



MassHealth
Managed Care Entity Bulletin 4
May 2018

TO: MassHealth Accountable Care Partnership Plans and Managed Care Organizations

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: MassHealth Accountable Care Partnership Plan and Managed Care Organization (MCO) Coverage of Home Health Services

Overview

This bulletin clarifies the coverage of home health services under the MassHealth Accountable Care Partnership Plan and MCO contracts. This includes, but is not limited to, the Accountable Care Partnership Plan and MCO authorization policies and procedures for home health services for members with behavioral health (BH) needs. To ensure that home health services are delivered consistently, MassHealth is providing the direction outlined below.

Medical Necessity Determinations, Prior Authorization, Utilization Management, Claims Adjudication, and Coordination by the MCO or Accountable Care Partnership Plans

Accountable Care Partnership Plans and MCOs are required to provide all medically necessary home health services. These plans may develop and maintain their own medical necessity guidelines and prior authorization and utilization management guidelines, provided the guidelines comply with all applicable contract requirements. Medical necessity guidelines may not be more restrictive than MassHealth's medical necessity guidelines, which may be found at: www.mass.gov/guides/masshealth-guidelines-for-medical-necessity-determination-for-home-health-services. MassHealth is reviewing each Accountable Care Partnership Plan's and MCO's medical necessity guidelines, prior authorization guidelines, and utilization management guidelines and will follow up with the Accountable Care Partnership Plans and MCOs as appropriate.

Furthermore, Accountable Care Partnership Plans and MCOs, not their BH vendors (if any), must perform prior authorization, utilization management, and claims adjudication for home health services. For plans that use a BH vendor, they may consult with their BH vendors but may not delegate any prior authorization, utilization management, or claims adjudication activities for home health services to their BH vendor.

The Accountable Care Partnership Plans (including the Accountable Care Partnership Plan's ACO Partner, as delegated) and the MCOs, not their BH vendors (if any), must also perform any coordination of services and, if applicable, coordination with Community Partners.

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Medical Necessity Determinations, Prior Authorization, Utilization Management, Claims Adjudication, and Coordination by the MCO or Accountable Care Partnership Plans (cont.)

In addition, the Accountable Care Partnership Plans and the MCOs must work with members' providers as appropriate, to help transition members when their home health services change. Examples include situations in which a member is transitioning to outpatient therapy and no longer needs home health services or a member moves from a skilled nursing facility and no longer needs medication administration but a medication reminder device.

Provider Networks

Accountable Care Partnership Plans and MCOs are required to maintain adequate provider networks in accordance with their contracts with MassHealth, including but not limited to applicable access and availability requirements. These networks must include home health service providers. Accountable Care Partnership Plans and MCOs have flexibility under these contracts in deciding the home health service providers with whom to contract, which may include Medicare-certified home health service providers. Home health service providers who are Medicare-certified have been determined to meet Medicare conditions of participation for the provision of home health services, which include, among other requirements, conditions relating to the provision of skilled nursing services (see 42 CFR 484.30) and thus may be considered qualified to provide medication administration pursuant to their provision of skilled nursing. All MassHealth-contracted home health service providers are also Medicare-certified. Accountable Care Partnership Plans and MCOs are permitted to add providers to their networks at any time. Accountable Care Partnership Plans and MCOs are also permitted to enter into out-of-network agreements with home health services providers as appropriate and in accordance with applicable contract requirements.

As a reminder, MassHealth continuity of care policies and continuity of care provisions in the contracts apply to home health services and home health service providers. In addition, all members enrolling in a new plan after March 1, 2018, have a 30-day continuity of care period during which time members could 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.

To help members and providers who need additional time to complete the transition process, all plans will be taking additional steps through May 31, 2018, to ensure uninterrupted care for members, including continued coverage for members' existing providers, scheduled appointments, and ongoing treatment. Through May 31, 2018, members who have not yet transitioned to their plan's in-network providers may continue to see their existing providers. Please note that out-of-network providers must contact the member's new plan, identified in EVS, for authorizations and payment arrangements.

Providers should let members know if they are not in the network of the member's new plan and should not make subsequent appointments unless they have made long-term arrangements with the new plan.

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For more information about the current continuity of care period, please see www.mass.gov/service-details/continuity-of-care-coc.

Contact Information

Please contact the MassHealth Customer Service Center at 1-800-841-2900 with Accountable Care Partnership Plan and MCO home health service provider questions. For Long-Term Services and Supports (LTSS) questions, please call the LTSS Provider Service Center at 1-844-368-5184.