MassHealth ACO Tiering Requirement FAQs

Updates

1. **Access to Translation/Interpreter Services: Tier 1, Care Delivery, All Practices:**
    a. **4/13/23 UPDATE:** After reassessment of this requirement, BILHPN was notified that the WellSense Translation/Interpreter services will not meet the Tier 1 Translation/Interpreter Services requirement. Practices should contact their local Operations Lead for information about their vendor for these services. If your practice does not believe they have access to Translation/Interpreter services, please contact Alanna.M.Daley@lahey.org.
2. **Buprenorphine Availability: Tier 2, Population Specific for ages 21-45:**
    a. **3/6/23 UPDATE:** BILHPN was notified of a potential disruption in Buprenorphine access with the highest impact in Southeast region of MA. At this time, our current understanding is that at least some Recovery Connect Centers of America (RCCA) locations have been closed or ceased operation. Such gaps in access to SUD treatment can be life threatening. Please see updated resources in the Tiering Doc and on this FAQ page in the respective Tier Requirement.
3. **Buprenorphine Waiver Practitioner Requirement** *(There is no buprenorphine requirement for Tier 1 practices serving Enrollees under 21. This requirement is for practices serving Enrollees ages 21-65)*
    a. **1/26/23 UPDATE: In light of the Mainstreaming Addiction Treatment (MAT) Act this Tier 1 requirement is no longer in effect. The MAT Act removes the need for clinicians to obtain an X-waiver or Notification of Intent (NOI) in order to prescribe buprenorphine.** This change will result in increased access and decreased barriers to critical Medication-Assisted Treatment for MassHealth members. **All other buprenorphine-related Tier requirements must still be fulfilled**. MassHealth expects ACOs and practices will follow forthcoming CMS guidance on buprenorphine prescribing, including conducting any trainings related to DEA licensing. Practices will not be required to submit new attestations. Please see the SAMHSA website for more information: https://www.samhsa.gov/medication-assisted-treatment/removal-data-waiver-requirement

SECTION I: TIER 1 PRACTICE SERVICE REQUIREMENTS

A. Care Delivery Requirements

#	Requirement	Questions and Answers
1	Traditional primary care	

2	Referral to specialty care	
3	Oral health screening and referral	Q: When a patient turns 7 should they start to be screened with the Adult Oral health screening? • Yes – patients 7 & up no longer need to be offered fluoride varnish from their PCP based on the MH requirement so they can be offered the adult oral health screening. However, MH does cover fluoride varnish up to the age of 21 as a preventative measure. Q: What are the two screening questions that need to be asked? Do we ask patients at every visit or is there certain criteria? • The oral health screening, which is separate from the fluoride varnish requirement, should be done **annually**. We recommend incorporating it into the annual physical at the same time as other screening measures. • For Family Medicine and Pedi Practices, we recommend utilizing a combined questionnaire. See Oral Health Screening Questions. • For recommended workflows see Oral Health Tiering Requirement PowerPoint.

4	Perform Behavioral health (BH) and Substance Use Disorder (SUD) screening	Q: Is there a specific tool for this measure?
		• ***There is no specific required tool for this measure***. If your practice is already using a screening tool that asks if a patient smokes, drinks alcohol and/or uses illicit substances that will fulfill this requirement. Yes/no questions for smoking, alcohol, substance use will meet this requirement.
		• This screening should be done **annually**. We recommend doing this at the time of the patients yearly physical exam.
		• Useful Tools:
		  ○ Behavioral Health Screening:
		  ▪ PHQ9
		  ▪ PHQ2
		  ○ Alcohol Screening:
		  ▪ AUDIT-10
		  ▪ AUDIT-C
		  ▪ CAGE
		  ○ For tobacco and other drug use:
		  ▪ DAST-10
		  ▪ CAGE-AID

		▪ NIDA Quick Screen Q: Are there specific questions that are required for the alcohol and SUD Screenings? • No – the requirement asks that practices offer a screening. The questions are not specified.
5	Behavioral Health Medication Management	Q: Many of our clinicians do not prescribe ADHD medications or other types of medications. How do we meet this metric? • Providers can limit prescribing to noncontrolled medications for ADHD like Straterra/atomoxetine or buproprion. Providers can also use the support of BH or MCSTAP to help with guidance on prescribing any controlled medications.
6	Behavioral Health Referral with Bidirectional Communication	Q: What is the ask for this requirement in terms of bidirectional communication? • This requirement is more around if there is a need for bidirectional communication AND the patient permits communication that there is a mechanism (which can be fax, ehr, phone, etc). For example psych is often restrictive and this is up to the patient.
7	Conduct Health Related Social Needs (HRSN) Screening	Q: Can SDOH be done over telehealth? • Yes – at a minimum there must be a way to screen patients at the practice site. However, this can also be done over telehealth. Q: Is there a specific list of questions required. Does it need to be in the EMR or can it be on paper? • Most of the major EMRs (webOMR, Epic, Athena, eCW) that are hosted by BILH have SDOH screenings built into them. We do recommend using the BILHPN Community Health Questionnaire. o English, Spanish, Portuguese, Vietnamese, Russian, French, Cape Verdean • A paper option is acceptable. Consider offering multiple language options. Q: Is there a central resource to refer to if a patient has a positive screen? • A good central resource to refer to when a patient screens positively in a SDOH domain in FindHelp or the MassTHRIVE Directory.
8	Participate in Care Coordination	
9	Offer a Clinical Advice and Support Line	

10	Postpartum Depression Screening	Q: Should pedi practices be screening a mom who brings a baby in under 1? What if the mom is not a patient? Where would this be documented? • Screening can be administered to any mom at a WellChild visit for children ≤1 (see WellChild visit Medical Schedule). The requirement only asks that a screening is avaialble to any mom that comes in with a child one or under. • This screening should be documented in the child's chart. Q: Does the PHQ9 work for this requirement? • Until further notice, administering the BH Screening requirement with the use of the PHQ2, followed by the PHQ9, to all MH patients will be sufficient for covering this. o Please be aware that this may change as BILHPN receives more information from the State. These updates will be posted at the top if this document. • The Edinburgh Postpartum Depression Screening (EPDS) is also an acceptable screening tool if your practices is already using it. Q: What is the time frame in which this should be done? • A post-partum screening should be accessible to the mother of a new child within 1 year of delivery. This screening should be accessible at **all** PCP practices, pedi and adult. If the woman screens positively, the practice should be able to refer to the mother to appropriate services.
11	Offer LARC (Long Acting Reversible Contraception) Provision And/Or Referral	
12	Use of Prescription Monitoring Program, MassPAT	
B.	Structure & Staffing Requirements	
13	Same Day Urgent Care Capacity	Q: Does every clinician need to have it? Every practice? Or just somewhere in the region? • Every SITE (defined as one PIDSL – Practice ID/Site Location) has to have availability for same day in person access.
14	Video Telehealth Capability	

15	Avoid Reduction in Hours	
16	Access To Translation/Interpreter Services	*WellSense does not provide these services at this time. If your practice does not offer these services, please contact Alanna.M.Daley@lahey.org
C. Population-Specific Requirements *(Practices serving Enrollees 21 years of age or younger)*		
17	Conduct BH, Developmental, Social Screenings As Required Under EPSDT	Q: Why was CPT code 96127 and 96110 zero paid when submitted to WellSense? • CPT 96110 and 96127 require the use of a modifier to demonstrate whether a potential developmental or behavioral health need was identified (use Modifier U2) or whether no developmental/behavioral health needs were identified (Modifier U1) through the use of standardized screeners. If submitted without one of the two modified, please resubmit the claim with the appropriate modified. Page 4 MH Provider Manual. Q: What are appropriate screenings to use for meeting the developmental, BH, and social screening requirement? What ages can use each screening? • MH ACO Screening Requirements OnePage
18	Screen For SNAP And WIC Eligibility And Referral To WIC When Eligible	Q: Are there clearly defined questions for SNAP/WIC and what are the referral resources? • To meet this requirement, we recommend utilizing the food security domains on your practice's SDOH/HRSN screening. If the patient screens positively in the food domain and they meet the eligibility for SNAP and/or WIC, then the PCP should be able to provide contact information to the patient to enroll in the respective program. (See Screening MH Screening PowerPoint Slides on Tier 1 Grid) • MassHealth notes as a reminder that the ACO Contract requires HRSN screenings to include questions about nutrition that would indicate a need for referral to SNAP or WIC. MassHealth also notes that all MassHealth ACO enrollees under age 5 are eligible for WIC, so the screening for this population need only address whether the patient is already enrolled or in need of the service.
19	Establish/Maintain Relationships With Local Children's Behavioral Health Initiative (CBHI)	Q: How will referrals to CBHI network services be tracked? • Practices should identify their point of contact on site who will engage in direct communication with CBHI and maintain a roster of the pediatric patients who have been referred to CBHI services.
20	Coordination With Massachusetts Child Psychiatry Access Program (MCPAP)	Q: Who is registering clinicians? • Physicians will be enrolled in MCPAP at the ACO level. Q: How will new providers added to the TIN throughout the year be enrolled? Will Wellsense send an update to MCPAP?

		• For new providers enrolling under an existing practice site (PIDSL) with our MassHealth ACO, they will already be enrolled in MCPAP via the participating site. Any new providers joining under a new practice site (PIDSL) will be bulk enrolled in MCPAP as part of their enrollment with the ACO for participation in next year's ACO (2024)
21	Coordination With Massachusetts Child Psychiatry Access Program For Moms (M4M)	
22	Fluoride Varnish For 6m – 6y Once Teeth Present 2x/year	Q: What is the workflow for this? • For recommended workflows please see the Oral Health requirement PowerPoint and direct additional questions to Katerina.koch@lahey.org Q: Is a signed order by a clinician for fluoride varnish and placed into the EMR required? • If the specific EMR requires the formal signed order in order to drop a billing code then yes. But formal order is not required to meet this measure. Q: If we were to lift this for all patients, not just MassHealth enrollees, what is the reimbursement like from commercial payers? • As of May 2015, the CPT billing code 99188, application of topical fluoride varnish by a physician or other qualified healthcare professional, must be covered by commercial insurance for children up to age 6. Reimbursement for this code ranges from ~$18-35. For specifics please contact your payer directly. Q: How many questions are needed for the fluoride varnish documentation? • In order to meet the documentation aspect of the fluoride varnish requirement, all you must document is whether or not the fluoride varnish was applied. You may free text that it was offered if you wish.
Section II: TIER 2 PRACTICE SERVICE REQUIREMENTS		

A. Care Delivery Requirements		
1	Brief Intervention for BH Conditions	
2	Telehealth-capable BH referral partner	
B. Structure and Staffing		
1	E-consults available in at least three (3) specialties	
2	After-hours or weekend session (virtual or in person; up to two other practices may be covered)	• Can ACOs provide after-hours coverage via telehealth? ○ Yes
3	Team-based staff role (>0.3FTE)	
4	Maintain a consulting independent BH clinician	
C. Population Specific Expectations *Practices serving Enrollees 21 years of age or younger*		
1	Non-clinical, On-site staff with children, youth, and family-specific expertise	
2	Onsite SNAP and WIC Support	
Practices serving Enrollees ages 21-65 years old		

1	LARC provision, at least one option	
2	Active Buprenorphine Availability	
3	Active Alcohol Use Disorder (AUD) Treatment Availability	
SECTION III: TIER 3 PRACTICE SERVICE REQUIREMENTS		
A.	Care Delivery Requirements	
1	Fulfill at least one of the following three requirements: >0.3FTE clinical pharmacist, >0.3FTE group visits, >0.3FTE designated educational liaison	• What constitutes a group visit in fulfillment of Tier 3 criteria? o Group visits are collective simultaneous visits offered to and attended by multiple patients with a shared condition who are otherwise not familially related. Group visits must be offered on at least a monthly basis • If a Primary Care Practice PID/SL uses a Designated Educational Liaison to fulfill the Tier 3 Care Delivery Requirement, how often should the Designated Educational Liaison be onsite? o The Designated Education Liaison does not need to be onsite but must be dedicated to the practice for a minimum of three (3) or more equivalent 4-hour sessions per week (i.e., >0.3 FTE).
B.	Structure and Staffing	
1	E-consults available in at least FIVE (5) specialties	
2	Offer After-hours or weekend sessions of at least 12 hours (at least 4 hours in person, and 4 hours on the weekend; up to two other practices may be covered)	• Our practice does not meet 4 consecutive hours on the weekend, but we do meet a total of 12 hours for afterhours services. Will this meet the requirement? o As long as there are a total of 12 hours being covered with 4 of them in-person and 4 during the weekend, the practice will meet this requirement.

3	Maintain at least three (3) team-based staff roles	• If a Primary Care Practice PID/SL uses a Designated Educational Liaison to fulfill the Tier 3 Care Delivery Requirement, can the Designated Education Liaison also fulfill requirements listed under the "Team-based staff role" section of ACPP Contract Appendix K and PCACO Contract Appendix D? o Yes. However, if the Primary Care Practice PID/SL is using the Designated Education Liaison as one of the "team-based staff roles," they must meet the requirements laid out in that section (onsite at least monthly) as well as the requirements laid out in the Tier 3 Care Delivery section • Are there required certifications for the Peer, Family Navigator, CHW, or similar team-based staff roles outlined in the Structure and Staffing requirements? o No. However, please note that for Tier 3, at least one of the staff roles must be a "licensed BH clinician" (e.g., psychologist, LISCW, LCSW).
4	Maintain a consulting BH clinician with prescribing capability	• Our practice has a psychiatrist that consults on cases of moderate and rising complexity. However, they do not prescribe at the site, rather the PCP on the case is the prescribing physician. o This would not meet the requirement as the BH clinician needs to be the one prescribing the medication. • Would pediatricians that work closely with MCPAP to prescribe meet the Tier 3 requirement for maintaining a consulting behavioral health clinician with prescribing capability? o A psychiatric prescriber must have psychiatric-specific expertise, including the ability and experience to prescribe medications independently (e.g., a pediatrician with a dual board certification). Simply working with MCPAP would not qualify a provider as a behavioral health clinician with prescribing capability.
C. Population Specific Expectations *Practices serving Enrollees 21 years of age or younger shall:*		
1	Full-time, on-site non-clinical staff with children, youth, and family-specific expertise	• Can clinical staff fulfill the Children, Youth, and Family-specific expertise requirement (ACPP Contract Appendix K and PCACO Contract Appendix D Section II.C)? A. This requirement should be fulfilled by staff that are not conducting billable visits. o This requirement should be fulfilled by staff that are not conducting billable visits.
2	LARC provision, at least 1 option	
3	Active Buprenorphine Availability	
Practices serving Enrollees ages 21-65 shall:		

1	LARC provision, multiple options	
2	Capability for next-business-day MOUD induction and follow-up	