



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)

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 providers of **Other Covered Services** better understand these payment and care delivery changes as they are introduced over the coming months.

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?

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).

Other Covered Services and Payment and Care Delivery Innovation

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

Provider Network

The chart below describes which networks you must join in order 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

The chart below 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 (j)). 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 will use the MassHealth fee-for-service network for specialty services and have the option of defining a Referral Circle, a subset of the MassHealth fee-for-service 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 will 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 have contracted with.

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 upcoming 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