



## Optum Mass General Brigham Health Plan ACO FAQ

### **AllWays Health Partners, an affiliate of Mass General Brigham, became Mass General Brigham Health Plan effective Jan. 1, 2023**

AllWays Health Partners, an affiliate of Mass General Brigham, became Mass General Brigham Health Plan effective Jan. 1, 2023, to reflect and advance the system's unique provider-payer integration that is improving health outcomes, reducing costs, and transforming the health care experience.

For more information please visit the Mass General Brigham Health Plan website [Mass General Brigham Health Plan](#)

#### **1. There is already a Mass General Brigham ACO so what does this transition mean?**

- a. Mass General Brigham ACO currently partners with MassHealth as the payer. Starting April 1, 2023, Mass General Brigham (the delivery system) will partner with Mass General Brigham Health Plan for ACO patients. Members who have MGB ACO today will remain with MGB ACO unless they opt for another plan/provider.
- b. The Mass General Brigham Health Plan Provider Manual Addendum is posted on our website. For more information, please visit the Optum Network Manual section of the Massachusetts page on Provider Express [Massachusetts \(providerexpress.com\)](https://providerexpress.com) and select Mass General Brigham Health Plan Provider Manual Addendum

#### **2. When will this transition happen?**

- a. This transition will happen on April 1, 2023.

#### **3. Will patients have new ID cards?**

- a. Yes, members will receive new ID cards to reflect Mass General Brigham Health Plan contract information.



#### **4. Will there be a change to the network?**

- a. Yes, members will now use the Optum network for behavioral health services.

#### **5. Will my patients' benefits change?**

- a. No, our members will continue to have MassHealth benefits according to their benefit plan. Providers are encouraged to check eligibility and benefits on [www.providerexpress.com](http://www.providerexpress.com).

#### **6. How do I submit prior authorization and referral requests?**

- a. Contracted providers can request authorizations by calling the number on the back of the member's card. Providers can also request authorization for most services via the online portal system on Provider Express ([providerexpress.com](http://providerexpress.com)). You will need to log-in to the secure portal to verify and request authorizations.

Please Note: Referrals are not required for behavioral health services.

#### **7. If my members/patients are in care management, will that continue?**

- a. Yes, members may continue with their care management programs, as this transition does not impact eligibility for care management.

#### **8. Can I check eligibility for Mass General Brigham Health Plan ACO members via the provider portal?**

- a. Yes, all eligibility can be checked by visiting the Provider Portal: Provider Express [Massachusetts \(providerexpress.com\)](http://Massachusetts.providerexpress.com) or contacting the provider service line 844-351-3519.

#### **9. Is there a separate customer service line for Mass General Brigham ACO members?**



a. Mass General Brigham Health Plan: 1-844-451-3519.

**10. Will my existing Medicaid contract with Optum be valid for the new MGB HP ACO product?**

a. Yes.

**11. How do I confirm if I am participating in the Mass General Brigham Health Plan ACO network?**

a. You can confirm your participation by checking provider express or contacting the provider service line at 844-351-3519.

**12. Do I need a new Authorization for a scheduled procedure if one was obtained prior?**

a. Yes. Contracted providers can request authorizations for most services via the online portal system on Provider Express ([providerexpress.com](https://providerexpress.com)) or by calling the number on the back of the member's ID card.

Providers can view a list of services that require authorization by reviewing the Mass General Brigham Health Plan Manual Addendum on Provider Express: [Mass General Brigham Health Plan Manual Addendum](#) .

**13. Where do I send my claims?**

a. Medicaid: Optum P.O. Box 30760, Salt Lake City, UT 84130-0760

Providers are encouraged to submit claims electronically. For more information on EDI, visit our [EDI resource page](#) on Provider Express.



**14. What is the electronic Payer ID?**

a. Payer ID: 87726.

**15. Will there be a change to the time frame for claim submission for this product?**

a. We plan to adhere to the current standard filing rules, which is 90 days unless otherwise specified in your contract. Providers should refer to their contracts for any questions.