



MassHealth
Managed Care Entity Bulletin 54
February 2021

TO: Accountable Care Partnership Plans, Managed Care Organizations, and Primary Care Accountable Care Organizations Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: Care Plan Requirements for Accountable Care Organizations and Managed Care Organizations

Applicable Managed Care Entities and PACE Organizations

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

Background

Behavioral Health (BH) and Long-Term Services and Supports (LTSS) Community Partners (CPs) are community-based entities that work with MassHealth Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs) to provide care management and coordination to certain MassHealth members. The partnerships between ACOs and MCOs, and CPs are critical to a number of EOHHS priorities, including improving system navigation support, improving member experience, and delivering collaborative and integrated care for members with significant BH needs and complex LTSS needs.

This bulletin contains guidance for Accountable Care Partnership Plans, Primary Care ACOs, and MCOs about certain MassHealth requirements regarding care plans for ACO and MCO members assigned to and enrolled in a CP (hereinafter "CP Assigned Enrollees").

MassHealth requires ACOs and MCOs to provide care plans for their BH and LTSS CP Assigned Enrollees. While the responsibility for developing the required Person-Centered Treatment Plan for BH CP Assigned Enrollees is delegated to the BH CP, ACOs and MCOs must ensure that the BH CPs meet this obligation. For LTSS CP Assigned Enrollees, the ACO or MCO must delegate the development of the LTSS portion of the care plan (hereinafter "the LTSS Component of the Care Plan") to the LTSS CP. The ACO or MCO must integrate the LTSS Component of the Care Plan into the care plan it develops (the integrated document is referred to hereinafter as the "Care Plan"). The ACO or MCO may enter into a contract with a Material Subcontractor to complete Care Plans for LTSS CP Assigned Enrollees, subject to approval by EOHHS.

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Additionally, the ACO or MCO is responsible for ensuring that the CP Assigned Enrollee's Primary Care Provider (PCP) or PCP designee reviews, approves, and signs the member's care plan. The PCP's or PCP designee's signature may be provided electronically as set forth in this bulletin.

Roles and Responsibilities in Care Plan Development and Approval

ACOs and MCOs must provide care plans to BH and LTSS CP Assigned Enrollees pursuant to their contracts with EOHHS¹ and as further specified by EOHHS. Through this bulletin, MassHealth is providing guidance to ACOs and MCOs regarding the following specific obligations and expectations related to care plans for CP Assigned Enrollees:

- The ACO or MCO must delegate the development of the Person-Centered Treatment Plan for BH CP Assigned Enrollees to the BH CP. The BH CP is responsible for ensuring that the Person-Centered Treatment Plan is signed or otherwise approved by the CP Assigned Enrollee, and for obtaining PCP or PCP designee approval and signature.
- The ACO or MCO must develop the Care Plan for LTSS CP Assigned Enrollees with the member and must delegate the development of the LTSS Component of the Care Plan to the LTSS CP. The ACO or MCO must integrate the LTSS Component of the Care Plan into the Care Plan it develops and is responsible for ensuring the integrated Care Plan is signed or otherwise approved by the CP Assigned Enrollee and signed and approved by the member's PCP or PCP designee. The ACO or MCO may contract with a Material Subcontractor to complete its portion of the Care Plan for LTSS Assigned Enrollees, subject to approval by EOHHS.

PCP or PCP Designee Signature and Approval of the Care Plan

As set forth in the ACO and MCO Contracts,² the CP Assigned Enrollee's PCP or PCP designee is required to document approval of the member's care plan. This includes the Person-Centered Treatment Plan developed by the BH CP and the integrated Care Plan described above.

PCP or PCP designee approval must be conveyed in the form of a signature by the PCP or PCP designee. Electronic signatures are permissible, but must be specific to the document being signed, and must be originated by the signatory. An electronic signature may be provided through an EMR or other care management system, but an auto-sign function or a batch-sign function is insufficient to meet this contractual obligation.

The PCP or PCP designee is required to review and approve the care plan prior to signature, including electronic signature, in a timely manner to support the CP's ability to implement the care plan and provide CP supports. The PCP or PCP Designee's signature is not intended to indicate receipt of the care plan, but instead, such signature conveys approval of the care plan.

¹ Third Amended and Restated ACPP Contract Section 2.5(D); Third Amended and Restated PCACO Contract Section 2.3(D); Third Amended and Restated MCO ACO Contract Section 2.5(D); Third Amended and Restated MCO Contract Section 2.5(D).

² Third Amended and Restated ACPP Contract Section 2.5(D)(2)(d)(6); Third Amended and Restated PCACO Contract Section 2.3(D)(2)(d)(6); Third Amended and Restated MCO ACO Contract Section 2.5(D)(2)(c)(6); Third Amended and Restated MCO Contract Section 2.5(D)(2)(d)(6).

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Questions

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