

Information for Tufts Health Plan Providers regarding MassHealth Continuity of Care Transition for Accountable Care Organization/Managed Care Organization Plans

Effective March 1, 2018

Background

- Starting March 1, 2018, new Accountable Care Organization (ACO) and Managed Care Organization (MCO) contracts will become effective for MassHealth members.
- MassHealth issued a [continuity of care memo](#) to support transition to new ACO/MCO arrangements on February 21, 2018.
- Continuity of care is a set of MassHealth requirements for individuals transferring from one health plan/ACO/MCO to another to ensure that members who are in active treatment at time of enrollment do not experience disruption to their health care benefits. For example:
 - When a doctor is no longer part of our network, or
 - When a person moves from one MassHealth plan to a Tufts Health Plan ACO/MCO and is getting care from another doctor who is not in our Tufts Health Together ACO/MCO network or care that requires a prior authorization.
- We work to ensure transitions of care take place as smoothly as possible so as not to disrupt the member's treatment plan. Our continuity of care policy allows us to continue covering an out-of-network provider for a short time (see below for details) to allow a member to transition to an in-network provider. Our policy will also honor a prior authorization that was approved by the prior plan for a transition period.
- Tufts Health Plan is providing the following information to clarify its continuity of care requirements for MassHealth members who are newly joining *Tufts Health Together* plans (i.e., our four Accountable Care Partnership Plans, or ACPPs, and our MCO plan) on March 1, 2018.

Continuity of Care Period

- All MassHealth plan members enrolling in a new MassHealth plan on March 1, 2018, will have at least a 30-day continuity of care period.
- Tufts Health Plan will extend the continuity of care period up to 90 days—until May 31, 2018—only for MassHealth members who are new to Tufts Health Plan on March 1, 2018 and for services that were authorized by the members' previous plans before March 1, 2018.
- Members who join Tufts Health Together ACO/MCO after March 1, 2018, will have the standard 30-day continuity of care period.
- Any member who is not new to Tufts Health Together ACO/MCO is not eligible for a continuity of care exemption.
- In certain cases, the continuity of care period may be extended for members in the following situations:
 - Pregnancy (e.g., up to six weeks post-partum)
 - Significant health care needs or complex medical conditions
 - Autism spectrum disorder
 - Significant mental health or substance use needs
 - Receiving ongoing services, such as dialysis, home health, chemotherapy and/or radiation, or hepatitis C treatment
 - Hospitalization
- Members new to Tufts Health Plan Tufts Health Together ACO/MCO during the open enrollment period with outpatient Behavioral Health approved or initiated prior to transferring

to Tufts Health Plan Tufts Health Together ACO/MCO will be eligible for a 90-day continuity of care period.

Prior Authorization Process

- Information regarding prior authorizations for Tufts Health Public Plans is available in the [Tufts Health Public Plans Provider Manual](#).
- After March 1, 2018, all new requests for services, pharmacy or supplies that would normally require prior authorization will still require prior authorization. For specific prior authorization requirements, please check our [medical necessity guidelines](#) and [medical and behavioral health benefit summaries](#).
- **Outpatient Medical Services:**
 - For prior authorizations or other scheduled services (procedures and visits) from a member's previous plan, fax the current authorization data to Tufts Health Plan at **888.415.9055**. Please include the member's name, ID, servicing provider, service or codes authorized, start and end date, number of visits, items, etc. If the service was prior authorized by the previous plan, please include proof of the authorization such as an authorization notice. You may also include additional attachments such as an excel file.
 - For new prior authorization requests, please submit them directly through the secure Provider [portal](#).
- **Outpatient Behavioral Health (BH) Services:** If an out-of-network provider has been providing outpatient BH services to a new Tufts Health Plan member, prior to the member's start date between March 1, 2018 and May 31, 2018, Tufts Health Plan will allow for a transition period of up to 90 days. Providers should fax the [Out-of-Network at In-Network Level of Benefits Prior Authorization Form](#) to **888.977.0776** for approval of transition visits.
- Providers who are currently treating MassHealth members who will transition to Tufts Health Plan on March 1, 2018, are encouraged to send prior authorizations that are currently in place for these members to Tufts Health Plan at the fax numbers provided above.
- **Providers notification for authorizations:** For both new requests as well as requests approved by other plans prior to March 1, 2018, Tufts Health Plan will create new authorizations, which will:
 - Generate a new authorization number
 - Send out letters to the providers with all authorization information

Transition Support

- If there is a concern about a determination, Tufts Health Plan is continuing our current escalation process, offering peer-to-peer discussions prior to our appeals process
- For non-clinical issues, please refer below:
 - To assist in the member transition, the Tufts Health Public Plans Member Services call center will be open on Saturday, March 3 and Sunday, March 4, 2018, from 8 a.m. to 5 p.m.
 - The Tufts Health Public Plans Member Services call center will also be open Monday through Friday, from 8 a.m. to 6 p.m., March 1 through March 16, 2018.
 - The Tufts Health Public Plans Member Services call center number is **888.257.1985** (TTY: 711).
 - The MassHealth Customer Service number for members and providers is **800.841.2900** (TTY: 800.497.4648).