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## **Information about One Care for Day Habilitation, Adult Day Health, Adult Foster Care, and Group Adult Foster Care Provider Groups**

Dear MassHealth Providers,

### **Information about passive enrollment**

**Q:** What is One Care Passive Enrollment?

**A:** Passive Enrollment, or “auto assignment,” is the term that MassHealth uses to describe how we automatically enroll someone in a One Care Plan. MassHealth may passively enroll a One Care-eligible MassHealth member who has newly become dually eligible for Medicare or an existing dually eligible MassHealth member who has been receiving their coverage through MassHealth FFS, but who has not yet been passively enrolled into One Care. All dually eligible members who are One Care-eligible will, at some point, be passively enrolled into a One Care Plan, except for MassHealth members who are (1) enrolled in PACE, (2) receive HCBS Waiver services, (3) reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities, or (4) have previously opted-out of One Care. One Care-eligible MassHealth members in these four categories are not eligible for passive enrollment.

**Q:** When do One Care Passive Enrollments occur?

**A:** One Care Passive Enrollments occur on a quarterly basis. One Care Passive Enrollment Effective dates are January 1, April 1, July 1, and October 1.

**Q:** How do One Care eligible members know that they are being passively enrolled into a One Care Plan?

**A:** One Care members selected for Passive Enrollment receive two notices prior to the enrollment effective date for their new One Care Plan. The first notice is provided to the member 60 days prior to the enrollment effective date and the second notice is provided to the member 30 days prior to the enrollment effective date. Members may opt-out of passive enrollment prior to the enrollment effective date.

**Timetable for Contract Year 2023** (quarterly passive waves follow the same timeline annually)

| <b>Enrollment Effective Date</b> | <b>First Notice Provided</b> | <b>Second Notice Provided</b> | <b>Last day to opt-out (by 5:00pm)</b> |
|----------------------------------|------------------------------|-------------------------------|--|
| January 1, 2023                  | November 1, 2022             | December 1, 2022              | December 31 2022                       |
| April 1, 2023                    | February 1, 2023             | March 1, 2023                 | March 31, 2023                         |
| July 1, 2023                     | May 1, 2023                  | June 1, 2023                  | June 30, 2023                          |
| October 1, 2023                  | August 1, 2023               | September 1, 2023             | September 30, 2023                     |

**Q:** Can Guardians, Caregivers, or Providers be notified of when an individual is passively enrolled in One Care?

**A:** Yes. If MassHealth has an [Authorized Representative Designation Form](#) (ARD) or, beginning in February 2023, a Permission to Share Information (PSI) Form on file for a Member’s Guardian, Caregiver, or Provider, that individual or entity would also receive copies of the 60-day and 30-day Passive Enrollment Notices. Members will need to complete a separate ARD or PSI if they want more than one individual or entity to receive these notices.

**Q:** Is enrollment in One Care mandatory?

**A:** No, One Care enrollment is voluntary. If a member who is passively enrolled in One Care wants to return to their previous plan (e.g., MassHealth FFS, Part D Pharmacy Plan, etc.) they can opt-out of One Care at any time. In order to maintain their current coverage prior to passive enrollment into the One Care Plan going into effect, they must contact MassHealth Customer Service Center at 1-800-841-2900 before 5:00pm on the last day of the month preceding their enrollment or must mail or fax the One Care Choice Form requesting an opt-out.

**Q:** How does a member opt-out?

**A:** A member can opt-out either by calling the MassHealth Customer Service Center at 1-800-841-2800 or by completing the One Care Choice Form that is mailed to them with their passive enrollment notice. Members can opt-out of their One Care plan at any time, even after the effective start date or if they were passively enrolled or self-selected.

**Q:** What can a member expect to happen prior to their Enrollment Effective Date into the One

Care Plan?

**A:** One Care Plans may begin outreaching to a member 60 days prior to the Enrollment Effective Date. During that timeframe a member may receive a Welcome Letter and an Onboarding Call from the One Care Plan. During the Onboarding Call, the One Care Plan may ask the member to confirm demographic information (such as, address, telephone number(s), email address, best time to contact them, and member preference for ongoing plan communications), provide the member with an overview of services, ask questions about providers, and may also schedule a time for the One Care Plan to complete the member's Comprehensive Assessment.

**Q:** How does enrolling in One Care affect a member's ability to receive ongoing services or see existing providers?

**A:** Once a member has been enrolled into their One Care Plan they will have a 90-day Continuity of Care period (CoC period) for services that were authorized prior to the One Care enrollment (e.g., PT-1 transportation services, DME, etc.). Members will continue to have access to all of their Providers and can attend appointments or procedures with their Providers during this 90-day CoC period, and can receive a 30-day supply of their medications.

**Q:** How does the Continuity of Care period help new enrollees transition into the One Care program and the One Care plan's providers?

**A:** The Continuity of Care period is intended to serve the following purposes, among others: (1) to ensure that new One Care members are established with any new service providers, as indicated by the member's individualized care plan (ICP), so that no gap in service occurs; (2) to allow new One Care members to maintain their current providers; and (3) to honor prior authorizations at the time of One Care enrollment until the ICP is complete. Upon development of a new One Care member's ICP and the conclusion of the Continuity of Care period, One Care plans may propose changes to the member's care plan. One Care plans will continue to pay a member's existing providers at Medicare or MassHealth fee-for-service provider rates during the Continuity of Care period.

**Q:** What options do members have if they disagree with changes to their services in the One Care plan's ICP?

**A:** If the One Care plan's ICP proposes changes to the services a member was receiving prior to One Care enrollment, the One Care plan must notify the member and provide them with an opportunity to appeal. Similarly, if a member is receiving a service prior to One Care enrollment that would not otherwise be covered by the One Care plan, the member may continue to receive this service during the continuity of care period, the One Care plan must notify the member of this, and provide an opportunity to appeal.

**Q:** What happens if the member's PCP, Specialists, or Programs are not in network with the One Care Plan?

**A:** If the member's Providers are not in-network with the One Care Plan when the member is

passively enrolled, the following options are available to the member, the provider and the plan: (1) the Provider can contract with the plan to be an in-network provider, (2) the Provider can sign a single case agreement with the plan for that member, or (3) at the end of the 90-day continuity of care period, if the Provider does not agree to either of the two preceding options, the member would need to choose a new Provider in-network. The One Care plan will help the member identify and transition to a new Provider that is in-network with their plan.

### **Information about Transportation**

**Q:** When a member is enrolled in One Care does that impact their transportation?

**A:** Yes, the member's transportation carrier will change after the CoC period. During the 90-day CoC period the member can continue to use their PT-1 transportation vendor (e.g. HST, MART, or GATRA). After the CoC period has ended the member must use their One Care plan's transportation vendor.

**Q:** As a provider, what can I do if I have questions about my member's transportation?

**A:** The following is a list of each One Care plan's transportation providers and their contact information:

- Commonwealth Care Alliance's transportation vendor is Coordinated Transportation Solutions (CTS). CTS' phone number for CCA members is 1-855-204-1410.

CTS also has a dedicated provider line at 1-833-975-0060, a web portal for providers, and Providers can request transportation for members by email at [ccatrips@ctstransit.com](mailto:ccatrips@ctstransit.com)

- Tufts Health Unify's transportation vendor is also CTS, which, for Tufts Health Unify members, may be reached directly at 1-833-242-3331 or through the Tufts Health Unify Members Services line at 1-855-393-3154 (follow the prompts for transportation).
- UnitedHealthcare Connected's transportation vendor is Modivcare. Modivcare can be reached at 1-866-420-6245.

**Q:** How do I report concerning incidents related to transportation?

**A:** Providers can report concerning incidents related to transportation as follow:

- For Commonwealth Care Alliance's transportation vendor, if a provider has a grievance and would like to file on behalf of a member, the provider can call into CTS directly (1-855-204-1410) to file the complaint or complaints can be emailed directly to [ccagrievances@ctstransit.com](mailto:ccagrievances@ctstransit.com).

- For Tufts Health Unify’s transportation vendor, providers can file a complaint through the CTS Call Center at 1-833-242-3331. Providers can also call Tufts Health Unify Member Services line at 1-855-393-3154.
- For UnitedHealthcare Connected’s transportation vendor, providers can file complaints directly with Modivcare by calling 1-866-420-6245.

### **Questions/Concerns**

**Q:** Who can I reach out to if I have questions about contracting or reimbursement for services rendered during the 90-day continuity of care period?

**A:** One Care plans have provided the following primary points of contact for LTSS contracting, claims resolution and prior authorization questions.

**Commonwealth Care Alliance:** Tim Guthrie

Email: [tguthrie@commonwealthcare.org](mailto:tguthrie@commonwealthcare.org) or [CCAContracting@commonwealthcare.org](mailto:CCAContracting@commonwealthcare.org)

For Commonwealth Care Alliance **claims escalations please Cc:** Steven Belec, Director, SCO & One Care Contracting - [sbelec@commonwealthcare.org](mailto:sbelec@commonwealthcare.org)

**Tufts Health Unify:** Amanda Palmer, Manager Ancillary Provider Contracting

Email: [amanda.palmer@point32health.org](mailto:amanda.palmer@point32health.org)

Phone: 781-612-2094

**UnitedHealthcare Connected:** SanRose Russell and Miah Travaglini

Email: [sanrose\\_russell@uhc.com](mailto:sanrose_russell@uhc.com) and [miah.travaglini@uhc.com](mailto:miah.travaglini@uhc.com)

**Q:** Are there alternative paths to escalate concerns?

**A:** Yes, providers can continue to escalate issues to the MassHealth One Care Program team through Provider Associations, OLTSS FFS Providers Teams, and/or reach out to the One Care Program team directly. The MassHealth One Care team can be reached through the One Care mailbox at [Onecare@mass.gov](mailto:Onecare@mass.gov) or providers can email Henri McGill, Senior One Care Program Manager directly at [henri.m.mcgill@mass.gov](mailto:henri.m.mcgill@mass.gov).

