

Payment and Care Delivery Innovation

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

FACT SHEET: Specialists (including medical specialists, home health, and durable medical equipment)

As part of the Payment and Care Delivery Innovation (PCDI) initiative, MassHealth offers **Accountable Care Organization (ACO)** health plans to its 1.3 million managed-care-eligible members. These health plans are designed to emphasize care coordination and membercentric 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 **specialists** better understand the payment and care delivery aspects of these health plans.

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

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, 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. Note: Members do not enroll in the MCOadministered ACOs directly.

Specialists and Payment and Care Delivery Innovation

Specialists 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

"If I have a contract with ____, what managed care members am I in network for?"

PLAN TYPE	MEMBER POPULATION
Accountable Care Partnership Plan	Members enrolled in the Partnership Plan(s) you contract with
MassHealth	Members enrolled in the PCC Plan and any Primary Care ACO
МСО	Members enrolled in the MCO(s) you contract with

Prior Authorization/Medical and Pharmacy Claims

"If I am a specialist treating a member enrolled in ____, whom do I contact for any required Prior Authorization (PA) and where can I submit claims for payment?"

PLAN TYPE	SOURCE OF PA/PAYER
Accountable Care Partnership Plan	Partnership Plan
PCC/Primary Care ACO	MassHealth
МСО	MCO

More Information

Community Partners

Community Partners (CPs) work collaboratively with ACOs and MCOs¹ to provide care coordination to certain members identified by ACOs, MCOs, or MassHealth. Providers may also refer a member for supports from CPs by contacting the member's health plan. Behavioral Health Community Partners provide care management and care coordination to members with significant behavioral health needs. Long-Term Services and Supports (LTSS) Community Partners provide LTSS care coordination and navigation to members with complex LTSS needs.

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

Member Eligibility

Providers can check member enrollment and eligibility using the Eligibility Verification System (EVS). EVS messages let providers know the type of health plan, including ACOs, in which a member is enrolled and whom to contact with questions.

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.

Resources for Providers

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

- www.mass.gov/masshealth-for-providers
- www.masshealthtraining.com