



Better healthcare,
realized.

External Quality Review Primary Care Clinician Plan Annual Technical Report, Calendar Year 2023



Commonwealth of Massachusetts
Executive Office of Health and
Human Services

ipro.org

Table of Contents

I.	Executive Summary	4
	Primary Care Clinician Plan.....	4
	Purpose of Report	4
	Scope of External Quality Review Activities	4
	High-Level Program Findings.....	4
	Recommendations	7
II.	Massachusetts Medicaid Managed Care Program	9
	Managed Care in Massachusetts.....	9
	MassHealth Medicaid Quality Strategy	9
	IPRO's Assessment of the Massachusetts Medicaid Quality Strategy	12
III.	Validation of Performance Measures.....	14
	Objectives.....	14
	Technical Methods of Data Collection and Analysis.....	14
	Description of Data Obtained.....	15
	Conclusions and Comparative Findings	15
IV.	Quality-of-Care Surveys – Primary Care Member Experience Survey	18
	Objectives.....	18
	Technical Methods of Data Collection and Analysis.....	18
	Description of Data Obtained.....	19
	Conclusions and Comparative Findings	19
V.	MassHealth's Responses to the Previous EQR Recommendations	21
VI.	MCP Strengths, Opportunities for Improvement, and EQR Recommendations	23
VII.	Required Elements in EQR Technical Report.....	24
VIII.	Appendix A – MassHealth Quality Goals and Objectives.....	26
IX.	Appendix B – MassHealth Managed Care Programs and Plans.....	28
X.	Appendix C – MassHealth Quality Measures.....	30

List of Tables

Table 1: MassHealth's Strategic Goals.....	9
Table 2: PCCP Compliance with Information System Standards – MY 2022	15
Table 3: Color Key for HEDIS Performance Measure Comparison to NCQA HEDIS MY 2022 Quality Compass New England (NE) Regional Percentiles.....	17
Table 4: PCCP HEDIS Performance Measures – MY 2022	17
Table 5: Adult PC MES – Technical Methods of Data Collection, MY 2022	19
Table 6: Child PC MES – Technical Methods of Data Collection, MY 2022.....	19
Table 7: Key for PC MES Performance Measure Comparison to the Statewide Score.....	19
Table 8: PC MES Performance – Adult Member, PY 2022.....	20
Table 9: PC MES Performance – Child Member, PY 2022	20
Table 10: MassHealth's Response to Previous EQR Recommendations Regarding PCCP	21
Table 11: PCCP Strengths, Opportunities for Improvement, and EQR Recommendations	23
Table 12: Required Elements in EQR Technical Report	24
Table A1: MassHealth Quality Strategy Goals and Objectives – Goal 1.....	26
Table A2: MassHealth Quality Strategy Goals and Objectives – Goal 2.....	26
Table A3: MassHealth Quality Strategy Goals and Objectives – Goal 3.....	26

Table A4: MassHealth Quality Strategy Goals and Objectives – Goal 4..... 26

Table A5: MassHealth Quality Strategy Goals and Objectives – Goal 5..... 27

Table B1: MassHealth Managed Care Programs and Health Plans by Program 28

Table C1: Quality Measures and MassHealth Goals and Objectives Across Managed Care Entities..... 30

Healthcare Effectiveness Data and Information Set (HEDIS®) and Quality Compass® are registered trademarks of the National Committee for Quality Assurance (NCQA). The HEDIS Compliance Audit™ is a trademark of the NCQA. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). Telligen® is a registered trademark of Telligen, Inc. CareAnalyzer® is a registered trademark of DST Health Solution, Inc.

I. Executive Summary

Primary Care Clinician Plan

External quality review (EQR) is the evaluation and validation of information about quality of, timeliness of, and access to health care services furnished to Medicaid enrollees. The objective of the EQR is to improve states' ability to oversee managed care plans (MCPs) and to help MCPs to improve their performance. This annual technical report (ATR) describes the results of the EQR for the Primary Care Clinician Plan (PCCP) that provides health care services to Medicaid enrollees in Massachusetts.

PCCP is a primary care case management (PCCM) plan from Massachusetts's Medicaid program (known as "MassHealth"), administered by the Massachusetts Executive Office of Health and Human Services (EOHHS). In a PCCM arrangement, Medicaid enrollees are assigned a primary care clinician (PCC). PCCP uses the MassHealth network of PCCs, specialists, and hospitals, as well as the Massachusetts Behavioral Health Partnership's (MBPH's) network of behavioral health providers. As of December 2023, 60,927 MassHealth beneficiaries were enrolled in the PCCP.

Purpose of Report

The purpose of this ATR is to present the results of EQR activities conducted to assess the quality of, timeliness of, and access to health care services furnished to Medicaid enrollees, in accordance with the following federal managed care regulations: *Title 42 Code of Federal Regulations (CFR) Section (§) 438.364 External review results (a) through (d)* and *Title 42 CFR § 438.358 Activities related to external quality review*.

Scope of External Quality Review Activities

MassHealth contracted with IPRO, an external quality review organization (EQRO), to conduct external quality review of its PCCP. As a type of a PCCM plan administered by MassHealth, the PCCP participates voluntarily in the following EQR activity:

- (i) **CMS Mandatory Protocol 2: Validation of Performance Measures** – This activity assesses the accuracy of performance measures (PMs) reported by PCCP and determines the extent to which the rates calculated by PCCP follow state specifications and reporting requirements.

The results of the EQR activities are presented in individual activity sections of this report. Each of the activity sections includes information on:

- technical methods of data collection and analysis,
- description of obtained data,
- comparative findings, and
- where applicable, the PCCP performance strengths and opportunities for improvement.

The validation of PMs was conducted in accordance with CMS EQR protocols. CMS defined *validation* in *Title 42 CFR § 438.320 Definitions* as "the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis."

High-Level Program Findings

The EQR activities conducted in CY 2023 demonstrated MassHealth's commitment to improvement in providing high-quality, timely, and accessible care for members.

IPRO used the analyses and evaluations of CY 2023 EQR activity findings to assess the performance of MassHealth's PCCP in providing quality, timely, and accessible health care services to Medicaid enrollees. PCCP was evaluated against state and national benchmarks for measures related to the quality, access, and timeliness domains, and results were compared to previous years for trending when possible.

The following provides a high-level summary of these findings for MassHealth. The plan-level findings are discussed in the EQR activity section, as well as in the **MCP Strengths, Opportunities for Improvement, and EQR Recommendations** section.

MassHealth Medicaid Comprehensive Quality Strategy

State agencies must draft and implement a written quality strategy for assessing and improving the quality of health care services furnished by their MCPs, as established in *Title 42 CFR § 438.340*.

Strengths:

MassHealth's quality strategy is designed to improve the quality of health care for MassHealth members. It articulates managed care priorities, including goals and objectives for quality improvement.

Quality strategy goals are considered in the design of MassHealth managed care programs, selection of quality metrics, and quality improvement projects, as well as in the design of other MassHealth initiatives.

Consequently, MassHealth programs and initiatives reflect the priorities articulated in the strategy and include specific measures. Measures' targets are explained in the quality strategy by each managed care program.

MassHealth reviews and evaluates the effectiveness of its quality strategy every 3 years. In addition to the triennial review, MassHealth also conducts an annual review of measures and key performance indicators to assess progress toward strategic goals. MassHealth relies on the annual EQR process to assess the managed care programs' effectiveness in providing high-quality, accessible services.

Opportunities for Improvement:

Although MassHealth evaluates the effectiveness of its quality strategy, the most recent evaluation, which was conducted on the previous quality strategy, did not clearly assess whether the state met or made progress on its strategic goals and objectives. The evaluation of the current quality strategy should assess whether the state successfully promoted better care for MassHealth members (goal 1), achieved measurable reductions in health care inequities (goal 2), made care more value-based (goal 3), successfully promoted person- and family-centered care (goal 4), and improved care through better integration, communication, and coordination (goal 5).

For example, to assess if MassHealth achieved measurable reductions in health care inequities (goal 2), the state could look at the core set measures stratified by race/ethnicity; to assess if MassHealth made care more value-based (goal 3), the state could look at the number of enrollees in value-based arrangements. The state may decide to continue with or revise its five strategic goals based on the evaluation.

General Recommendations for MassHealth:

- *Recommendation towards achieving the goals of the Medicaid quality strategy* – MassHealth should assess whether the state met or made progress on the five strategic goals and objectives described in the quality strategy. This assessment should describe whether the state successfully promoted better care for MassHealth members (goal 1), achieved measurable reductions in healthcare inequities (goal 2), made care more value-based (goal 3), successfully promoted person- and family-centered care (goal 4), and improved care through better integration, communication, and coordination (goal 5). The state may decide to continue with or revise its five strategic goals and objectives based on the evaluation.¹

IPRO's assessment of the *Comprehensive Quality Strategy* is provided in **Section II** of this report.

¹ Considerations for addressing the evaluation of the quality strategy are described in the *Medicaid and Children's Health Insurance Program (CHIP) Managed Care Quality Strategy Toolkit* on page 29, available at [Medicaid and Children's Health Insurance Program \(CHIP\) Managed Care Quality Strategy Toolkit](#).

Performance Measure Validation

IPRO validated the accuracy of PMs and evaluated the state of health care quality in the PCCP program.

Strengths:

The use of quality metrics is one of the key elements of MassHealth's quality strategy. At a statewide level, MassHealth monitors the Medicaid program's performance on the CMS Medicaid Adult and Child Core Sets measures. On a program level, each managed care program has a distinctive slate of measures selected to reflect MassHealth quality strategy goals and objectives.

The PCCP is evaluated on a set of Healthcare Effectiveness Data and Information Set (HEDIS®) measures calculated by MassHealth's vendor Telligen®. IPRO conducted performance measure validation (PMV) to assess the accuracy of PCCP PMs and to determine the extent to which HEDIS PMs follow MassHealth's specifications and reporting requirements.

IPRO conducted a full Information Systems Capabilities Assessment (ISCA) to confirm that MassHealth's information systems were capable of meeting regulatory requirements for managed care quality assessment and reporting. This included a review of the claims processing systems, enrollment systems, provider data systems, as well as encounter data systems. IPRO found that the data and processes used to produce HEDIS rates for the PCCP were fully compliant with information system standards.

Opportunities for Improvement:

When IPRO compared the PCCP HEDIS rates to the Quality Compass® New England (NE) regional Medicaid percentiles, none of the measures were below the 25th percentile, but the Weight Assessment (BMI) measure was below the 50th percentile, indicating a need for improvement. The Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis and the Weight Assessment and Counseling for Nutrition in Children and Adolescents measures were below the 75th percentile, indicating a moderate performance and suggesting an area for improvement.

General Recommendations for MassHealth:

- *Recommendation towards better performance on quality measures* – MassHealth should continue to leverage the quality measures data and report findings to support the development of relevant major initiatives, quality improvement strategies and interventions.

PMV findings are provided in **Section III** of this report.

Member Experience of Care Survey

The overall objective of the member experience surveys is to capture accurate and complete information about consumer-reported experiences with health care.

Strengths:

MassHealth surveys PCCP members about their experiences in primary care via the Primary Care Member Experience Survey (PC MES), based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician & Group Survey (CG-CAHPS). The CG-CAHPS survey asks members to report on their experiences with providers and staff in physician practices and groups.

MassHealth uses the survey results to assess PCCP performance and compare it to MassHealth's accountable care organizations (ACOs). Four of the member experience measures are included in the calculation of the ACOs' quality score that impacts a portion of the savings that ACOs earn.

PCCP performed above the ACO statewide score on majority of PC MES adult and child measures.

Opportunities for Improvement:

PCP performed below the ACO statewide score on a handful of measures listed below:

- Integration of Care – adult measure
- Knowledge of Patient - adult and child measures
- Self-Management Support – child measure
- Pediatric Prevention Child – child measure

Summarized information about health plans' performance is not available on the MassHealth website. Making survey reports publicly available could help inform consumers about health plan choices.

The PC MES survey does not adhere to CMS technical specifications for the mandatory reporting of the CAHPS Health Plan Survey 5.1H Child Version (CPC-CH) measure. To adhere to Medicaid Child Core Set reporting guidance issued by CMS, MassHealth would need to follow the HEDIS protocol and ensure that all measure-eligible Medicaid and CHIP beneficiaries are included in the state reporting of the child CAHPS Health Plan survey measure. This includes children enrolled in multiple delivery systems, like managed care, primary care case management, and fee for service.² Child Core Set reporting is mandatory beginning with FFY 2024 reporting.

General Recommendations for MassHealth:

- *Recommendation towards sharing information about member experiences* – IPRO recommends that MassHealth publish summary results from member experience surveys on the MassHealth Quality Reports and Resources website and make the results available to MassHealth enrollees.
- *Recommendation towards adhering to CMS Child Core Set reporting guidance* – To adhere to Medicaid Child Core Set reporting guidance issued by CMS, MassHealth would need to follow the HEDIS protocol and ensure that all measure-eligible Medicaid and CHIP beneficiaries are included in the state reporting of the child CAHPS Health Plan survey measure. This includes children enrolled in multiple delivery systems, like managed care, primary care case management, and fee for service.

PCCP-specific results for member experience of care surveys are provided in **Section IV** of this report.

Recommendations

Per *Title 42 CFR § 438.364 External quality review results(a)(4)*, this report is required to include recommendations for improving the quality of health care services furnished by PCCP providers and recommendations on how MassHealth can target the goals and the objectives outlined in the state's quality strategy to better support improvement in the **quality** of, **timeliness** of, and **access** to health care services furnished to Medicaid managed care enrollees.

EQR Recommendations for MassHealth

Here is a summary of all recommendations for MassHealth:

- *Recommendation towards achieving the goals of the Medicaid quality strategy* – MassHealth should assess whether the state met or made progress on the five strategic goals and objectives described in the quality strategy.

² Child Core Set. Technical Specifications and Resource Manual for FFY 2024 Reporting. January 2024. Appendix E: Guidance for Conducting the Child CAHPS Health Plan Survey 5.1H (page E-4). Available at: [Core Set of Children's Health Care Quality Measures for Medicaid and CHIP \(Child Core Set\) Technical Specifications and Resource Manual for Federal Fiscal Year 2024 Reporting](#). Accessed on 1.28.2024.

- *Recommendation towards better performance on quality measures* – MassHealth should continue to leverage the quality measures data and report findings to support the development of relevant major initiatives, quality improvement strategies and interventions.
- *Recommendation towards sharing information about member experiences* – IPRO recommends that MassHealth publish summary results from member experience surveys on the MassHealth Quality Reports and Resources website and make the results available to MassHealth enrollees.
- *Recommendation towards adhering to CMS Child Core Set reporting guidance* – To adhere to Medicaid Child Core Set reporting guidance issued by CMS, MassHealth would need to follow the HEDIS protocol and ensure that all measure-eligible Medicaid and CHIP beneficiaries are included in the state reporting of the child CAHPS Health Plan survey measure. This includes children enrolled in multiple delivery systems, like managed care, primary care case management, and fee for service.

EQR Recommendations for the PCCPs

PCCP-specific recommendations related to the **quality** of, **timeliness** of, and **access** to care are provided in **Section VI** of this report.

II. Massachusetts Medicaid Managed Care Program

Managed Care in Massachusetts

Massachusetts's Medicaid program provides healthcare coverage to low-income individuals and families in the state. Massachusetts's Medicaid program is funded by both the state and federal government, and it is administered by the Massachusetts EOHHS.

MassHealth's mission is to improve the health outcomes of its members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. MassHealth covers over 2 million residents in Massachusetts, approximately 30% of the state's population.³

MassHealth provides a range of health care services, including preventive care, medical and surgical treatment, and behavioral health services. It also covers the cost of prescription drugs and medical equipment as well as transportation services, smoking cessation services, and long-term services and support (LTSS). In addition, MassHealth offers specialized programs for certain populations, such as seniors, people with disabilities, and pregnant members.

MassHealth Medicaid Quality Strategy

Title 42 CFR § 438.340 establishes that state agencies must draft and implement a written quality strategy for assessing and improving the quality of health care services furnished by the managed care programs with which the state is contracted.

MassHealth has implemented a comprehensive Medicaid quality strategy to improve the quality of health care for its members. The quality strategy is comprehensive, as it guides quality improvement of services delivered to all MassHealth members, including managed care and fee-for-service populations. MassHealth's strategic goals are listed in **Table 1**.

Table 1: MassHealth's Strategic Goals

Strategic Goal	Description
1. Promote better care	Promote safe and high-quality care for MassHealth members.
2. Promote equitable care	Achieve measurable reductions in health and health care quality inequities related to race, ethnicity, language, disability, sexual orientation, gender identity, and other social risk factors that MassHealth members experience.
3. Make care more value-based	Ensure value-based care for our members by holding providers accountable for cost and high quality of patient-centered, equitable care.
4. Promote person and family-centered care	Strengthen member and family-centered approaches to care and focus on engaging members in their health.
5. Improve care	Through better integration, communication, and coordination across the care continuum and across care teams for our members.

Quality strategy goals are considered in the design of MassHealth managed care programs, selection of quality metrics, and quality improvement projects for these programs, as well as in the design of other MassHealth initiatives. For the full list of MassHealth's quality goals and objectives see **Appendix A, Table A1**.

³ [MassHealth 2022 Comprehensive Quality Strategy \(mass.gov\)](https://www.mass.gov/info-details/masshealth-2022-comprehensive-quality-strategy)

MassHealth Managed Care Programs

Under its quality strategy, EOHHS contracts with managed care organizations (MCOs), ACOs, behavioral health providers, and integrated care plans to provide coordinated health care services to MassHealth members. Most MassHealth members (70%) are enrolled in managed care and receive managed care services via one of seven distinct managed care programs described next.

1. The **Accountable Care Partnership Plans** (ACPPs) are health plans consisting of groups of primary care providers who partner with one managed care organization to provide coordinated care and create a full network of providers, including specialists, behavioral health providers, and hospitals. As accountable care organizations, ACPPs are rewarded for spending Medicaid dollars more wisely while providing high quality care to MassHealth enrollees. To select an Accountable Care Partnership Plan, a MassHealth enrollee must live in the plan's service area and must use the plan's provider network.
2. The **Primary Care Accountable Care Organizations** (PC ACOs) are health plans consisting of groups of primary care providers who contract directly with MassHealth to provide integrated and coordinated care. A PC ACO functions as an accountable care organization and a primary care case management arrangement. In contrast to ACPPs, a PC ACO does not partner with just one managed care organization. Instead, PC ACOs use the MassHealth network of specialists and hospitals. Behavioral health services are provided by the Massachusetts Behavioral Health Partnership (MBHP).
3. **Managed Care Organizations** (MCOs) are health plans run by health insurance companies with their own provider network that includes primary care providers, specialists, behavioral health providers, and hospitals.
4. **Primary Care Clinician Plan** (PCCP) is a primary care case management arrangement, where Medicaid enrollees select or are assigned to a primary care provider, called a Primary Care Clinician (PCC). The PCC provides services to enrollees including the coordination, and monitoring of primary care health services. PCCP uses the MassHealth network of primary care providers, specialists, and hospitals as well as the Massachusetts Behavioral Health Partnership's network of behavioral health providers.
5. **Massachusetts Behavioral Health Partnership** is a health plan that manages behavioral health care for MassHealth's Primary Care Accountable Care Organizations and the Primary Care Clinician Plan. MBHP also serves children in state custody, not otherwise enrolled in managed care and certain children enrolled in MassHealth who have commercial insurance as their primary insurance.⁴
6. **One Care** Plans are integrated health plans for people with disabilities that cover the full set of services provided by both Medicare and Medicaid. Through integrated care, members receive all medical and behavioral health services as well as long-term services and support. This plan is for enrollees between 21 and 64 years old who are dually enrolled in Medicaid and Medicare.⁵
7. **Senior Care Options** (SCO) plans are coordinated health plans that cover services paid by Medicare and Medicaid. This plan is for MassHealth enrollees 65 or older and it offers services to help seniors stay independently at home by combining healthcare services with social supports.⁶

See **Appendix B, Table B1** for the list of health plans across the seven managed care delivery programs, including plan name, MCP type, managed care authority, and population served.

Quality Metrics

One of the key elements of MassHealth's quality strategy is the use of quality metrics to monitor and improve the care that health plans provide to MassHealth members. These metrics include measures of access to care, patient satisfaction, and quality of health care services.

⁴ Massachusetts Behavioral Health Partnership. Available at: <https://www.masspartnership.com/index.aspx>

⁵ One Care Facts and Features. Available at: <https://www.mass.gov/doc/one-care-facts-and-features-brochure/download>

⁶ Senior Care Options (SCO) Overview. Available at: <https://www.mass.gov/service-details/senior-care-options-sco-overview>

At a statewide level, MassHealth monitors the Medicaid program's performance on the CMS Medicaid Adult and Child Core Sets measures. On a program level, each managed care program has a distinctive slate of measures. Quality measures selected for each program reflect MassHealth quality strategy goals and objectives. For the alignment between MassHealth's quality measures with strategic goals and objectives, see **Appendix C, Table C1**.

Under each managed care program, health plans are either required to calculate quality measure rates or the state calculates measure rates for the plans. Specifically, MCOs, SCOs, One Care Plans and MBHP calculate HEDIS rates and are required to report on these metrics on a regular basis, whereas ACOs' and PCCP's quality rates are calculated by MassHealth's vendor Telligen. MassHealth's vendor also calculates MCOs' quality measures that are not part of HEDIS reporting.

To evaluate performance, MassHealth identifies baselines and targets, compares a plan's performance to these targets, and identifies areas for improvement. For the MCO and ACO HEDIS measures, targets are the regional HEDIS Medicaid 75th and 90th percentiles. The MBHP and PCCP targets are the national HEDIS Medicaid 75th and 90th percentiles, whereas the SCO and One Care Plan targets are the national HEDIS Medicare and Medicaid 75th and 90th percentiles. The 75th percentile is a minimum or threshold standard for performance, and the 90th performance reflects a goal target for performance. For non-HEDIS measures, fixed targets are determined based on prior performance.

Performance Improvement Projects

MassHealth selects topics for its performance improvement projects (PIPs) in alignment with the quality strategy goals and objectives, as well as in alignment with the CMS National Quality Strategy. Except for the two PCCM arrangements (i.e., PC ACOs and PCCP), all health plans are required to develop two PIPs. MassHealth requires that within each project there is at least one intervention focused on health equity, which supports MassHealth's strategic goal to promote equitable care.

Member Experience of Care Surveys

Each MCO, One Care Plan, and SCO independently contracts with a certified CAHPS vendor to administer the member experience of care surveys. MassHealth monitors the submission of CAHPS surveys to either the National Committee for Quality Assurance (NCQA) or CMS and uses the results to inform quality improvement work.

For members enrolled in an ACPP, a PC ACO, and the PCCP, MassHealth conducts an annual survey adapted from CG-CAHPS that assesses members experiences with providers and staff in physician practices and groups. Survey scores are used in the evaluation of ACOs' overall quality performance.

Individuals covered by MBHP are asked about their experience with specialty behavioral health care via the MBHP's Member Satisfaction Survey that MBHP is required to conduct annually.

MassHealth Initiatives

In addition to managed care delivery programs, MassHealth has implemented several initiatives to support the goals of its quality strategy.

1115 Demonstration Waiver

The MassHealth 1115 demonstration waiver is a statewide health reform initiative that enabled Massachusetts to achieve and maintain near universal healthcare coverage. Initially implemented in 1997, the initiative has developed over time through renewals and amendments. Through the 2018 renewal, MassHealth established ACOs, incorporated the Community Partners and Flexible Services (a program where ACOs provide a set of

housing and nutritional support to certain members) and expanded coverage of substance use disorder (SUD) services.

The 1115 demonstration waiver was renewed in 2022 for the next five years. Under the most recent extension, MassHealth will continue to restructure the delivery system by increasing expectations for how ACOs improve care. It will also support investments in primary care, behavioral health, and pediatric care, as well as bring more focus on advancing health equity by incentivizing ACOs and hospitals to work together to reduce disparities in quality and access.

Quality and Equity Incentive Programs

Quality and Equity Incentive Programs are initiatives coordinated between MassHealth's Accountable Care Organizations and acute hospitals with an overarching goal to improve quality of care and advance health equity. Health equity is defined as the opportunity for everyone to attain their full health potential regardless of their social position or socially assigned circumstance. ACOs quality and equity performance is incentivized through programs implemented under managed care authority. Hospitals quality performance is incentivized through the "Clinical Quality Incentive Program" implemented under State Plan Authority, while hospitals equity performance is incentivized through the "Hospital Quality and Equity Initiative" authorized under the 1115 Demonstration Waiver. Under the "Hospital Quality and Equity Initiative," private acute hospitals and the Commonwealth's only non-state-owned public hospital, Cambridge Health Alliance, are assessed on the completeness of social needs data (domain 1), performance on quality metrics and associated reductions in disparities (domain 2), and improvements in provider and workforce capacity and collaboration between health system partners (domain 3). MassHealth's ACOs and hospitals work towards coordinated deliverables aligned in support of the common goals of the incentive programs.⁷ For example, in 2023, ACOs and hospitals partnered to work together on equity-focused performance improvement projects.

Roadmap for Behavioral Health

Another MassHealth initiative that supports the goals of the quality strategy is the five-year roadmap for behavioral health reform that was released in 2021. Key components of implementing this initiative include the integration of behavioral health in primary care, community-based alternatives to emergency department for crisis interventions, and the creation of the 24-7 Behavioral Health Help Line (BHHL) that became available in 2023. The Behavioral Health Help Line is free and available to all Massachusetts residents.⁸

Findings from State's Evaluation of the Effectiveness of its Quality Strategy

Per *Title 42 CFR 438.340(c)(2)*, the review of the quality strategy must include an evaluation of its effectiveness. The results of the state's review and evaluation must be made available on the MassHealth website, and the updates to the quality strategy must consider the EQR recommendations.

MassHealth reviews and evaluates the effectiveness of its quality strategy every three years. In addition to the triennial review, MassHealth also conducts an annual review of measures and key performance indicators to assess progress toward strategic goals. MassHealth also relies on the EQR process to assess the managed care programs' effectiveness in providing high quality accessible services.

IPRO's Assessment of the Massachusetts Medicaid Quality Strategy

Overall, MassHealth's quality strategy is designed to improve the quality of health care for MassHealth members. It articulates managed care priorities, including goals and objectives for quality improvement.

⁷ MassHealth QEIP Deliverables Timelines. Available at: [download \(mass.gov\)](#). Accessed on 12.29.2023.

⁸ Behavioral Health Help Line FAQ. Available at: [Behavioral Health Help Line \(BHHL\) FAQ | Mass.gov](#). Accessed on 12.29.2023.

Quality strategy goals are considered in the design of MassHealth managed care programs, selection of quality metrics, and quality improvement projects, as well as in the design of other MassHealth initiatives. Consequently, MassHealth programs and initiatives reflect the priorities articulated in the strategy and include specific measures. Measures' targets are explained in the quality strategy by each managed care program.

Topics selected for PIPs are in alignment with the state's strategic goals, as well as with the CMS National Quality Strategy. PIPs are conducted in compliance with federal requirements and are designed to drive improvement on measures that support specific strategic goals (see **Appendix C, Table C1**).

Per *Title 42 CFR § 438.68(b)*, the state developed time and distance standards for the following provider types: adult and pediatric primary care, obstetrics/gynecology (ob/gyn), adult and pediatric behavioral health (for mental health and SUD), adult and pediatric specialists, hospitals, pharmacy, and LTSS. The state did not develop standards for pediatric dental services because dental services are carved out from managed care.

MassHealth's quality strategy describes MassHealth's standards for network adequacy and service availability, care coordination and continuity of care, coverage, and authorization of services, as well as standards for dissemination and use of evidence-based practice guidelines. MassHealth's strategic goals include promoting timely preventative primary care services with access to integrated care and community-based services and supports. MassHealth's strategic goals also include improving access for members with disabilities, as well as increasing timely access to behavioral health care and reducing mental health and SUD emergencies.

The state documented the EQR-related activities, for which it uses nonduplication. HEDIS Compliance Audit™ reports and NCQA health plan accreditations are used to fulfill aspects of PMV and compliance activities when plans received a full assessment as part of a HEDIS Compliance Audit or NCQA accreditation, worked with a certified vendor, and the nonduplication of effort significantly reduces administrative burden.

The quality strategy was posted to the MassHealth quality webpage for public comment, feedback was reviewed, and then the strategy was shared with CMS for review before it was published as final. MassHealth evaluates the effectiveness of its quality strategy and conducts a review of measures and key performance indicators to assess progress toward strategic goals. The evaluation of the effectiveness of the quality strategy should describe whether the state successfully promoted better care for MassHealth members (goal 1), achieved measurable reductions in health care inequities (goal 2), made care more value-based (goal 3), successfully promoted person- and family-centered care (goal 4), and improved care through better integration, communication, and coordination (goal 5). IPRO recommends that the evaluation of the current quality strategy, published in June 2022, clearly assesses whether the state met or made progress on its five strategic goals and objectives. For example, to assess if MassHealth achieved measurable reduction in health care inequities (goal 2), the state could look at the core set measures stratified by race and ethnicity; to assess if MassHealth made care more value-based (goal 3), the state could look at the number of enrollees in value-based arrangements. The state may decide to continue with or revise its five strategic goals based on the evaluation.

III. Validation of Performance Measures

Objectives

The purpose of PMV is to assess the accuracy of PMs and to determine the extent to which PMs follow state specifications and reporting requirements.

Technical Methods of Data Collection and Analysis

MassHealth contracted with IPRO to conduct PMV to assess the data collection and reporting processes used to calculate the PCCP PM rates.

MassHealth evaluates PCCP quality performance on a slate of measures that included only HEDIS measures for MY 2022. All PCCP PMs were calculated by MassHealth's vendor Telligen. Telligen subcontracted with SS&C Health (SS&C), an NCQA-certified vendor, to produce the HEDIS measures rates for the PCCP.

MassHealth processes claims and data for the PCCP on the Massachusetts Medicaid Management Information System (MMIS). MassHealth provided Telligen with PCCP data on a regular basis through a comprehensive data file extract. Telligen extracted and transformed the data elements necessary for measure calculation.

Telligen used SS&C's clinical data collection tool, Clinical Repository, to collect PCCP-abstracted medical record data for hybrid measures. SS&C integrated the administrative data with the abstracted medical record data to generate the final rates for the PCCP hybrid measures.

IPRO conducted a full ISCA to confirm that MassHealth's information systems were capable of meeting regulatory requirements for managed care quality assessment and reporting. This included a review of the claims processing systems, enrollment systems, provider data systems, and encounter data systems. To this end, MassHealth completed the ISCA tool and underwent a virtual site visit.

For HEDIS measures, the NCQA measure certification was accepted in lieu of source code review because SS&C used its HEDIS-certified measures software (CareAnalyzer®) to calculate final administrative HEDIS rates.

For measures that use the hybrid method of data collection (i.e., administrative, and medical record data), IPRO conducted medical record review validation. MassHealth/PCCP provided charts for sample records to confirm that the PCCP followed appropriate processes to abstract medical record data. SS&C used its HEDIS-certified measures software (CareAnalyzer) to calculate final hybrid measure HEDIS rates, as well.

Primary source validation (PSV) was conducted on MassHealth systems to confirm that the information from the primary source matched the output information used for measure reporting. To this end, MassHealth provided screenshots from the MMIS system for the selected records.

IPRO also reviewed processes used to collect, calculate, and report the PMs. The data collection validation included accurate numerator and denominator identification and algorithmic compliance to evaluate whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately.

Finally, IPRO evaluated measure results and compared rates to industry standard benchmarks to validate the produced rates.

Description of Data Obtained

The following information was obtained from MassHealth:

- A completed ISCA tool.
- Denominator and numerator compliant lists for the following two measures:
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) – Counseling for physical activity; and
 - Initiation and Engagement of Substance Use Disorder Treatment (IET) – Initiation of SUD Treatment.
- Rates for HEDIS measures.
- Lists of numerator records that were compliant by medical record abstraction for the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) – Counseling for nutrition.
- Screenshots from the MMIS system for PSV.
- MassHealth provided the completed medical record validation tool and associated medical records for the selected sample of members for medical record review validation.

Conclusions and Comparative Findings

IPRO found that the data and processes used to produce HEDIS rates for the PCCP were fully compliant with information system standards. Findings from IPRO's review are displayed in **Table 2**.

Table 2: PCCP Compliance with Information System Standards – MY 2022

IS Standard	PCCP
1.0 Medical Services Data	Compliant
2.0 Enrollment Data	Compliant
3.0 Practitioner Data	Compliant
4.0 Medical Record Review Processes	Compliant
5.0 Supplemental Data	Compliant
6.0 Data Preproduction Processing	Compliant
7.0 Data Integration and Reporting	Compliant

PCCP: Primary Care Clinician Plan; IS: information system; MY: measurement year.

Validation Findings

- **Information Systems Capabilities Assessment (ISCA):** The ISCA is conducted to confirm that MassHealth's information systems (IS) were appropriately capable of meeting regulatory requirements for managed care quality assessment and reporting. This includes a review of the claims processing systems, enrollment systems, provider data systems, and encounter data systems. No issues were identified.
- **Source Code Validation:** Source code review is conducted to ensure compliance with the measure specifications when calculating measure rates. NCQA measure certification for HEDIS measures was accepted in lieu of source code review. MassHealth's vendor Telligen subcontracted with SS&C, an NCQA-certified vendor, to produce the HEDIS measures rates for the PCCP. No issues were identified.
- **Medical Record Validation:** Medical record review validation is conducted to confirm that MassHealth followed appropriate processes to report rates using the hybrid methodology. The PCCP provided charts for sample records for medical record review validation. All records passed review. No issues were identified.
- **Primary Source Validation (PSV):** PSV is conducted to confirm that the information from the primary source matches the output information used for measure reporting. MassHealth provided screenshots from the MMIS of the selected records for PSV. All records passed validation. No issues were identified.
- **Data Collection and Integration Validation:** This includes a review of the processes used to collect, calculate, and report the performance measures, including accurate numerator and denominator identification and algorithmic compliance to evaluate whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately. No issues were identified.

- **Rate Validation:** Rate validation is conducted to evaluate measure results and compare rates to industry standard benchmarks. All required measures were reportable.

Comparative Findings

IPro compared the PCCP rates to the NCQA HEDIS MY 2022 Quality Compass New England (NE) regional percentiles for Medicaid health maintenance organizations (HMOs) for all measures where available. MassHealth's benchmarks for PCCP measures are the 75th and the 90th Quality Compass New England regional percentiles.

When compared to the MY 2022 Quality Compass, PCCP scored at or above the 75th but below the 90th percentile on the following three measures:

- Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment
- Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment
- Weight Assessment and Counseling for Physical Activity for Children and Adolescents

PCCP scored at or above the 50th but below the 75th percentile on the following two measures:

- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
- Weight Assessment and Counseling for Nutrition in Children and Adolescents

PCCP scored at or above the 25th but below the 50th percentile on the Weight Assessment (BMI) measure.

As explained in **Table 3**, the regional percentiles are color coded to compare to the PCCP rates.

Table 4 displays the HEDIS performance measures for MY 2022 for PCCP.

Table 3: Color Key for HEDIS Performance Measure Comparison to NCQA HEDIS MY 2022 Quality Compass New England (NE) Regional Percentiles.

Color Key	How Rate Compares to the NCQA HEDIS MY 2021 Quality Compass NE Regional Percentiles
<25 th	Below the NE regional Medicaid 25 th percentile.
≥25 th but <50 th	At or above the NE regional Medicaid 25 th percentile but below the 50 th percentile.
≥50 th but <75 th	At or above the NE regional Medicaid 50 th percentile but below the 75 th percentile.
≥75 th but <90 th	At or above the NE regional Medicaid 75 th percentile but below the 90 th percentile.
≥90 th	At or above the NE regional Medicaid 90 th percentile.
N/A	No NE regional benchmarks available for this measure or measure not applicable (N/A).

Table 4: PCCP HEDIS Performance Measures – MY 2022

HEDIS Measure	PCCP
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	75.25% (≥50 th but <75 th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	51.62% (≥75 th but <90 th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	24.33% (≥75 th but <90 th)
Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents - BMI	81.07% (≥25 th but <50 th)
Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents - Nutrition	83.05% (≥50 th but <75 th)
Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents - Physical	77.12% (≥75 th but <90 th)

PCCP: Primary Care Clinician Plan; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; ADHD: attention deficit hyperactivity disorder.

IV. Quality-of-Care Surveys – Primary Care Member Experience Survey

Objectives

The overall objective of member experience surveys is to capture accurate and complete information about consumer-reported experiences with health care.

Since 2017, MassHealth has worked with the Massachusetts Health Quality Partners (MHQP), an independent non-profit measurement and reporting organization, to survey adult and pediatric ACO and PCCP members about their experiences with PCPs using PC MES.

MassHealth's PC MES is based on the CG-CAHPS survey, which asks members to report on their experiences with providers and staff in physician practices and groups. The CG-CAHPS survey results can be used to monitor the performance of physician practices and groups and to reward them for high-quality care.

Technical Methods of Data Collection and Analysis

The program year (PY) 2022 PC MES was administered between May and August 2023 by the Center for the Study of Services (CSS), an independent survey research organization and MHQP's subcontractor.

The adult and child PC MES survey instruments were based on the CG-CAHPS 3.0 surveys developed by the Agency for Health Care Research and Quality (AHRQ) and the National Committee for Quality Assurance (NCQA). The PY 2022 PC MES adult and child surveys included Patient-Centered Medical Home (PCMH) survey items and the Coordination of Care supplemental items.

The PCCP members were surveyed as a comparison group to the ACO program members. The PCCP is a legacy managed care plan that predates the ACO program. Many members historically enrolled in PCCP are now enrolled in the ACO program. MassHealth ACO program members were attributed to practices that were grouped into 36 medical groups across the 17 ACOs, including 13 ACPPs, 3 PC ACO plans, and the Lahey ACO.

For the PC MES adult and child surveys, respondents could complete surveys in English or Spanish (in paper or on the web), or in Portuguese, Chinese, Vietnamese, Haitian Creole, Arabic, Russian, or Khmer (on the web only). All members received an English paper survey in mailings, and members on file as Spanish-speaking also received a Spanish paper survey in mailings. The mail only protocol involved receiving up to two mailings. The email protocol involved receiving up to five emails and up to two mailings.

The PCCP sample frame included members 18 years of age or older for the adult survey or 17 years of age or younger for the child survey who were enrolled in the plan as of December 31, 2022, who did not have Medicare coverage of Community Partners (CP) enrollment, and who had at least one primary care visit at one of the PCCP practices during the measurement year (January 1 and December 31, 2022).

Tables 5 and 6 provide a summary of the technical methods of data collection.

Table 5: Adult PC MES – Technical Methods of Data Collection, MY 2022

Technical Methods of Data Collection	PCCP
Survey vendor	MHQP
Survey tool	MassHealth PC MES, based on the CG-CAHPS 3.0 survey instrument
Survey timeframe	May and August 2023
Method of collection	Mailings and emails
Sample size – PCCP	3,230
Response rate	16%

Table 6: Child PC MES – Technical Methods of Data Collection, MY 2022

Technical Methods of Data Collection	PCCP
Survey vendor	MHQP
Survey tool	MassHealth PC MES, based on the CG-CAHPS 3.0 survey instrument
Survey timeframe	May and August 2023
Method of collection	Mailings and emails
Sample size – PCCP	6,085
Response rate	8.6%

To assess PCCP performance, IPRO compared PCCP scores to statewide scores calculated as the cumulative top-box survey results across all MassHealth’s ACOs. Top-box scores are the survey results for the highest possible response category.

Description of Data Obtained

IPRO received copies of the final PY 2022 technical and analysis reports produced by MHQP. These reports included comprehensive descriptions of the project technical methods and survey results. IPRO also received separate files with the PCCP scores and statewide averages.

Conclusions and Comparative Findings

IPRO compared the PCCP results to the ACO statewide scores for adults and children. The statewide scores are the cumulative top-box survey results for MassHealth enrollees attributed to all MassHealth ACOs. Measures performing above the statewide score were considered strengths; measures performing at the statewide score were considered average; and measures performing below the statewide score were identified as opportunities for improvement, as explained in **Table 7**.

Table 7: Key for PC MES Performance Measure Comparison to the Statewide Score.

Color Key	How Rate Compares to the ACO Statewide Average
< Goal	Below the statewide score.
= Goal	At the statewide score.
> Goal	Above the statewide score.
N/A	Statewide score.

When compared to the statewide score, the PCCP survey results mostly exceeded the ACO statewide scores. Here is a list of member experience measures for that were below the ACO statewide scores:

- Integration of Care – adult measure
- Knowledge of Patient - adult and child measures
- Self-Management Support – child measure
- Pediatric Prevention Child – child measure

Table 8 shows the results of the PC MES adult Medicaid survey for PY 2022, and **Table 9** shows the results of the PC MES child Medicaid survey for PY 2022.

Table 8: PC MES Performance – Adult Member, PY 2022

PC MES Measure	PCCP	ACO Statewide Score
Adult Behavioral Health	67.7 (>Goal)	66.6
Communication	87 (>Goal)	86.9
Integration of Care	77.4 (<Goal)	78.1
Knowledge of Patient	81.4 (<Goal)	81.5
Office Staff	84.6 (>Goal)	84.0
Organizational Access	79 (>Goal)	75.6
Overall Provider Rating	86.5 (>Goal)	86.4
Self-Management Support	62.5 (>Goal)	61.6
Willingness to Recommend	85.3 (>Goal)	84.5

PC MES: Primary Care Member Experience Survey; PY: program year.

Table 9: PC MES Performance – Child Member, PY 2022

CAHPS Measure	PCCP	ACO Statewide Score
Communication	91.8 (>Goal)	90.4
Integration of Care	78 (<Goal)	78.6
Knowledge of Patient	88.2 (>Goal)	86.2
Office Staff	88.4 (>Goal)	85.0
Organizational Access	86 (>Goal)	80.9
Overall Provider Rating	90.9 (>Goal)	89.8
Self-Management Support	50.4 (<Goal)	55.3
Willingness to Recommend	90.5 (>Goal)	89.2
Child Development	70.9 (>Goal)	69.8
Child Provider Communication	95.8 (>Goal)	94.7
Pediatric Prevention	65.4 (<Goal)	65.8

PC MES: Primary Care Member Experience Survey; PY: program year.

V. MassHealth's Responses to the Previous EQR Recommendations

Title 42 CFR § 438.364 External quality review results(a)(6) require each annual technical report include “an assessment of the degree to which each MCO, PIHP,⁹ PAHP,¹⁰ or PCCM entity has effectively addressed the recommendations for QI¹¹ made by the EQRO during the previous year’s EQR.” **Table 10** display MassHealth’s responses to the recommendations for QI made during the previous EQR, as well as IPRO’s assessment of these responses.

Table 10: MassHealth’s Response to Previous EQR Recommendations Regarding PCCP

Recommendation for PCCP	PCCP Response/Actions Taken	IPRO Assessment of MCP Response ¹
PMV 1: HEDIS Measures: MassHealth should update provider specialty mapping to improve measure rate accuracy.	MassHealth updated its provider specialty mapping and enabled more accurate identification of providers who do not deliver primary care services. The previous version of the provider specialty file was reviewed closely, and modifications were made to the programming that produces the provider specialty file each year. It is expected that using the improved provider specialty mapping data will result in more accurate measure rates, and more effective provider chases for hybrid measures.	Addressed
PMV 2: HEDIS Measures: MassHealth should conduct a root cause analysis for its PCCP and design quality improvement interventions to increase quality measures’ rates and to improve members’ appropriate access to the services evaluated by these measures.	MassHealth’s current focus is on working with its contracted managed care entities to encourage the development and implementation of quality improvement activities to support improved care delivery related to the care being evaluated by the performance measures. As some quality improvement activities are targeted at health care providers who deliver care to members enrolled in the PCC Plan as well as in managed care products, members enrolled in the managed care product as well as PCC Plan members will experience any positive effects that arise from those provider-based improvement efforts. Likewise, quality improvement projects that are focused on behavioral health metrics and on coordinating care between behavioral health and primary care providers and are being implemented by the Massachusetts Behavioral Health Partnership directly impact PCC Plan enrolled members, as MBHP is the behavioral managed care entity for the PCC Plan. Additionally, efforts to support improvement in care delivered by MassHealth-enrolled providers, such as acute hospitals, support improved care for all members who access care from these providers, including members enrolled in the PCC Plan.	Addressed
Quality-of-Care Surveys 1: PC MES: MassHealth should consider updating the PC MES survey instrument to reflect the 3.1 version of the CG-CAHPS tool that was updated to reference in-person, phone, and video visits, and should consider including	MassHealth appreciates this recommendation and is in the process of updating the PC MES survey instrument to reflect the 3.1 version of the CG-CAHPS tool. MassHealth anticipates using the revised survey instrument beginning with the survey to be fielded in CY2024, as the CY2023 survey administration began in early 2023, which did not allow time for updating the survey tool for CY2023 fielding. Additionally, MassHealth has redesigned its survey sampling logic to preclude excluding members without any in-	Addressed

⁹ Prepaid inpatient health plan.

¹⁰ Prepaid ambulatory health plan.

¹¹ Quality improvement.

Recommendation for PCCP	PCCP Response/Actions Taken	IPRO Assessment of MCP Response ¹
telehealth-only members in the survey sample.	person office visits from being selected for the sample, thus allowing members with only telehealth care to be included in the survey sample.	
Quality-of-Care Surveys 2: PC MES: MassHealth should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.	MassHealth plans to engage existing internal quality-related resources to explore opportunities to support quality improvement efforts designed to improve PCC Plan members' experience with care. This will be accomplished in consultation with staff in the MassHealth Quality Office and MassHealth's Quality Strategy and Management Committee (QSMC). The QSMC is coordinated by the MassHealth Quality Office and includes representatives from the programs responsible for managing contracts with the managed care plans, including the Mass Behavioral Health Partnership, along with other programs engaged in working with the MassHealth Quality Office. In addition to discussing the results of the performance measures with these resources, the results of the member experience survey will also be included in those discussions. In this manner, both the rates of care being delivered, as well as member experience with the care being delivered, can be considered when discussing opportunities for improvement.	Addressed

¹ IPRO assessments are as follows: **addressed**: quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: QI response did not address the recommendation; improvement was not observed, or performance declined.

PCCP: Primary Care Clinician Plan; EQR: external quality review; PMV: performance measure validation; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; CG-CAHPS: Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey; PC MES: Primary Care Member Experience Survey.

VI. MCP Strengths, Opportunities for Improvement, and EQR Recommendations

Table 11 highlight PCCP performance strengths, opportunities for improvement, and this year’s recommendations based on the aggregated results of CY 2023 EQR activities as they relate to **quality**, **timeliness**, and **access**.

Table 11: PCCP Strengths, Opportunities for Improvement, and EQR Recommendations

PCCP	Strengths	Weaknesses	Recommendations	Standards
PMV: HEDIS Measures	The data and processes used to produce HEDIS rates for the PCCP were fully compliant with information system standards.	None	None	Quality, Timeliness, Access
Quality- of-care surveys	MassHealth conducted both adult and child PC MES survey. The majority of adult and child PC MES measures were above the statewide score calculated across all MassHealth’s ACOs.	PCCP scored below the statewide average on two adult PC MES measures and for three child PC MES measures.	MassHealth should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access

PCCP: Primary Care Clinician Plan; EQR: external quality review; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; ADHD: attention deficit hyperactivity disorder; PC MES: Primary Care Member Experience Survey; ACO: accountable care organization.

VII. Required Elements in EQR Technical Report

The Balanced Budget Act of 1997 (BBA) established that state agencies contracting with MCPs provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the MCP. The federal requirements for the annual EQR of contracted MCPs are set forth in *Title 42 CFR § 438.350 External quality review (a) through (f)*.

States are required to contract with an EQRO to perform an annual EQR for each contracted MCP. The states must further ensure that the EQRO has sufficient information to carry out this review, that the information be obtained from EQR-related activities, and that the information provided to the EQRO be obtained through methods consistent with the protocols established by CMS.

Quality, as it pertains to an EQR, is defined in *Title 42 CFR § 438.320 Definitions* as “the degree to which an MCO, PIHP, PAHP, or PCCM entity increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics. (2) The provision of health services that are consistent with current professional, evidence-based knowledge. (3) Interventions for performance improvement.”

Federal managed care regulations outlined in *Title 42 CFR § 438.364 External review results (a) through (d)* require that the annual EQR be summarized in a detailed technical report that aggregates, analyzes, and evaluates information on the quality of, timeliness of, and access to health care services that MCPs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the MCPs regarding health care quality, timeliness, and access, as well as make recommendations for improvement.

Elements required in EQR technical report, including the requirements for the PIP validation, PMV, and review of compliance activities, are listed in **Table 12**.

Table 12: Required Elements in EQR Technical Report

Regulatory Reference	Requirement	Location in the EQR Technical Report
<i>Title 42 CFR § 438.364(a)</i>	All eligible Medicaid and CHIP plans are included in the report.	All MCPs are identified by plan name, MCP type, managed care authority, and population served in Appendix B, Table B1 .
<i>Title 42 CFR § 438.364(a)(1)</i>	The technical report must summarize findings on quality, access, and timeliness of care for each MCO, PIHP, PAHP, and PCCM entity that provides benefits to Medicaid and CHIP enrollees.	The findings on quality, access, and timeliness of care for the PCCP are summarized in Section VI. PCCP Strengths, Opportunities for Improvement, and EQR Recommendations .
<i>Title 42 CFR § 438.364(a)(3)</i>	The technical report must include an assessment of the strengths and weaknesses of each MCO, PIHP, PAHP and PCCM entity with respect to (a) quality, (b) timeliness, and (c) access to the health care services furnished by MCOs, PIHPs, PAHPs, or PCCM entity.	See Section VI. PCCP Strengths, Opportunities for Improvement, and EQR Recommendations for a chart outlining PCCP’s strengths and weaknesses for each EQR activity and as they relate to quality, timeliness, and access.
<i>Title 42 CFR § 438.364(a)(4)</i>	The technical report must include recommendations for improving the quality of health care services furnished by each MCO, PIHP, PAHP, or PCCM entity.	Recommendations for improving the quality of health care services furnished by the PCCP are included in each EQR activity section (Section III and Section IV) and in Section VI. MCP Strengths, Opportunities for Improvement, and EQR Recommendations .

Regulatory Reference	Requirement	Location in the EQR Technical Report
<i>Title 42 CFR § 438.364(a)(4)</i>	The technical report must include recommendations for how the state can target goals and objectives in the quality strategy, under <i>Title 42 CFR § 438.340</i> , to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid or CHIP beneficiaries.	Recommendations for how the state can target goals and objectives in the quality strategy are included in Section I, High-Level Program Findings and Recommendations , as well as when discussing strengths and weaknesses of the PCCP or activity and when discussing the basis of performance measures.
<i>Title 42 CFR § 438.364(a)(5)</i>	The technical report must include methodologically appropriate, comparative information about all MCOs, PIHPs, PAHPs, and PCCM entities.	Methodologically appropriate, comparative information about the PCCP is included across the report in each EQR activity section (Sections III and Section IV) and in Section VI. MCP Strengths, Opportunities for Improvement, and EQR Recommendations .
<i>Title 42 CFR § 438.364(a)(6)</i>	The technical report must include an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.	See Section V. MassHealth's Responses to the Previous EQR Recommendations for the prior year findings and the assessment of the PCCP's approach to addressing the recommendations issued by the EQRO in the previous year's technical report.
<i>Title 42 CFR § 438.364(d)</i>	The information included in the technical report must not disclose the identity or other protected health information of any patient.	The information included in this technical report does not disclose the identity or other PHI of any patient.
<i>Title 42 CFR § 438.364(a)(2)(iiv)</i>	The technical report must include the following for each of the mandatory activities: objectives, technical methods of data collection and analysis, description of data obtained including validated performance measurement data for each PIP, and conclusions drawn from the data.	Each EQR activity section describes the objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data.
<i>Title 42 CFR § 438.358(b)(1)(i)</i>	The technical report must include information on the validation of PIPs that were underway during the preceding 12 months.	Not applicable.
<i>Title 42 CFR § 438.330(d)</i>	The technical report must include a description of PIP interventions associated with each state-required PIP topic for the current EQR review cycle.	Not applicable.
<i>Title 42 CFR § 438.358(b)(1)(ii)</i>	The technical report must include information on the validation of each MCO's, PIHP's, PAHP's, or PCCM entity's performance measures for each MCO, PIHP, PAHP, and PCCM entity performance measure calculated by the state during the preceding 12 months.	This report includes information on the validation of the PCCP's performance measures, see Section III .
<i>Title 42 CFR § 438.358(b)(1)(iii)</i>	Technical report must include information on a review, conducted within the previous three-year period, to determine each MCO's, PIHP's, PAHP's or PCCM's compliance with the standards set forth in Subpart D and the QAPI requirements described in <i>Title 42 CFR § 438.330</i> . The technical report must provide MCP results for the 11 Subpart D and QAPI standards.	Not applicable.

VIII. Appendix A – MassHealth Quality Goals and Objectives

Table A1: MassHealth Quality Strategy Goals and Objectives – Goal 1

Goal 1	Promote better care: Promote safe and high-quality care for MassHealth members
1.1	Focus on timely preventative, primary care services with access to integrated care and community-based services and supports
1.2	Promote effective prevention and treatment to address acute and chronic conditions in at-risk populations
1.3	Strengthen access, accommodations, and experience for members with disabilities, including enhanced identification and screening, and improvements to coordinated care

Table A2: MassHealth Quality Strategy Goals and Objectives – Goal 2

Goal 2	Promote equitable care: Achieve measurable reductions in health and health care quality inequities related to race, ethnicity, language, disability, sexual orientation, gender identity, and other social risk factors that MassHealth members experience
2.1	Improve data collection and completeness of social risk factors (SRF), which include race, ethnicity, language, disability (RELD) and sexual orientation and gender identity (SOGI) data
2.2	Assess and prioritize opportunities to reduce health disparities through stratification of quality measures by SRFs, and assessment of member health-related social needs
2.3	Implement strategies to address disparities for at-risk populations including mothers and newborns, justice-involved individuals, and members with disabilities

Table A3: MassHealth Quality Strategy Goals and Objectives – Goal 3

Goal 3	Make care more value-based: Ensure value-based care for our members by holding providers accountable for cost and high quality of patient-centered, equitable care
3.1	Advance design of value-based care focused on primary care provider participation, behavioral health access, and integration and coordination of care
3.2	Develop accountability and performance expectations for measuring and closing significant gaps on health disparities
3.3	Align or integrate other population, provider, or facility-based programs (e.g., hospital, integrated care programs)
3.4	Implement robust quality reporting, performance and improvement, and evaluation processes

Table A4: MassHealth Quality Strategy Goals and Objectives – Goal 4

Goal 4	Promote person and family-centered care: Strengthen member and family-centered approaches to care and focus on engaging members in their health
4.1	Promote requirements and activities that engage providers and members in their care decisions through communications that are clear, timely, accessible, and culturally and linguistically appropriate
4.2	Capture member experience across our populations for members receiving acute care, primary care, behavioral health, and long-term services and supports
4.3	Utilize member engagement processes to systematically receive feedback to drive program and care improvement

Table A5: MassHealth Quality Strategy Goals and Objectives – Goal 5

Goal 5	Improve care through better integration, communication, and coordination across the care continuum and across care teams for our members
5.1	Invest in systems and interventions to improve verbal, written, and electronic communications among caregivers to reduce harm or avoidable hospitalizations and ensure safe and seamless care for members
5.2	Proactively engage members with high and rising risk to streamline care coordination and ensure members have an identified single accountable point of contact
5.3	Streamline and centralize behavioral health care to increase timely access and coordination of appropriate care options and reduce mental health and SUD emergencies

IX. Appendix B – MassHealth Managed Care Programs and Plans

Table B1: MassHealth Managed Care Programs and Health Plans by Program

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
Accountable Care Partnership Plan (ACPP)	<p>Groups of primary care providers working with one managed care organization to create a full network of providers.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> BeHealthy Partnership Plan Berkshire Fallon Health Collaborative East Boston Neighborhood Health WellSense Alliance Fallon 365 Care Fallon Health – Atrius Health Care Collaborative Mass General Brigham Health Plan with Mass General Brigham ACO Tufts Health Together with Cambridge Health Alliance (CHA) Tufts Health Together with UMass Memorial Health WellSense Beth Israel Lahey Health (BILH) Performance Network ACO WellSense Boston Children’s ACO WellSense Care Alliance WellSense Community Alliance WellSense Mercy Alliance WellSense Signature Alliance WellSense Southcoast Alliance
Primary Care Accountable Care Organization (PC ACO)	<p>Groups of primary care providers forming an ACO that works directly with MassHealth's network of specialists and hospitals for care and coordination of care.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> Community Care Cooperative Steward Health Choice
Managed Care Organization (MCO)	<p>Capitated model for services delivery in which care is offered through a closed network of PCPs, specialists, behavioral health providers, and hospitals.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> Boston Medical Center HealthNet Plan WellSense Tufts Health Together
Primary Care Clinician Plan (PCCP)	<p>Members select or are assigned a primary care clinician (PCC) from a network of MassHealth hospitals, specialists, and the Massachusetts Behavioral Health Partnership (MBHP).</p>	Not applicable – MassHealth

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
	<ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	
Massachusetts Behavioral Health Partnership (MBHP)	<p>Capitated behavioral health model providing or managing behavioral health services, including visits to a licensed therapist, crisis counseling and emergency services, SUD and detox services, care management, and community support services.</p> <ul style="list-style-type: none"> Population: Medicaid members under 65 years of age who are enrolled in the PCCP or a PC ACO (which are the two PCCM programs), as well as children in state custody not otherwise enrolled in managed care. Managed Care Authority: 1115 Demonstration Waiver. 	MBHP (or managed behavioral health vendor: Beacon Health Options)
One Care Plan	<p>Integrated care option for persons with disabilities in which members receive all medical and behavioral health services and long-term services and support through integrated care. Effective January 1, 2026, the One Care Plan program will shift from a Medicare-Medicaid Plan (MMP) demonstration to a Medicare Fully Integrated Dual-Eligible Special Needs Plan (FIDE-SNP) with a companion Medicaid managed care plan.</p> <ul style="list-style-type: none"> Population: Dual-eligible Medicaid members aged 21–64 years at the time of enrollment with MassHealth and Medicare coverage. Managed Care Authority: Financial Alignment Initiative Demonstration. 	<ol style="list-style-type: none"> 1. Commonwealth Care Alliance 2. Tufts Health Plan Unify 3. UnitedHealthcare Connected for One Care
Senior Care Options (SCO)	<p>Medicare Fully Integrated Dual-Eligible Special Needs Plans (FIDE-SNPs) with companion Medicaid managed care plans providing medical, behavioral health, and long-term, social, and geriatric support services, as well as respite care.</p> <ul style="list-style-type: none"> Population: Medicaid members over 65 years of age and dual-eligible members over 65 years of age. Managed Care Authority: 1915(a) Waiver/1915(c) Waiver. 	<ol style="list-style-type: none"> 1. WellSense Senior Care Option 2. Commonwealth Care Alliance 3. NaviCare Fallon Health 4. Senior Whole Health by Molina 5. Tufts Health Plan Senior Care Option 6. UnitedHealthcare Senior Care Options

X. Appendix C – MassHealth Quality Measures

Table C1: Quality Measures and MassHealth Goals and Objectives Across Managed Care Entities

Measure Steward	Acronym	Measure Name	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/Objectives
NCQA	AMM	Antidepressant Medication Management – Acute and Continuation	N/A	N/A	X	N/A	X	1.2, 3.4, 5.1, 5.2
NCQA	AMR	Asthma Medication Ratio	X	X	N/A	N/A	N/A	1.1, 1.2, 3.1
EOHHS	BH CP Engagement	Behavioral Health Community Partner Engagement	X	X	N/A	N/A	N/A	1.1, 1.3, 2.3, 3.1, 5.2, 5.3
NCQA	COA	Care for Older Adult – All Submeasures	N/A	N/A	X	N/A	N/A	1.1, 3.4, 4.1
NCQA	ACP	Advance Care Planning	N/A	N/A	X	N/A	N/A	1.1, 3.4, 4.1
NCQA	CIS	Childhood Immunization Status	X	X	N/A	N/A	N/A	1.1, 3.1
NCQA	COL	Colorectal Cancer Screening	N/A	N/A	X	N/A	N/A	1.1, 2.2, 3.4
EOHHS	CT	Community Tenure	X	X	N/A	N/A	N/A	1.3, 2.3, 3.1, 5.1, 5.2
NCQA	HBD	Hemoglobin A1c Control; HbA1c control (>9.0%) Poor Control	X	X	N/A	X	X	1.1, 1.2, 3.4
NCQA	CBP	Controlling High Blood Pressure	X	X	X	X	N/A	1.1, 1.2, 2.2
NCQA	DRR	Depression Remission or Response	X	N/A	N/A	N/A	N/A	1.1, 3.1, 5.1
NCQA	SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	N/A	N/A	N/A	N/A	X	1.2, 3.4, 5.1, 5.2
EOHHS	ED SMI	Emergency Department Visits for Individuals with Mental Illness, Addiction, or Co-occurring Conditions	X	X	N/A	N/A	N/A	1.2, 3.1, 5.1–5.3
NCQA	FUM	Follow-Up After Emergency Department Visit for Mental Illness (30 days)	N/A	N/A	X	N/A	X	3.4, 5.1–5.3
NCQA	FUM	Follow-Up After Emergency Department Visit for Mental Illness (7 days)	X	X	N/A	N/A	X	3.4, 5.1–5.3
NCQA	FUH	Follow-Up After Hospitalization for Mental Illness (30 days)	N/A	N/A	X	X	X	3.4, 5.1–5.3
NCQA	FUH	Follow-Up After Hospitalization for Mental Illness (7 days)	X	X	X	N/A	X	3.4, 5.1–5.3
NCQA	FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (30 days)	N/A	N/A	N/A	N/A	X	3.4, 5.1–5.3

Measure Steward	Acronym	Measure Name	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/Objectives
NCQA	FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	N/A	N/A	N/A	N/A	X	3.4, 5.1–5.3
NCQA	ADD	Follow-up for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication (HEDIS)	N/A	N/A	N/A	N/A	X	1.2, 3.4, 5.1, 5.2
EOHHS	HRSN	Health-Related Social Needs Screening	X	N/A	N/A	N/A	N/A	1.3, 2.1, 2.3, 3.1, 4.1
NCQA	IMA	Immunizations for Adolescents	X	X	N/A	N/A	N/A	1.1, 3.1
NCQA	FVA	Influenza Immunization	N/A	N/A	N/A	X	N/A	1.1, 3.4
MA-PD CAHPS	FVO	Influenza Immunization	N/A	N/A	X	N/A	N/A	1.1, 3.4, 4.2
NCQA	IET – Initiation/Engagement	Initiation and Engagement of Alcohol, or Other Drug Abuse or Dependence Treatment – Initiation and Engagement Total	X	X	X	X	X	1.2, 3.4, 5.1–5.3
EOHHS	LTSS CP Engagement	Long-Term Services and Supports Community Partner Engagement	X	X	N/A	N/A	N/A	1.1, 1.3, 2.3, 3.1, 5.2
NCQA	APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	X	X	N/A	N/A	X	1.2, 3.4, 5.1, 5.2
ADA DQA	OHE	Oral Health Evaluation	X	X	N/A	N/A	N/A	1.1, 3.1
NCQA	OMW	Osteoporosis Management in Women Who Had a Fracture	N/A	N/A	X	N/A	N/A	1.2, 3.4, 5.1
NCQA	PBH	Persistence of Beta-Blocker Treatment after Heart Attack	N/A	N/A	X	N/A	N/A	1.1, 1.2, 3.4
NCQA	PCE	Pharmacotherapy Management of COPD Exacerbation	N/A	N/A	X	N/A	N/A	1.1, 1.2, 3.4
NCQA	PCR	Plan All Cause Readmission	X	X	X	X	N/A	1.2, 3.4, 5.1, 5.2
NCQA	DDE	Potentially Harmful Drug – Disease Interactions in Older Adults	N/A	N/A	X	N/A	N/A	1.2, 3.4, 5.1
CMS	CDF	Screening for Depression and Follow-Up Plan	X	N/A	N/A	N/A	N/A	1.1, 3.1, 5.1, 5.2
NCQA	PPC – Timeliness	Timeliness of Prenatal Care	X	X	N/A	N/A	N/A	1.1, 2.1, 3.1
NCQA	TRC	Transitions of Care – All Submeasures	N/A	N/A	X	N/A	N/A	1.2, 3.4, 5.1
NCQA	DAE	Use of High-Risk Medications in the Older Adults	N/A	N/A	X	N/A	N/A	1.2, 3.4, 5.1
NCQA	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	N/A	N/A	X	N/A	N/A	1.2, 3.4