



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Eligibility Letter 215
November 1, 2015

TO: MassHealth Staff

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: Changes to Primary Care Clinician Plan Enrollment

MassHealth has revised its regulations so that all MassHealth CarePlus members now have the option to enroll in MassHealth's Primary Care Clinician Plan (the PCC Plan). This change will increase enrollment choice for MassHealth CarePlus members and will be consistent with enrollment options available for other MassHealth members who are eligible for managed care.

These regulations are effective October 1, 2015.

MANUAL UPKEEP

<u>Insert</u>	<u>Remove</u>	<u>Trans. By</u>
508.001 (1 of 2)	508.001 (1 of 2)	E.L. 213
508.004 (1 of 2)	508.004 (1 of 2)	E.L. 213

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Rev. 10/23/15

MASSHEALTH: MANAGED CARE REQUIREMENTS

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508.001: MassHealth Managed Care Requirement

(A) Member Participation.

(1) MassHealth members who are younger than 65 years old, except those MassHealth members who are receiving services from the Department of Children and Families (DCF) or the Department of Youth Services (DYS) or who are receiving Title IV-E adoption assistance described in 130 CMR 522.003: *Adoption Assistance and Foster Care Maintenance*, those MassHealth members who may voluntarily choose to enroll in the Primary Care Clinician (PCC) Plan or a MassHealth-contracted managed care organization (MCO) as described in 130 CMR 508.001(A)(3), and those excluded from participation as described in 130 CMR 508.004, must enroll in the PCC Plan or a MassHealth-contracted MCO available for their coverage types.

(2) MassHealth Standard and CommonHealth members who are younger than 21 years of age and who are excluded from participation in the PCC Plan or a MassHealth-contracted MCO under 130 CMR 508.004(A)(1) or (2) or (B)(1) or (2) must enroll with the MassHealth behavioral-health contractor.

(3) MassHealth members who are enrolled in the Kaileigh Mulligan Program, described in 130 CMR 519.007(A): *The Kaileigh Mulligan Program*, or who are enrolled in a home- and community-based services waiver may choose to enroll in the PCC Plan or a MassHealth-contracted MCO. Such members who do not choose to enroll in the PCC Plan or a MassHealth-contracted MCO are enrolled with the MassHealth behavioral-health contractor. Such members may choose to receive all services on a fee-for-service basis.

(4) MassHealth members who are receiving services from DCF or DHS may choose to enroll in the PCC Plan or a MassHealth-contracted MCO. Such members who do not choose to enroll in the PCC Plan or a MassHealth-contracted MCO must enroll with the MassHealth behavioral-health contractor.

(5) MassHealth members who are receiving Title IV-E adoption assistance as described at 130 CMR 522.003: *Adoption Assistance and Foster Care Maintenance* may choose to enroll in the PCC Plan or a MassHealth-contracted MCO. Such members who do not choose to enroll in the PCC Plan or a MassHealth-contracted MCO are enrolled with the MassHealth behavioral-health contractor. Such members may choose to receive all services on a fee-for-service basis.

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(B) Obtaining Services.

(1) Primary Care. When the member selects or is assigned to either a PCC or MCO, that MassHealth managed care provider will deliver the member's primary care, decide if the member needs medical or other specialty care from other providers, and make referrals for such necessary medical services.

(2) Other Medical Services (Excluding Behavioral-Health Services).

(a) Service Delivery to Members Enrolled in the PCC Plan. All medical services to members enrolled in the PCC Plan, except those services listed in 130 CMR 450.118(J): *Referral for Services*, require a referral or authorization from the PCC. MassHealth members enrolled in the PCC Plan may receive those services listed in 130 CMR 450.118(J): *Referral for Services*, for which they are otherwise eligible, without a referral from their PCC.

(b) Service Delivery to Members Enrolled in an MCO. All medical services to members enrolled in an MCO, except those services not covered under the MassHealth contract with the MCO and family planning services, are subject to the referral requirements of the MCO. MassHealth members enrolled in an MCO may receive family planning services from any MassHealth family planning provider and do not need an authorization or referral in order to receive such services. Members enrolled with an MCO should contact their MCO for information about covered services and referral requirements.

(3) Behavioral-Health Services.

(a) Members Enrolled in the PCC Plan. All members who enroll in the PCC Plan receive behavioral-health (mental health and substance abuse) services through the MassHealth behavioral-health contractor. See 130 CMR 508.003.

(b) Members Enrolled in an MCO.

(i) Members who enroll in a MassHealth-contracted MCO that is under contract to provide behavioral-health services receive behavioral-health services through that MCO.

(ii) All behavioral-health services to members enrolled in an MCO, except those services not covered under the MassHealth contract with the MCO, are subject to the authorization requirements of the MCO. Members enrolled with an MCO should contact their MCO for information about covered services and authorization requirements.

(c) Members with Presumptive or Time-Limited Eligibility, or Fee-for-service.

Members with presumptive or time-limited eligibility, or fee-for-service receive behavioral-health services through any qualified participating MassHealth provider.

(4) Native Americans and Alaska Natives. Individuals who are Native Americans (within the meaning of "Indians" as defined at 42 U.S.C. 1396u-2) or Alaska Natives who participate in managed care under MassHealth may choose to receive covered services from an Indian health-care provider. Such Indian health-care providers may participate in MassHealth subject to applicable provisions of 130 CMR 450.000: *Administrative and Billing Regulations*.

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508.004: Members Excluded from Participation in Various Managed Care Options

(A) The following MassHealth members are excluded from participation in a MassHealth-contracted managed care organization (MCO)

- (1) A member who has Medicare;
- (2) a member who has access to other health insurance that meets the basic-benefit level as defined in 130 CMR 501.001: *Definition of Terms*;
- (3) a member who is 65 years of age or older, except such member may voluntarily enroll in a senior care organization (SCO) in accordance with the requirements at 130 CMR 508.008;
- (4) a member in a nursing facility, chronic disease or rehabilitation hospital, ICF/MR, or a state psychiatric hospital for other than a short-term rehabilitative stay;
- (5) a member who is eligible solely for
 - (a) MassHealth Limited; or
 - (b) Children's Medical Security Plan (CMSP);
- (6) a member who is receiving medical services through the Emergency Aid to the Elderly, Disabled and Children Program pursuant to 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled and Children Program*;
- (7) a member who is receiving hospice care through MassHealth on a fee-for-service basis, or who is terminally ill as documented by a medical prognosis of a life expectancy of six months or less; and
- (8) a member who has presumptive or time-limited eligibility.

(B) The following MassHealth members are excluded from participation in the MassHealth Primary Care Clinician (PCC) Plan

- (1) A member who has Medicare;
- (2) a member who has access to other health insurance that meets the basic-benefit level as defined in 130 CMR 501.001: *Definition of Terms*;
- (3) a member who is 65 years of age or older, except such member may voluntarily enroll in a senior care organization (SCO) in accordance with the requirements at 130 CMR 508.008;
- (4) a member in a nursing facility, chronic disease or rehabilitation hospital, ICF/MR, or a state psychiatric hospital for other than a short-term rehabilitative stay;
- (5) a member who is eligible solely for
 - (a) MassHealth Limited; or
 - (b) Children's Medical Security Plan (CMSP);
- (6) a member who is receiving medical services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program pursuant to 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled and Children Program*;
- (7) a member who is receiving hospice care through MassHealth on a fee-for-service basis, or who is terminally ill as documented by a medical prognosis of a life expectancy of six months or less; and
- (8) a member who has presumptive or time-limited eligibility.

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(C) The following MassHealth members 65 years of age and older are excluded from participating in a senior care organization (SCO)

- (1) A member who has access to other health insurance, with the exception of Medicare, that meets the basic-benefit level as defined in 130 CMR 501.001: *Definition of Terms*;
- (2) a member who does not live in the designated service area of a SCO;
- (3) a member in a chronic disease or rehabilitation hospital or ICF/MR;
- (4) a member who is not eligible for MassHealth Standard;
- (5) a member who has presumptive or time-limited eligibility;
- (6) a member who is diagnosed as having end-stage renal disease;
- (7) a member who is enrolled in a home- and community-based services waiver, except the Home- and Community-Based Services Waiver-Frail Elder as described at 130 CMR 519.007(B): *Home- and Community-Based Services Waiver-Frail Elder*; and
- (8) a member who is a refugee described at 130 CMR 522.002: *Refugee Resettlement Program*.

(D) The following MassHealth members 21 through 64 years of age who are enrolled in Medicare Parts A and B and are eligible for Medicare Part D are excluded from participation in an integrated care organization (ICO):

- (1) a member who has no other health insurance that meets the basic-benefit level as defined in 130 CMR 501.001: *Definition of Terms*;
- (2) a member in an ICF/MR;
- (3) a member who is not eligible for MassHealth Standard or CommonHealth;
- (4) a member who has presumptive or time-limited eligibility;
- (5) a member who is enrolled in a home- and community-based services waiver; and
- (6) a member who is a refugee described at 130 CMR 522.002: *Refugee Resettlement Program*.