



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place
Boston, Massachusetts 02108



Date: February 21, 2018

TO: Interested Parties

RE: Continuity of Care through transition to new managed care arrangements

Starting March 1, 2018, new Accountable Care Organization (ACO) and Managed Care Organization (MCO) contracts will become effective to improve accountability and integration of care for MassHealth members.

MassHealth is committed to working with all relevant parties to ensure continuity of care for the many members who are moving to new plans, whether they are going to or from an ACO Partnership Plan, a Primary Care ACO, an MCO, or the Primary Care Clinician (PCC) Plan.

Please read the attached information carefully. Here are the most important things for you to know:

- These changes apply to MassHealth managed care members (generally, this includes members under age 65 who do not have another primary insurer, either commercial or Medicare, and are not in a long-term facility).
- All members have a minimum 30-day continuity of care period.
- During the continuity of care period all existing prior authorizations for services and for provider referrals will be honored by the member's new plan. Members can continue to see their existing providers for at least 30 days, even if those providers are not in their new plan's network.
- Providers who are not in the new plan's network must contact the new plan to make appropriate payment arrangements.
- In some cases, the continuity of care period may be extended. For example, members who are pregnant can continue seeing their existing OB/GYN providers throughout their pregnancy and up to six weeks postpartum.
- We are asking all plans, providers, and assisters to support members in receiving all needed health care services during this transition.
- Members can contact their new plan now to let them know of any ongoing treatments or scheduled appointments.
- Providers will be able to see new plan information in the MassHealth Eligibility Verification System (EVS) starting March 1. They can contact the new plan at that time for new authorization requests, or with any questions or concerns about providing services.
- MassHealth and all ACOs and MCOs have escalation protocols in place for continuity of care issues that may arise. Contact phone numbers are attached.

Please make all efforts to ensure that members continue to have access to all needed health services during this transition. Call MassHealth Customer Service if you have any questions. Thank you.

MassHealth Customer Service for members and providers: **1-800-841-2900 (TTY: 1-800-497-4648)**

CONTINUITY OF CARE

Supporting Member Transitions to New MassHealth Plan Options

Introduction

As of March 1, 2018, approximately 1.2 million MassHealth managed-care members¹ will have a new set of plan options to enroll in:

- 13 new Accountable Care Partnership Plans;
- 3 new Primary Care Accountable Care Organizations (ACOs);
- 2 Managed Care Organizations (MCOs); and
- MassHealth's Primary Care Clinician (PCC) Plan.

Accountable Care Partnership Plans and MCOs have their own network of providers, including behavioral health providers.

Primary Care ACOs and the PCC Plan use the MassHealth provider network for medical services and the Massachusetts Behavioral Health Partnership (MBHP) network for behavioral health services.

In November 2017, MassHealth began taking steps to notify its members of new plan choices that are effective March 1, 2018. Further, members whose primary care provider (PCP) of record is affiliated with an ACO (either Accountable Care Partnership Plan or Primary Care ACO) received information about that ACO and were prospectively enrolled into that ACO. All prospective enrollments are effective on March 1, 2018, unless the member makes a different choice.

For more information about these managed care options, please go to [MassHealth's Payment & Care Delivery Innovation for Providers Web page](#) or the [MassHealth Health Plan Choices Starting March 1, 2018 Web page \(for members\)](#).

This document provides the details for addressing the continuity of care needs of members who are transitioning to a new plan on or after March 1, 2018.

30-day Continuity of Care Period

To ensure that members transition to their new plans successfully and continue to have access to all the services they need, all members enrolling into a new plan on or after March 1, 2018, will have a 30-day continuity of care period. The 30-day continuity of care period begins on the first day the member is enrolled with the plan.

For these 30 days, members may continue to see their current providers for previously scheduled appointments and ongoing treatments and services, **even if that provider is not part of the member's new plan network**. If providers are not part of the new plan's network, they will need to make appropriate arrangements with the Accountable Care Partnership Plan, MCO, or MassHealth in order to be paid by the new plan. Providers will see which plan they will need to consult by viewing the MassHealth Eligibility Verification System (EVS). See page 3 for more information about EVS.

¹ Managed care members are, generally, MassHealth members under age 65 who do not have another primary insurer, either commercial or Medicare, and are not in a long-term facility setting.

It is **essential** that MassHealth and all of its partners—ACOs, MCOs, providers, suppliers, other state agencies, and community assisters—work together to ensure that all MassHealth members have access to care and are able to continue treatments during their transition to new plans.

In addition to the general principles above for all members, MassHealth has worked with its ACOs and MCOs to identify members who may need extra help during this transition. They include people who

- are pregnant;
- have significant health care needs or complex medical conditions;
- have autism spectrum disorder;
- have significant mental health or substance use needs;
- are receiving Children’s Behavioral Health Initiative (CBHI) services;
- are receiving ongoing services such as dialysis, home health, chemotherapy and/or radiation, or hepatitis C treatments; or
- are hospitalized.

During the continuity of care period, **all existing prior authorizations for services and for provider referrals will be honored** by the new plan. Members can continue to see all providers currently providing their care during this period, even if that provider is not in their new plan’s network.

How MassHealth, ACOs, and MCOs Will Support Member Transitions

Accountable Care Partnership Plans and MCOs are taking the following steps to support member transitions across all covered services.

- Using data to identify highest risk enrollees;
- Providing authorization information, extending existing prior authorizations, or otherwise making accommodations for existing services, treatments, and medications;
- Relaxing referral and prior authorization requirements, where applicable;
- Performing member outreach; and
- Sharing and using medical, behavioral health, and care management information to ensure continuous care during the transition.

For Primary Care ACOs and the PCC Plan, MassHealth will perform the functions above, including coordination with our behavioral health vendor. Accountable Care Partnership Plans and MCOs may also

- Enter into single case agreements or out-of-network agreements with providers who are providing services for members but are not part of the new network;
- Contract with critical providers as network providers; or
- Extend continuity of care arrangements in certain cases in order to facilitate continuity beyond the 30-day continuity of care period.

Accountable Care Partnership Plans and MCOs must inform their members if a continuity of care arrangement that has been made for them is short-term (e.g. a time-limited, single case

agreement) or long-term in nature (e.g. a network provider agreement). This information will allow members to make informed choices about their plan enrollment options.

Important Information for All Providers

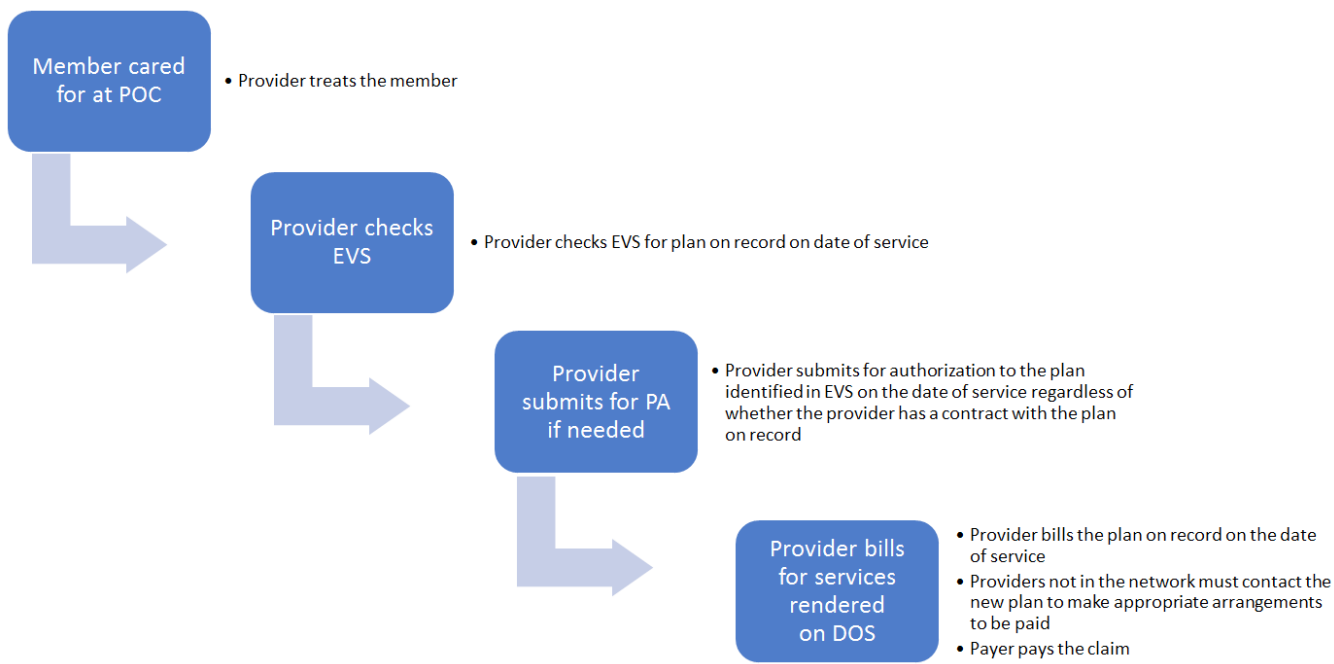
Use the Eligibility Verification System to Determine a Member's Plan

All providers will be able to access plan enrollment information for their patients. Starting March 1, 2018, EVS will reflect the new plan information for MassHealth members. For more information about new EVS messaging, please go to the [MassHealth's Payment & Care Delivery Innovation for Providers Web page](#).

Prior Authorizations for Medical Services During Transition

To the extent possible, MassHealth and all MCOs in effect before March 1, 2018, have shared prior authorization information with new plans for members who are transitioning. MassHealth and the new plans have been working to add known prior authorizations into their systems to prepare for new enrollees. The following are the key general principles around prior authorizations through the 30-day continuity of care period:

- Authorizations approved by another plan before the effective date of the member's enrollment in a new plan will be honored by the new plan through the end of the authorization period or up until the end of the continuity of care period, whichever is first.
- Authorizations that expire before the end of the 30-day continuity of care period will need to be reauthorized by the new plan, subject to the medical necessity determination of the new plan.
- Services that are scheduled, but not authorized, for a date of service on or after March 1, 2018, must be authorized by the new plan after March 1, 2018.
- Members may continue to see the rendering provider of the authorized service through the entire 30-day continuity of care period, regardless of whether that provider is in the network of the new plan. Providers not in the network must contact the new plan to make appropriate arrangements to be paid.
- For members newly enrolling in a Primary Care ACO or the PCC Plan, MassHealth has made every effort to ensure that prior authorizations for individuals have been entered into the MassHealth claims system. However, if a member receives services as part of an existing prior authorization in the first 30 days, and the claim for those services is denied for a reason related to prior authorization, providers should contact MassHealth Customer Service.
- For enrollees of an Accountable Care Partnership Plan or MCO, please contact the plan about denied claims described above.



General flow for addressing prior authorizations through transition

Customer Service Centers

All ACOs and MCOs have customer service lines up and running if providers have questions. Providers should also use these contact numbers to reach out to plans to share prior authorizations or concerns about patient care. Please see page 8 for plan contact information for continuity of care issues.

Knowing Your Networks

Providers should tell their patients about their affiliations with the new plans so members know if special arrangements for continued care need to be made in the short-term, and so they can make informed long-term decisions about their plan enrollment choices. Providers should verify which provider networks they belong to. Providers wishing to join an Accountable Care Partnership Plan, MCO, or the MassHealth Primary Care ACO and PCC Plan network should call the customer service number(s) listed on page 8.

PCPs who are participating in an ACO may only be PCPs for MassHealth members enrolled in that ACO (this does not apply for the provision of Medication Assisted Treatment (MAT) for individuals with substance use disorder). However, all other providers can be in multiple networks, if appropriate provider enrollment arrangements are agreed to and made with the plan.

Behavioral Health

There are three behavioral health contractors among all of the managed care plans:

- **Beacon Health Options** is the behavioral health contractor for Accountable Care Partnership Plans affiliated with BMC HealthNet, Fallon, and Neighborhood Health Plan as well as the BMC Health Net MCO.
- **Tufts Health Plan** provides its own behavioral health network for its Accountable Care Partnership Plans and its MCO.

- **Massachusetts Behavioral Health Partnership (MBHP)** provides the behavioral health network for all Primary Care ACOs, the PCC Plan, and Health New England/Be Healthy Partnership Plan.

It is essential that behavioral health providers reach out to payers to ensure that extra care is taken to continue critical services during transition. Members in active mental health or substance use treatment must be allowed to continue with their providers and treatments throughout the continuity of care period. Behavioral health providers should reach out to plans for longer term arrangements. EVS messaging will be very clear about which entity is responsible and pays for behavioral health services for any given member.

Pharmacy Services

MassHealth, Accountable Care Partnership Plans, and MCOs are working to add approved prior authorizations into their pharmacy claims systems for members who are transitioning between plans. However, it is possible that some pharmacy claims may still require prescriber outreach or prior authorization at the time of service. Pharmacies should take the following actions to ensure that no member is without medically necessary medications during the transition period. Specifically:

- **If a prescription has no remaining refills**, the pharmacy must contact the prescriber to get authorization for a new prescription.
- **If a prior authorization exists and has not expired**, the authorization will be honored by the new plan for the continuity of care period or until the end date of the authorization, whichever is first.
- **If a prior authorization has expired**, the pharmacy must notify the member of the prior authorization's expiration and contact the prescriber to give them the necessary information to submit to the appropriate new plan. Please note that the pharmacist can bill an emergency override for the medication (for a minimum 72-hour supply) while the prescriber works on the authorization.
- **If a prescription lacks a required prior authorization**, the pharmacy must notify the member of the prior authorization requirement and contact the prescriber to give them the necessary information to submit to the appropriate new plan. As above, the pharmacist can bill an emergency override for the medication (for a minimum 72-hour supply) while the prescriber works on the authorization.

For any questions or concerns related to emergency overrides, prior authorizations, or claims for a Primary Care ACO or PCC Plan member, a pharmacy or prescriber can call the Drug Utilization Review (DUR) program at 1-800-745-7318. For a member enrolled in an Accountable Care Partnership Plan or MCO, a pharmacy or prescriber can call the program contact on the denied claim or authorization, or the plan's continuity of care contact designated below.

Durable Medical Equipment, Home Health, Therapies, Orthotics, Prosthetics, Oxygen and Respiratory Supplies, Hospice, and Nursing Facility Stays Less Than 100 Days

It is most important that providers reach out to payers to make sure that extra care is taken to continue essential services during transition. Members in active treatment must be allowed to continue with their providers and treatments throughout the 30-day continuity of care period. Providers should reach out to plans for longer term arrangements. EVS messaging will be very clear about which entity is responsible and pays for any services for any given member.

Information about prior authorizations and existing services has been shared to the extent possible for members enrolled in an Accountable Care Partnership Plan or MCO. Existing authorization periods must be honored by plans receiving new enrollees.

If the member enrolls in a Primary Care ACO or the PCC Plan, and a prior authorization is necessary, these providers should submit claims for the first 30 days of service to MassHealth via the Provider Online Service Center (POSC). MassHealth has made every effort to ensure that prior authorizations for individuals served by these provider types have been entered into our system. However, if a member receives services as part of an existing prior authorization in the first 30 days and the claim for those services is denied, providers can contact the LTSS Provider Service center at 1-844-368-5184.

Long-Term Services and Supports Provided Through MassHealth

MCOs and ACOs are not currently responsible for the delivery of the following long-term services and supports:

- Adult Foster Care;
- Group Adult Foster Care;
- Adult Day Health;
- Personal Care Attendant;
- Day Habilitation;
- Nursing Facility Stays after 100 days; and
- Chronic Disease and Rehabilitation Hospitals after 100 days.

These services are provided directly by MassHealth and are available to eligible MassHealth members. Providers should continue to refer MassHealth members who they believe are eligible for these services to individual Adult Foster Care, Group Adult Foster Care, Adult Day Health, and Day Habilitation providers and Personal Care Management agencies as they do today. For more information about these and other long term services and supports please consult

<https://www.massoptions.org/massoptions/find-community-long-term-supports-and-services>.

Inpatient Hospitalization – Medical and Behavioral Health

Inpatient hospitalizations and 24-hour diversionary services for behavioral health that have been authorized by the plan in effect before March 1, 2018, must be honored by the new plan.

MassHealth (for Primary Care ACOs and the PCC Plan), Accountable Care Partnership Plans, and MCOs must pay for any inpatient stays that were authorized by the member's plan in effect before March 1, 2018, and that are in place at the time of transition. The new plan becomes responsible for payment for days in the hospital on the effective date of enrollment in the plan. The new plan is also responsible for conducting concurrent review, as well as coordinating discharge planning and follow-up care with the hospital.

Inpatient hospital providers should reach out to new plans for inpatient hospitalizations that were scheduled, but not yet submitted and reviewed for authorization by the previous plan. If the new plan has an authorization requirement, the request should be submitted to the new plan for review. Similarly, authorizations that are pending, but not yet finalized, should be submitted to the new plan for review.

Inpatient stays and 24-hour diversionary services must continue to be covered by the new plan until the member is medically cleared for discharge.

What Members Can Do If They Have Concerns About Their Care During the Transition

Members who have concerns or questions about their continuity of care are encouraged to work with their new plans and health care providers to confirm or obtain authorizations for health care services that they are receiving at the time of transition. There are a number of steps members may take to ensure a smooth transition if they have concerns or specific health needs:

- **Contact their new plan.** Members should let their new plan know about any planned visits with their primary care provider, specialists, and behavioral health providers, as well as any authorized hospitalizations and medications they are currently taking. The member's new plan can verify if existing providers will be covered beyond the 30-day continuity of care period, help the member find new providers if necessary, and coordinate any prior authorizations needed.
- **Contact their primary care providers, specialists, and behavioral health providers** to let them know about their new health plan. The providers should verify if they are part of that new health plan's provider network, or if they are in another health plan's network.
- **Contact MassHealth** at 1-800-841-2900. If members want help selecting or enrolling in a plan that contracts with a particular provider, MassHealth can provide that information, and help the member select and change plans. **Members should also call MassHealth if they have an urgent situation that is not being addressed by their new plan.**

Escalation Protocols for Continuity of Care Concerns

Even with all best efforts, it is not possible to know in advance of all situations in which members will require assistance during this transition. For example:

- Members may face new, urgent medical situations;
- Members may be new to MassHealth and have unknown medical needs;
- Claims data used to help determine a member's health needs may be unavailable;
- Data may not reflect a particular urgency that is felt by a given member; or
- Members may have had trouble understanding information provided in any written notices from MassHealth or their new plan.

For these reasons, MassHealth has established continuity of care escalation protocols with ACOs and MCOs for continuity of care concerns or issues during the transition. Members, and those assisting members, should contact the new plan for any continuity of care concerns or issues. Contact information for the new plans is provided on page 8.

In addition, member appeals processes will continue to be available, both through the new plan and through MassHealth's Board of Hearings. If the plan chooses to modify or terminate a prior authorization or prior approval, the plan must treat the modification or termination as an Adverse Action and follow the appeal rights policy and procedures, including advance notice by the plan to the member and aid paid pending the outcome of the appeal at the Board of Hearings.

Accountable Care Partnership Plans	Customer Service Phone	Behavioral Health Phone
Be Healthy Partnership (HNE)	1-800-786-9999	1-800-495-0086 (MBHP)
Berkshire Fallon Health Collaborative	1-855-203-4660	1-888-877-7184 (Beacon)
BMC HealthNet Plan Community Alliance	1-888-566-0010	1-888-217-3501 (Beacon)
BMC HealthNet Plan Mercy Alliance	1-888-566-0010	1-888-217-3501 (Beacon)
BMC HealthNet Plan Signature Alliance	1-888-566-0010	1-888-217-3501 (Beacon)
BMC HealthNet Plan Southcoast Alliance	1-888-566-0010	1-888-217-3501 (Beacon)
Fallon 365 Care	1-855-508-3390	1-888-877-7182 (Beacon)
My Care Family (NHP)	1-800-462-5449	1-800-414-2820 (Beacon)
Tufts Health Together with Atrius Health	1-888-257-1985	1-888-257-1985
Tufts Health Together with BIDCO	1-888-257-1985	1-888-257-1985
Tufts Health Together with Boston Children's ACO	1-888-257-1985	1-888-257-1985
Tufts Health Together with CHA	1-888-257-1985	1-888-257-1985
Wellforce Care Plan (Fallon)	1-855-508-4715	1-888-877-7183 (Beacon)
Primary Care ACO Plans	Customer Service Phone	Behavioral Health Phone
Community Care Cooperative (C3)	1-866-676-9226	1-800-495-0086 (MBHP)
Partners HealthCare Choice	1-800-231-2722	1-800-495-0086 (MBHP)
Steward Health Choice	1-855-860-4949	1-800-495-0086 (MBHP)
MCO Plans	Customer Service Phone	Behavioral Health Phone
BMC HealthNet Plan	1-888-566-0010	1-888-217-3501 (Beacon)
Tufts Health Together	1-888-257-1985	1-888-257-1985
PCC Plan	Customer Service Phone	Behavioral Health Phone
Primary Care Clinician (PCC) Plan	1-800-841-2900	1-800-495-0086 (MBHP)
MassHealth Customer Service: 1-800-841-2900; TTY: 1-800-497-4648		