

## FACT SHEET: Acute Care Hospitals

As part of the Payment and Care Delivery Innovation (PCDI) initiative, MassHealth offers **Accountable Care Organization (ACO)** health plans to its 1.3 million managed-care-eligible members. These health plans are designed to emphasize care coordination and member-centric care. They have financial incentives to control avoidable cost growth, improve clinical quality, and enhance the member experience of care. MassHealth also offers Managed Care Organizations (MCOs) and the Primary Care Clinician (PCC) Plan.



This Fact Sheet provides an overview to help **hospitals** better understand the payment and care delivery aspects of these health plans.

### Eligible Members

MassHealth managed-care-eligible members are

- Younger than age 65, without any third-party insurance coverage (including Medicare)
- Living in the community (not in a nursing facility)
- Enrolled in one of the following MassHealth coverage types: *Standard, CommonHealth, CarePlus, or Family Assistance*

### Available Plans

What **health plans** can these members join?

MassHealth managed-care-eligible members can enroll in one of the following plans.

- *Accountable Care Partnership Plans*
- *Primary Care ACOs*
- *MCOs*
- *Primary Care Clinician (PCC) Plan*

### Does Not Apply To

PCDI does not affect members who receive MassHealth coverage through

- *Fee-For-Service*
- *One Care plans*
- *Senior Care Options (SCO) plans*
- *Program of All-Inclusive Care for the Elderly (PACE) organizations*
- *Special Kids Special Care*

## What is an ACO?

An ACO is a provider-led health plan that holds participating providers financially accountable for both cost and quality of care for members. ACOs are composed of groups of primary care providers (PCPs) in which members are enrolled. In an ACO, PCPs and their team are responsible for working with the member and the ACO's network of providers to help coordinate care and connect the member with available services and supports.

### Types of ACOs

- **Accountable Care Partnership Plans:** A network of PCPs who have exclusively partnered with an MCO to use the MCO's provider network to provide integrated and coordinated care for members.
- **Primary Care ACOs:** A network of PCPs who contract directly with MassHealth, using MassHealth's provider network, to provide integrated and coordinated care for members. Members who enroll in a Primary Care ACO receive behavioral health services through the Massachusetts Behavioral Health Partnership (MBHP).

- **MCO-Administered ACOs:** A network of PCPs who may contract with one or multiple MCOs, and use the MCO provider networks to provide integrated and coordinated care for members. Note: Members do not enroll in the MCO-administered ACOs directly.

## Emergency and Urgent Care

In the event of an emergency, members should call 911 or go to the nearest emergency department (ED), regardless of their health plan enrollment. Hospitals should remind members to contact their PCP for follow-up care after they have been seen in the ED.

## PCP Notification

All acute care hospitals are required to inform the member's PCC, or participating PCP of PCC Plan and Primary Care ACO members (respectively), within one business day of an ED visit, inpatient admission, and inpatient discharge. Similar notification requirements exist for the Accountable Care Partnership Plan and MCO contracts—contact the plans you contract with for information on these requirements.

## Provider Network

“If I am a hospital contracted with \_\_\_\_, what managed care members am I in network for?”

PLAN TYPE	MEMBER POPULATION
<b>Accountable Care Partnership Plan</b>	Members enrolled in the Partnership Plan(s) the hospital contracts with
<b>MCO</b>	Members enrolled in the MCO(s) the hospital contracts with
<b>MassHealth FFS/MBHP (for Behavioral Health)</b>	Members enrolled in the PCC Plan or any Primary Care ACO

## Prior Authorization/Medical and Pharmacy Claims

“If I am a hospital treating a patient enrolled in \_\_\_\_, whom do I contact for any required Prior Authorization (PA) and Preadmission Screening, and where can I submit claims for payment?”

PLAN TYPE	SOURCE OF PA/PAYER
<b>Accountable Care Partnership Plan</b>	Partnership Plan
<b>Primary Care ACO</b>	MassHealth directly for all services except Behavioral Health (BH). MBHP for BH.
<b>MCO</b>	MCO
<b>PCC Plan</b>	MassHealth directly for all services except BH. MBHP for BH.

## More Information

### Community Partners

Community Partners (CPs) work collaboratively with ACOs and MCOs<sup>1</sup> to provide care coordination to certain members identified by ACOs, MCOs, or MassHealth. Providers may also refer a member for supports from CPs by contacting the member’s health plan. Behavioral Health Community Partners provide care management and care coordination to members with significant behavioral health needs. Long-Term Services and Support (LTSS) Community Partners provide LTSS care coordination and navigation to members with complex LTSS needs.

To learn more about the Community Partners Program, visit [www.mass.gov/guides/masshealth-community-partners-cp-program-information-for-providers](http://www.mass.gov/guides/masshealth-community-partners-cp-program-information-for-providers).

### Member Eligibility

Providers can check member enrollment and eligibility using the Eligibility Verification System (EVS). EVS messages let providers know the type of health plan, including ACOs, in which a member is enrolled and whom to contact with billing questions.

### Referrals

Referrals are required for certain specialty services in both the PCC Plan and Primary Care ACOs [see 130 CMR 450.118(j) and 130 CMR 450.119 (l)]. The requirements for referrals for all other plans are subject to the requirements of the health plan in which the member is enrolled.

### Referral Circles

Primary Care ACOs use the MassHealth Fee-for-Service (FFS) network for specialty services and have the option of defining a Referral Circle, a subset of the MassHealth FFS network for whom referral requirements are waived for members in the Primary Care ACO. If a member’s hospital or specialist is part of the Referral Circle of the member’s Primary Care ACO, the member does not need a referral to receive services from that hospital or specialist.

Accountable Care Partnership Plans and MCOs may have preferred networks within their overall networks that have modified authorization requirements. For more information on these potential arrangements, talk to the health plans you contract with.

## Resources for Providers

For more information about these health plans, and to register for trainings, please visit:

- [www.mass.gov/masshealth-for-providers](http://www.mass.gov/masshealth-for-providers)
- [www.masshealthtraining.com](http://www.masshealthtraining.com)

<sup>1</sup>CPs are not available to members enrolled in the Primary Care Clinician (PCC) Plan or in MassHealth’s Fee-For-Service (FFS) Program, unless the member is affiliated with the Department of Mental Health’s Adult Community Clinical Supports Program.