



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

MassHealth
Managed Care Entity Bulletin 101
May 2023

TO: Accountable Care Organizations Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth [signature of Mike Levine]

RE: **Accountable Care Partnership Plans—Primary Care Provider Additions and Removals Effective January 1, 2024**

Applicable Managed Care Entities and PACE Organizations

- ☒ Accountable Care Partnership Plans (ACPPs) and Primary Care ACOs (PCACOs)
- ☐ Managed Care Organizations (MCOs)
- ☐ MassHealth's behavioral health vendor
- ☐ One Care Plans
- ☐ Senior Care Organizations (SCOs)
- ☐ Program of All-inclusive Care for the Elderly (PACE) Organizations

Overview

The Executive Office of Health and Human Services (EOHHS), through its Accountable Care Organization (ACO) program, continues to invest in primary care and remains focused on delivering integrated behavioral and physical health care, care management for members with complex needs, coordinated transitions of care, and an improved member experience.

This bulletin details how Accountable Care Partnership Plans (ACPPs) and Primary Care ACOs (collectively referred to here as ACOs) may propose to add new primary care providers (PCPs) or to remove current PCPs. EOHHS is allowing ACOs to propose PCP additions and removals at this time to further its goals of expanding the impact of the ACO program and its benefits to more members and providers, while allowing ACOs to make limited updates to reflect changes in PCP affiliations. EOHHS will not approve any proposed PCP removals that are based on the complexity or cost of the PCP's attributed member population.

Proposals to add or remove PCPs are due by **4 p.m. on June 5, 2023**. The effective date of any approved additions or removals of PCPs will be January 1, 2024. ACPPs must also submit a response to Managed Care Entity Bulletin 100 by the due date in that bulletin to add or remove Service Areas (SAs) from their list of SAs that correspond with the ACPP's proposal to add or remove PCPs.

This process should only be used for changes to an ACO's PCPs that are being proposed for an effective date of January 1, 2024, and that do not qualify for the ACO Provider File Maintenance Request process. This process should **not** be used to change Tier Designations for an ACO's PCPs.

MassHealth
Managed Care Entity Bulletin 101
May 2023
Page 2 of 9

To ensure smooth transitions for members who are newly enrolled in ACOs through this process, ACOs are expected to comply with the provisions of Section 2.4.F.4 in the Accountable Care Partnership Contract or Section 2.2.A.4 in the Primary Care ACO Contract. Based on the type of ACO, these obligations include

- the provision of a 90-day Continuity of Care period beginning January 1, 2024;
- extended network and provider flexibilities beyond the initial 90-day period;
- payment to out-of-network providers during the Continuity of Care period and continued payment to these providers after the 90-day period in certain circumstances;
- ongoing collaboration with and support to EOHHS in working with members and their providers throughout and after the Continuity of Care period (for example, participating on member-facing phone calls, identifying specific issues and working with EOHHS to resolve those issues, operating efficient credentialing processes); and
- focused efforts to ensure Continuity of Care for members who require specialized care, including but not limited to members who
 - are pregnant;
 - have significant health care needs or complex medical conditions;
 - have autism spectrum disorder (ASD) and are currently receiving Applied Behavior Analysis (ABA) services;
 - are receiving ongoing services such as dialysis, home health, chemotherapy, and/or radiation therapy;
 - are hospitalized; or
 - are receiving treatment for behavioral health or substance use, including Medication for Addiction Treatment (MAT) services.

EOHHS Review

In reviewing an ACO's request to add or remove PCPs, EOHHS may approve, disapprove, or require modification, in whole or in part, of the ACO's request based on its reasonable judgment as to whether the proposed additions or removals will support the goals of the ACO program, be in the best interests of members, and meet the needs of EOHHS. When deciding on the request, EOHHS may consider factors that include but are not limited to

- impact on members;
- impact on enrollment choices for members;
- impact on network adequacy;
- the ACO's plans for notifying impacted parties, including members and providers;
- the ACO's proposed approach to ensuring Continuity of Care; and
- overall ACO geographic penetration in the Commonwealth.

Additionally, in evaluating an ACO's proposal to add a PCP, EOHHS may also consider factors such as

- the demonstrated commitment by the PCP to participate, including whether the ACO and the proposed PCP have a contract in place;
- the prior relationship and ongoing collaboration between the ACO and the PCP;
- the ACO's proposed approach to integrating the PCP into the ACO governance or organizational structure, population health management strategy, and value-based payment approach, including the Primary Care Sub-Capitation Program;
- the ACO's proposed approach to appropriate and effective data sharing and data integration between the ACO and the PCP; and
- the ACO's proposed approach to facilitating collaboration between the PCP and Community Partners.

When evaluating an ACO's proposal to remove a PCP, EOHHS may consider factors such as

- demonstrated effort by the ACO to resolve any challenges with the PCP; and
- the complexity of the PCP's attributed member populations.

Part 1: PCP Additions

Submission Process for Proposed PCP Additions

ACOs that are requesting to add PCPs whose participation will be effective January 1, 2024, must submit the information requested below to EOHHS by **4 p.m. on June 5, 2023**. ACOs must provide the information requested in the order in which it appears in this bulletin and must limit the response to 20 pages. Attachments and other required documentation will not count toward the page limit. Where applicable, ACOs should use the templates provided by EOHHS.

Submissions must come from the party holding the ACO contract with EOHHS. As appropriate, in the case of an ACPP, the ACPP may respond to each item on behalf of itself and on behalf of its ACO partner. For each item, the ACPP must clearly designate whether it is responding on its own behalf or on behalf of its ACO partner.

Submissions must include

- A. A complete list of the PCPs the ACO proposes to add, using the template provided by EOHHS. An ACO's list of PCPs proposed for addition must be final at the time of submission of the proposal and may not be changed in any way unless requested by EOHHS. PCP additions proposed as part of this process and approved by EOHHS will be effective January 1, 2024.
- B. All PCPs the ACO proposes to add must participate in the Primary Care Sub-Capitation Program and are required to attest to one of three clinical tiers in the template provided by EOHHS. Information about tier requirements can be found in Appendix K of the

MassHealth
Managed Care Entity Bulletin 101
May 2023
Page 4 of 9

Accountable Care Partnership Plan Contract or Appendix D of the Primary Care ACO Contract.

- C. If adding a PCP would also result in adding a Service Area (SA) to the ACPP's list of SAs, the ACPP must confirm (in a statement) that they already submitted a corresponding response to Managed Care Entity Bulletin 100 as described in the Overview section of this bulletin;
- D. Signed contracts between the ACO and all proposed PCPs, demonstrating the intent of each PCP to affiliate or contract with the ACO.
 - 1. If the ACO or ACO partner has legal authority to enter into agreements with any proposed PCPs on their behalf, the ACO may submit appropriate contracts and documentation to demonstrate this to EOHHS's satisfaction instead of signed contracts between the ACO and such PCPs. If the ACO has such legal authority and submits such contracts and documentation, the ACO must also submit written acknowledgement from each proposed PCP that the PCP intends to join the ACO.
 - 2. If a contract has not yet been executed between the ACO or ACO Partner and a proposed PCP, the ACO may provide a signed letter of intent or memorandum of understanding (MOU) in response to this section. The signed contract must then be submitted to EOHHS no later than July 12, 2023.
- E. Upon EOHHS's approval of PCP additions, at the direction of EOHHS, the ACO must submit the following additional materials.
 - 1. A completed "PCP Application" for each PCP approved for addition to the ACO must be submitted to MassHealth no later than July 12, 2023.
 - 2. In the case of Primary Care ACOs, a completed Primary Care ACO Participating PCP contract (the contract between MassHealth and the provider directly) for each PCP approved for addition to the ACO must also be submitted to MassHealth no later than August 18, 2023.
 - 3. The ACO must work with each approved PCP to ensure that all such additional materials are submitted by the dates in this section.
- F. A description of the relationship between the ACO and the proposed PCPs, including, at a minimum, descriptions of
 - 1. the shared organizational history, if any, between the ACO and the PCP;
 - 2. whether the ACO directly employs, owns, or controls the PCP;
 - 3. whether the PCP has joined a physician association or other organization that is in whole or in part participating in the ACO;
 - 4. other significant prior corporate relationship, including board participation by either entity on the other's board, if the ACO does not directly employ, own, or control the PCP;
 - 5. any current contracts, initiatives, or other efforts on which the ACO and the PCP collaborate. Please include the duration of the contracts, initiatives, or other efforts; the number of members involved; and the approximate dollar value of such contracts, initiatives, or efforts.
- G. A description of how the ACO proposes to integrate the PCP(s) into the ACO's governance and decision-making processes, including, at a minimum,
 - 1. a description of any changes to the following governance structures resulting from the addition of the PCP, including at a minimum, changes to the governance structure composition, decision-making process, voting rules, and charter:
 - a. Governing Board;
 - b. Joint Operating Committee;
 - c. Quality Committee;

- d. Health Equity Committee
- e. Patient Family Advisory Committee; and
- f. other similar governing body.
- 2. an explanation of how such changes in governance structure comply with EOHHS contract requirements (Section 2.3.A.1 of the Accountable Care Partnership Plan Contract and Section 2.1.A of the Primary Care ACO Contract);
- 3. If no changes to the ACO's governance structure are anticipated, an explanation of
 - a. why the ACO believes the addition of the PCP does not require revisions to its governance structure; and
 - b. how the PCP will otherwise participate in the ACO's organizational structure (e.g., as part of a physician association through affiliation mechanisms common to the ACO's existing PCPs).
- H. A description of why the ACO believes it and the PCP will maintain and strengthen their partnership throughout the term of the ACO Contract, including,
 - 1. a description of the ACO's long-term strategy and evidence of a demonstrated commitment between the ACO and the PCP to stay together; and
 - 2. a description of the process the ACO and the PCP will use to resolve disagreements, including but not limited to disagreements related to any conflicts of fiduciary duty.
- I. A description of how the PCP will be integrated into the ACO's population health management strategy including, at a minimum, descriptions of
 - 1. the PCP's existing population health management resources and how such resources will be incorporated into the ACO's existing population health management structure, to meet the requirements of the Accountable Care Partnership Plan or Primary Care ACO Contract, including but not limited to care coordination, ACO/MCO Care Management, risk stratification, and community-based programs;
 - 2. how the ACO will support the new PCP in making any necessary changes to its population health management approach (e.g., providing additional investments) such that members across the ACO have an aligned experience of care. Such description must include, at a minimum, how the ACO will ensure effective integration of the PCP into the ACO's relationship with its contracted Community Partners (CPs).
 - 3. how the ACO will assist the PCP in integrating with the Community Partners program to support new ACO members, including
 - a. a list of the CPs the new PCP(s) will need to establish relationships with;
 - b. for each such CP and PCP, a brief description of any progress that has been made in establishing such a relationship;
 - c. the ACO's proposed strategy for establishing the necessary CP relationships for new PCP(s), including any planned staffing changes at the PCPs; and
 - d. how the ACO will incorporate the PCP into its broader strategy for making referrals and assignments to CPs.
- J. A description of the ACO's approach to ensuring appropriate data integration and data sharing capabilities between the ACO and the PCP, including, at a minimum, descriptions of how the ACO and the PCP will share data for purposes of reporting requirements under the ACO Contract.

MassHealth
Managed Care Entity Bulletin 101
May 2023
Page 6 of 9

- K. A description of the ACO's Primary Care Sub-Capitation Program strategy relating to the proposed PCPs, including, at a minimum, descriptions of
 - 1. the PCP's current experience, if any, with value-based payments;
 - 2. how the PCP will be integrated into the ACO's Primary Care Sub-Capitation approach;
 - 3. how the ACO will support the PCP in transitioning to the Primary Care Sub-Capitation Program; and
 - 4. how the ACO will ensure the PCP maintains its Tier Designation
- L. A description of the most significant challenges the ACO has identified in integrating the PCP into the ACO and how the ACO plans to address those challenges. Such description should include how the ACO will assess any specific areas where the PCP will need assistance in integrating into the ACO (e.g., population health management, Care Management, Community Partners) and how the ACO will address these areas. EOHHS will evaluate the inability to identify any challenges unfavorably.
- M. If the ACO is a Primary Care ACO, the ACO shall also provide a description of how the ACO will ensure Continuity of Care for members, including at a minimum, the ACO's approach to
 - 1. supporting EOHHS's efforts to ensure smooth transitions for members, including, at a minimum, identifying high-risk members for enhanced care coordination, sharing data as appropriate, and transitioning complex care management (identifying lessons learned from prior experience with other continuity of care periods as applicable); and
 - 2. any other Continuity of Care efforts to ensure a smooth transition for any members who may switch plans because of the PCP additions proposed by the ACO (identifying lessons learned from prior experience with other continuity of care periods as applicable).
- N. If the ACO is an ACPP, the ACPP shall also describe how the ACPP will ensure Continuity of Care for members, addressing the following, and describing specific arrangements for categories such as behavioral health and pharmacy (identifying lessons learned from prior experience with other continuity of care periods, as applicable); where appropriate:
 - 1. A description of how the ACPP will extend existing prior authorizations for members, including coordinating with members' prior plans on sharing authorization information;
 - 2. A description of how the ACPP will ensure that members may continue to access current providers that may not currently participate in the ACPP's provider network, including at a minimum,
 - a. the ACPP's approach to identifying existing care relationships for members associated with the proposed PCPs;
 - b. the ACPP's approach to identifying gaps between the ACPP's provider network and the provider networks for any plan whose enrollees are likely to be enrolled in the ACPP as the result of the proposed PCP addition, and the ACPP's strategy for contracting with such providers where applicable; and
 - c. the identified gaps between the ACPP's network and the provider networks for any plan whose enrollees are likely to be enrolled in the ACPP because of the proposed PCP addition, and the ACPP's specific plans to contract where applicable, including addressing at a minimum,
 - 1) any affiliated providers of the proposed PCP (e.g., specialty physician groups and outpatient centers);

- 2) any other providers listed in the directories for such other plans that do not participate in the ACPP's network and are considered high priority for contracting by the ACPP; and
- 3) any other providers likely to serve members currently served by the proposed PCPs otherwise identified and considered high priority for contracting by the ACPP.
- 3. A description of how the ACPP will extend provider, network, and authorization flexibilities beyond 90 days and provide additional network arrangements (e.g., single case agreements) for any members not successfully transitioned to in-network providers by the end of that period (e.g., members with longstanding relationships with out-of-network specialty centers or professionals); and
- 4. A description of how the ACPP will notify and communicate with members throughout the Continuity of Care process.
- O. If the ACO is an ACPP, the ACPP shall also describe any changes to the ACO Partner's financial accountability to the ACPP, including the maximum potential for performance-based gain- or loss-sharing by the ACO Partner resulting from the addition of the PCP, and indicate how such changes comply with Section 2.3.A.2.f.1 of the Accountable Care Partnership Plan Contract.
- P. The number of anticipated members attributed to the proposed PCP.
- Q. If a PCP is "switching" ACOs (i.e., an ACO is requesting to add a PCP that is currently contracted with another ACO as a PCP), the ACO requesting the addition of the PCP must submit documentation that the ACO with whom the PCP is currently contracted has been notified of the Response to this bulletin.

Part 2: PCP Removals

Submission Process for Proposed PCP Removals

ACOs that are requesting to remove PCPs effective January 1, 2024, including a PCP that is proposing to move to a different ACO through this process, must submit the below information to EOHHS by **4 p.m. on June 5, 2023**. ACOs must provide the information requested in the order in which it appears in this bulletin and must limit the response to a total of 20 pages. Attachments and other required documentation will not count toward the page limit. Where applicable, ACOs should use the templates provided by EOHHS.

Submissions must come from the party holding the ACO contract with EOHHS. As appropriate, in the case of an Accountable Care Partnership Plan (ACPP), the ACPP may respond to each item on behalf of itself and on behalf of its ACO Partner. For each item, the ACPP shall clearly designate whether it is responding on its own behalf or on behalf of its ACO Partner.

If a PCP is "switching" ACOs (i.e., an ACO is requesting to add a PCP that is currently contracted with another ACO as a PCP), EOHHS expects to receive a response to this MCE bulletin from both the current ACO (seeking to remove the PCP) and from the proposed new ACO (seeking to add such PCP). EOHHS will contact an ACO whose current PCP is switching to a different ACO to ensure the sufficient receipt of information required in this bulletin.

Submissions must include

- A. A complete list of the PCPs the ACO proposes to remove, using the template provided by EOHHS. An ACO's list of PCPs proposed for removal must be final at the time of submission of the proposal and may not be changed in any way unless requested by EOHHS. PCP removals proposed as part of this process and approved by EOHHS will be effective January 1, 2024;
- B. If removing a PCP would also result in removing a Service Area (SA) from the ACPP's list of SAs, a statement confirming that the ACPP submitted a corresponding response to Managed Care Entity Bulletin 100 as described in the Overview section of this bulletin;
- C. A description of how the ACO proposes to change or modify its current strategy and operations based on the removal, including, at a minimum,
 - 1. changes to the governance structure composition, decision-making process, voting rules, and charter, and an explanation of how such changes in governance structure comply with EOHHS contract requirements (Section 2.3.A.1 of the Accountable Care Partnership Plan Contract and Section 2.1.A of the Primary Care ACO Contract); and
 - 2. any changes to investment strategy.
- D. A description of how the ACO will support Continuity of Care and care management transitions for members who receive care from any PCPs proposed for removal, including,
 - 1. the ACO's commitment to, and process for, notifying members in advance of a PCP leaving the ACO;
 - 2. for any members who are receiving active care coordination or management supports from the ACO, including any members enrolled in Community Partners (CPs), the ACO's plan for providing a "warm hand-off" to the members' new plan(s) or CPs, as applicable; and
 - 3. the estimated percentage of members attributed. If the ACO is an ACPP, the ACO's commitment to and process for identifying and sharing information on authorizations and important providers with the members' new plan(s).
- E. A description of the PCP's attributed member population, including
 - 1. the number of members attributed to the PCP;
 - 2. characteristics of the population, including but not limited to race, ethnicity, and homelessness status and how these characteristics differ from the rest of the ACO's member population, if at all;
 - 3. the percentage of the members attributed to the PCP with Special Health Care Needs, as defined in the ACO Contract, and how such percentage differs from the estimated percentage of total members enrolled in the ACO with Special Health Care Needs, as defined in the ACO Contract, if at all;
 - 4. a breakdown of the members attributed to the PCP by rating category; and
 - 5. the average risk score of members attributed to the PCP, and how the average risk score differs from the overall average risk score of the ACO's enrolled members, if at all.
- F. A description of the reason for the proposed removal of the PCP and any resulting plans to modify the ACO's management approach to its PCPs;
- G. A description of the PCP's financial performance, including but not limited to an estimation of the impact of the change on the ACO's Total Cost of Care if the PCP is removed;
- H. A description of any performance management efforts the ACO has undertaken with the PCP, and the outcomes of such efforts; and

- I. Documentation indicating that the PCP has been notified that the ACO is requesting their removal and any response received from the PCP to such notification.

Submission Deadline and Questions

ACOs that want to add or remove PCPs must respond with the information specified above by **4 p.m. on June 5, 2023**, via email to aco.program@mass.gov with the subject line “[ACO Name] Proposed PCP Additions/Removals Submission.”

ACOs should submit questions about the process to aco.program@mass.gov by **May 17, 2023**. ACOs should copy their Contract Manager on any emails. EOHHS will review questions and may prepare written responses to questions which EOHHS determines to be of general interest. EOHHS also may accept questions during ACO office hours.

EOHHS may contact ACOs to clarify any information submitted in response to this MCE bulletin.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

[Sign up](#) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900 or email your inquiry to provider@masshealthquestions.com.