

Enrolling in Tufts Health Together with Boston Children's ACO

Follow these step-by-step instructions to enroll online in Tufts Health Together with Boston Children's Accountable Care Organization (ACO), a new MassHealth plan that provides quality health care for pediatric members.

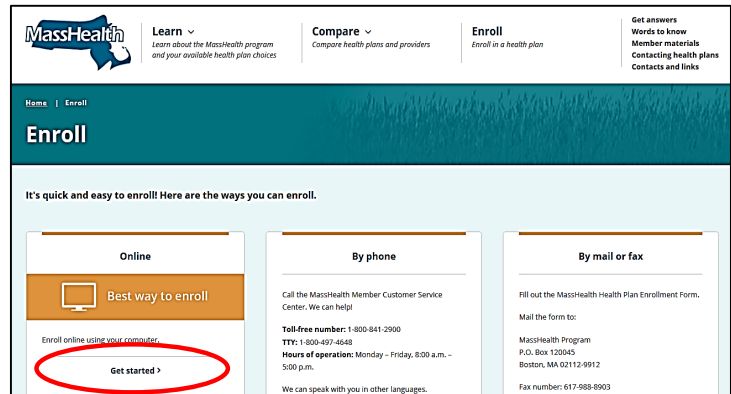
Who should enroll in Tufts Health Together with Boston Children's ACO?

If your child's Primary Care Provider (PCP) is participating in the Boston Children's ACO, he or she will be **automatically enrolled** in Tufts Health Together with Boston Children's ACO. However, you will need to enroll your child if:

- you enrolled in MassHealth between November 1, 2017 and March 1, 2018 and would like to continue seeing your child's PCP.
- your child is currently enrolled in a different MassHealth health plan and you would like to see a PCP who is participating in Tufts Health Together with Boston Children's ACO.
- you would like to switch your child's health plan between March 1 and May 31, 2018.

Getting Started

To enroll online, visit MassHealthChoices.com/enroll and click 'Get started' under the Online section.



MassHealth Learn Compare Enroll Get answers

Home | Enroll

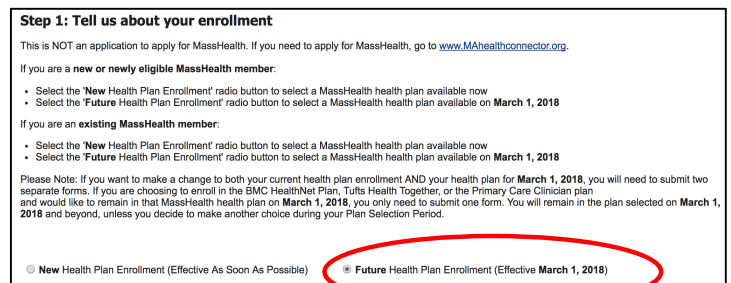
Enroll

It's quick and easy to enroll! Here are the ways you can enroll.

Online	By phone	By mail or fax
<p>Best way to enroll</p> <p>Enroll online using your computer.</p> <p>Get started ></p>	<p>Call the MassHealth Member Customer Service Center. We can help!</p> <p>Toll-free number: 1-800-841-2900 TTY: 1-800-497-4648 Hours of operation: Monday - Friday, 8:00 a.m. - 5:00 p.m.</p> <p>We can speak with you in other languages.</p>	<p>Fill out the MassHealth Health Plan Enrollment Form. Mail the form to:</p> <p>MassHealth Program P.O. Box 123045 Boston, MA 02112-9912 Fax number: 617-988-8903</p>

Step 1: Select your enrollment

Select the **Future Health Plan Enrollment** option (effective March 1, 2018).



Step 1: Tell us about your enrollment

This is NOT an application to apply for MassHealth. If you need to apply for MassHealth, go to www.MAhealthconnector.org.

If you are a **new or newly eligible MassHealth member**:

- Select the 'New Health Plan Enrollment' radio button to select a MassHealth health plan available now
- Select the 'Future Health Plan Enrollment' radio button to select a MassHealth health plan available on **March 1, 2018**

If you are an **existing MassHealth member**:

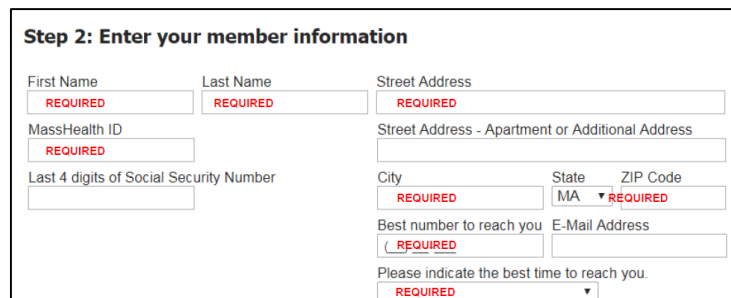
- Select the 'New Health Plan Enrollment' radio button to select a MassHealth health plan available now
- Select the 'Future Health Plan Enrollment' radio button to select a MassHealth health plan available on **March 1, 2018**

Please Note: If you want to make a change to both your current health plan enrollment AND your health plan for **March 1, 2018**, you will need to submit two separate forms. If you are choosing to enroll in the BMC HealthNet Plan, Tufts Health Together, or the Primary Care Clinician plan and would like to remain in that MassHealth health plan on **March 1, 2018**, you only need to submit one form. You will remain in the plan selected on **March 1, 2018** and beyond, unless you decide to make another choice during your Plan Selection Period.

New Health Plan Enrollment (Effective As Soon As Possible) **Future Health Plan Enrollment (Effective March 1, 2018)**

Step 2: Enter your information

Enter the required member information.



Step 2: Enter your member information

First Name **REQUIRED** Last Name **REQUIRED** Street Address **REQUIRED**

MassHealth ID **REQUIRED** Street Address - Apartment or Additional Address

Last 4 digits of Social Security Number City State ZIP Code

City State ZIP Code

Best number to reach you **REQUIRED** E-Mail Address

Please indicate the best time to reach you. **REQUIRED**

Step 3: Choose your health plan

Use the drop-down menu to select **Tufts Health Together with Boston Children's ACO**. The list of health plan choices shown populates based on the zip code entered in step 2.

Step 3: Choose your health plan

To compare health plan options available on March 1, 2018, go to www.masshealthchoices.com/compare. To see current available health plan options:

- Plans Available for Members in MassHealth CarePlus
- Plans Available for Members in MassHealth Standard, CommonHealth, and Family Assistance

Tufts Health Together with Boston Children's ACO (effective 03/01/2018) ▼
 Select your Health Plan
 BMC HealthNet Plan
 BMC HealthNet Plan Community Alliance (effective 03/01/2018)
 Community Care Cooperative (C3) (effective 03/01/2018)
 Partners HealthCare Choice (effective 03/01/2018)
 Primary Care Clinician (PCC) Plan
 Steward Health Choice (effective 03/01/2018)
 Tufts Health Together
 Tufts Health Together with Atrius Health (effective 03/01/2018)
 Tufts Health Together with BIDCO (effective 03/01/2018)
Tufts Health Together with Boston Children's ACO (effective 03/01/2018)
 Tufts Health Together with CHA (effective 03/01/2018)
 Wellforce Care Plan (effective 03/01/2018)

Use a health plan, MassHealth will pick a plan for you. If you pick a health plan, masshealthchoices.com/compare/find-primary-care-provider

Step 4: Enter your Primary Care Provider (PCP)

Enter your child's PCP. If this section is left blank, Tufts will assign a PCP to your child.

Step 4: Tell us about your primary care provider (PCP)

You must choose a primary care provider (PCP).

To search for a PCP that accepts MassHealth health plans available on March 1, 2018, go to www.masshealthchoices.com/compare/find-primary-care-provider.

Please note: If you do not choose a MassHealth health plan, MassHealth will pick a MassHealth health plan for you. If you pick a MassHealth health plan, but not a PCP, the MassHealth health plan will assign a PCP to you.

PCP Name

PCP Street Address

City State ZIP Code

Phone Number

Step 5: Other health care coverage

Fill this out if you have any secondary health coverage (not required).

Step 5: Tell us if you have other health care coverage

Name of your plan Policy Holder Policy ID

Step 6: Submit the form

Once you have completed the form, click submit to complete your enrollment.

Step 6: Submit the form

Once the form is submitted, your enrollment will be processed in 7-10 days. Your health plan coverage will take effect from the date of your submission. Please contact MassHealth directly at 1-800-841-2900 (TTY: 1-800-497-4648) with any questions on your enrollment.