

# Mass General Brigham D-SNP Provider FAQ

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## **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—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 Duals Care Model?**

Every enrollee is assigned to 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 unique benefits of D-SNP for providers?**

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

## **What services are covered under SCO and One Care?**

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

## **Where can members find more information regarding SCO/One Care?**

Members 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](#) .

## **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](mailto: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.

## **Can a provider join the network mid-year?**

Yes, providers can follow the normal request for enrollment via the Enrollment and Credentialing team [healthplanPEC@mgb.org](mailto:healthplanPEC@mgb.org) .

## **How does a provider confirm participation in the SCO/ One Care product?**

Providers can confirm participation by utilizing our by utilizing our <https://www.alwayshealthpartners.org/members/find-provider> [Find a doctor | Mass General Brigham Health Plan](#) or by calling 855-444-4647.

You can also visit the SCO Provider Directory: [SCO Provider Directory](#) and the One Care Directory: [One Care Provider Directory](#) .

## **What are provider's responsibilities regarding member rights and communication?**

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

## **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 [SCO One Care Provider Manual](#) or contact Provider Relations [HealthPlanDSNPPProvider@mgb.org](mailto:HealthPlanDSNPPProvider@mgb.org).

## **What is the prior authorization turnaround time at Mass General Brigham Health Plan for the SCO/One Care?**

Depending on the type of authorization and the urgency requested and validated, the TAT can be up to 7 calendar days for standard and 72 hours for expedited (expedited must meet the definition of urgent under CMS and EOHHS guidelines and can be downgraded too standard if appropriate).

## **How do providers submit claims to Mass General Brigham Health plan for the 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 [SCO One Care Provider Manual](#)

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

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

## **How will my claims be displayed on my EOP?**

There will be 2 claims sent back on one EOP from your 1 claim submission, the Medicare claim, and the Medicaid claim. Each claim may not show up in order on each EOP. Providers should search by the PCN# to locate both claims.

## **Will Medicare or Medicaid be primary?**

Medicare will always be considered primary, and each claim will be paid according to the primary (Medicare) and secondary (Medicaid) coverage.

## **Are providers expected to participate in provider engagement and training?**

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.

### **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. [MGBHP 2026 DSNP - Model of Care Training.pptx](#)

### **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](mailto: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-1-844-247-2100](#)
- Vision: [EyeMed](#)
- Meals (SCO only): [Community Servings](#)
- [Dual Eligible Special Needs Plans \(D-SNPs\) | Mass General Brigham Health Plan](#)

### **Are Enrollees required to have a PCP?**

Enrollees are required to select an in-network primary care provider upon enrollment into MGBHP's SCO or One Care plans.

### **When a member is enrolled, what is their effective date?**

A member's effective date is always the first of the following month of completing the enrollment application.

### **When a member disenrolls, what is their disenrollment date?**

A member's disenrollment date is always the last day of the month.

### **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](#) .

### **How 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 do providers submit a request for prior authorization at Mass General Brigham Health plan for the SCO/One Care?**

An auth request can be placed via phone, fax, or portal. If the provider is in-network, they can track the status of the authorization through the portal themselves [Mass General Brigham Health Plan Provider Portal](#). There are letters sent to the provider and member with the decision of the authorization request and a phone call placed in the case of a denial.

### **How are grievances and appeals handled?**

Enrollees 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](mailto: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) or this website <https://secure.ethicspoint.com/domain/media/en/gui/47250/index.html>. 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 website: [Dual Eligible Special Needs Plans \(D-SNPs\) | Mass General Brigham Health Plan](#)

### **Are non-part B drugs billed to a separate part D plan?**

Part D drugs should go through the pharmacy benefit and not billed to the plan.

## **How will Providers receive payments via ACH or paper checks?**

[Payment options | Mass General Brigham Health Plan](#)

## **How will the PCPs and Providers contact Clinical UM and Case Management?**

[MGBHPInquiryUM@mgb.org](mailto:MGBHPInquiryUM@mgb.org), which is managed by the UM leadership team who will field and respond to the inquiries appropriately. Providers can also call the SCO/OC Customer service line at 855-444-4647.

## **Are concierge services covered?**

The government programs of Medicare and Medicaid do not cover concierge care as a level of care and do not consider these to be covered services for the purpose of billing and claims payment, and there our SCO and One Care plans do not consider these to be covered services. There is no basis that prohibits a member from choosing to pay for this level of care. However, to remain an in-network provider for MGBHP SCO and One Care, with the contractual requirement that all in-network providers must provide all covered services at no cost to the member, concierge care can only be offered as an optional level of care and not a requirement of assignment. If a member chooses to pay for optional concierge care this would constitute a private service contract direct with the member. MGBHP would deny any claim submitted to it for the cost of this service or if the member were to submit for reimbursement of that cost of service.