clinical care management options & all available care options
Provider Responsibilities
PCP Member Transfer Policy

• Provide 60 days notice to member before effective date of member termination

• Fax Member PCP Transfer Request Form with appropriate documentation to:
  Enrollment Dept: 617-897-0838

• Plan will initiate member outreach and reassign member

• Transition plan arranged to ensure no interruption in care
Provider Responsibilities
Request a PCP Change

• Our MassHealth members may request a change in their PCP at any time; Qualified Health Plan (including ConnectorCare) members may request a change up to three times a year.

• Complete, sign, and fax a Primary Care Provider Selection Form to our Enrollment department. PCP Selection Form be received before or on the date of service to avoid claim denial.

• Reminder: It is important to check PCP assignment at every visit, if a provider has multiple affiliations you must verify that the member is assigned to the affiliation where services will be provided.

• Verify member assignment on date-of-service via Plan’s web site, www.bmchp.org, or provider hotline 1-800-900-1451.
## Provider Responsibilities

### Wait Time Policies

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Primary Care</th>
<th>Specialty Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care</td>
<td>48 Hours</td>
<td>48 Hours</td>
</tr>
<tr>
<td>Non-Urgent Symptomatic Care</td>
<td>10 Calendar Days</td>
<td>30 Calendar Days</td>
</tr>
<tr>
<td>Non-Symptomatic Care</td>
<td>45 Calendar Days</td>
<td>60 Calendar Days</td>
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Provider Responsibilities
Cultural Competency

The Plan encourages and expects providers to:

• Be aware of cultural differences and the potential impact of those cultural differences
• Acquire cultural knowledge and skills to understand the needs of the populations they serve -
  http://www.bmchp.org/providers/cultural-competency
• Ask questions relevant to how the family and culture values might influence the patient’s health care perceptions and needs
• Listen to the patient’s opinion in considering treatment options
• Assist members (such as those with disabilities) in maximizing both their involvement in their care as well as their independence and functioning
Provider Responsibilities
Early & Periodic Screening, Diagnosis & Treatment (EPSDT)

• Required to be conducted by PCPs during well child visits
• EPSDT Behavioral Health screening services are mandatory for Mass Health members under age 21
• Reimbursable service – bill with code 96110 using modifiers U1 thru U8
• For additional info:
  – Provider Manual at www.BMCHP.org
  – Mass Health’s website: www.mass.gov/masshealth/childbehavioralhealth
Fraud, Waste and Abuse

• You must report any provider, pharmacy or member who is suspected of committing fraud, waste or abuse. You do not have to give your name to report an incident.

• You can report an incident by calling the Compliance Hotline at 888-411-4959.

• Or in writing to:
  • Boston Medical Center HealthNet Plan
  • Compliance Officer
  • Two Copley Place, Suite 600
  • Boston, MA 02116
Fraud, Waste and Abuse, continued

- Fraud, waste and abuse effects all of us.
- Under federal and state regulations, a dishonest provider or member may be subject to fines and/or imprisonment.

- Fraud and abuse may include, but is not limited to, the following:
  - Charging in excess of usual, customary and reasonable fees.
  - Performing unnecessary or inappropriate service.
  - Billing a service that was not performed or misrepresenting a service.
  - Billing duplicate claims.
  - Unbundling claims.
  - Collecting monies except for deductible amounts, coinsurance amounts, copayment amounts, and non-covered items.

- Fraud or abuse does not need to be proven or investigated, but needs to be reported if suspected.
- Report anonymously via the hotline number provided or leave detailed information if you desire follow-up.
- Hotline is administered by Global Compliance.
Prior Authorization Department

- Prior Authorization Department
  - Medical authorizations
  - Elective inpatient admissions (7-day advance notice)
  - Home health care
  - Rehabilitation services, SNF and hospice
  - All out-of-network services

Prior-Authorization Department phone number
1-800-900-1451 option #3
Other Prior Authorizations

High-End Radiology

• Authorizations are managed by Med Solutions
• Management program for non-emergency outpatient studies
• MRIs/MRA; CT/CTA
• Nuclear Cardiology Imaging Studies
• PET Scans (continue as a prior auth requirement)
• No prior auth for inpatient, observation or emergent radiology studies

1-888-693-3211 (ph) 1-888-893-3210 (fax)

www.medsolutionsonline.com
Care Management Departments

- **CM Telephonic**
  - Care and Disease Management; medical and pharmacy
  - Live referral line to accept incoming provider and member referrals to the program
  - Community resources/support referrals
  - Wellness and recover education

- **CM Select**
  - Complex Medical Care Management
  - Integrated model of care management involving Medical Clinicians, Pharmacists, Medical Directors and Coordinators
  - Face-to-Face and telephonic assessments
  - Intensive care coordination- follows the care of the member across the continuum- Outpatient to Inpatient

- Our Care Management Program is free for our members and is just a phone call away. Call 888-566-0010 (MassHealth members) or 877-957-5300 (Commonwealth Care members) to see if you are eligible for our programs.
Behavioral Health Services
Mental Health and Substance Abuse

• Behavioral Health Services are now managed by Beacon Health Strategies (BHS)

• Contact Information:
  • For MassHealth Members: 888-217-3501
  • For Commonwealth Care members: 877-957-5600
  • For Providers: 866-444-5155
  • For Claims: 888-249-0478
Affordable Care Act

- **32 Million People** - Law to provide accessible health coverage for millions of Americans currently uninsured, and help others to retain coverage

- **Federal Reforms** - Several to be phased in, with most changes by 2014

- **Medicaid Expansion** - up to 133% FPL, at state option

- **Low and Middle Income Families** - affordable insurance coverage options for those with incomes up to 400% FPL

- **Federal Tax Credits** – established for small businesses

- **Health Insurance Exchanges** – these marketplaces are to be created where individuals, families and small businesses can purchase affordable, high-quality insurance

- **Required Insurance** – for adults and children, if affordable

- **New Consumer Protections**
ACA Subsidized Coverage 2014

- Commonwealth Care program anticipated to end 6/30/14 with members transitioning to Masshealth (CarePlus) or QHP (ConnectorCare). This date has been extended to 12/31/14.

Note: Children, disabled individuals and adults with HIV or breast or cervical cancer remain eligible for MassHealth at higher incomes (income levels vary).

Seven Payers Selected: MA Health Connector chose BMC HealthNet Plan (BMCHP) as one of seven insurers to offer ConnectorCare Plans in the state of Massachusetts

Additional Insurers: CeltiCare, Fallon Community Health Plan, Health New England, Network Health, Neighborhood Health Plan, and Minuteman Health
Streamlined Programs

- Health Connector's Commonwealth Care Program
- Health Connector's Commonwealth Choice Program
- Department of Unemployment Assistance’s Medical Security Program
- MassHealth’s Insurance Partnership Program
- MassHealth’s Family Assistance Plan
- MassHealth’s Standard Plan
- MassHealth’s Basic Plan
- MassHealth’s Essential Plan
- MassHealth’s CommonHealth Plan
- Health Connector ConnectorCare Plans (new) (incl. lawfully present immigrants)
- Qualified Health Plans (new) (for higher income subsidized, non-subsidized and small group)
- MassHealth MassHealth Standard
- MassHealth CommonHealth
- MassHealth CarePlus (new)
- MassHealth Family Assistance
- MassHealth Small Business Employee Premium Assistance Program (new)

Streamlined 2014 BMCHP Programs

**Mass Health**
- Standard
- Family Assistance
- Essential
- Basic

**Commonwealth Care**
- Commonwealth Care Plan Type I
- Commonwealth Care Plan Type II
- Commonwealth Care Plan Type III

**CommChoice**
- Gold
- Silver
- Bronze

**Mass Health**
- Standard
- Family Assistance
- CarePlus

**ConnectorCare/QHP**
- ConnectorCare Plan Type I
- ConnectorCare Plan Type II
- ConnectorCare Plan Type III

**QHP**
- Platinum
- Gold
- Silver
- Bronze
BMC HealthNet Plan Products

- **MassHealth (including CarePlus)** - *CarePlus introduced on 1/1/14*

- **Commonwealth Care (CWC)** – *Extended through 12/31/14*

- **Commonwealth Choice/Employer Choice (Commercial)** - *Will be phased out over 2014. Group plans will be phased out based on policy anniversary date; Individual plans as of 6/30/2014.*

- **Qualified Health Plan Silver (Including ConnectorCare)** - *Effective 1/1/14*

- **Qualified Health Plan Select Network (Gold, Platinum, Bronze and Silver)** - *Effective 1/1/14*

- **Well Sense Health Plan** - *Effective 12/1/13*

BMCHP Commonwealth Care (CWC) Members (plan type IIB and III) will *most likely* transition to a ConnectorCare Plan.
BMC HEALTHNET PLAN SILVER SERVICE AREA
For All Silver Qualified Health Plans, including ConnectorCare

- Qualifying individuals and their families (non-group insured), and employees of qualifying small group businesses must live in the blue shaded area.
- Small group businesses must be located in the blue shaded area.
- Service areas are defined by zip codes. Please see the zip code list on the following pages for a complete listing of zip codes included in the BMC HealthNet Plan Silver service area.
ZIP CODES FOR SERVICE AREAS

01730 02062 01880 01983 02126 02144 02188 02458 02492 02358
01731 02067 01887 02108 02127 02145 02189 02459 02493 02399
01741 02071 01890 02109 02128 02148 02190 02460 02494 02364
01742 02072 01901 02110 02129 02149 02191 02461 02301 02367
01773 02081 01902 02111 02130 02150 02199 02462 02302 02368
01775 02090 01904 02113 02131 02151 02210 02464 02322 02370
01788 01801 01905 02114 02132 02152 02215 02465 02324 02375
02021 01803 01906 02115 02134 02155 02217 02466 02333 02379
02026 01810 01907 02116 02135 02163 02222 02467 02338 02382
02032 01821 01908 02118 02136 02169 02420 02468 02339 02718
02035 01824 01923 02119 02138 02170 02421 02472 02341 02766
02043 01843 01940 02120 02139 02171 02445 02474 02343 02767
02045 01845 01945 02121 02140 02176 02446 02476 02346
02048 01862 01949 02122 02141 02180 02451 02478 02347
02050 01867 01960 02124 02142 02184 02452 02481 02351
02061 01876 01970 02125 02143 02186 02453 02482 02356

BOSTON MEDICAL CENTER
HealthNet Plan

BMC HEALTHNET PLAN QHP SELECT SERVICE AREA
For Platinum, Gold, and Bronze Qualified Health Plans

- Qualifying individuals and their families (non-group insured), and employees of qualifying small group businesses must live in the gold shaded area of Eastern Massachusetts.
- Small group businesses must be located in the gold shaded area.
- Service areas are defined by zip codes. See above for a complete list of zip codes in the BMC HealthNet Plan Select Network.
Similarities with Commonwealth Care and ConnectorCare Silver

- **Similar Member Premiums** - will equal or closely mirror those in Commonwealth Care, ensuring that health insurance is just as affordable for members in 2014 as it is today

- **Similar Member experiences** - will be comparable, with the same robust access to care through our wide and diverse network of providers

- **Lowest Cost** – BMC HealthNet Plan continues to be one of the lowest cost Health Plans in most service areas
What has remained the same since the ACA 1/1/14 changes?

• For all BMCHP Products:
  – Claim Address and Payer ID’s
  – PCP Change Requests 3 times per year for ConnectorCare/QHP; no limit for MassHealth
  – Member Access to Quality Care
  – Notification of Birth Form (NOB)- OB to submit form to MH within 30 days of birth
  – PCP Transfer Policy-60 day advance Member Notice

• For MassHealth (including CarePlus):
  – Member ID #’s and ID Cards
  – Timely Filing Limit of 150 Days/Appeals Filing Limit 150 Days
  – Provider Service Line
  – Eligibility Verification Via EVS and Plan
  – Similar Benefits
  – Members cannot be billed for Missed Appointments
What has Changed?

For all BMCHP Plan Products:

- Providers currently receiving payments via EFT can talk to their financial institution to ask them to start providing additional information (date TBD – before 12/31/13). Presently, the financial institution provides only the amount of the EFT transaction and will now also be able to provide the TRN (trace re-association number) making it easier to tie the dollar amount of payments to the relevant Remittance Advice. This TRN is the Plan’s Reference ID number located on the EOB.

- Mid-2014: Any provider wishing to sign up for EFT or ERA, will be offered the option of doing this on-line. We will continue to accept the current paper requests.

- For MassHealth (including CarePlus):
  - New rating category, CarePlus (adults without children; ages 21 – 64)
  - Native American Indians – These providers (i.e. Mashpee Indian Health Services) are in Plan. Note, these members pay no co-pays or cost-sharing.

- For ConnectorCare/QHP:
  - New Member ID #’s and ID Cards
  - Claims Filing Limit will be 90 Days/Appeals Filing Limit 90 Days
  - Eligibility Verification through Plan or NEHEN.net, not EVS
  - Optometrists to be accessed via Plan not VSP (Vision Service Plan) as this vendor will only be utilized for stand alone discount and not for benefit management
  - Refer within network! - Very important as members may be balance-billed by out of network providers for services not prior-authorized
**Member Transitions**

- **Seamless** - MassHealth, the Health Connector, and BMCHP ensuring seamless member transition to new plans, CarePlus and QHP programs

- **New MassHealth Members** (FPL 0%-133%) : Connector to use current eligibility information to transition eligible Commonwealth Care (CWC) members into MassHealth CarePlus benefit plan. MH members to remain with their current MCO, if available. Current MH members not affected by changes will not receive mailing. MH members needing to choose an MCO will have the option to do so; if no MCO chosen, they’ll be auto-assigned.

- **Members Needing to Re-Apply**: All other CWC Members (FPL 133%-300%; Plan Type IIB and III) are being directed to re-apply via options below:
  - Internet - [mahealthconnector.org](http://mahealthconnector.org)
  - Phone - The Connector 1-877-MA ENROLL (1-877-623-6765)
  - In-Person - utilizing Navigator or Certified Application Counselor
BMCHP Member Outreach

Mailing
• Mailed to approximately 29,000 current BMCHP Commonwealth Care Plan Type IIB & III members likely eligible for ConnectorCare.

E-mail blasts completed
• Sent to same population as retention mailing

Automated phone calls completed
• Automated call to same group as above

Communication
• Ongoing Communication as process continues
Limitations on Provider Marketing

- **Prohibition on Promoting BMCHP:** Providers should not encourage patients to enroll in BMCHP’s products, or to *not* enroll or disenroll from another MCO. If Provider is concerned that their communication with patients may be interpreted as promoting BMCHP, please consult your BMCHP Provider Relations Consultant.

- **Use of State-Approved Materials Exception:** Providers may post in their offices, marketing materials that have been approved by the applicable state-regulatory agency.

- **Handout:** See document on guidance with communicating with patients about BMCHP.
Current ID Cards

- Member ID Cards begin with a “B” for our MassHealth and Commonwealth Care members; statewide network
- Member ID Cards begin with a “C” for our Commonwealth Choice members; limited network – Hallmark, BMC, Signature
New ConnectorCare Silver ID Cards

- “CONNECTORCARE”
- “Provider Network: Silver”
- To serve bulk of the anticipated 2014 membership
- Statewide Network
New QHP Select & QHP Silver ID Cards

“QUALIFIED HEALTH PLAN”
“Provider Network:  QHP Select”

Select Network:
Hallmark, BMC, Signature

“QUALIFIED HEALTH PLAN”
“Provider Network:  Silver”

Statewide Network
Eligibility

MH (including CarePlus):

1. MASSEVS *
   (most accurate method of verification for MH members)
2. BMC Healthnet Plan:
   • Secure Provider Portal: [www.BMCHP.org](http://www.BMCHP.org)
   • 800-900-1451

ConnectorCare/QHP:

1. BMC Healthnet Plan
   (most accurate method of verification for ConnectorCare/QHP members)
   • Secure Provider Portal: [www.BMCHP.org](http://www.BMCHP.org)
   • 800-900-1451
2. NEHENNET.org ** – 781-290-1290

* MASSEVS - Recipient Eligibility Verification System  
**NEHEN – New England Health Care EDI Network
Claims

**Paper Claims:**

*Boston Medical Center HealthNet Plan*

*P.O. Box 55282*

*Boston, MA 02205-5282*

**Filing Limits:**

MH (including Care Plus) and Commonwealth Care: **150 days**

ConnectorCare/QHP: **90 days**

**Electronic Claims:**

Clearinghouse/BMC HealthNet Plan Payer ID:

- Emdeon, Caprio, Gateway EDI, Allscripts / Payerpath **13337**
- Relay Health: Professional Claims **3818**
- Relay Health: Facility Claims **2921**
- The SSI Group **0515**
Online Directory
www.bmchp.org
Online Directory (cont.)

• Refer *within* the network:
  • Online Provider Directory
  • Provider Service Center 888-566-0008
  • Note: ConnectorCare/QHP members will be balance billed for non-approved services outside the network

• Directory Options:
  • QHP Select (non-Silver, non-ConnectorCare plans) 1/1/2014
  • Select (Employer Choice/Commonwealth Choice)
  • QHP Silver (ConnectorCare, QHP Silver plans) 1/1/2014
  • Commonwealth Care
  • MassHealth
Upcoming Communication Topics and Presentations

• Women’s Health
• Health of Members with Disabilities
• Adult Preventative Care Guidelines
• Homeless Members’ Health
• High Risk Pregnancy Care
• Coordinated Service Delivery of PCP and Behavioral Health Care
Plan Partners / Vendors

- Beacon Health Strategies (BH)
  www.beaconhealthstrategies.com
  1-866-444-5155

- Delta Dental (Qualified Health Plan)
  www.deltamass.com
  1-800-872-0500

- Northwood
  www.northwoodinc.com
  1-866-802-6471

- Medsolutions
  www.medsolutionsonline.com
  1-888-693-3211

- Nurse Advice Line MH (CarePlus)
- Nurse Advice Line ConnectorCare/QHP
  1-888-973-6373
  1-800-765-7344

- Envision RX Options
  1-800-361-4542

Note: As of 1/1/14, VSP (Vision Service Plan) no longer outsourced. Members may access Plan contracted Optometrists.
Important Provider Phone Numbers

MassHealth, Commonwealth Care
&
QHP / ConnectorCare

1-800-900-1451
or
1-888-566-0008

Phone Line Prompt for Providers: Option 3

• Option 1: Automated Eligibility and/or Claims Status
• Option 2: Claims or Provider Enrollment Status
• Option 3: Medical Services, Prior Authorizations and Notifications, other than BH & Pharmacy
• Option 4: Pharmacy Authorizations & Eligibility, other than Claims Status
Car Seats

Give Your Child the Best Seat in the Car. On Us.

Your baby has lots of needs. And we’ve got a plan for that. With BMC HealthNet Plan you’ll get:

- FREE car seats
- Well-baby check-ups
- Vaccinations
- Special help for moms-to-be
- And MORE

BMCHP.com

Contact BMCHP at 800-793-4135 or online at bmcchp.com. For all MassHealth options, call 800-621-2200, M-F, 8 a.m. - 8 p.m. (TTY: 800-621-4272)

Bike Helmets

BMC HealthNet Plan Does More to Keep Kids Safe.

Want safer, healthier kids? We’ve got a plan for that, and for moms and dads, too.

- FREE bike helmets for kids
- FREE car seats for kids
- Choice of personal doctors for the whole family
- FREE 24 hour Nurse Advice Line
- Pharmacy discounts
- Fitness discounts
- And MORE

BMCHP.com

Contact BMCHP at 800-793-4135 or online at bmcchp.com. For all MassHealth options, call 800-621-2200, M-F, 8 a.m. - 8 p.m. (TTY: 800-621-4272)
Thank you!

BMC HealthNet Plan Helps Kids Stay Happy and Healthy.

bmchp.com

Contact BMCHP at 800-792-4355 or on the Web at bmchp.com. For all your MassHealth options, call 800-841-2900, M – F, 8 a.m. - 5 p.m. (TTY: 800-497-4648)