Mass General Brigham SCO and One Care Provider FAQ

What is a Dual Eligible Special Needs Plan (D-SNP)?

A D-SNP is a health plan for individuals eligible for both Medicare and Medicaid. Mass General Brigham Health Plan (MGBHP) will launch two D-SNPs — Mass General Brigham One Care and Senior Care Options (SCO) in eight Massachusetts counties (Bristol, Dukes, Essex, Middlesex, Nantucket, Norfolk, Plymouth, Suffolk) starting January 1, 2026. One Care focuses on younger adults with disabilities, while SCO emphasizes aging in place and chronic condition management for older adults.

What are the key features of the One Care and SCO Care Models?

Every enrollee is assigned a Care Manager and an Interdisciplinary Care Team (ICT). Providers participate in ICT meetings, review Integrated Care Plans (ICP), and collaborate on care transitions. The care model is person-centered, holistic, and aims to support independent living in the community.

What are the benefits of MGB SCO and One Care for members?

Enrolled members benefit from access to the most robust service package possible, zero out-of-pocket costs, and a supportive care model with a single point of contact. These plans are designed to relieve the burden of independently managing Medicaid and Medicare benefits by bringing together all benefits under a single plan. The model ensures members have a trusted point of contact who is responsible for helping members get connected to services that help them meet their goals. Each enrollee is assigned to a Care Manager and an Interdisciplinary Care Team (ICT). Providers can collaborate by participating in ICT meetings and reviewing Integrated Care Plans (ICP).

What are the unique benefits for providers?

Administrative simplification (e.g., only billing MGBHP for services, rather than Medicare and Medicaid separately), improved coordination of services for patients, enhanced efficiency through an integrated care management platform (Epic Compass Rose), and potential for higher reimbursement compared to fee-for-service.

What services are covered under SCO and One Care?

Plans integrate Medicare and MassHealth benefits, and supplemental supports. Covered services include inpatient, outpatient care, behavioral health, dental, vision, DME, home health, transportation, personal care, and more.

How do patients enroll in this plan?

There are several enrollment paths available to your patients. The primary enrollment paths are 1) direct contact to the MGBHP field sales team at **dsnpfieldsales@massgeneralbrigham.org,** or 2) call to the MGBHP contact center at **888-403-7573**. The MGBHP sales and enrollment teams facilitate enrollment once a patient has indicated consent to learn more and join the plan. Additional resources are available to patients to learn more, including MGB financial counselors, external SHINE counselors, and the Mass General Brigham Health Plan website (see below). external SHINE counselors, and the Mass General Brigham Health Plan website (see below). All pathways allow patients to learn more about their options and should they choose, enroll.

Where can patients find more information regarding SCO/One Care?

Patients can visit the member page D-SNP plans | Mass General Brigham Health Plan

How can providers check eligibility for SCO/One Care Members?

Member eligibility can be checked through the provider portal: Provider.MGBHP.org. The Health Plan enrollment team will support eligibility verification checks through the enrollment process.

How do providers enroll and get credentialed?

Providers interested in enrolling in MGBHP's One Care and SCO network should submit requests via healthplanPEC@mgb.org. Credentialing is required for directory-listed providers; enrollment is required for all. Additionally, providers must maintain current licensure, malpractice insurance, and update CAQH profiles every 90 days and notify MGBHP of roster changes and terminations at least 30 days in advance.

How do I confirm I am participating in the SCO / One Care product?

You can confirm your participation by searching the SCO or One Care Provider Directories or by calling Provider Services at **855-444-4647**.

What are providers' responsibilities regarding member rights and communication?

Treat members with fairness, respect, and without discrimination. Provide interpreter services for Limited English Proficiency (LEP) members. Maintain confidentiality and comply with HIPAA. Discuss advanced directives and documents in medical records. Providers must not balance bill One Care and SCO members.

Who do I contact if I have additional questions regarding SCO/One Care programs.

For more information, please reference the SCO One Care Provider Manual, contact Provider Relations at HealthPlanDSNPProvider@mgb.org, or call Provider Services at **855-444-4647.**

How do providers submit claims to Mass General Brigham Health plan for SCO/One Care?

Claims can be submitted electronically, by paper, or via the Provider Portal: Mass General Brigham Health Plan Provider Portal. For additional information regarding paper claims submission, visit Claims information | Mass General Brigham Health Plan.

How do providers submit requests for claims adjustments, and appeals?

Requests for claims review/appeal requests must be submitted in writing, within 90 days of the Explanation of Payment (EOP) along with any relevant information and documentation to support the request. When submitting a request for claim review or provider appeal, please use the Request for Claim Review Form and submit your request via the Provider Portal (Provider.MGBHP.org). Additional information on appeal submission requirements is available via the Provider Manual at MGBHP.org.

Will there be a different Explanation of Payment (EOP) for the SCO/One Care line of business?

No, we'll have one combined EOP for all lines of business.

What training is required for providers?

Annual Model of Care (MOC) training is required. Training is available via webinars, online modules, and seminars. Providers must attest to completion for credit.

How do providers access support and resources?

Providers can utilize the following points of contact to assist with support or questions regarding benefit and provider guidelines.

- Provider Services: 855-444-4647 HealthPlanDSNPProvider@mgb.org.
- Pharmacy: OptumRx (844-368-8732) Optum Rx
- Behavioral Health: Optum Behavioral Health (844-451-3520) Optum Behavioral Health
- **Dental:** DentaQuest
- **Transportation:** Coordinated Transportation Solution
- **Vision:** EyeMed
- **Meals (SCO only):** Community Servings

- Dual Eligible Special Needs Plans (D-SNPs) | Mass General Brigham Health Plan

Are providers expected to participate in provider engagement and trainings. What are the expectations for provider engagement and system messaging?

Yes, Providers are expected to participate in system education and practice engagement. Providers will have the opportunity to sign up for training or access trainings via the Provider resources | Mass General Brigham Health Plan. Providers are notified of training and educational sessions via the following Provider communication channels: provider newsletters, provider portal, blog, monthly operations meetings, targeted email blasts, webinars, training sessions.

Are Members required to have a PCP?

Members are required to select an in-network primary care provider upon enrollment into a SCO or One Care plan.

What are the referral requirements for SCO and One Care?

Referrals for specialty care are not required. Prior authorization may be required depending on the type of service being rendered and is always required for out-of-network services (except in urgent/emergent situations). You can verify authorization guidelines via the Authorization guidelines | Mass General Brigham Health Plan

What do I submit authorizations for SCO and One Care?

When referrals or authorizations are required, providers may use MGBHP's provider portal Mass General Brigham Health Plan Provider Portal to do so for in-network providers; for out-of-network providers, requests must be faxed to **617-586-1700**.

How are grievances and appeals handled?

Members and providers can file grievances or appeals regarding care, access, or payment. Appeals must be submitted within 65 days; expedited processes are available for urgent cases. Contact Member Services at **888-816-6000** or HealthPlanDSNPMAAppealsGrievances@mgb.org .

What compliance and fraud prevention measures should providers follow?

Adhere to federal and state regulations. Report suspected fraud to the Compliance Office or hotline (**844-556-2925**). Maintain accurate records for seven years. Providers must self-disclose overpayments within 60 days.

Where can providers find more information or updates?

Provider Manual: Provider resources | Mass General Brigham Health Plan

Monthly Provider Newsletter: Admin Newsletter Archive | Mass General Brigham Health Plan

Plan websites: Dual Eligible Special Needs Plans (D-SNPs) | Mass General Brigham Health Plan