

From:
To: MassHealth ACO go-live: week 1 FAQs
Friday, April 7, 2023 3:09:39 PM

Cc:

Subject:
Date:

All,

Congratulations on completing these first days of go-live. It was certainly a significant effort on everyone's part!

Noted below are some of the common themes addressed throughout the week. I am sharing them here to ensure everyone is aware of how to manage:

Utilization management/Prior authorization:

- Issues were reported across all ACOs with submitting Prior Authorizations through WS's HealthTrio portal – specifically some providers not showing-up in servicing and/or requesting provider/facility fields and portal timing out. WS IT team is actively working on this issue with HealthTrio and identifying root causes. In the meantime, WS advises:
 - If you are able to submit PAs via the portal, please do so
 - If you experience issues, please use the fax numbers below to send in PAs

Purpose	Fax Number
Prior Authorization New Requests	617-951-3464
Prior Authorization Additional Clinical	617-951-3461
Inpatient Admissions	617-951-3463
Inpatient Clinical	617-897-0892

- WellSense reported hearing concerns from servicing providers about lack of prior auth for members coming from legacy plans that did not require authorization. Their guidance is:
 - *If the provider already evaluated and determined that the member requires the service(s) prior to 4/1 go live: **We do not want to disrupt patient care. Please provide care to member, and we will ensure payment for appropriate care at negotiated rate.***
 - *If the decision to perform the service(s) is made after 4/1 go live:*
 - *We expect that prior authorization is obtained prior to care. However, we do not want to disrupt patient care during the continuity of care period between 4/1/23-6/30/23 and specifically during the first month of April.*
 - *During the continuity of care period, if you do not believe you can wait for prior authorization to be performed, please provide care based on your judgement; and we will work with you to provide appropriate payment. We reserve the right to review the case retrospectively.*
- **Please continue to elevate any issues related to access to care with us so we can help**

troubleshoot

Enrollment:

- WellSense is still seeing that members are showing up in MassHealth eligibility verification system as having multiple insurances. They expect this issue to resolve with time as the member movement across plans slows down.
- Additional irregularities with enrollment have been popping up (e.g., wrong ACO, enrollment voided) and MassHealth has made us aware they are seeing similar issues in MMIS as well. We will continue to monitor and let you know if any major concerns arise here.
- If members arrive who are in the wrong WellSense ACO, **please check member ID prefixes to ensure it aligns with our ACO and encourage members to contact MH if not.** The WellSense BILH Performance Network ACO: Prefix is 70; ID numbering scheme is 70XXXXXXX
- Please note that providers **cannot change PCPs across WellSense products** in the healthtrio portal, **even if the option for the desired provider appears** in the portal (it will subsequently be cancelled in the system). Members must still contact MassHealth to change their ACO. However, PCPs within the ACO can be changed within the healthtrio portal successfully.
- What to do if a patient is assigned to another ACO and wants to see a BILH ACO PCP.
 - Member/patient will need to contact MassHealth Customer Service 800-841-2900 (TTY: 800-497-4648) or visit [masshealthchoices.com]masshealthchoices.com to change plans.
 - When calling there are three prompts
 - Option 1 is providers
 - Option 2 is member services in English
 - **Option 3 is member services in Spanish**
- WellSense Provider Directory: <https://wellsense.providerlookuponlinesearch.com/search>
- How long does it take to update Healthtrio/WellSense Provider Portal when PCP selected for a patient?
 - This typically takes 48-72 hours. If the practice can provider 2-3 examples, I can check with the team to see if it was captured correctly.
- Patient eligibility can be confirmed day of in the following places. As a reminder, please use the date of the visit, 4/1 or later, when reviewing their eligibility.
 - Mass Health [Eligibility Verification System](#)
 - WellSense Secure Provider Portal: www.WellSense.org under the MassHealth Provider Resources menu (*for WellSense members*)
 - WellSense Provider Call Line (will be open this weekend for urgent needs): 888-566-0008 Option 1 (automated phone system)
 - NEHEN – State Health Information Exchange (HIE)

However, if you cannot confirm their eligibility has changed to WellSense in time for their visit, MassHealth's continuity of care guidance for the first 90 days is to bill the insurer of record. The guidance, which WellSense is adhering to states:

If, at the start of the new ACO period, members are not assigned to the correct ACO primary care providers should see patients and bill the insurer of record. Claims for members covered by a WellSense plan will be paid according to [WellSense's Augmented Continuity of Care Policy](#).

- If the patient is or will be part of the primary care provider's panel, then they will need to switch ACOs in order to maintain access after the continuity of care period. Members will need to contact MassHealth Customer Service 800-841-2900 (TTY: 800-497-4648) or visit masshealthchoices.com to change plans.
- If the patient is enrolled in the correct ACO, but assigned to the wrong PCP, you can change assignment in the WellSense Secure Provider Portal or by calling WellSense customer service.

Please do not hesitate to reach out with any questions or concerns.

Best,

Christine Ouellette

Manager, Masshealth ACO Programs

Beth Israel Lahey Health Performance Network