

## SECTION 2 OVERVIEW OF THE SENIOR CARE OPTIONS PROGRAM

### 2-1 What Is The Senior Care Options Program?

The Senior Care Options (SCO) Program is a comprehensive health plan that covers all the services reimbursable under Medicare and Medicaid (MassHealth), and potentially additional benefits, through one organization, Commonwealth Care Alliance, and its preferred network of providers. SCOs were created through a partnership between the Centers for Medicare and Medicaid Services (CMS) and the Commonwealth of Massachusetts/EOHHS. This governmental partnership resulted in a first-in-the-nation Memorandum of Understanding that allowed joint collaboration of the two public payor sources, to deliver and coordinate all components of Medicare and Medicaid health care benefits. This allows the SCO program to offer a comprehensive array of health care and social services.

Key objectives of the SCO program:

- Improve the quality and coordination of care provided to seniors
- Expand member access to covered services
- Maximize member satisfaction with services provided
- Increase the cost effectiveness of care
- Reduce the likelihood that hospitalizations or nursing home placements will be required
- Provide services to individuals across a wide range of health care statuses
- Provide alternatives to traditional health care services

### 2-2 Senior Care Options Program Eligibility Requirements

#### Eligibility

Potential members must be:

- At least 65 years old
- A Massachusetts resident living in Commonwealth Care Alliance's [service area](#)
- Enrolled in MassHealth Standard or be dually eligible for Medicare and MassHealth (Medicaid)
- Willing to choose a primary care physician (PCP) from Commonwealth Care Alliance's contracted network of physicians
- Willing to be assessed by the primary care team (PCT) prior to enrollment.

#### Who Is Ineligible For SCO Enrollment

- Individuals with End Stage Renal Disease (ESRD) diagnosis, prior to becoming a Commonwealth Care Alliance member
- Residents of an Intermediate Care Facility (ICF) for the mentally retarded
- Inpatients in a chronic disease or rehabilitation hospital

### 2-3 Enrollment and Disenrollment

#### Enrollment

Enrollment in Commonwealth Care Alliance's SCO Program is voluntary. Enrollment is effective on the first calendar day of the month following of the approval of the member's enrollment.

#### Disenrollment

Disenrollment is effective on the first calendar day of the month following the month in which the notice was received. Until the effective date of disenrollment, the member is required to continue to use Commonwealth Care Alliance's services and obtain all services through

Commonwealth Care Alliance and its contracted network of providers and facilities.

#### *Voluntary Disenrollment*

Members can voluntarily disenroll any month of the year. Requests for voluntary disenrollment are taken verbally and/or in writing. Verbal requests are recorded in the member database.

In cases where a disenrollment request is due to service and/or quality issues, Commonwealth Care Alliance notifies the member of the right to grieve and/or to appeal any adverse determinations that may have affected the member's decision to disenroll.

Commonwealth Care Alliance's staff, providers, or delegates shall not inappropriately request or encourage a member to disenroll.

#### *Involuntary Disenrollment*

Commonwealth Care Alliance will do everything possible to avoid involuntary disenrollment for a member. However, it will be necessary for Commonwealth Care Alliance to terminate benefits if:

- The member loses MassHealth eligibility. Benefits will cease on the first day of the following month that a member is no longer eligible for MassHealth
- The member remains outside the service area for more than six consecutive months
- The Commonwealth Care Alliance program agreement with CMS and MassHealth is not renewed or is terminated
- The member is disruptive, abusive, or uncooperative to an extent that membership in Commonwealth Care Alliance's program seriously jeopardizes the provider's safety or the safety of others. Disenrollment on this basis is

subject to prior approval by CMS and MassHealth

- The member commits fraud or allows another person to use his/her Commonwealth Care Alliance membership card to obtain services

**Note:** Membership cannot be cancelled due to the status of the member's health.

#### **2-4 Provider Notification of New Enrollment**

Commonwealth Care Alliance sends each of its primary care sites (PCS) a membership report within the first seven days of enrollment. The membership report identifies new enrollees, rating category changes, and disenrollments. Additionally a membership roster is sent as an accompaniment with financial information to each of the PCS by the 15<sup>th</sup> of each month.

To ensure proper reimbursement, providers are encouraged to monitor the membership rosters carefully. Enrollments are effective the first calendar day of the month.