

What to Know About ACOs: An Introduction to MassHealth Accountable Care Organizations

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The Center for Health Law and Economics (CHLE) at the University of Massachusetts Medical School is a sought-after partner among public agencies and foundations striving for health care system improvement and health policy analysis. CHLE's purpose—to enrich and develop reform ideas and policies that enhance coverage, quality, and affordability for vulnerable populations—drives its work analyzing new policies, crafting laws and financing frameworks for reform, designing new programs and purchasing strategies, navigating complex legal parameters, and educating through reports and webcasts.

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About the Massachusetts Medicaid Policy Institute

The Massachusetts Medicaid Policy Institute (MMPI)—a program of the Blue Cross Blue Shield of Massachusetts Foundation—is an independent and nonpartisan source of information and analysis about the Massachusetts Medicaid program, MassHealth. MMPI's mission is to promote the development of effective Medicaid policy solutions through research and policy analysis.

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INTRODUCTION

The Massachusetts Medicaid program, MassHealth, introduced accountable care organizations (ACOs) for many of its members in March 2018. An ACO is a group of doctors, hospitals, and other health care providers that work together with the goals of delivering better care to members, improving the population's health, and controlling costs. An ACO is *accountable* both for the **health** of its members *and* for the **cost** of the care its members receive.

MassHealth's introduction of ACOs represents a significant shift from the way MassHealth typically has partnered with health care providers. In this new model, MassHealth contracts with ACOs to deliver physical health care, mental health care, addiction treatment, and long-term services and supports (LTSS) to a defined group of MassHealth members.¹ The ACOs are responsible for coordinating these services across providers, following a member-centered plan, with primary care providers (PCPs) playing an enhanced central role in the coordination. In addition to providing the standard set of MassHealth services, ACOs collaborate with Community Partners (CPs) with behavioral health and LTSS care management expertise to facilitate access to community-based services for certain members. MassHealth ACOs also may be able to offer some nonmedical services associated with better health outcomes, such as housing supports and nutritional programs.

This brief explains the basics of MassHealth ACOs: the three types of ACOs, who they serve, the services they provide, and how they are encouraged to improve care and contain costs. For the reader who desires greater depth and detail, a list of resources appears at the end.

MEMBER ELIGIBILITY

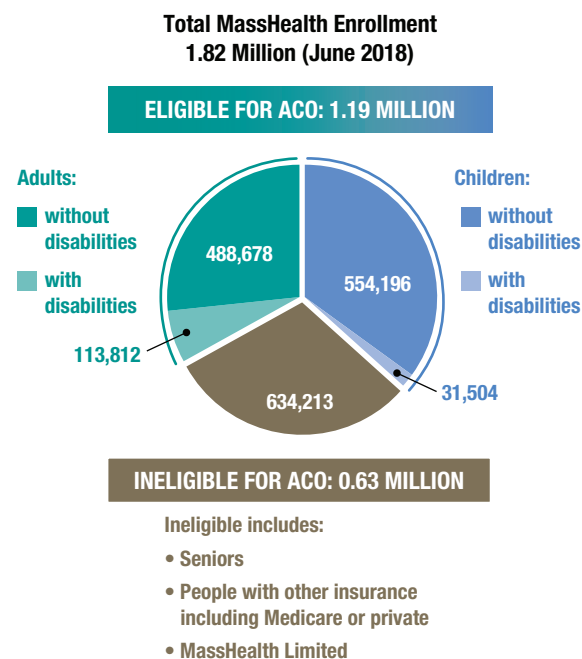
Most MassHealth members eligible for managed care can enroll in an ACO. Specifically, ACOs are available to members who previously were in a managed care organization (MCO) or the Primary Care Clinician (PCC) Plan. These people:

- Are younger than age 65;
- Do not have any other health insurance coverage (including Medicare);
- Live in the community (not a nursing facility); and
- Are covered by MassHealth Standard, CommonHealth, CarePlus, or Family Assistance.²

As is indicated in Figure 1, about 1.2 million of the 1.8 million total MassHealth members are eligible to enroll in ACOs.

MassHealth managed care members may still choose to enroll in the PCC Plan or one of two MCOs (Boston Medical Center [BMC] HealthNet or Tufts Health Together [Tufts]), rather than an ACO. Many ACO-affiliated PCPs may not be available to MassHealth members through MCOs or the PCC Plan, however. MassHealth generally forbids PCPs affiliated with one ACO to participate as a PCP in the network of another ACO, an MCO, or the PCC Plan. This is explained further

FIGURE 1. MASSHEALTH MEMBERS ELIGIBLE FOR ACO ENROLLMENT



Source: MassHealth, June 2018 Snapshot Report.

¹ Throughout the remainder of the report mental health care and addiction treatment will be referred to as behavioral health care. Long-term services and supports include, for example, home health, adult day health, group adult foster care, and the personal care attendant program, among other services.

² MassHealth. *Payment and Care Delivery Innovation: Fact Sheet: Primary Care Providers (PCPs)*. November 2017. Accessed 4/9/18: www.mass.gov/files/documents/2018/04/23/PCDI-FS-PCP%20%28Rev.%2004-18%29.pdf.

below. The PCP exclusivity does not apply to MassHealth members in managed care plans that are part of One Care, Senior Care Options (SCO), and the Program of All-Inclusive Care for the Elderly (PACE). These members are *not* eligible to enroll in an ACO because they are age 65 or older, they also are enrolled in Medicare, or both.³

ACO TYPES

Seventeen MassHealth ACOs operate across the Commonwealth. All ACOs consist of a group of doctors, hospitals, and other health care providers working together with the goal of providing effective, efficient, coordinated care for members. They all also have agreed to be accountable for the cost and quality of care of their members, but they do not all look the same. ACOs operate as one of three versions, which vary in their management of clinical and financial responsibilities, how MassHealth pays them, and the networks of doctors and health care providers they offer to their members. The three versions are the **Accountable Care Partnership Plan (Partnership Plan)**, the **Primary Care ACO**, and the **MCO-Administered ACO**.

Structure

A Partnership Plan is an ACO partnered with a single MCO. The partner MCO handles the financial and administrative functions — such as assembling a network, paying for services, making prior authorization determinations — usually associated with an insurer. Primary Care and MCO-Administered ACOs, in contrast, contract with other entities (MassHealth or one or more MCOs, respectively) for these functions.

Payment

A central goal of the ACO program is to shift to a system that pays for *value* (positive outcomes and treatments based on evidence of effectiveness) rather than *volume*, often associated with “fee-for-service” delivery models in which providers are paid for every service they deliver, regardless of its effectiveness.

Partnership Plans are paid a capitation fee — a fixed amount per member per month, with which they must manage their members’ total cost of care (TCOC). Primary Care and MCO-Administered ACOs receive fee-for-service payments from MassHealth or an MCO; those payments are measured against an annual cost target, and the ACOs share in the savings or losses that result. All ACOs have incentives to meet quality standards as well.

Payments to all ACOs are *risk-adjusted*, which means that ACOs receive higher payments if they have members who, in aggregate, are predicted to have greater needs for care. Risk adjustment helps mitigate the incentive ACOs might otherwise have to limit care or avoid members with greater health care needs. Importantly, risk adjustment considers both medical and nonmedical factors, including social determinants of health, known to affect levels of health care service needs and health outcomes.

Partnership Plans are an exclusive partnership between an ACO and a *single* MCO, which share savings and losses as a single entity. **MCO-Administered ACOs** may contract with *more than one* MCO and agree to financial terms with each one.

Total Cost of Care (TCOC)

ACOs are financially responsible for the “Total Cost of Care,” which includes each member’s primary care, inpatient and outpatient physical health care, pharmacy, and behavioral health care. LTSS will be added later.

Factors included in risk adjustment for ACO and MCO payments:

- Claims history
- Demographics
- Health status
- Client of Department of Mental Health
- Client of Department of Developmental Services
- Serious mental illness
- Substance use disorder
- Unstable housing
- Summary measure of neighborhood stress (levels of poverty, unemployment, public assistance receipt, lack of car ownership, single parent families, high school graduates)

³ MassHealth. *Payment and Care Delivery Innovation: Fact Sheet: Primary Care Providers (PCPs)*. November 2017. Accessed 4/9/18: www.mass.gov/files/documents/2018/04/23/PCDI-FS-PCP%20%28Rev.%2004-18%29.pdf.

Networks

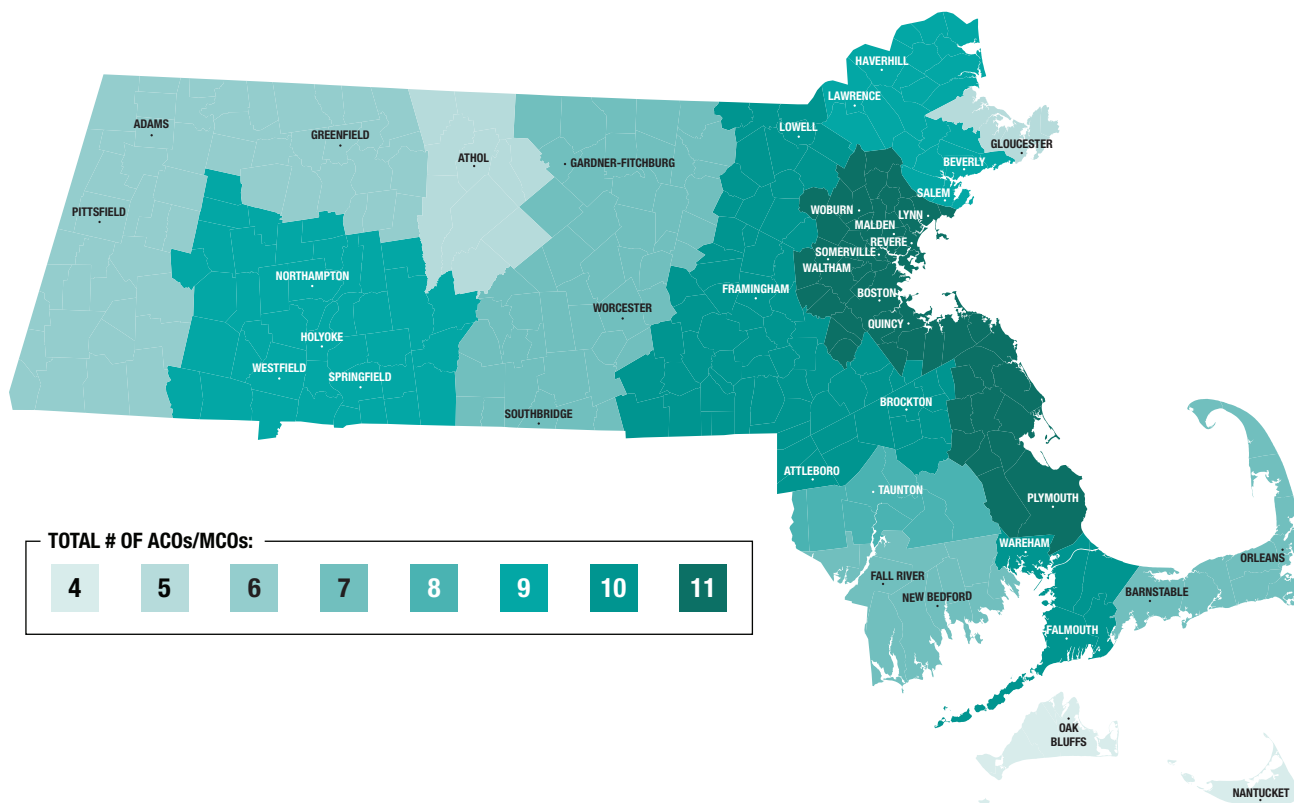
Members of Partnership Plans and MCO-Administered ACOs rely for their care mainly on the provider networks of the partnered or contracted MCO. Primary Care ACOs use MassHealth's statewide provider network but may also have narrower referral circles their members can use without needing a referral from their PCP.

Table 1 compares some key characteristics of the three types of ACOs and lists the 17 ACOs by type. Figure 2 displays the number of ACOs and MCOs by service area.

TABLE 1. CHARACTERISTICS OF THE THREE MASSHEALTH ACO TYPES

ACO MODEL	STRUCTURE	PAYMENT AND SAVINGS/LOSSES	PROVIDER NETWORK	NUMBER OF PARTICIPATING ACOs	ACO PLAN NAMES AND PARTNER ORGANIZATIONS
Accountable Care Partnership Plan	Provider-led ACO partnered with a single MCO.	Per member per month capitation from MassHealth; savings if aggregate cap payments exceed TCOC, subject to quality measures.	Uses network based on partner MCO for medical and behavioral health services.	13	<ul style="list-style-type: none"> • Be Healthy Partnership (HNE): Health New England with Baystate Health Care Alliance • Berkshire Fallon Health Collaborative: Fallon Health with Health Collaborative of the Berkshires • BMC HealthNet Plan Community Alliance: BMC HealthNet Plan with Boston ACO • BMC HealthNet Plan Mercy Alliance: BMC HealthNet Plan with Mercy Health ACO • BMC HealthNet Plan Signature Alliance: BMC HealthNet Plan with Signature Healthcare • BMC HealthNet Plan Southcoast Alliance: BMC HealthNet Plan with Southcoast Health • Fallon 365 Care: Fallon Health with Reliant Medical Group • My Care Family (NHP): Neighborhood Health Plan (NHP) with Merrimack Valley ACO • Tufts Health Together with Atrius Health: Tufts Health Public Plans with Atrius Health • Tufts Health Together with BIDCO: Tufts Health Public Plans with Beth Israel Deaconess Care Organization (BIDCO) • Tufts Health Together with Boston Children's ACO: Tufts Health Public Plans with Boston Children's ACO • Tufts Health Together with CHA: Tufts Health Public Plans with Cambridge Health Alliance (CHA) • Wellforce Care Plan (Fallon): Fallon Health with Wellforce
Primary Care ACO	Provider-led ACO contracting directly with MassHealth.	Fee-for-service payments from MassHealth, with savings or losses assessed at year's end by comparing TCOC and budget target, and adjusted for quality performance.	Uses MassHealth's network and narrower referral circles not requiring a PCP referral for medical services, and the Massachusetts Behavioral Health Partnership (MBHP) network for behavioral health services.	3	<ul style="list-style-type: none"> • Community Care Cooperative (C3) • Partners HealthCare Choice • Steward Health Choice
MCO-Administered ACO	Provider-led ACO contracting with one or more MCOs.	Capitation payments from MassHealth to MCO; MCO pays ACO according to MassHealth-approved arrangement that includes shared savings and losses, adjusted for quality performance.	Uses network of contracting MCO.	1	<ul style="list-style-type: none"> • Lahey MassHealth ACO

FIGURE 2. NUMBER OF ACOs/MCOs AVAILABLE BY SERVICE AREA



Source: MassHealth. *MassHealth Enrollment Guide; Your Choices Starting March 2018*. Accessed 4/13/18: www.mass.gov/files/documents/2018/03/28/eg-mh-2018-english.pdf.

SAVINGS AND LOSSES

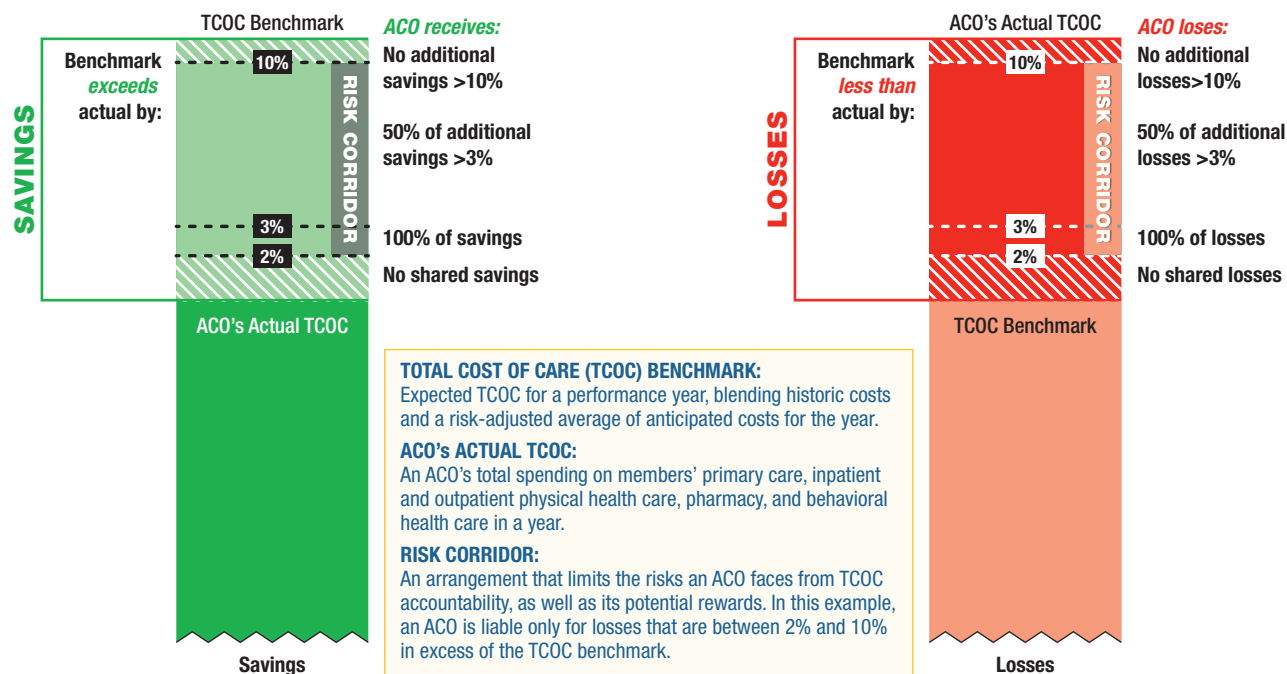
ACOs are rewarded for delivering care efficiently and effectively. Partnership Plans reap the savings that result if the total cost of care they deliver is less than the capitation fees they receive from MassHealth. Primary Care and MCO-Administered ACOs can realize savings, too: if total expenditures at the end of a year are lower than their cost targets,⁴ ACOs share those savings with MassHealth (Primary Care ACO) or the contracting MCO (MCO-Administered ACO). ACOs are also at risk for losses, if costs exceed capitated or targeted amounts. The payment models are designed to encourage ACOs to shift care to appropriate settings, invest in primary and preventive services, integrate behavioral health, and ensure appropriate access to services.⁵ Potential savings and losses are limited by “risk corridors,” and are paired with other tools to ensure that ACOs are not subject to risk beyond their control. ACOs’ cost targets may be retroactively adjusted because of enrollment shifts across population groups or because of program changes not originally captured in the target — for example, a new mandated benefit that would impose costs on the ACO.⁶

⁴ The cost target, called the Total Cost of Care (TCOC) Benchmark, is a calculation of expected TCOC for the year, blending an ACO’s historic TCOC and a risk-adjusted average of the anticipated costs for that year.

⁵ MassHealth. *MassHealth ACO Models: Questions and Answers*. September 30, 2016. Accessed 5/1/18: www.mass.gov/files/documents/2016/09/pn/aco-models-questions-and-answers.pdf.

⁶ Commonwealth of Massachusetts, Executive Office of Health and Human Services. *Request for Responses for Accountable Care Organizations, September 29, 2016*. Attachment B — Primary Care ACO Model Contract (hereafter referred to as “Primary Care ACO Model Contract”), Section 4.3 (D): TCOC Benchmark and TCOC Performance Calculations. Available at: www.mass.gov/files/documents/2017/11/17/primary-care-aco-model-contract.pdf.

FIGURE 3. EXAMPLES OF SHARED SAVINGS AND LOSSES FOR A PRIMARY CARE ACO



Note: This example is for an ACO choosing the full accountability risk track, in the fourth year of the demonstration. Levels of risk grow until reaching the greatest potential gains and losses in years four and five. The size of the risk corridors does not change over time, however. Levels of shared savings and losses are also affected by an ACO's quality score.

An ACO's quality performance affects the total payments it receives and the savings it may earn. The ACO's quality score is based on achieving or exceeding benchmarks, or showing improvement, on specific measures in distinct clinical areas. (In the first year, ACOs will be scored simply on whether they report the measures.) The measures include process and administrative measures, clinical measures, and results from member experience surveys. MassHealth will use the quality score to adjust capitation rates, shared savings and losses, and other payments (described below) to ACOs. Payments to CPs also will depend in part on a quality score.

Shared Savings: How It Works

Pinnacle Health is a Primary Care ACO in the full accountability risk track. Pinnacle's cost target ("TCOC benchmark") is \$20 million for the year. Pinnacle's actual expenditures for the year are \$19.2 million, resulting in savings of \$800,000 (4 percent of the benchmark) to share with MassHealth. Pinnacle's share of the savings is calculated as follows:

- 100 percent of the first 3 percent of savings relative to the benchmark (\$600,000), plus
- 50 percent of the savings over 3 percent ($50\% \times \$200,000 = \$100,000$), for a total of **\$700,000**.

Pinnacle's share of the savings would then be adjusted by its quality score, scaled between 0 and 1, yielding the final shared savings payment.

MEMBER ENROLLMENT AND ASSIGNMENT

When the ACO program started on March 1, 2018, current managed care members were assigned to the ACO or MCO with which their PCP was affiliated in October 2017, a process called "special assignment." If a member had a PCP who was moving to a new health plan (ACO or MCO), the member was assigned to the new health plan, prioritizing the member's PCP relationship. If a member was enrolled in an MCO that was no longer available after March 1 and her or his PCP did not join an ACO, MassHealth asked the member to select a new plan. If the member did not make a selec-

tion, MassHealth enrolled the member in a plan serving the member's geographic region. Members assigned to plans could make changes during the Plan Selection Period described below.⁷

Since March 1, new MassHealth members who are eligible for an ACO or MCO may choose their health plan. If they do not choose, MassHealth will enroll them in a plan. After enrolling in an ACO or MCO, members have the option to change their selection or assignment until the end of the Plan Selection Period.

PLAN SELECTION PERIODS AND FIXED ENROLLMENT

Members enrolled in a Partnership Plan or Primary Care ACO will have an annual Plan Selection Period during which they may enroll in a different ACO or leave the ACO for an MCO or the PCC Plan. This is analogous to the annual open enrollment period experienced by most people who receive health insurance through their employer. The Plan Selection Period is 90 days, after which the member enters a Fixed Enrollment Period that lasts until the next Plan Selection Period the following year.⁸ During the Fixed Enrollment Period, members may change their health plan only in limited circumstances, mainly related to access to or quality of services.^{9,10}

Enrollment in an MCO is subject to the same Plan Selection and Fixed Enrollment Period requirements as ACO enrollment. MassHealth members who choose an MCO (BMC HealthNet or Tufts) that contracts with the sole MCO-Administered ACO (Lahey MassHealth ACO) may be attributed as a member to that ACO if they select a PCP who is part of that ACO.¹¹ Members in the PCC Plan have no Fixed Enrollment Period; they can choose to enroll in an ACO or MCO at any time, for any reason.

PRIMARY CARE PROVIDER EXCLUSIVITY

PCPs in the network of a Partnership Plan or Primary Care ACO have an exclusive relationship; they may not be in the network of any other ACO as a PCP, and they generally are not available to MassHealth members enrolled in MCOs or in the PCC Plan. PCP exclusivity is tied to the site of care, so if a PCP also practices at another location that is not contracted with an ACO, members not in the ACO may see that PCP, provided the PCP is part of the member's network.¹²

PCP exclusivity applies only to ACO-eligible members.¹³ PCPs may provide some services to members of other ACOs and MCOs, as long as the provider has appropriate contracts and authorizations from the member's plan. The services not subject to PCP exclusivity include behavioral health services, specialty outpatient services or office visits, and coverage services for

Examples of Reasons for Changing Plans During a Fixed Enrollment Period:

- Member moves out of the ACO or MCO service area;
- ACO no longer serves the member's service area;
- Member receives poor quality care, lacks access to covered services, or lacks access to providers who have experience dealing with the member's specific health care needs;
- Member demonstrates to MassHealth that the MCO or ACO is not meeting the member's language, communication, or other accessibility preferences or needs; or
- Member demonstrates to MassHealth that the member's key network providers including PCPs, specialists, or behavioral health providers, leave the MCO or ACO.

7 MassHealth. *MassHealth All-Provider Bulletin 272*. November 2017. Accessed 5/23/18: www.mass.gov/files/documents/2017/11/22/all-272.pdf.

8 In 2018, the first year of ACO operation, MassHealth extended the Plan Selection Period to 120 days for members newly enrolled in an ACO when it launched on March 1, 2018.

9 MassHealth. *MassHealth Enrollment Guide; Your Choices Starting March 2018*. Accessed 4/13/18: www.mass.gov/files/documents/2018/03/28/eg-mh-2018-english.pdf and 130 CMR 508.003(C)(3).

10 A few small categories of members may change plans at any time, for any reason, without regard to the Fixed Enrollment Period: children in the care or custody of the Department of Children and Families, youth in the care or custody of the Department of Youth Services, and children under 1 year old.

11 MassHealth. *MassHealth Accountable Care Organization (ACO) Models: Questions and Answers*. September 2016. Accessed 5/23/18: www.mass.gov/files/documents/2016/09/pn/aco-models-questions-and-answers.pdf.

12 MassHealth. *Continuity of Care Frequently Asked Questions*. March 2018. Accessed 4/10/2018: www.mass.gov/files/documents/2018/03/16/Continuity%20of%20Care%20FAQs_3.pdf.

13 Members enrolled in SCO, PACE, One Care, or the MassHealth fee-for-service system can see ACO-affiliated PCPs if the PCP is in network for the member's plan. Children in the Special Kids Special Care program are exempted from PCP exclusivity and can see any MassHealth-enrolled PCP.

affiliated practices.¹⁴ Members with a substance use disorder can continue to access Medication-Assisted Treatment from any provider, with or without a referral and regardless of PCP exclusivity and the prescriber's network relationship with a plan.¹⁵

ACO FEATURES

ACOs are an evolutionary next step for managed care, which has existed in MassHealth for years. ACOs provide the same medically necessary services that MassHealth members can receive from other managed care plans and MassHealth providers. The ACO approach enhances previous delivery models with new (or newly prioritized) features that emphasize a strong focus on individual needs, better coordination of services, and attention to health-related social needs. Some of the important features are described below.

Care Needs Screenings and Comprehensive Assessment

ACOs are required to complete a Care Needs Screening within 90 days of a member joining the ACO. The screening helps ACOs to identify a member's health concerns and goals, the need for behavioral health or LTSS, health-related social needs, and needs for culturally and linguistically appropriate services or assistive services.¹⁶ The screening also allows an ACO to identify members with complex needs and who may be at risk of institutionalization or hospitalization or who receive care from other state agency programs.¹⁷

For members with special health care needs — specifically those assigned to behavioral health or LTSS Community Partners (CPs) — ACOs also conduct a member-centered comprehensive assessment and create an individual care plan. The care plan is based on the comprehensive assessment, reflects the member's preferences and needs, and designates the member's care team.¹⁸

Care Management and Care Coordination

Members who need a comprehensive assessment, and others whom ACOs identify as having special health care needs, receive care management services.¹⁹ A care coordinator or clinical care manager meets with the member's care team at least annually and after any major event to review that the member's care plan matches the member's needs and any changes to their health status. Members also will receive other care coordination and care management activities, including in some instances collaboration with LTSS and behavioral health CPs (described below) and with state agencies as appropriate.²⁰ Care coordination includes coordination of ACO covered services and MassHealth services that are not ACO or MCO covered services (such as Adult Day Health or Adult Foster Care) for which a member qualifies. ACOs are responsible for coordinating the delivery of these services for every member.²¹

Community Partners

CPs are community-based organizations with behavioral health or LTSS care management expertise designated by MassHealth. CPs are available as of July 1, 2018, and provide care coordination and navigation supports to certain

14 MassHealth. *Continuity of Care Frequently Asked Questions*. March 2018. Accessed 5/22/2018: www.mass.gov/files/documents/2018/03/16/Continuity%20of%20Care%20FAQs_3.pdf.

15 MassHealth. *Continuity of Care Frequently Asked Questions*. March 2018. Accessed 5/22/2018: www.mass.gov/files/documents/2018/03/16/Continuity%20of%20Care%20FAQs_3.pdf.

16 Commonwealth of Massachusetts, Executive Office of Health and Human Services. *Request for Responses for Accountable Care Organizations, September 29, 2016*. Attachment A — Accountable Care Partnership Plan Model Contract (hereafter referred to as "Accountable Care Partnership Plan Model Contract"), Section 2.5 (B): Care Needs Screening and Appropriate Follow-Up. Available at: www.mass.gov/files/documents/2017/11/17/accountable-care-partnership-plan-model-contract_0.pdf.

17 Accountable Care Partnership Plan Model Contract, Section 2.5 (A)(13): Special Care Needs Definition.

18 Accountable Care Partnership Plan Model Contract, Section 2.5 (D): Comprehensive Assessment and Member-Centered Care Planning.

19 Accountable Care Partnership Plan Model Contract, Section 2.5 (A)(13): Special Care Needs Definition.

20 Accountable Care Partnership Plan Model Contract, Section 2.5 (E): Care Management.

21 Accountable Care Partnership Plan Model Contract, Appendix C — Covered Services, Exhibit 2: Non-ACO Covered Services. Available at: www.mass.gov/files/documents/2017/11/17/acpp-appendix-c-covered-services.pdf.

members enrolled in an ACO or MCO who have significant behavioral health or complex LTSS needs. (CPs are not available to members in the PCC Plan.)

From July 1, 2018, on, MassHealth will identify members for CP supports based on the members' past service use and assign them to a CP in their service area. The program will expand in January 2019, when ACOs and MCOs will be able to identify members who could benefit from the CP program. Once identified, an ACO, an MCO, or MassHealth will refer members to CPs for various services related to their needs (see Table 2).²²

Behavioral health CPs will support an estimated 35,000 members. Members eligible for behavioral health CP services include:

- ACO and MCO enrolled adults (age 21 and older) with a serious mental illness or substance use disorder and who use a high level of health care services.
- Children and adolescents (<21 years of age) with serious emotional disturbance, who will receive their CP services as continuing intensive care coordination from Community Service Agencies under the Children's Behavioral Health Initiative.²³

For LTSS CPs, ACOs and MassHealth will determine how to identify members to be referred; at a minimum, the members will include those with brain injury or cognitive impairments, with physical disabilities, or with intellectual or developmental disabilities, including autism. LTSS CPs will support an estimated 20,000-24,000 members with complex LTSS needs. Members with co-occurring behavioral health and LTSS needs will receive coordination for both from a behavioral health CP.

TABLE 2. COMMUNITY PARTNERS — OVERVIEW OF SERVICES

	BEHAVIORAL HEALTH CP	LTSS CP
Outreach and engagement	•	•
Comprehensive assessment and person-centered treatment planning	•	
Care coordination and care management across medical, behavioral health, and LTSS	•	
Supports for transitions of care	•	•
Medication reconciliation support	•	
Health and wellness coaching	•	•
Connection to social services and community resources	•	•
LTSS care planning including providing informed choice of services and providers		•
LTSS care coordination		•

MCOs and ACOs are expected to partner with all behavioral health CPs and with at least two LTSS CPs in their service area.²⁴ See the appendix for a list of the CPs and the regions they serve.

²² Adapted from MassHealth. *MassHealth All-Provider Bulletin 272*. November 2017. Accessed 4/9/18: www.mass.gov/files/documents/2017/11/22/all-272.pdf and MassHealth. *Payment and Care Delivery Innovation: Fact Sheet: Primary Care Providers (PCPs)*. November 2017. Accessed 4/9/18: www.mass.gov/files/documents/2018/04/23/PCDI-FS-PCP%20%28Rev.%2004-18%29.pdf.

²³ Members 18 to 20 years old with a substance use disorder diagnosis and high utilization will be eligible for behavioral health CP supports if requested.

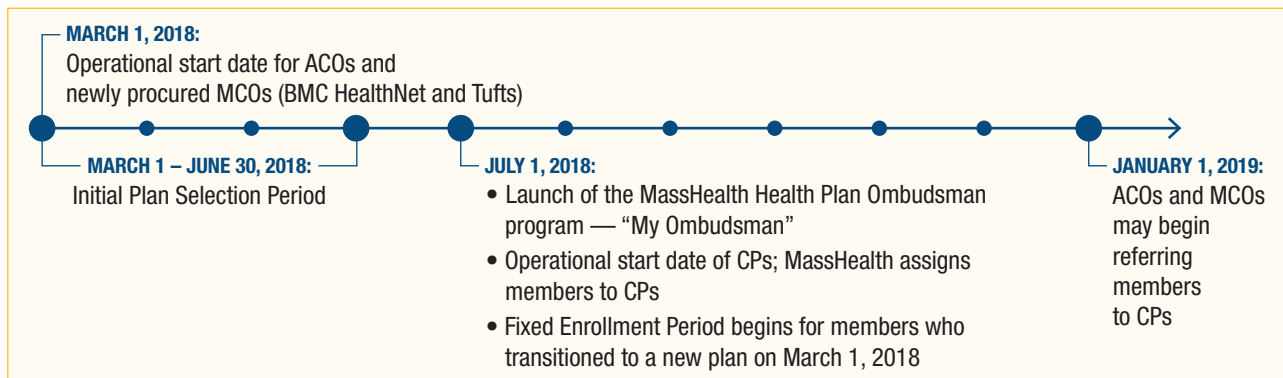
²⁴ Accountable Care Partnership Plan Model Contract, Section 2.5 (F) & (G); Primary Care ACO Model Contract, Section 2.3 (F) & (G); and MCO-Administered ACO Model Contract, Section 2.8 (A) & (B).

Flexible Services

Risk adjustment (described above) is one way that MassHealth acknowledges the importance of nonmedical, social influences on health. Another is the introduction of flexible services to the benefits that ACOs may offer members with complex health care needs. Flexible services will address health-related social needs by providing supports not currently paid for by MassHealth. Exactly what services ACOs will be permitted to provide is the focus of a not-yet-final negotiation between MassHealth and its federal oversight agency.

CURRENT STATUS

MassHealth ACOs/MCOs — Timeline



Member Enrollment

TABLE 3. MEMBER ENROLLMENT (AS OF MAY 31, 2018)

ACCOUNTABLE CARE PARTNERSHIP PLANS	MEMBER ENROLLMENT
Be Healthy Partnership (HNE): Health New England with Baystate Health Care Alliance	38,062
Berkshire Fallon Health Collaborative: Fallon Health with Health Collaborative of the Berkshires	15,610
BMC HealthNet Plan Community Alliance: Boston Medical Center HealthNet Plan with Boston ACO	106,448
BMC HealthNet Plan Mercy Alliance: Boston Medical Center HealthNet Plan with Mercy Health ACO	28,462
BMC HealthNet Plan Signature Alliance: Boston Medical Center HealthNet Plan with Signature Healthcare	17,854
BMC HealthNet Plan Southcoast Alliance: Boston Medical Center HealthNet Plan with Southcoast Health	16,123
Fallon 365 Care: Fallon Health with Reliant Medical Group	30,321
My Care Family (NHP): Neighborhood Health Plan with Merrimack Valley ACO	31,781
Tufts Health Together with Atrius Health: Tufts Health Public Plans with Atrius Health	31,054
Tufts Health Together with BIDCO: Tufts Health Public Plans with Beth Israel Deaconess Care Organization (BIDCO)	34,056
Tufts Health Together with Boston Children's ACO: Tufts Health Public Plans with Boston Children's ACO	82,244
Tufts Health Together with CHA: Tufts Health Public Plans with Cambridge Health Alliance	26,131
Wellforce Care Plan (Fallon): Fallon Health with Wellforce	53,065
PRIMARY CARE ACO PLANS	
Community Care Cooperative (C3)	115,166
Partners HealthCare Choice	105,470
Steward Health Choice	124,491
MCO PLANS	
BMC HealthNet Plan	82,162
Tufts Health Together	116,737
PCC PLAN	123,650

RESOURCES FOR FURTHER INFORMATION

- MassHealth Innovations website:
www.mass.gov/masshealth-innovations
- Blue Cross Blue Shield of Massachusetts Foundation: *The MassHealth Waiver 2016–2022: Delivering Reform*:
bluecrossmafoundation.org/publication/masshealth-waiver-2016%E2%80%932022-delivering-reform
- MassHealth All-Provider Bulletin 272: MassHealth Payment and Care Delivery Innovations (PCDI) — Overview of 2018 New Plan Options:
www.mass.gov/files/documents/2017/11/22/all-272.pdf
- MassHealth PCDI Information for Providers (including PCDI education and communication provider trainings):
www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers
- PCDI Fact Sheets for Providers (by provider type):
www.mass.gov/lists/provider-pcdi-resources#pcdi-fact-sheets-for-providers
- MassHealth Member Enrollment Guide:
www.mass.gov/lists/masshealth-health-plan-materials-and-information-for-members#masshealth-enrollment-guide

APPENDIX 1: BEHAVIORAL HEALTH (BH) COMMUNITY PARTNERS

#	BH COMMUNITY PARTNER NAME	CONSORTIUM ENTITIES	AFFILIATED PARTNERS (Partnership Name, if Applicable)	REGION: SERVICE AREA
1	South Shore Mental Health Center, Inc.	N/A	<ul style="list-style-type: none"> • Spectrum Health Systems, Inc. 	Greater Boston: Quincy
2	McInnis Health Group/ Boston Health Care for the Homeless Program	N/A	<ul style="list-style-type: none"> • Bay Cove Human Services, Inc. • Boston Public Health Commission • Boston Rescue Mission, Inc. • Casa Esperanza, Inc. • Pine Street Inn, Inc. • St. Francis House • Victory Programs, Inc. • Vietnam Veterans Workshop, Inc. 	Greater Boston: Boston Primary
3	Community Counseling of Bristol County, Inc.	N/A	N/A	Southern: Attleboro, Brockton, Taunton
4	Southeast Community Partnership	<ul style="list-style-type: none"> • South Shore Mental Health Center, Inc. • Gosnold, Inc. 	<ul style="list-style-type: none"> • FCP, Inc., dba Family Continuity 	Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham
5	Stanley Street Treatment and Resources (SSTAR), Inc.	N/A	<ul style="list-style-type: none"> • Greater New Bedford Community Health Center, Inc. • HealthFirst Family Care Center, Inc. • Fellowship Health Resources, Inc. 	Southern: Attleboro, Barnstable, Fall River, Falmouth, New Bedford, Oak Bluffs, Orleans, Taunton, Wareham
6	Northeast Behavioral Health Corporation, dba Lahey Behavioral Health Services	N/A	N/A	Northern: Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn
7	Lowell Community Health Center, Inc.	N/A	<ul style="list-style-type: none"> • Lowell House, Inc. • Mental Health Association of Greater Lowell, Inc. 	Northern: Lowell
8	The Bridge of Central Massachusetts, Inc.	N/A	Central Community Health Partnership <ul style="list-style-type: none"> • Alternatives Unlimited, Inc. • LUK, Inc. • Venture Community Services 	Central: Athol, Framingham, Gardner-Fitchburg, Southbridge, Worcester
9	Community Healthlink, Inc.	N/A	N/A	Central: Gardner-Fitchburg, Worcester
10	Behavioral Health Network, Inc.	N/A	N/A	Western: Holyoke, Springfield, Westfield
11	The Brien Center for Mental Health and Substance Abuse Services, Inc.	N/A	N/A	Western: Adams, Pittsfield

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#	BH COMMUNITY PARTNER NAME	CONSORTIUM ENTITIES	AFFILIATED PARTNERS (Partnership Name, If Applicable)	REGION: SERVICE AREA
12	Innovative Care Partners, LLC	<ul style="list-style-type: none">Center for Human Development, Inc. (CHD)Gandara Mental Health Center, Inc.ServiceNet, Inc.	N/A	Western: Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, Westfield
13	High Point Treatment Center, Inc.	N/A	Coordinated Care Network <ul style="list-style-type: none">Brockton Area Multi Services, Inc. (BAMSI)Bay State Community Services, Inc.Child & Family Services, Inc.Duffy Health CenterSteppingstone, Inc.	Greater Boston: Quincy Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, New Bedford, Orleans, Plymouth, Taunton, Wareham
14	Eliot Community Human Services, Inc.	N/A	N/A	Greater Boston: Revere, Somerville Northern: Beverly, Gloucester, Lowell, Lynn, Malden, Salem, Woburn Central: Framingham, Waltham
15	Riverside Community Care, Inc.	N/A	Riverside Community Partners <ul style="list-style-type: none">Brookline Community Mental Health Center, Inc.The Dimock Center, Inc.The Edinburg Center, Inc.Lynn Community Health Center, Inc.North Suffolk Mental Health Association, Inc.Upham's Corner Health Center	Greater Boston: Boston Primary, Revere, Somerville, Quincy Northern: Lowell, Lynn, Malden, Woburn Central: Framingham, Southbridge, Waltham
16	Community Care Partners, LLC	<ul style="list-style-type: none">Vinfen CorporationBay Cove Human Services, Inc.Bridgewell, Inc.	N/A	Greater Boston: Boston Primary, Revere, Somerville, Quincy Northern: Haverhill, Lawrence, Lowell, Lynn, Malden, Salem Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham
17	Clinical Support Options, Inc.	N/A	N/A	Central: Athol Western: Adams, Greenfield, Northampton, Pittsfield
18	Behavioral Health Partners of Metrowest, LLC	<ul style="list-style-type: none">Advocates, Inc.South Middlesex Opportunity CouncilSpectrum Health Systems, Inc.Wayside Youth and Family Support	FCP, Inc., dba Family Continuity	Northern: Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn Central: Athol, Framingham, Gardner-Fitchburg, Southbridge, Waltham, Worcester

APPENDIX 2: LONG-TERM SERVICES AND SUPPORTS (LTSS) COMMUNITY PARTNERS

#	LTSS COMMUNITY PARTNER NAME	CONSORTIUM ENTITIES	AFFILIATED PARTNERS (Partnership Name, If Applicable)	REGION: SERVICE AREA
1	Boston Medical Center Corporation	N/A	<i>Boston Allied Partners</i> <ul style="list-style-type: none"> • Boston Senior Home Care, Inc. • Central Boston Elder Services • Southwest Boston Senior Services, dba Ethos 	Greater Boston: Boston Primary
2	LTSS Care Partners, LLC	<ul style="list-style-type: none"> • Vinfen Corporation • Bay Cove Human Services • Justice Resource Institute • Boston Center for Independent Living • Mystic Valley Elder Services • Somerville Cambridge Elder Services • Boston Senior Home Care, Inc. 	N/A	Greater Boston: Boston Primary, Revere, Somerville, Quincy Northern: Malden Southern: Brockton
3	Alternatives Unlimited	N/A	<i>Central Community Health Partnership</i> <ul style="list-style-type: none"> • The Bridge of Central Massachusetts, Inc. • LUK, Inc. • Venture Community Services, Inc. 	Central: Athol, Framingham, Gardner-Fitchburg, Southbridge, Worcester
4	Elder Services of Merrimack Valley	N/A	<i>Merrimack Valley Community Partnership</i> <ul style="list-style-type: none"> • Northeast Independent Living Program 	Northern: Haverhill, Lawrence, Lowell
5	Family Service Association	N/A	N/A	Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham
6	Innovative Care Partners, LLC	<ul style="list-style-type: none"> • Center for Human Development • Gandara Mental Health Center, Inc. • Service Net, Inc. 		Western: Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, Westfield
7	Seven Hills Family Services, Inc.	N/A	<i>Massachusetts Care Coordination Network</i> <ul style="list-style-type: none"> • Advocates, Inc. • Boston Center for Independent Living, Inc. • HMEA • BayPath Elder Services, Inc. • Brockton Area Multi Services, Inc. (BAMSI) 	Northern: Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham Central: Athol, Framingham, Gardner-Fitchburg, Southbridge, Waltham, Worcester

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#	LTSS COMMUNITY PARTNER NAME	CONSORTIUM ENTITIES	AFFILIATED PARTNERS (Partnership Name, If Applicable)	REGION: SERVICE AREA
8	WestMass Elder Care, Inc.	N/A	Care Alliance of Western Massachusetts <ul style="list-style-type: none">• Greater Springfield Senior Services, Inc.• Highland Valley Elder Services, Inc.• LifePath, Inc.• Elder Services of Berkshire County, Inc.• Stavros Center for Independent Living• Adlib, Inc.• Behavioral Health Network, Inc.	Central: Athol Western: Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, Westfield
9	Greater Lynn Senior Services	N/A	North Region LTSS Partnership <ul style="list-style-type: none">• Bridgewell, Inc.• Northeast Arc, Inc.	Northern: Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn



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