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 is 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.

PCP Notification

As a reminder, all acute care hospitals are required to inform PCC Plan and Primary Care ACO members’ primary care providers within 48 hours of an ED visit or inpatient discharge. Similar notification requirements may exist in Accountable Care Partnership Plan or MCO contracts, contact the plans you are contracted with for more information on these requirements.

Emergency and Urgent Care

In the event of an emergency, members should call 911 or go to the nearest emergency department (ED), regardless of their health plan enrollment. Hospitals should remind members to contact their PCP for follow-up care after they have been seen in the ED.
Provider Network
“If I am a hospital contracted with ___, what managed care members am I in network for?”

<table>
<thead>
<tr>
<th>MEMBER POPULATION</th>
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</thead>
<tbody>
<tr>
<td>MassHealth FFS/MBHP (for BH)</td>
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<tr>
<td>MCO</td>
</tr>
<tr>
<td>Accountable Care Partnership Plan</td>
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</tbody>
</table>

Prior Authorization/Medical and Pharmacy Claims
“If I am a hospital treating a patient enrolled in ___, who do I contact for any required Prior Authorization and Preadmission Screening, and where can I submit claims for payment?”

<table>
<thead>
<tr>
<th>SOURCE OF PA/PAYER</th>
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<tbody>
<tr>
<td>PCC Plan</td>
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<tr>
<td>Primary Care ACO</td>
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<tr>
<td>MCO</td>
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<tr>
<td>Accountable Care Partnership Plan</td>
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Referrals
Referrals are required for certain specialty services in both the PCC Plan and Primary Care ACOs (see 130 CMR 450.118(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.

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 what plans those providers are contracted with and then contact MassHealth customer service 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 Begins—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.

More Information
Community Partners
Effective June 1, 2018, Community Partners (CPs) will collaboratively work with ACOs and MCOs 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 will provide care management and care coordination to members with significant behavioral health needs. LTSS Community Partners will provide LTSS Care Coordination and navigation to members with complex LTSS needs. Providers will receive communication from their plans and MassHealth about the Community Partners program as the program launch date approaches.

Member Eligibility
Providers can continue to check member enrollment and eligibility using the Eligibility Verification System (EVS). MassHealth will enhance the EVS to messages so providers know which type of health plan, including ACOs, a member is enrolled in and whom to contact for questions.

Resources for Providers
For more information about these changes, and to register for trainings, please visit:
- www.mass.gov/masshealth-for-providers
- www.masshealthtraining.com