![Kepro®]

Accountable Care Partnership Plans External Quality Review

Calendar Year 2021

MassHealth
Massachusetts Department
of Health & Human Services

This program is supported in full by the
Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid.

Table of Contents

5   Section 5. Compliance Validation 111

6   Section 6. Network Adequacy Validation 157

Contributors 219

Section 1.

The Accountable Care Partnership Plans
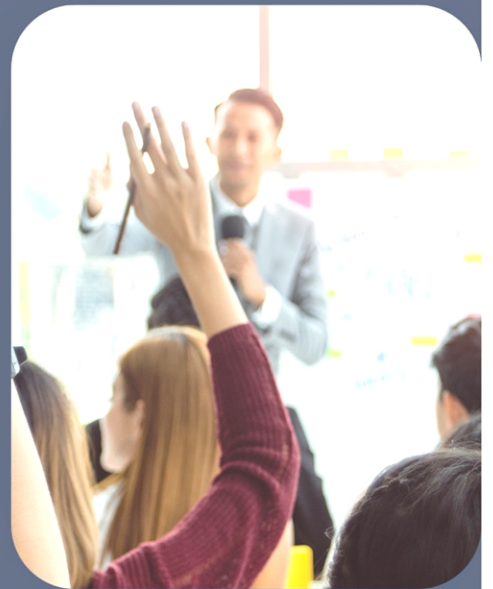
SECTION 1. THE ACCOUNTABLE CARE PARTNERSHIP PLANS

In November 2016, MassHealth received approval from the Centers for Medicare and Medicaid Services (CMS) to implement a five-year waiver authorizing a restructuring of MassHealth. The waiver included the introduction of Accountable Care Organizations (ACOs). In this model, providers have a financial interest in delivering quality, coordinated, member-centric care. Three ACO models were implemented in Massachusetts:

Exhibit 1.1. Massachusetts Accountable Care Organization Models

ACO Model	Description
Accountable Care Partnership Plans (ACPPs), also referred to as "Model A ACOs" (N=13)	Groups of primary care providers (PCPs) who work with just one managed care organization to create a full network that includes PCPs, specialists, behavioral health providers, and hospitals.
Primary Care Accountable Care Organizations (PCACOs), also referred to as "Model B ACOs" (N=3)	Groups of PCPs who form an ACO that is responsible for treating the member and coordinating their care. Primary Care ACO Plans work with the MassHealth network of specialists and hospitals and may have certain providers in their referral circle. The referral circle provides direct access to certain other providers or specialists without the need for a referral. Behavioral health services are managed by the Massachusetts Behavioral Health Partnership. 2021 PCACO external quality review activities are described in a separate report.
Lahey-MassHealth Primary Care Organization, also referred to as the "Model C ACO" (N=1)	The Lahey-MassHealth ACO is comprised of 16 primary care practice sites. The ACO has contracted with MassHealth managed care organizations to administer claims and manage membership. Because it does not meet the federal definition of a managed care organization, it is not subject to external quality reviews.

CMS has determined that ACPPs are considered managed care organizations and, as such, are required to participate in all mandatory External Quality Review activities. PCACOs are considered primary care case management plans and are required to participate in performance measure validation and compliance validation activities. The 2021 PCACO external quality review activities are described in a separate report.

The Massachusetts ACPPs are listed in the table that follows.

Exhibit 1.2. MassHealth Accountable Care Partnership Plans

ACPP Plans	Abbreviation Used in the Report	Membership as of December 31, 2021	Percent of Total ACPP Population
AllWays My Care Family	AllWays	42,209	6.17
Be Healthy Partnership	HNE-Be Healthy	45,718	6.68
Berkshire Fallon Health Collaborative	Fallon-BFHC	20,337	2.97
BMC HealthNet Plan Community Alliance	BMCHP-BACO	146,532	21.41
BMC Healthnet Plan Mercy Alliance	BMCHP-Mercy	33,145	4.84
BMC HealthNet Plan Signature Alliance	BMCHP-Signature	23,323	3.41
BMC Healthnet Plan Southcoast Alliance	BMCHP-Southcoast	20,442	2.99
Fallon 365 Care	Fallon-365	40,390	5.90
Tufts Health Together with Atrius Health	Tufts-Atrius	41,556	6.07
Tufts Health Together with BIDCO	Tufts-BIDCO	45,373	6.63
Tufts Health Together with Boston Children's ACO	Tufts-BCH	127,301	18.60
Tufts Health Together with Cambridge Health Alliance	Tufts-CHA	35,851	5.24
Wellforce Care Plan	Fallon-Wellforce	62,277	9.10
Total:		**684,454**	**100%**

PLAN DESCRIPTIONS

AllWays My Care Family (AllWays)

My Care Family represents a partnership between AllWays Health Care and the Merrimack Valley Accountable Care Organization. It was awarded a 4.5-star rating by NCQA. AllWays' corporate parent is Mass General Brigham. Its corporate offices are in Somerville. Additional information is available at www.allwayshealthpartners.org.

Be Healthy Partnership (HNE-Be Healthy)

The Be Healthy Partnership received a 4.0-star rating from NCQA. It represents a partnership between Health New England, which is part of Baystate Health, and Caring Health Center, a federally qualified health center. Additional information is available at www.behealthypartnership.org.

BMC HealthNet Plan Community Alliance (BMCHP-BACO)

BMCHP-BACO received a 4.0-star rating from NCQA. The ACPP is a partnership between BMCHP and Boston Accountable Care Organization. Its corporate parent is the BMC Health System. Additional information is available at www.bmchp.org/I-Am-A/Member/Our-Plans/ACO/BMC-HealthNet-Plan-Community-Alliance.

BMC HealthNet Plan Mercy Alliance (BMCHP-Mercy)

BMCHP-Mercy received a 4.0-star rating from NCQA. The ACPP is a partnership between BMCHP and Mercy Medical Center that provides care for members in the Springfield area. Beneficiaries who live in select cities and towns in Franklin and Hampden Counties are eligible to enroll. Additional information is available at www.bmchp.org/I-Am-A/Member/Our-Plans/ACO/BMC-HealthNet-Plan-Mercy-Alliance.

BMC HealthNet Plan Signature Alliance (BMCHP-Signature)

BMCHP-Signature received a 4.0-star rating from NCQA. The ACPP is a partnership between BMCHP and Signature Health Corporation. Beneficiaries are eligible to enroll in select cities and towns in Bristol and Plymouth Counties. Additional information is available at www.bmchp.org/I-Am-A/Member/Our-Plans/ACO/BMC-HealthNet-Plan-Signature-Alliance.

BMC HealthNet Plan Southcoast Alliance (BMCHP-Southcoast)

BMCHP-Southcoast received a 4.0-star rating from NCQA. The ACPP is a partnership between BMCHP and Southcoast Health Network. Beneficiaries who live in select cities and towns in Barnstable, Bristol, and Plymouth Counties are eligible to enroll. Additional information is available at www.bmchp.org/I-Am-A/Member/Our-Plans/ACO/BMC-HealthNet-Plan-Southcoast-Alliance.

Berkshire Fallon Health Collaborative (Fallon-BFHC)

Fallon-BFHC received a 4.5-star rating from NCQA for Medicaid services. The plan is a partnership between Fallon Health, Berkshire Health Systems, Community Health Programs, and several Berkshire County community physician practices. Additional information is available at www.fchp.org/Berkshires.

Fallon 365 Care (Fallon-365)

Fallon-365 represents a partnership between Fallon Health and Reliant Medical Group. Reliant Medical Group's corporate parent is UnitedHealth Group. Fallon-365 received a 4.5-star rating from NCQA for Medicaid services. Additional information is available at www.fchp.org/365care.

Tufts Health Together with Atrius Health (Tufts-Atrius)

Tufts-Atrius represents a partnership between Tufts Health Public Plans, Inc., and Atrius Health. On January 1, 2021, Tufts Health Plan merged with Harvard Pilgrim Health Care. Tufts' newly formed corporate parent is Point32Health, Inc. It received a 4.5-star rating from NCQA. Atrius Health's administrative offices are located in Newton. More information is available at https://tuftshealthplan.com/public-plan/atrius-health/home.

Tufts Health Together with BIDCO (Tufts-BIDCO)

Tufts-BIDCO represents a partnership between Tufts Health Public Plans, Inc., and Beth Israel Deaconess Care Organization. On January 1, 2021, Tufts Health Plan merged with Harvard Pilgrim Health Care. Tufts' newly formed corporate parent is Point32Health, Inc. It received a 4.5-star rating from NCQA. BIDCO's corporate office is located in Westwood. More information is available at https://tuftshealthplan.com/public-plan/bidco/home.

Tufts Health Together with Boston Children's ACO (Tufts-BCH)

Tufts Health Public Plans, Inc., and the Boston Children's Health ACO entered into an ACPP Agreement in 2017. On January 1, 2021, Tufts Health Plan merged with Harvard Pilgrim Health Care. Tufts' newly formed corporate parent is Point32Health, Inc. It received a 4.5-star rating from NCQA, and the ACO is headquartered in Boston. More information is available at https://tuftshealthplan.com/public-plan/childrens-aco/home.

Tufts Health Together with Cambridge Health Alliance (Tufts-CHA)

Tufts-CHA represents a partnership between Tufts Health Public Plans, Inc., and Cambridge Health Alliance. On January 1, 2021, Tufts Health Plan merged with Harvard Pilgrim Health Care. Tufts' newly formed corporate parent is Point32Health, Inc. It was awarded a 4.5-star rating by NCQA. CHA's corporate office is located in Cambridge. More information is available at https://tuftshealthplan.com/public-plan/cha/home.

Wellforce Care Plan (Fallon-Wellforce)

The Wellforce Care Plan represents a partnership between Fallon Health and Wellforce. Wellforce was formed by Circle Health and Tufts Medical Center as well as the physicians in the New England Quality Care Alliance and the Lowell General Physician Hospital Organization. Melrose-Wakefield Healthcare later joined Wellforce. Wellforce's corporate offices are located in Burlington. Fallon-Wellforce was awarded a 4.5-star rating by NCQA for Medicaid services. Additional information is available at www.fchp.org/wellforce.

Section 2.

Executive
Summary

SECTION 2. EXECUTIVE SUMMARY

INTRODUCTION

The Balanced Budget Act of 1997 was an omnibus legislative package enacted by the United States Congress with the intent of balancing the federal budget by 2002. Among its other provisions, this expansive bill authorized states to provide Medicaid benefits (except to children with special needs) through managed care plans. Regulations were promulgated, including those related to the quality of care and service provided by managed care plans to Medicaid beneficiaries. An associated regulation requires that an External Quality Review Organization (EQRO) conduct an analysis and evaluation of aggregated information on quality, timeliness, and access to the healthcare services that a managed care plan or its contractors furnish to Medicaid recipients. In Massachusetts, the Commonwealth has entered into an agreement with Kepro to perform EQR services for its contracted managed care plans, including the Accountable Care Partnership Plans that are the subject of this report. All MassHealth managed care plans participate in EQR activities.

As part of its analysis and evaluation activities, the EQRO is required to submit a technical report to the state Medicaid agency, which in turn submits the report to the Centers for Medicare & Medicaid Services (CMS). The report is also posted to the Medicaid agency website.

SCOPE OF THE EXTERNAL QUALITY REVIEW PROCESS

Kepro conducted the following EQR activities for MassHealth Accountable Care Partnership Plans in the CY 2021 review cycle:

- Validation of three performance measures, including an Information Systems Capability Assessment;
- Validation of two Performance Improvement Projects (PIPs);
- Validation of compliance with regulations and contract requirements related to member access to timely, quality healthcare; and
- Validation of network adequacy.

To clarify reporting periods, EQR technical reports that have been produced in CY 2022 reflect 2020 quality measurement performance. References to 2021 performance reflect data collected in 2020. PIP reporting is inclusive of activities conducted in CY 2021. For the purposes of Performance Measure Validation, performance measure data for Measurement Year 2020 were collected, but due to barriers presented by the COVID-19 pandemic, were not used for 2020 quality performance reporting in accordance with CMS-permitted methodology. MassHealth made the determination that 2019 data would be used instead. For this reason, Kepro validated 2019 data.

METHODOLOGY FOR PREPARING THE EXTERNAL QUALITY REVIEW TECHNICAL REPORT

To fulfill the requirements of 42 CFR §438.358, subsections 1-5, Kepro compiled the overall findings for each EQR activity conducted. It assessed the ACPP's strengths, areas requiring improvement, and opportunities to further strengthen its processes, documentation, and performance outcomes with respect to the quality and timeliness of, and access to, healthcare services. It also assessed the extent to which the ACPP followed up on recommendations made in the previous reporting period.

Data Sources

Kepro used the following data sources to complete its assessment and to prepare this annual EQR technical report:

Performance Measure Validation
- A completed Information Systems Capability Assessment Tool (ISCAT)
- Performance measure data reports from DST for the three measures selected for validation
- An Excel spreadsheet from DST[1] containing numerator-compliant data for the three measures selected for validation for primary source verification purposes
- Enrollment data for 30 members selected at random for the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment measure
- Enrollment data for 30 members selected at random for the Follow Up After Hospitalization for Mental Illness measure
- Numerator raw data for 30 member cases for each of the three measures selected for validation to ensure that numerator evens were accurately identified.

Performance Improvement Project Validation
- Baseline project planning and baseline performance indicator reports submitted by the ACPP
- Supplemental information as identified by the ACPP
- Recommendations offered to the ACPP in the Spring 2021 reporting period

Compliance Validation
- Documentation to substantiate ACPP compliance with each requirement during the review period including, but not limited to:
  - Policies and procedures
  - Standard operating procedures
  - Workflows
  - Desk tools
  - Reports

---

[1] DST calculated final administrative rates and the administrative component of hybrid measures on behalf of MassHealth's contractor, Telligen.

- o   Member materials
- o   Care Management files
- o   Utilization management denial files
- o   Appeals files
- o   Grievance files
- o   Credentialing files
- 42 CFR 438
- Appropriate provisions in the Code of Massachusetts Regulations (CMR)
- ACPP agreements with MassHealth

<u>Network Adequacy Validation</u>
- Network provider files in an Excel format provided by the ACPP
- MassHealth provider network adequacy standards
- Recommendations contained in the 2021 EQR Technical Report

Data Analysis

For each of the EQR activities, Kepro conducted a thorough review and analysis of the data within the parameters set forth in CMS' EQR Protocols. Reviewers were assigned to EQR activities based on professional experience and credentials. Because the activities varied in terms of types of data collected and used, Kepro designed the methodology for identifying strengths and weaknesses to accommodate the data available for and specific to each activity.

Drawing Conclusions

Kepro's reviewers drew conclusions in response to these and similar questions as pertinent to the scope of the EQR. The responses are considered in comparison with national benchmarks and best practices.

- Performance Measure Validation: Did the ACPP's methodology for measure calculation comply with HEDIS technical specifications?
- Performance Improvement Project Validation: Did the ACPP's PIP report comply with established criteria? Do the interventions show promise for effecting improvement?
- Compliance Validation: Did the ACPP supply documentation evidencing compliance with regulatory and contractual requirements? Did staff interviews demonstrate consistency with compliance?
- Network Adequacy Validation: Do the ACPP's provider network files appear to be complete? Did the analysis show a number of providers and facilities to serve MassHealth members?

PERFORMANCE MEASURE VALIDATION & INFORMATION SYSTEMS CAPABILITY ASSESSMENT

Exhibit 2.1. Performance Measure Validation Overview

Topic	Description
Objectives	To assess the accuracy of performance measures in accordance with 42 CFR § 438.358(b)(ii) reported by the managed care plan and to determine the extent to which the managed care plan follows state specifications and reporting requirements.
Technical methods of data collection and analysis	Kepro's Lead Performance Measure Validation Auditor conducted this activity in accordance with 42 CFR § 438.358(b)(ii) using the analytic approach established in EQR Protocol 2.
Data obtained	A completed Information Systems Capability Assessment Tool (ISCAT) for performance measure data collection information (claims, encounters, and enrollment data), and data transferred to Telligen[2] as well as performance measure creation and measure data validation protocols; performance measure data reports from DST[3] for the selected validation measure that include the numerator, denominator, and exclusion counts as well as the final measure rate calculation; an Excel spreadsheet from DST containing numerator-compliant data for the selected measure for primary source verification purposes; enrollment data for 30 members selected at random by the auditor; and measure enrollment processing outcomes for the 30 members from DST for the measures.
Conclusions	Kepro's validation review of the selected performance measures indicates the ACPP's measurement and reporting processes were fully compliant with specifications and were methodologically sound. The focus of the Information Systems Capability Assessment is on the components of the MassHealth, Telligen, and DST information systems that contribute to performance measure production. No issues were identified in data, source code, or processes.

The Performance Measure Validation process assesses the accuracy of performance measures reported by the ACPP. It determines the extent to which the ACPP uses accurate and complete data and follows state specifications and reporting requirements for the production of performance measures.

---

[2] Telligen calculated PCACO performance measures on MassHealth's behalf.

[3] DST, a Telligen subcontractor, calculated final administrative rates and the administrative component of the hybrid rate for the performance measures

In 2021, Kepro conducted Performance Measure Validation in accordance with CMS EQR Protocol #2 on measures selected by MassHealth, which were the following:

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET): Initiation of AOD Treatment
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET): Engagement of AOD Treatment
- Follow Up After Hospitalization for Mental Illness (FUH): 7-Day Follow-up

Performance measure data for Measurement Year 2020 were collected, but due to barriers presented by the COVID-19 pandemic, were not used for 2020 Quality Scoring. MassHealth made the determination that 2019 data would be used instead. For this reason, Kepro validated 2019 data.

Kepro found the measure data to be compliant with NCQA specifications and the data, as reported, were valid. The ACPP measure rates are referred to as "Certified, Unaudited, HEDIS Rates" because the measure was audited through EQR PMV review, but not through an NCQA HEDIS Compliance Audit.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

Exhibit 2.2. Performance Improvement Project Validation Process Overview

Topic	Description
Objectives	To assess overall project methodology as well as the overall validity and reliability of the PIP methods and findings to determine confidence in the results.
Technical methods of data collection and analysis	PIPs were validated in accordance with § 438.330(b)(i) using the analytic approach established in EQR Protocol 1.
Data obtained	ACPPs submitted two PIP reports in 2021, the Baseline: Planning Phase Report (March 2021) and the Baseline: Performance Indicator Report (September 2021). They also submitted related supporting documentation.

Topic	Description
Conclusions	The ACPPs project teams generally submitted well-developed project plans. Kepro was impressed by the creativity and level of effort involved in the projects. More PIPs than in the past involved collaboration with external organizations such as community-based partners and funding agencies. In general, ACPPs continued to struggle with the design of intervention effectiveness evaluations. ACPPs also struggled with the design of immunization health equity interventions. Some PIPs required resubmission because either a target population was not identified or the intervention design was not expected to lead to a decrease in the identified disparity. Kepro recommends that MassHealth consider providing managed care plans with additional technical assistance for health equity projects going forward.

Of the 26 Performance Improvement Project reports submitted by the ACPPs, Kepro's reviewers had high confidence in 20, moderate confidence in 4, and low confidence in 2. |

MassHealth ACPPs conducted two contractually required PIPs in 2021, both of which were baseline projects.

- Topic 1: Immunization
- Topic 2: Telehealth Access

Kepro evaluated each PIP to determine whether the organization selected, designed, and executed the projects in a manner consistent with CMS EQR Protocol 1. The Kepro technical reviewer assessed project methodology. The medical director evaluated the clinical soundness of the interventions. The review considered the ACPP's performance in the areas of problem definition, data analysis, measurement, improvement strategies, and outcome. Recommendations were offered to the ACPP.

COMPLIANCE VALIDATION

Exhibit 2.3. Compliance Validation Process Overview

Topic	Description
Objectives	To determine the extent to which ACPPs comply with standards set forth at 42 CFR § 438.358(b)(iii), state standards, and ACPP contract requirements.
Technical methods of data collection and analysis	The 2021 compliance reviews were structured based on program requirements as outlined in 42 CFR 438. In addition, compliance with provisions in contracts between MassHealth and each ACPP as they relate to 42 CFR 438 were assessed. Appropriate provisions in the Code of Massachusetts Regulations (CMR) were also included in the reviews.
Data obtained	ACPPs provided documentation to substantiate compliance with each requirement during the review period. Examples of documentation provided included: • Policies and procedures • Standard operating procedures • Workflows • Desk tools • Reports • Member materials • Care management files • Utilization management denial files • Appeals files • Grievance files • Credentialing files Additional information was obtained from interviews with key ACPP personnel, case file reviews, and systems demonstrations.
Conclusions	Overall, the ACPPs demonstrated compliance with many of the federal and state contractual standards. The review found the ACPPs' greatest strengths related to care management functions being moved closer to the member at the primary care setting, coordinating with community partners in a meaningful way, and leveraging flexible support funding to address some aspects of social determinants of health. In general, the ACPPs' greatest opportunity for improvement is related to the accessibility of care standards.

NETWORK ADEQUACY VALIDATION

Exhibit 2.4. Network Adequacy Validation Process Overview

Topic	Description
Objectives	The Network Adequacy Validation process assesses a managed care plan's compliance with the time and distance standards and provider to member ratios as applicable established by MassHealth. CMS has not published a formal protocol for this EQR activity.
Technical methods of data collection and analysis	Quest Analytics' enterprise network adequacy validation solution was used to compile and analyze network information provided by the managed care plans.
Data obtained	ACPPs provided Excel worksheets containing demographic information about their provider networks.
Conclusions	In a scale of 1 to 100, the highest-scoring health plan was BMCHP-Signature at 98.7and the lowest-scoring plan was Tufts-Atrius at 60.8. Most plans showed improvement in their networks in comparison to the previous analysis.

Network Adequacy Validation assesses an ACPP's ability to provide its members with an adequate number of in-network providers at a reasonable distance from their homes. MassHealth sets time and distance standards as well as threshold provider-to-member ratios to ensure access to timely care. Most health plans showed improvement in their networks in comparison to the previous analysis. Certain areas, such as outpatient behavioral health services, psychology, and therapeutic mentoring services, were strong for all ACPP plans.

There are, however, many opportunities for the ACPPs to strengthen the provider network to improve access to medical care for members. The greatest areas for improvement include Nuclear Medicine, Oral Surgery, and PCP services. This analysis also showed that some areas contain more gaps in care than others, specifically Nantucket and the Berkshires. Many plans did not submit provider data for certain counties and specialties resulting in lower scores for various services. Incomplete data could be the result of an inability to collect these data or an absence of contracted providers within certain counties.

MASSHEALTH QUALITY STRATEGY

States operating Medicaid managed care programs under any authority must have a written quality strategy for assessing and improving the quality of healthcare and services furnished by managed care plans. States must also conduct an evaluation of the effectiveness of the quality strategy and update the strategy as needed, but no less than once every three years.

The first MassHealth Quality Strategy was published in 2006. The most recent version was submitted to CMS in November 2018. The 2018 version, the MassHealth Comprehensive Quality Strategy, focused not only on fulfilling managed care quality requirements, but on improving the quality of managed care services in Massachusetts. An updated strategy is

currently being finalized and is anticipated to be available to the public in early 2022. It will incorporate new behavioral health, health equity, and waiver strategies and will align with the recent CMS toolkit and webinar guidance released in summer 2021.

SUPPORTING IMPROVEMENT IN THE QUALITY, TIMELINESS, AND ACCESS TO HEALTHCARE SERVICES: RECOMMENDATIONS TO MASSHEALTH

CMS requires that the EQRO offer recommendations for how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to healthcare services furnished to Medicaid beneficiaries.

In addition to the managed care plan-specific recommendations made throughout this Technical Report, Kepro respectfully offers the following recommendations to MassHealth.

Provider Network
2021 EQR activities shed light on the need for both inpatient and outpatient behavioral health services statewide. Kepro strongly recommends that MassHealth work with partners statewide to address workforce and infrastructure solutions to increase the availability of behavioral health and substance abuse services. For example, the Commonwealth might consider lived experience to be an alternate qualification to a professional degree akin to the Department of Mental Health Peer Support Training and Certification Program. *(Access, Timeliness of Care)*
A consistent finding in this year's Compliance Validation was non-compliance with the requirement to implement a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages. Kepro recommends that MassHealth leverage Quest Analytics' ability to report on provider non-English language capacity. Additionally, Kepro recommends that MassHealth consider verifying the accuracy of provider directory information as the provider directory is a foundational piece of member information. *(Access, Timeliness of Care)*

MassHealth and the plans both need to increase their oversight of network adequacy. The compliance and network adequacy validation activities demonstrated non-compliance with contractually required time and distance standards. Kepro encourages MassHealth program staff to take a more active role in monitoring ACPP compliance with these requirements. In addition, Kepro did not find strong evidence of ACPPs' process for evaluating appointment access against the MassHealth standards for services such as symptomatic and non-symptomatic office visits, behavioral health, and urgent care. Kepro recommends that MassHealth provide related direction to these plans. Finally, Kepro encourages MassHealth to consider the practical feasibility of its network adequacy standards, especially those for the less populated areas of Berkshire, Dukes, and Nantucket counties. The Quest Analytics system permits the designation of exceptions for individual provider-county combinations. Doing so would allow the system to report a more accurate picture of network adequacy. *(Access, Timeliness of Care)*

Health Equity

To support MassHealth's priority of achieving health equity, it is essential that it improve the quality of its Race, Ethnicity, and Language (REL) data and fix the ever-vexing issue of enrollment updates with no REL data overwriting plan-collected data. *(Access)*

In 2021, managed care plans were required to design vaccination-related interventions with the goal of reducing health disparities. It was Kepro's experience that managed care plans struggled with this requirement, experiencing difficulty with the definition of a focal population and culturally sensitive project plans. Kepro strongly encourages MassHealth to consider ways in which technical assistance can be provided to the plans on REL data analysis and the design of associated project interventions. *(Access, Quality)*

Performance Improvement Projects

PIPs are resource-intensive undertakings. Kepro believes it is essential that PIPs focus on priority topics established by MassHealth, low-performance areas as identified by performance rates, and those that address 10 percent or more of the managed care plan's MassHealth population. Kepro recommends that these criteria be applied as part of the Baseline Project Planning reporting process. *(Quality)*

Communication Pathways

Over the years, Kepro has encouraged managed care plans to convene consumer advisory councils as a forum for gathering the members' voices in the design of performance improvement project interventions. A lack of available internal resources and COVID-associated meeting restrictions have presented barriers. Kepro encourages MassHealth to sponsor a statewide Consumer Advisory Council with the charter of advising MassHealth on its priorities for managed care plan performance management. Such a council, which could meet virtually, has the potential for being an effective vehicle for ensuring the consideration of consumer feedback on healthcare performance improvement priorities. *(Quality)*

Kepro respectfully suggests that MassHealth consider including the EQRO, as appropriate, as a contributor to internal agency deliberations regarding managed care plan quality improvement initiatives. With its strong links to plan staff and knowledge of plan quality-related activities, Kepro can offer MassHealth a nuanced understanding of the environment. *(Quality)*

Section 3.

Performance Measure Validation
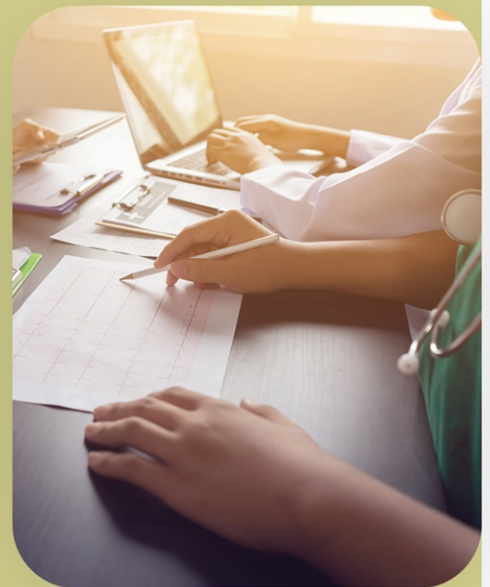
SECTION 3. PERFORMANCE MEASURE VALIDATION

PERFORMANCE MEASURE VALIDATION METHODOLOGY

The Performance Measure Validation (PMV) process assesses the accuracy of the performance measures reported by the ACPP. It determines the extent to which the ACPP collects and uses accurate data and follows state specifications and reporting requirements.

Kepro's PMV audit methodology assesses both the quality of the source data that fed into the measure under review and the accuracy of the measure calculation. As part of source data review, a sample of numerator-compliant cases were verified. Enrollment data were also reviewed for accuracy. Measure calculation review included reviewing the logic and analytic framework for determining the measure numerator, denominator, and exclusion cases.

Telligen calculated the ACPP performance measures on MassHealth's behalf. With direction from MassHealth, Telligen extracted and transformed the data elements necessary for measure calculation. MassHealth provided Telligen ACPP claims and encounter data files on a quarterly basis through a comprehensive data file referred to as the mega-data extract. Additionally, Telligen collected and transformed supplemental data received from individual ACPPs to support measurement. Telligen worked with a subcontractor, SS&C (DST), using its HEDIS-certified software (Care Analyzer) to calculate final administrative rates and the administrative component of the hybrid rate for the performance measures. Additionally, Telligen used DST's clinical data collection tool, Clinical Repository, to collect ACPP-specific clinical data. At project completion, DST integrated the administrative data with the hybrid results to generate the final rates for the ACPP hybrid measures.

PMV focused on these organizations' data and processes. Individual ACPPs did not participate in or contribute to the PMV process. The following documents and files were provided by MassHealth in support of the PMV process:

- A completed ISCAT for performance measure data collection information (claims, encounters, and enrollment data) and data transfer to Telligen, as well as performance measure creation and measure data validation protocols
- Performance measure data reports from DST for the selected validation
- An Excel spreadsheet from DST containing numerator-compliant data for the selected measure for primary source verification purposes
- Enrollment data for 30 members selected at random by the auditor
- Measure enrollment processing outcomes for 30 numerator-positive members for the IET and FUH measures (60 members total), all selected at random by the auditor, to ensure that the enrollment data matched the MassHealth primary source enrollment data after DST enrollment data processing for the selected validation measure

The table that follows presents the measures selected for PMV for Measurement Year 2019 as well as the measure descriptions as provided by NCQA.

Exhibit 3.1. CY 2021 Validated Performance Measure

HEDIS Measure Name and Abbreviation	Measure Description
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET): Initiation of AOD Treatment	The percentage of adolescent and adult members with a new episode of AOD abuse or dependence who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Engagement of AOD Treatment	The percentage of adolescent and adult members with a new episode of AOD abuse or dependence who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.
Follow Up After Hospitalization for Mental Illness (FUH): 7-Day Follow-Up	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge.

MassHealth submitted the documentation that follows in support of the PMV process.

Exhibit 3.2. Submitted Documentation

Document Reviewed	Purpose of Kepro Review
A completed ISCAT for performance measure data collection information (claims, encounters, and enrollment data) and data transfer to Telligen, as well as performance measure creation and measure data validation protocols	Reviewed to assess health plan systems and processes related to performance measure production
Performance measure data reports from DST for the selected validation measure	Information about rates is essential to the PMV process
An Excel spreadsheet from DST containing numerator-compliant data for the selected measure for primary source verification	Used to generate a random sample of medical records for independent review to confirm the accuracy of the medical record review process
Enrollment data for 30 members selected at random by the auditor	Used in primary source verification
DST measure enrollment processing outcomes	Used to ensure that the enrollment data matched the MassHealth primary source enrollment data after DST enrollment processing for the selected validation measure

INFORMATION SYSTEMS CAPABILITY ASSESSMENT

The focus of the Information Systems Capability Assessment is on the components of the MassHealth, Telligen, and DST information systems that contribute to performance measure production. Kepro's review addresses the following:

- The accuracy and completeness of data received from providers
- The accuracy and timeliness of the data as reported
- The completeness, logic, and consistency of the data
- The collection of service information using standardized formats to the extent feasible and appropriate

Enrollment Data. MassHealth enrollment segments for 30 members were selected at random for the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment measure. Enrollment data for 30 members was also selected at random for the Follow Up After Hospitalization for Mental Illness measure. Enrollment data for the same 60 members was compared to DST enrollment data processing for these same 60 members to ensure that the enrollment data matched the MassHealth primary source enrollment data after DST enrollment data processing. The reviewer determined that the enrollment data for the sample of 60 members successfully matched. There were no issues identified with enrollment data or processes.

Claims and Encounter Data Review. Numerator raw data review of 30 cases for each of the three PMV measures was conducted by the reviewer to ensure that DST processed the PMV numerator events accurately for the three PMV measures. The reviewer determined that the claims and encounter data for the sample of 90 members successfully matched the DST numerator processing of the 90 cases. There were no issues identified with claims or encounter data or processes.

Medical Record and Supplemental Data Review. No medical record or supplemental data were used in the calculation of the three validation measures.

Data Integration. ACPP performance measure rates were produced using DST software. Telligen provided ACPP data to DST in CareAnalyzer-compliant extract format. The data were then loaded into the DST measure production software. There were adequate processes to track the completeness and accuracy of data at each transfer point.

Source Code. NCQA-certified DST software was used to produce the three performance measures under review. There were no source code issues identified. The ACPP performance measure rates are referred to as a "Certified, Unaudited, HEDIS Rates" because the measures were audited through EQR PMV review, but not through a NCQA HEDIS Compliance Audit.

COMPARATIVE ANALYSIS

The tables that follow contain the technical specifications for the validated performance measures as well as Kepro's determination as to whether the ACPPs complied with these specifications. Kepro uses the following ratings for Performance Measure Validation review elements:

- **Met**: The plan correctly and consistently evidenced review element
- **Partially met**: The plan partially or inconsistently evidenced review element; and
- **Not met**: The plan did not evidence review element or incorrectly evidenced review element.

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET): Initiation of AOD

IET measures were produced using the HEDIS Administrative methodology. The following tables outline the measure's technical specification with which each ACPP, without exception, was in compliance.

Exhibit 3.3a. IET – Initiation Technical Specifications Compliance

Category	Denominator Element
Population	ACPP population was appropriately segregated from other product lines.
Population	Members with intake for a new episode of alcohol abuse or dependence on or between January 1 and November 14 of the measurement year.
Population	Members must have medical, pharmacy and chemical dependency (inpatient and outpatient) benefits.
Geographic Area	Includes only those Medicaid enrollees served in ACPP's reporting area.
Age & Sex	Members 13 years and older as of December 31 of the measurement year.
Enrollment Calculation	Members enrolled 60 days prior to the new episode through 47 days after the new episode.
Data Quality	Based on the IS assessment findings, the data sources for this denominator were accurate.
Data Quality	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.
Proper Exclusion Methodology in Administrative	Exclude members who had a claim/encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days before the new episode.

Exhibit 3.3b. IET – Initiation Technical Specifications Compliance

Administrative Data: Counting Clinical Events
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.
All code types were included in analysis, including CPT, ICD10, and HCPCS procedures, and UB revenue codes, as relevant.
Data sources used to calculate the numerator (e.g., claims files, provider files, and pharmacy records, including those for members who received the services outside the plan's network, as well as any supplemental data sources) were complete and accurate.

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET): Engagement of AOD

IET measures were produced using the HEDIS Administrative methodology. The following tables outline the measure's technical specification with which each ACPP, without exception, was in compliance.

Exhibit 3.4a. IET – Engagement Technical Specifications Compliance

Category	Denominator Element
Population	ACPP population was appropriately segregated from other product lines.
Population	Members with intake for a new episode of alcohol abuse or dependence on or between January 1 and November 14 of the measurement year.
Population	Members must have medical, pharmacy, and chemical dependency (inpatient and outpatient) benefits.
Geographic Area	Includes only those Medicaid enrollees served in ACPP's reporting area.
Age & Sex	Members 13 years and older as of December 31 of the measurement year.
Enrollment Calculation	Members enrolled 60 days prior to the new episode through 47 days after the new episode.
Data Quality	Based on the IS assessment findings, the data sources for this denominator were accurate.
Data Quality	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.
Proper Exclusion Methodology in Administrative	Exclude members who had a claim/encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment, or an alcohol or opioid dependency treatment medication dispensing event during the 60 days before the new episode.

Exhibit 3.4b. IET – Engagement Technical Specifications Compliance

Administrative Data: Counting Clinical Events
Identify all members compliant for the Initiation of AOD Treatment numerator. Then determine those who met the Engagement numerator.
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.
All code types were included in analysis, including CPT, ICD10, and HCPCS procedures, and UB revenue codes, as relevant.
Data sources used to calculate the numerator, e.g., claims files, provider files, and pharmacy records, including those for members who received the services outside the plan's network, as well as any supplemental data sources, were complete and accurate.

Follow Up After Hospitalization for Mental Illness (FUH): 7-Day Follow Up

FUH measures were produced using the HEDIS Administrative methodology. The following tables outline the measure's technical specification with which each ACPP, without exception, was in compliance.

Exhibit 3.5a. FUH Technical Specifications Compliance

Category	Denominator Element
Population	ACPP population was appropriately segregated from other product lines.
Population	An acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm on the discharge claim on or between January 1 and December 1 of the measurement year.
Population	The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.
Geographic Area	Includes only those Medicaid enrollees served in the managed care plan's reporting area.
Age & Sex	Members 6 years and older as of the date of the discharge.
Enrollment Calculation	Members continuously enrolled from the date of discharge through 30 days after.
Data Quality	Based on the IS assessment findings, the data sources for this denominator were accurate.
Data Quality	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.
Proper Exclusion Methodology in Administrative	Identify readmissions and direct transfers to an acute inpatient care setting during the 7-day follow-up period: 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the admission date for the stay. Exclude both the initial discharge and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement year. If the readmission/direct transfer to the acute inpatient care setting was for a principal diagnosis (use only the principal diagnosis on the discharge claim) of mental health disorder or intentional self-harm, count only the last discharge. If the readmission/direct transfer to the acute inpatient care setting was for any other principal diagnosis (use only the principal diagnosis on the discharge claim), exclude both the original and the readmission/direct transfer discharge.
Proper Exclusion Methodology in Administrative	Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission. To identify readmissions and direct transfers to a nonacute inpatient care setting: 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the admission date for the stay. These discharges are excluded from the measure because rehospitalization or direct transfer may prevent an outpatient follow-up visit from taking place.

Exhibit 3.5b. FUH Technical Specifications Compliance

Administrative Data: Counting Clinical Events
A follow-up visit with a mental health provider within 7 days after discharge. Do not include visits that occur on the date of discharge.
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.
All code types were included in analysis, including CPT, ICD10, and HCPCS procedures, and UB revenue codes, as relevant.
Data sources used to calculate the numerator, e.g., claims files, provider files, and pharmacy records, including those for members who received the services outside the plan's network, as well as any supplemental data sources, were complete and accurate.

COMPARATIVE RESULTS

Performance measure data for Measurement Year 2020 were collected, but due to barriers presented by the COVID-19 pandemic, were not used for 2020 quality performance reporting. MassHealth made the determination that 2019 data would be used instead. For this reason, Kepro validated 2019 data.

The tables that follow depict the validation designation for the three measures validated by Kepro for Calendar Year 2021. Because NCQA has not developed benchmarks specific to accountable care organizations, no performance benchmarks are provided for comparison purposes.

2019 Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET): Initiation of AOD Treatment

The range of the 2019 Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (IET): Initiation of AOD Treatment performance rates was 31.1 percentage points. The lowest-performing ACPP was Tufts-BCH at 31.4%. The highest-performing ACPP was Tufts-CHA at 62.5%. Please note that these rates are reported as certified, unaudited, HEDIS rates.

Exhibit 3.6. 2019 IET – Initiation of AOD Treatment Rates

Plan Name	2019 Certified, Unaudited HEDIS Rate
AllWays	39.0%
HNE-Be Healthy	56.6%
Fallon-BFHC	50.5%
BMCHP-BACO	50.4%
BMCHP-Mercy	45.6%
BMCHP-Signature	53.5%
BMCHP-Southcoast	45.6%
Fallon-365	39.0%
Tufts-Atrius	34.7%
Tufts-BIDCO	51.2%
Tufts-BCH	31.4%
Tufts-CHA	62.5%
Fallon-Wellforce	39.5%

2019 Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET): Engagement of AOD Treatment

The range of the 2019 Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (IET): Engagement of AOD Treatment performance rates was 11.6 percentage points. The lowest-performing ACPP was Tufts-BCH at 8.6%. The highest-performing ACCP was Fallon-BFHC at 20.2%. Please note that these rates are reported as certified, unaudited, HEDIS rates.

Exhibit 3.7. 2019 IET – Engagement of AOD Treatment Rates

Plan Name	2019 Certified, Unaudited HEDIS Rate
AllWays	13.3%
HNE-Be Healthy	19.2%
Fallon-BFHC	20.2%
BMCHP-BACO	18.6%
BMCHP-Mercy	19.0%
BMCHP-Signature	19.2%
BMCHP-Southcoast	19.6%
Fallon-365	13.3%
Tufts-Atrius	12.3%
Tufts-BIDCO	14.3%
Tufts-BCH	8.6%
Tufts-CHA	13.9%
Fallon-Wellforce	14.8%

2019 Follow Up after Hospitalization for Mental Illness: 7-Day Follow Up

The range of the 2019 Follow Up After Hospitalization for Mental Illness: 7-Day Follow Up performance rates was 20.8 percentage points. The lowest-performing ACPP was AllWays My Care at 34.7%. The highest-performing ACPP was Tufts-BCH at 55.5%. Please note that these rates are reported as certified, unaudited, HEDIS rates.

Exhibit 3.8. 2019 FUH – 7-Day Follow Up Rates

Plan Name	2019 Certified, Unaudited HEDIS Rate
AllWays	34.7%
HNE-Be Healthy	45.2%
Fallon-BFHC	42.7%
BMCHP-BACO	46.4%
BMCHP-Mercy	51.2%
BMCHP-Signature	47.8%
BMCHP-Southcoast	54.9%
Fallon-365	41.2%
Tufts-Atrius	48.7%
Tufts-BIDCO	38.5%
Tufts-BCH	55.5%
Tufts-CHA	48.2%
Fallon-Wellforce	40.0%

PROGRAM STRENGTHS

- MassHealth used an NCQA-certified vendor, DST, to produce ACPP performance measures.
- In its third year of external quality review, the ACPP program again successfully completed PMV.

OPPORTUNITIES & RECOMMENDATIONS

None identified.

Section 4.

Performance Improvement Project Validation

SECTION 4. PERFORMANCE IMPROVEMENT PROJECT VALIDATION

INTRODUCTION

MassHealth ACPPs conduct two contractually required Performance Improvement Projects (PIPs) annually. In 2021, MassHealth directed the ACPPs to conduct PIPs on the following topics:

- Increase flu immunization rates
- Decrease barriers to telehealth.

Mid-year, MassHealth received feedback from the plans that work on the flu project was diverting resources from COVID-19 immunization efforts. In response, MassHealth permitted the plans to select an immunization campaign of their choice, e.g., flu, COVID-19, and routine pediatric vaccines.

Reflecting its strategic priority of reducing health inequities, MassHealth required that each plan conduct a vaccination-related intervention with the goal of reducing health disparities. Based on an analysis of the membership, plans were required to identify a targeted member population with lower vaccination rates and develop an associated intervention.

OBJECTIVE

The purpose of PIP Validation is to assess overall project methodology as well as the overall validity and reliability of the methods and findings to determine confidence in the results.

DATA OBTAINED

ACPPs submitted two PIP reports in 2021. In April 2021, the plans submitted a Baseline: Project Planning Report, in which they described project goals, planned stakeholder involvement, anticipated barriers, proposed interventions, a plan for intervention effectiveness analysis, and performance indicators. The plans also submitted a detailed population analysis. The ACPPs reported project updates and baseline data in their September 2021 Baseline: Performance Indicator Rate reports.

Kepro's PIP reviewers and medical director as well as the ACPP project staff met virtually after the submission of each report. This afforded an opportunity for Kepro and the ACPP project team to engage in a collegial discussion about the project as well as for the team to provide recent project updates. Kepro was able to ask clarifying questions about the project and offer suggestions.

MANAGED CARE PLAN SUPPORT

Kepro provided support to ACPPs in the submission of their project reports.

- Early in the project cycle, Kepro sponsored a workshop on flu immunization in Massachusetts that featured speakers from the Department of Public Health and the Massachusetts Immunization Coalition. This workshop provided all MassHealth managed care plans with a baseline understanding of flu immunization in Massachusetts.
- To support plan development of health equity-related project interventions, Kepro entered into an agreement with the MGH Center for Disparity Solutions in which its director led a four-session Health Disparity Learning Collaborative. This Learning Collaborative provided a forum for sharing best practices and exchanging ideas.
- Kepro created a library of PIP resources that included recent literature on vaccine hesitancy, health disparities, telehealth utilization, and best practices for building strong project interventions.
- In addition to instructions embedded in report submission forms, Kepro made a Guidance Manual available to plans, which provides detailed descriptions of the information requested. In many cases, sample responses are offered.
- Kepro made one-on-one technical assistance for PIP development and report preparation available to plans.

TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS

PIPs were validated in accordance with § 438.330(b)(i). Validation was performed by Kepro's Technical Reviewers with support from the Clinical Director. Kepro's lead reviewer, Wayne Stelk, Ph.D., has extensive experience in the implementation of statewide quality improvement projects. Chantal Laperle, MS CPHQ, brings quality management experience from her years at Federally Qualified Health Centers and managed care plans. Bonnie Zell, MD, Medical Director, is a practicing obstetrician and former Institute for Health Improvement fellow.

To permit more real-time review of PIPs, MassHealth has required biannual PIP validation since 2017. Each review is a four-step process:

1) **PIP Project Report.** Managed care plans submit a project report for each PIP to the EQRO Teams site. This report is specific to the stage of the project. All 2021 performance improvement projects were baseline projects.

2) **Desktop Review.** A desktop review is performed for each PIP. Kepro conducts inter-rater reliability to ensure consistency between reviewers. The Technical Reviewer and Medical Director review the project report and any supporting documentation submitted by the plan. Working collaboratively, they identify project strengths, issues requiring clarification, and opportunities for improvement. The focus of the Technical Reviewer's work is the structural quality of the project. The Medical Director's focus is on clinical integrity and interventions.

3) ***Conference with the Plan.*** The Technical Reviewer and Medical Director meet virtually with plan representatives to obtain clarification on identified issues as well as to offer recommendations for improvement. When it is not possible to assign a validation rating to a project due to incomplete or missing information, the plan is required to remediate the report and resubmit it within 10 calendar days. In all cases, the plan is offered the opportunity to resubmit the report to address feedback received from Kepro, although it is not required to do so.

4) ***Final Report.*** A PIP Validation Worksheet based on CMS EQR Protocol #1 is completed by the Technical Reviewer. Reports submitted in Fall 2021 were rated by the reviewers. Individual standards are rated either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. The Medical Director documents his or her findings, and in collaboration with the Technical Reviewer, develops recommendations. The findings of the Technical Reviewer and Medical Director are synthesized into a final report. A determination is made by the Technical Reviewers as to the validity of the project.

FINDINGS

The ACPPs assembled project teams that generally submitted well-developed project plans. Kepro was impressed by the creativity and level of effort involved in the projects. More PIPs than in the past involved collaboration with external organizations such as community-based partners and funding agencies. A number of ACPPs leveraged mobile vans to meet the member where they were. Most ACPPs implemented staff and provider training programs addressing vaccine hesitancy and the use of telehealth. The level of engagement demonstrated at meetings with the ACPPs was very high.

In general, ACPPs continued to struggle with the design of intervention effectiveness evaluations. Often, a plan revealed real project strengths during its meeting with Kepro that it hadn't included in its report submission. Kepro encouraged those plans to resubmit their reports to improve their scores.

ACPPs also struggled with the design of immunization health equity interventions. Some PIPs required resubmission because either a target population was not identified or the intervention design was not expected to lead to a decrease in the identified disparity. Kepro recommends that MassHealth consider providing managed care plans with additional coaching for health equity projects going forward.

COMPARATIVE ANALYSIS

Interventions

MassHealth ACPPs used a variety of approaches to address their project goals.

Exhibit 4.1. Interventions by Topic

Topic	Number of Interventions Immunization	Number of Interventions Telehealth Access
Member Outreach and Education	11	7
Provider Outreach and Education	12	2
Technology-Based Solutions	4	11
Reporting	3	0
Mobile Health / Additional Sessions	4	0
Workflow Modification	1	2
Community Partnerships	2	0
Network Development	0	1

PIP Ratings

Kepro rated PIPs submitted in Fall 2021 using a predetermined set of criteria outlined in the table below with the average percentage of the ACPPs. Reports submitted in the spring are not rated.

Exhibit 4.2. Average Results of Validation Ratings

Results of Validation Ratings	Immunization Average PIP Score (%)	Immunization PIP Score Range (%)	Telehealth Access Average PIP Score (%)	Telehealth Access PIP Score Range (%)
Updates to Project Descriptions and Goals	98	89-100	93	67-100
Updates to Stakeholder Involvement	89	33-100	94	75-100
Intervention Activities Updates	95	71.3-100	93	80-100
Performance Indicator Data Collection	99	83-100	100	100
Capacity for Indicator Data Analysis	99	89-100	97	67-100
Performance Indicator Parameters	99	89-100	100	100
Baseline Performance Indicator Rates	100	100	100	100
Conclusions and Planning for Next Cycle	94	33-100	90	50-100

As stated previously, individual standards are rated either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. The table that follows depicts the final rating score of each ACPP project and domain.

Exhibit 4.3. Overall PIP Rating Scores

Plan	Immunization	Telehealth Access
AllWays	100%	98%
HNE-Be Healthy	86%	84%
Fallon-BFHC	96%	94%
BMCHP-BACO	100%	100%
BMCHP-Mercy	99%	100%
BMCHP-Signature	100%	97%
BMCHP-Southcoast	99%	93%
Fallon-365	90%	94%
Tufts-Atrius	100%	100%
Tufts-BCH	94.5%	98%
Tufts-BIDCO	99.7%	95%
Tufts-CHA	90%	93%
Fallon-Wellforce	88%	99%

PERFORMANCE IMPROVEMENT PROJECT SUMMARIES

As required by CMS, Kepro is providing project-specific summaries using CMS Worksheet Number 1.11 from EQR Protocol #1, Validating Performance Improvement Projects. The PIP Aim Statement is taken directly from the ACPP's report to Kepro as are the Improvement Strategies or Interventions. Performance indicator data were taken from this report as well. Kepro validated each of these projects, meaning that it reviewed all relevant parts of each PIP and made a determination as to its validity. The PIP Technical Reviewer assigned a validation confidence rating, which refers to Kepro's overall confidence that the PIP adhered to acceptable methodologies for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement or the potential for improvement. Recommendations offered were taken from the Reviewers' rating forms. As is required by CMS, Kepro has identified ACPP project strengths as evidenced in the PIP. Because each of these projects is in its first year, there is no follow-up to prior year recommendations.

TOPIC 1: IMMUNIZATION

AllWays – My Care Family - Increasing the Rate of Flu Vaccination for My Care Family Members Ages 6 months - 64 years of age, with a Special Focus on Reducing Racial Disparities in Flu Vaccination Access

1. General PIP Information

Managed Care Plan (MCP) Name: AllWays My Care Family
PIP Title: Increasing the Rate of Flu Vaccination for Members Ages 6 months-64 years of age, with a Special Focus on Reducing Racial Disparities in Flu Vaccination Access
PIP Aim Statement: *Member-Focused* • Increase member awareness about the importance of flu vaccination and resources available to them through different educational outreach campaigns (text-messaging campaign, blogs, post cards), as evidenced by an increase in the flu vaccination rate by 25% over baseline (2019-2020 flu season) by the end of this project. *Provider-Focused* • Increase Primary Care Provider flu vaccination rates by 25% over baseline (2019-2020 flu season) by creating and implementing reminder vaccine and scheduling protocols to help providers to remind members about the flu vaccine at each visit and increase flu vaccination access.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☒ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as duals, LTSS or pregnant women (please specify): All members
Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) The ACPP, in collaboration with its vendor HealthCrowd, is launching a text-messaging campaign in English and Spanish to members due for flu vaccines to improve member understanding around the importance of the flu vaccine and address misconceptions; improve flu immunization rates for AllWays members 6 months to 64 years of age; and promote how members can get transportation (if needed).
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) AllWays will create and implement reminder flu vaccine and scheduling protocols to help high-volume, low-performing providers to remind members about the flu vaccine at each visit. Providers will be expected to document the reason for vaccine refusal and whether the vaccine was given at another location.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Flu Vaccination Measure	2020	6796 / 28,319 24%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply):   ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year   ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: None identified.

PIP Evaluation

Kepro evaluates an ACPPs performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. AllWays received a rating score of 100% on this PIP.

Exhibit 4.4. AllWays PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	15	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	3	9	9	100%
Performance Indicator Parameters	5	15	15	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**28**	**84**	**84**	**100%**

Plan & Project Strengths
Access-Related: AllWays is commended for its plan to tailor culturally competent and health literate text messages to members with diverse languages and ethnic backgrounds and for hard-to-reach members. The text message is going to be in English and Spanish at the fifth- and sixth-grade reading level with visuals and pictures to address any general literacy levels.

Opportunities for Improvement
None Identified.

Be Healthy Partnership – Flu Vaccination: Special Focus on Reducing Racial Disparities

1. General PIP Information

Managed Care Plan (MCP) Name: Be Healthy Partnership
PIP Title: Flu Vaccination – Special Focus on Reducing Racial Disparities

PIP Aim Statement:
Member-Focused • Increase the flu vaccination rate as identified in the randomized sample by 5% year over year (CY2020 vs CY2021). *Provider-Focused* • Produce more accurate and comprehensive flu vaccination registries and reporting at a provider level.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☒ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)* ☐ Adults only (age 18 and over) ☒ Both adults and children *If PIP uses different age threshold for children, specify age range here: Ages 6 to 17
Target population description, such as duals, LTSS or pregnant women (please specify): Members 6 to 64 years of age
Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) Targeted fu vaccination outreach and education at the General Pediatrics practice site.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) None identified.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools) Development and implementation of a flu vaccination registry report.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Flu Non-Adherence Rate – White Members (lower is better)	2020	14 / 50 28.00%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): p < 0.005
Flu Non-Adherence Rate – Black Members (lower is better)	2020	13 / 35 37.14%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☐ High confidence ☐ Moderate confidence ☒ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: • **Access-Related:** Kepro advises HNE-Be Healthy to gather member input to inform the design of its interventions.   • **Quality-Related:** Kepro advises HNE-Be Healthy to provide additional detail about the design of its member outreach intervention.   • **Quality-Related:** Kepro advises HNE-Be Healthy to report the flu vaccination rate as its performance indicator rather than a non-adherence rate.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. HNE-Be Healthy received a rating score of 86% on this PIP.

Exhibit 4.5. HNE-Be Healthy PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	8	89%
Update to Stakeholder Involvement	4	12	10	83%
Intervention Activities Updates	4	12	11	92%
Performance Indicator Data Collection	2	6	5	83%
Capacity for Indicator Data Analysis	3	9	8	89%
Performance Indicator Parameters	6	18	16	89%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	2	33%
Overall Validation Rating Score	**28**	**84**	**72**	**86%**

Plan & Project Strengths
Access-Related: HNE-Be Healthy is commended for its partnership with community organizations.

Opportunities for Improvement
- **Quality-Related:** Kepro advises HNE-Be Healthy to gather member input to inform the design of its interventions.
- **Quality-Related:** Kepro advises HNE-Be Healthy to provide additional detail about the design of its member outreach intervention.
- **Quality-Related:** Kepro advises HNE-Be Healthy to report the flu vaccination rate as its performance indicator rather than a non-adherence rate.

Berkshire Fallon Health Collaborative - Increasing Flu Vaccination for the BFHC Population

1. General PIP Information

Managed Care Plan (MCP) Name: Berkshire Fallon Health Collaborative
PIP Title: Increasing Flu Vaccination for the BFHC Population

PIP Aim Statement:

Member-Focused
- Increase flu vaccinations for members by 10% from the 2019 to 2020 baseline rate of 22.9%.
- At a minimum, conduct 5 flu clinics each year for members utilizing the Mobile Health Van.

Provider-Focused
- Increase flu vaccinations for ACO members by 10% from the 2019 to 2020 baseline rate of 22.9%.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)

☒ State-mandated (state required plans to conduct a PIP on this specific topic)

☐ Collaborative (plans worked together during the planning or implementation phases)

☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)

☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):

☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS or pregnant women (please specify): All Members

---

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

Fallon-BFHC will use its Mobile Health Van in strategic areas in which there are higher populations of low-income and/or diverse populations or members. Even though transportation may not be a barrier for these members, they may have vaccine hesitancy due to racial/ethnic beliefs and the hoped is that BFHC staff will work with members to address concerns.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)

None identified.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)

- Fallon-BFHC will establish processes to increase the quality of REL data collected by frontline staff and/or providers during appointments.
- Fallon-BFHC will establish a process to accurately capture flu immunizations received outside of the ACO network, e.g., employers and pharmacies.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Rate of Flu Vaccinations	2020	2417 / 10,532

22.9% | ☒ Not applicable—PIP is in planning or implementation phase, results not available | | ☐ Yes
☐ No | ☐ Yes ☐ No

Specify P-value:
☐ <.01 ☐ <.05

Other (specify):
p < 0.005 |

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply):
☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year
☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):

Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence |
| **EQRO recommendations for improvement of PIP:**

Kepro recommends adopting a more detailed approach to gathering feedback directly from members, specifically targeting those that are not receiving the flu vaccine. |

PIP Evaluation

Kepro evaluates an ACPPs performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Fallon-BFHC received a rating score of 96% on this PIP.

Exhibit 4.6. Fallon-BFHC PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	9	75%
Intervention Activities Updates	5	15	15	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	5	15	15	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**27**	**81**	**78**	**96%**

Plan & Project Strengths
- **Quality-Related:** Kepro commends Fallon-BFHC for its mission, reported as meeting their members where their members live and bringing the vaccine to them.
- **Quality-Related:** Kepro commends Fallon-BFHC for utilizing a novel, patient-centered approach to addressing flu vaccination.

Opportunities for Improvement

- **Quality-Related:** Kepro recommends adopting a more detailed approach to gathering feedback directly from members, specifically targeting those that are not receiving the flu vaccine.

BMC Healthnet Plan Community Alliance – Increase the Rates of COVID-19 Vaccination Among the ACO Medicaid Population

1. General PIP Information

Managed Care Plan (MCP) Name: BMC HealthNet Plan Community Alliance
PIP Title: Increase the Rates of COVID-19 Vaccination Among the ACO Medicaid Population

PIP Aim Statement:

Member-Focused
- Increase COVID vaccination among all BMCHP-BACO members through engagement and education as measured by a 10% increase overall COVID vaccination rates (first dose and fully immunized).
- Increase COVID vaccination rates to within +/- 5% of members identifying as white -for BMCHP-BACO members who identify as Black and Latinx through community engagement and member education.

Provider-Focused
- Educate provider groups regarding COVID vaccination disparities and methods for addressing these populations as measured by educational materials given to providers and documentation of provider teaching with members.
- Collaborate with the top five high-performing providers (those with the most immunized patients) to identify best practices and improve performance of the five lower-performing providers by 5%.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)
- ☒ State-mandated (state required plans to conduct a PIP on this specific topic)
- ☐ Collaborative (plans worked together during the planning or implementation phases)
- ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)
- ☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):
☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS or pregnant women (please specify): All Members

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

Using a mobile van, BMCHP-BACO will engage a group of diverse staff, nurses, and providers to meet members in the community as an outreach strategy for engaging members of the Black and Latinx communities and improving vaccination rates within those populations.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)

- BMCHP-BACO will create a video to educate providers and staff about disparities in COVID vaccination rates in the patient population. The video will use culturally relevant educational materials and teaching tools to provide methods to address disparities in COVID vaccination rates and help providers and staff better understand how to address these disparities when working with patients.
- Teams that are in direct contact with patients and are giving COVID vaccines will receive training in Motivational Interviewing to more effectively engage with patients.
- BMCHP-BACO will collaborate with the top five high-performing providers (those with the most immunized patients) to identify best practices and improve performance of the lower-performing providers.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
COVID-19 Vaccination Rate	2021	47,309 / 111,185 43%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval   ☒ Planning phase ☒ Implementation phase   ☒ Baseline year ☐ First remeasurement   ☐ Second remeasurement ☐ Other (specify): Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: None identified.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. BMCHP-BACO received a rating score of 100% on this PIP.

Exhibit 4.7. BMCHP-BACO PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	15	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	3	9	9	100%
Performance Indicator Parameters	5	15	15	100%
Baseline Performance Indicator Rates	5	15	15	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**29**	**87**	**87**	**100%**

Plan & Project Strengths

- **Quality- and Access-Related:** Kepro commends BMCHP-BACO for the following strengths:
  - Recognizing the influence providers and staff can have on member comfort with interventions such as vaccination
  - A dedicated team resourced to getting members vaccinated
  - A tracking dashboard of vaccinations by several key indicators (e.g., race, ethnicity, SVI, age)
- **Access-Related:** Kepro commends BMCHP-BACO for the following strengths:
  - Engagement with community resources to improve advocacy of vaccination and provide education
  - Culturally appropriate team of nurses working in the community to provide vaccinations

Opportunities for Improvement
None Identified.

BMC Healthnet Plan Mercy Alliance – Increase the Rates of COVID-19 Vaccinations Among the ACO Medicaid Population

1. General PIP Information

Managed Care Plan (MCP) Name: BMC HealthNet Plan Mercy Alliance
PIP Title: Increase the Rates of COVID-19 Vaccinations Among the ACO Medicaid Population

PIP Aim Statement:

Member-Focused
- Increase COVID vaccination among all eligible members through engagement and education as measured by overall COVID vaccination rates (first dose and fully immunized)
- Increase COVID vaccination rates for members who identify as Black and Latinx through community engagement and member education

Provider-Focused
- Educate provider groups regarding COVID vaccination disparities and methods for addressing these populations as measured by educational materials given to providers and documentation of provider teaching with members
- Engage with community groups and local leaders on outreach and engagement strategies for COVID vaccination rates among the Black and Latinx communities

---

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)

☒ State-mandated (state required plans to conduct a PIP on this specific topic)

☐ Collaborative (plans worked together during the planning or implementation phases)

☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)

☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):

☐ Children only (ages 0–17)* ☐ Adults only (age 18 and over) ☒ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS or pregnant women (please specify): All members

---

Programs: ☐ Medicaid (Title XIX) only ☐ CHIP (Title XXI) only ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) Engage with community groups such as the New North Citizens Council, the Black Springfield Coalition, and local leaders on outreach and engagement strategies for COVID vaccination rates among the Black and Latinx communities.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) • Educate provider groups regarding COVID vaccination disparities and methods for addressing these populations as measured by educational materials given to providers and documentation of provider teaching with members. • Teams that are in direct contact with patients and are focused on giving COVID vaccines receive training in Motivational Interviewing to engage with patients more effectively. • BMCHP-Mercy will create and distribute a video to all providers and staff to help understand COVID vaccine disparities and understand the importance of health equity in vaccine distribution so that all providers and staff are comfortable having a vaccine conversation.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
COVID-19 Vaccination Rate	2021	6267 / 17,505 37%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes   ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval   ☒ Planning phase ☒ Implementation phase   ☒ Baseline year ☐ First remeasurement   ☐ Second remeasurement ☐ Other (specify): Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP:
None identified.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. BMCHP-Mercy received a rating score of 99% on this PIP.

Exhibit 4.8. BMCHP-Mercy PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	14.5	97%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	5	15	15	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**26**	**78**	**77.5**	**99%**

Plan & Project Strengths
Access-Related: BMCHP-Mercy is commended for the breadth of its community engagement in its work on this PIP. BMCHP-Mercy has been part of collaborative group discussions and planning sessions with the local board of public health, MA DPH, the Public Health Institute of Western Mass, Baystate Hospital, the New North Citizens Council, and the Black Springfield COVID coalition. Mercy has funded an outreach and engagement campaign with the New North Citizen Council for outreach to the Latinx community ongoing through the summer. It has also participated in events with state and local official to hear community members' reasons for hesitancy and to offer vaccines.

Opportunities for Improvement
None Identified.

BMC Healthnet Plan Signature Alliance – Increase the rate of flu vaccination for all Signature members, with a special focus on pediatric vaccination and reducing racial disparities for Black children

1. General PIP Information

Managed Care Plan (MCP) Name: BMC HealthNet Plan Signature Alliance
PIP Title: Increase the rate of flu vaccination for all Signature members, with a special focus on pediatric vaccination and reducing racial disparities for Black children
PIP Aim Statement: *Member-Focused* • Improve flu vaccination rates as evidenced by an increase in flu vaccination rates among Signature members ages 1 to 17 by 25% from the 2020 baseline rate of 45% to 53%. • Collect declination data in the electronic health record for 80% of members who decline the flu vaccination for analysis to identify reasons why members do not want to receive the flu vaccination and draw conclusions on possible future interventions. *Provider-Focused* • Engage with all provider practices (eight) in areas with larger identified disparities to share approaches to engaging diverse populations using content and techniques from the Resilient Church program, a grant-funded community-based project that produces content in several topic areas with an emphasis on equity for members in those regions, as evidenced by engaging 100% of providers in the identified practices.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☒ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☒ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☐ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as duals, LTSS or pregnant women (please specify):
Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) The development and distribution of culturally responsive marketing materials including a texting campaign directed to the parents of pediatric patients who have not yet received their flu vaccine to inform them about flu clinics, nurse visits, or other places they can receive vaccines.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) None identified.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
BMCHP-Signature is embedding weekly pop-up clinics at its three pediatric practice locations to improve accessibility and the likelihood of vaccination. Clinics will be held on alternating days and locations with hours from 8:30 a.m. to 5 p.m. In addition, nurse-only visits will also be available everyday (with evening appointments available as well) for flu vaccination if patients cannot access the clinic.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Flu vaccination rate	2021	4085 / 15,383 27%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes   ☐ No
Validation phase (check all that apply):   ☐ PIP submitted for approval   ☒ Planning phase ☒ Implementation phase   ☒ Baseline year   ☐ First remeasurement   ☐ Second remeasurement   ☐ Other (specify):   Validation rating: ☒ High confidence   ☐ Moderate confidence   ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: None identified.

PIP Evaluation
Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. BMCHP-Signature received a rating score of 100% on this PIP.

Exhibit 4.9. BMCHP-Signature PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	15	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	5	15	15	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**26**	**78**	**78**	**100%**

Plan & Project Strengths
Access-Related: Kepro commends BMCHP-Signature for working within the community.

Opportunities for Improvement
None Identified.

BMC Healthnet Plan Southcoast Alliance – Increasing the Rate of Flu Vaccination for All Southcoast Members, with a Special Focus on Reducing Racial Disparities in Flu Vaccination Access

1. General PIP Information

Managed Care Plan (MCP) Name: BMC HealthNet Plan Southcoast Alliance
PIP Title: Increasing the Rate of Flu Vaccination for All Southcoast Members, with a Special Focus on Reducing Racial Disparities in Flu Vaccination Access
PIP Aim Statement: *Member-Focused* • Increase flu vaccination among all members through engagement and education as measured by overall flu vaccination rate of at least 40% (i.e., average flu vaccination rate for Massachusetts) for the 2021/2022 influenza season. • Decrease any identified disparities in flu vaccination rates among Hispanic and Black patients as measured by an increase of at least 10% from baseline for the 2021/2022 influenza season. *Provider-Focused* • Educate provider groups regarding flu vaccination rates and disparities, as well as methods for addressing these populations, as measured by documentation of completion of cultural competency training by at least 95% of targeted providers. • Engage with at least 50% of high-performing providers (i.e., those with historically higher patient vaccination rates) to identify and share best practices for the 2021/2022 influenza season.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☐ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☒ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as duals, LTSS, or pregnant women (please specify): All Members
Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) BMCHP-Southcoast's Care Navigation Team will make flu outreach calls to patients on the BMC vulnerable list; to those recently seen in in the emergency department or urgent care; and to those patients recently discharged from the hospital.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) • To ensure the standard schedule for flu vaccine is hardwired into practice workflows, BMCHP-Southcoast will implement CDC flu vaccine recommendations through various multidisciplinary committees (e.g., CPC, Infection Prevention, SPG Nursing Leadership) to ensure that safe, reliable, high-quality, and evidence-based medical care standards are disseminated and implemented across the care continuum.

- BMCHP-Southcoast will educate provider groups regarding flu vaccination rates and disparities, as well as methods for addressing these populations, as measured by documentation of completion of cultural competency training by at least 95% of targeted providers.
- Engage with at least 50% of high-performing providers, i.e., those with historically higher patient vaccination rates, to identify and share best practices for the 2021/2022 influenza season.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)

None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Flu Vaccination Rate	2020	1614 / 14,041 11%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes   ☐ No
Validation phase (check all that apply):   ☐ PIP submitted for approval   ☒ Planning phase ☒ Implementation phase   ☒ Baseline year   ☐ First remeasurement   ☐ Second remeasurement   ☐ Other (specify):   Validation rating: ☒ High confidence   ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Access-Related:** Kepro recommends that BMCHP-Southcoast track influenza vaccination rates of those members that were targeted compared to those that were not.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. BMCHP-Southcoast received a rating score of 99% on this PIP.

Exhibit 4.10. BMCHP-Southcoast PIP Rating

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	14.3	95%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	3	9	9	100%
Performance Indicator Parameters	5	15	15	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**28**	**84**	**83.3**	**99%**

Project & Plan Strengths
Access-Related: Kepro commends the patient-facing education and support intervention that requires different strategies for the plan's subpopulations.

Opportunities for Improvement
Access-Related: Kepro recommends that BMCHP-Southcoast track influenza vaccination rates of those members that were targeted compared to those that were not.

FALLON 365 CARE - INCREASING FLU VACCINATION FOR THE FALLON-365 ACO POPULATION

1. General PIP Information

Managed Care Plan (MCP) Name: Fallon 365 Care
PIP Title: Increasing Flu Vaccination for the Fallon 365 Population
PIP Aim Statement: *Member-Focused* • Increase flu vaccination rates by 10% for ACO members ages 30 to 49 from the 2019 to 2020 baseline rate of 40.1%. *Provider-Focused* • Increase flu vaccination rates by 10% for ACO members ages 30 to 49 from the 2019 to 2020 baseline rate of 40.1%.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☒ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)*   ☒ Adults only (age 18 and over)   ☐ Both adults and children *If PIP uses different age threshold for children, specify age range here: Adults 30 to 49
Target population description, such as duals, LTSS or pregnant women (please specify): All Members
Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) Populate a list of members within the pilot practice who have not received their flu vaccine within the last 2 years, and stratify by age groups, as the focus will be on members ages 30 to 49. Population Health Coordinators will outreach to members via phone to discuss the importance of receiving the flu vaccine and ways to receive flu vaccine, e.g., with their provider, the ACO's flu clinics, and pharmacies.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) None identified.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools) None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Flu Vaccination Rate	2020	8,278 / 20,648 40.1%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): p < 0.005

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply):   ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year   ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Access**   • Kepro recommends a stronger plan for inclusion of members who have historically not received the flu vaccine to ensure true barriers are addressed.   **Quality**   • As discussed during Kepro's April 27, 2021 meeting with Fallon-365, Kepro strongly recommends enlisting members in a survey or focus groups to gather input directly. It also recommends further detailing the plan for inclusion of provider feedback in this initiative, possibly using standing meeting structure.   • Kepro suggests Fallon-365 consider adding a provider-focused intervention.   • Kepro suggests comparing vaccination rates within the Framingham site cohorts to determine the difference in vaccination rates between those that received the intervention compared to those who did not.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Fallon-365 received a rating score of 90% on this PIP.

Exhibit 4.11. Fallon-365 PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	4	33%
Intervention Activities Updates	5	15	15	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	5	15	15	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**27**	**81**	**73**	**90%**

Plan & Project Strengths
Quality-Related: Fallon-365 is commended for its use of a pilot at a single site to test project assumptions.

Opportunities for Improvement
Access-Related:
- Kepro recommends a stronger plan for inclusion of members who have historically not received the flu vaccine to ensure true barriers are addressed.

Quality-Related:
- As discussed during Kepro's April 27, 2021 meeting with Fallon-365, Kepro strongly recommends enlisting members in a survey or focus groups to gather input directly. It also recommends further detailing the plan for inclusion of provider feedback in this initiative, possibly using standing meeting structure.
- Kepro suggests Fallon-365 consider adding a provider-focused intervention.
- Kepro suggests comparing vaccination rates within the Framingham site cohorts to determine the difference in vaccination rates between those that received the intervention compared to those who did not.

TUFTS HEALTH TOGETHER WITH ATRIUS – IMPROVING COVID-19 VACCINATION RATES AMONG TUFTS HEALTH PLAN – ATRIUS HEALTH MEMBERS

1. General PIP Information

Managed Care Plan (MCP) Name: Tufts Health Together with Atrius Health
PIP Title: Improving COVID-19 Vaccination Rates among Tufts–Atrius members

PIP Aim Statement:

Member-Focused
- Increase COVID vaccination rates among Tufts-Atrius membership by increasing awareness of and access to the COVID vaccine.
- Reduce racial and ethnic health disparities in COVID vaccination rates by increasing patient awareness and access to the COVID vaccine.

Provider-Focused
- Increase provider awareness and engagement by sharing daily COVID vaccination rates and providing resources, tools, and education for COVID vaccine safety, efficacy and availability that will support their efforts with patients.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)

☒ State-mandated (state required plans to conduct a PIP on this specific topic)

☐ Collaborative (plans worked together during the planning or implementation phases)

☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)

☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):

☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children

*If PIP uses different age threshold for children, specify age range here: All COVID vaccine-eligible children

---

Target population description, such as duals, LTSS or pregnant women (please specify): All COVID vaccine-eligible members

---

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

- Direct outreach to unvaccinated Black and Latinx patients by their PCP or a member of their care team who is trained/educated in responding to common hesitancy concerns, as well as vaccine safety and efficacy.
- Engaging patients during their appointment. Asking patients directly, during their appointment, whether they have been vaccinated and taking the opportunity to address unvaccinated patient concerns and hesitancy in a culturally sensitive manner.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)

Resources and materials have been developed and deployed to educate providers about effective ways to communicate with patients about getting the COVID vaccine.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)

None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
COVID Vaccination Rate	2020	0 / 24,771 0%	☐ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: None identified.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Tufts-Atrius received a rating score of 100% on this PIP.

Exhibit 4.12. Tufts-Atrius PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5.0	15.0	15.0	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	4	12	4	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**25**	**75**	**75**	**100%**

Plan and Project Strengths
- **Quality-Related:** Tufts-Atrius is highly commended for its processes related to gathering stakeholder input.
- **Access-Related:** Kepro commends Tufts-Atrius' targeted interventions that build on provider-member relationships to encourage COVID vaccination of the subpopulations with lower vaccination rates as described in information provided earlier in this report.
- **Access- and Quality-Related:** Tufts-Atrius is commended for its high rate of documenting the ethnicity and language preferences of its members.

Opportunities for Improvement
None Identified.

TUFTS HEALTH TOGETHER WITH BIDCO – IMPROVING FLU IMMUNIZATION RATES AMONG TUFTS-BIDCO MEMBERS

1. General PIP Information

Managed Care Plan (MCP) Name: Tufts Health Together with BIDCO
PIP Title: Improving Flu Immunization Rates among Tufts-BIDCO Members

PIP Aim Statement:

Member-Focused
- Improve flu immunization rates among Tufts-BIDCO membership by implementing outreach campaigns at the start of flu season.
- Reduce racial, ethnic, societal health disparities in flu vaccination rates by leveraging a variety of communication pathways that are customized for specific subpopulations.
- Provide information to members about flu vaccine safety and efficacy and promote information by sharing current CDC guidance with members.
- Provide information to members about flu vaccine availability by providing up-to-date information related to flu vaccine availability by practice.
- Broaden member access to the flu vaccine by sharing flu vaccine access points with members.

Provider-Focused
- Increase provider awareness of member flu vaccination rates & disparities in vaccination rates by providing patient registries containing relevant data on current and historical flu vaccination status to provider practices.
- Increase provider engagement in member education of flu vaccine safety, efficacy, and availability by supplying patient education topics and scripting.
- Increase provider awareness of member barriers to flu vaccine to assist in mitigating barriers members may face by developing talking points and scripting to facilitate vaccine hesitancy conversations.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)

☒ State-mandated (state required plans to conduct a PIP on this specific topic)

☐ Collaborative (plans worked together during the planning or implementation phases)

☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)

☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):

☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS, or pregnant women (please specify):

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

- Tufts-BIDCO aims to assess the efficacy of a variety of outreach modalities (text, email, and phone) to understand the impact of each outreach effort on receiving necessary care.

- A Tufts-BIDCO site, the South Cove Community Health Center, will outreach patients directly via telephone to engage patients in conversations around barriers that these patients may be feeling. This call will be made to members in their preferred language.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)
Provide Tufts-BIDCO primary care providers with registries with up-to-date information on each patient's flu vaccine status. These registries will be informed by both claims and clinical data and will facilitate workflow enhancements to address gaps in flu vaccination for each provider's patient population, including practice level outreach efforts and pre-visit planning.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Flu Vaccination Rate	2020	15,631 / 42,932 36.41%	☐ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): p < 0.005

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: None identified.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Tufts-BIDCO received a rating score of 99.7% on this PIP.

Exhibit 4.13. Tufts-BIDCO PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates*	5	15	14.7	98%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	5	15	15	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**26**	**78**	**77.7**	**99.7%**

Plan & Project Strengths
- **Quality-Related:** Tufts-BIDCO is commended for soliciting member feedback through bimonthly Patient and Family Advisory Council meetings as well as for its positive efforts to engage providers as stakeholders in the design of its interventions.
- **Access-Related:** Tufts-BIDCO is commended for building upon its experience with challenges associated with notifying members about the COVID-19 vaccinations. Learning from this experience, Tufts-BIDCO will be conducting telephonic outreach to patients of South Cove Community Health Center, which serves a largely Chinese American population, in several locations.
- **Quality-Related:** Kepro commends Tufts-BIDCO for providing PCPs with registries that report up-to-date information on each member's flu vaccine status.

Opportunities for Improvement
None Identified.

Tufts Health Together with Boston Children's ACO – Reducing racial, ethnic, or societal health disparities in flu vaccination

1. General PIP Information

Managed Care Plan (MCP) Name: Tufts Health Together with Boston Children's ACO
PIP Title: Reducing racial, ethnic, or societal health disparities in flu vaccination

PIP Aim Statement:

Member-Focused
- Increase (compared to a previous flu season) flu vaccination rates among members during the measurement period September 2021-March 2022, with specific focus on increasing vaccination rates among members under the age of two during this current flu season and among members with underlying medical complexity that puts them at higher risk for influenza-related morbidity and mortality.
- Improve members' knowledge about flu vaccine availability, safety, and efficacy by using evidence-based multi-channel communication techniques that emphasize parents' choice and provider and ACO/health plan recommendation for vaccination.

Provider-Focused
- Enable providers to communicate to members where and when to get a flu vaccination.
- Provide members with information on flu vaccine safety and efficacy through member outreach and member resources.
- Assess the flu vaccination status of parents of infants under 6 months through screening.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)

☒ State-mandated (state required plans to conduct a PIP on this specific topic)
☐ Collaborative (plans worked together during the planning or implementation phases)
☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)
☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):

☒ Children only (ages 0–17)* ☐ Adults only (age 18 and over) ☐ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS or pregnant women (please specify): All members (Tufts-BCH members are predominantly pediatric.

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

- Tufts-BCH will develop and distribute educational materials for members aimed at increasing knowledge and understanding about the flu vaccination and reducing skepticism.
- The primary care practices will attempt to leverage flu reminder text message reminders to families that emphasize parental choice, a method that has been shown to increase parental uptake and acceptance of vaccines.
- Individualized outreach will be conducted by primary care Nurse Practitioners during encounters with patients who are part of the asthma care management program and during encounters for patients with medical complexities.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)

Tufts-BCH will educate providers to discuss the importance of flu vaccination with parents, in particular with parents of children less than 6 months of age who are unable to be vaccinated.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Flu vaccination rate	2020	40,022 / 83,391 47.99%	☐ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): p < 0.005

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply):   ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year   ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Quality-Related**: Kepro advises Tufts-BCH to consider additional evidence-based interventions for promoting flu vaccinations.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Tufts-BCH received a rating score of 94.5% on this PIP.

Exhibit 4.14. Tufts-BCH PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	10.7	71.3%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	5	15	15	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**26**	**78**	**73.7**	**94.5%**

Plan & Project Strengths
Access- and Quality-Related: Tufts-BCH is positively engaged with several quality champions who represent their primary care practices. Tufts-BCH is commended for including clinicians who have experience analyzing race- and ethnicity-based disparities in care.

Opportunities for Improvement
Quality-Related: Kepro advises Tufts-BCH to consider additional evidence-based interventions for promoting flu vaccinations.

Tufts Health Together with Cambridge Health Alliance – Reducing Racial, Ethnic, or Societal Health Disparities in Flu Vaccination

1. General PIP Information

Managed Care Plan (MCP) Name: Tufts Health Together with Cambridge Health Alliance
PIP Title: Reducing Racial, Ethnic, or Societal Health Disparities in Flu Vaccination

PIP Aim Statement: *Member-Focused*   • Improve flu education and marketing to patients through communication channels such as MyChart (the patient portal) and non-MyChart, e.g., in-person community outreach, after visit summaries, flu ambassadors.   • Improve access to flu vaccine for certain subpopulations identified through the population health analysis.   • Improve flu vaccination rates in the ACO population.   *Provider-Focused*   • Improve provider education on resources and tools that they can use with patients.   • Raise awareness and keep providers informed on flu disparities among patient populations.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)   ☒ State-mandated (state required plans to conduct a PIP on this specific topic)   ☐ Collaborative (plans worked together during the planning or implementation phases)   ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)   ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one):   ☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☐ Both adults and children   *If PIP uses different age threshold for children, specify age range here: 12 to 17
Target population description, such as duals, LTSS, or pregnant women (please specify):
Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)   • Tufts-CHA will develop and disseminate, through multiple modes of communication, flu educational resources (flu campaigns, flu reminders, importance of vaccination handouts/messaging) that will help advance patient education and awareness of the flu, the importance of the flu vaccine, and include efficacy and safety information. The education will be delivered through community outreach, as well as the MyChart Cambridge Health Alliance patient portal. In addition to the education, more targeted outreach will be conducted using an automated system called Phytel.   • Tufts-CHA will create clinic access for patients to receive the flu vaccine. To increase access, Tufts-CHA will implement both drive-thru clinics as well as mobile flu vaccination clinics in under-vaccinated communities.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)   None identified.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)   None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Flu Vaccination Rate	2020	11,906 / 31,802 37.4%	☐ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes   ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval   ☒ Planning phase ☒ Implementation phase   ☒ Baseline year ☐ First remeasurement   ☐ Second remeasurement   ☐ Other (specify): Validation rating: ☒ High confidence   ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Access-Related:** Tufts-CHA does not identify intervention strategies that focus on sub-populations with low vaccination rates. **Timeliness-Related:** Tufts-CHA intends to disseminate flu vaccination rates to providers. This activity might be more effective if, in addition to practice-specific flu vaccination rates, THPP-CHA also provided a gap report to each practice that identifies patients who have not been vaccinated.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Tufts-CHA received a rating score of 90% on this PIP.

Exhibit 4.15. Tufts-CHA PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	8	89%
Update to Stakeholder Involvement	4	12	10	83%
Intervention Activities Updates	5	15	11.5	77%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	5	15	15	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	5	83%
Overall Validation Rating Score	**26**	**78**	**70.5**	**90%**

Plan & Project Strengths

- **Quality- and Access-Related:** Tufts-CHA is commended for conducting centralized and automated outreach for members in need of a vaccine.

- **Access-Related:** Kepro commends the Tufts-CHA Community Health Improvement Team for leading the development of novel outreach strategies in collaboration with mayors and municipalities to take flu vaccinations to the communities with lower vaccination rates through mobile and drive-through clinics, focusing on Malden, Everett, and Revere.

Opportunities for Improvement
- **Access-Related:** Tufts-CHA does not identify intervention strategies that focus on sub-populations with low vaccination rates.
- **Access- and Timeliness-Related:** Tufts-CHA intends to disseminate flu vaccination rates to providers. This activity might be more effective if, in addition to practice-specific flu vaccination rates, THPP-CHA also provided a gap report to each practice that identifies patients who have not been vaccinated.

Wellforce Care Plan – Increase COVID Vaccination Rates for the Wellforce Care Plan ACO population

1. General PIP Information

Managed Care Plan (MCP) Name: Wellforce Care Plan
PIP Title: Increase COVID Vaccination Rates for the Wellforce Care Plan Population

PIP Aim Statement:

Member-Focused
- Increase COVID vaccination rates for the Fallon-Wellforce population by 10% from a baseline rate of <1%.

Provider-Focused
- Increase COVID vaccination rates for the Fallon-Wellforce population by 10% from a baseline rate of <1%.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)

☒ State-mandated (state required plans to conduct a PIP on this specific topic)

☐ Collaborative (plans worked together during the planning or implementation phases)

☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)

☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):

☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS or pregnant women (please specify): Vaccine-eligible members

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

Fallon-Wellforce intends to explore member outreach efforts such as member portal messages, newsletters, text messages, and surveys and will follow up after members have been vaccinated to learn from their experience.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)

Fallon-Wellforce plans to offer education to providers and staff regarding vaccine hesitancy.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)

None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
COVID Vaccination Rate	1/2021	217 / 25,535 <1%	☐ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): p < 0.005

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Quality-Related:** Kepro believes that member and provider participation in the design of interventions is essential to a successful performance project and, as such, should be conducted at project outset.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Fallon-Wellforce received a rating score of 88% on this PIP.

Exhibit 4.16. Fallon-Wellforce PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	8	100%
Update to Stakeholder Involvement	4	12	4	83%
Intervention Activities Updates	5	15	15	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	4	12	12	100%
Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**26**	**78**	**69**	**88%**

Plan & Project Strengths

Quality-and Access-Related: Fallon-Wellforce is leveraging its new population health tool, Arcadia, to support vaccination efforts.

Opportunities for Improvement

Quality-Related: Kepro believes that member and provider participation in the design of interventions is essential to a successful performance project and, as such, should be conducted at project outset.

TOPIC 2: TELEHEALTH ACCESS

AllWays My Care Family - Increasing the Use of Telehealth Services for My Care Family Members 0 to 64 Years of Age, with a Focus on Primary Care Medical Services.

1. General PIP Information

Managed Care Plan (MCP) Name: AllWays My Care Family
PIP Title: Increasing the Use of Telehealth Services for AllWays Members 0 to 64 Years of Age, with a Focus on Primary Care Medical Services
PIP Aim Statement: *Member-Focused* • Increase member knowledge of Telehealth resources and how to use telehealth service, especially video visits, through different educational outreach campaigns, e.g., text-messaging and blogs, as evidenced by an increase from 5% (MY2020) to 15% the percentage of telehealth video visits by the end of this project. • Improve member satisfaction with telehealth services from 78% to 85%, as evidenced in the member post-survey responses to the question, "I was satisfied with my telehealth visit and found it helpful." *Provider-Focused* • Increase Primary Care Provider utilization of telehealth video visits through education about existing and new telehealth resources to be created through this PIP such as online educational guides and protocols, as evidenced by an increase in the percentage of telehealth video visits from 4% (MY2020) to 15% by the end of this project. • Develop and disseminate a protocol to guide providers to track in the EMR systems whether the patient has audio or video telehealth capabilities. Through this intervention, AllWays hopes that 60% of clinicians will track member telehealth capabilities in their EMR systems by the end of this project.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☒ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children *If PIP uses different age threshold for children, specify age range here: Five years of age and older
Target population description, such as duals, LTSS or pregnant women (please specify): All members
Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) Facilitate member use of telehealth by linking members with no-cost technology resources for those without access to a device or the internet and educate members on their use.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)
• Improve providers' ability to educate and communicate with patients via telehealth services (especially through video), which consequently would improve the relationships and communication between patients and providers via telehealth. This includes improving providers' ability to give patients "handouts" of conditions electronically.   • Assess the number of members using telehealth, by allowing the providers to recognize a member's ability to use telehealth and recommending it to the member for future appointments.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
AMBA – Ambulatory Care /1000 Member Months Telehealth NQF #9999	2020	61,617 / 417,480 147.59	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
AMBA – Ambulatory Care/1000 Member Months Video NQF #9999	2020	8097 / 417,480 19.39	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
AMBA – Ambulatory Care/1000 Member Months Telephone NQF #9999	2020	53,520 / 417,780 128.19	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply):   ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year   ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence

> **EQRO recommendations for improvement of PIP:**
>
> **Quality-Related:** Kepro suggests that community organizations could provide insights into specific member needs and barriers by subpopulation.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. AllWays received a rating score of 98% on this PIP.

Exhibit 4.17. AllWays PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates*	5	15	13.6	91%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**26**	**78**	**76.6**	**98%**

Plan & Project Strengths

Access- and Quality-Related: AllWays is highly commended for its analysis of the digital inequities existing in its service area.

Opportunities for Improvement

Quality-Related: Kepro suggests that community organizations could provide insights into specific member needs and barriers by subpopulation.

Be Healthy Partnership – Reducing Access Barriers to Appropriate Primary Care Telehealth Services

1. General PIP Information

Managed Care Plan (MCP) Name: Be Healthy Partnership
PIP Title: Reducing Access Barriers to Appropriate Primary Care Telehealth Services
PIP Aim Statement: *Member-Focused* • Identify five to seven members classified as historical no-shows per week during the baseline period at the Caring Health Center and outreach to those members for conversion to a telehealth visit if clinically appropriate. *Provider-Focused* • Identify the services most appropriate for telehealth primary care for specified segments of the population.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☒ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as duals, LTSS, or pregnant women (please specify): Adult members
Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) Conduct outreach to members who historically do not keep appointments and proactively encourage their participation in the telemedicine platform.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) None identified.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools) None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Ambulatory Care (AMB) NQF #9999	2021	Not reported.	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify): Validation rating: ☐ High confidence ☐ Moderate confidence ☒ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Quality-Related:** Kepro strongly advises HNE-Be Healthy to gather stakeholder input (member and provider) in advance of intervention design. **Quality-Related:** Kepro advises HNE-Be Healthy, in future reporting, to respond in full to all questions on the PIP Questionnaire. It presented many project strengths in the October 12, 2021, meeting that had not been documented.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. HNE-Be Healthy received a rating score of 84% on this PIP.

Exhibit 4.18. HNE-Be Healthy PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	7	78%
Update to Stakeholder Involvement	4	12	10	83%
Intervention Activities Updates	5	15	13	87%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	2	67%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	NA	NA	NA	NA
Conclusions and Planning for Next Cycle	2	6	3	50%
Overall Validation Rating Score	**21**	**63**	**53**	**84%**

Plan & Project Strengths

Quality-Related: Kepro commends HNE-Be Healthy for piloting interventions at a single site to learn the strengths and opportunities for its interventions.

Opportunities for Improvement
- **Quality-Related:** Kepro strongly advises HNE-Be Healthy to gather stakeholder input (member and provider) in advance of intervention design.
- **Quality-Related:** Kepro advises HNE-Be Healthy, in future reporting, to respond in full to all questions on the PIP Questionnaire. It presented many project strengths in the October 12, 2021, meeting that had not been documented.

Berkshire Fallon Health Collaborative – Reduce the Barriers to Behavioral Telehealth for the Fallon-BFHC Population

1. General PIP Information

Managed Care Plan (MCP) Name: Berkshire Fallon Health Collaborative
PIP Title: Reduce the Barriers to Behavioral Telehealth for the Fallon-BFHC Population
PIP Aim Statement: *Member-Focused*   • Increase utilization of behavioral telehealth by 5% from the baseline rate of 64.4% which will be measured utilizing MPT measure.   *Provider-Focused*   • Increase utilization of behavioral telehealth by 5% from the baseline rate of 64.4% which will be measured utilizing MPT measure.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)   ☒ State-mandated (state required plans to conduct a PIP on this specific topic)   ☐ Collaborative (plans worked together during the planning or implementation phases)   ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)   ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one):   ☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children   *If PIP uses different age threshold for children, specify age range here:
Target population description, such as duals, LTSS, or pregnant women (please specify): All members
Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)   None identified.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)   None identified.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data too   Increase the availability and number of behavioral health providers, particularly providers available via telehealth.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
MPT - Mental Health Utilization NQF #9999	2020	2206 / 3427 64.4%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): p < 0.005

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply):   ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year   ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Access-Related:** Kepro recommends and encourages engagement with a behavioral health telehealth contracted vendor as it has been stated a lack of availability of providers has contributed to access issues for members.   **Access-Related:** Kepro recommends activities to understand the barriers within targeted sub-populations through surveys and/or focus groups to inform the design of viable interventions to address disparities. Availability of technology and broadband might be limiting factors that will need to be addressed in subpopulations.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Fallon-BFHC received a rating score of 94% on this PIP.

Exhibit 4.19. Fallon-BFHC PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	8	89%
Update to Stakeholder Involvement	4	12	11	92%
Intervention Activities Updates	5	15	12	80%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**26**	**78**	**73**	**94%**

Plan & Project Strengths

Quality-Related: Fallon-BFHC is commended for its plans to improve REL data collection on members to capture a more accurate picture of its population.

Opportunities for Improvement

- **Access-Related:** Kepro recommends and encourages engagement with a behavioral health telehealth contracted vendor as it has been stated a lack of availability of providers has contributed to access issues for members.
- **Access-Related:** Kepro recommends activities to understand the barriers within targeted sub-populations through surveys and/or focus groups to inform the design of viable interventions to address disparities. Availability of technology and broadband might be limiting factors that will need to be addressed in subpopulations.

BMC HealthNet Plan Community Alliance – Improving Access to Telehealth Ambulatory Care Among All BMCHP-BACO Members

1. General PIP Information

Managed Care Plan (MCP) Name: BMC HealthNet Plan Community Alliance
PIP Title: Improving Access to Telehealth Ambulatory Care Among All BMCHP-BACO Members

PIP Aim Statement:

Member-Focused
- Increase telehealth ambulatory care access among all BMCHP-BACO members by educating 100% of members identified as not receiving telehealth services with an expected engagement rate of 20%.
- Decrease any identified disparities in telehealth ambulatory care rates in 100% of disparate categories by educating members in those categories around telehealth services and availability of culturally competent services, e.g., translation services.

Provider-Focused
- Increase telehealth ambulatory care rates by 10% among providers for all BMCHP-BACO members when telehealth is identified as an appropriate clinical response for follow up.
- Decrease disparities in telehealth ambulatory care rates within provider groups with identified lower rates by 5% via provider awareness of telehealth visit protocols, available services, and technology enhancements.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)

☒ State-mandated (state required plans to conduct a PIP on this specific topic)
☐ Collaborative (plans worked together during the planning or implementation phases)
☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)
☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):
☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children
*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS or pregnant women (please specify): All members

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

BMCHP-BACO is developing patient-facing training materials that include a guide on how to access telehealth resources as well as information to connect them to resources for low-cost devices or internet access and a list of community-based organizations that can provide digital training sessions.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)

None identified.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)

None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Ambulatory care telehealth utilization (AMB) NQF #9999	2020	11,863 / 339,447 2.97%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval   ☒ Planning phase ☒ Implementation phase   ☒ Baseline year ☐ First remeasurement   ☐ Second remeasurement   ☐ Other (specify): Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: None identified.

PIP Evaluation

Kepro evaluates an ACPPs performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. BMCHP-BACO received a rating score of 100% on this PIP.

Exhibit 4.20. BMCHP-BACO's PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	15	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**26**	**78**	**78**	**100%**

Project & Plan Strengths

Access- and Quality-Related: BMCHP-BACO is commended for participating in a Boston University Center for Antiracist Research project that conducts quantitative and qualitative evaluations of disparities in telehealth and in-person care during the pandemic.

Opportunities for Improvement
None Identified.

BMC HEALTHNET PLAN MERCY ALLIANCE – IMPROVING ACCESS TO TELEHEALTH AMBULATORY CARE AMONG ALL BMCHP-MERCY MEMBERS

1. General PIP Information

Managed Care Plan (MCP) Name: BMC HealthNet Plan Mercy Alliance
PIP Title: Improving Access to Telehealth Ambulatory Care among All BMCHP-Mercy Members

PIP Aim Statement:

Member-Focused
- Increase the percentage of all behavioral healthcare visits that are done via telehealth to 53% by the end of 2022, an increase from baseline of 48% in 2020.
- Increase the number of telehealth behavioral healthcare visits conducted to 5,268 by the end of 2022, an increase from baseline of 4,789 visits in 2020.
- Launch referral pathways to the care management and behavioral health support teams if the patient expresses a need for pre-visit telehealth support.

Provider-Focused
- Make new patient materials on how to access behavioral health services available and train staff in three out of 6 practices.
- Increase the number of referrals for telehealth support services to the Behavioral Health Care Team by 10% as measured by monthly referrals.
- By the end of the second year of this project, develop improved reporting and feedback loops to measure engagement in telehealth across ACO practices.
- Develop improved provider feedback and engagement on behavioral health visit barriers for patients.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)

☒ State-mandated (state required plans to conduct a PIP on this specific topic)

☐ Collaborative (plans worked together during the planning or implementation phases)

☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)

☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):

☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS, or pregnant women (please specify): All members

---

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)
Develop patient-facing materials, training, and support that will help members understand access to behavioral health services via telehealth and troubleshoot common technology barriers.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)
None identified.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Behavioral Health Telehealth Utilization (MPT) NQF #9999	2020	4789 / 9962 48%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify): Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: None identified.

PIP Evaluation
Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. BMCHP-Mercy received a rating score of 100% on this PIP.

Exhibit 4.21. BMCHP-Mercy PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	15	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**26**	**78**	**78**	**100%**

Plan & Projects Strengths
Quality-Related: Kepro commends BMCHP-Mercy for the strength of its stakeholder input.

Opportunities for Improvement
None Identified.

BMC HealthNet Plan Signature Alliance – Improving Access to Telehealth Ambulatory Care among All BMCHP-Signature Members

1. General PIP Information

Managed Care Plan (MCP) Name: BMC HealthNet Plan Signature Alliance
PIP Title: Improving Access to Telehealth Ambulatory Care among All BMCHP-Signature Members

PIP Aim Statement:

Member-Focused
- BMCHP-Signature will increase telehealth ambulatory care access among all BMCHP-Signature members by educating 90% of members identified as not having accessed telehealth services with an expected engagement rate of 15%.
- Identify any disparities in telehealth ambulatory care rates by conducting focused member surveys for 25% of the population.

Provider-Focused
- Increase telehealth ambulatory care rates by 10% among providers for all BMCHP-Signature members when telehealth is identified as an appropriate clinical response for follow up.
- Decrease disparities in telehealth ambulatory care rates within provider groups with identified lower rates by 5% via provider awareness of telehealth visit protocols, new programs, and technology enhancements.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)

☒ State-mandated (state required plans to conduct a PIP on this specific topic)
☐ Collaborative (plans worked together during the planning or implementation phases)
☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)
☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):

☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS or pregnant women (please specify): All members

---

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) • Survey members to gain additional insight into patient barriers to telehealth enrolling in and using patient portal. • Enroll members in new telehealth portal to improve access to telehealth, user experience, and integration of care.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) None identified.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools) • Implement new patient portal.

- Conduct a pilot in which patients are allowed to directly schedule ambulatory and telehealth appointments on the portal with two primary care providers to improve the access to and convenience of telehealth and ambulatory appointments.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Rate of telehealth ambulatory care utilization among Signature members NQF #9999	2020	761 / 51,795 1.47%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Access-Related:** Kepro recommends that BMCHP-Signature further understand cultural barriers of its population that could further tailor its outreach for engagement in this initiative.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. BMCHP-Signature received a rating score of 97% on this PIP.

Exhibit 4.22. BMCHP-Signature PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	11	92%
Intervention Activities Update	5	15	13.6	91%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**25**	**75**	**72.6**	**97%**

Plan & Project Strengths
Quality-Related: BMCHP-Signature is commended for the potential strength of implementing a new member portal and reallocation of resources to ensure its success.

Opportunities for Improvement
Access-Related: Kepro recommends that BMCHP-Signature further understand cultural barriers of its population that could further tailor its outreach for engagement in this initiative.

BMC Healthnet Plan Southcoast Alliance – Improving Access to Telehealth Ambulatory Care among All BMCHP-Southcoast Members

1. General PIP Information

Managed Care Plan (MCP) Name: BMC HealthNet Plan Southcoast Alliance
PIP Title: Improving Access to Telehealth Ambulatory Care among All BMCHP-Southcoast Members

PIP Aim Statement:

Member-Focused
- Increase access to telehealth ambulatory care services among all BMCHP-Southcoast members by 50%.
- Decrease any identified disparities in telehealth ambulatory care rates.

Provider-Focused
- Increase appropriate telehealth ambulatory care access for all BMCHP-Southcoast members as measured by a 50% increase in telehealth service availability amongst targeted providers.
- Decrease disparities in telehealth ambulatory care rates within provider groups when identified.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)
☒ State-mandated (state required plans to conduct a PIP on this specific topic)
☐ Collaborative (plans worked together during the planning or implementation phases)
☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)
☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):
☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children
*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS or pregnant women (please specify): All members

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

Increase the availability and uptake of telehealth services for primary care among by 1) improving access to telehealth visits via online scheduling and 2) conducting a targeted outreach campaign to ensure that the most vulnerable members are educated on the benefits of telehealth and are aware of how to use the service.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)

None identified.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)

Implement the Telehealth On-Demand program that allows patients access to near-immediate phone or video telehealth visits with a Southcoast urgent care provider. The focus will be on patients who wish to avoid an in-person visit and are unable to immediately see their primary care provider as well as patients with high rates of low-acuity emergency department utilization.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Telehealth ambulatory care utilization rate (AMB) NQF #9999	2020	1350 / 68,460 1.97%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify): Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Access-Related:** Kepro recommends further describing how racial disparities will be addressed in the program, specifically Asian and White members as well as members who spoke less prevalent languages and the homeless, who were previously identified as having lower utilization. **Quality-Related:** Kepro recommends the development of a more formal plan for providers to participate in this project ensuring their input is included at onset and throughout the life of the project.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. BMCHP-Southcoast received a rating score of 93% on this PIP.

Exhibit 4.23. BMCHP-Southcoast PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	9	75%
Intervention Activities Updates	5	15	13.5	90%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	5	83%
Overall Validation Rating Score	**25**	**75**	**69.5**	**93%**

Plan & Project Strengths

Access-, Timeliness-, and Quality-Related: Kepro commends BMCHP-Southcoast on the design of its promising Telehealth On-Demand program.

Opportunities for Improvement

- **Access-Related:** Kepro recommends further describing how racial disparities will be addressed in the program, specifically Asian and White members as well as members who spoke less prevalent languages and the homeless, who were previously identified as having lower utilization.
- **Quality-Related:** Kepro recommends the development of a more formal plan for providers to participate in this project ensuring their input is included at onset and throughout the life of the project.

FALLON 365 CARE – EXAMINE THE BARRIERS TO BEHAVIORAL TELEHEALTH AND SEEK WAYS TO REDUCE BARRIERS

1. General PIP Information

Managed Care Plan (MCP) Name: Fallon 365 Care
PIP Title: Examine the Barriers to Behavioral Telehealth and Seek Ways to Reduce Barriers
PIP Aim Statement: *Member-Focused* • Increase the rate of behavioral telehealth utilization for Fallon-365 members to 70% from the baseline rate of 68.8%. *Provider-Focused* • Increase the rate of behavioral telehealth utilization for Fallon-365 members to 70% from the baseline rate of 68.8%.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☒ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as duals, LTSS, or pregnant women (please specify): All Members
Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) Provide members with temporary access to a tablet, which will allow them to attend one or more behavioral health appointments. This intervention will focus on members identified as high Emergency Department utilizers and have a behavioral health diagnosis.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) None identified.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools) None identified.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Mental Health Utilization – Telehealth (MPT) NQF #9999	2021	4,871 / 7,081 68.8%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify): Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Quality-Related:** Kepro recommends Fallon-365 develop additional methods for collecting feedback from members to contribute to the development of this PIP at onset, especially from members who do not use telehealth services to permit a better understanding of barriers.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Fallon-365 received a rating score of 94% on this PIP.

Exhibit 4.24. Fallon-365 PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	8	89%
Update to Stakeholder Involvement	4	12	9	75%
Intervention Activities Updates	5	15	14	93%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**26**	**78**	**73**	**94%**

Plan & Project Strengths

Access-, Timeliness-, and Quality-Related: Kepro commends Fallon-365 for its use of a tablet-loaning program.

Opportunities for Improvement

Quality-Related: Kepro recommends Fallon-365 develop additional methods for collecting feedback from members to contribute to the development of this PIP at onset, especially from members who do not use telehealth services to permit a better understanding of barriers.

Tufts Health Together with Atrius Health – Reducing Barriers to Telehealth Utilization

1. General PIP Information

Managed Care Plan (MCP) Name: Tufts Health Together with Atrius Health
PIP Title: Reducing Barriers to Telehealth Utilization
PIP Aim Statement: ***Member-Focused*** • Increase patient telehealth utilization by improving access to telehealth through platform integration into the electronic medical record. • Prepare robust training documents and videos and make more widely available to patients about available telehealth options, how to schedule, and how to connect to a scheduled video visit. ***Provider-Focused*** • Provide tip sheets and guides for hosting and booking telehealth visits to providers and staff. • Provide formal telehealth training sessions to providers and staff with about changes to telehealth platforms
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☒ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☐ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as duals, LTSS, or pregnant women (please specify):
Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☐ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) Tufts-Atrius will provide content and resources to members giving them detailed instructions on how to facilitate telehealth utilization.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) Tufts-Atrius will develop provider- and staff-focused training tip sheets to support comfort with and utilization of telehealth services, scheduling, and billing.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools) Tufts-Atrius expanded its telehealth platform accessibility to include enhanced options for members to access video visits without needing to be signed into the Epic electronic health record platform.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
HEDIS Ambulatory Care Measure (AMB) NQF #9999	2020	18,021 / 27,237 66.16%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): p < 0.005

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval   ☒ Planning phase ☒ Implementation phase   ☒ Baseline year ☐ First remeasurement   ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Quality-Related:** Kepro strongly recommends that Tufts-Atrius find ways to offer more personalized messages to members encouraging the use of telehealth services.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Tufts-Atrius received a rating score of 100% on this PIP.

Exhibit 4.25. Tufts-Atrius PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	15	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**25**	**75**	**75**	**100%**

Project & Plan Strengths

- **Quality-Related:** Tufts-Atrius is commended for its effort to create an infrastructure process for studying and improving telehealth services.
- **Quality-Related:** Tufts-Atrius is commended for piloting its expanded telehealth video platforms.

Opportunities for Improvement

- **Quality-Related:** Kepro strongly recommends that Tufts-Atrius find ways to offer more personalized messages to members encouraging the use of telehealth services.

Tufts Health Together with BIDCO – Reducing Ambulatory Telehealth Barriers among Tufts-BIDCO Members

1. General PIP Information

Managed Care Plan (MCP) Name: Tufts Health Together with BIDCO
PIP Title: Reducing Ambulatory Telehealth Barriers among Tufts-BIDCO Members

PIP Aim Statement:

Member-Focused
- Gather feedback from members to understand what barriers they experience with accessing ambulatory telehealth services.
- Improve ambulatory telehealth utilization by integrating telehealth platform into the electronic health record for members to encouraging the utilization of ambulatory telehealth services.
- Improve ambulatory telehealth utilization by integrating interpreter services into telehealth platform.

Provider-Focused
- Educate providers on how to correctly bill for telephone-only vs. video ambulatory telehealth services to ensure accuracy of telehealth reporting from claims.
- Communicate member barriers to providers so they can work to reduce barriers for members seeking ambulatory telehealth services.
- Improve ambulatory telehealth utilization by integrating the telehealth platform into the electronic health record for providers to encourage ambulatory appointment offerings.
- Improve ambulatory telehealth utilization by integrating interpreter services into the telehealth platform.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)

☒ State-mandated (state required plans to conduct a PIP on this specific topic)
☐ Collaborative (plans worked together during the planning or implementation phases)
☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)
☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):

☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS, or pregnant women (please specify): All members

---

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)
None identified.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)
None identified.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
- Integrate the Electronic Medical Record with the telehealth platform and conduct associated staff training.   - Integrate Interpreter Services with the telehealth platform and conduct associated staff training.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Ambulatory Care - Telehealth (AMB) NQF #9999	2020	20,236 / 26,350 76.80%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): p < 0.005

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval   ☒ Planning phase ☒ Implementation phase   ☒ Baseline year ☐ First remeasurement   ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☐ High confidence   ☒ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Quality-Related:** Kepro recommends that Tufts-BIDCO reconsider its project goal as being to improve the rate of appropriate utilization of telehealth visits for ambulatory services.   **Access-Related:** The provision of translation services in its telehealth platform is a strong element in this intervention. However, Tufts-BIDCO's response to this item offers no strategies for engaging members with low telehealth utilization rates in the use of this platform.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Tufts-BIDCO received a rating score of 95% on this PIP.

Exhibit 4.26. Tufts-BIDCO PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	13	87%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	4	67%
Overall Validation Rating Score	**25**	**75**	**71**	**95%**

Plan & Project Strengths
Quality-Related: Tufts-BIDCO is commended for its multiple provider advisory groups that serve as stakeholders of its telehealth initiatives.

Opportunities for Improvement
- **Quality-Related:** Kepro recommends that Tufts-BIDCO reconsider its project goal as being to improve the rate of appropriate utilization of telehealth visits for ambulatory services.
- **Access-Related:** The provision of translation services in its telehealth platform is a strong element in this intervention. However, Tufts-BIDCO's response to this item offers no strategies for engaging members with low telehealth utilization rates in the use of this platform.

Tufts Health Together with Boston Children's ACO – Identifying and Reducing Barriers to Telehealth for Behavioral Health Visits for a Pediatric Population

1. General PIP Information

Managed Care Plan (MCP) Name: Tufts Health Together with Boston Children's ACO
PIP Title: Identifying and Reducing Barriers to Telehealth for Behavioral Health Visits for a Pediatric Population

PIP Aim Statement:

Member-Focused
- Increase (compared to baseline) member access to the PPOC patient portal (the access point for telehealth, also called virtual visits) by broadly distributing information and instructions on how to access the patient portal via multiple channels and in multiple languages.
- Increase (compared to baseline) access to the PPOC's Interpreter Services resource for members whose preferred language is not English by accurately documenting patient/family language needs in the EMR and providing members with access to interpreters via phone and video when communicating with the practice for scheduling or appointments.
- Increase (compared to baseline) member report of technical barriers to accessing telehealth by using a patient/family survey that is regularly monitored and reported to the appropriate project team members in order to assess and address identified barriers when possible.

Provider-Focused
- Improve provider awareness of member barriers to telehealth by sharing findings from member reported information and by providing technical or language solutions to reduce or eliminate the barrier.
- Increase provider and practice staff ability to respond to identified technical barriers to members' accessing telehealth by monitoring telehealth feedback surveys and responding to identified obstacles with tangible solutions such as language intervention or technical support.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)

☒ State-mandated (state required plans to conduct a PIP on this specific topic)
☐ Collaborative (plans worked together during the planning or implementation phases)
☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)
☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):

☒ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☐ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS, or pregnant women (please specify): Children (Tufts-BCH serves a primarily pediatric population)

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

- Tufts-BCH will strengthen processes to address identified technology-related barriers by improving connections of families to available community and federal resources and benefits.
- Tufts-BCH will upgrade its social needs screening protocol to include an assessment of member-specific barriers to telehealth access and link of members with need to community resources.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)	
None identified.	

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)	
Tufts-BCH will translate patient portal instructions into Spanish and other languages and translate the patient portal interface into 27 languages in addition to Spanish and English.	

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Mental Health Utilization (MPT) NQF #9999	2020	12,383 / 19,551 63.34%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): p < 0.005

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify): Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: None identified.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Tufts-BCH received a rating score of 98% on this PIP.

Exhibit 4.27. Tufts-BCH PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	8	89%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	14.5	96%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	5	15	15	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**26**	**78**	**76.5**	**98%**

Plan & Project Strengths

Access-Related: Tufts-BCH is commended for its effort to make its behavioral health telehealth services more accessible to non-English speakers.

Opportunities for Improvement

None Identified.

Tufts Health Together with Cambridge Health Alliance – Reducing Barriers to Behavioral Health Telehealth Utilization

1. General PIP Information

Managed Care Plan (MCP) Name: Tufts Health Together with Cambridge Health Alliance
PIP Title: Reducing Barriers to Behavioral Health Telehealth Utilization

PIP Aim Statement:

Member-Focused
- Improve telehealth access for patients.
- Improve patient experience on the new telehealth platform.

Provider-Focused
- Train providers on the new telehealth platform.
- Identify telehealth champions among providers.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)

☒ State-mandated (state required plans to conduct a PIP on this specific topic)

☐ Collaborative (plans worked together during the planning or implementation phases)

☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)

☐ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):

☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS, or pregnant women (please specify): All members

---

Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

None identified.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)

None identified.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)

Implement a new televisit solution that's integrated into the Cambridge Health Alliance electronic health record system.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Mental Health Utilization (MPT) NQF #9999	2020	3777 / 5427 69.60%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): p < 0.005

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply):   ☐ PIP submitted for approval ☒ Planning phase ☒ Implementation phase ☒ Baseline year   ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):   Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: **Quality-Related:** Kepro advises Tufts-CHA to create a consumer advisory council that would meet periodically, perhaps virtually, to engage participating members in a free exchange of ideas and a discussion of possible strategies to reduce barriers to telehealth services.   **Access-Related:** Kepro recommends this PIP's leadership team consider the strategies it will use to increase the appropriate use of behavioral health telehealth services in 2022 as per its stated project goal.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Tufts-CHA received a rating score of 93% on this PIP.

Exhibit 4.28. Tufts-CHA PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	6	67%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	15	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	4	67%
Overall Validation Rating Score	**25**	**75**	**70**	**93%**

Project & Plan Strengths
Quality-Related: Tufts-CHA has done an excellent job of gathering feedback from providers through a structured survey process.

Opportunities for Improvement

- **Quality-Related:** Kepro advises Tufts-CHA to create a consumer advisory council that would meet periodically, perhaps virtually, to engage participating members in a free exchange of ideas and a discussion of possible strategies to reduce barriers to telehealth services.
- **Access-Related:** Kepro recommends this PIP's leadership team consider the strategies it will use to increase the appropriate use of behavioral health telehealth services in 2022 as per its stated project goal.

Wellforce Care Plan – Examine the Barriers to Telehealth and Seek to Reduce Those Barriers for the Medicaid ACO Population

1. General PIP Information

Managed Care Plan (MCP) Name: Wellforce Care Plan
PIP Title: Examine the Barriers to Telehealth and Seek to Reduce Those Barriers for the Medicaid ACO Population
PIP Aim Statement: ***Member-Focused*** • Increase number of patients using telehealth visits by 5% at Lowell Community Health Center. ***Provider-Focused*** • Increase number of patients using telehealth visits by 5% at Lowell Community Health Center.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☒ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as duals, LTSS, or pregnant women (please specify): All members
Programs: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) None identified.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) None identified.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools) Transition to new telehealth platform that better supports clinical workflows.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
AMB – Ambulatory Care NQF #9999	2020	25,183 / 47,362 53.2%	☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval   ☒ Planning phase ☒ Implementation phase   ☒ Baseline year ☐ First remeasurement   ☐ Second remeasurement   ☐ Other (specify):   Validation rating: ☒ High confidence   ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: None identified.

PIP Evaluation

Kepro evaluates an ACPP's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. Fallon-Wellforce received a rating score of 99% on this PIP.

Exhibit 4.29. Fallon-Wellforce PIP Rating Score

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Descriptions and Goals	3	9	9	100%
Update to Stakeholder Involvement	4	12	12	100%
Intervention Activities Updates	5	15	14	93%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	4	12	12	100%
Baseline Performance Indicator Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**26**	**78**	**77**	**99%**

Plan & Project Strengths
Access- and Timeliness-Related: Kepro commends Fallon-Wellforce for its quarterly virtual care equity report that shows the race, ethnicity, language, age, and gender of telehealth users.

Opportunities for Improvement
None Identified.

Compliance Validation

SECTION 5. COMPLIANCE VALIDATION

INTRODUCTION

Kepro uses the mandatory compliance validation protocol to determine, in a manner consistent with standard industry practices, the extent to which Medicaid managed care entities comply with federal quality standards mandated by the Balanced Budget Act of 1997. This validation process is conducted triennially.

The 2021 compliance reviews were structured based on program requirements as outlined in 42 CFR 438. In addition, compliance with provisions in contracts as they relate to 42 CFR 438 between MassHealth and each ACPP were assessed. Appropriate provisions in the Code of Massachusetts Regulations (CMR) were included in the reviews as indicated. The most stringent of the requirements were used to assess for compliance when state and federal requirements differed.

REVIEW (LOOK-BACK) PERIOD
ACPP activity and services occurring for CY 2020 (January 1 – December 31, 2020) were subject to review.

REVIEW STANDARDS
Based on regulatory and contract requirements, compliance reviews were be divided into the following 11 standards consistent with CMS October 2021 EQR protocols.
- Availability of Services
    - Enrollee information
    - Enrollee rights and protections
    - Enrollment and disenrollment
- Assurances and adequate capacity of services
- Coordination and continuity of care
- Coverage and authorization of services
- Provider selection
- Confidentiality
- Grievance and appeal systems
- Subcontractual relationships and delegation
- Practice guidelines
- Health information systems
- Quality assessment and performance improvement program

COMPLIANCE REVIEW TOOLS

Compliance review tools included detailed regulatory and contractual requirements in each standard area. The review tools were customized based on the specific ACPP contract and applicable requirements.

REVIEW PROCESS

Kepro provided communication to the ACPPs prior to the formal review period that included an overview of the compliance review activity and timeline. The ACPPs were provided with a preparatory packet that included the project timeline, the draft virtual review agenda, the compliance review tools, and data submission information. Kepro scheduled a pre-review conference call with each ACPP approximately two weeks prior to the virtual review to cover review logistics.

The ACPPs were provided with the appropriate review tools and asked to provide documentation to substantiate compliance with each requirement during the review period. Examples of documentation they provided included:

- Policies and procedures
- Standard operating procedures
- Workflows
- Desk tools
- Reports
- Member materials
- Care management files
- Utilization management denial files
- Appeals files
- Grievance files
- Credentialing files

Kepro compliance reviewers performed a desk review of all documentation provided by each ACPP. In addition, virtual reviews were conducted to interview key ACPP personnel, review selected case files, participate in systems demonstrations, and allow for further clarification or provision of documentation. At the conclusion of the virtual review, Kepro conducted a closing conference to provide preliminary feedback to each ACPP on observations, strengths, opportunities for improvement, recommendations, and next steps.

SCORING METHODOLOGY

For each regulatory/contractual requirement for each program, a three-point scoring system was used. Scores are defined as follows:

- Met – Documentation to substantiate compliance with the entirety of the regulatory or contractual provision was provided and ACPP staff interviews provided information consistent with documentation provided.
- Partially Met (Any one of the following may be applicable) –

- o Documentation to substantiate compliance with the entirely of the regulatory or contractual provision was provided. ACPP staff interviews, however, provided information that was not consistent with documentation provided.
  - o Documentation to substantiate compliance with some but not all the regulatory or contractual provision was provided although ACPP staff interviews provided information consistent with compliance with all requirements.
  - o Documentation to substantiate compliance with some but not all of the regulatory or contractual provision was provided and ACPP staff interviews provided information inconsistent with compliance with all requirements.
- Not Met – There was an absence of documentation to substantiate compliance with any of the regulatory or contractual requirements and ACPP staff did not provide information to support compliance with requirements.

An overall percentage compliance score for each of the standards was calculated based on the total points scored divided by total possible points (Met = 1 point, Partially Met = 0.5 points, and Not Met = 0 points). In addition, an overall percentage compliance score for all standards was calculated to give each standard equal weighting. The total percentages from each standard were divided by the total number of standards reviewed. For each standard identified as Partially Met or Not Met, the ACPP was required to submit a corrective action plan (CAP) in a format agreeable to MassHealth.

Per 42 CFR 438.360, Nonduplication of Mandatory Activities, Kepro accepted NCQA accreditation to avoid duplicative work. To implement the deeming option, Kepro obtained the most current NCQA accreditation standards and reviewed them against the CFRs. Where the accreditation standard was at least as stringent as the CFR, Kepro flagged the review element as eligible for deeming. For a review standard to be deemed, Kepro evaluated each ACPP's most current accreditation review and scored the review element as "Met" if the ACPP scored 100 percent on the accreditation review element.

ACPP COMPLIANCE VALIDATION RESULTS

The table below depicts the aggregate compliance scores for each ACPP reviewed:

Exhibit 5.1. ACPP Compliance Validation Scores

Plan	Total Composite Score
AllWays My Care Family	96.4%
Be Healthy Partnership	97.8%
Berkshire Fallon Health Collaborative	97.3%
BMC HealthNet Plan Community Alliance	96.0%
BMC HealthNet Plan Mercy Alliance	96.0%
BMC HealthNet Plan Signature Alliance	96.0%
BMC Health Net Plan Southcoast Alliance	96.0%
Fallon 365 Care	97.3%
Tufts Health Together with Atrius Health	96.9%
Tufts Health Together with BIDCO	96.8%
Tufts Health Together with Boston Children's ACO	97.2%
Tufts Health Together with Cambridge Health Alliance	96.9%
Wellforce Care Plan	97.3%
ACPP Average	96.7%

The table below depicts the average compliance scores for each review element:

Exhibit 5.2. ACPP Average Scores by Review Element

Review Element	ACPP Average
Availability of Services	91.9%
Assurances and Adequate Capacity of Services	100.0%
Enrollee Rights and Protection	97.8%
Enrollment/Disenrollment	84.2%
Availability of Services – Enrollee Information	98.1%
Provider Selection	95.4%
Grievance and Appeal System	95.8%
Subcontractual Relationships and Delegation	97.9%
Quality Assurance and Performance Improvement	98.5%
Health Information Systems	98.7%
Coverage and Authorization of Services	97.3%
Practice Guidelines	100.0%
Confidentiality of Health Information	100.0%
Coordination and Continuity of Care	98.9%

AGGREGATE ACPP OBSERVATIONS AND RECOMMENDATIONS

Overall, the ACPPs demonstrated compliance with many of the federal and state contractual standards for the ACPP membership. Due to the unique design of the ACPP program, a heavy emphasis of the review was placed on the coordination and continuity of care standard. In general, the ACPPs demonstrated strong, innovative models of care to identify and coordinate care for high-risk and high-need members willing to engage in care management support. The review found that each ACPP had unique structural characteristics with most leaning on organizations with Medicaid managed care experience to manage centralized operations functions and using partnering provider systems and networks to support care delivery.

The review found significant value in allowing flexibility among the ACPPs in their overall approach. While there were some overarching strengths identified among the ACPPs, each excelled in different areas. The review found the greatest strengths across the ACPPs related to care management functions being moved closer to the member at the primary care setting, coordinating with community partners in a meaningful way, and leveraging flexible support funding to address some aspects of social determinants of health.

A common theme that surfaced among the ACPPs was the staggering behavioral health and substance use disorder needs within the Medicaid ACPP population. Housing and nutrition needs were also identified as a growing and unmet need. Therefore, the Kepro review team found that MassHealth's ACPP approach to be an innovative model for rethinking managed healthcare service delivery with greater emphasis on the whole patient as well as the whole healthcare system. High performance among all ACPPs in the areas of coordination and continuity of care along with practice guidelines and quality assessment and performance improvement standards suggests that they performed best in the area of quality care.

In general, the ACPP's greatest opportunity for improvement is related to the accessibility of care standards. The review found that while ACPPs were conducting a geo-access analysis to evaluate network adequacy, not all requirements were being met. In many cases, the ACPPs did not include a measurement of more stringent MassHealth requirements. Furthermore, Kepro did not find strong evidence of the ACPPs' processes for evaluating appointment access against the MassHealth standards for services such as symptomatic and non-symptomatic office visits, behavioral health, and urgent care. ACPPs lacked processes to address appointment access concerns with providers. In addition, the review found that, in general, behavioral health and substance abuse services were insufficient. The review found ACPPs were trying to develop programs and services to bridge gaps in services until inpatient psychiatric beds and substance abuse facilities beds were available. ACPPs worked with MassHealth to reduce patient boarding in emergency departments, which has become an ongoing challenge. ACPPs noted an already overwhelmed behavioral health system being made worse with the impact of the COVID-19 pandemic. Both inpatient and outpatient behavioral health service needs remain unmet. Kepro recommends that MassHealth continue to work with partners statewide to address workforce

and infrastructure solutions to increase the availability of behavioral health and substance abuse services.

The review revealed that the ACPPs met most federal Medicaid requirements. Most of the deficiencies noted were related to MassHealth-specific Medicaid requirements that are more stringent or overlooked. While most of these deficiencies were found to be of a technical nature that require policy and procedure revisions be made rather than substantive concerns with the delivery of care, Kepro found that ACPPs have an opportunity to ensure that MassHealth Medicaid requirements are integrated with the same level of compliance scrutiny.

In general, Kepro found that ACPPs have an opportunity to improve their quality evaluations. While most were meeting the contractual and regulatory requirements, Kepro found that the quality evaluations lacked robust analysis and evaluations specific to the delivery of care and services to ACPP members. The evaluations were primarily focused on performance measure results but did not capture some of the unique and successful initiatives that became apparent from the compliance review and lacked insight into how the ACPP was performing relative to its model of care objectives.

Despite the overwhelming positive contribution of the ACPPs in a relatively short period of time, there were a few identified challenges universal to all ACPPs. Although the ACPPs were working collaboratively with their behavioral health and LTSS community partners, the responsibility for care plans and oversight of these partners was suboptimal. MassHealth and the ACPPs may explore opportunities to improve this component of the ACPP model. Organizational interoperability among systems remains a challenge that results in inefficient processes and some duplication of efforts. MassHealth and the ACPPs have opportunities to work on innovation in this area. In addition, ACPP staff reported that some of the member assessment requirements were cumbersome, duplicative, and not providing the value they once served. While requirements provide a mechanism for ensuring care management services are being performed, there are opportunities to develop productivity and outcome measures that are more efficient and valuable to all partners.

Overall, the 2021 compliance review found that the ACPPs performed best in the areas of care delivery and quality of care. The review showed focused activities and resources to meet the needs of the ACPP population. In addition, the ACPPs did well with meeting compliance standards related to timeliness of care. That is, ACPPs did well meeting timelines for making coverage and appeal decisions and resolving grievances, thereby reducing unnecessary delays in care and service. ACPPs have opportunities to improve mechanisms to assess network adequacy across all service categories as well as appointment access to determine if there are deficiencies.

NEXT STEPS

MassHealth required ACPPs to submit CAPs for all Partially Met and Not Met elements identified from the 2021 compliance reviews. MassHealth will evaluate the CAPs and either approve them or request additional documentation. Kepro will evaluate actions taken to address recommendations in the next EQR report and will conduct another comprehensive review in 2024.

ACPP-SPECIFIC COMPLIANCE VALIDATION RESULTS

Kepro presents ACPP 2021 Compliance Validation results by individual ACPP in this section. Kepro used the technical scores along with qualitative review results to outline high-level strengths, findings, and recommendations.

ALLWAYS MY CARE FAMILY

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 4 - 5, 2021.

Exhibit 5.3. AllWays Compliance Validation Scores

Review Element	Score
Availability of Services	96.7%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	100%
Enrollment/Disenrollment	77.8%
Availability of Services – Enrollee Information	96.7%
Provider Selection	92.5%
Grievance and Appeal System	94.2%
Subcontractual Relationships and Delegation	93.3%
Quality Assurance and Performance Improvement	100%
Health Information Systems	100%
Coverage and Authorization of Services	99.2%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	98.5%
Total Composite Score	**96.4%**

Strengths

- Overall, AllWays demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.
- The review found that AllWays' geographic service area with its local presence and operations was a strength. The review noted a clear investment in the community and members its serves.
- AllWays' closed system of service delivery promoted efficiency with coordination of care and services. Information sharing and collaboration supported its aim of the "Right Care at the Right Place" for its members and well-positions it to manage potential under- and over-utilization of services. Furthermore, AllWays implemented several successful care initiatives addressing social determinants of health as a mechanism to decrease high rates of emergency department use and inpatient utilization, integrate behavioral health services, and link homeless members to housing to reduce the spread of COVID-19.
- The review demonstrated strength in AllWays' community-partner model in which it leverages the strengths of its various partnering organizations.
- AllWays implemented innovative initiatives and approaches within its model. The review showed use of text technology as an effective mechanism for communicating with members in novel ways. A review of quality initiatives and projects found AllWays' willingness to try new strategies. AllWays' organizational structure is nimble in its implementation of new initiatives as well as in its ability to change course in a timely manner.

Opportunities for Improvement
- The 2021 review was the first external compliance audit for AllWays as an ACPP. While the ACPP was found to demonstrate strength in its ability to provide care and services to its members, it had challenges meeting some of the technical aspects of the review such as ensuring formal policies and procedures that meet all federal and state requirements. This included policies and procedures related to:
  - Oversight of its behavioral health vendor for Emergency Services Programs
  - Claims payment polices for terminated providers
  - Monitoring of owners, agents, and employees of providers for exclusion
  - Grievance and appeals provisions to address timeframes, oral notifications, ombudsman coordination, and Board of Hearing overturn timeframe adjudication
  - Pharmacy denial notifications
  - Enrollment and disenrollment policy revisions
- AllWays' provider education activities lacked topics related to mental health and substance abuse disorder tools. In addition, the overall provider training approach did not address all provider education requirements.
- AllWays did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages.
- The AllWays member handbook lacked specific contractual provisions related to written material translation, how to access the ombudsman, and costs of services related to adverse appeal determinations. In addition, the provider directory lacked information about providers' completion of cultural competence training.

Recommendations
- AllWays needs to revise or implement policies and procedures to address the deficient areas to bring it into full compliance with federal and state contract requirements.
- AllWays needs to develop and implement a comprehensive provider education and training program, including the required elements, using a variety of training tools, including but not limited to online, webinars, and onsite venues.
- AllWays needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.
- AllWays should revise its language card to address the specific contractual provisions related to written material translation, how to access the ombudsman, and costs of services related to adverse appeal determinations. In addition, AllWays needs to revise its provider directory to include information about providers' completion of cultural competence training.
- AllWays needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

BE HEALTHY PARTNERSHIP

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 26 - 27, 2021.

Exhibit 5.4. HNE-Be Healthy Compliance Validation Scores

Review Element	Score
Availability of Services	97.9%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	100%
Enrollment/ Disenrollment	88.9%
Availability of Services – Enrollee Information	100%
Provider Selection	100%
Grievance and Appeal System	90.8%
Subcontractual Relationships and Delegation	100%
Quality Assurance and Performance Improvement	98.4%
Health Information Systems	100%
Coverage and Authorization of Services	92.8%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	100%
Total Composite Score	**97.8%**

Strengths

- Overall, HNE-Be Healthy demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.
- The review identified many achievements that have taken place since HNE-Be Healthy began operations in 2017. HNE-Be Healthy serves members in the greater Springfield area, leveraging community health centers encompassing seven sites of care. HNE-Be Healthy leveraged its prior experience as a managed care organization, Health New England, to support operational functions as the ACPP was initially developed.
- The review found that HNE-Be Healthy had robust evaluation practices. It demonstrated measurement and thoughtful evaluation of nearly all activities it performs such as pre- and post-intervention analysis and return on investment for its transition of care program. The results were used by HNE-Be Healthy in a meaningful way to modify service delivery. This was a strength identified across review areas.
- HNE-Be Healthy's ACPP partnership was also a strength. The review found the use of a joint operating committee structure helps support collaboration among the partnership organizations and leverage the strengths of each partner.
- While HNE-Be Healthy used a delegate, Massachusetts Behavioral Health Partnership (MBHP), for some aspects of behavioral healthcare, the review found its integrated model with embedded behavioral health using a per-member-per-month model within the service

delivery sites was an innovative practice. The review found that HNE-Be Healthy excelled in this area among all ACPPs as it demonstrated impressive levels of involvement, interaction, collaboration, and oversight of behavioral health activities.

Opportunities for Improvement
- The 2021 review was the first external compliance audit for HNE-Be Healthy as an ACPP. While the ACPP was found to demonstrate strength in its ability to provide care and services to its members, it had challenges meeting some of the technical aspects of the review such as ensuring formal policies and procedures that meet all federal and state requirements. This included policies and procedures related to:
  - Grievance and appeals provisions to address state approval, handling of grievance acknowledgements, notification related to extensions, Board of Hearing procedures, costs to members, and content of the appeal resolution notices
  - Pharmacy denials related to an inability to pay
  - Enrollment and disenrollment
- The audit found that, while HNE-Be Healthy performed a geo-access analysis, it did not meet all MassHealth-required time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages.
- While HNE-Be Healthy had a process to accept oral or written grievances, the ACPP did not consider expressions of dissatisfaction that were resolved on the first call to be a grievance. The ACPP considered these types of calls as being complaints. Therefore, the ACPP did not appropriately define and capture grievances, which should include any expression of dissatisfaction.
- While HNE-Be Healthy conducts medical record reviews for HEDIS, there was not a formal process to review and report on medical record reviews for contract and policy and procedure compliance.
- While HNE-Be Healthy, in general, demonstrated timely coverage determinations and appeal decisions, including timely notification to members, the review found that the denial had language that was difficult to understand. The language in the letters was clinical in nature and not always easily understood.

Recommendations
- HNE-Be Healthy needs to revise and/or implement policies and procedures to address the deficient areas to bring it into full compliance with federal and state contract requirements.
- HNE-Be Healthy needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, HNE-Be Healthy needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.

- HNE-Be Healthy needs to modify its grievance policy and process to report and address expressions of dissatisfaction resolved in the first call as a grievance. In addition, the ACPP should considering enhancing its call-monitoring process to more formally monitor grievance identification to ensure procedures are followed for the capture and reporting of grievances.
- HNE-Be Healthy needs to implement a formal program for reviewing medical records and include reporting through its standard quality improvement processes.
- HNE-Be Healthy should revise the language used in denial and appeal letters to convey decision rationale in a manner that is easily understood.
- HNE-Be Healthy needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

BERKSHIRE FALLON HEALTH COLLABORATIVE

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 10 - 12, 2021.

Exhibit 5.5. Fallon-BFHC Compliance Validation Scores

Review Element	Score
Availability of Services	94.7%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	100%
Enrollment/Disenrollment	94.4%
Availability of Services – Enrollee Information	97.4%
Provider Selection	92.5%
Grievance and Appeal System	93.3%
Subcontractual Relationships and Delegation	98.9%
Quality Assurance and Performance Improvement	98.4%
Health Information Systems	94.4%
Coverage and Authorization of Services	97.5%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	100%
Total Composite Score	**97.3%**

Strengths

- Overall, Fallon-BFHC demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.

- The review identified many achievements that have taken place since Fallon-BFHC began operations in 2017. Most notably is the strong commitment and support by Fallon Health, which leveraged its health plan experience to support efficient and centralized operational functions as the ACPP was initially developed and continued to evolve. Fallon-BFHC now operates as a system that includes two large hospitals along with affiliated providers and community health centers serving Medicaid members in western Massachusetts. Fallon-BFHC is delegated for some aspects of coordination and continuity of care while Fallon retains centralized management of the other operational functions covered under the review. The collaboration between the BFHC and Fallon was noted as the ACPP's greatest strength. The review found leveraging strengths from both organizations with Fallon-BFHC provider partners offering input and ideas and having the experience of providing care in more rural communities.

- Behavioral health services were delegated to Beacon Health Options, and the review found this was a strength for Fallon-BFHC members. Beacon demonstrated experience with the

technical aspects of compliance, including policies and procedures, as it is an engaged partner in the integration and coordination of care and services for members.

- The care management model focused efforts on transitions of care and working to standardize some of these processes. Fallon-BFHC demonstrated good knowledge of its members' needs, identifying close to 65 percent of members with a behavioral health or substance use disorders. Fallon-BFHC implemented the use of recovery coaches and interdisciplinary teams, who collaborate with behavioral health and community health workers to develop care plans to address issues, including social determinants of health. In addition, Fallon-BFHC implemented several innovative strategies to engage members with a main hub location next to the hospital as well as a satellite office at the sheriff's office. Fallon-BFHC has been largely successful in building relationships with the inpatient substance abuse and psychiatry departments that refer members and include care managers in transition of care planning.
- The compliance review found that Fallon-BFHC demonstrated one of the strongest examples of collaboration with its community partners that it noted as "relationship capital." This has provided collaboration with domestic violence centers on housing assistance, nutrition, and employment.

Opportunities for Improvement
- The 2021 review was the first external compliance audit for Fallon-BFHC as an ACPP. While the ACPP was found to demonstrate strength in its ability to provide care and services to its members, it had challenges meeting some of the technical aspects of the review such as ensuring formal policies and procedures that meet all federal and state requirements. This included policies and procedures related to:
  o Out-of-network providers
  o Enrollment and disenrollment redetermination processes
  o Provider non-discrimination
  o Credentialing related to tracking of MassHealth eligibility
  o Provider selection related to Supplier Diversity Office-certified business efforts
  o Grievance and appeals systems related to considering additional information submitted by the enrollee, appeal extension timeframes, oral notification, Board of Hearing request timeframes, and provider appeal retaliation
  o Coverage determinations not reached within the appropriate timeframes
- The audit found that while Fallon-BFHC performed a geo-access analysis, it did not meet all MassHealth-required time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages.
- The Fallon-BFHC member handbook lacked some specific contractual provisions related to how to access the ombudsman and report suspected fraud or abuse.

- Fallon-BFHC did not have a fully functioning process to obtain ACPP member and family advisory council input to its quality program.
- While Fallon-BFHC had policies and procedures to meet content of notice requirements related to adverse benefit determinations, the compliance file review showed that not all notices were written to meet format requirements. Specifically, some acronyms were not easily understood.

Recommendations
- Fallon-BFHC needs to revise or implement policies and procedures to address the deficient areas to bring it into full compliance with federal and state contract requirements.
- Fallon-BFHC needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Fallon-BFHC needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.
- Fallon-BFHC should revise its member handbook to address the specific contractual provisions related to how to access the ombudsman and how to report suspected fraud or abuse.
- Fallon-BFHC needs to create and implement an oversight process for the ACPP member and family advisory councils to obtain and utilize data and information for quality improvement initiatives, program enhancements, etc., and include a reporting process through the Quality Assurance and Performance Improvement committee structure**.**
- Fallon-BFHC needs to continue to work to ensure adverse benefit notices are written in easily understood language.
- Fallon-BFHC needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

BMC HEALTHNET PLAN COMMUNITY ALLIANCE

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 16 - 18, 2021.

Exhibit 5.6. BMCHP-BACO Compliance Validation Scores

Review Element	Score
Availability of Services	94.7%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	100%
Enrollment/Disenrollment	61.1%
Availability of Services – Enrollee Information	100%
Provider Selection	95.0%
Grievance and Appeal System	97.5%
Subcontractual Relationships and Delegation	98.9%
Quality Assurance and Performance Improvement	98.4%
Health Information Systems	100%
Coverage and Authorization of Services	98.4%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	100%
Total Composite Score	**96.0%**

Strengths
- Overall, BMCHP-BACO demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.
- The review identified many achievements that have taken place since BMCHP-BACO began operations in 2017. It leveraged its health plan experience to support efficient and centralized operational functions as the ACPP was initially developed. BMCHP-BACO is the largest of the BMCHP-partnering ACPP partners that includes a group of entities that share risk. This ACPP includes Boston Medical Center, 10 community health centers, and three community hospitals, of which most are safety net providers. BMCHP retains centralized management of most operational functions except for complex care management, which is embedded in the health system within primary care. BMCHP-BACO has a community-facing component that is mobile and considered a strong strength of this ACPP model.
- The review noted BMCHP-BACO's data-driven approach as a strength of the ACPP. BMCHP-BACO had robust analytics and demonstrated use of these at all levels of the organization. In addition, BMCHP-BACO demonstrated a strong investment in system solutions and technology. This was demonstrated with the implementation of a care management system to help meet the needs of its evolving program. In addition, BMCHP-BACO noted opportunities to enhance its appeals and grievance systems in the future.
- BMCHP-BACO demonstrated strength in coordination and continuity of care within the ACPP model. The ACPP has implemented care coordination using 18 teams within its

primary care settings. The model uses robust analytics focused on the top two percent of members in terms of needs. BMCHP-BACO uses coaching, preceptors, and mentors to train new care team members and includes training on the use of motivational interviewing. In addition, BMCHP-BACO evolved its care coordination efforts to address some social determinants of health as a mechanism to improve its outcomes for members experiencing homelessness and those with behavioral health or substance use disorder needs.

- BMCHP-BACO implemented innovative approaches to keep in contact with members during the COVID-19 pandemic, including "porch visits" for check-in as well as coordination with community partners to arrange meal delivery. In addition, BMCHP-BACO engages social work as part of its embedded team to address members who have behavioral health concerns as a primary driver of need.

Opportunities for Improvement

- Although there were no concerns with BMCHP-BACO's handling of ACPP member enrollment as directed by MassHealth, the audit found that prior to May 2020, the policy and procedure was not fully compliant with all aspects of enrollment and disenrollment.
- Some policies and procedures were found to be outdated or missed formal review. Several of the Grievance and Appeal Systems' review elements that were Partially Met were related to minor revisions and changes that needed to be made to better reflect contractual and operational practices.
- While the ACPP had many programs and policies in place to address the various quality assessment and performance improvement facets, including a Standards for Medical Record Documentation policy, the policy did not specifically outline a process or mechanism to monitor network provider compliance with the standards and requirements.
- While BMCHP-BACO, in general, demonstrated timely coverage determination and appeal decisions, including timely notification to members, the review found that the denial and appeal letters contained language that was clinical in nature and difficult to understand.
- The audit found that, while BMCHP performed a geo-access analysis, it was not broken down by each ACPP. In addition, BMCHP did not meet all MassHealth time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages.

Recommendations

- BMCHP-BACO needs to ensure the annual review and approval of its policies and procedures against the most recent federal and state contract requirements to ensure continued compliance with all federal and MassHealth standards.
- BMCHP-BACO needs to create and implement a medical record review process to monitor network provider compliance with policies and procedures, specifications, and appropriateness of care.

- BMCHP-BACO should revise the language used in denial and appeals letters to covey decision rationale in a manner that is easily understood.
- BMCHP-BACO needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, BMCHP-BACO needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.
- BMCHP-BACO needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

BMC HEALTHNET PLAN MERCY ALLIANCE

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 16 - 18, 2021.

Exhibit 5.7. BMCHP-Mercy Compliance Validation Scores

Review Element	Score
Availability of Services	94.7%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	100%
Enrollment/Disenrollment	61.1%
Availability of Services – Enrollee Information	100%
Provider Selection	95.0%
Grievance and Appeal System	97.5%
Subcontractual Relationships and Delegation	98.9%
Quality Assurance and Performance Improvement	98.4%
Health Information Systems	100%
Coverage and Authorization of Services	98.4%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	100%
Total Composite Score	**96.0%**

Strengths

- Overall, BMCHP-Mercy demonstrated compliance with most of the federal and state contractual standards for 2021 compliance review across review areas.
- The review identified many achievements that have taken place since BMCHP-Mercy began operations in 2017. BMCHP leveraged its health plan experience to support efficient and centralized operational functions as the ACPP was initially developed. BMCHP-Mercy is anchored by the Mercy Medical Center health system and affiliated providers and serves members in western Massachusetts. BMCHP retains centralized management of most operational functions except for complex care management, which operates with a mix of BMCHP-funded staff and nurses who are paired with community health workers who are employed by Mercy Medical Center. Care management staff includes licensed clinical social workers and a registered pharmacist. Care management teams are embedded in the primary care clinics as well as within the Mercy Medical Center emergency department. The ACPP management team has developed relationships with the treating providers to build trust.
- The review noted BMCHP-Mercy's data-driven approach being a strength. BMCHP-Mercy had robust analytics and demonstrated use of these at all levels of the organization. In addition, BMCHP-Mercy demonstrated strong investment in system solutions and technology. This was demonstrated with the implementation of a care management system

to help meet the needs of this ever-evolving program. In addition, BMCHP-Mercy noted opportunities to enhance its appeals and grievance systems in the future.

- BMCHP-Mercy demonstrated strength in the coordination and continuity of care within the ACPP model. Care coordination is structured as a face-to-face model with in-home assessments. The ACPP demonstrated strong efforts to integrate behavioral health and develop a clinic for substance use, which was identified as a high need among its population.
- BMCHP-Mercy implemented innovative approaches to manage care, including real-time notification of the care management team of inpatient admissions as a mechanism to identify members who could potentially benefit from complex care management and assist in discharge planning.

Opportunities for Improvement
- Although there were no concerns with BMCHP-Mercy's handling of ACPP member enrollment as directed by MassHealth, the audit found that prior to May 2020, the policy and procedure was not fully compliant with all aspects of enrollment and disenrollment.
- Some policies and procedures were found to be outdated or having missed formal review. Several of the Grievance and Appeal Systems' review elements that were Partially Met related to minor revisions and changes that need to be made to better reflect contractual and operational practices.
- While the ACPP had many programs and policies in place to address the various quality assessment and performance improvement facets, including a Standards for Medical Record Documentation policy, the ACPP's policy did not specifically outline a process or mechanism to monitor network provider compliance with the standards and requirements.
- While BMCHP-Mercy, in general, demonstrated timely coverage determination and appeal decisions, including timely notification to members, the review found that the denial and appeal letters had language that was clinical in nature and difficult to understand.
- The audit found that while BMCHP performed a geo-access analysis, it was not stratified by ACPP. In addition, BMCHP did not meet all MassHealth time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages.

Recommendations
- BMCHP-Mercy needs to ensure annual review and approval of its policies and procedures against the most recent federal and state contract requirements to ensure continued compliance with all federal and MassHealth standards.
- BMCHP-Mercy needs to create and implement a medical record review process to monitor network provider compliance with policies and procedures, specifications, and appropriateness of care.
- BMCHP-Mercy should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.

- BMCHP-Mercy needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, BMCHP needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.
- BMCHP-Mercy needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

BMC HEALTHNET PLAN SIGNATURE ALLIANCE

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 16 - 18, 2021.

Exhibit 5.8. BMCHP-Signature Compliance Validation Scores

Review Element	Score
Availability of Services	94.7%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	100%
Enrollment/Disenrollment	61.1%
Availability of Services – Enrollee Information	100%
Provider Selection	95.0%
Grievance and Appeal System	97.5%
Subcontractual Relationships and Delegation	98.9%
Quality Assurance and Performance Improvement	98.4%
Health Information Systems	100%
Coverage and Authorization of Services	98.4%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	100%
Total Composite Score	**96.0%**

Strengths

- Overall, BMCHP-Signature demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.
- The review identified many achievements that have taken place since BMCHP-Signature began operations in 2017. BMCHP leveraged its health plan experience to support efficient and centralized operational functions as the ACPP was initially developed. BMCHP-Signature is anchored by Signature Healthcare Brockton Hospital, a safety net hospital, along with affiliated providers who are part of the Signature Medical Group. The ACPP serves members in Brockton and the surrounding urban areas as well as some outlying areas. BMCHP retains centralized management of most operational functions except for complex care management, which is managed at the ACPP partner level. Care management functions are embedded in the primary care clinic. The ACPP model allowed expansion of care management efforts and garnered leadership support and a strong commitment to care coordination functions.
- The review noted BMCHP-Signature's data-driven approach as being a strength. BMCHP-Signature had robust analytics and demonstrated use of these at all levels of the organization. BMCHP-Signature also demonstrated a strong investment in system solutions and technology. This was demonstrated with the implementation of a care management system to help meet the needs of its evolving program. In addition, BMCHP-Signature noted opportunities to enhance its appeals and grievance systems in the future.

- BMCHP-Signature demonstrated strength in some aspects of coordination and continuity of care, specifically the use of a electronic medical record shared by care coordinators and treating providers. A systems demonstration of the care management application within the electronic medical record showed that the care plan produced both provider and member goals, which was unique to BMCHP-Signature.
- BMCHP-Signature implemented several strategies to improve the coordination of care for members, including implementation of a small pilot program for following up with members who accessed the emergency department or had an inpatient hospitalization within 72 hours of an emergency department admission to ensure linkage to outpatient services.

Opportunities for Improvement
- Although there were no concerns with BMCHP-Signature's handling of ACPP member enrollment as directed by MassHealth, the audit found that prior to May 2020, the policy and procedure was not fully compliant with all aspects of enrollment and disenrollment.
- Some policies and procedures were found to be outdated or having missed a formal review. Several of the Grievance and Appeal Systems' review elements that were Partially Met were related to minor revisions and changes that needed to be made to better reflect contractual and operational practices.
- While the ACPP had many programs and policies in place to address the various quality assessment and performance improvement requirements, including a Standards for Medical Record Documentation policy, the ACPP's policy did not specifically outline a process or mechanism to monitor network provider compliance with the standards and requirements.
- While BMCHP-Signature, in general, demonstrated timely coverage determination and appeal decisions, including timely notification to members, the review found that the denial and appeal letters had language that was clinical in nature and difficult to understand.
- The audit found that, while BMCHP performed a geo-access analysis, it was not stratified by ACPP. In addition, BMCHP did not meet all MassHealth time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages.
- The care management functions were highly manual, contributing to some challenges with managing elements such as caseloads and productivity indicators. The ACPP demonstrated ongoing collaboration and monitoring of some metrics but lacked the ability to demonstrate overall success at the more programmatic level.

Recommendations
- BMCHP-Signature needs to ensure annual review and approval of its policies and procedures against the most recent federal and state contract requirements to ensure continued compliance with all federal and MassHealth standards.
- BMCHP-Signature needs to create and implement a medical record review process to monitor network provider compliance with policies and procedures, specifications, and appropriateness of care.
- BMCHP-Signature should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.

- BMCHP-Signature needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, BMCHP-Signature needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.
- BMCHP-Signature should explore opportunities to better automate or support some care coordination activities to allow greater oversight as well as demonstrate success with program aims.
- BMCHP-Signature needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

BMC HEALTH NET PLAN SOUTHCOAST ALLIANCE

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 16 - 18, 2021.

Exhibit 5.9. BMCHP-Southcoast Compliance Validation Scores

Review Element	Score
Availability of Services	94.7%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	100%
Enrollment/Disenrollment	61.1%
Availability of Services – Enrollee Information	100%
Provider Selection	95.0%
Grievance and Appeal System	97.5%
Subcontractual Relationships and Delegation	98.9%
Quality Assessment and Performance Improvement	98.4%
Health Information Systems	100%
Coverage and Authorization of Services	98.4%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	100%
Total Composite Score	**96.0%**

Strengths

- Overall, BMCHP-Southcoast demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.
- The review identified many achievements that have taken place since BMCHP-Southcoast began operations in 2017. BMCHP leveraged its health plan experience to support efficient and centralized operational functions as the ACPP was initially developed. BMCHP-Southcoast is anchored by a community of three medical hospital facilities and one behavioral health hospital with the Southcoast Health network of primary care and specialty providers. BMCHP-Southcoast serves members in southeastern Massachusetts. BMCHP retains centralized management of most operational functions except for complex care management, which is managed at the ACPP partner level. Care management functions are managed by the ACPP's centralized care navigation department.
- The review noted BMCHP-Southcoast's data-driven approach to be a strength of the ACPP. BMCHP-Southcoast had robust analytics and demonstrated use of these at all levels of the organization. In addition, BMCHP-Southcoast demonstrated strong investment in system solutions and technology. This was demonstrated with the implementation of a care management system to help meet the needs of its evolving program. In addition, BMCHP-Southcoast noted opportunities to enhance its appeals and grievance systems in the future.
- BMCHP-Southcoast demonstrated strength in some aspects of coordination and continuity of care, specifically the use of a shared electronic medical record across its health care

system. The ACPP used a module within its Epic EMR system that was accessible to all care team members. The system demonstration showed a snapshot overview of a member along with the use of banners to draw attention to issues such as high readmission risk. The electronic medical record system demonstrated strong support of communication across providers and care settings and was identified as a best practice.

- BMCHP-Southcoast had several mechanisms for obtaining and documenting member preferences, including language, and translation needs. BMCHP-Southcoast noted that most of its written materials have been translated into Portuguese and Spanish and the ACPP can involve its hospital translator services to access certified translators.
- BMCHP-Southcoast implemented innovative approaches to improve transitions of care, including its "Meds to Beds" program that includes the use of a pharmacist to work with members to ensure proper use and determine affordability. In addition, BMCHP-Southcoast has developed strong partnerships within the community including shelters and Residential Assistance to Families in Transition (RAFT) programs to help keep members housed during the COVID-19 pandemic.

Opportunities for Improvement
- Although there were no concerns with BMCHP-Southcoast's handling of ACPP member enrollment as directed by MassHealth, the audit found that prior to May 2020, the policy and procedure was not fully compliant with all aspects of enrollment and disenrollment.
- Some policies and procedures were found to be outdated or missing a formal review. Several of the Grievance and Appeal Systems' review elements that were Partially Met related to minor revisions and changes that needed to be made to better reflect contractual and operational practices.
- While the ACPP had many programs and policies in place to address the various quality assessment and performance improvement facets, including a Standards for Medical Record Documentation policy, the ACPP's policy did not specifically outline a process or mechanism to monitor network provider compliance with standards and requirements.
- While BMCHP-Southcoast, in general, demonstrated timely coverage determination and appeal decisions, including timely notification to members, the review found that the denial and appeal letters had language that was clinical in nature and difficult to understand.
- The audit found that while BMCHP performed a geo-access analysis, it was not stratified by ACPP. In addition, BMCHP did not meet all MassHealth time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages.

Recommendations
- BMCHP-Southcoast needs to ensure annual review and approval of its policies and procedures against the most recent federal and state contract requirements to ensure continued compliance with all federal and MassHealth standards.

- BMCHP-Southcoast needs to create and implement a medical record review process to monitor network provider compliance with policies and procedures, specifications, and appropriateness of care.
- BMCHP-Southcoast should revise the language used in denial and appeals letters to covey decision rationale in a manner that is easily understood.
- BMCHP-Southcoast needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, BMCHP-Southcoast needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.
- BMCHP-Southcoast needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

FALLON 365 CARE

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 10 - 12, 2021.

Exhibit 5.10. Fallon-365 Compliance Validation Scores

Review Element	Score
Availability of Services	94.7%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	100%
Enrollment/Disenrollment	94.4%
Availability of Services – Enrollee Information	97.4%
Provider Selection	92.5%
Grievance and Appeal System	93.3%
Subcontractual Relationships and Delegation	98.9%
QAPI	98.4%
Health Information Systems	94.4%
Coverage and Authorization of Services	97.5%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	100%
Total Composite Score	**97.3%**

Strengths
- Overall, Fallon-365 demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.
- Fallon Health and Reliant Medical Group, which formed the Fallon-365 ACPP, already had experience working together serving Medicaid members in central Massachusetts under a managed care organization model. Fallon Health's experience as a health plan and Reliant Medical Group's provision of care to members through its Fallon Clinic provided a stable foundation to implement an ACPP that could focus on a more robust collaborative and integrated model. Fallon Health retained centralized health plan operational functions except for coverage and authorization of services and coordination and continuity of care. The review found the Fallon-365 model to be further along in its ACPP evolution when compared with the other two Fallon ACPP partnering organizations. This is attributed to the mature relationships and experience of the Fallon-365 partnerships.
- Fallon-365's partnering organizations had access to the Epic electronic medical record, which allowed coordination between care settings and care teams.
- Behavioral health services were delegated to Beacon Health Options, and the review found that this was a strength for Fallon-365 members. Beacon demonstrated experience with the technical aspects of compliance, including policies and procedures, and is an engaged partner in the integration and coordination of care and services for members.

- Fallon-365 care coordination has a strong focus on behavioral health and physical health integration with embedded behavioral health support in the primary care setting. Fallon-365 learned through its high-risk profiling and analytic work that behavioral health and social issues served as the greatest drivers of patient needs. Fallon-365 has demonstrated some success in its innovative strategies to identify opportunities to divert potential emergency department and inpatient services by investing in programs that include behavioral health services early in care planning as well as identification and referral to its fully certified Dialectical Behavioral Training program.

Opportunities for Improvement
- The 2021 review was the first external compliance audit for Fallon-365 as an ACPP. While the ACPP was found to demonstrate strength in its ability to provide care and services to its members, it had challenges meeting some of the technical aspects of the review such as ensuring formal policies and procedures meeting all federal and state requirements. This included policies and procedures related to:
  - Out-of-network providers
  - Enrollment and disenrollment redetermination process
  - Provider non-discrimination
  - Credentialing related to tracking of MassHealth eligibility
  - Provider selection related to Supplier Diversity Office-certified business efforts
  - Grievance and appeals systems related to considering additional information submitted by the enrollee, appeal extension timeframes, oral notification, Board of Hearing request timeframes, and provider appeal retaliation
  - Coverage determinations not reached within the appropriate timeframes
- The audit found that while Fallon-365 performed a geo-access analysis, it did not meet all MassHealth time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages.
- The Fallon-365 member handbook lacked language that would demonstrate compliance with some specific contractual provisions related to sharing information with members on how to access the ombudsman and how to report suspected fraud or abuse.
- Fallon-365 did not have a fully functioning process to obtain ACPP member or family advisory council input to its quality program.
- While Fallon-365 had policies and procedures to meet content of notice requirements related to adverse benefit determinations, the compliance file review showed that not all notices were written to meet format requirements. Specifically, some acronyms were not easily understood.

Recommendations

- Fallon-365 needs to revise and/or implement policies and procedures to address the deficient areas to bring it into full compliance with federal and state contract requirements.
- Fallon-365 needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Fallon-365 needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.
- Fallon-365 should revise its member handbook to address the specific contractual provisions related to how to access the ombudsman and how to report suspected fraud or abuse.
- Fallon-365 needs to create and implement an oversight process for the ACPP member and family advisory councils to obtain and utilize data and information for quality improvement initiatives, program enhancements, etc., and include a reporting process through the quality committee structure.
- Fallon-365 needs to continue to work to ensure adverse benefit notices are written in easily understood language.
- Fallon-365 needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

TUFTS HEALTH TOGETHER WITH ATRIUS HEALTH

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 30 - 31, 2021.

Exhibit 5.11. Tufts-Atrius Compliance Validation Scores

Review Element	Score
Availability of Services	84.0%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	92.8%
Enrollment/Disenrollment	100%
Availability of Services – Enrollee Information	94.7%
Provider Selection	97.5%
Grievance and Appeal Systems	97.5%
Subcontractual Relationships and Delegation	96.7%
Quality Assessment and Performance Improvement	98.4%
Health Information Systems	100%
Coverage and Authorization of Services	96.7%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	98.4%
Total Composite Score	**96.9%**

Strengths
- Overall, Tufts-Atrius demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.
- The review identified many achievements that have taken place since Tufts-Atrius began operations in 2017. Tufts was able to leverage its ongoing health plan experience to support efficient and centralized operational functions while Atrius was able to use its established provider network to service ACPP members. As of 2020, all ACPP operational functions under the scope of the compliance review remained with Tufts management, including care coordination.
- The review found that Tufts made enhancements to its care management approach with a large focus on integrating behavioral health into its team. Tufts reorganized its care management team to better integrate care, which included making internal and external connections to help meet the needs of its members. Many of the successes noted from Tufts care management of its high-need Senior Care Options and One Care populations have been replicated for the ACPP population, as appropriate. In addition, Tufts has made strong progress in its approach to determining which members should be managed and how to engage members. Tufts implemented processes to engage members during specific care events as it noted that engagement is increased when the integrated care team can respond to a real need. Tufts has built upon this observation and uses transitions of care as an opportunity to engage members.

- Tufts-Atrius' grievance resolution letters were found to be very thorough and detailed. The letters conveyed that each member's concern was being taking seriously and the concern had been addressed.
- Tufts-Atrius' credentialing manual was determined to be a best practice.

Opportunities for Improvement
- Kepro found that, for some review elements crossing different functional areas, information was but not necessarily reviewed at a higher organizational level to determine if the documentation submitted was appropriate or complete to address the review standard.
- While Tufts has established care management processes and procedures, in the current model, Tufts retains control over care coordination rather than it being integrated by the ACPP partner, Atrius Health. The review found that this model lags in moving care management closer to the member and integrating care coordination within the primary care setting.
- The audit found that, while Tufts-Atrius performed a geo-access analysis, it did not meet all MassHealth time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages. In addition, Tufts-Atrius lacked formal policies to address some aspects of behavioral healthcare, including continuity of care for behavioral health inpatient and 24-hour diversionary services; processes to link enrollees to family support and training services and in-home therapy services; and a process to address enrollee access to behavioral health emergency services programs, when appropriate.
- While Tufts-Atrius had adequate documentation of member rights and protections in member materials and its provider manual, the review found it did not have a documented process to demonstrate how its staff was educated on enrollee rights and protections.
- The review found that the member handbook lacked language responsive to specific contractual provisions related to co-payments and costs of services related to appeal adverse determinations.
- Tufts-Atrius' grievance and appeals policy was not compliant with specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.
- While Tufts-Atrius had a comprehensive Quality Improvement Program description that included many required components, it did not demonstrate the actual completion of all the requirements, including medical record review, medical interrater reliability review and the fidelity report.   In addition, it was noted that the Family/Enrollee Advisory Council was not functional in 2020.
- While Tufts-Atrius, in general, demonstrated timely coverage determination and appeal decisions, including timely notification to members, the review found that the denial and appeal letters had language that was clinical in nature and difficult to understand.

<u>Recommendations</u>

- Tufts-Atrius should implement an internal process for review preparation to ensure representation of all necessary functional areas and review elements are documented to demonstrate full compliance.
- Tufts-Atrius should continue to explore opportunities to restructure its care management model to better support the aims of the ACPP.
- Tufts-Atrius needs to continue to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Tufts-Atrius needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages. Furthermore, Tufts-Atrius needs to develop more formal policies and procedures to address behavioral health requirements.
- Tufts-Atrius needs to maintain documentation to ensure that enrollee rights are communicated to ACPP staff.
- Tufts-Atrius should revise its member handbook to address the specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.
- Tufts-Atrius needs to revise its grievance and appeals policy related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.
- Tufts-Atrius needs to integrate all required components into its Quality Improvement Program description, including medical record review, medical interrater reliability review, fidelity report, and ICC and IHT medical record review. In addition, Tufts-Atrius needs to convene its Family/Enrollee Advisory Council.
- Tufts-Atrius should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.
- Tufts-Atrius needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

TUFTS HEALTH TOGETHER WITH BIDCO

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 30 - 31, 2021.

Exhibit 5.12. Tufts-BIDCO Compliance Validation Scores

Review Element	Score
Availability of Services	84.0%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	92.8%
Enrollment/Disenrollment	100%
Availability of Services – Enrollee Information	97.3%
Provider Selection	97.5%
Grievance and Appeal System	97.5%
Subcontractual Relationships and Delegation	96.7%
Quality Assurance and Performance Improvement	98.4%
Health Information Systems	100%
Coverage and Authorization of Services	96.7%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	94.5%
Total Composite Score	**96.8%**

Strengths
- Overall, Tufts-BIDCO demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.
- The review identified many achievements that have taken place since Tufts-BIDCO began operations in 2017. Tufts was able to leverage its health plan experience to support efficient and centralized operational functions while BIDCO was able to use its established network of primary care providers and specialists to service ACPP members. As of 2020, all ACPP operational functions under the scope of the compliance review remained with Tufts management except for some delegated complex case management at three of the BIDCO sites, transitions of care, and inpatient discharge planning across the hospital network.
- Tufts-BIDCO had care managers locally employed and local to the practice sites. It has made some efforts to better standardize some of the care management activities to improve efficiency and outcomes. Tufts-BIDCO providers use a variety of electronic medical record systems. Data are transmitted to a performance network tool that provides aggregated data across the network and helps to inform the care management process. Tufts-BIDCO noted success with its care management rounding and interdisciplinary discussions for transitions of care.

- The review found flexible spending dollars helped fund care management nursing salaries at the local sites as well as community nutrition services that provide two meals per days, five days a week for members in need.
- Tufts-BIDCO's grievance resolution letters were found to be very thorough and detailed. The letters conveyed that each member's concern was being taken seriously and that the concern had been addressed.
- The Tufts-BIDCO credentialing manual was identified as a best practice.

Opportunities for Improvement
- Kepro found that, for some review elements crossing multiple functional areas, information was submitted from a narrowed vantage point and not necessarily reviewed at a higher level of the organization to determine if the documentation submitted was appropriate or complete to address the review standard.
- The audit found that while Tufts-BIDCO performed a geo-access analysis, it did not meet all MassHealth time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages. In addition, Tufts-BIDCO lacked formal policies to address some aspects of behavioral healthcare, including continuity of care for behavioral health inpatient and 24-hour diversionary services; processes to link enrollees to family support and training services and in-home therapy services; and a process to address enrollee access to behavioral health emergency services programs, when appropriate.
- While Tufts-BIDCO had adequate documentation of member rights and protections in member materials and its provider manual, the review found it did not have a documented process to demonstrate how its staff were educated on enrollee rights and protections.
- The review found that the member handbook lacked language responsive to specific contractual provisions related to co-payments and costs of services related to adverse appeal determinations.
- Tufts-BIDCO's grievance and appeals policy did not meet specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.
- While Tufts-BIDCO had a comprehensive Quality Improvement Program description that included many required components, it did not demonstrate the completion of all the requirements including medical record review, medical interrater reliability review and the fidelity report. In addition, the Family/Enrollee Advisory Council did not convene in 2020.
- While Tufts-BIDCO, in general, demonstrated timely coverage determination and appeal decisions, including timely notification to members, the review found that the denial and appeal letters had language that was clinical in nature and difficult to understand.

Recommendations

- Tufts-BIDCO should implement an internal quality review process for compliance review preparation to ensure representation of all necessary functional areas and to ensure review elements were documented to demonstrate full compliance.
- Tufts-BIDCO needs to continue to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, it needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages. Furthermore, it needs to develop more formal policies and procedures to address behavioral health requirements.
- Tufts-BIDCO needs to maintain documentation to ensure that enrollee rights are communicated to the staff.
- Tufts-BIDCO should revise its member handbook to address the specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.
- Tufts-BIDCO needs to revise its grievance and appeals policy related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.
- Tufts-BIDCO needs to integrate all required components into its Quality Improvement Program description, including medical record review, medical interrater reliability review, fidelity report, and ICC and IHT medical record review. In addition, Tufts-BIDCO needs to convene its Family/Enrollee Advisory Council.
- Tufts-BIDCO should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.
- Tufts-BIDCO needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

TUFTS HEALTH TOGETHER WITH BOSTON CHILDREN'S ACO

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 30 - 31, 2021.

Exhibit 5.13. Tufts-BCH Compliance Validation Scores

Review Element	Score
Availability of Services	85.1%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	92.8%
Enrollment/Disenrollment	100%
Availability of Services – Enrollee Information	97.3%
Provider Selection	97.5%
Grievance and Appeal System	97.5%
Subcontractual Relationships and Delegation	96.7%
QAPI	98.4%
Health Information Systems	100%
Coverage and Authorization of Services	96.7%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	98.4%
Total Composite Score	**97.2%**

Strengths
- Overall, Tufts-BCH demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.
- The review identified many achievements that have taken place since Tufts-BCH began operations in 2017. Tufts was able to leverage its ongoing health plan experience to support efficient and centralized operational functions while Boston Children's was able to use its established provider network to service ACPP members. As of 2020, all ACPP operational functions under the scope of the compliance review remained with Tufts management, including care coordination.
- The review found that Tufts made enhancements to its care management approach with a large focus on integrating behavioral health into its integrated team. Tufts reorganized its care management team to better integrate care, which included making internal and external connections to help meet the needs of its members. Many of the successes noted in Tufts' care management of its high-needs Senior Care Options and One Care populations have been replicated for the ACPP population, as appropriate. In addition, Tufts has made strong progress in its approach to determining which members should be managed and how to engage members. Tufts implemented processes to engage members during specific care events as it noted that engagement is increased when the care team can respond to a

real need. Tufts has built upon this observation and uses transitions of care as an opportunity to engage members.

- Tufts-BCH's grievance resolution letters were found to be very thorough and detailed. The letters conveyed that each member's concern was being taken seriously and that the concern had been addressed.
- Tufts-BCH's credentialing manual was identified as a best practice.

Opportunities for Improvement

- Kepro found that for some review elements crossing multiple functional areas at Tufts, information was submitted from a narrow vantage point and was not necessarily reviewed at a higher level in the organization to determine if the documentation submitted was appropriate or complete to address the review standard.
- The audit found that, while Tufts-BCH performed a geo-access analysis, it did not meet all MassHealth time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages. In addition, Tufts-BCH lacked formal policies to address some aspects of behavioral healthcare, including continuity of care for behavioral health inpatient and 24-hour diversionary services; processes to link enrollees to family support and training services and in-home therapy services; and a process to address enrollee access to behavioral health emergency services programs, when appropriate.
- While Tufts-BCH had adequate documentation of member rights and protections in member materials and its provider manual, the review found it did not have a documented process to demonstrate how its staff were educated on enrollee rights and protections.
- The review found that the Tufts-BCH member handbook lacked evidence of compliance with specific contractual provisions related to co-payments and costs of services related to adverse appeal determinations.
- Tufts-BCH's grievance and appeals policy lacked some specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.
- While Tufts-BCH had a comprehensive Quality Improvement Program description that included many required components, it did not demonstrate compliance with all the requirements including medical record review, medical interrater reliability review, and the fidelity report. In addition, the Family/Enrollee Advisory Council was not convened in 2020.
- While Tufts-BCH, in general, demonstrated timely coverage determination and appeal decisions, including timely notification to members, the review found that the denial and appeal letters had language that was clinical in nature and difficult to understand.

Recommendations

- Tufts-BCH should implement an internal quality review process for compliance review preparation to ensure representation of all necessary functional areas and to ensure review elements were documented to demonstrate full compliance.

- Tufts-BCH should continue to explore opportunities to restructure its care management to better support the aims of the ACPP model.
- Tufts-BCH needs to continue to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Tufts-BCH needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages. Furthermore, Tufts-BCH needs to develop more formal policies and procedures to address behavioral health requirements.
- Tufts-BCH needs to maintain documentation to ensure that enrollee rights are communicated to the staff.
- Tufts-BCH should revise its member handbook to address the specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.
- Tufts-BCH needs to revise its grievance and appeals policy related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.
- Tufts-BCH needs to integrate all required components into its Quality Improvement Program description, including medical record review, medical interrater reliability review, fidelity report, and ICC and IHT medical record review. In addition, Tufts-BCH needs to convene its Family/Enrollee Advisory Council.
- Tufts-BCH should revise the language used in denial and appeals letters to covey decision rationale in a manner that is easily understood.
- Tufts-BCH needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

TUFTS HEALTH TOGETHER WITH CAMBRIDGE HEALTH ALLIANCE

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 30 - 31, 2021.

Exhibit 5.14. Tufts-CHA Compliance Validation Scores

Review Element	Score
Availability of Services	84.0%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	92.8%
Enrollment/Disenrollment	100%
Availability of Services – Enrollee Information	97.3%
Provider Selection	97.5%
Grievance and Appeal System	97.5%
Subcontractual Relationships and Delegation	96.7%
QAPI	98.4%
Health Information Systems	100%
Coverage and Authorization of Services	96.7%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	95.3%
Total Composite Score	**96.9%**

Strengths
- Overall, Tufts-CHA demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.
- The review identified many achievements that have taken place since Tufts-CHA began operations in 2017. Tufts was able to leverage its health plan experience to support efficient and centralized operational functions. CHA has experience with care to the underserved as a safety net provider and has deep connections to the community it serves. CHA has extensive experience with transitions of care, Medicaid, and working with community partner organizations. As of 2020, all ACPP operational functions under the scope of the compliance review remained with Tufts management except for delegated case management services, which were managed by CHA. Data analytics produced by Tufts were identified as a value-add for CHA in managing care.
- Tufts-CHA was uniquely positioned to deliver care management in the ACPP model having performed care management under several models in the past. This experience allowed Tufts-CHA to land on a model of embedded care management in the primary care offices. Tufts-CHA has been able to identify a four- to six-month timeframe that it has determined provides optimal results for members in care management. Tufts-CHA has standardized its care management model using standards from the Case Management Society of America. Tufts-CHA has made efforts to cultivate more formalized partnerships with community

partners to address social determinants of health such as medically tailored meals. The care management functions were built into the existing Tufts-CHA electronic medical record system, Epic, which allows for communication-sharing across the care teams.

- Tufts-CHA has implemented many care coordination strategies, including a hospital-to-home program developed by Eric Coleman, to address transitions of care and prevent readmissions. These strategies include home visits and a series of follow-ups within the first 30 days of discharge. Tufts-CHA also uses peer recovery coaches to meet with members in the emergency department to engage them in treatment. Furthermore, Tufts-CHA has been working on health equity, recognizing that language in which care is delivered is an important factor in health outcomes and using multi-lingual staff to help address this disparity.
- The review found use of flexible spending to help fund some of the care management infrastructure, including the Epic care management tool builds. The funding has also been used to staff a care manager who is dedicated to working with members experiencing homelessness.
- Tufts-CHA's grievance resolution letters were found to be very thorough and detailed. The letters conveyed that each member's concern was being taking seriously and that the concern had been addressed.
- Tufts-CHA's credentialing manual was identified as a best practice.

Opportunities for Improvement
- Kepro found that, for some review elements crossing multiple functional areas at Tufts, information was submitted from a narrow vantage point and was not necessarily reviewed at a higher level of the organization to determine if the documentation submitted was appropriate or complete to address the review standard.
- The audit found that while Tufts-CHA performed a geo-access analysis, it did not meet all MassHealth time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages. In addition, Tufts-CHA lacked formal policies to address some aspects of behavioral healthcare, including continuity of care for behavioral health inpatient and 24-hour diversionary services; processes to link enrollees to family support and training services and in-home therapy services; and a process to address enrollee access to behavioral health emergency services programs, when appropriate.
- While Tufts-CHA had adequate documentation of member rights and protections in member materials and its provider manual, the review found it did not have a documented process to demonstrate how its staff were educated on enrollee rights and protections.
- The review found that Tufts-CHA's member handbook lacked language responsive to specific contractual provisions related to co-payments and costs of services related to adverse appeal determinations.

- Tufts-CHA's grievance and appeals policy lacked evidence of compliance with specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.
- While Tufts-CHA had a comprehensive Quality Improvement Program description that included many required components, it did not demonstrate compliance with all the requirements including medical record review, medical interrater reliability review, and the fidelity report. In addition, the Family/Enrollee Advisory Council was not convened in 2020.
- While Tufts-CHA, in general, demonstrated timely coverage determination and appeal decisions, including timely notification to members, the review found that the denial and appeal letters had language that was clinical in nature and difficult to understand.

Recommendations
- Tufts-CHA should implement an internal quality review process for compliance review preparation to ensure representation of all necessary functional areas and to ensure review elements were documented to demonstrate full compliance.
- Tufts-CHA needs to continue to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Tufts-CHA needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages. Furthermore, Tufts-CHA needs to develop more formal policies and procedures to address behavioral health requirements.
- Tufts-CHA needs to maintain documentation to ensure that enrollee rights are communicated to the staff.
- Tufts-CHA should revise its member handbook to address the specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.
- Tufts-CHA needs to revise its grievance and appeals policy related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.
- Tufts-CHA needs to integrate all required components into its Quality Improvement Program description, including medical record review, medical interrater reliability review, fidelity report, and ICC and IHT medical record review. In addition, Tufts-CHA needs to convene its Family/Enrollee Advisory Council.
- Tufts-CHA should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.
- Tufts-CHA needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

WELLFORCE CARE PLAN

Kepro reviewed all documents that were submitted in support of the compliance validation process. In addition, Kepro conducted a virtual review on August 10 - 12, 2021.

Exhibit 5.15. Fallon-Wellforce Compliance Validation Scores

Review Element	Score
Availability of Services	94.7%
Assurances and Adequate Capacity of Services	100%
Enrollee Rights and Protection	100%
Enrollment/Disenrollment	94.4%
Availability of Services – Enrollee Information	97.4%
Provider Selection	92.5%
Grievance and Appeal System	93.3%
Subcontractual Relationships and Delegation	98.9%
Quality Assurance and Performance Improvement	98.4%
Health Information Systems	94.4%
Coverage and Authorization of Services	97.5%
Practice Guidelines	100%
Confidentiality of Health Information	100%
Coordination and Continuity of Care	100%
Total Composite Score	**97.3%**

Strengths
- Overall, Fallon-Wellforce demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.
- The review identified many achievements that have taken place since Fallon-Wellforce began operations in 2017. Most notable is the strong commitment and support by Fallon Health, which leveraged its health plan experience to support efficient and centralized operational functions as the ACPP was initially developed and continues to evolve. Fallon-Wellforce now operates as an ACPP system and has overcome many early challenges with its providers, university centers, hospitals, and other organizations coming together as a new ACPP to serve members in eastern Massachusetts. Wellforce is delegated for some aspects of coordination and continuity of care while Fallon retains centralized management of the other operational functions covered under the review. The collaboration between Wellforce and Fallon was noted as the ACPP's greatest strength. The review found impressive levels of communication and interaction between the two organizations and a shared commitment for success.
- Behavioral health services were delegated to Beacon Health Options, and the review found that this was a strength for Fallon-Wellforce members. Beacon demonstrated experience with the technical aspects of compliance, including policies and procedures, and is an engaged partner in the integration and coordination care and services for members.

- Within Fallon-Wellforce's care management model, care coordination has moved closer to the member. Fallon-Wellforce has used innovative approaches to tailor care management services to members, including the engagement of a clinical pharmacist as part of the care team, as appropriate, coordination with community partners such as the Visiting Nurse Association and implementing bridge therapy for urgent needs within the health center as a mechanism to address behavioral health service gaps.
- Fallon-Wellforce implemented several successful care initiatives addressing social determinants of health, including flexible service funding for nutrition and housing.

Opportunities for Improvement
- The 2021 review was the first external compliance audit for Fallon-Wellforce as an ACPP. While the ACPP was found to demonstrate strengths in its ability to provide care and services to its members, it had challenges meeting some of the technical aspects of the review such as ensuring formal policies and procedures meeting all federal and state requirements. This included policies and procedures related to:
  o Out-of-network providers
  o Enrollment and disenrollment redetermination process
  o Provider non-discrimination
  o Credentialing related to tracking of MassHealth eligibility
  o Provider selection related to Supplier Diversity Office-certified business efforts
  o Grievance and appeals system related to considering additional information submitted by the enrollee, appeal extension timeframes, oral notification, Board of Hearing request timeframes, and provider appeal retaliation
  o Coverage determinations not reached within the appropriate timeframes
- The audit found that, while Fallon-Wellforce performed a geo-access analysis, it did not meet all MassHealth time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages.
- The Fallon-Wellforce member handbook lacked language responsive to some specific contractual provisions related to how to access the ombudsman and how to report suspected fraud or abuse.
- Fallon-Wellforce did not have a fully functioning process to obtain ACPP member and family advisory council input into its quality program.
- While Fallon-Wellforce had policies and procedures to meet content of notice requirements related to adverse benefit determinations, the compliance file review showed that not all notices were written to meet format requirements. Specifically, some acronyms were not easily understood.

Recommendations

- Fallon-Wellforce needs to revise or implement policies and procedures to address the deficient areas to bring the ACPP into full compliance with federal and state contract requirements.

- Fallon-Wellforce needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Wellforce needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.

- Fallon-Wellforce should revise its member handbook to address the specific contractual provisions related to how to access the ombudsman and how to report suspected fraud or abuse.

- Fallon-Wellforce needs to create and implement an oversight process for the ACPP member and family advisory councils to obtain and utilize data and information for Quality Improvement initiatives, program enhancements, etc., and include a reporting process through the Quality Assessment Performance Improvement committee structure.

- Fallon-Wellforce needs to continue to work to ensure adverse benefit notices are written in easily understood language.

- Fallon-Wellforce needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.

Network Adequacy Validation

_____

SECTION 6. NETWORK ADEQUACY VALIDATION

INTRODUCTION

The concept of Network Adequacy revolves around a managed care plan's ability to provide its members with an adequate number of in-network providers located within a reasonable distance from the member's home. Insufficient or inconvenient access points can create gaps in healthcare. To avoid such gaps, MassHealth sets forth contractually required time and distance standards as well as threshold member to provider ratios to ensure access to timely care. In 2021, MassHealth, in conjunction with its EQRO, Kepro, evaluated and identified the strengths of the health plan's provider networks as well as offered recommendations for bridging network gaps. This process of evaluating a plan's network is termed Network Adequacy Validation. While not required by CMS at this time, MassHealth was strongly encouraged by CMS to incorporate this activity as an annual validation activity as it will be required in the future.

Kepro entered into an agreement with Quest Analytics to use its enterprise system to validate MassHealth managed care plan network adequacy. Quest's system analyzes and reports on network adequacy. The software also reports on National Provider Identifier (NPI) errors and exclusion from participation in CMS programs.

Using Quest, Kepro has analyzed the current performance of the plans based on the time and distance standards that the state requires while also identifying gaps in coverage by geographic area and specialty. The program also provides information about available providers should network expansion be required. This information is based on a list of all licensed physicians from the Massachusetts Board of Registration in Medicine.

As stated above, the goal of network adequacy analysis is to ensure that every managed care plan offers adequate access to care across the plan's entire service area. When measuring access to care using only existing membership, that data set may not always be representative of the entire service area. Additionally, measuring only existing membership does not account for future growth or expansion of existing service areas. Therefore, the network adequacy review was performed using a representative set of population points, 3% of the population distributed throughout the service area based on population patterns. The member file was provided by MassHealth. This methodology allowed MassHealth to ensure each plan was measured consistently against the same population distribution and that the entire service area had adequate access to care within the prescribed time and distance criteria.

REQUEST OF PLAN

MassHealth requested a complete provider data set from each ACPP, which included the following data points:
- Facility or provider;
- Address;
- Phone number; and
- NPI Information.

For ACPPs, this request applied to the following areas of service:
- PCPs and obstetrician-gynecologists (OBGYNs);
- Rehabilitation hospitals;
- Urgent care services;
- Specialists;
- Behavioral health services; and
- Pharmacies.

TIME AND DISTANCE STANDARDS

MassHealth requires ACPP plans to meet a time and distance standard, but they are not required to meet both. For example, Urgent Care facilities are required to be located within a 15-mile radius of a member's home *or* no more than 30 minutes travel time from the member.

BEHAVIORAL HEALTH DIVERSIONARY SERVICES

The time and distance standard for Behavioral Health Diversionary Services is 30 miles or 30 minutes from the member's home. This standard applies to all services outlined in the table that follows.

Exhibit 6.1. Behavioral Health Diversionary Specialties

BH Diversionary Specialties	
(Intensive) Community-Based Acute Treatment / Transitional Care Unit (ICBAT-ICBAT-TCU)	Program of Assertive Community Treatment (PACT)
Clinical Support Services for Substance Use Disorders (Level 3.5)	Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
Community Support Program	Recovery Coaching
Intensive Outpatient Program	Recovery Support Navigators
Monitored Inpatient Level 3.7	Psychiatric Day Treatment
Partial Hospitalization Program	Structured Outpatient Addiction Program

BEHAVIORAL HEALTH INPATIENT SERVICES

There are four specialties in this category: Managed Inpatient Level 4, Adult Psychiatric Inpatient, Adolescent Psychiatric Inpatient, and Child Psychiatric Inpatient. MassHealth has established a 60-mile or 60-minute standard for these services.

BEHAVIORAL HEALTH INTENSIVE COMMUNITY TREATMENT SERVICES

In-Home Behavioral Services, In-Home Therapy Services, and Therapeutic Monitoring Services represent the specialties in this category. MassHealth has established a 30-mile or 30-minute standard for these services.

BEHAVIORAL HEALTH OUTPATIENT SERVICES

There are three specialties in Behavioral Health Outpatient Service: Applied Behavioral Analysis, Behavioral Health Outpatient, and Opioid Treatment Programs. MassHealth has established a 30-mile or 30-minute standard for these services. Plans also are required to have two opioid treatment specialists within this time and distance.

MEDICAL FACILITY SERVICES

There are three specialties in this category. All have a different time and distance standard. It is important to note that providers are required to meet the time or distance standard.

Exhibit 6.2. Medical Facility Services and Required Standards

Specialty	Time (Minutes)	Distance (Miles)
Acute Inpatient Hospital	40	20
Rehabilitation Hospital	60	30
Urgent Care Services	30	15

PHARMACY SERVICES

A pharmacy provider must be located within 15 miles or 30 minutes from a member's home.

PRIMARY CARE SERVICES

MassHealth has established a 15-mile or 30-minute standard for Primary Care Services. It has also established a specific provider-to-member ratio.

Exhibit 6.3. Primary Care Services and Required Provider to Member Ratios

Specialty	Ratio
Adult PCP	1:200 adult PCPs
Pediatric PCP	1:200 pediatricians

SPECIALTY SERVICES

MassHealth requires that access to the specialties in the following table adhere to a time and distance standard of 20 miles or 40 minutes.

Exhibit 6.4. Specialty Services

Specialty		
Allergy and Immunology	Hematology	Physiatry, Rehabilitative Medicine
Anesthesiology	Infectious Diseases	Plastic Surgery
Audiology	Nephrology	Podiatry
Cardiology	Neurology	Psychiatric APN (PCNS or CNP)
Cardiothoracic Surgery	Neurosurgery	Psychiatry
Chiropractor	Nuclear Medicine	Psychology
Dermatology	Oncology – Medical, Surgical	Pulmonology
Emergency Medicine	Oncology – Radiation/Radiation Oncology	Radiology
Endocrinology	Ophthalmology	Rheumatology
ENT/Otolaryngology	Oral Surgery	Urology
Gastroenterology	Orthopedic Surgery	Vascular Surgery
General Surgery	Pathology	

The provider-to-member ratio and the time and distance standards for OBGYN services follows.

Exhibit 6.5. OBGYN Service Standard Requirements

Specialty	Ratio	Time (Minutes)	Distance (Miles)
Ob/Gyn	1:500 female >/= 10 yo	30	15

EVALUATION METHOD AND INTERPRETATION OF RESULTS

The Quest system generates a network adequacy score by combining the following files together:

- Service area zip codes
- Managed care plan provider files
- The time, distance, and minimum provider-to-member ratios established by MassHealth; and
- A representative membership file

The system assigns a score on a 1 to 100 scale. Scores are assigned at both the specialty and county level. The overall score is derived from the average of all county scores. This report depicts each plan's scores at the county level.

The following text uses an example to describe how to interpret the results.

Exhibit 6.6. Evaluation Method Example Table

County	Service
Barnstable	100
Berkshire	70
Bristol	56
Hampden	0
Hampshire	0
Worcester	0*
Overall:	37.6

- Both the access requirement and the servicing provider requirements are met in Barnstable County. Thus, an Adequacy Index Score of 100 is assigned.
- A score of 70 has been assigned to Berkshire County as the requirement for the number of servicing providers has not been met.
- In Bristol County, the servicing provider requirement is met, but the access requirement is less than what is required (80%), so the Adequacy Index Score is 56, as 70% of 80 = 56.
- The 0 assigned to Hampden County means that neither the time and distance nor number of servicing provider requirements are met.
- The 0 assigned to Hampshire County means that less than 70% of the membership is within the time and distance standards but the number of servicing provider requirements are met.
- Worcester County shows an asterisk with the zero score, indicating that no provider data were submitted for review by the plan.
- The overall score is an average of the county scores: (70 + 56 + 100 + 0 + 0 + 0) / 6

Managed Care Organization Service Areas

Quest Analytics' geo-mapping process is county-based. ACPP service areas are tied to MassHealth-defined geographical areas, which are zip code-based. To accommodate this distinction, Quest assigned counties on a zip code basis. For example, Easthampton is part of the MassHealth Northampton service area. Quest assigned both Easthampton and Northampton to Hampshire County, and the results for these two cities are included in the results for that county. There may be a few situations in which a county may appear to have network deficiencies but, in fact, is meeting network requirements. Kepro has identified these situations to the extent it is possible to do so with the information at hand.

To assist in the interpretation of results, a county map of Massachusetts follows as well as a ranked list of county populations.

Exhibit 6.7. Map of Massachusetts County Designations

Exhibit 6.8. Massachusetts County Designations and 2020 Population

County	County Designation	2020 Population[4]
Middlesex	Large Metro	1,632,002
Worcester	Metro	862,111
Essex	Large Metro	809,829
Suffolk	Large Metro	797,936
Norfolk	Large Metro	725,981
Bristol	Metro	579,200
Plymouth	Metro	530,819
Hampden	Metro	465,825
Barnstable	Metro	228,996
Hampshire	Metro	162,308
Berkshire	Metro	129,026
Franklin	Metro	71,029
Dukes	Micro	20,600
Nantucket	Micro	14,255

[4] Census.gov, accessed November 10, 2021

AGGREGATE RESULTS

As stated previously, ACPPs must meet the time and distance standards with a score of 100 to be considered in compliance with network adequacy requirements. This report has evaluated each plan's network adequacy results against this requirement.

The following table depicts the scores received by the plans. The lowest-scoring plan is Tufts-Atrius with a 60.8. The highest-scoring plan is BMCHP-Signature with a 98.7.

Exhibit 6.9. Plan Overall Scores

Plan	Score
AllWays	92.7
HNE-Be Healthy	80.7
Fallon-BFHC	65.1
BMCHP-BACO	92.4
BMCHP-Mercy	89.1
BMCHP-Signature	98.7
BMCHP-Southcoast	94.7
Fallon-365	84.7
Tufts-Atrius	60.8
Tufts-BCH	79.9
Tufts-BIDCO	74.1
Tufts-CHA	96.0
Fallon-Wellforce	84.5

The table that follows provide a high-level summary of network adequacy deficiencies by plan and by specialty. An "X" indicates a network deficiency.

Exhibit 6.10. ACO Network Adequacy – Deficient Networks by Specialty

Services	AllWays	HNE-Be Healthy	Fallon-BFHC	BMCHP-BACO	BMCHP-Mercy	BMCHP- Sig.	BMCHP-South.	Fallon- 365	Tufts-Atrius	Tufts-BCH	Tufts-BIDCO	Tufts-CHA	Fallon-Wellforce
Adult PCP		X		X	X	X	X	X			X	X	X
Pediatric PCP		X		X	X	X	X	X			X	X	X
Allergy and Immunology			X					X			X		
Anesthesiology		X	X						X				
Audiology		X			X								
Cardiology													
Cardiothoracic Surgery		X	X	X	X			X	X	X	X		X
Chiropractor													
Dermatology		X			X			X					
Emergency Medicine									X				
Endocrinology									X			X	
ENT/Otolaryngology		X			X				X				
Gastroenterology									X				
General Surgery													
Hematology		X			X			X	X		X		X
Infectious Diseases		X	X						X		X		
Nephrology								X	X				
Neurology	X	X	X						X				
Neurosurgery	X	X	X		X			X	X		X	X	X
Nuclear Medicine	X	X	X	X	X		X	X	X	X	X	X	X
OBGYN		X			X			X	X				
Oncology – Medical		X	X						X		X		X
Oncology – Radiation		X	X		X			X	X		X	X	X
Ophthalmology			X										
Oral Surgery		X	X	X	X	X	X	X	X	X	X	X	
Orthopedic Surgery								X					X
Pathology		X	X		X			X	X				

Services	AllWays	HNE-Be Healthy	Fallon-BFHC	BMCHP-BACO	BMCHP-Mercy	BMCHP-Sig.	BMCHP-South.	Fallon-365	Tufts-Atrius	Tufts-BCH	Tufts-BIDCO	Tufts-CHA	Fallon-Wellforce
Physiatry, Rehabilitative Med			X						X				
Plastic Surgery			X					X	X	X			X
Podiatry									X				
Psych APN											X		
Psychiatry													
Psychology													
Pulmonology			X		X				X				
Radiology		X	X										
Rheumatology			X										
Urology		X							X				
Vascular Surgery		X	X		X			X	X		X		
CBAT		X							X	X		X	
Clinical Support Services for SUD		X								X			
Community Support Program										X			
Intensive Outpatient Programs			X						X	X	X		
Monitored Inpatient Level 3.7		X								X			
Partial Hospitalization Program									X	X	X		
PACT		X		X	X	X	X	X	X				
Psychiatric Day Treatment		X							X				
Recovery Coaching										X			
Recovery Support Navigators	X									X			
Residential Rehab Services for SUD										X		X	
Structured Outpatient Addiction Prgms													

Services	AllWays	HNE-Be Healthy	Fallon-BFHC	BMCHP-BACO	BMCHP-Mercy	BMCHP-Sig.	BMCHP-South.	Fallon-365	Tufts-Atrius	Tufts-BCH	Tufts-BIDCO	Tufts-CHA	Fallon-Wellforce
Managed Inpatient Level 4		X							X	X	X		
Psychiatric Inpatient Adolescent										X			
Psychiatric Inpatient Adult													
Psychiatric Inpatient Child										X			
In-Home Behavioral Services													
In-Home Therapy Services													
Therapeutic Monitoring Services													
Applied Behavioral Analysis									X	X	X	X	
Behavioral Health Outpatient													
Opioid Treatment Programs				X	X		X			X			X
Acute Inpatient Hospitals			X										
Rehabilitation Hospitals		X	X				X						
Urgent Care Services		X	X	X	X		X			X			
Retail Pharmacies		X			X								

RESULTS BY PLAN

ALLWAYS MY CARE FAMILY

AllWays received an overall score of 92.7. Last year, AllWays received an overall adequacy score of 93.5. The plan decreased its overall adequacy index score by 0.8 points in this year's analysis.

The score wheel below indicates multiple scores that are outlined in the bulleted items. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Exhibit 6.11. AllWays Adequacy Score
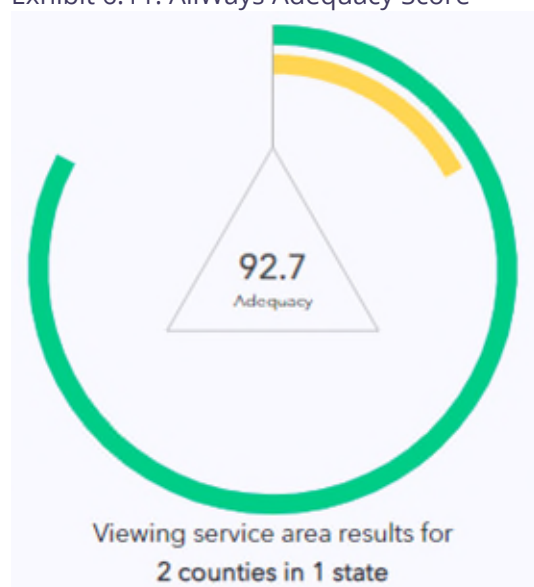
- The green bar indicates that 82.8% of AllWays' provider network fully meets the adequacy requirements.

- The yellow bar indicates that 17.2% of AllWays' provider network meets the number of servicing provider requirements only.

Primary Care, Medical Facilities, and Pharmacies

AllWays' Primary Care, Medical Facility, and Pharmacy networks meet all MassHealth requirements.

Behavioral Health Services

The table that follows lists those behavioral health services meeting the minimum network adequacy score.

Exhibit 6.12. Behavioral Health Services with a Passing Network Adequacy Score

Behavioral Health Service	
Applied Behavior Analysis	Psychiatric Day Treatment
BH Outpatient	Psych Inpatient Adolescent
Clinical Support Services for SUD	Psych Inpatient Adult
In-Home Therapy Services	Psych Inpatient Child
Intensive Outpatient Program	Recovery Coaching
Monitored Inpatient Level 3.7	Residential Rehab Services for SUD
Opioid Treatment Programs	Structured Outpatient Addiction Program
Partial Hospitalization Program	Therapeutic Mentoring Services

The table that follows depicts the network adequacy scores for those behavioral health services not meeting the minimum network adequacy score.

Exhibit 6.13. Behavioral Health Service Gaps

County	CBAT	Community Support Program	In-Home Behavioral Services	Managed Inpatient Level 4	Program of Assertive Community Treatment	Recovery Support Navigators
Essex	0.0	100	69.8	60.3	69.9	68.9
Middlesex	100	69.7	100	100	100	56.9
Overall:	50.0	84.9	84.9	80.1	84.9	62.9

Specialty Services

The table that follows depicts the network adequacy scores for those specialty services meeting the minimum network adequacy score.

Exhibit 6.14. Specialty Services with a Passing Network Adequacy Score

Specialty		
Anesthesiology	Infectious Diseases	Physiatry, Rehabilitative Medicine
Cardiology	Nephrology	Plastic Surgery
Chiropractor	OBGYN	Podiatry
Endocrinology	Oncology – Medical	Psych APN
ENT/Otolaryngology	Ophthalmology	Psychiatry
Gastroenterology	Oral Surgery	Psychology
General Surgery	Orthopedic Surgery	Radiology
Hematology	Pathology	Rheumatology

The table that follows depicts the network adequacy scores for those specialty services not meeting the minimum network adequacy score.

Exhibit 6.15. Specialty Service Gaps

County	Allergy and Immunology	Audiology	Cardiothoracic Surgery	Dermatology	Emergency Medicine	Neurology
Essex	63.2	100	0.0	66.9	69.8	64.4
Middlesex	100	69.9	100	100	100	69.9
Overall:	81.6	84.9	50.0	83.5	84.9	67.2

Exhibit 6.16. Specialty Service Gaps

County	Neurosurgery	Nuclear Medicine	Oncology – Radiation	Pulmonology	Urology	Vascular Surgery
Essex	62.9	0.0	100	69.7	67.6	68.7
Middlesex	69.2	64.4	64.4	100	100	100
Overall:	**66.1**	**32.2**	**82.2**	**84.9**	**83.8**	**84.4**

Strengths & Opportunities for Improvement
- AllWays has a well-developed behavioral health network.
- Neurology, Neurosurgery, and Nuclear Medicine services meet the servicing provider requirement only.

Recommendations
- Kepro recommends that AllWays contract with additional Neurology, Neurosurgery, and Nuclear Medicine providers as available.
- Kepro suggests further development of the behavioral health network in Essex County.

Update to 2020 Recommendations
Kepro did not offer recommendations to AllWays in 2020.

BE HEALTHY PARTNERSHIP

HNE-Be Healthy received an overall score of 80.7. Last year, HNE-Be Healthy received an overall adequacy score of 78.5. The plan has increased its overall adequacy index score by 2.2 points in this year's analysis.

The score wheel below reflects multiple scores that are outlined in the bulleted items. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Exhibit 6.17. HNE-BeHealthy Adequacy Score

80.7
Adequacy

Viewing service area results for
3 counties in 1 state
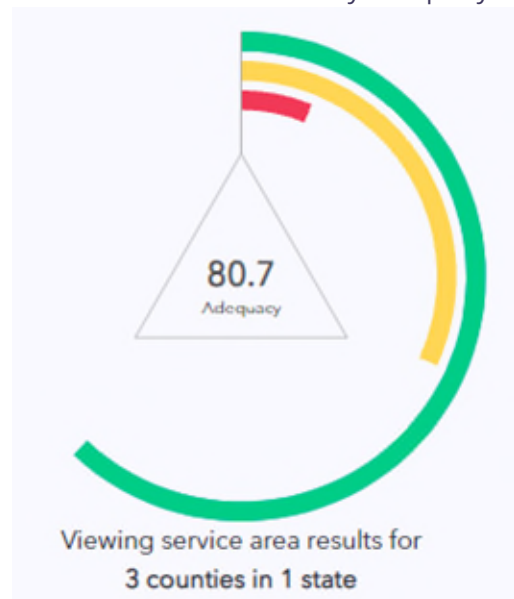
- The green bar indicates that 62.0% of HNE-Be Healthy's provider network fully meets the adequacy requirements.

- The yellow bar indicates that 31.8% of HNE-Be Healthy's provider network meets only the servicing provider requirements.

- The red bar indicates that 6.2% of HNE-Be Healthy's provider network does not meet any adequacy requirements. Services for which the plan did not submit data are included in this category.

Primary Care, Medical Facilities, and Pharmacies

HNE-Be Healthy met all network access requirements for Acute Inpatient Hospitals. The table that follows depicts the network adequacy scores for Primary Care, Medical Facility, and Pharmacy services not meeting the minimum network adequacy score.

Exhibit 6.18. Primary Care, Medical Facility, and Pharmacy Gaps

County	Adult PCP	Pediatric PCP	Rehab Hospital	Urgent Care Services	Retail Pharmacies
Franklin	100	100	100	100	100
Hampden	68.9	68.9	69.9	69.6	69.9
Hampshire	60.8	60.8	67.3	63.2	69.5
Overall:	76.6	76.6	79.1	77.6	79.8

Behavioral Health Services

The table that follows lists those behavioral health services meeting the minimum network adequacy score.

Exhibit 6.19. Behavioral Health Services

Behavioral Health Service		
Applied Behavior Analysis	Intensive Outpatient Program	Psych Inpatient Child
BH Outpatient	Opioid Treatment Programs	Recovery Coaching
Community Support Program	Partial Hospitalization Program	Recovery Support Navigators
In-Home Behavioral Services	Psych Inpatient Adolescent	Structured Outpatient Addiction Program
In-Home Therapy Services	Psych Inpatient Adult	Therapeutic Mentoring Services

The table that follows depicts the network adequacy scores for those behavioral health services not meeting the minimum network adequacy score.

Exhibit 6.20. Behavioral Health Service Gaps

County	CBAT	Clinical Support Services for SUD	Managed Inpatient Level 4	Monitored Inpatient Level 3.7	Program of Assertive Community Treatment	Psychiatric Day Treatment	Residential Rehab Services for SUD
Franklin	0.0*	0.0*	0.0*	0.0*	0.0	0.0	100
Hampden	0.0	0.0	0.0*	0.0	0.0	0.0	69.9
Hampshire	0.0	0.0	0.0*	0.0	0.0	0.0	100
Overall:	0.0	0.0	0.0	0.0	0.0	0.0	90.0

* No provider data were submitted by the plan

Specialty Services

The table that follows lists those specialty services meeting the minimum network adequacy score.

Exhibit 6.21. Specialty Services with a Passing Network Adequacy Score

Specialty				
Cardiology	Emergency Medicine	Gastroenterology	Ophthalmology	Podiatry
Chiropractor	Endocrinology	General Surgery	Physiatry	Psychology

The tables that follow depict the network adequacy scores for those specialty services not meeting the minimum network adequacy score.

Exhibit 6.22a. Specialty Service Gaps

County	Allergy and Immunology	Anesthesiol	Audiology	Cardiothoracic Surgery	Dermatology	ENT / Otolaryn
Franklin	100	100	100	100	100	100
Hampden	100	69.9	67.8	69.6	69.7	69.7
Hampshire	69.5	65.9	65.9	61.6	65.5	69.7
Overall:	89.8	78.6	77.9	77.1	78.4	79.8

Exhibit 6.22b. Specialty Service Gaps

County	Hematology	Infectious Diseases	Nephrology	Neurology	Neurosurg	Nuclear Medicine	OBGYN
Franklin	100	100	100	100	100	100	100
Hampden	69.7	69.9	100	69.9	69.6	69.8	69.6
Hampshire	63.1	69.5	69.9	66.4	67.4	65.9	68.2
Overall:	77.6	79.8	90.0	78.7	79.0	78.6	79.3

Exhibit 6.22c. Specialty Service Gaps

County	Oncology – Medical	Oncology – Radiation	Oral Surgery	Orthopedic Surgery	Pathology	Plastic Surgery	Psych APN
Franklin	100	100	100	100	100	100	100
Hampden	69.9	69.7	0.0	69.9	69.9	100	69.7
Hampshire	65.6	64.8	0.0	100	66.0	65.9	100
Overall:	**78.5**	**78.2**	**33.3**	**90.0**	**78.6**	**88.6**	**89.9**

Exhibit 6.22d. Specialty Service Gaps

County	Psychiatry	Pulmonology	Radiology	Rheum	Urology	Vascular Surgery
Franklin	100	100	100	100	100	100
Hampden	69.9	100	69.8	100	69.9	69.9
Hampshire	100	69.9	65.9	69.9	64.5	68.8
Overall:	**90.0**	**90.0**	**78.6**	**90.0**	**78.1**	**79.6**

Strengths & Opportunities for Improvement
- Franklin County is passing all MassHealth requirements for all Primary Care, Medical Facility, and Pharmacy services. Hampden and Hampshire Counties meet the number of servicing provider requirement only.
- Six of the services in the table above either meet no access standards, meet the number of servicing provider requirement only, or are services for which HNE-Be Healthy reported no providers.
- Network adequacy requirements were fully met in Franklin County for all Specialty Services.
- Hampshire County has the most gaps in Specialty services with only Orthopedic Surgery, Psychiatry, and Psychiatric APNs fully meeting access requirements.
- Oral Surgery services received the lowest overall network adequacy score of Specialty Services with an overall total of 33.3.

Recommendations
- Kepro recommends contracting with additional primary care providers, medical facilities, and pharmacies.
- Kepro recommends contracting with CBAT, Clinical Support Services for Substance Use Disorders, Managed Inpatient Level 4, Monitored Inpatient Level 3.7 , Programs of Assertive Community Treatment (PACT), and Psychiatric Day Treatment providers as available.
- Kepro recommends that HNE-Be Healthy prioritize Hampshire County for specialty provider network development.

Update to 2020 Recommendations
Kepro offered no recommendations to HNE-Be Healthy in 2020.

BERKSHIRE FALLON HEALTH COLLABORATIVE

Fallon-BFHC received an overall score of 65.1. Last year, Fallon-BFHC received an overall adequacy score of 61.2. The plan has increased its overall adequacy index score by 3.9 points in this year's analysis.

The score wheel below reflects multiple scores that are outlined in the bulleted items. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Exhibit 6.23. Fallon-BFHC Adequacy Score
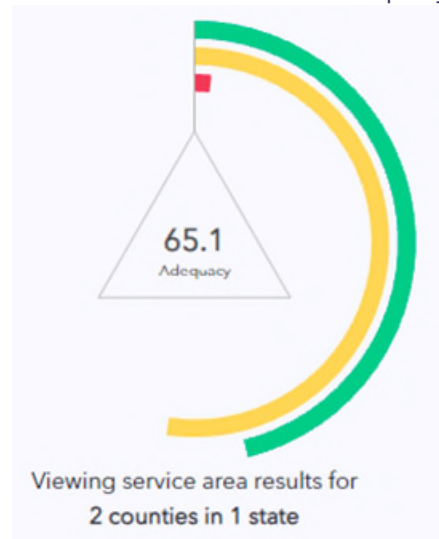
- The green bar indicates that 46.1% of Fallon-BFHC's provider network fully meets the adequacy requirements.

- The yellow bar indicates that 52.3% of Fallon-BFHC's provider network meets only the servicing provider requirements.

- The red bar indicates that 1.6% of Fallon-BFHC's provider network does not meet any adequacy requirements. Services for which the plan did not submit data are included in this category.

Primary Care, Medical Facilities, and Pharmacies

The table that follows depicts the network adequacy scores for Primary Care, Medical Facility, and Pharmacy services not meeting the minimum network adequacy score.

Exhibit 6.24. Primary Care, Medical Facility, and Pharmacy Gaps

County	Adult PCP	Pediatric PCP	Acute Inpatient Hospitals	Rehab Hospitals	Urgent Care Services	Retail Pharmacies
Berkshire	69.4	69.4	62.3	69.5	0.0	69.4
Franklin	100	100	0.0	0.0	0.0	100
Overall:	84.7	84.7	31.2	34.8	0.0	84.7

Behavioral Health Services

The table that follows lists those behavioral health services meeting the minimum network adequacy score.

Exhibit 6.25. Behavioral Health Services with a Passing Network Adequacy Score

Behavioral Health Service		
Applied Behavior Analysis	In-Home Therapy Services	Psych Inpatient Child
BH Outpatient	Managed Inpatient Level 4	Recovery Coaching
Community Support Program	Psych Inpatient Adolescent	Recovery Support Navigators
In-Home Behavioral Services	Psych Inpatient Adult	Therapeutic Mentoring Services

The table that follows depicts the network adequacy scores for those behavioral health services not meeting the minimum network adequacy score.

Exhibit 6.26a. Behavioral Health Service Gaps

County	CBAT	Clinical Support Services for SUD	Intensive Outpatient Program	Monitored Inpatient Level 3.7	Opioid Treatment Programs	Partial Hospitalization Program
Berkshire	0.0	69.1	0.0	69.0	56.6	69.1
Franklin	100	100	0.0	100	100	100
Overall:	50.0	84.5	0.0	84.5	78.3	84.5

Exhibit 6.26b. Behavioral Health Service Gaps

County	Program of Assertive Community Treatment	Psychiatric Day Treatment	Residential Rehabilitation Services for SUD	Structured Outpatient Addiction Programs
Berkshire	0.0	69.1	0.0	69.1
Franklin	100	100	100	100
Overall:	50.0	84.5	50.0	84.5

Specialty Services

The table that follows lists those specialty services meeting the minimum network adequacy score.

Exhibit 6.27. Specialty Services with a Passing Network Adequacy Score

Specialty	
Chiropractor	Psychiatry
Emergency Medicine	Psychology
Orthopedic Surgery	

The table that follows depicts the network adequacy scores for specialty services not meeting the minimum network adequacy score.

Exhibit 6.28a. Specialty Service Gaps

County	Allergy and Immun	Anesthes	Audiology	Cardiology	Cardiothoracic Surgery	Dermatology
Berkshire	51.6	62.8	69.9	69.9	53.3	0.0
Franklin	0.0	0.0	100	100	0.0	100
Overall:	25.8	31.4	85.0	85.0	26.6	50.0

Exhibit 6.28b. Specialty Service Gaps

County	Endocrinology	ENT / Otolary	Gastro	General Surgery	Hematology	Infectious Diseases
Berkshire	69.9	69.9	69.9	69.9	62.3	54.0
Franklin	100	100	100	100	100	0.0
Overall:	**85.0**	**85.0**	**85.0**	**85.0**	**81.2**	**27.0**

Exhibit 6.28c. Specialty Service Gaps

County	Nephrology	Neurology	Neurosurgery	Nuclear Medicine	OBGYN	Oncology - Medical
Berkshire	65.4	62.8	53.3	53.3	68.7	0.0
Franklin	100	0.0	0.0	0.0	100	0.0*
Overall:	**82.7**	**31.4**	**26.6**	**26.5**	**84.4**	**0.0**

* No provider data were submitted by the plan

Exhibit 6.28d. Specialty Service Gaps

County	Oncology – Radiation	Ophth	Oral Surgery	Pathology	Physiatry	Plastic Surgery
Berkshire	51.2	62.9	60.3	53.0	53.6	54.0
Franklin	0.0	0.0	0.0	0.0	0.0	0.0
Overall:	**25.6**	**31.4**	**30.1**	**26.5**	**26.8**	**27.0**

Exhibit 6.28e. Specialty Service Gaps

County	Podiatry	Psych APN	Pulm	Radiology	Rheum	Urology	Vascular Surgery
Berkshire	46.5	65.5	55.0	53.8	53.3	69.9	0.0
Franklin	100	100	0.0	0.0	0.0	100	0.0*
Overall:	**73.2**	**82.8**	**27.5**	**26.9**	**26.6**	**85.0**	**0.0**

* No provider data were submitted by the plan

Strengths & Opportunities for Improvement

- In Berkshire County, Primary Care and Retail Pharmacies meet time and distance standards only.
- Medical Facilities meet only the number of servicing provider requirement.
- There are opportunities for improvement in Fallon-BFHC's behavioral health provider network in Berkshire County.
- Intensive Outpatient Programs are not meeting the time and distance standards in both Berkshire and Franklin counties.
- Fallon-BFHC has multiple specialty network development opportunities, especially in Franklin County.

Recommendations

- Kepro recommends contracting with additional Primary Care Providers and Retail Pharmacies as available in Berkshire County.
- Kepro recommends contracting with additional Medical Facilities as available in Berkshire and Franklin counties.

- While recognizing the challenges presented in the more rural western part of the state, Kepro recommends that Fallon-BFHC fill the gaps in its behavioral health and specialty service network.

Update to 2020 Recommendations

Kepro did not offer recommendations to Fallon-BFHC in 2020.

BMC HEALTHNET PLAN COMMUNITY ALLIANCE

BMCHP-BACO received an overall adequacy index score of 92.4. Last year, BMCHP-BACO received an overall adequacy score of 91.1. The plan has increased its overall adequacy index score by 1.3 points.

The score wheel below indicates multiple scores that are outlined in the bulleted items. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Exhibit 6.29. BMCHP-BACO Adequacy Score

92.4
Adequacy

Viewing service area results for
10 counties in 1 state
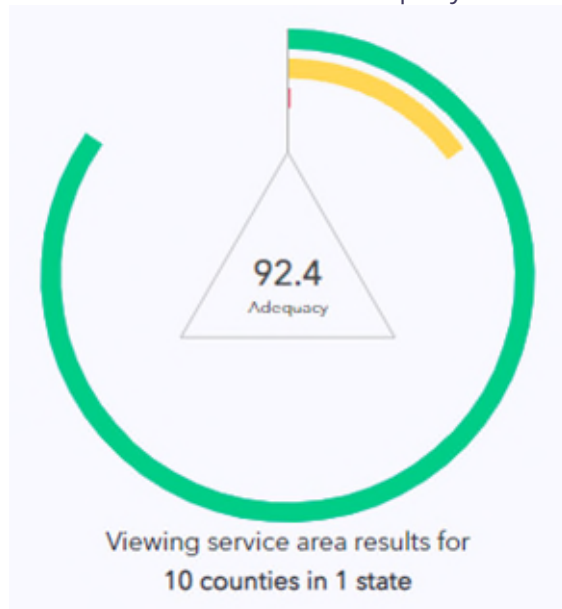
- The green bar indicates that 84.8% of BMCHP-BACO's provider network fully meets the adequacy requirements.

- The yellow bar indicates that 15.0% of BMCHP-BACO's provider network meets the number of servicing provider requirements only.

- The red bar indicates that 0.2% of BMCHP-BACO's provider network does not meet any adequacy requirements. Services for which the plan did not submit data are included in this category.

Primary Care, Medical Facilities, and Pharmacies

BMCHP-BACO met all network access requirements for Acute Inpatient Hospitals. The table that follows depicts the network adequacy scores for Primary Care, Medical Facility, and Pharmacy services not meeting the minimum network adequacy score.

Exhibit 6.30. Primary Care, Medical Facility, and Pharmacy Gaps

County	Adult PCP	Pediatric PCP	Rehabilitation Hospitals	Urgent Care Services	Retail Pharmacies
Barnstable	0.0	0.0	100	100	100
Bristol	100	100	100	100	100
Dukes	0.0	0.0	100	0.0	100
Franklin	0.0	0.0	57.3	0.0	100
Hampden	69.2	69.2	100	69.9	69.9
Hampshire	62.9	62.9	69.2	62.7	69.5
Middlesex	63.1	63.1	100	100	100
Norfolk	100	100	100	100	100
Plymouth	69.8	65.2	100	100	100
Suffolk	100	100	100	100	100
Overall:	**56.5**	**56.0**	**92.6**	**73.3**	**93.9**

Behavioral Health Services

The table that follows lists BMCHP-BACO behavioral health services meeting the minimum network adequacy score.

Exhibit 6.31. Behavioral Health Services with a Passing Network Adequacy Score

Behavioral Health Service	
Applied Behavior Analysis	Psychiatric Day Treatment
BH Outpatient	Psych Inpatient Adolescent
CBAT	Psych Inpatient Adult
Clinical Support Services for SUD	Psych Inpatient Child
Community Support Program	Recovery Coaching
In-Home Behavioral Services	Recovery Support Navigators
In-Home Therapy Services	Residential Rehab Services for SUD
Managed Inpatient Level 4	Structured Outpatient Addiction Program
Monitored Inpatient Level 3.7	Therapeutic Mentoring Services
Partial Hospitalization Program	

The table that follows depicts the network adequacy scores for those behavioral health services not meeting the minimum network adequacy score.

Exhibit 6.32. Behavioral Health Service Gaps

County	Intensive Outpatient Programs	Opioid Treatment Programs	Program of Assertive Community Treatment
Barnstable	100	69.5	69.7
Bristol	100	67.2	69.4
Dukes	100	0.0	0.0
Franklin	67.4	0.0	100
Hampden	69.9	0.0	69.7
Hampshire	100	0.0	62.5
Middlesex	100	100	100
Norfolk	100	100	100
Plymouth	100	100	64.7
Suffolk	100	100	100
Overall:	83.7	53.7	73.6

Specialty Services

The table that follows depicts the network adequacy scores for those specialty services meeting the minimum network adequacy score.

Exhibit 6.33. Specialty Services with a Passing Network Adequacy Score

Specialty	
Anesthesiology	Orthopedic Surgery
Cardiology	Physiatry, Rehabilitative Medicine
Chiropractor	Podiatry
Emergency Medicine	Psych APN
Endocrinology	Psychiatry
Gastroenterology	Psychology
General Surgery	Urology
Ophthalmology	

The tables that follow depict the network adequacy scores for those specialty services not meeting the minimum network adequacy score.

Exhibit 6.34a. Specialty Service Gaps

County	Allergy and Immun	Audiology	Cardiothor Surgery	Derm	ENT / Otolaryng	Hematology	Infectious Diseases
Barnstable	100	100	66.0	100	100	100	100
Bristol	100	100	100	100	100	100	100
Dukes	100	100	100	100	100	100	100
Franklin	69.3	44.8	0.0	50.5	52.6	57.3	0.0
Hampden	100	69.7	69.7	69.9	69.8	69.9	100
Hampshire	69.9	65.4	49.2	66.6	69.7	66.1	69.4
Middlesex	100	100	100	100	100	100	100
Norfolk	100	100	100	100	100	100	100
Plymouth	100	100	100	100	100	100	100
Suffolk	100	100	100	100	100	100	100
Overall:	**93.9**	**88.0**	**78.5**	**88.7**	**89.2**	**89.3**	**86.9**

Exhibit 6.34b. Specialty Service Gaps

County	Nephrology	Neurology	Neurosurg	Nuclear Medicine	OBGYN	Oncology - Medical	Oncology - Radiation
Barnstable	100	100	100	0.0	100	100	100
Bristol	100	100	100	69.6	100	100	100
Dukes	100	100	100	0.0	100	100	100
Franklin	69.7	100	0.0	0.0	67.2	57.3	0.0
Hampden	69.9	100	69.8	100	69.9	100	69.7
Hampshire	100	69.9	67.3	62.2	68.1	66.0	64.8
Middlesex	100	100	100	100	100	100	100
Norfolk	100	100	100	100	100	100	100
Plymouth	100	100	100	59.6	100	100	69.2
Suffolk	100	100	100	100	100	100	100
Overall:	**94.0**	**97.0**	**83.7**	**59.1**	**90.5**	**92.3**	**80.4**

Exhibit 6.34c. Specialty Service Gaps

County	Oral Surgery	Pathology	Plastic Surgery	Pulm	Radiology	Rheum	Vascular Surgery
Barnstable	100	69.6	100	100	100	100	100
Bristol	0.0	100	100	100	100	100	100
Dukes	0.0	100	100	100	100	100	100
Franklin	69.2	65.2	0.0	69.3	69.3	69.7	0.0
Hampden	69.2	100	100	69.9	100	100	100
Hampshire	49.1	69.9	69.7	66.5	100	69.9	68.0
Middlesex	100	100	100	100	100	100	100
Norfolk	69.9	100	100	100	100	100	100
Plymouth	67.9	100	100	100	100	100	100
Suffolk	100	100	100	100	100	100	100
Overall:	**62.5**	**90.5**	**87.0**	**90.6**	**96.9**	**94.0**	**86.8**

Strengths & Opportunities for Improvement

- BMCHP-BACO's primary care provider network is deficient in all counties except Bristol, Norfolk, and Suffolk.
- Pediatric primary care does not meet either time and distance standards or the number of servicing provider requirement in Hampden County.
- Four counties meet the Urgent Care Services servicing provider requirement only.
- Four counties are passing MassHealth's requirements for Opioid Treatment Programs. All other counties are meeting the servicing provider requirement only.
- Four counties are passing MassHealth's requirements for PACT. All other counties are meeting the servicing provider requirement only.
- Network development in Franklin, Hampden, and Hampshire counties represents an opportunity for BMCHP-BACO.
- BMCHP-BACO's network of Oral Surgeons requires additional development.

Recommendations

- Kepro suggests that BMCHP-BACO prioritize contracting with additional primary care providers outside of Bristol, Norfolk, and Suffolk Counties.
- Kepro recommends that BMCHP-BACO enhance its network of specialists in Franklin, Hampden, and Hampshire counties.
- Kepro recommends contracting with additional Oral Surgery and Opioid Treatment providers as available in the areas not meeting MassHealth's requirements.
- Kepro recommends that BMCHP-BACO contract with specialists as required to close network gaps.

Update to 2020 Recommendations

Kepro offered no recommendations to BMCHP-BACO in 2020.

BMC HEALTHNET PLAN MERCY ALLIANCE

The BMCHP-Mercy plan received an overall score of 89.1. Last year, BMCHP-Mercy received an overall adequacy score of 88.6. The plan has increased its overall adequacy index score by 0.5 points in this year's analysis.

The score wheel below reflects multiple scores that are outlined in the bulleted items. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Exhibit 6.35. BMCHP-Mercy Adequacy Score

89.1
Adequacy

Viewing service area results for
3 counties in 1 state
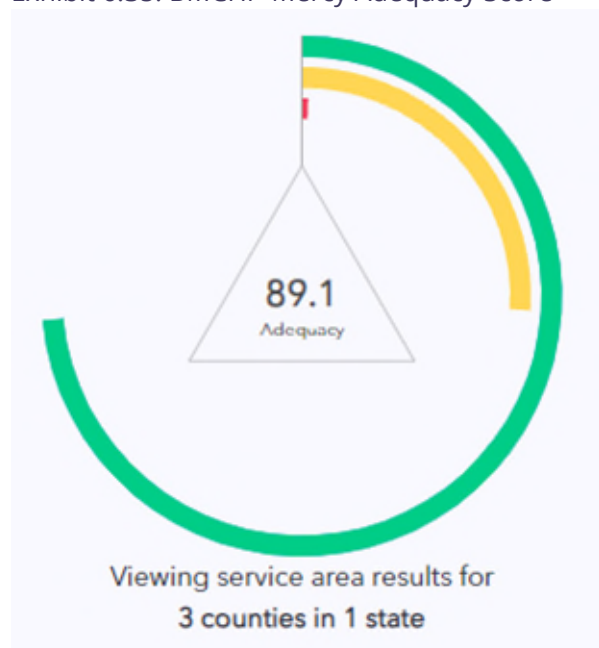
- The green bar indicates that 73.5% of BMCHP-Mercy's provider network fully meets the adequacy requirements.

- The yellow bar indicates that 26.0% of BMCHP-Mercy's provider network meets only the number of servicing provider requirements.

- The red bar indicates that 0.5% of BMCHP-Mercy's provider network does not meet any adequacy requirements. Services for which the plan did not submit data are included in this category.

Primary Care, Medical Facilities, and Pharmacies

BMCHP-Mercy met all network access requirements for Acute Inpatient Hospitals.

The table that follows depicts the network adequacy scores for those Primary Care, Medical Facility, and Pharmacy services not meeting the minimum network adequacy score.

Exhibit 6.36. Primary Care, Medical Facility, and Pharmacy Gaps

County	Adult PCP	Pediatric PCP	Rehab Hospital	Urgent Care Services	Retail Pharmacies
Franklin	0.0	0.0	100	100	100
Hampden	69.6	69.6	100	69.7	69.9
Hampshire	53.3	53.3	69.2	62.7	69.5
Overall:	40.9	40.9	89.7	77.5	79.8

Behavioral Health Services

The table that follows lists those behavioral health services for which BMCHP-Mercy are meeting the minimum network adequacy score.

Exhibit 6.37. Behavioral Health Services with a Passing Network Adequacy Score

Behavioral Health Service		
Applied Behavior Analysis	Managed Inpatient Level 4	Psych Inpatient Child
BH Outpatient	Monitored Inpatient Level 3.7	Recovery Coaching
CBAT	Partial Hospitalization Program	Recovery Support Navigators
Clinical Support Services for SUD	Psychiatric Day Treatment	Residential Rehab Services for SUD
Community Support Program	Psych Inpatient Adolescent	Structured Outpatient Addiction Program
In-Home Behavioral Services	Psych Inpatient Adult	Therapeutic Mentoring Services
In-Home Therapy Services		

The table that follows is a list of those behavioral health services not meeting the minimum network adequacy score.

Exhibit 6.38. Behavioral Health Service Gaps

County	Intensive Outpatient Program	Opioid Treatment Programs	Program of Assertive Community Treatment
Franklin	100	0.0	100
Hampden	69.9	0.0	69.6
Hampshire	100	0.0	62.6
Overall:	90.0	0.0	77.4

Specialty Services

The table that follows lists specialty services meeting the minimum network adequacy score.

Exhibit 6.39. Specialty Services with a Passing Network Adequacy Score

Specialists			
Anesthesiology	Endocrinology	Orthopedic Surgery	Psychiatry
Cardiology	Gastroenterology	Physiatry, Rehabilitative Medicine	Psychology
Chiropractor	General Surgery	Podiatry	Radiology
Emergency Medicine	Ophthalmology	Psych APN	Urology

The tables that follow depict the network adequacy scores for those specialty services not meeting the minimum network adequacy score.

Exhibit 6.40a. Specialty Service Gaps

County	Allergy and Immun	Audiology	Cardiothoracic Surgery	Dermatology	ENT / Otolaryng	Hematology
Franklin	100	100	0.0	100	100	100
Hampden	100	69.8	69.6	69.7	69.7	69.9
Hampshire	69.9	65.4	49.3	66.6	69.7	66.1
Overall:	90.0	78.4	39.6	78.8	79.8	78.6

Exhibit 6.40b. Specialty Service Gaps

County	Infectious Diseases	Nephrology	Neurology	Neurosurg	Nuclear Medicine	OBGYN	Oncology - Medical
Franklin	100	100	100	100	100	100	100
Hampden	100	69.9	69.9	69.6	69.9	69.7	100
Hampshire	69.5	100	100	67.4	62.3	68.2	66.0
Overall:	**89.8**	**90.0**	**90.0**	**79.0**	**77.4**	**79.3**	**88.7**

Exhibit 6.40c. Specialty Service Gaps

County	Oncology - Radiation	Oral Surgery	Pathology	Plastic Surgery	Pulmonology	Rheum	Vascular Surgery
Franklin	100	100	100	100	100	100	100
Hampden	69.8	69.2	69.9	100	69.9	100	69.9
Hampshire	64.8	49.1	69.9	69.7	66.5	69.9	68.0
Overall:	**78.2**	**72.8**	**79.9**	**89.9**	**78.8**	**90.0**	**79.3**

Strengths & Opportunities for Improvement
- Adequacy requirements are not met in Hampshire County.
- There are inadequate numbers of contracted Pediatric primary care providers in Hampden County to meet either time and distance or number of servicing provider requirements.
- Opioid Treatment Programs meet the servicing provider requirement only.
- No counties are passing Cardiothoracic Surgery access requirements. All three counties are meeting the number of servicing provider requirement only.
- Hampshire County has the most gaps in access requirements for specialist services. Only Nephrology and Neurology meet the standard.
- Specialty access in Franklin County is strong with only Cardiothoracic Surgery not meeting access requirements.

Recommendations
- Kepro recommends contracting with additional providers for Adult Primary Care provider services in counties that did not pass MassHealth's requirements.
- Kepro recommends contracting with additional providers for Pediatric Primary Care provider services in Hampden County as well as the other counties that did not meet MassHealth's requirements.
- Kepro recommends contracting with additional Opioid Treatment Program service providers in all three counties that BMCHP-Mercy services.
- Kepro suggests BMCHP-Mercy prioritize Hampshire County for network development.

Update to 2020 Recommendations
Kepro did not offer recommendations to BMCHP-Mercy in 2020.

BMC HEALTHNET PLAN SIGNATURE ALLIANCE

BMCHP-Signature received an overall network adequacy score of 98.7. Last year, BMCHP-Signature received an overall adequacy score of 97.1. The plan has increased its overall adequacy index score by 1.6 points in this year's analysis.

BMCHP-Signature received the highest network adequacy score of all ACPPs. The score wheel below reflects multiple scores that are outlined in the bulleted items. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Exhibit 6.41. BMCHP-Signature Adequacy Score

98.7
Adequacy

Viewing service area results for
3 counties in 1 state
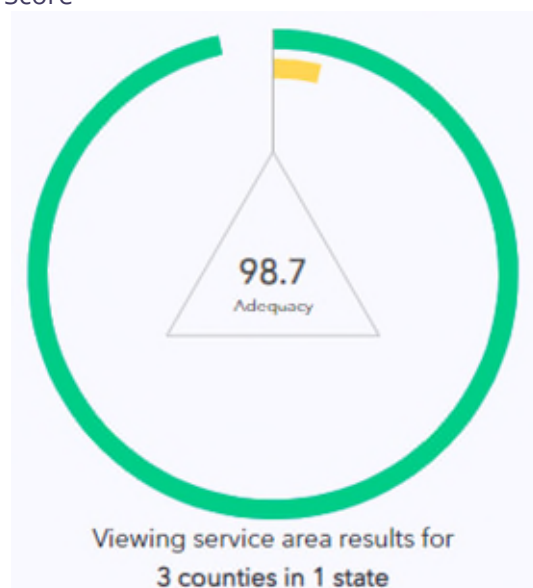
- The green bar indicates that 96.4% of BMCHP-Signatures' provider network fully meets the adequacy requirements.

- The yellow bar indicates that 3.6% of BMCHP-Signatures' provider network meets only the servicing provider requirements.

Primary Care, Medical Facilities, and Pharmacies

BMCHP-Signature met all Medical Facility and Pharmacy network access requirements. The table that follows depicts the network adequacy scores for Primary Care.

Exhibit 6.42. Primary Care Gaps

County	Adult PCP	Pediatric PCP
Bristol	57.4	57.4
Norfolk	100	100
Plymouth	69.9	69.9
Overall:	**75.8**	**75.8**

Behavioral Health Services

The following behavioral health services meet the minimum network adequacy score.

Exhibit 6.43. Behavioral Health Services with a Passing Network Adequacy Score

Behavioral Health Service	
Applied Behavior Analysis	Partial Hospitalization Program
BH Outpatient	Psychiatric Day Treatment
CBAT	Psych Inpatient Adolescent
Clinical Support Services for SUD	Psych Inpatient Adult
Community Support Program	Psych Inpatient Child
In-Home Behavioral Services	Recovery Coaching
In-Home Therapy Services	Recovery Support Navigators
Intensive Outpatient Program	Residential Rehab Services for SUD
Managed Inpatient Level 4	Structured Outpatient Addiction Program
Monitored Inpatient Level 3.7	Therapeutic Mentoring Services
Opioid Treatment Programs	

The table that follows depicts the network adequacy scores for PACT services.

Exhibit 6.44. PACT Service Gaps

County	Program of Assertive Community Treatment
Bristol	67.7
Norfolk	100
Plymouth	100
Overall:	89.2

Specialty Services

The network for the following specialties meets all adequacy requirements.

Exhibit 6.45. Specialty Services with a Passing Network Adequacy Score

Specialty			
Allergy and Immunology	ENT/Otolaryngology	OBGYN	Psych APN
Anesthesiology	Gastroenterology	Oncology – Medical	Psychiatry
Audiology	General Surgery	Oncology – Radiation	Psychology
Cardiology	Hematology	Ophthalmology	Pulmonology
Cardiothoracic Surgery	Infectious Diseases	Orthopedic Surgery	Radiology
Chiropractor	Nephrology	Pathology	Rheumatology
Dermatology	Neurology	Physiatry, Rehabilitative Medicine	Urology
Emergency Medicine	Neurosurgery	Plastic Surgery	Vascular Surgery
Endocrinology	Nuclear Medicine	Podiatry	

The table that follows depicts the network adequacy scores for Oral Surgery services.

Exhibit 6.46. Oral Surgery Network Gaps

County	Oral Surgery
Bristol	52.3
Norfolk	100
Plymouth	69.3
Overall:	73.9

Strengths & Opportunities for Improvement

- Adult and Pediatric Primary Care do not meet access requirements in Bristol and Plymouth counties.
- PACT is passing all MassHealth requirements in two counties. Bristol County is only meeting the servicing provider requirement.
- Oral Surgery services meet the number of servicing provider requirement only in Bristol and Plymouth counties.

Recommendations

- Kepro recommends contracting with additional Primary Care Providers and Oral Surgeons in Bristol and Plymouth counties.
- Kepro recommends contracting with additional PACT providers in Bristol County as available.

Update to 2020 Recommendations

Kepro offered no recommendations to BMCHP-Signature in 2020.

BMC HEALTHNET PLAN SOUTHCOAST ALLIANCE

BMCHP-Southcoast received an overall network adequacy score of 94.7. Last year, BMCHP-Southcoast received an overall adequacy score of 92.8. The plan has increased its overall adequacy index score by 1.9 points in this year's analysis.

The score wheel below reflects multiple scores that are outlined in the bulleted items. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Exhibit 6.47. BMCHP-Southcoast Network Adequacy Score
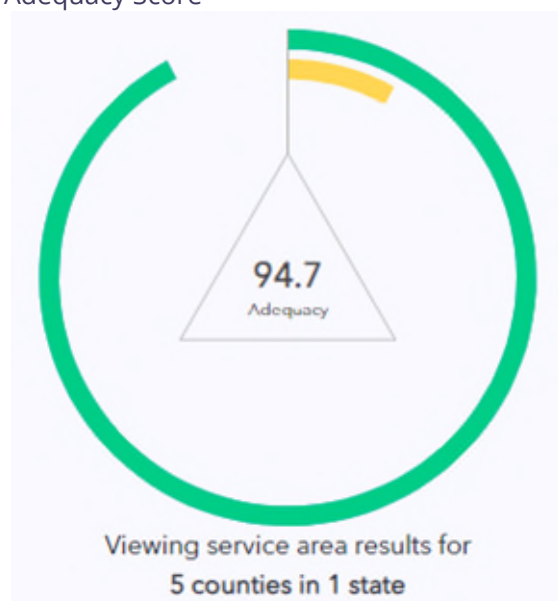
- The green bar indicates that 91.9% of BMCHP-Southcoast's provider network fully meets the adequacy requirements.

- The yellow bar indicates that 8.1% of BMCHP-Southcoast's provider network meets the number of servicing provider requirements only.

Primary Care, Medical Facilities, and Pharmacies

BMCHP-Southcoast met all network access requirements for Acute Inpatient and Rehabilitation Hospitals as well as for Pharmacies.

The table that follows depicts the network adequacy scores for Primary Care and Urgent Care.

Exhibit 6.48. Primary Care and Urgent Care Gaps

County	Adult PCP	Pediatric PCP	Urgent Care Services
Barnstable	0.0	0.0	100
Bristol	61.0	56.8	100
Dukes	100	100	0.0
Norfolk	0.0	0.0	100
Plymouth	45.3	0.0	100
Overall:	41.3	31.4	80.0

Behavioral Health Services

The table that follows lists those behavioral health services meeting the minimum network adequacy score.

Exhibit 6.49. Behavioral Health Services with a Passing Network Adequacy Score

Behavioral Health Service	
Applied Behavior Analysis	Partial Hospitalization Program
BH Outpatient	Psychiatric Day Treatment
CBAT	Psych Inpatient Adolescent
Clinical Support Services for SUD	Psych Inpatient Adult
Community Support Program	Psych Inpatient Child
In-Home Behavioral Services	Recovery Coaching
In-Home Therapy Services	Recovery Support Navigators
Intensive Outpatient Program	Residential Rehab Services for SUD
Managed Inpatient Level 4	Structured Outpatient Addiction Program
Monitored Inpatient Level 3.7	Therapeutic Mentoring Services

The table that follows depicts the network adequacy scores for Opioid Treatment and PACT programs.

Exhibit 6.50. PACT and Opioid Treatment Gaps

County	Opioid Treatment Programs	Program of Assertive Community Treatment
Barnstable	69.5	69.7
Bristol	67.1	69.4
Dukes	0.0	0.0
Norfolk	100	100
Plymouth	100	60.1
Overall:	**67.3**	**59.8**

Specialty Services

The table that follows depicts the network adequacy scores for those specialty services meeting the minimum network adequacy score.

Exhibit 6.51. Specialty Services with a Passing Network Adequacy Score

Specialty		
Allergy and Immunology	Hematology	Plastic Surgery
Anesthesiology	Infectious Diseases	Podiatry
Audiology	Nephrology	Psych APN
Cardiology	Neurology	Psychiatry
Chiropractor	Neurosurgery	Psychology
Dermatology	OBGYN	Pulmonology
Emergency Medicine	Oncology – Medical	Radiology
Endocrinology	Oncology – Radiation	Rheumatology
ENT/Otolaryngology	Ophthalmology	Urology
Gastroenterology	Orthopedic Surgery	Vascular Surgery
General Surgery	Physiatry, Rehabilitative Medicine	

The table that follows depicts the network adequacy scores for those specialty services not meeting the minimum network adequacy score.

Exhibit 6.52. Specialty Service Gaps

County	Cardiothoracic Surgery	Nuclear Medicine	Oral Surgery	Pathology
Barnstable	66.0	0.0	100	69.6
Bristol	100	69.6	0.0	100
Dukes	100	0.0	0.0	100
Norfolk	100	100	68.4	100
Plymouth	100	50.6	66.1	100
Overall:	**93.2**	**44.1**	**46.9**	**93.9**

Strengths & Opportunities for Improvement
- BMCHP-Southcoast has a strong primary care network in Dukes County. Expansion of its network, however, is needed in the rest of its service area.
- Opioid Treatment Program time and distance standards are not met in three counties.
- Only Norfolk County is passing all MassHealth requirements for PACT.
- Generally speaking, BMCHP-Southcoast has a very strong specialty network.
- Only Barnstable County is passing all MassHealth requirements for Oral Surgery. All other counties are meeting the number of servicing provider requirement only.

Recommendations
- Kepro suggests that BMCHP-Southcoast prioritize the recruitment of additional primary care providers.
- Kepro recommends contracting with additional Oral Surgeons, Opioid Treatment Programs, and PACT providers.

Update to 2020 Recommendations
Kepro offered no recommendations to BMCHP-Southcoast in 2020.

FALLON 365 CARE

Fallon-365 received an overall score of 84.7. Last year, Fallon-365 received an overall adequacy score of 83.6. The plan has increased its overall adequacy index score by 1.1 points in this year's analysis.

The score wheel below reflects multiple scores that are outlined in the bulleted items. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Exhibit 6.53. Fallon-365 Adequacy Score
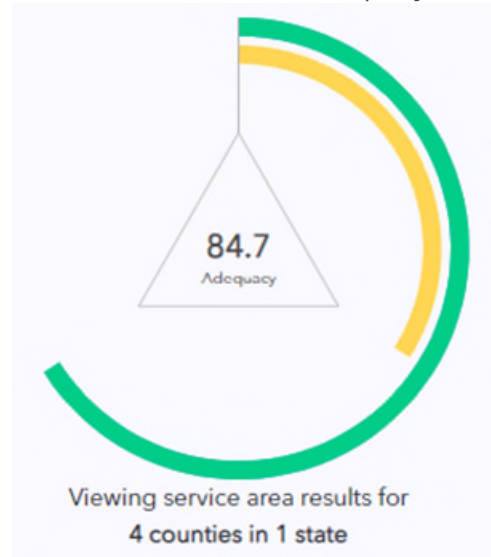
- The green bar indicates that 66.0% of Fallon-365's provider network fully meets the adequacy requirements.

- The yellow bar indicates that 34.0% of Fallon-365's provider network meets the servicing provider requirement only.

Primary Care, Medical Facilities, and Pharmacies

Fallon-365 meets all network access requirements for Retail Pharmacy services. The table that follows depicts the network adequacy scores for Primary Care and Medical Facilities.

Exhibit 6.54. Primary Care and Medical Facility Gaps

County	Adult PCP	Pediatric PCP	Acute Inpatient Hospitals	Rehabilitation Hospitals	Urgent Care Services
Hampden	0.0	0.0	100	100	56.5
Middlesex	65.7	65.7	63.4	65.4	68.9
Norfolk	65.2	65.2	100	65.2	100
Worcester	68.0	64.3	69.4	68.4	69.7
Overall:	**49.8**	**48.8**	**83.2**	**74.8**	**73.8**

Behavioral Health Services

The table that follows lists those behavioral health services meeting the minimum network adequacy score.

Exhibit 6.55. Behavioral Health Services with a Passing Network Adequacy Score

Behavioral Health Service	
Applied Behavior Analysis	Partial Hospitalization Program
BH Outpatient	Psychiatric Day Treatment
CBAT	Psych Inpatient Adolescent
Community Support Program	Psych Inpatient Adult
In-Home Behavioral Services	Psych Inpatient Child
In-Home Therapy Services	Recovery Coaching
Intensive Outpatient Program	Recovery Support Navigators
Monitored Inpatient Level 3.7	Structured Outpatient Addiction Program
Managed Inpatient Level 4	Therapeutic Mentoring Services
Opioid Treatment Programs	

The table that follows depicts the network adequacy scores for those behavioral health services not meeting the minimum network adequacy score.

Exhibit 6.56. Behavioral Health Service Gaps

County	Clinical Support Services for SUD	Program of Assertive Community Treatment	Residential Rehabilitation Services for SUD
Hampden	100	0.0	100
Middlesex	100	100	100
Norfolk	100	54.5	100
Worcester	69.2	61.7	69.1
Overall:	92.3	54.0	92.3

Specialty Services

The table that follows lists those specialty services meeting the minimum network adequacy score.

Exhibit 6.57. Specialty Services with a Passing Network Adequacy Score

Specialty		
Cardiology	Endocrinology	Psych APN
Chiropractor	Ophthalmology	Psychiatry
Emergency Medicine	Podiatry	Psychology

The tables that follow depict the network adequacy scores for those specialty services not meeting the minimum network adequacy score.

Exhibit 6.58a. Specialty Service Gaps

County	Allergy and Immun	Anesthes	Audiology	Cardiothoracic Surgery	Dermatology	ENT / Otolaryng
Hampden	0.0	100	100	100	0.0	100
Middlesex	69.9	100	63.8	67.3	69.8	69.9
Norfolk	57.9	100	100	62.8	100	100
Worcester	64.8	69.4	60.4	55.6	66.7	69.9
Overall:	48.1	92.3	81.1	71.4	59.1	84.9

Exhibit 6.58b. Specialty Service Gaps

County	Gastro	General Surgery	Hematology	Infectious Diseases	Nephrology	Neurology	Neurosurg
Hampden	100	100	100	100	0.0	100	100
Middlesex	100	100	66.7	100	68.7	100	45.0
Norfolk	68.4	100	68.4	69.8	100	100	0.0
Worcester	68.7	69.8	68.2	69.6	55.9	69.9	53.6
Overall:	**84.3**	**92.4**	**75.8**	**84.9**	**56.1**	**92.5**	**49.7**

Exhibit 6.58c. Specialty Service Gaps

County	Nuclear Medicine	OBGYN	Oncology - Medical	Oncology – Radiation	Oral Surgery	Orthopedic Surgery	Pathology
Hampden	0.0	0.0	100	100	46.7	100	0.0
Middlesex	0.0	67.1	66.7	48.9	69.7	69.6	63.4
Norfolk	0.0	100	100	0.0	100	65.8	68.3
Worcester	50.7	65.8	69.3	54.9	67.4	68.9	63.8
Overall:	**12.7**	**58.2**	**84.0**	**50.9**	**71.0**	**76.1**	**48.9**

Exhibit 6.58d. Specialty Service Gaps

County	Physiatry – Rehab Medicine	Plastic Surgery	Pulm	Radiology	Rheum	Urology	Vascular Surgery
Hampden	100	100	68.7	100	100	100	68.7
Middlesex	51.6	58.7	100	100	100	66.7	100
Norfolk	100	67.1	100	100	100	100	68.5
Worcester	55.9	56.6	69.9	69.9	69.9	69.9	67.1
Overall:	**76.9**	**70.6**	**84.7**	**92.5**	**92.5**	**84.2**	**76.1**

Strengths and Opportunities for Improvement
- Access to Adult and Pediatric Primary Care meets time and distance standards only.
- Fallon-365 has a strong behavioral health service network.
- The recruitment of specialists in Worcester County represents an opportunity for Fallon-365.

Recommendations
- Kepro strongly encourages Fallon-365 to expand its network of primary care providers.
- The recruitment of specialists in Worcester County represents an opportunity for Fallon-365.

Follow Up to 2020 Recommendations
Kepro offered no recommendations to Fallon-365 in 2020.

TUFTS HEALTH TOGETHER WITH ATRIUS HEALTH

Tufts-Atrius received an overall score of 60.8. Last year, Tufts-Atrius received an overall adequacy score of 54.7. The plan has increased its overall adequacy index score by 6.1 points in this year's analysis.

This score wheel reflects multiple scores that are outlined in the bulleted items below. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Exhibit 6.59. Tufts-Atrius Adequacy Score
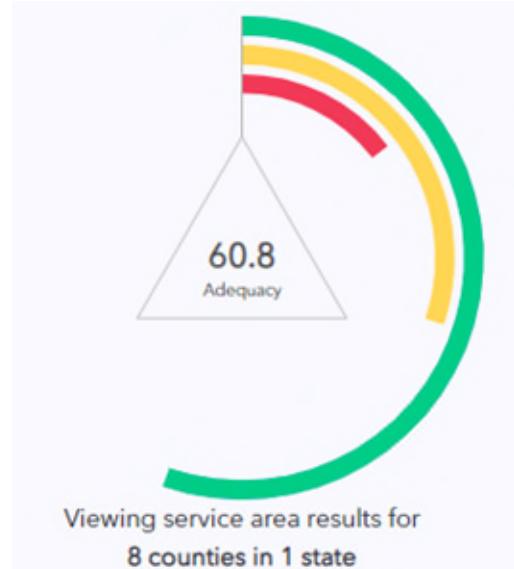
- The green bar indicates that 55.3% of Tufts-Atrius' provider network fully meets the adequacy requirements.

- The yellow bar indicates that 30.1% of Tufts-Atrius' provider network meets only the servicing provider requirements.

- The red bar indicates that 14.6% of Tufts-Atrius' provider network does not meet any adequacy requirements. Services for which the plan did not submit data are included in this category.

Primary Care, Medical Facilities, and Pharmacies

Tufts-Atrius met all network access requirements for Rehabilitation Hospitals and Pharmacies. The table that follows depicts the network adequacy scores for Primary Care and Medical Facility services not meeting the minimum network adequacy score.

Exhibit 6.60. Primary Care and Medical Facility Gaps

County	Adult PCP	Pediatric PCP	Acute Inpatient Hospitals	Urgent Care Services
Barnstable	100	100	0.0	100
Bristol	0.0	0.0	0.0	100
Essex	65.8	65.8	100	100
Middlesex	100	100	100	100
Norfolk	100	100	100	100
Plymouth	100	100	100	68.8
Suffolk	100	100	100	100
Worcester	0.0	0.0	0.0	0.0
Overall:	**70.7**	**70.7**	**62.5**	**83.6**

Behavioral Health Services

The table that follows depicts the network adequacy scores for those behavioral health services meeting the minimum network adequacy score.

Exhibit 6.61. Behavioral Health Services with a Passing Network Adequacy Score

Behavioral Health Service		
Behavioral Health Outpatient	Psychiatric Inpatient Adolescent	Structured Outpatient Addiction Programs
Community Support Programs	Psychiatric Inpatient Adult	Therapeutic Mentoring Services
In-Home Therapy Services	Psychiatric Inpatient Children	

The tables that follow depict the network adequacy scores for those behavioral health services not meeting the minimum network adequacy score.

Exhibit 6.62a. Behavioral Health Service Gaps

County	Applied Behavioral Analysis	CBAT	Clinical Support Services for SUD	In-Home Behavioral Services	Intensive Outpatient Program	Managed Inpatient Level 4	Monitored Inpatient Level 3.7
Barnstable	0.0*	0.0	100	100	0.0*	0.0*	0.0
Bristol	100	100	0.0	100	0.0	100	0.0
Essex	0.0	0.0	100	100	100	100	100
Middlesex	64.5	51.4	100	100	100	100	100
Norfolk	100	100	100	100	100	100	100
Plymouth	0.0	58.9	100	100	0.0	46.1	66.3
Suffolk	62.6	100	100	100	100	100	100
Worcester	0.0	66.1	69.3	69.4	100	100	69.3
Overall:	40.9	59.6	83.7	96.2	62.5	80.8	66.9

* No provider data were submitted by the plan

Exhibit 6.62b. Behavioral Health Service Gaps

County	Opioid Treatment Programs	Partial Hosp Program	PACT Services	Psychiatric Day Treatment	Recovery Coaching	Recovery Support Navigators	Residential Rehab Services for SUD
Barnstable	0.0	0.0*	0.0	58.8	0.0	0.0	0.0
Bristol	0.0	100	100	100	100	100	100
Essex	100	100	100	100	100	100	64.8
Middlesex	100	69.9	100	100	100	100	100
Norfolk	100	100	100	100	100	100	100
Plymouth	0.0	68.2	58.2	100	67.6	67.6	66.0
Suffolk	100	100	100	100	100	100	100
Worcester	0.0	100	69.3	100	100	100	0.0
Overall:	50.0	79.8	78.4	94.8	83.5	83.5	66.4

* No provider data were submitted by the plan

Specialty Services

Tufts-Atrius met all network access requirements for Chiropractic, Psychiatry, and Psychology services. The tables that follow depict the network adequacy scores for those specialty services not meeting the minimum network adequacy score.

Exhibit 6.63a. Specialty Service Gaps

County	Allergy and Immun	Anesthes	Audiology	Cardiology	Cardiothoracic Surgery	Derm
Barnstable	0.0*	0.0	100	0.0	0.0*	0.0*
Bristol	0.0	0.0	69.5	0.0	0.0*	0.0
Essex	100	0.0	100	100	0.0*	100
Middlesex	100	51.4	100	100	0.0*	100
Norfolk	100	100	100	100	0.0*	100
Plymouth	0.0	0.0	100	100	0.0*	0.0
Suffolk	100	100	100	100	0.0*	100
Worcester	0.0	0.0*	0.0	0.0	0.0*	0.0
Overall:	**50.0**	**31.4**	**83.7**	**62.5**	**0.0**	**50.0**

* No provider data were submitted by the plan

Exhibit 6.63b. Specialty Service Gaps

County	Emergency Medicine	Endo	ENT / Otolaryn	Gastro	General Surgery	Hematology
Barnstable	0.0*	0.0*	0.0*	0.0*	0.0	0.0*
Bristol	0.0	0.0	0.0	0.0	0.0	0.0
Essex	53.8	0.0	100	100	100	0.0
Middlesex	56.6	100	69.9	69.9	100	51.4
Norfolk	100	100	100	100	100	100
Plymouth	0.0	0.0	0.0	0.0	100	0.0
Suffolk	100	100	100	100	100	100
Worcester	0.0	0.0	0.0*	0.0*	0.0*	0.0*
Overall:	**38.8**	**37.5**	**46.2**	**46.2**	**62.5**	**31.4**

* No provider data were submitted by the plan

Exhibit 6.63c. Specialty Service Gaps

County	Infectious Diseases	Nephro	Neurology	Neurosurg	Nuclear Medicine	OBGYN	Oncology Medical
Barnstable	0.0*	0.0*	0.0*	0.0*	0.0*	0.0	0.0*
Bristol	0.0	0.0	0.0	0.0*	0.0*	0.0	0.0
Essex	0.0	0.0	52.7	0.0*	0.0	53.3	0.0
Middlesex	51.4	51.4	100	0.0*	0.0	100	51.4
Norfolk	100	100	100	0.0*	0.0*	100	100
Plymouth	0.0	0.0	0.0	0.0*	0.0*	60.6	0.0
Suffolk	100	100	100	0.0*	0.0	100	100
Worcester	0.0	0.0	0.0	0.0*	0.0*	0.0	0.0*
Overall:	**31.4**	**31.4**	**44.1**	**0.0**	**0.0**	**51.7**	**31.4**

* No provider data were submitted by the plan

2021 Accountable Care Partnership Plan External Quality Review Technical Report

Exhibit 6.63d. Specialty Service Gaps

County	Oncology Radiation	Ophth	Oral Surgery	Orthopedic Surgery	Pathology	Physiatry	Plastic Surgery
Barnstable	0.0*	100	0.0*	0.0*	0.0*	0.0*	0.0*
Bristol	0.0*	0.0	0.0*	0.0	0.0	0.0	0.0
Essex	0.0*	100	0.0*	100	0.0	0.0	0.0
Middlesex	0.0*	100	0.0*	100	51.4	100	51.4
Norfolk	0.0*	100	0.0*	100	100	100	100
Plymouth	0.0*	100	0.0*	0.0	0.0*	0.0	0.0
Suffolk	0.0*	100	0.0*	100	69.8	100	69.8
Worcester	0.0*	0.0	0.0*	0.0	0.0	0.0	0.0*
Overall:	**0.0**	**75.0**	**0.0**	**50.0**	**27.7**	**37.5**	**27.7**

* No provider data were submitted by the plan

Exhibit 6.63e. Specialty Service Gaps

County	Podiatry	Psych APN	Pulm	Radiology	Rheum	Urology	Vascular Surgery
Barnstable	0.0	0.0	0.0*	0.0*	0.0	0.0*	0.0*
Bristol	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Essex	60.7	100	0.0	100	66.3	100	0.0
Middlesex	51.4	100	51.4	100	69.9	69.9	51.2
Norfolk	100	100	100	100	100	100	100
Plymouth	100	0.0	0.0	0.0	100	0.0	0.0
Suffolk	100	100	100	100	100	100	100
Worcester	0.0*	100	0.0*	0.0	0.0	0.0*	0.0*
Overall:	**51.5**	**62.5**	**31.4**	**50.0**	**54.5**	**46.2**	**31.4**

* No provider data were submitted by the plan

Strengths & Opportunities for Improvement

- Tufts-Atrius' adequacy scores in Bristol and Worcester Counties might represent a previously described instance of a county map not aligning with MassHealth service areas.
- The Tufts-Atrius network does not include Acute Inpatient Hospitals meeting time and distance standards in Barnstable, Bristol, and Worcester Counties.
- Tufts-Atrius has a strong behavioral health network.
- Like the Primary Care network, the Specialty Service network adequacy scores in Bristol and Worcester County might represent the county map not aligning with MassHealth service areas. It is difficult to accurately assess network adequacy within that constraint.
- Tufts-Atrius did not report having Cardiothoracic, Neuro-, or Oral Surgeons or Radiation Oncologists in its network.
- Tufts-Atrius' network in Barnstable County, although meeting standards for Primary Care, meets specialty network requirements for Ophthalmology and Audiology only.

Recommendations

Kepro recommends that Tufts-Atrius expand its network to fill identified network adequacy gaps, especially those for Primary Care and Acute Inpatient Hospitals.

Update to 2020 Recommendations

Kepro did not offer recommendations to Tufts-Atrius in 2020.

TUFTS HEALTH TOGETHER WITH BOSTON CHILDREN'S ACO

Tufts-BCH received an overall score of 79.9. Last year, Tufts-BCH received an overall adequacy score of 79.7. The plan has increased its overall adequacy index score by 0.2 points in this year's analysis.

The score wheel reflects multiple scores that are outlined in the bulleted items. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Exhibit 6.64. Tufts-BCH Adequacy Score

79.9
Adequacy

Viewing service area results for
13 counties in 1 state
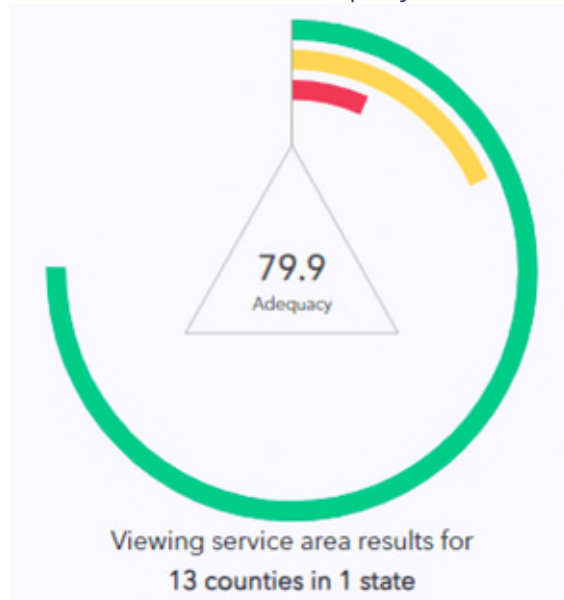
Note: Tufts-BCH's member base is almost exclusively children.

- The green bar indicates that 75.2% of Tufts-BCH's provider network fully meets adequacy requirements.

- The yellow bar indicates that 0.1% of Tufts-BCH's provider network meets only the access requirements.

- The yellow bar also indicates that 18.0% of Tufts-BCH's provider network meets only the servicing provider requirements.

- The red bar indicates that 6.7% of Tufts-BCH's provider network does not meet any adequacy requirements. Services for which the plan did not submit data are included in this category.

Primary Care, Medical Facilities, and Pharmacies

Tufts-BCH met all network access requirements for Retail Pharmacy services. The table that follows depicts the network adequacy scores for Primary Care and Medical Facility services not meeting the minimum network adequacy score.

Exhibit 6.65. Primary Care and Medical Facility Gaps

County	Pediatric PCP	Acute Inpatient Hospitals	Rehabilitation Hospitals	Urgent Care Services
Barnstable	44.5	46.1	44.5	0.0
Berkshire	100	100	100	0.0
Bristol	100	100	100	67.6
Dukes	100	100	100	100
Essex	100	100	100	100
Hampden	100	100	100	100
Hampshire	100	100	100	100
Middlesex	100	100	100	100
Nantucket	100	100	0.0	0.0*
Norfolk	100	100	100	100
Plymouth	100	100	100	65.2
Suffolk	100	100	100	100
Worcester	64.2	100	100	64.6
Overall:	93.0	95.9	88.0	69.0

* No provider data were submitted by the plan

Behavioral Health Services

Tufts-BCH met all network access requirements for Behavioral Health Outpatient and Therapeutic Mentoring Services. The tables that follow depict the network adequacy scores for those behavioral health services not meeting the minimum network adequacy score.

Exhibit 6.66a. Behavioral Health Service Gaps

County	Applied Behavior Analysis	CBAT	Clinical Support Services for SUD	Community Support Program	In-Home Behavioral Services	In-Home Therapy Services	Intensive Outpatient Program
Barnstable	0.0*	0.0	0.0	0.0	100	100	0.0*
Berkshire	0.0*	0.0	0.0*	100	0.0*	100	0.0
Bristol	0.0	53.0	0.0	69.4	100	100	0.0
Dukes	0.0*	0.0*	0.0*	0.0	0.0	0.0	0.0*
Essex	0.0	0.0	100	100	100	100	100
Hampden	0.0*	100	100	100	100	100	0.0*
Hampshire	0.0*	100	100	100	100	100	0.0*
Middlesex	64.0	55.0	100	100	100	100	100
Nantucket	0.0*	0.0*	0.0*	0.0	100	0.0	0.0*
Norfolk	100	100	100	100	100	100	100
Plymouth	0.0	100	100	100	100	100	46.9
Suffolk	62.6	100	100	100	100	100	100
Worcester	46.3	68.9	64.8	100	69.9	100	64.8
Overall:	21.0	52.1	58.8	74.6	82.3	84.6	39.4

* No provider data were submitted by the plan

Exhibit 6.66b. Behavioral Health Service Gaps

County	Managed Inpatient Level 4	Monitored Inpatient Level 3.7	Opioid Treatment Program	Partial Hospitalization Program	Program of Assertive Community Treatment	Psychiatric Day Treatment
Barnstable	0.0*	0.0	0.0	0.0*	0.0	0.0
Berkshire	0.0*	0.0*	100	0.0*	0.0*	0.0*
Bristol	0.0	0.0	0.0	52.5	52.5	69.6
Dukes	0.0*	0.0*	0.0	0.0*	0.0	0.0*
Essex	100	100	100	100	100	69.9
Hampden	0.0	100	100	100	0.0*	0.0
Hampshire	100	100	100	100	0.0*	0.0
Middlesex	100	100	100	100	100	100
Nantucket	0.0*	0.0*	0.0*	0.0*	0.0	0.0*
Norfolk	100	100	100	100	100	100
Plymouth	46.9	68.2	46.9	68.7	64.2	100
Suffolk	100	100	100	100	100	100
Worcester	100	64.4	46.4	100	64.8	65.2
Overall:	49.8	56.4	61.0	63.2	44.7	46.5

* No provider data were submitted by the plan

Exhibit 6.66c. Behavioral Health Service Gaps

County	Psych Inpatient Adolescent	Psych Inpatient Adult	Psych Inpatient Child	Recovery Coaching	Recovery Support Navigators	Residential Rehab Services for SUD	Structured Outpatient Addiction Program
Barnstable	0.0	100	0.0	0.0	0.0	0.0	100
Berkshire	0.0*	100	0.0*	0.0	0.0	0.0	100
Bristol	100	100	100	100	100	0.0	100
Dukes	100	100	100	0.0	0.0	0.0	100
Essex	100	100	100	100	100	66.1	100
Hampden	0.0	100	0.0	0.0	0.0	0.0	100
Hampshire	0.0	100	0.0	0.0	0.0	0.0	100
Middlesex	100	100	100	100	100	100	100
Nantucket	0.0*	0.0*	0.0*	0.0*	0.0*	0.0	0.0
Norfolk	100	100	100	100	100	100	100
Plymouth	100	100	100	100	100	100	100
Suffolk	100	100	100	100	100	100	100
Worcester	100	100	100	100	100	57.1	100
Overall:	**61.5**	**92.3**	**61.5**	**53.8**	**53.8**	**40.3**	**92.3**

* No provider data were submitted by the plan

Specialty Services

The table that follows depicts the network adequacy scores for those specialty services meeting the minimum network adequacy score.

Exhibit 6.67. Specialty Services with a Passing Network Adequacy Score

Specialty	
Dermatology	General Surgery
Emergency Medicine	OBGYN
Endocrinology	Podiatry
ENT/Otolaryngology	Psychiatry

The tables that follow depict the network adequacy scores for those specialty services not meeting the minimum network adequacy score.

Exhibit 6.68a. Specialty Service Gaps

County	Allergy and Immunology	Anesth	Audiology	Cardiology	Cardiothoracic Surgery	Chiropractor
Barnstable	61.4	47.5	100	100	0.0	100
Berkshire	66.0	100	100	100	100	100
Bristol	100	100	69.9	100	66.3	100
Dukes	100	100	100	100	0.0	100
Essex	100	100	100	100	100	100
Hampden	100	100	100	100	100	100
Hampshire	100	100	100	100	100	100
Middlesex	100	100	100	100	100	100
Nantucket	100	100	0.0	0.0	0.0	0.0
Norfolk	100	100	100	100	100	100
Plymouth	100	100	100	100	100	100
Suffolk	100	100	100	100	100	100
Worcester	64.6	100	51.4	100	100	100
Overall:	**91.7**	**96.0**	**86.3**	**92.3**	**74.3**	**92.3**

Exhibit 6.68b. Specialty Service Gaps

County	Gastro	Hematology	Infectious Diseases	Nephrology	Neuro	Neurosurg	Nuclear Medicine
Barnstable	100	46.1	100	61.0	47.5	46.1	0.0
Berkshire	100	100	100	100	100	100	0.0
Bristol	100	100	100	100	100	100	100
Dukes	100	100	100	100	100	100	100
Essex	100	100	100	100	100	100	100
Hampden	100	100	100	100	100	100	100
Hampshire	100	100	100	100	100	100	100
Middlesex	100	100	100	100	100	100	100
Nantucket	0.0	0.0	0.0	100	0.0	0.0	0.0*
Norfolk	100	100	100	100	100	100	100
Plymouth	100	100	100	100	100	100	100
Suffolk	100	100	100	100	100	100	100
Worcester	100	100	66.1	100	100	52.8	58.1
Overall:	**92.3**	**88.2**	**89.7**	**97.0**	**88.3**	**84.5**	**73.7**

* No provider data were submitted by the plan

Exhibit 6.68c. Specialty Service Gaps

County	Oncology - Medical	Oncology - Radiation	Ophthal	Oral Surgery	Orthopedic Surgery	Patho	Physiatry
Barnstable	46.1	46.1	100	0.0	47.5	46.1	100
Berkshire	100	66.0	100	100	100	100	100
Bristol	100	100	100	0.0	100	100	100
Dukes	100	100	100	0.0	100	100	100
Essex	100	100	100	100	100	100	100
Hampden	100	100	100	0.0	100	100	100
Hampshire	100	100	100	0.0	100	100	100
Middlesex	100	100	100	100	100	100	100
Nantucket	0.0	0.0	0.0	0.0	100	0.0	0.0
Norfolk	100	100	100	100	100	100	100
Plymouth	100	100	100	46.9	100	100	100
Suffolk	100	100	100	100	100	100	100
Worcester	100	100	100	64.7	100	100	100
Overall:	**88.2**	**85.5**	**92.3**	**47.0**	**96.0**	**88.2**	**92.3**

Exhibit 6.68d. Specialty Service Gaps

County	Plastic Surgery	Psych APN	Psychology	Pulm	Radiology	Rheum	Urology	Vascular Surgery
Barnstable	57.3	46.1	100	100	100	47.5	47.2	47.5
Berkshire	66.0	0.0	100	100	100	100	100	100
Bristol	69.9	100	100	100	100	100	100	100
Dukes	100	100	100	100	100	100	100	100
Essex	100	100	100	100	100	100	100	100
Hampden	100	100	100	100	100	100	100	100
Hampshire	100	100	100	100	100	100	100	100
Middlesex	100	100	100	100	100	100	100	100
Nantucket	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
Norfolk	100	100	100	100	100	100	100	100
Plymouth	100	100	100	100	100	100	100	100
Suffolk	100	100	100	100	100	100	100	100
Worcester	67.8	64.6	100	100	100	100	100	100
Overall:	**81.6**	**77.7**	**92.3**	**92.3**	**92.3**	**88.3**	**95.9**	**88.3**

Strengths & Opportunities

- Tufts-BCH has a strong Primary Care and Medical Service network. Services in Barnstable and Worcester Counties, however, meet the number of servicing provider requirement only.
- Urgent Care Services in Barnstable, Berkshire, Bristol, Plymouth, and Worcester Counties meet the servicing provider requirement only.
- Tufts-BCH did not report having Urgent Care Services in Nantucket County.
- With some exceptions, Tufts-BCH's network of Behavioral Health Services is strong, especially in the context of a pediatric membership base.

- Tufts-BCH reported having no CBAT services in Dukes and Nantucket Counties. These services met the number of servicing provider requirement only in Barnstable, Berkshire, and Essex Counties.
- Tufts-BCH has strong network of Specialty Providers.

Recommendations
- Kepro recommends contracting with additional Oral Surgeons in the counties not meeting MassHealth's requirements.
- Kepro recommends contracting with additional Psychiatric Advanced Practice Nurses, as available, in the counties that did not meet MassHealth's requirements.
- Kepro recommends contracting with additional Psychiatrists, as available, on Nantucket.

Update to 2020 Recommendations
Kepro did not offer recommendations to Tufts-BCH in 2020.

TUFTS HEALTH TOGETHER WITH BIDCO

Tufts-BIDCO received an overall score of 74.1. Last year, Tufts-BIDCO received an overall adequacy score of 63.8. The plan increased its overall adequacy index score by 10.3 points in this year's analysis.

The score wheel below reflects multiple scores that are outlined in the bulleted items. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Exhibit 6.69. Tufts-BIDCO Adequacy Score
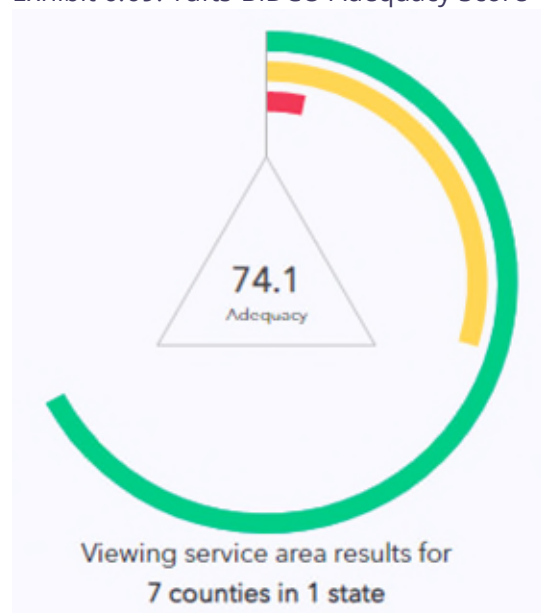
- The green bar indicates that 67.0% of Tufts-BIDCO's healthcare service network fully meets the adequacy requirements.

- The yellow bar also indicates that 29.7% of Tufts-BIDCO's healthcare service network meets only the servicing provider requirements.

- The red bar indicates that 3.3% of Tufts-BIDCO's healthcare service network does not meet any adequacy requirements. For services in which the plan did not submit data, the percentage is included in this category.

Primary Care, Medical Facilities, and Pharmacies

Tufts-BIDCO met all network access requirements for Retail Pharmacy services. The table that follows depicts the network adequacy scores for Primary Care and Medical Facility services.

Exhibit 6.70. Primary Care and Medical Facility Gaps

County	Adult PCP	Pediatric PCP	Acute Inpatient Hospitals	Rehabilitation Hospitals	Urgent Care Services
Barnstable	62.5	0.0	0.0	44.5	0.0
Bristol	0.0	0.0	0.0	100	100
Essex	58.8	51.6	100	100	100
Middlesex	69.5	69.5	100	100	100
Norfolk	100	100	100	100	100
Plymouth	100	100	100	100	65.2
Suffolk	100	100	100	100	100
Overall:	**70.1**	**60.2**	**71.4**	**92.1**	**80.7**

Behavioral Health Services

The table that follows depicts the network adequacy scores for those behavioral health services meeting the minimum network adequacy score.

Exhibit 6.71. Behavioral Health Services with a Passing Network Adequacy Score

Behavioral Health Service	
Behavioral Health Outpatient	Psychiatric Inpatient Adult
In-Home Behavioral Services	Structured Outpatient Addiction Programs
In-Home Therapy Services	Therapeutic Mentoring Services

The tables that follow depict the network adequacy scores for those behavioral health services not meeting the minimum network adequacy score.

Exhibit 6.72a. Behavioral Health Service Gaps

County	Applied Behavior Analysis	CBAT	Clinical Support Services for SUD	Community Support Program	Intensive Outpatient Program	Managed Inpatient Level 4
Barnstable	0.0*	0.0	0.0	0.0	0.0*	0.0*
Bristol	100	100	0.0	100	0.0	100
Essex	0.0	0.0	100	100	100	100
Middlesex	64.0	55.0	100	100	100	100
Norfolk	100	100	100	100	100	100
Plymouth	0.0	100	100	100	46.9	46.9
Suffolk	62.6	100	100	100	100	100
Overall:	46.7	65.0	71.4	85.7	63.8	78.1

* No provider data were submitted by the plan

Exhibit 6.72b. Behavioral Health Service Gaps

County	Monitored Inpatient Level 3.7	Opioid Treatment Program	Partial Hospitalization Program	Program of Assertive Community Treatment	Psychiatric Day Treatment
Barnstable	0.0	0.0	0.0*	0.0	0.0
Bristol	0.0	0.0	100	100	100
Essex	100	100	100	100	69.9
Middlesex	100	100	100	100	100
Norfolk	100	100	100	100	100
Plymouth	68.2	46.9	68.7	64.2	100
Suffolk	100	100	100	100	100
Overall:	66.9	63.8	81.2	80.6	81.4

* No provider data were submitted by the plan

Exhibit 6.72c. Behavioral Health Service Gaps

County	Psych Inpatient Adolescent	Psych Inpatient Child	Recovery Coaching	Recovery Support Navigators	Residential Rehab Services for SUD
Barnstable	0.0	0.0	0.0	0.0	0.0
Bristol	100	100	100	100	100
Essex	100	100	100	100	65.7
Middlesex	100	100	100	100	100
Norfolk	100	100	100	100	100
Plymouth	100	100	100	100	100
Suffolk	100	100	100	100	100
Overall:	**85.7**	**85.7**	**85.7**	**85.7**	**80.8**

* No provider data were submitted by the plan

Specialty Services

Tufts-BIDCO met all network access requirements for Chiropractor and Psychology services. The tables that follow depict the network adequacy scores for those specialty services not meeting the minimum network adequacy score.

Exhibit 6.73a. Specialty Service Gaps

County	Allergy and Immunology	Anesthes	Audiology	Cardiology	Cardiothoracic Surgery	Dermatology
Barnstable	0.0*	46.1	100	0.0	0.0	0.0
Bristol	0.0	0.0	69.5	53.3	0.0	0.0
Essex	100	100	100	100	69.6	100
Middlesex	100	100	100	100	55.0	100
Norfolk	100	100	100	100	100	100
Plymouth	0.0	100	100	100	48.9	100
Suffolk	100	100	100	100	100	100
Overall:	**57.1**	**78.0**	**95.6**	**79.0**	**53.4**	**71.4**

* No provider data were submitted by the plan

Exhibit 6.73b. Specialty Service Gaps

County	Emergency Medicine	Endocrinology	ENT / Otolaryn	Gastro	General Surgery	Hematology
Barnstable	0.0	0.0	46.1	0.0	0.0	0.0
Bristol	0.0	0.0	100	100	0.0	0.0
Essex	68.7	69.6	69.6	100	100	69.6
Middlesex	100	55.0	100	100	100	55.0
Norfolk	100	100	100	100	100	100
Plymouth	100	100	100	100	100	69.5
Suffolk	100	100	100	100	100	100
Overall:	**67.0**	**60.7**	**88.0**	**85.7**	**71.4**	**56.3**

Exhibit 6.73c. Specialty Service Gaps

County	Infectious Diseases	Nephrology	Neurology	Neurosurg	Nuclear Medicine	OBGYN	Oncology Medical
Barnstable	0.0	0.0	0.0	0.0	0.0*	0.0	0.0
Bristol	0.0	100	0.0	0.0	0.0*	0.0	0.0
Essex	69.3	69.3	69.9	0.0	55.0	100	69.6
Middlesex	55.0	55.0	100	100	69.4	100	55.0
Norfolk	100	100	100	100	100	100	100
Plymouth	100	100	100	51.0	0.0	100	100
Suffolk	100	100	100	100	100	100	100
Overall:	**60.6**	**74.9**	**67.1**	**50.1**	**46.3**	**71.4**	**60.7**

* No provider data were submitted by the plan

Exhibit 6.73d. Specialty Service Gaps

County	Oncology Radiation	Ophth	Oral Surgery	Orthopedic Surgery	Pathology	Physiatry	Plastic Surgery
Barnstable	0.0	0.0	0.0*	0.0	0.0	0.0	0.0
Bristol	0.0	100	0.0*	100	0.0	0.0	0.0
Essex	0.0	100	0.0*	100	69.3	69.3	69.6
Middlesex	55.0	100	0.0*	100	100	100	100
Norfolk	100	100	0.0*	100	100	100	100
Plymouth	48.9	100	0.0*	100	100	100	100
Suffolk	100	100	0.0*	100	100	100	100
Overall:	**43.4**	**85.7**	**0.0**	**85.7**	**67.0**	**67.0**	**67.1**

* No provider data were submitted by the plan

Exhibit 6.73e. Specialty Service Gaps

County	Podiatry	Psych APN	Psych	Pulm	Radiology	Rheum	Urology	Vascular Surgery
Barnstable	0.0	0.0	0.0	46.1	0.0	0.0*	0.0	0.0
Bristol	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0
Essex	100	56.6	100	100	100	100	48.9	48.9
Middlesex	100	100	100	100	100	100	100	100
Norfolk	100	100	100	100	100	100	100	100
Plymouth	100	56.3	100	100	100	46.9	100	48.9
Suffolk	100	100	100	100	100	100	100	100
Overall:	**71.4**	**59.0**	**85.7**	**78.0**	**71.4**	**63.8**	**64.1**	**56.8**

* No provider data were submitted by the plan

Strengths & Opportunities for Improvement

- Adult and Pediatric PCP services meet the number of servicing provider requirement only in four counties.
- Acute Inpatient Hospitals meet only the number of servicing provider requirement in Barnstable and Bristol Counties.
- No Behavioral Health Service met network adequacy requirements in Barnstable County.

- Three substance abuse services – Managed Inpatient Level 4, Monitored Inpatient Level 3.7, and Opioid treatment Programs – meet the number of servicing provider requirement only in Plymouth County.
- Intensive Outpatient, PACT, Partial Hospitalization, and Applied Behavioral Analysis programs meet only the number of servicing provider requirement in Plymouth County.
- Tufts-BIDCO's network of specialists in Barnstable and Bristol Counties represents an opportunity for improvement.
- Tufts-BIDCO did not report having Oral Surgeons in its network.

Recommendations
- Kepro recommends contracting with additional providers for Primary Care services in the Counties not meeting MassHealth's requirements.
- Kepro recommends that Tufts-BIDCO expand its network of Behavioral Health providers in Plymouth County.
- Kepro recommends that Tufts-BIDCO develop a network of oral surgeons.
- Kepro recommends that Tufts-BIDCO close gaps in its network of Specialty Providers.

Update to 2020 Recommendations
Kepro did not offer recommendations to Tufts-BIDCO in 2020.

TUFTS HEALTH TOGETHER WITH CAMBRIDGE HEALTH ALLIANCE

Tufts-CHA received an overall score of 96.0. Last year, Tufts-CHA received an overall adequacy score of 91.3. The plan has increased its overall adequacy index score by 4.7 points in this year's analysis. This score is outlined in the bullets. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Overall Score Percentages:
- 93.23% of Tufts-CHA's healthcare service network fully meet the adequacy requirements.
- 5.21% of Tufts-CHA's healthcare service network meet only the servicing provider requirements.
- 1.56% of Tufts-CHA's healthcare service network do not meet any adequacy requirements. For services in which the plan did not submit data, the percentage is included in this category.

Primary Care, Medical Facilities, and Pharmacies

Tufts-CHA met all network access requirements for Medical Facilities and Pharmacies.

Exhibit 6.74. Primary Care Gaps

County	Adult PCP	Pediatric PCP
Essex	69.5	69.5
Middlesex	100	100
Suffolk	100	100
Overall:	**89.8**	**89.8**

Behavioral Health Services

The table that follows lists those behavioral health services in which Tufts-CHA met all network adequacy requirements.

Exhibit 6.75. Behavioral Health Services Meeting Network Adequacy Standards

Behavioral Health Service		
BH Outpatient	Intensive Outpatient Program	Psych Inpatient Child
Clinical Support Services for SUD	Opioid Treatment Programs	Recovery Coaching
Community Support Program	Partial Hospitalization Program	Recovery Support Navigators
In-Home Behavioral Services	Psych Inpatient Adolescent	Structured Outpatient Addiction Program
In-Home Therapy Services	Psych Inpatient Adult	Therapeutic Mentoring Services

The table that follows depicts the network adequacy scores for those behavioral health services not meeting the minimum network adequacy score.

Exhibit 6.76. Behavioral Health Service Gaps

County	Applied Behavior Analysis	CBAT	Residential Rehab Services for SUD
Essex	0.0	0.0	61.7
Middlesex	59.9	100	100
Suffolk	62.6	100	100
Overall:	40.8	66.7	87.2

Specialty Services

The table that follows depicts the network adequacy scores for those specialty services meeting the network adequacy requirements.

Exhibit 6.77. Behavioral Health Services with a Passing Network Adequacy Score

Specialty Service			
Allergy and Immunology	Endocrinology	Ob/Gyn	Psychiatry APN
Anesthesiology	ENT/Otolaryngology	Oncology – Medical	Psychiatry
Audiology	Gastroenterology	Ophthalmology	Psychology
Cardiology	General Surgery	Orthopedic Surgery	Pulmonology
Cardiothoracic Surgery	Hematology	Pathology	Radiology
Chiropractor	Infectious Diseases	Physiatry	Rheumatology
Dermatology	Nephrology	Plastic Surgery	Urology
Emergency Medicine	Neurology	Podiatry	Vascular Surgery

The table that follows depicts the network adequacy scores for those specialty services not meeting the network adequacy requirements.

Exhibit 6.78. Specialty Service Gaps

County	Neurosurgery	Nuclear Medicine	Oncology Radiation	Oral Surgery
Essex	67.3	68.5	67.3	0.0*
Middlesex	100	100	100	0.0*
Suffolk	100	100	100	0.0*
Overall:	89.1	89.5	89.1	0.0

* No provider data were submitted by the plan

Strengths & Opportunities for Improvement
- Adult and Pediatric PCP meet the servicing provider requirement only in Essex County.
- Tufts-CHA has a strong behavioral health provider network.
- Tufts-CHA's network of Applied Behavioral Analysis providers meets the number of servicing provider requirement only in Essex, Middlesex, and Suffolk Counties.
- Tufts-CHA has a strong network of specialty providers.
- Only the number of servicing provider requirement was met in Essex County for Neurosurgery, Nuclear Medicine, and Radiation Oncology.
- Tufts-CHA did not report having Oral Surgeons.

Recommendations
- Kepro recommends contracting with additional Primary Care Providers, Neurosurgeons, Nuclear Medicine clinicians, and Radiation Oncologists in Essex County.
- Kepro recommends contracting with additional Oral Surgery providers.

Update to 2020 Recommendations
Kepro did not offer recommendations to Tufts-CHA in 2020.

WELLFORCE CARE PLAN

Fallon-Wellforce plan received an overall score of 84.5. Last year, Fallon-Wellforce received an overall adequacy score of 83.3. The plan has increased its overall adequacy index score by 1.2 points in this year's analysis.

The score wheel below reflects multiple scores that are outlined in the bulleted items. These scores represent the aggregate score of the network's adequacy results based on the average across all specialties.

Exhibit 6.79. Fallon-Wellforce Adequacy Score
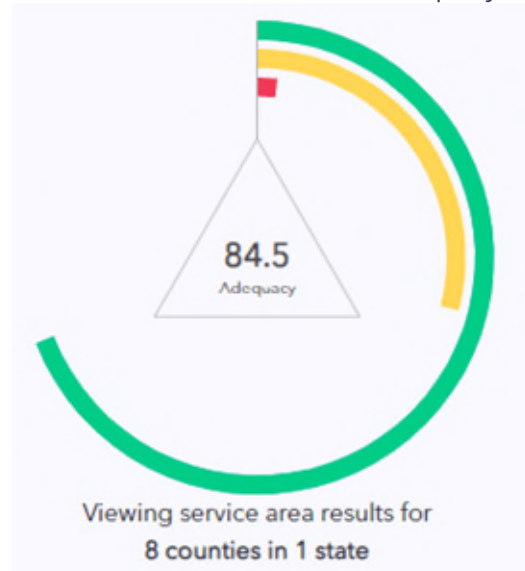
- The green bar indicates that 69.1% of Fallon-Wellforce's provider network fully meets the adequacy requirements.

- The yellow bar indicates that 29.1% of Fallon-Wellforce's provider network meets only the servicing provider requirements.

- The red bar indicates that 1.8% of Fallon-Wellforce's provider network does not meet any adequacy requirements. Services for which the plan did not submit data are included in this category.

Primary Care, Medical Facilities, and Pharmacies

Fallon-Wellforce met all network access requirements for Retail Pharmacy services. The table that follows depicts the network adequacy scores for Primary Care and Medical Facilities.

Exhibit 6.80. Primary Care and Medical Facility Gaps

County	Adult PCP	Pediatric PCP	Acute Inpatient Hospitals	Rehabilitation Hospitals	Urgent Care Services
Barnstable	62.5	0.0	63.4	0.0	0.0
Bristol	0.0	0.0	0.0	100	100
Essex	63.8	63.0	66.7	100	100
Middlesex	69.6	100	100	100	100
Norfolk	62.2	59.0	100	100	100
Plymouth	0.0	45.6	100	58.7	68.9
Suffolk	100	100	100	100	100
Worcester	0.0	0.0	100	100	100
Overall:	**44.8**	**45.9**	**78.8**	**82.3**	**83.6**

Behavioral Health Services

The table that follows lists those behavioral health services meeting the minimum network adequacy score.

Exhibit 6.81. Behavioral Health Services

Behavioral Health Service		
Applied Behavior Analysis	Intensive Outpatient Program	Psych Inpatient Child
BH Outpatient	Monitored Inpatient Level 3.7	Recovery Coaching
Clinical Support Services for SUD	Partial Hospitalization Program	Recovery Support Navigators
Community Support Program	Psych Inpatient Adolescent	Structured Outpatient Addiction Program
In-Home Therapy Services	Psych Inpatient Adult	

The table that follows depicts the network adequacy scores for those behavioral health services not meeting the minimum network adequacy score.

Exhibit 6.82. Behavioral Health Service Gaps

County	CBAT	In-Home Behavioral Services	Managed Inpatient Level 4	Opioid Treatment Program	Program of Assertive Community Treatment	Psychiatric Day Treatment	Residential Rehab Services for SUD	Therapeutic Mentoring Services
Barnstable	69.9	69.2	66.0	54.1	0.0	64.5	52.5	69.2
Bristol	100	100	100	100	100	100	100	100
Essex	100	68.7	100	100	69.9	100	64.7	100
Middlesex	100	100	100	100	100	100	100	100
Norfolk	100	100	100	100	67.4	100	100	100
Plymouth	100	100	100	100	64.0	100	100	100
Suffolk	100	100	100	100	100	100	100	100
Worcester	100	100	100	100	48.0	100	100	100
Overall:	96.2	92.2	95.8	94.3	68.7	95.6	89.6	96.2

Specialty Services

The table that follows lists those specialty services meeting the minimum network adequacy score.

Exhibit 6.83. Specialty Services with a Passing Network Adequacy Score

Specialty	
Emergency Medicine	Psychiatry
Psych APN	Psychology

The tables that follow depict the network adequacy scores for those specialty services not meeting the minimum network adequacy score.

Exhibit 6.84a. Specialty Service Gaps

County	Allergy and Immun	Anesth	Audiology	Cardiology	Cardiothor Surgery	Chiropractor
Barnstable	64.7	63.4	68.7	68.7	0.0	68.0
Bristol	0.0	58.3	100	100	58.7	100
Essex	100	100	100	100	66.4	100
Middlesex	100	100	69.9	100	69.9	100
Norfolk	64.6	69.9	100	100	68.7	100
Plymouth	51.9	100	100	100	69.1	100
Suffolk	100	100	100	100	100	100
Worcester	67.3	63.4	100	100	0.0	100
Overall:	**68.6**	**81.9**	**92.3**	**96.1**	**54.1**	**96.0**

Exhibit 6.84b. Specialty Service Gaps

County	Dermatology	Endocrinology	ENT / Otolaryn	Gastro	General Surgery	Hematology
Barnstable	100	65.8	68.4	63.6	68.4	63.4
Bristol	100	100	100	100	59.2	0.0
Essex	100	100	100	100	69.6	69.4
Middlesex	100	69.4	100	100	100	69.5
Norfolk	69.9	100	100	69.7	100	64.1
Plymouth	49.6	52.4	100	69.1	68.9	61.2
Suffolk	100	100	100	100	100	100
Worcester	68.8	0.0	100	63.1	100	0.0
Overall:	**86.0**	**73.4**	**96.0**	**83.2**	**83.3**	**53.5**

Exhibit 6.84c. Specialty Service Gaps

County	Infectious Diseases	Nephrology	Neurology	Neurosurg	Nuclear Medicine	OBGYN	Oncology - Medical
Barnstable	100	60.2	68.0	63.2	0.0*	68.1	63.4
Bristol	58.7	100	100	0.0	0.0*	100	100
Essex	66.6	100	69.4	66.2	0.0	69.4	69.2
Middlesex	100	100	100	66.6	0.0	100	69.4
Norfolk	69.7	100	100	53.7	0.0	100	69.3
Plymouth	69.3	100	59.8	50.8	0.0*	100	61.2
Suffolk	100	100	100	100	0.0	100	100
Worcester	58.0	100	52.6	0.0	0.0*	68.5	0.0
Overall:	**77.8**	**95.0**	**81.2**	**50.1**	**0.0**	**88.3**	**66.6**

* No provider data were submitted by the plan

Exhibit 6.84d. Specialty Service Gaps

County	Oncology - Radiation	Ophth	Oral Surgery	Orthopedic Surgery	Pathology	Physiatry
Barnstable	63.4	65.7	0.0*	63.6	0.0*	67.1
Bristol	100	100	100	58.7	100	100
Essex	69.4	100	67.5	69.9	100	69.9
Middlesex	64.0	100	100	100	100	100
Norfolk	67.1	100	69.4	69.0	100	100
Plymouth	59.2	100	46.2	58.1	51.4	100
Suffolk	100	100	100	100	100	100
Worcester	0.0	100	100	0.0	66.2	50.5
Overall:	**65.4**	**95.7**	**72.9**	**64.9**	**77.2**	**85.9**

* No provider data were submitted by the plan

Exhibit 6.84e. Specialty Service Gaps

County	Plastic Surgery	Podiatry	Pulm	Radiology	Rheum	Urology	Vascular Surgery
Barnstable	64.5	67.7	100	64.4	63.6	63.6	63.6
Bristol	0.0	100	100	100	100	0.0	59.2
Essex	65.5	69.9	100	100	69.9	100	69.4
Middlesex	100	100	100	100	65.1	100	100
Norfolk	69.2	100	100	100	100	100	100
Plymouth	56.4	62.2	59.5	63.9	56.1	52.8	58.0
Suffolk	100	100	100	100	100	100	100
Worcester	0.0	100	100	100	0.0	100	100
Overall:	**56.9**	**87.5**	**94.9**	**91.0**	**69.3**	**77.0**	**81.3**

Strengths & Opportunities for Improvement

- Adult and Pediatric Primary Care do not meet either time and distance standards or the number of servicing provider requirements in Barnstable County.
- With the exception of Middlesex and Suffolk Counties, Primary Care does not meet time and distance standards.
- With the exception of PACT and Opioid Treatment Programs, Fallon-Wellforce has a well-developed Behavioral Health Service network.
- No Behavioral Health Services meet time and distance standards in Barnstable County, and Opioid Treatment Programs meet no access requirements.
- The contracting of additional specialists in Barnstable and Plymouth Counties represents an opportunity for Fallon-Wellforce.
- The Fallon-Wellforce network would benefit from additional Hematologists, Neurosurgeons, Nuclear Medicine providers, Oncologists, Orthopedic Surgeons, Plastic Surgeons, and Vascular Surgeons.

<u>Recommendations</u>
- Kepro recommends that, as possible, Fallon-Wellforce expand its Behavioral Health Service in Barnstable County.
- The contracting of additional specialists in Barnstable and Plymouth Counties represents an opportunity for Fallon-Wellforce.
- Kepro recommends that Fallon-Wellforce contract with additional Hematologists, Neurosurgeons, Nuclear Medicine providers, Oncologists, Orthopedic Surgeons, Plastic Surgeons, Vascular Surgeons, and other specialists as necessary to close network gaps.

<u>Update to 2020 Recommendations</u>
Kepro offered no recommendations to Fallon-Wellforce in 2020.

Contributors

CONTRIBUTORS

PERFORMANCE MEASURE VALIDATION

Katharine Iskrant, CHCA, MPH
Ms. Iskrant is the President of Healthy People, an NCQA-licensed HEDIS audit firm. She is a member of the NCQA Audit Methodology Panel and NCQA's HEDIS Data Collection Advisory Panel. She is also featured on a 2020 NCQA HEDIS Electronic Clinical Data Systems (ECDS) podcast. Ms. Iskrant has been a Certified HEDIS® Compliance Auditor since 1998 and has directed more than two thousand HEDIS audits. Previously, as CEO of the company Acumetrics, Ms. Iskrant provided consultancy services to NCQA which helped their initial development and eventual launch of the NCQA Measure Certification Program. She is a frequent speaker at HEDIS conferences, including NCQA's most recent Healthcare Quality Congress. She received her BA from Columbia University and her MPH from UC Berkeley School of Public Health. She is a member of the National Association for Healthcare Quality and is published in the fields of healthcare and public health.

PERFORMANCE IMPROVEMENT PROJECT REVIEWERS

Bonnie L. Zell, MD, MPH, FACOG, Clinical Director
Bonnie L. Zell, MD, MPH, has a diverse background in healthcare, public health, healthcare safety and quality, and has developed several new models of care delivery.

Her healthcare roles include serving as a registered nurse, practicing OB/GYN physician and chief at Northern California Kaiser Permanente, and Medical Director at the Aurora Women's Pavilion in Milwaukee, Wisconsin.

She subsequently served as Healthcare Sector Partnerships Lead at the Centers for Disease Control and Prevention. She focused on patient safety, healthcare quality, and primary prevention strategies through partnerships between key national organizations in public health and healthcare delivery with the goal of linking multi-stakeholder efforts to improve the health of regional populations.

As Senior Director, Population Health at the National Quality Forum, she provided leadership to advance population health strategies through endorsement of measures that align action and integration of public health and healthcare to improve health.

Dr. Zell developed a comprehensive model of care for a regional community health initiative that focused on achieving the Triple Aim focused on asthma prevention and management for Contra Costa County in California.

She served as Executive Director of Clinical Improvement at the statewide Hospital Quality Institute in California, building the capacity and capability of healthcare organizations to improve quality and safety by reliably implementing evidence-based practices at all sites of care through the CMS Partnership for Patients initiative.

Previously, Dr. Zell Co-Founded a telehealth company, Lemonaid Health that provided remote primary care services. She served as Chief Medical Officer and Chief Quality Officer. Subsequently, she served as Chief Medical Officer of a second telehealth company, Pill Club, which provided hormonal contraception.

She is an Institute for Healthcare Improvement Fellow and continues to provide healthcare quality and safety coaching to healthcare organizations.

Dr. Zell returned to office gynecology to assess translation of national initiatives in safety and quality into front line care. In addition, she provided outpatient methadone management for patients with Opioid Use Disorder for several years.

Currently, she is faculty and coach for Management and Clinical Excellence, a leadership development program, at Sutter Health in California.

Chantal Laperle, MA, CPHQ, NCQA CCE
Chantal Laperle has over 25 years of experience in the development and implementation of quality initiatives in a wide variety of healthcare delivery settings. She has successfully held many positions, in both public and private sectors, utilizing her clinical background to affect change. She has contributed to the development of a multitude of quality programs from the ground up requiring her to be hands-on through implementation. She is experienced in The Joint Commission, National Committee for Quality Assurance, The Commission on Accreditation of Rehabilitation Facilities, and Accreditation Association for Ambulatory Health Care accreditation and recognition programs. She is skilled in developing workflows and using tools to build a successful process, as well as monitor accordingly. She also coaches teams through the development and implementation process of a project.

Ms. Laperle holds both a bachelor's and master's degrees in psychology. She is a Certified Professional in Health Care Quality and Certified in Health Care Risk Management through the University of South Florida. She is also certified in Advanced Facilitation and the Seven Tools of Quality Control through GOAL/QPC, an Instructor for Nonviolent Crisis Intervention, a Yellow Belt in Lean Six Sigma, a Telehealth Liaison through the National School of Applied telehealth, and a Certified Content Expert for Patient Centered Medical Home through NCQA.

Wayne J. Stelk, Ph.D.
Wayne J. Stelk, Ph.D., is a psychologist with over forty years of experience in the design, implementation, and management of large-scale health and human service systems. His expertise includes improving health providers' service effectiveness and efficiency through data-driven performance management systems. Dr. Stelk has consulted with Kepro for five

years as a senior external quality reviewer and technical advisor for healthcare performance improvement projects.

During his 10-year tenure as Vice-President for Quality Management at the Massachusetts Behavioral Health Partnership (MBHP), Dr. Stelk designed and managed over 150 quality improvement projects involving primary care and behavioral health practices across the state. He is well-versed in creating strategies to improve healthcare service delivery that maximize clinical outcomes and minimize service costs. He also implemented a statewide outcomes management program for behavioral health providers in the MBHP network, the first of its kind in Massachusetts.

After leaving MBHP in 2010, he consulted on several projects involving the integration of primary care, behavioral healthcare, and long-term services and supports. Other areas of expertise include implementing evidence-based interventions and treatment practices; designing systems for the measurement of treatment outcomes; and developing data-collection systems for quality metrics that are used to improve provider accountability. Dr. Stelk has lectured at conferences nationally and internationally on healthcare performance management.

COMPLIANCE VALIDATION REVIEWERS

Jennifer Lenz, MPH, CHCA
Ms. Lenz has more than 19 years' experience in the healthcare industry, with expertise in implementing and managing external quality review activities, managing teams, and driving quality improvement initiatives. Ms. Lenz has working experience in both private and public health sectors. Her experience includes managed care organization responsibility for accreditation and quality management activities; managing chronic disease programs for a state health department; and in performing external quality review organization activities. She has conducted compliance review activities across health plans in the states of California, Georgia, Massachusetts, Ohio, Utah, and Virginia. Ms. Lenz is a Certified HEDIS® Compliance Auditor through the NCQA. She holds a Master of Public Health degree from the University of Arizona.

Jane Goldsmith, RN, MBA, CSSGB, CHC
Ms. Goldsmith has more than 30 years' experience in the healthcare industry with expertise in leading teams in public health nursing activities and implementing quality assurance, regulatory compliance, and accreditation activities. Her prior experience includes senior management and executive roles in managed care organizations with responsibility for quality improvement, regulatory compliance, accreditation, and internal audit. She has conducted external quality review activities across health plans in the states of California, Virginia, Florida, Illinois, Ohio, and Michigan. She also served five years as an adjunct faculty member for John Hopkins Bloomberg School of Public Health. Ms. Goldsmith has been Certified in Healthcare Compliance (CHC) by the Compliance Certification Board (CCB) and Certified as Six-Sigma Green Belt

(CSSBG) by Villanova University. She received her Bachelor of Science in Nursing degree from Eastern Michigan University and her master's degree in business administration in integrative management from Michigan State University. She holds registered nurse licenses in Michigan, Illinois, and Florida.

Sue McConnell, RN, MSN

Ms. McConnell has more than 40 years' experience in various aspects of the healthcare industry. She served as the Director of Nursing for a south side Chicago medical center, ran the clinical management area for a national PPO, developed and implemented insured products for a national PPO including meeting all regulatory requirements, developed and implemented a national workers' compensation managed care program, and managed a multi-site, multi-specialty provider group. Most recently Ms. McConnell was responsible for the management of a federal employee national PPO health plan with responsibilities that included regulatory compliance, HEDIS and CAHPS program management, quality improvement initiatives and outcomes, member services, product development and management, client relations, claims administration, and patient centered programs for health maintenance and improvement. Her clinical background includes long term care, intensive care, emergency services, acute care clinical management, and outpatient service. Ms. McConnell received her master's in nursing service administration from University of Illinois-Medical Center.

Poornima Dabir, MPH, CHCA

Ms. Dabir has over 20 years of experience in the healthcare industry, with expertise in project management, compliance audits and regulatory assessments, performance measurement, and quality improvement. She has worked over 17 years as a lead HEDIS® Compliance auditor involving reviews of public and private health insurance product lines of numerous national as well as local health plans. She also works on other validation and regulatory audits, including URAC validation reviews of pharmacies, Medicare data validation audits, and numerous state compliance audits of health plans and behavioral health organizations. Her previous experiences include managing an organization's Medicare data validation audit program, leading quality improvement projects for an external review organization, and working at local managed care organizations in areas of quality improvement and Medicare compliance. Ms. Dabir is a Certified HEDIS® Compliance Auditor through the NCQA. She received her master's degree in public health from the University at Albany, School of Public Health.

Debra Homovich, BA

Ms. Homovich has 10 years of experience in the healthcare industry, with expertise in conducting quality reviews and in managing teams performing healthcare compliance validations. Her prior experience includes URAC data validation, compliance auditing, and performance of external quality review organization activities. She has conducted compliance review activities in the states of Alabama, Massachusetts, and South Dakota. Ms. Homovich is a Certified Public Accountant licensed in Pennsylvania. She received her bachelor's degree in accounting from Alvernia University.

PROJECT MANAGEMENT

Cassandra Eckhof, M.S.
Ms. Eckhof has over 25 years managed care and quality management experience and has worked in the private, non-profit, and government sectors. She has managed the MassHealth external quality review program since 2016. Ms. Eckhof has a Master of Science degree in healthcare administration and is a Certified Professional in Healthcare Quality. She is currently pursuing a graduate certificate in Public Health Ethics at the University of Massachusetts at Amherst.

Emily Olson B.B.A
This is Ms. Olson's first year working with the Kepro team as a Project Coordinator. Her previous work was in the banking industry. She has a bachelor's degree in business management and human resources from Western Illinois University.