

Mass ACO Overview

02/28/2018



Agenda

- Mass ACO summary of key operational changes
- BH Continuity Of Care Overview
- Go-live management and escalation plan

Mass Health ACO Overview

- As of March 1, 2018, approximately 1.2 million MassHealth managed-care members will have a new set of plan options to enroll in:
 - 13 new Accountable Care Partnership Plans;
 - 3 new Primary Care Accountable Care Organizations (ACOs);
 - 2 Managed Care Organizations (MCOs); and
 - MassHealth's Primary Care Clinician (PCC) Plan.
- Accountable Care Partnership Plans and MCOs have their own network of providers, including behavioral health providers.
- Primary Care ACOs and the PCC Plan use the MassHealth provider network for medical services and the Massachusetts Behavioral Health Partnership (MBHP) network for behavioral health services.
- In November 2017, MassHealth began taking steps to notify its members of new plan choices that are effective March 1, 2018. Further, members whose primary care provider (PCP) of record is affiliated with an ACO (either Accountable Care Partnership Plan or Primary Care ACO) received information about that ACO and were prospectively enrolled into that ACO. All prospective enrollments are effective on March 1, 2018, unless the member makes a different choice.

Summary Of Key Operational Changes

- There will be large shifts in member populations from one plan to another on 3/1 - all new eligibility will be updated in the eligibility verification system (EVS)
 - Note the state is still working through the last of the membership assignment – slated to be completed by 3/6
- There will be a continuity of care period for all members (to be discussed in detail on follow-on slides)
- Members for some plans have new members IDs
- Some plans have new phone lines for the ACO that are listed in the Mass Health communication and on members cards and almost all phone lines have new prompts to accommodate the ACO

Key Things That Are Not Changing

- Claims submission and processing to Beacon and MBHP
- UM processes
- Plan IDs
- Networks – there will continue to be separate Beacon and MBHP networks
 - For the Beacon network if a provider was historically in for Medicaid they will be in for all ACOs beginning 3/1 (with the exception of a few providers that are still in discussions re: network status)
 - For the MBHP network, all providers are INN for the PCC and all Model B ACOs

Behavioral Health Continuity Of Care Overview

Members for all plans (Beacon, Tufts, MBHP) will have a 90 day transition of care period as described for behavioral health services below

INPATIENT	Beacon and MBHP will honor any open active authorizations and complete reviews for medical necessity
DIVERSIONARY	90 Days for members with enrollment date of 3/1 -3/6*; 30 days for members with enrollment date 3/7 or later
OUTPATIENT	90 Days for members with enrollment date of 3/1 -3/6*; 30 days for members with enrollment date 3/7 or later
CBHI	90 days from member's enrollment date regardless of the member's enrollment date
ABA	90 days from member's enrollment date regardless of the member's enrollment date

* Waiting for final approval from the state

Inpatient Prior Authorization Handling Process For COC

- If a member is inpatient and moving from Fallon, BMCHP or NHP, Beacon will transfer clinical information and open authorizations into the member's new file. If a continued stay is needed after the current authorized last day, inpatient providers will need to call Beacon for a continued stay review.
- If a member is transferring from MBHP or Tufts and in the case the authorization has not been transferred, inpatient providers are required to call Beacon to request an authorization be entered. Beacon will need to know the date of admission, previous insurance carrier, and current authorized covered day in order to create precertification and honor the existing authorization. If continued stay is needed after the current authorized last day, inpatient providers will need to call Beacon for a continued stay review.
- If a member is inpatient for Substance Use Disorder Services (DDAT, CSS, Detox) at the time of transition to the new ACO plan, then a new Notice of Admission will need to be entered via Eservices. The provider will then follow Beacon's normal process for continued stay review if additional days are needed.
- If a member is inpatient and now enrolled in a new Model B ACO, if continued stay is needed after the current authorized last day, contact MBHP for a continued stay review

Diversionsary Service Prior Auth Handling Process for COC

- During the COC period, diversionsary providers can provide diversionsary services and bill the new plan without prior authorization regardless if the provider is in network with Beacon.
- Diversionsary providers should call during the COC period if the they are seeking additional units/days beyond the COC period, and a continued stay review for medical necessity criteria will be completed.
- During the COC period, if Member is now PCC Plan/MBHP or Model B ACO, follow MBHP procedures for new authorizations/registrations

Outpatient Prior Authorization Handling Process For COC

- During the COC period, outpatient providers can provide outpatient services and bill the plan without prior authorizations regardless if the provider is in network with Beacon.
- Initial Encounters will reset for members moving into a new health plan or into an ACO plan. The provider will not need an authorization until the 12 sessions are exhausted.
- For providers that currently have an active outpatient authorization with an end date after the COC period and the member is moving from Fallon, BMCHP, NHP or MBHP, the authorization will be transferred into the member's new file.
- If the member is moving from Tufts or an authorization approval letter was not received, please contact Beacon for authorization before the end of the COC period
- During the COC period, if Member is now PCC Plan/MBHP or Model B ACO, follow MBHP procedures for new authorizations/registrations

ABA Prior Authorization Handling Process For COC

- During the 90-day COC period for ABA, providers can provide ABA services and bill the new plan without prior authorizations regardless if the provider is in network with Beacon.
- For providers that currently have an active ABA authorization with an end date after the 90-day COC period and the member is moving from Fallon, BMCHP, NHP or MBHP, the authorization will be transferred into the member's new file.
- If the member is moving from Tufts or an authorization approval letter was not received, please contact Beacon for authorization before the end of the COC period.
- If current authorization expires before the end of the 90-day COC period, please contact Beacon for authorization.
- During the COC period, if Member is now PCC Plan/MBHP or Model B ACO, follow MBHP procedures for new authorizations/registrations

OON Provider Handling Process

- Providers who are currently seeing a member, but are not in network with Beacon for the member's new ACO plan on member's enrollment date, can continue to provide services to the member and bill the member's new plan without a single case agreement during the COC period. If a provider desires to continue to see the member beyond the COC period a new SCA must be requested.
- If a provider desires to join the Beacon network, they can call the provider line at 781-496-4769 or visit

<https://www.beaconhealthoptions.com/providers/becoming-a-beacon-provider/>

- If a provider desires to join the MBHP network, they can contact MBHPNetworkOperations@beaconhealthoptions.com
- If providers do not come in network with Beacon or MBHP respectively, a member can request in network referrals or appointment assistance.
- Single case agreements will still be required for inpatient out of network providers

Prior-authorization Handling Through The Transition

Member cared
for at POC

Provider treats member

Provider check
EVS

Provider checks EVS for plan on record on date of service

Provider submits
for PA if needed

Provider submits for authorization to the plan identified in EVS on the date of services regardless of whether provider is INN with the plan on record

Provider bills for
services
rendered on
DOS

- Provider bills the plan on record on the date of services
- Providers not INN must contact the new plan to make arrangements to be paid
- Payer pays the claim

Go-live Management & Escalation Plan

- We all anticipate there will be issues as part of the transition and we are committed to triaging issues and proactively providing resolutions to the network as expeditiously as possible
- We sent out provider communications from MBHP & Beacon and a special notification to CBHI providers
- We will be pushing out additional email communications across the next few days
- We have all our member services and provider relations staffed trained on all of the ACO changes to be able to handle questions and issues
- We have set up a phone line (1-800-495-0086 – press 1 for the English menu or 2 for the Spanish menu, then 3 then 1 to skip prompts and an email inbox (ACOquestions@beaconhealthoptions.com) to address any issues/questions
- We will be holding a daily standup across MBHP and Beacon to surface provider issues
- Based on our learnings from the daily meetings, we will push out new FAQs regularly