

CCA Presenters

Reed Neray, Senior Provider Relations Liaison

Melissa Rusin, Provider Engagement Program Manager

Amy Stebbins, Manager, Utilization Management

1

© 2025 Commonwealth Care Alliance® Confidential & Proprietary Information

1

Agenda



CCA Overview 2025



Claims & Billing



Covered Services & Prior Authorizations

2

© 2025 Commonwealth Care Alliance® Confidential & Proprietary Information

2

CCA Overview

Melissa Rusin, Program Manager, Provider Engagement



3

MassHealth and Medicare Plans



CCA One Care

Medicare-Medicaid Plan

Dual eligible, age 21-64

Service area: All counties

EXCEPT Dukes and Nantucket counties

MassHealth processes enrollment



CCA Senior Care Options

HMO Dual Special Needs Plan

MassHealth
Standard eligible or Dual eligible,
age 65+

Service area: All counties

EXCEPT Berkshire,
Barnstable, Dukes, and Nantucket counties
CCA processes enrollment

4

4

About CCA's SCO and One Care Programs

CCA contracts with the Federal Government (CMS) and the Commonwealth of Massachusetts to offer these fully-integrated plans, meaning that CCA delivers both Medicare and Medicaid benefits to our members.

What is SCO?

- Senior Care Options is a Medicare Advantage Special Needs Plan for beneficiaries aged 65 and over
- Members must be eligible for Medicare and MassHealth Standard (Medicaid).*
- \$0 for members for all services

* A small population of SCO members have MassHealth Standard only

What is OneCare?

- OneCare is a Medicare Medicaid Plan for beneficiaries aged 21 to 64.
- Members must be eligible for Medicare and MassHealth Standard or CommonHealth
- \$0 for members for all services

5

© 2025 Commonwealth Care Alliance®. Confidential & Proprietary Information

5

THE CCA *uncommon care*® MODEL

We partner with our members physicians, family, and caregivers to develop a specific care plan based on needs with integrated community resources.

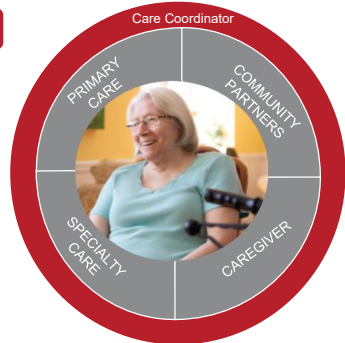
ONBOARDING

- Members are outreached by their Care Coordinator to welcome them to the plan, educate them on their benefits and how to utilize them
 - **EXCEPTION:** Members managed through our Delegated Providers receive welcome calls via onboarding
- An RN completes an assessment to review member's social, medical, and behavioral needs, including existing services as well as identifying gaps in care



PROACTIVE CARE PLANNING

- Led by the Care Coordinator and in conjunction with the PCP, CCA's Interdisciplinary Care Team works to develop a personalized care plan
- Member is core participant of care planning process
- In person, virtual, and telephonic care management
- Integrates all necessary community partner, mental health, specialty care and caregiver support



6

© 2025 Commonwealth Care Alliance®. Confidential & Proprietary Information












6

2025 CCA Senior Care Options (HMO D-SNP) Benefit Summary

MassHealth
Standard eligible or
Dual eligible, ages
65+

The benefit information is a summary, not a complete description of benefits. Limitations and restrictions may apply

**Some extra benefits are special supplemental benefits, which not all members will qualify for. Certain restrictions may apply.*

MEDICAL COVERAGE		
 Doctor office visit copay	\$0	The cost is \$0 - PLUS you receive a \$25 reward after your annual wellness visit
 Hospital stay copay	\$0	The fixed amount you pay for a hospital visit
 Prescription Drug copay	\$0	For prescriptions and prescribed over-the-counter drugs
 Annual Exams	\$0	For annual dental, vision, and hearing exams
VALUABLE EXTRAS	YOU PAY:	YOU GET:
 Healthy Savings Card	\$0	\$475 per calendar quarter for CCA-approved over-the-counter products. Includes food* and utilities* for qualifying members.
 Dental	\$0	Unlimited annual maximum for dental coverage, including coverage for including dentures, crowns, and 4 implants per year.
 Hearing	\$0	Routine hearing exams and up to \$1000 per year for 2 hearing aids (\$500/ear)
 Transportation	\$0	Unlimited rides to medical appointments for CCA covered services. Ten (10) one-way trips per month for non-medical purposes to approved CCA destinations. All rides limited to 50 miles.
 Vision	\$0	\$0 Eye exam and \$350 a year for eyewear, including frames, lenses, contact lenses and upgrades
 Medical Equipment	\$0	Medical equipment and supplies
 Fitness Equipment	\$0	\$0 membership to Silver&Fit® that also includes weight management program









7

2025 CCA One Care (MMP) Benefit Summary

Dual eligible members, ages
21-64

The benefit information is a summary, not a complete description of benefits. Limitations and restrictions may apply.

MEDICAL COVERAGE		
 Doctor office visit copay	\$0	The cost is \$0 - PLUS you receive a \$25 reward after your annual wellness visit
 Hospital stay copay	\$0	The fixed amount you pay for a hospital visit
 Prescription drug copay	\$0	For prescriptions and prescribed over-the-counter drugs
 Annual Exams	\$0	For annual dental, vision and hearing exams
VALUABLE EXTRAS	YOU PAY:	YOU GET:
 Dental	\$0	Unlimited annual maximum for dental coverage, including coverage for exams, X-rays, cleanings, fillings, root canals, crowns, and dentures.
 Hearing	\$0	Routine hearing exams and up to \$1000 for hearing aids; \$500 per ear.
 Transportation	\$0	Unlimited rides to medical appointments for CCA covered services. Ten (10) one-way trips per month for non-medical purposes to approved CCA destinations. All rides limited to 50 miles.
 Vision	\$0	Annual eye exams and up to \$125 a year for eyewear, including contacts or frames
 Medical Equipment	\$0	Medical equipment and supplies



8

New Pharmacy Benefit Manager 2025

What is a PBM?

A Pharmacy Benefits Manager (PBM) is a 3rd party vendor that operates as a middleman between pharmaceutical companies and health plans (commercial, self-insured employer, Medicare Part D, etc.)



Pharmacy Benefits Manager

PBMs contract with pharmacies, develop formularies, and negotiate discounts & rebates with drug manufacturers



PBMs process and pay prescription drug claims and are responsible for creating and updating your health plan's drug formulary.



PBMs also provide programs and services designed to help maximize drug effectiveness and contain drug expenditures by influencing the behaviors of prescribing physicians, pharmacists, and members.

9

© 2025 Commonwealth Care Alliance®. Confidential & Proprietary Information

9

New Fax Number for ALL Durable Medical Equipment Requests

CCA now uses Tomorrow Health for all DME orders

New DME Fax Number
(888) 616-2361

Start using it today!



Use the new fax number or order directly through the Tomorrow Health platform

- If there is a preferred DME supplier, please note preference on the prescription.
- Please do NOT send the referral directly to the DME Supplier.
- CCA's DME Supply Procurement Unit (DSPU) team no longer processes DME referrals sent to fax number 617-608-5629.

10

© 2025 Commonwealth Care Alliance®. Confidential & Proprietary Information

10

CCA Update (effective April 2025)

- We are pleased to announce that CCA is now a part of CareSource, a nationally recognized, nonprofit managed care organization with more than 35 years of experience in government sponsored health plans
- CCA will continue to operate its Senior Care Options (SCO) and One Care plans along with its clinical delivery programs under the CareSource Family of Brands
- CCA's members and patients will continue to receive best-in-class, disability-competent care and coordination from their same care teams and providers – enhanced and strengthened by the capabilities of CareSource

11

© 2025 Commonwealth Care Alliance® Confidential & Proprietary Information

11

Claims & Billing

Reed Neray, Sr. Provider Relations Liaison



12

Claims Billing Overview

- Commonwealth Care Alliance (CCA) has partnered with Cognizant to implement our new claims platform, Facets, for dates of service April 1, 2023-onward.
- CCA has a new single payer ID – **A2793**.
- The new claims platform includes access to the Availity Essentials Provider Portal.
- As an added benefit, the Availity Essentials Provider Portal offers direct access and electronic data exchange, making it easy for providers to register their practice, view claim status, and validate member eligibility.

Claims Billing Overview

- CCA accepts both electronic (EDI) and paper claim submissions. Electronic billing is preferred.
- Contracted providers must file claims no later than **90 days** from date of service unless the filing limit is otherwise stipulated in their contract.
- Providers are required to confirm member eligibility on a regular basis prior to rendering services, even if prior authorization covers a long period.

Please refer to CCA's *Claims and Billing Procedures* (Section 6 of the Provider Manual)

Claim Submission



15

Electronic Claim Submission

The following slide provides post 04/01/2023 Dates of Service claims guidance.

For Dates of Service: April 1, 2023 – Onward

Availity Essentials Provider Portal:

- Use the [Availity Essentials Provider Portal](#) to submit claims, review claims status, and member eligibility or,
- Use your existing clearinghouse, using payer ID A2793.

Please refer to CCA's *Claims and Billing Procedures* (Section 6 of the Provider Manual)

16

© 2025 Commonwealth Care Alliance® Confidential & Proprietary Information

16

Paper Claim Submission

Paper claims (original and corrected) should be mailed to the address below based on dates of service.

For Dates of Service: April 1, 2023 – Onward

- Commonwealth Care Alliance
Claims
P.O. Box 3085
Scranton, PA 18505

Please refer to CCA's *Claims and Billing Procedures* (Section 6 of the Provider Manual)

Corrected Claims

To modify a claim that was originally submitted on paper or via EDI submission and paid or denied, providers must submit a corrected claim via paper or 837 submission. If the corrected claim requires the inclusion of additional information, invoice, prescription, etc., the submission must be in writing.

Paper Corrected Claims must include:

1. Completed [Request for Claim Review Form](#)
 - The original claim number
 - An indication of the item(s) needing correction
2. A CMS HCFA 1500 or UB04 paper claim with the corrections
 - No handwritten changes
 - No correction fluid on form
3. Any required supporting documentation

Please refer to CCA's *Claims and Billing Procedures* (Section 6 of the Provider Manual)

Provider Payment Disputes and Appeals



19

Provider Payment Disputes and Appeals

Payment Disputes Criteria:

- If a provider disagrees with CCA's decision of denial or reimbursement of a claim, the provider can file a payment dispute for reconsideration. All provider payment disputes must be received in writing.
- Payment dispute requests will be considered when received within **90 days** from the original payment or denial date, as indicated on the EOP, with supporting documentation.

Provider Disputes do not Include:

- Seeking resolution of a contractual issue payment disputes, wherein the provider believes, CCA is paying an amount different than was contractually agreed – Please direct these concerns to CCACContracting@commonwealthcare.org.
- An appeal made by a provider on behalf of a specific member should be directed to the CCA Provider Services department 866-420-9332.

Please refer to CCA's *Claims and Billing Procedures* (Section 6 of the Provider Manual)

20

© 2025 Commonwealth Care Alliance®. Confidential & Proprietary Information

20

Provider Payment Disputes and Appeals

Provider Payment Disputes and Appeals should be mailed to the address below.

For Dates of Service: April 1, 2023 – Onward

Commonwealth Care Alliance
Claims
P.O. Box 3085
Scranton, PA 18505

Please refer to CCA's *Claims and Billing Procedures* (Section 6 of the Provider Manual)

21

© 2025 Commonwealth Care Alliance®. Confidential & Proprietary Information

21

Payspan



22

Payspan

Commonwealth Care Alliance (in partnership with Payspan) has implemented an enhanced online provider registration process for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) services.

- PaySpan deposits CCA reimbursement payments into the provider's designated bank account(s) by EFT.
- PaySpan gives providers online access to Explanation of Payments (EOPs) and payment reconciliation reports.
- Providers must register with PaySpan in order to access their remittance advice.

Ways to register:

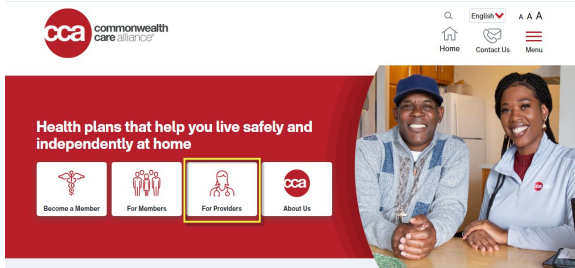
1. Go to payspanhealth.com
2. Call 877-331-7154, option 1
3. Email providersupport@payspanhealth.com

Provider Resources



Website

See the “*For Providers*” tab on the CCA’s website for:



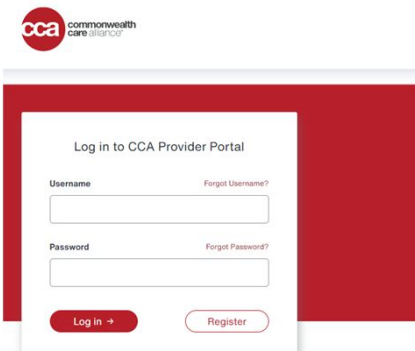
- Provider manuals
- Forms and referrals
- Payment policies
- Provider portal
- Provider directory
- Claims Transformation

commonwealthcarealliance.org

25

© 2025 Commonwealth Care Alliance®. Confidential & Proprietary Information

Provider Portal



Log in to access provider self-service tools:

- Verify eligibility for single and multiple members
- Member authorizations
- Credentialing form submission
- Secure messaging
- Remittance and payment
- Member roster
- Manage portal access
- Generate reports
- Self-service training
- Educational documentation

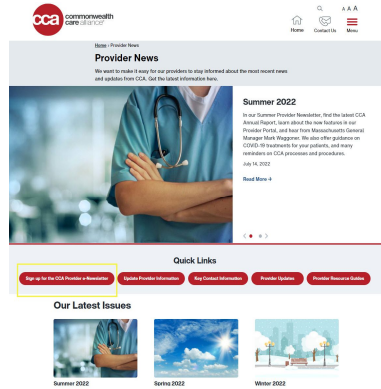
commonwealthcarealliance.healthtrioconnect.com

26

© 2025 Commonwealth Care Alliance®. Confidential & Proprietary Information

Provider Newsletter

- CCA sends a quarterly newsletter via email to **providers** with policy updates and information about the unique role our organization plays in healthcare.
- To view current and archived Provider Newsletters and to sign up:
 - Massachusetts [Newsletter](#)



27

© 2025 Commonwealth Care Alliance®. Confidential & Proprietary Information

Key Contacts



28

Key Contacts

For Dates of Service: April 1, 2023 – Onward

Provider Services: 866-420-9332

- Providers can call with inquiries related to claims status, corrected claims and claim receipt.

EDI Support:

- Availity client services: 800-Availity (800-282-4548)
- Availity Tech Support: [Submit an eTicket](#)

Key Contacts

Member Services: memberservices@commonwealthcare.org

- Massachusetts: 866-610-2273
- Members can call or email for information about their health care coverage.
- Translation services are available.

Member Enrollment – All Products:

- Secure email is preferred mode of communication: marketdevelopment@commonwealthcare.org
- P: 866-610-2273

Key Contacts

Provider Services: 866-420-9332 | providerservices@commonwealthcare.org

- Providers can call or email with inquiries about covered services, authorization status, service denials, claims, and benefits.
- For clinical concerns or to contact the care partner team, select option 4.

Provider Relations: providerrelations@commonwealthcare.org

- Providers can email with inquiries and questions.

Contracting: Providers can email with inquiries and questions related to their contract.

- Massachusetts: ccacontracting@commonwealthcare.org

Covered Services and Prior Authorization Requirements Overview

Amy Stebbins, Manager, Utilization Management

Prior Authorization Requirements

The requesting physician must obtain prior authorization for the following:

- All elective inpatient admissions
- All unlisted CPT-4 and unspecified HCPCS codes
- Elective hospital/facility same-day surgery and ambulatory procedures on the procedure codes list
- Some High-tech imaging
- Neuropsychological testing
- Non-emergent ambulance
- Oral surgery services and treatment
- Oxygen
- Plastic reconstructive surgery and treatment
- Specified durable medical equipment
- Transplant services
- Long Term Support Services

Please refer to CCA's [CCA Provider Manual SCO and One Care](#) (Section 4 of the Provider Manual) for complete list and detail

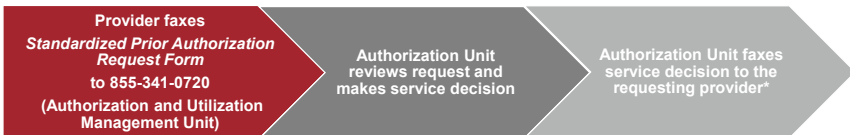
Please refer to CCA's [Medical Necessity Guidelines](#) for details on criteria for specific services

Please refer to the [Medicare Coverage Database](#) for Medicare Covered Services and Guidelines

How to Submit Prior Authorizations

Please refer Section 4 of the Provider Manual, *PRIOR AUTHORIZATION REQUIREMENTS*, to confirm the service needs a Prior Authorization.

If a prior authorization is needed:



CCA's Provider Manual, Section 4: [CCA Provider Manual SCO and One Care](#)

CCA's Prior Authorization Payment Policies are found here: [CCA Prior Authorization Payment Policies](#)

Contact Information

Melissa Rusin
Program Manager Provider Engagement
mrusin@commonwealthcare.org

commonwealthcarealliance.org

