



Payment and Care Delivery Innovation

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

FACT SHEET: LTSS Providers

(including Adult Day Health, Adult Foster Care, Continuous Skilled Nursing, Day Habilitation, Group Adult Foster Care, and Personal Care Attendant Program)

Effective March 1, 2018, as part of the Payment and Care Delivery Innovation (PCDI) initiative, MassHealth is introducing new **Accountable Care Organizations (ACOs)** to its 1.3 million managed care eligible members. These health plans are designed to emphasize care coordination, member-centric care and align financial incentives. MassHealth will continue to offer Managed Care Organizations (MCOs) and the Primary Care Clinician (PCC) Plan.

We've created this Fact Sheet to help **Long Term Services and Supports (LTSS) providers** better understand these payment and care delivery changes as they are introduced over the coming months.

MassHealth covered LTSS (e.g., Adult Day Health, Adult Foster Care, Continuous Skilled Nursing, Day Habilitation, Group Adult Foster Care, and Personal Care Attendant Program) are **non-ACO/MCO covered services** and will continue to be paid for by MassHealth as they are today. These services will **not** be included in the scope of accountability for ACOs and MCOs on March 1, 2018. Members can continue to see any provider in the MassHealth provider network 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?

Beginning **March 1, 2018**, MassHealth managed care eligible members will have the option to enroll in one of the following:

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

Who is Not Affected by These Changes?

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*

*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) to whom members are attributed. In an ACO, the PCP 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. MCO-administered ACOs are not presented as an enrollment option for members because they will be attributed through their relevant MCO.

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).

Which MassHealth Services Are ACO/MCO Covered Services?

MassHealth members enrolled in Accountable Care Partnership Plans and MCOs will receive certain services that are paid for by their plan ("ACO-covered" or "MCO-covered") and certain services that are paid for by MassHealth ("non-ACO covered" or "non-MCO covered"). Covered services may differ by MassHealth coverage type.

ACO/MCO-covered services include:

- **Physical health services** such as primary care, inpatient, outpatient, professional specialty, and emergency physical health services
- **Behavioral health services** such as inpatient, outpatient, diversionary, and emergency behavioral health services
- **Pharmacy services**, with limited exceptions
- **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

Non-ACO and non-MCO-covered services include:

- **Adult Day Health**
- **Adult Foster Care**
- **Continuous Skilled Nursing**
- **Day Habilitation**
- **Group Adult Foster Care**
- **Personal Care Attendant Program**

Provider Network

LTSS providers (such as Adult Day Health, Adult Foster Care, Continuous Skilled Nursing, Day Habilitation, Group Adult Foster Care, and Personal Care Attendant Program) who provide non-ACO/MCO covered services will not be subject to provider network limitations. Members can continue to receive services from any of these LTSS providers, as long as they remain credentialed and authorized to participate in MassHealth's provider network.

What is the Transition Process for Managed Care Eligible Members?

Member Eligibility

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

Member Assignment and Noticing

Effective March 1, 2018, current members will be assigned to an ACO, MCO, or the PCC Plan based on each member's PCP relationship in mid-October, 2017. This process, known as special assignment, is designed to keep members with their PCP whenever possible. This means that members will be assigned to the health plan that their PCP joins.

If a member prefers to follow providers other than their PCP, the member should contact those providers to find out which plans those providers are contracted with and then contact the MassHealth Customer Service Center for assistance enrolling in a plan that is in their service area and has their preferred providers. The member assignment and noticing dates below are for members with enrollments effective March 1, 2018. Members with enrollments effective after this date should contact MassHealth for information about their Plan Selection and Fixed Enrollment Periods.

- Member Noticing Began—11/13/17
- Member Enrollments Effective—3/1/18
- Plan Selection Period—3/1/18–5/31/18
- Fixed Enrollment Period—6/1/18–2/28/19

Further information regarding continuity of care requirements as members and providers move to new health plans will be detailed in MassHealth provider bulletins.

Community Partners

Effective July 1, 2018, Community Partners (CPs) will work collaboratively with ACOs and MCOs to provide care coordination to certain members identified by ACOs, MCOs, or MassHealth. Behavioral Health CPs will provide care management and care coordination to members with significant behavioral health needs. LTSS CPs will provide LTSS care coordination and navigation to members with complex LTSS needs. CPs will continue to support member freedom of choice among MassHealth participating providers for the MassHealth members that they will serve.

Resources for Providers

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

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