Agenda

1. MassHealth Payment and Care Delivery Innovation (PCDI)
   a. Provider Participation and Exclusivity
   b. MassHealth Managed Care Plan Types 2018
   c. Continuity of Care (CoC)
   d. Eligibility Verification System (EVS)
   e. Claim Submission
   f. MassHealth Customer Service
   g. Common Questions

2. Ordering, Referring and Prescribing Requirements (ORP)
Primary Care Participation and Exclusivity

- Primary care practices and ACO-participating PCPs will be exclusive to their contracted ACO—they will exclusively provide primary care to MassHealth managed care members enrolled in their ACO.

- ACO-participating PCPs cannot participate as primary care providers in MCOs, the PCC Plan or any other ACO.

- This exclusivity is enforced at the **practice or entity level** rather than at the individual doctor level.

- Exclusivity **does not apply** to other programs, such as:
  - MassHealth Fee-For-Service (FFS)
  - Senior Care Options (SCO)
  - One Care; or
  - Program of All-inclusive Care for the Elderly (PACE)

- **PCPs can continue to provide services to members in the above-mentioned plans, including fee-for-service (FFS) members, regardless of their contracts with ACOs.**

- PCPs who are also specialists can continue to provide specialty services across managed care plans.
Specialist, Hospital, and Other Provider Participation

- Specialists, hospitals, and other providers may contract with multiple health plans at the same time and can provide services to members in any of the health plans with whom they are contracted. The managed care assignment of the member to an MCO, ACO, or PCC Plan is crucial for specialists to understand. This will ensure that specialists provide services to members of plans that they are contracted with.

- Specialists, hospitals, and other providers may see MassHealth members enrolled in a Primary Care ACO Plan or the PCC Plan if they are a MassHealth participating provider. This is because Primary Care ACO Plans and the PCC Plan use the MassHealth Network of specialists and hospitals.

- For members enrolled in an Accountable Care Partnership Plan or an MCO, specialists will need to contract with each of these health plans to provide services to members enrolled in these plans. This is because each of the Accountable Care Partnership Plans and MCO Plans use their own respective network of providers with whom they are contracted.

- This information can be found in MassHealth All Provider Bulletin 272.
Accountable Care Partnership Plans (Model A)

• A network of PCPs who have exclusively partnered with one MCO to create a full network that includes PCPs, specialists, behavioral health providers, and hospitals. PCPs use the plan’s network of providers to plan and coordinated care for members.

• Each of the Accountable Care Partnership Plans cover a set of service areas. Members must live in the service areas covered by the ACO to enroll in that plan.

• MassHealth has contracted with 13 Accountable Care Partnership Plans
Primary Care ACOs (Model B)

- A network of PCCs who contract directly with MassHealth to provide integrated and coordinated care for members
- Primary Care ACOs use the MassHealth provider network of specialists and hospitals, and may have certain providers in their “referral circle” that will not require a MassHealth referral for certain services
- Primary Care ACOs use the Massachusetts Behavioral Health Partnership (MBHP) network for behavioral health services
- MassHealth has contracted with 3 Primary Care ACO Plans
MCO-Administered ACOs (Model C)

- 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 to members because they will be attributed through their relevant MCO.

- There is one MCO-Administered ACO, Lahey Clinical Performance Network, which participates with both MCO Plans: Boston Medical Center (BMC) HealthNet Plan, and Tufts Health Together.
MCOs and the PCC Plan

In addition to ACO plans, members will continue to have the following managed care options:

**Managed Care Organizations (MCOs)**

- MCOs are health plans run by insurance companies that provide care through their own provider network that includes PCPs, specialists, behavioral health providers, and hospitals.
- There are two MCO options: Boston Medical Center (BMC) HealthNet Plan, and Tufts Health Together.
- BMC HealthNet Plan will operate statewide, and Tufts Health Together will operate in every region except Southeast, MA.

**Primary Care Clinician (PCC) Plan**

- The Primary Care Clinician (PCC) Plan is a statewide plan run by MassHealth that uses the MassHealth provider network of specialists and hospitals.
- Behavioral health services for the PCC Plan are provided by the Massachusetts Behavioral Health Partnership (MBHP).
- To enroll in the PCC Plan, members must select a PCP within the PCC Plan network.
- PCC Plan members can enroll in an ACO plan or MCO anytime.
# MassHealth Health Plan Options Effective March 1, 2018

## Accountable Care Partnership Plans (Model A)

<table>
<thead>
<tr>
<th>Accountable Care Partnership Plans</th>
<th>Description</th>
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<tbody>
<tr>
<td>Be Healthy Partnership</td>
<td>Baystate Health Care Alliance with Health New England</td>
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<tr>
<td>Berkshire Fallon Health Collaborative</td>
<td>Health Collaborative of the Berkshires with Fallon Health</td>
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<tr>
<td>BMC HealthNet Plan Signature Alliance</td>
<td>Signature Healthcare with BMC HealthNet Plan</td>
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<tr>
<td>BMC HealthNet Plan Community Alliance</td>
<td>Boston Accountable Care Organization with BMC HealthNet Plan</td>
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<td>BMC HealthNet Plan Mercy Alliance</td>
<td>Mercy Medical Center with BMC HealthNet Plan</td>
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<td>BMC HealthNet Plan Southcoast Alliance</td>
<td>Southcoast Health with BMC HealthNet Plan</td>
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<tr>
<td>Fallon 365 Care</td>
<td>Reliant Medical Group with Fallon Health</td>
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<tr>
<td>My Care Family</td>
<td>Merrimack Valley ACO with Neighborhood Health Plan (NHP)</td>
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<tr>
<td>Tufts Health Together with Atrius Health</td>
<td>Atrius Health with Tufts Health Plan (THP)</td>
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<tr>
<td>Tufts Health Together with BIDCO</td>
<td>Beth Israel Deaconess Care Organization (BIDCO) with Tufts Health Plan (THP)</td>
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<tr>
<td>Tufts Health Together with Boston Children’s ACO</td>
<td>Boston Children’s ACO with Tufts Health Plan (THP)</td>
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<tr>
<td>Tufts Health Together with CHA</td>
<td>Cambridge Health Alliance (CHA) with Tufts Health Plan (THP)</td>
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<tr>
<td>Wellforce Care Plan</td>
<td>Wellforce with Fallon Health</td>
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</table>

## MCOs

<table>
<thead>
<tr>
<th>MCOs</th>
<th>MCO-Administered ACO (Model C)</th>
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<tr>
<td>Boston Medical Center (BMC) HealthNet Plan</td>
<td>Lahey Clinical Performance Network (Participating with Boston Medical Center HealthNet Plan and Tufts Health Together)</td>
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<tr>
<td>Tufts Health Together</td>
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## PCC Plan

<table>
<thead>
<tr>
<th>PCC Plan</th>
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<tr>
<td>Primary care Providers in the MassHealth Network</td>
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## Primary Care ACO Plans (Model B)

<table>
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<th>Primary Care ACO Plans (Model B)</th>
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<td>Community Care Cooperative (C3)</td>
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<tr>
<td>Partners HealthCare Choice</td>
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<td>Steward Health Choice</td>
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# Payer of Claims Effective March 1, 2018

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<tr>
<th>Plan Type</th>
<th>Payer of Claims</th>
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<tr>
<td>PCC Plan</td>
<td>MassHealth for non-BH services (MBHP for BH services)</td>
</tr>
<tr>
<td>Primary Care ACO</td>
<td>MassHealth for non-BH services (MBHP for BH services)</td>
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<tr>
<td>MCO</td>
<td>MCO*</td>
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<tr>
<td>MCO-Administered ACO</td>
<td>MCO*</td>
</tr>
<tr>
<td>Accountable Care Partnership Plan</td>
<td>Partnership Plan*</td>
</tr>
</tbody>
</table>

*If an MCO or Accountable Care Partnership Plan uses a Behavioral Health (BH) vendor, providers may be paid through the BH vendor for BH services.*
Continuity of Care (CoC)

MassHealth is committed to working with all relevant parties to ensure continuity of care for the many members who are moving to new plans, whether they are going to or from an ACO Partnership Plan, a Primary Care ACO, an MCO, or the Primary Care Clinician (PCC) Plan.

Here are the most important things for you to know:

• These changes apply to MassHealth managed care members (generally, this includes members under age 65 who do not have another primary insurer, either commercial or Medicare, and are not in a long-term facility)

• All members have a minimum 30-day continuity of care period

• During the continuity of care period all existing prior authorizations for services and for provider referrals will be honored by the member’s new plan. Members can continue to see their existing providers for at least 30 days, even if those providers are not in their new plan’s network

• Providers who are not in the new plan’s network must contact the new plan to make appropriate payment arrangements

• In some cases, the continuity of care period may be extended. For example, members who are pregnant can continue seeing their existing OB/GYN providers throughout their pregnancy and up to six weeks postpartum

• We are asking all plans, providers, and assisters to support members in receiving all needed health care services during this transition

• Members can contact their new plan now to let them know of any ongoing treatments or scheduled appointments

• Providers will be able to see new plan information in the MassHealth Eligibility Verification System (EVS) starting March 1. They can contact the new plan at that time for new authorization requests, or with any questions or concerns about providing services

• MassHealth and all ACOs and MCOs have escalation protocols in place for continuity of care issues that may arise

Please make all efforts to ensure that members continue to have access to all needed health services during this transition.
Continuity of Care (CoC)

MassHealth has created a Continuity of Care Homepage which features helpful information available to view and download for interested parties regarding Continuity of Care through transitions to new managed care arrangements.

- https://www.mass.gov/service-details/continuity-of-care
- Continuity of Care Memo
- Continuity of Care FAQ's

This information is also featured on the MassHealth Provider PCDI Resources Web Page at https://www.mass.gov/lists/provider-pcdi-resources
Eligibility Verification System (EVS)

• Providers should continue to check member enrollment and eligibility using EVS* on the Provider Online Service Center (POSC)

• Providers reduce the risk of denied claims by using EVS to verify member enrollment and eligibility prior to providing services to MassHealth members

• There are two types of Restrictive Messages that appear on EVS:
  – Eligibility Restrictive Messages (No Changes)
  – Managed Care Data Restrictive Messages (Enhanced)

• The Managed Care Data Restrictive Messages have been enhanced to identify which type of health plan a member is enrolled in, and their contact information for inquiries regarding:
  – Billing (medical and behavioral health claims)
  – Service authorizations (medical and behavioral health services)

If you have questions about how to check a member’s eligibility, please refer to the Verify Member Eligibility Job Aid to learn how to access and check member eligibility using EVS on the POSC at https://www.mass.gov/how-to/check-member-eligibility

*Note: EVS only displays a member’s current eligibility, not future eligibility.

View and download the EVS Quick Reference Guide, EVS Screenshot Examples, and Health Plan Contact Matrix for all 2018 managed care health plans on the Provider PCDI Resources webpage at https://www.mass.gov/lists/provider-pcdi-resources
1. To verify the coverage type a member has, click on the Eligibility tab.

2. Click on the hyperlink of the Date Range* entered for details regarding the member’s coverage.

*Note: EVS only displays a member’s current eligibility, not future eligibility.
Screenshot Example of New EVS Restrictive Messages for 2018 Managed Care Health Plans

1. BeHealthy Partnership – Accountable Care Partnership Plan

Note: EVS only displays a member’s current eligibility, not future eligibility.

View and download the EVS Quick Reference Guide and Health Plan Contact Matrix for 2018 managed care health plans on the Provider PCDI Resources webpage

https://www.mass.gov/lists/provider-pcdi-resources
Common Questions

• If I am a specialist or hospital contracted with MassHealth can I see members enrolled with a Primary Care ACO or PCC Plan?
  o Yes, Primary Care ACOs and the PCC Plan use the MassHealth fee-for-service (FFS) network of specialists and hospitals.
  o For more information please refer to the PCDI for Specialist Fact Sheet.

• Who is responsible for paying claims during the 30 day continuity of care period?
  o The plan that the member is enrolled with on the date of service is responsible for paying the claim for the services rendered.
  o For more information please refer to the Continuity of Care Homepage
  o https://www.mass.gov/service-details/continuity-of-care

Who should providers contact about joining a plan?
  o Providers should contact the plan directly.
  o MassHealth has created a 2018 Health Plan Contact Matrix that lists the medical and behavioral health contact information, member ID card images, and web links for all 2018 MassHealth managed care health plans.
  o Visit the Provider PCDI Resources page to view and download this document and other helpful resources.
Agenda

1. MassHealth Payment and Care Delivery Innovation (PCDI)
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2. Ordering, Referring and Prescribing Requirements (ORP)
Ordering, Referring and Prescribing Requirements (ORP)

Background

• ACA Section 6401 (b)

• States must require:
  – All ordering or referring physicians and other professionals be enrolled under the State [Medicaid] Plan…as a participating provider; and
  – The NPI of any ordering or referring physician or other professional…be specified on any claim for payment that is based on an order or referral of the physician or other professional

• These requirements were effective March 25, 2011. Final Rule (42 CFR 455.410(b) and 42 CDR 455.440) was published in the Federal Register on Feb. 2, 2011. Subregulatory guidance was given to states on December 23, 2011.

• MassHealth is continuing its implementation efforts. In March 2016 we began providing informational messaging on certain impacted claims.
ORP Requirements

Provider Types (including interns and residents in those provider types) authorized to be included on a claim as the ordering, referring or prescribing provider

- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Clinical Nurse Specialist
- Dentist
- Licensed Independent Clinical Social Worker
- Nurse Practitioner
- Optometrist
- Pharmacist (if authorized to prescribe)
- Physician
- Physician Assistant
- Podiatrist
- Psychiatric Clinical Nurse Specialist
- Psychologist

Fillable nonbilling provider applications and contracts are available on the MassHealth website:

http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/aca-section-6401enrollment-information.html
ORP Requirements

Services that must be ordered, referred or prescribed. O&R requirements apply to fee for service, crossover (where Medicare requires O&R) and third party liability claims but not to claims submitted to MassHealth managed care entities.

- Any service that requires a PCC referral
- Adult Day Health
- Adult Foster Care
- Durable Medical Equipment
- Eyeglasses
- Group Adult Foster Care
- Home Health
- Independent Living
- Independent Nurse

- Labs and Diagnostic Tests
- Medications
- Orthotics
- Oxygen/Respiratory Equipment
- Personal Care Attendant
- Prosthetics
- Psychological Testing
- Therapy (PT, OT, ST)
- Transitional Living
O&R Regulations – Where are we Today

• Informational Claim edit denials are still in place and no actual payment denials are happening. Many providers have updated their claim systems to include the ORP provider’s NPI. However, many have not and MassHealth continues to see numerous edits, especially for services that are requiring referrals.
O&R Regulations – Where are we Today (continue)

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</table>
O&R Regulations – Where are we Today (continue)

- November 2017 license regulations became law which requires ORP eligible providers to be “known” to MassHealth (minimum as a non-billing O&R provider) in order to apply for or renew a license. Providers must attest on their license applications that they have submitted an enrollment application to MassHealth. Individual license boards have became to implement this within their license board regulations.
### O&R Regulations – Where are we Today

<table>
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<th>Professional Type</th>
<th>Total MA Licensed</th>
<th>Total “Known” to MassHealth</th>
<th>% “Known” to MassHealth</th>
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<td>Nurse Midwives (PT 08)</td>
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<td>Nurse Practitioners (PT 17)</td>
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<td>Podiatrists (PT 06)</td>
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<tr>
<td>Physician Assistants (PT 39)</td>
<td>3,441</td>
<td>2,782</td>
<td>81%</td>
</tr>
<tr>
<td>Clinical Nurse Specialists (PT 57)</td>
<td>67</td>
<td>5</td>
<td>7%</td>
</tr>
<tr>
<td>Licensed Independent Clinical Social Workers (PT 92)</td>
<td>14,593</td>
<td>3,786</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>86,601</strong></td>
<td><strong>55,238</strong></td>
<td><strong>64%</strong></td>
</tr>
</tbody>
</table>
ORP Requirements

• To learn more about Ordering, Referring and Prescribing (ORP), visit the Provider ORP page at: https://www.mass.gov/the-aca-ordering-referring-and-prescribing-orp-requirements-for-masshealth-providers

• To register for a webinar, please visit the: MassHealth Learning and Productivity Center at www.masshealthtraining.com