

MassHealth Changes FAQ

1. Is everyone who meets the criteria for being assigned (i.e. those 65 or younger, those with MassHealth only as insurance etc...) going to be enrolled in an ACO, or will some people continue to receive MassHealth standard?

A. Yes everyone who has MassHealth standard only will be enrolled in an ACO. **AND**

- Are under age 65
- Do not have other health insurance, private or Medicare
- Live in the community (for example, not in a nursing home), **and**
- Are in MassHealth Standard, CommonHealth, CarePlus, or Family Assistance.

2. Will all of the enrollment be completed by March 1st, or will it continue until the end of the operations phase (March 31st)?

A. MassHealth will automatically enroll the members (eligible as identified in answer #1) by March 1, 2018.

B. However you will be able to change to one of the other 3 plans until May 31st.

C. Some things to keep in mind:

- All members have a minimum 30-day continuity of care period with your present health providers, medications, durable medical, etc. but you will have to use the new network after that unless you can convince specialists to join the ACO or make other arrangements with the plan program.
- If you change plans during the enrollment period you have to work with your providers to make sure your services have all the approvals for care
- In some cases, the continuity of care period may be extended (e.g., OB/Gyn)
- Members can contact their new plan now to let them know of any ongoing treatments or scheduled appointments.

3. When will billing for LTSS be impacted by the changes?

A. MCOs* and ACOs are not currently responsible for the delivery of the following long-term services and supports:

- Adult Foster Care;
- Group Adult Foster Care;
- Adult Day Health;
- Personal Care Attendant;
- Day Habilitation;
- Nursing Facility Stays after 100 days; and

- Chronic Disease and Rehabilitation Hospitals after 100 days.

*Please note that when we reference ACOs in future questions, we are also talking about MCO administered ACOs. There are four plans you can choose from: ACO partnership, Primary Care ACO, MCO administered ACO or MCO, and Fee for Service.

4. If billing for long term supports/services isn't changing at this time, why should providers be concerned about the new plans that members are assigned to?
 - A. To help your members continue to receive continuity of care. Many members may lose access to specialists unintentionally or other services. Providers should identify the ACO's with which those they support are associated.
5. Do agencies need to start contracting with ACO's now?
 - A. It would be a good idea to develop relationships with the new ACO's not for existing members but for future referrals. We are not clear how referrals will play out in the near future but providers may get referrals from ACOs and Community Partners (once they start) in addition to existing sources. Even with new referrals the third party administrator and MassHealth will be the key payment or approval sources.
6. What role will the Community Partners (CP) play after June 1st with regard to LTSS services?
 - A. The community partner (both types of CP) will receive referrals who are high MassHealth insurance users. Those who have behavioral health services/costs will be referred to the behavioral health CP. Building a relationship with your CPs is important. There is a limit to self-referrals so a CP should have referral relationships.
7. Will LTSS programs still have an open referral process after June 1st?
 - A. No restrictions separate from the third party administrator's (TPA) role are in place right now. You should maintain referral sources you already have and outreach to members in your community as well.
8. What do these changes mean for DDS funded programs?
 - A. At this time there will be no changes for programs directly through the Dept. of Developmental Services- DDS.
9. Are there "out-of-network" options, like there are with commercial insurance plans?
 - A. Once a person is assigned to an ACO they are required to access specialists within this group. If your primary care physician joins an ACO you must access those specialists or convince the specialist to see if he/she can be in that network. A

member can enroll in the “Fee for Service” program if your PCP joins an ACO, but you would have to choose a PCP in that program. Then you would have access the MassHealth’s existing network of providers.

10. What is the best way to support families navigating these Mass Health changes?
 - A. Follow up with families and individuals would be important. Many may not act on the letters and not appreciate the significance of this change. Members will have received an envelope with a green strip. If they can’t find that, help them locate which plan their PCP and their specialists have joined. MassHealth info should never be ignored! Refer families to 2 webinars on the Arc of Mass website and obtain a Masshealth booklet <http://thearcofmass.org/resources/services/> In addition, there are [navigators or certified](#) application counselor who can assist members and families-pick the enrollment assister button.
11. Will the people on any of the DDS waivers be affected by the changes?
 - A. Yes –their health care, if they meet the eligibility criteria in answer 1 but their DDS services will not be changed at the present time.
12. Are PCP’s and specialists able to contract with multiple ACO’s?
 - A. Primary care physicians may only be associated with one ACO. But specialists should be able to be in more than one ACO, assuming they want to be connected to multiple ACOs.
13. Given that there are more ACO’s than hospitals in any given area, are they contracting with multiple ACO’s?
 - A. Yes, hospitals will pop up in more than one ACO. In addition, no exclusivity for behavioral health services; except for Tufts MCO, you will be able to access these services through the Massachusetts Behavioral Health Partnership or Beacon.
14. Some new referrals may now come through the ACO as they meet people who need long term supports and services.
 - A. However the process will continue to be the same in regard to approvals and billing or through the third party administrator.
15. What will happen to those already in an MCO which is continuing in the new MassHealth program?
 - A. Unless the primary care practitioner changes plans, we expect they should continue in their present plan except in those cases where plans are terminating (e.g., Celticare). Remember for those who are confused about specifics, the Fee-for-Service plan is available.