



Payment and Care Delivery Innovation

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

FACT SHEET: Other Covered Services

(including Chronic Disease and Rehab Hospitals <100 days, Durable Medical Equipment, Home Health, Hospice, Nursing Facility <100 days, Occupational Therapy, Orthotics, Oxygen and Respiratory Therapy Equipment, Physical Therapy, Prosthetics, and Speech Therapy)

As part of the Payment and Care Delivery Innovation (PCDI) initiative, MassHealth offers **Accountable Care Organizations (ACOs)** to its 1.3 million managed-care-eligible members. These health plans are designed to emphasize care coordination and member-centric care. They have financial incentives to control avoidable cost growth, improve clinical quality, and enhance the member experience of care. MassHealth also offers Managed Care Organizations (MCOs) and the Primary Care Clinician (PCC) Plan.

This Fact Sheet provides an overview to help **providers of Other Covered Services** better understand the payment and care delivery aspects of these health plans.

Other Covered Services are ACO/MCO covered services, and ACOs/MCOs will pay for and be accountable for these services.

Eligible Members

MassHealth managed-care-eligible members are

- Younger than age 65, without any third-party insurance coverage *(including Medicare)*
- Living in the community *(not in a nursing facility)*
- Enrolled in one of the following MassHealth coverage types: *Standard, CommonHealth, CarePlus, or Family Assistance**

Available Plans

What health plans can these members join?

MassHealth managed-care-eligible members can enroll in one of the following plans.

- *Accountable Care Partnership Plans*
- *Primary Care ACOs*
- *MCOs*
- *Primary Care Clinician (PCC) Plan*

Does Not Apply To

PCDI does not affect members who receive MassHealth coverage through

- *Fee-For-Service*
- *One Care plans*
- *Senior Care Options (SCO) plans*
- *Program of All-Inclusive Care for the Elderly (PACE) organizations*
- *Special Kids Special Care*

*ACO/MCO covered services may vary by MassHealth coverage type. Members should consult with their plans to determine which services are covered.

What is an ACO?

An ACO is a provider-led health plan that holds participating providers financially accountable for both cost and quality of care for members. ACOs are composed of groups of primary care providers (PCPs) in which members are enrolled. In an ACO, PCPs and their team are responsible for working with the member and the ACO's network of providers to help coordinate care and connect the member with available services and supports.

Types of ACOs

- **Accountable Care Partnership Plans:** A network of PCPs who have exclusively partnered with an MCO to use the MCO's provider network to provide integrated and coordinated care for members.
- **Primary Care ACOs:** A network of PCPs who contract directly with MassHealth, using MassHealth's provider network, to provide integrated and coordinated care for members. Members who enroll in a Primary Care ACO receive behavioral health services through the Massachusetts Behavioral Health Partnership (MBHP).
- **MCO-Administered ACOs:** A network of PCPs who may contract with one or multiple MCOs, and use the MCO provider networks, to provide integrated and coordinated care for members. Note: Members do not enroll in the MCO-administered ACOs directly.

For a list of plans participating in MassHealth effective 3/1/2018, see the [MassHealth Health Plan Contact Matrix in MassHealth All-Provider Bulletin 272](#) (November 2017).

Other Covered Services and Payment and Care Delivery Innovation

Providers of Other Covered Services can contract with multiple health plans at the same time and can provide services to members in any of the health plans they contract with.

Provider Network

This chart describes which networks you must join to be able to serve members who are enrolled in that health plan.

If you want to see members enrolled in	You must contract with
An Accountable Care Partnership Plan	Each Accountable Care Partnership Plan that members are enrolled in
The PCC Plan or a Primary Care ACO	MassHealth
An MCO	Each MCO that members are enrolled in

Prior Authorization/Medical and Pharmacy Claims

This chart shows the source of Prior Authorization (PA) and payer for members enrolled in different health plans.

Providers who have a contract with	Should contact for PA and Payment
An Accountable Care Partnership Plan	The Accountable Care Partnership Plan
The PCC Plan or a Primary Care ACO	MassHealth
An MCO	The MCO

Referrals

Referrals are required for certain specialty services in both the PCC Plan and Primary Care ACOs [see 130 CMR 450.118(j) and 130 CMR 450.119 (l)]. The requirements for referrals for all other plans are subject to the requirements of the health plan in which the member is enrolled.

Referral Circles

Primary Care ACOs use the MassHealth Fee-For-Service (FFS) network for specialty services and have the option of defining a Referral Circle, a subset of the MassHealth FFS network for whom referral requirements are waived for members in the Primary Care ACO. If a member's hospital or specialist is part of the Referral Circle of the member's Primary Care ACO, the member does not need a referral to receive services from that hospital or specialist.

Accountable Care Partnership Plans and MCOs may have preferred networks within their overall networks that have modified authorization requirements. For more information on these potential arrangements, talk to the health plans you contract with.

More Information

Community Partners

Community Partners (CPs)¹ work collaboratively with ACOs and MCOs to provide care coordination to certain members identified by ACOs, MCOs, or MassHealth. Behavioral Health CPs provide care management and care coordination to members with significant behavioral health needs. Long-Term Services and Support (LTSS) CPs provide LTSS care coordination and navigation to members with complex LTSS needs. CPs support member freedom of choice among MassHealth participating providers for the MassHealth members that they serve.

To learn more about the Community Partners Program, visit www.mass.gov/guides/masshealth-community-partners-cp-program-information-for-providers.

Member Eligibility

Providers can check member enrollment and eligibility using the Eligibility Verification System (EVS). EVS messages indicate the type of health plan in which a member is enrolled and whom to contact for billing information.

Resources for Providers

For more information about these health plans, and to register for trainings, please visit:

- www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers
- www.masshealthltss.com

¹ CPs are not available to members enrolled in the Primary Care Clinician (PCC) Plan or in MassHealth's Fee-For-Service (FFS) Program, unless the member is affiliated with the Department of Mental Health's Adult Community Clinical Supports Program.