



MassHealth
Managed Care Entity Bulletin 6
June 2018

TO: Accountable Care Organizations

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: **Accountable Care Organization Primary Care Provider Additions Effective January 1, 2019**

Overview

Through investments in primary care, the MassHealth Accountable Care Organization Program is focused on delivering integrated behavioral and physical health, care management for members with complex needs, coordinated transitions of care, and an improved member experience. This bulletin details how Accountable Care Partnership Plans, Primary Care ACOs, and MCO-Administered ACOs (collectively referred to herein as ACOs) may propose new primary care providers (PCPs) to their exclusive list of participating PCPs. Proposals to add PCPs are due **July 13, 2018**. The effective date of any approved additions to ACOs' lists of exclusive PCPs will be January 1, 2019. By providing this opportunity, the Executive Office of Health and Human Services (EOHHS) intends to support and further the goals of the ACO Program by increasing PCP participation in ACOs, which will allow more members in an ACO to receive care through their PCP.

To further EOHHS' goal to increase PCP participation in ACOs, particularly in areas of the state with lower ACO participation, EOHHS, at this time, will only accept ACOs' requests to add PCPs in the Central and Western Regions. Additionally at this time, only PCPs that are not currently participating in the ACO Program may be added. PCPs already participating with an ACO may not change ACOs at this time.

ACOs should not submit changes related to their lists of already participating PCPs (e.g., address changes, technical corrections) through this process. Changes to ACOs' lists of participating PCPs may continue to be submitted to EOHHS as part of routine provider operations maintenance.

EOHHS intends to offer other opportunities for ACOs to add PCPs for future years of the ACO program at a later date.

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To ensure smooth transitions for members newly enrolled in ACOs through this process, additional Continuity-of-Care obligations will be incorporated into the ACO contracts effective January 1, 2019. Based on the type of ACO, these obligations will include:

- The provision of a 90-day Continuity-of-Care period beginning January 1, 2019;
- Extended network and provider flexibilities beyond the initial 90-day period;
- Ongoing collaboration with and support to EOHHS in working with members and their providers throughout and after the Continuity-of-Care period (e.g., participating on member-facing phone calls; identifying specific issues and working with EOHHS to resolve those issues; operating efficient credentialing processes); and
- Other steps to ensure Continuity of Care for members.

Provisions relating to these Continuity-of-Care obligations will be added to the ACO contracts through a contract amendment.

EOHHS Review

In reviewing an ACO's request to add PCPs through this process, EOHHS may approve, disapprove, or require modification, in whole or in part, of the ACO's request based on its reasonable judgment as to whether the proposed additions will support the goals of the ACO program and meet the needs of EOHHS. In making such determination, EOHHS may consider factors that include

- Impact on members;
- Impact on enrollment choices for members;
- Impact on network adequacy;
- The ACO's proposed approach to ensuring Continuity of Care;
- The demonstrated commitment by the PCP to participate, including whether the ACO and the proposed PCP have a contract in place;
- The prior relationship and ongoing collaboration between the ACO and the PCP;
- The ACO's proposed approach to integrating the PCP into the ACO governance or organizational structure, population health management strategy, Delivery System Reform Incentive Payment (DSRIP) investment plans, and value-based payment approach;
- The ACO's proposed approach to appropriate and effective data sharing and data integration between the ACO and the PCP;
- Overall ACO geographic penetration in the Commonwealth.

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Submission Process for Proposed PCP Additions

ACOs that are requesting to add PCPs whose participation will be effective January 1, 2019, must submit the information requested below to EOHHS by July 13, 2018. ACOs must provide the information requested in the order in which it appears in this bulletin and must limit the response to a total of 20 pages. Attachments and other required documentation will not count toward the page limit. Where applicable, ACOs should use the templates provided by EOHHS.

Submissions must come from the party holding the ACO contract with EOHHS. As appropriate, in the case of an Accountable Care Partnership Plan (ACPP), the ACPP may respond to each item on behalf of itself and on behalf of its ACO Partner. For each item, the ACPP shall clearly designate whether it is responding on its own behalf or on behalf of its ACO Partner.

Submissions must include the following:

- A. A complete list of the PCPs the ACO proposes to add, using a template provided by EOHHS. An ACO's list of PCPs proposed for addition must be final at the time of submission of the proposal and may not be changed in any way unless requested by EOHHS. PCP additions proposed as part of this process and approved by EOHHS will be incorporated into the ACO's provider identification service location (PID/SL) list via contract amendment effective January 1, 2019.
- B. Signed contracts between the ACO and all proposed PCPs, demonstrating the intent of each PCP to affiliate or contract with the ACO.
 1. If the ACO has legal authority to enter into agreements with any proposed PCPs on their behalf, the ACO may submit appropriate contracts and documentation to demonstrate this to EOHHS' satisfaction instead of signed contracts between the ACO and such PCPs.
 2. If a contract has not yet been executed between the ACO and a proposed PCP, the ACO may provide a signed letter of intent or memorandum of understanding (MOU) in response to this section.
- C. A description of the relationship between the ACO and the proposed PCPs, including, at a minimum, descriptions of:
 1. The shared organizational history, if any, between the ACO and the PCP;
 2. Whether or not the ACO directly employs, owns, or controls the PCP;
 3. Other significant prior corporate relationship, including board participation by either entity on the other's board, if the ACO does not directly employ, own, or control the PCP;

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4. Any current contracts, initiatives, or other efforts on which the ACO and the PCP collaborate. Please include the duration of the contracts, initiatives, or other efforts, the number of members involved, and the approximate dollar value of such contracts, initiatives, or efforts.
- D. A description of how the ACO proposes to integrate the PCP(s) into the ACO's governance and decision-making processes, including, at a minimum:
1. A description of any changes to the following governance structures resulting from the addition of the PCP, including at a minimum, changes to the governance structure composition, decision-making process, voting rules, and charter:
 - a. Governing Board;
 - b. Joint Operating Committee;
 - c. Quality Committee;
 - d. Patient Family Advisory Committee; and
 - e. Other similar governing body.
 2. An explanation of how such changes in governance structure comply with EOHHS contract requirements (Section 2.3.A.1 of the Accountable Care Partnership Plan Contract; Section 2.1.A of the Primary Care ACO Contract and Section 2.1.A of the MCO-Administered ACO Contract);
 3. If no changes to the ACO's governance structure are anticipated, an explanation of:
 - a. Why the ACO believes the addition of the PCP does not require revisions to its governance structure;
 - b. How the PCP will otherwise participate in the ACO's organizational structure (e.g., as part of a physician's contracting group or organization, through affiliation mechanisms common to the ACO's existing PCPs).
- E. A description of why the ACO believes it and the PCP will maintain and strengthen their partnership throughout the term of the ACO Contract, including:
1. A description of the ACO's long term strategy and evidence of a demonstrated commitment between the ACO and the PCP to stay together;
 2. A description of the process the ACO and the PCP will use to resolve disagreements, including but not limited to disagreements related to any conflicts of fiduciary duty.

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- F. A description of how the PCP will be integrated into the ACO's population health management strategy including, at a minimum, descriptions of:
1. The PCP's existing population health management resources (e.g., care coordination/management, risk stratification capabilities, community-based programs) and how such resources will be incorporated into the ACO's existing population health management structure, as defined in the ACO's EOHHS-approved DSRIP Full Participation Plan and Strategic Priorities;
 2. How the ACO will support the new PCP in making any necessary changes to its population health management approach (e.g., providing additional care management staff) in order for the PCP to be integrated. Such description must include, at a minimum, how the ACO will ensure effective integration of the PCP into the ACO's relationship with its contracted Community Partners.
- G. A description of the ACO's approach to ensuring appropriate data integration and data sharing capabilities between the ACO and the PCP including, at a minimum, descriptions of how the ACO and the PCP will share data for purposes of reporting requirements under the ACO Contract.
- H. A description of the ACO's value-based payment strategy relating to the proposed PCPs, including, at a minimum, descriptions of:
1. The PCP's current experience, if any, with value-based payments;
 2. How the PCP will be integrated into the ACO's value-based payment approach;
 3. How the ACO will support the PCP in transitioning to the ACO's value-based approach;
 4. If the ACO is an Accountable Care Partnership Plan, any changes to the ACO Partner's financial accountability to the ACPP, including the maximum potential for performance-based gain- or loss-sharing by the ACO Partner resulting from the addition of the PCP, and indicate how such changes comply with Section 2.3.A.2.f.2 of the Accountable Care Partnership Plan Contract.
- I. A description of the ACO's proposed DSRIP investments for such PCP. Such description shall include, at a minimum, descriptions of:
1. ACO's planned investments and the PCP's goals and opportunities to improve that the ACO's planned DSRIP investments are intended to address;
 2. How the ACO plans to integrate such investments into the ACO's DSRIP Participation Plan.

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The ACO's DSRIP investments related to PCP additions proposed as part of this process and approved by EOHHS must be incorporated into the ACO's DSRIP Participation Plan and Budget and Budget Narrative, as applicable, pursuant to contract amendment effective January 1, 2019.

- J. A description of the most significant challenges the ACO has identified in integrating the PCP into the ACO and how the ACO plans to address those challenges.
- K. If the ACO is a Primary Care ACO or an MCO-Administered ACO, the ACO shall also provide a description of how the ACO will ensure Continuity of Care for members, including at a minimum, the ACO's approach to:
 - 1. Supporting EOHHS' and MCOs' efforts to ensure smooth transitions for members, including at a minimum identifying high-risk members, sharing data as appropriate, and transitioning complex care management (identifying lessons learned from initial launch as applicable);
 - 2. Any other Continuity-of-Care efforts to ensure a smooth transition for any members who may switch plans as a result of the PCP additions proposed by the ACO (identifying lessons learned from initial launch as applicable).
- L. If the ACO is an Accountable Care Partnership Plan (ACPP), the ACPP shall also describe how the ACPP will ensure Continuity of Care for members, addressing the following, and describing specific arrangements for categories such as behavioral health and pharmacy, (identifying lessons learned from initial launch as applicable); where appropriate:
 - 1. A description of how the ACPP will extend existing prior authorizations for members, including coordinating with members' prior plans on sharing authorization information;
 - 2. A description of how the ACPP will ensure that members may continue to access current providers that may not currently participate in the ACPP's provider network, including at a minimum:
 - a. The ACPP's approach to identifying existing care relationships for members associated with the proposed PCPs;
 - b. The ACPP's approach to identifying gaps between the ACPP's provider network and the provider networks of the Boston Medical Center Health Plan MCO, the Tufts MCO and the PCC Plan, and the ACPP's strategy for contracting with such providers where applicable;

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- c. The identified gaps between the ACPP's network and the provider networks for the Boston Medical Center Health Plan MCO, the Tufts MCO, and the PCC Plan, and the ACPP's specific plans to contract where applicable, including addressing at a minimum:
 - 1) Any affiliated providers of the proposed PCP (e.g., specialty physician groups and outpatient centers);
 - 2) Any other providers listed in the directories for the Boston Medical Center Health Plan MCO, the Tufts MCO and the PCC Plan that do not participate in the ACPP's network and are considered high priority for contracting by the ACPP; and
 - 3) Any other providers likely to serve members currently served by the proposed PCPs otherwise identified and considered high priority for contracting by the ACPP;
3. A description of how the ACPP will extend provider, network, and authorization flexibilities beyond 90 days and provide additional network arrangements (e.g., single case agreements) for any members not successfully transitioned to in-network providers by the end of that period (e.g., members with particular longstanding relationships with out-of-network specialty centers or professionals);
4. A description of how the ACPP will notify and communicate with members throughout the Continuity-of-Care process.

Submission Deadline and Questions

ACOs that wish to add PCPs, effective January 1, 2019, must respond with the information specified above by July 13, 2018, via email, to the ACO Program email box (ACO.Program@state.ma.us) with the subject line: "[ACO Name] Proposed PCP Additions Submission."

ACOs may submit written questions concerning the process to the ACO Program email box (ACO.Program@state.ma.us) by June 29, 2018. EOHHS will review questions and may prepare written responses to questions which EOHHS determines to be of general interest. EOHHS also may accept questions during ACO office hours

MassHealth Website

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MassHealth Customer Service Center

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at 1-800-841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.