



Better healthcare,
realized.

External Quality Review Accountable Care Partnership Plans Annual Technical Report, Calendar Year 2023



Commonwealth of Massachusetts
Executive Office of Health and
Human Services

ipro.org

Table of Contents

I.	Executive Summary	8
	Accountable Care Partnership Plans	8
	Purpose of Report	11
	Scope of External Quality Review Activities	11
	High-Level Program Findings.....	11
	Recommendations	18
II.	Massachusetts Medicaid Managed Care Program	20
	Managed Care in Massachusetts.....	20
	MassHealth Medicaid Quality Strategy	20
	IPRO's Assessment of the Massachusetts Medicaid Quality Strategy	23
III.	Validation of Performance Improvement Projects.....	25
	Objectives.....	25
	Technical Methods of Data Collection and Analysis.....	27
	Description of Data Obtained.....	27
	Conclusions and Comparative Findings.....	27
IV.	Validation of Performance Measures.....	57
	Objectives.....	57
	Technical Methods of Data Collection and Analysis.....	57
	Description of Data Obtained.....	58
	Conclusions and Comparative Findings.....	58
V.	Review of Compliance with Medicaid and CHIP Managed Care Regulations.....	68
	Objectives.....	68
	Technical Methods of Data Collection and Analysis.....	68
	Description of Data Obtained.....	69
	Conclusions and Comparative Findings.....	69
VI.	Validation of Network Adequacy.....	72
	Objectives.....	72
	Technical Methods of Data Collection and Analysis.....	72
	Description of Data Obtained.....	73
	Conclusions and Comparative Findings.....	74
VII.	Quality-of-Care Surveys – Primary Care Member Experience Survey	100
	Objectives.....	100
	Technical Methods of Data Collection and Analysis.....	100
	Description of Data Obtained.....	101
	Conclusions and Comparative Findings.....	101
VIII.	MCP Responses to the Previous EQR Recommendations	104
	WellSense Community Alliance Response to Previous EQR Recommendations.....	104
	WellSense Mercy Response to Previous EQR Recommendations.....	106
	WellSense Signature Response to Previous EQR Recommendations.....	107
	WellSense Southcoast Response to Previous EQR Recommendations	109
	HNE BeHealthy Response to Previous EQR Recommendations	111
	Fallon Berkshire Response to Previous EQR Recommendations.....	112
	Fallon 365 Response to Previous EQR Recommendations.....	116
	Tufts CHA Response to Previous EQR Recommendations.....	118
IX.	MCP Strengths, Opportunities for Improvement, and EQR Recommendations	121
	MGB - Strengths, Weaknesses, and Recommendations	121

WellSense Community Alliance Strengths, Weaknesses, and Recommendations	122
WellSense Mercy Strengths, Weaknesses, and Recommendations	124
WellSense Signature - Strengths, Weaknesses, and Recommendations	126
WellSense Southcoast - Strengths, Weaknesses, and Recommendations	129
WellSense BILH - Strengths, Weaknesses, and Recommendations	131
WellSense Care Alliance - Strengths, Weaknesses, and Recommendations	133
WellSense East Boston - Strengths, Weaknesses, and Recommendations	134
WellSense Children’s - Strengths, Weaknesses, and Recommendations	135
HNE BeHealthy - Strengths, Weaknesses, and Recommendations	136
Fallon Berkshire - Strengths, Weaknesses, and Recommendations	139
Fallon 365 - Strengths, Weaknesses, and Recommendations	141
Fallon Atrius - Strengths, Weaknesses, and Recommendations	145
Tufts CHA - Strengths, Weaknesses, and Recommendations	146
Tufts UMASS - Strengths, Weaknesses, and Recommendations	147
X. Required Elements in EQR Technical Report	149
XI. Appendix A – MassHealth Quality Goals and Objectives	151
XII. Appendix B – MassHealth Managed Care Programs and Plans	153
XIII. Appendix C – MassHealth Quality Measures	156
XIV. Appendix D – MassHealth ACPP Network Adequacy Standards and Indicators	158
XV. Appendix E – MassHealth ACPP Provider Directory Web Addresses	165

List of Tables

Table 1: MassHealth’s ACPPs – Effective April 1, 2023	8
Table 2: MassHealth’s Strategic Goals	20
Table 3: ACPP PIP Topics – CY 2023	25
Table 4: AllWays Health PIP Validation Confidence Ratings – CY 2023	28
Table 5: WellSense Community Alliance PIP Validation Confidence Ratings – CY 2023	28
Table 6: WellSense Mercy PIP Validation Confidence Ratings – CY 2023	28
Table 7: WellSense Signature PIP Validation Confidence Ratings – CY 2023	28
Table 8: WellSense Southcoast PIP Validation Confidence Ratings – CY 2023	28
Table 9: HNE BeHealthy PIP Validation Confidence Ratings – CY 2023	28
Table 10: Fallon Berkshire PIP Validation Confidence Ratings – CY 2023	28
Table 11: Fallon 365 PIP Validation Confidence Ratings – CY 2023	29
Table 12: Fallon Wellforce PIP Validation Confidence Ratings – CY 2023	29
Table 13: Tufts Atrius PIP Validation Confidence Ratings – CY 2023	29
Table 14: Tufts Children’s PIP Validation Confidence Ratings – CY 2023	29
Table 15: Tufts BIDCO PIP Validation Confidence Ratings – CY 2023	29
Table 16: Tufts CHA PIP Validation Confidence Ratings – CY 2023	29
Table 17: AllWays PIP 1 Summary, 2023	30
Table 18: AllWays PIP 1 Performance Measures and Results	30
Table 19: AllWays PIP 2 Summary, 2023	30
Table 20: AllWays PIP 2 Performance Measures and Results	31
Table 21: WellSense Community Alliance PIP 1 Summary, 2023	32
Table 22: WellSense Community Alliance PIP 1 Performance Measures and Results	33
Table 23: WellSense Community Alliance PIP 2 Summary, 2023	33
Table 24: WellSense Community Alliance PIP 2 Performance Measures and Results	34

Table 25: WellSense Mercy PIP 1 Summary, 2023	34
Table 26: WellSense Mercy PIP 1 Performance Measures and Results	35
Table 27: WellSense Mercy PIP 2 Summary, 2023	35
Table 28: WellSense Mercy PIP 2 Performance Measures and Results	36
Table 29: WellSense Signature PIP 1 Summary, 2023	36
Table 30: WellSense Signature PIP 1 Performance Measures and Results	37
Table 31: WellSense Signature PIP 2 Summary, 2023	37
Table 32: WellSense Signature PIP 2 Performance Measures and Results	38
Table 33: WellSense Southcoast PIP 1 Summary, 2023	39
Table 34: WellSense Southcoast PIP 1 Performance Measures and Results	39
Table 35: WellSense Southcoast PIP 2 Summary, 2023	40
Table 36: WellSense Southcoast PIP 2 Performance Measures and Results	40
Table 37: HNE BeHealthy PIP 1 Summary, 2023	41
Table 38: HNE BeHealthy PIP 1 Performance Measures and Results	41
Table 39: HNE BeHealthy PIP 2 Summary, 2023	41
Table 40: HNE BeHealthy PIP 2 Performance Measures and Results	42
Table 41: Fallon Berkshire PIP 1 Summary, 2023	43
Table 42: Fallon Berkshire PIP 1 Performance Measures and Results	43
Table 43: Fallon Berkshire PIP 2 Summary, 2023	44
Table 44: Fallon Berkshire PIP 2 Performance Measures and Results	44
Table 45: Fallon 365 PIP 1 Summary, 2023	45
Table 46: Fallon 365 PIP 1 Performance Measures and Results	46
Table 47: Fallon 365 PIP 2 Summary, 2023	46
Table 48: Fallon 365 PIP 2 Performance Measures and Results	46
Table 49: Fallon Wellforce PIP 1 Summary, 2023	47
Table 50: Fallon Wellforce PIP 1 Performance Measures and Results	47
Table 51: Fallon Wellforce PIP 2 Summary, 2023	48
Table 52: Fallon Wellforce PIP 2 Performance Measures and Results	49
Table 53: Tufts Atrius PIP 1 Summary, 2023	49
Table 54: Tufts Atrius PIP 1 Performance Measures and Results	50
Table 55: Tufts Atrius PIP 2 Summary, 2023	50
Table 56: Tufts Atrius PIP 2 Performance Measures and Results	51
Table 57: Tufts Children’s PIP 1 Summary, 2023	52
Table 58: Tufts Children’s PIP 1 Performance Measures and Results	52
Table 59: Tufts Children’s PIP 2 Summary, 2023	53
Table 60: Tufts Children’s PIP 2 Performance Measures and Results	53
Table 61: Tufts BIDCO PIP 1 Summary, 2023	54
Table 62: Tufts BIDCO PIP 1 Performance Measures and Results	54
Table 63: Tufts BIDCO PIP 2 Summary, 2023	54
Table 64: Tufts BIDCO PIP 2 Performance Measures and Results	55
Table 65: Tufts CHA PIP 1 Summary, 2023	55
Table 66: Tufts CHA PIP 1 Performance Measures and Results	56
Table 67: Tufts CHA PIP 2 Summary, 2023	56
Table 68: Tufts CHA PIP 2 Performance Measures and Results	56
Table 69: ACPP Compliance with Information System Standards – MY 2022	58
Table 70: ACPP Compliance with Information System Standards – MY 2022	58
Table 71: Key for HEDIS Performance Measure Comparison to NCQA HEDIS MY 2022 Quality Compass NE Regional Percentiles	61
Table 72: ACPP HEDIS Performance Measures – MY 2022	62

Table 73: ACPP HEDIS Performance Measures – MY 2022	63
Table 74: Key for State-Specific Performance Measure Comparison to the Goal Benchmark.....	64
Table 75: ACPP State-Specific Performance Measures – MY 2022	65
Table 76: ACPP State-Specific Performance Measures – MY 2022	66
Table 77: Scoring Definitions.....	68
Table 78: CFR Standards to State Contract Crosswalk – 2021 Compliance Validation Results Conducted by the Previous EQRO.....	70
Table 79: CFR Standards to State Contract Crosswalk – 2021 Compliance Validation Results Conducted by the Previous EQRO.....	71
Table 80: Provider-to-Member Ratios.....	73
Table 81: ACPPs and Number of Service Areas	75
Table 82: Service Areas with Adequate Network of PCPs, OB/GYN, and Pharmacy.....	75
Table 83: Service Areas with Adequate Network of Physical Health Services Providers.....	76
Table 84: Service Areas with Adequate Network of Specialty Providers.....	76
Table 85: ACPPs with Adequate Network of Allergy Providers, Oral Surgeons, Plastic Surgeons, and Vascular Surgeons.....	78
Table 86: Service Areas with Adequate Network of Behavioral Health Providers.....	79
Table 87: MCO Provider-to-Member Ratios for PCPs and OB/GYN – Lower is Better	82
Table 88: MCO Provider-to-Member Ratios for Specialists – Lower is Better.....	82
Table 89: Provider Directory Accuracy – Primary Care Providers	83
Table 90: Provider Directory Accuracy – Specialists.....	84
Table 91: Provider Directory Accuracy – Urgent Care Providers.....	84
Table 92: Frequency of Failure Types - Primary Care Providers.....	84
Table 93: Frequency of Failure Types - Specialists	85
Table 94: MGB Service Areas with Network Deficiencies – Physical Health Services Providers.....	86
Table 95: MGB Service Areas with Network Deficiencies – Specialty Providers	86
Table 96: MGB Service Areas with Network Deficiencies – Behavioral Health Providers	86
Table 97: WellSense Community Alliance Service Areas with Network Deficiencies – PCPs, OB/GYN, and Pharmacy.....	87
Table 98: WellSense Community Alliance Service Areas with Network Deficiencies – Physical Health Services Providers	88
Table 99: WellSense Community Alliance Service Areas with Network Deficiencies – Behavioral Health Providers	88
Table 100: WellSense Mercy Service Areas with Network Deficiencies – Behavioral Health Providers.....	89
Table 101: WellSense Signature Service Areas with Network Deficiencies – Behavioral Health Providers	90
Table 102: WellSense Southcoast Service Areas with Network Deficiencies – Behavioral Health Providers.....	90
Table 103: WellSense BILH Service Areas with Network Deficiencies – Behavioral Health Providers.....	91
Table 104: WellSense Care Alliance Service Areas with Network Deficiencies – PCPs, OB/GYN, and Pharmacy..	92
Table 105: WellSense Care Alliance Service Areas with Network Deficiencies – Behavioral Health Providers.....	92
Table 106: WellSense Children's Service Areas with Network Deficiencies – Physical Health Services Providers	93
Table 107: WellSense Children's Service Areas with Network Deficiencies – Behavioral Health Providers.....	93
Table 108: HNE BeHealthy Service Areas with Network Deficiencies – Behavioral Health Providers.....	96
Table 109: Fallon Berkshire Service Areas with Network Deficiencies – Specialty Providers.....	96
Table 110: Fallon Berkshire Service Areas with Network Deficiencies – Behavioral Health Providers.....	97
Table 111: Fallon 365 Service Areas with Network Deficiencies – PCPs, OB/GYN, and Pharmacy.....	97
Table 112: Fallon Atrius Service Areas with Network Deficiencies – Physical Health Services Providers.....	98
Table 113: Tufts UMASS Service Areas with Network Deficiencies – Behavioral Health Providers.....	99
Table 114: Adult PC MES – Technical Methods of Data Collection, MY 2022	101
Table 115: Child PC MES – Technical Methods of Data Collection, MY 2022.....	101

Table 116: Key for PC MES Performance Measure Comparison to the Statewide Scores.	102
Table 117: PC MES Performance – Adult Member, PY 2022	102
Table 118: PC MES Performance – Child Member, PY 2022	103
Table 119: WellSense Community Alliance Response to Previous EQR Recommendations	104
Table 120: WellSense Mercy Response to Previous EQR Recommendations	106
Table 121: WellSense Signature Response to Previous EQR Recommendations	107
Table 122: WellSense Southcoast Response to Previous EQR Recommendations	109
Table 123: HNE BeHealthy Response to Previous EQR Recommendations	111
Table 124: Fallon Berkshire Response to Previous EQR Recommendations	112
Table 125: Fallon 365 Response to Previous EQR Recommendations	116
Table 126: Tufts CHA Response to Previous EQR Recommendations	118
Table 127: Strengths, Opportunities for Improvement, and EQR Recommendations for MassGeneral Brigham ACO (MGB)	121
Table 128: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Community Alliance	122
Table 129: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Mercy	124
Table 130: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Signature.	126
Table 131: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Southcoast	129
Table 132: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense BILH	131
Table 133: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Care Alliance	133
Table 134: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense East Boston	134
Table 135: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Children's	135
Table 136: Strengths, Opportunities for Improvement, and EQR Recommendations for HNE BeHealthy	136
Table 137: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon Berkshire	139
Table 138: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon 365	141
Table 139: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon Atrius.....	145
Table 140: Strengths, Opportunities for Improvement, and EQR Recommendations for Tufts CHA.....	146
Table 141: Strengths, Opportunities for Improvement, and EQR Recommendations for Tufts UMASS.....	148
Table 142: Required Elements in EQR Technical Report	149
Table A1: MassHealth Quality Strategy Goals and Objectives – Goal 1.....	151
Table A2: MassHealth Quality Strategy Goals and Objectives – Goal 2.....	151
Table A3: MassHealth Quality Strategy Goals and Objectives – Goal 3.....	151
Table A4: MassHealth Quality Strategy Goals and Objectives – Goal 4.....	151
Table A5: MassHealth Quality Strategy Goals and Objectives – Goal 5.....	152
Table B1: MassHealth Managed Care Programs and Health Plans by Program	153
Table C1: Quality Measures and MassHealth Goals and Objectives Across Managed Care Entities.....	156
Table D1: ACPP Network Adequacy Standards and Indicators – Primary Care Providers	158
Table D2: ACPP Network Adequacy Standards and Indicators – Obstetrician and Gynecologists	159
Table D3: ACPP Network Adequacy Standards and Indicators – Physical Health Services.....	160
Table D4: ACPP Network Adequacy Standards and Indicators – Specialists	161
Table D5: V Network Adequacy Standards and Indicators – Behavioral Health Services.....	162
Table D6: ACPP Network Adequacy Standards and Indicators – Pharmacy	164
Table E1: ACPP Provider Directory Web Addresses	165

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). Quest Analytics™ is a trademark of Quest Analytics LLC. Telligen® is a registered trademark of Telligen, Inc. CareAnalyzer® is a registered trademark of DST Health Solution, Inc.

I. Executive Summary

Accountable Care Partnership Plans

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 accountable care partnership plans (ACPPs) that furnish health care services to Medicaid enrollees in Massachusetts.

In March 2022, Massachusetts's Medicaid program (known as "MassHealth") administered by the Massachusetts Executive Office of Health and Human Services (EOHHS), initiated a re-procurement of the Accountable Care Organizations program, leading to the creation of new ACPPs. Effective April 1, 2023, MassHealth contracted with 15 ACPPs. Two ACPPs transferred partnerships: Atrius transferred from Tufts to Fallon, and Boston Children's transferred from Tufts to WellSense. AllWays ACPP and MGB PC ACO combined as the new MGB ACPP. Four new ACPPs were established: Tufts UMass, WellSense East Boston, WellSense Care Alliance, and WellSense Beth Israel Lahey Health (BILH), while Fallon Wellforce was discontinued.

ACPPs are health plans consisting of groups of primary care providers (PCPs) who partner with one managed care organization (MCO) to create a full network of providers, including specialists, behavioral health providers, and hospitals. To select an ACPP, a MassHealth enrollee must live in the plan's service area and must use the plan's provider network. ACPPs are accountable care organizations (ACOs) paid for value of provided care. ACOs share in a portion of any savings they accrue, but the amount of savings they earn depends on the quality of care they provide. Quality of care is determined based on the ACO's performance on a set of quality metrics. Like all ACOs, ACPPs have incentives to provide high-quality care at low cost. MassHealth's ACPPs are listed in Table 1.

Table 1: MassHealth's ACPPs – Effective April 1, 2023

Accountable Care Partnership Plan (ACPP) Name	Abbreviation Used in the Report	Members as of December 31, 2023	Percent of Total ACPP Population
Mass General Brigham Health Plan with Mass General Brigham ACO	MGB	168,347	16.97%
WellSense Community Alliance	WellSense Community Alliance	161,982	16.33%
WellSense Mercy Alliance	WellSense Mercy	34,746	3.50%
WellSense Signature Alliance	WellSense Signature	27,356	2.76%
WellSense Southcoast Alliance	WellSense Southcoast	21,241	2.14%
WellSense Beth Israel Lahey Health Performance Network ACO	WellSense BILH	78,116	7.87%
WellSense Care Alliance	WellSense Care Alliance	65,714	6.62%
East Boston Neighborhood Health WellSense Alliance	WellSense East Boston	33,071	3.33%
WellSense Boston Children's ACO	WellSense Children's	146,098	14.73%
BeHealthy Partnership Plan	HNE BeHealthy	54,787	5.52%
Berkshire Fallon Health Collaborative	Fallon Berkshire	21,044	2.12%
Fallon 365 Care	Fallon 365	41,274	4.16%
Fallon Health – Atrius Health Care Collaborative	Fallon Atrius	45,176	4.55%
Tufts Health Together with Cambridge Health Alliance	Tufts CHA	41,446	4.18%
Tufts Health Together with UMass Memorial Health	Tufts UMASS	51,648	5.21%
All ACPPs	Total	992,046	100.00%

The **Mass General Brigham Health Plan with Mass General Brigham ACO (MGB)** is a new ACO established as a result of the merger between the AllWays Health ACO and MGB PC ACO plans. This merger came after the MassHealth ACO program was re-procured, and it became effective on April 1, 2023. This ACO serves 168,347 MassHealth enrollees across 12 counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Bristol, Dukes, Essex, Franklin, Hampden, Hampshire, Middlesex, Nantucket, Norfolk, Plymouth, Suffolk, and Worcester counties are eligible to enroll.

The **Boston Medical Center Health Plan & Boston Accountable Care Organization, WellSense Community Alliance ACO (WellSense Community Alliance)** is a partnership between WellSense Health Plan, Boston Medical Center, community health centers, and other providers throughout the service area. This plan serves 161,982 MassHealth enrollees across 10 counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties are eligible to enroll.

The **Boston Medical Center Health Plan & Mercy Health Accountable Care Organization, WellSense Mercy Alliance ACO (WellSense Mercy)** is a partnership between WellSense Health Plan and Mercy Medical Center. This ACO is made up of doctors, hospitals, and other providers, and serves 34,746 MassHealth enrollees across two counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Hampden and Hampshire counties are eligible to enroll.

The **Boston Medical Center Health Plan & Signature Healthcare Corporation, WellSense Signature Alliance ACO (WellSense Signature)** is a partnership between WellSense Health Plan and Signature Healthcare. This ACO is made up of doctors, hospitals, and other providers who serve 27,356 MassHealth enrollees across three counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Bristol, Norfolk, and Plymouth counties are eligible to enroll.

The **Boston Medical Center Health Plan & Southcoast Health Network, WellSense Southcoast Alliance ACO (WellSense Southcoast)** is a partnership between WellSense Health Plan and Southcoast Health. This ACO is made up of doctors, hospitals, and other providers who serve 21,241 MassHealth enrollees across three counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Barnstable, Bristol, Norfolk, and Plymouth counties are eligible to enroll.

The **Boston Medical Center Health Plan & Boston Accountable Care Organization, WellSense Beth Israel Lahey Health Performance Network ACO (WellSense BILH)** is a partnership between WellSense Health Plan and Beth Israel Lahey Health Performance Network. This plan serves 78,116 MassHealth enrollees across eight counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties are eligible to enroll.

The **Boston Medical Center Health Plan & Boston Accountable Care Organization, WellSense Care Alliance ACO (WellSense Care Alliance)** is a partnership between WellSense Health Plan and Tufts Medical Center, Lowell Community Health Center, Lowell General Hospital and Melrose Wakefield Hospital. This plan serves 65,714 MassHealth enrollees across seven counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties are eligible to enroll.

The **Boston Medical Center Health Plan & Boston Accountable Care Organization, WellSense East Boston ACO (WellSense East Boston)** is a partnership between WellSense Health Plan, East Boston Neighborhood Health Center, South End Community Health Center, and Winthrop Neighborhood Health. This plan serves 33,071

MassHealth enrollees across three counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Middlesex, Norfolk, and Suffolk counties are eligible to enroll.

The **Boston Medical Center Health Plan & Boston Accountable Care Organization, WellSense Boston Children's ACO (WellSense Children's)** is a partnership between WellSense Health Plan and Boston Children's Hospital. This ACO was previously partnered with Tufts MCO, as the Tufts Boston Children's ACPP. After the 2023 re-procurement of the MassHealth ACO program, Boston Children's partnered with WellSense. This plan serves 146,098 MassHealth enrollees across all 14 counties in the state of Massachusetts.

The **Health New England & Baystate Health Care Alliance, BeHealthy Partnership (HNE BeHealthy)** is an ACO made up of the Baystate Health Care Alliance, which is an ACO, and Health New England, which is the managed care entity (MCE) for the plan. This plan serves 54,787 MassHealth enrollees across three counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Franklin, Hampden, and Hampshire counties are eligible to enroll.

The **Fallon Community Health Plan & Health Collaborative of the Berkshires (Fallon Berkshire)** is a MassHealth Accountable Care Organization (ACO) Partnership Plan, made up of Berkshire Health Systems (BHS), Community Health Programs, several Berkshire County community physician practices and Fallon Health. The plan serves 21,044 MassHealth enrollees across two counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Berkshire and Franklin counties are eligible to enroll.

The **Fallon Community Health Plan & Reliant Medical Group (Fallon 365)** is a MassHealth Accountable Care Organization (ACO) Partnership Plan made up of Reliant Medical Group, Fallon Health, and other select community providers. The plan serves 41,274 MassHealth enrollees across four counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Hampden, Middlesex, Norfolk, and Worcester counties are eligible to enroll.

The **Fallon Community Health Plan & Atrius Health Care Collaborative (Fallon Atrius)** is an ACO plan with Atrius Health, Fallon Health, and other select community providers. This ACO plan was previously partnered with Tufts MCO, as the Tufts Atrius ACPP. After the 2023 re-procurement of the MassHealth ACO program, Atrius Health partnered with the Fallon Community Health Plan. This plan serves 45,176 MassHealth enrollees across seven counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties are eligible to enroll.

The **Tufts Health Public Plan & Cambridge Health Alliance (Tufts CHA)** is an ACO that serves 41,446 MassHealth enrollees across four counties in the state of Massachusetts. Tufts CHA's corporate office is in Cambridge. MassHealth enrollees who live in select cities and towns in Essex, Middlesex, Norfolk, and Suffolk counties are eligible to enroll.

The **Tufts Health Public Plan & UMASS Memorial Health Plan (Tufts UMASS)** is a newly contracted health plan as of April 1, 2023. UMass Memorial Health is the largest healthcare system in Central Massachusetts, including four hospitals and behavioral health services. This plan serves 51,648 MassHealth enrollees across five counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Franklin, Hampden, Middlesex, Norfolk, and Worcester counties are eligible to enroll.

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*. EQR activities validate two levels of compliance to assert whether the ACPPs met the state standards and whether the state met the federal standards as defined in the CFR.

Scope of External Quality Review Activities

MassHealth contracted with IPRO, an external quality review organization (EQRO), to conduct four mandatory EQR activities, as outlined by the Centers for Medicare and Medicaid Services (CMS), for its ACPPs. As set forth in *Title 42 CFR § 438.358 Activities related to external quality review(b)(1)*, these activities are:

- (i) **CMS Mandatory Protocol 1: Validation of Performance Improvement Projects (PIPs)** – This activity validates that ACPPs’ performance improvement projects (PIPs) were designed, conducted, and reported in a methodologically sound manner, allowing for real improvements in care and services.
- (ii) **CMS Mandatory Protocol 2: Validation of Performance Measures** – This activity assesses the accuracy of performance measures (PMs) reported by each ACPP and determines the extent to which the rates calculated by the ACPPs follow state specifications and reporting requirements.
- (iii) **CMS Mandatory Protocol 3: Review of Compliance with Medicaid and CHIP¹ Managed Care Regulations** – This activity determines ACPPs’ compliance with its contract and with state and federal regulations.
- (iv) **CMS Mandatory Protocol 4: Validation of Network Adequacy** – This activity assesses ACPPs’ adherence to state standards for travel time and distance to specific provider types, as well as each ACPP’s ability to provide an adequate provider network to its Medicaid population.

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 ACPPs’ performance strengths and opportunities for improvement.

All four mandatory EQR activities were 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 during the 2023 calendar year (CY) demonstrated that MassHealth and the ACPPs share a 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 ACPPs in providing quality, timely, and accessible health care services to Medicaid members. The individual ACPPs were 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. These plan-level findings and recommendations for each ACPP are discussed in each EQR activity section, as well as in the **MCP Strengths, Opportunities for Improvement, and EQR Recommendations** section.

¹ Children’s Health Insurance Program.

The overall findings for the ACPP program were also compared and analyzed to develop overarching conclusions and recommendations for MassHealth. The following provides a high-level summary of these findings for the MassHealth Medicaid ACPP program.

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. Measure 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.²

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

² 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 Improvement Projects

State agencies must require that contracted MCPs conduct PIPs that focus on both clinical and non-clinical areas, as established in *Title 42 CFR § 438.330(d)*. Due to the re-procurement, effective April 1, 2023, each ACPH had to conclude its PIPs by the end of March 2023 and plan for new PIPs starting in CY 2024. The new PIPs will be validated by IPRO during CY 2024, and the validation results will be reported in the next ATR. The validation of ACPHs' PIPs conducted in CY 2023 demonstrated the following strengths and weaknesses.

Strengths:

MassHealth selected topics for its PIPs in alignment with the quality strategy goals and objectives. 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.

During CY 2023, each ACPH conducted two PIPs in one of the following priority areas: health equity, prevention and wellness, and access to care. The majority of the PIPs were in the first remeasurement year and focused on controlling high blood pressure and comprehensive diabetes care. Only four of the PIPs were in the second remeasurement year, and those PIPs were focused on either flu vaccinations or access to telehealth. PIPs were conducted in compliance with federal requirements and were designed to drive improvement on measures that support specific strategic goals; however, they also presented opportunities for improvement.

Opportunities for Improvement:

The PIP processes in place prior to IPRO becoming the EQRO of record for Massachusetts had several limitations that impacted and were reflected in ACPHs' PIPs, including the following weaknesses observed across all Plans:

- Lack of clearly defined aims and interventions.
- Lack of formal barrier analysis to assess factors underlying suboptimal performance on performance indicators at baseline and inform the development of interventions tailored to the unique needs and characteristics of the member population.
- Limited/absent use of process measures to track progress with respect to intervention implementation.
- Modifications made to interventions throughout the PIP cycle were generally not evident, and where evident, were not documented uniformly.
- Efforts to promote sustainability and spread were not clearly and/or uniformly documented across interventions.

General Recommendations for MassHealth:

Recommendation for MassHealth relevant to all ACPHs towards accelerating the effectiveness of PIPs:

- Standardized structure and reporting requirements should be established to define and describe PIP aims and interventions.
- All Plans should be required to conduct an initial barrier analysis at the outset of every PIP and document it in PIP proposal submission. Additionally, Plans should be required/expected to conduct additional analyses throughout the process as additional barriers are discovered.
- For each PIP intervention, Plans should be required to track implementation progress with at least one intervention-specific process measure. Rates should be tracked/reported on at least a quarterly basis throughout the PIP cycle.
- Plans should be required to document modifications made to interventions throughout the PIP cycle in a uniform fashion within the PIP template.
- Plans should be required to document efforts to promote sustainability and spread in a standardized manner across all interventions (and PIPs) in the final PIP report.

ACPH-specific PIP validation results are described in **Section III** of this report.

Performance Measure Validation

IPRO validated the accuracy of PMs and evaluated the state of health care quality in the ACPP program. ACPPs are evaluated on a set of Healthcare Effectiveness Data and Information Set (HEDIS®) measures and state-specific measures. Quality measures rates are calculated by MassHealth's vendor Telligen®.

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.

IPRO conducted performance measure validation (PMV) to assess the accuracy of ACO performance measures and to determine the extent to which all performance measures follow MassHealth's specifications and reporting requirements. IPRO found that the data and processes used to produce HEDIS and state-specific rates for the ACPPs were fully compliant with all seven of the applicable NCQA information system standards.

IPRO aggregated the ACPP measure rates to provide comparative information for all plans. When compared to the MY2022 Quality Compass® New England regional percentile, performance varied across plans. When compared to the MassHealth goal benchmark, the following measures scored above the goal:

- Risk-Adjusted Ratio (Observed/Expected) of ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions: All ACPP rates and the weighted statewide mean were above the state benchmark goal.
- Oral Health Evaluation: Almost all ACPP rates, except for Fallon Berkshire's rate, were above the state benchmark goal and the weighted statewide mean was also above the state benchmark goal.

Opportunities for Improvement:

During Medical record validation, all but one ACPP met the 80% threshold for the selected sample charts being appropriately abstracted. Concerns were identified with chart abstraction for one ACPP. The abstraction was not supported by data in the medical record, or no chart was available to support the abstraction. This one ACPP was not compliant for medical record review and received a Do not Report (DNR) designation for the PPC Prenatal measure. One additional ACPP was not able to produce charts for all complaint records. However, since the 80% pass threshold was met for this ACPP, there was no impact to the overall rates. No other issues were identified.

When IPRO compared the HEDIS measure rates to the NCQA Quality Compass, and state-specific measure rates to the state's goal benchmark, the performance varied across measures with the opportunities for improvement in the following areas:

- Plan All-Cause Readmissions (Observed/Expected Ratio): Almost all ACPPs (except for WellSense Signature) were below the 25th percentile and the ACO statewide weighted mean was also below the 25th percentile, indicating a need for improvement.
- Asthma Medication Ratio: Seven ACPPs were at or above the 25th percentile, but below the 50th percentile, and three ACPPs were below the 25th percentile. Even though two ACPPs were above the 90th percentile, the ACO statewide weighted mean was at or above the 25th percentile and below the 50th percentile, signaling an area for improvement.
- Timeliness of Prenatal Care: Six ACPPs were at or above the 25th percentile, but below the 50th percentile, and four ACPPs were below the 25th percentile. Even though two ACPPs were above the 90th percentile, the ACO statewide weighted mean was at or above the 25th percentile and below the 50th percentile, signaling an area for improvement.

- Follow-Up After Hospitalization for Mental Illness (7 days): Six ACPPs were at or above the 25th percentile, but below the 50th percentile, and one ACPP was below the 25th percentile. Even though two ACPPs were above the 90th percentile, the ACO statewide weighted mean was at or above the 25th percentile and below the 50th percentile, signaling an area for improvement.
- Screening for Depression and Follow-Up Plan: Ten ACPPs were below the state benchmark goal, suggesting an area for improvement.
- Depression Remission or Response: Ten ACPPs were below the state benchmark goal, suggesting an area for improvement.

General Recommendations for MassHealth:

- *Recommendation towards better medical record chart abstraction and encounter submission* - ACPPs and MassHealth should enhance their oversight of the medical record review processes to ensure the accuracy of abstracted data reported by the ACPPs. ACPPs should ensure that the charts used for medical record abstraction are maintained and readily available for validation purposes. ACPPs and MassHealth should also improve oversight of encounters submitted by ACPPs to ensure data accuracy.
- *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 IV** of this report.

Compliance Review

The compliance of ACPPs with Medicaid and CHIP managed care regulations was evaluated by MassHealth's previous EQRO. The most current review was conducted in 2021 for the 2020 contract year. IPRO summarized the 2021 compliance results and followed up with each plan on recommendations made by the previous EQRO. IPRO's assessment of whether ACPPs effectively addressed the recommendations is included in **Section VIII** of this report. The compliance validation process is conducted triennially, and the next comprehensive review will be conducted in CY 2024.

ACPP-specific results for compliance with Medicaid and CHIP managed care regulations are provided in **Section V** of this report.

Network Adequacy Validation

Title 42 CFR § 438.68(a) requires states to develop and enforce network adequacy standards.

Strengths:

MassHealth developed time and distance standards for adult and pediatric PCPs, obstetrics/gynecology (ob/gyn) providers, adult and pediatric behavioral health providers (for mental health and substance use disorder [SUD]), adult and pediatric specialists, hospitals, pharmacy services, and long-term services and supports (LTSS). MassHealth did not develop standards for pediatric dental services because dental services are carved out from managed care.

Network adequacy is an integral part of MassHealth's strategic goals. One of the goals of MassHealth's quality strategy is to promote 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.

Travel time and distance standards, including provider to member ratios, and availability standards are well defined in the ACPPs' contracts with MassHealth. MassHealth requires ACPPs to submit in-network provider lists to the state on an annual and ad-hoc basis.

IPro analysis showed that 10 ACPPs had an adequate network of PCP providers; 11 ACPPs had an adequate network of hospitals, rehabilitation hospitals, and urgent care; all ACPPs except MGB had an adequate network of specialists; but only 5 ACPPs had an adequate network of all behavioral health providers. Finally, nine ACPPs met all required provider to member ratios established by MassHealth.

Opportunities for Improvement:

Although the travel time and distance standards are defined in the ACPP contracts with MassHealth, the definitions of the network adequacy indicators, i.e. the specifications for measuring the standards, have not been shared with the MCPs. Network adequacy indicators are metrics used to measure adherence to network adequacy standards.³ The definitions of the network adequacy indicators as agreed upon for the purpose of this EQR are included in **Appendix D**.

IPro found that the format of the report templates utilized to request in-network providers lists resulted in the duplication of records submitted for the time and distance analysis. IPro used the same templates to request data from the MCPs. Duplicate records were removed before the analysis was conducted. IPro also identified and corrected several issues with network provider data submitted by MCPs.

After data issues were resolved and duplicate records were removed, IPro evaluated each ACPP's provider network to determine compliance with the time and distance standards established by MassHealth. Access was assessed for a total of 55 provider types. Many ACPPs had deficiencies in their behavioral health providers networks.

Finally, IPro conducted provider directory audits and calculated the percentage of providers with verified telephone number, address, and specialty information as well as providers' participation in Medicaid and panel status. The accuracy of information varied widely. Provider directory accuracy thresholds were not established.

General Recommendations for MassHealth:

- *Recommendations towards network data integrity* - The format of the submission templates should be adjusted to improve data submission accuracy and reduce duplications of the data.
- *Recommendations towards measurable network adequacy standards* – MassHealth should continue to monitor network adequacy across MCPs and leverage the results to improve access. MassHealth should share with MCPs the definitions of the network adequacy indicators that were identified for this EQR (**Appendix D**).
- *Recommendations towards better provider directories* – The findings from the *2023 Provider Directory Audit* should be used to improve and develop further network adequacy activities.

ACPP-specific results for network adequacy are provided in **Section VI** 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.

³ CMS External Quality Review (EQR) Protocols, February 2023. Available at: [CMS External Quality Review \(EQR\) Protocols \(medicaid.gov\)](https://www.cms.gov/medicaid/qualityimprovement/external-quality-review-protocols) Accessed on 1/21/2024.

Strengths:

MassHealth surveys ACO members about their experiences in primary care via the Primary Care Member Experience Survey (PC MES), developed 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.

ACPPs are contractually required to participate in the MassHealth member satisfaction activities and to use survey results in designing quality improvement initiatives.

MassHealth uses the survey results to assess ACOs performance. Four adult and four child member experience measures (Communication, Willingness to Recommend, Integration of Care, and Knowledge of Patient) are included in the calculation of the ACOs' quality score impacting a portion of the savings that ACOs earn.

Opportunities for Improvement:

Goal benchmarks have been established for four member experience measures that are tied to value-based payment. Without benchmarks, it becomes challenging to assess an ACO's performance and identify areas that need improvement. IPRO compared ACPP adult and child PC MES results to statewide scores calculated for all ACOs, including ACPPs and primary care accountable care organizations (PC ACOs). However, while comparing ACOs' scores to the statewide score offers some insights, it is not enough for a comprehensive evaluation.

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.⁴ Child Core Set reporting is mandatory beginning with FFY 2024 reporting.

General Recommendations for MassHealth:

- *Recommendation towards an effective evaluation of ACO's performance on member experience measures* – IPRO recommends establishing benchmarks for all member experience measures to enhance the effectiveness of performance evaluation and support continuous quality improvement.
- *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.

⁴ 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.

ACPP-specific results for member experience of care surveys are provided in **Section VII** 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 the ACPPs 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.
- *Recommendation for MassHealth relevant to all ACPPs towards accelerating the effectiveness of PIPs:*
 - Standardized structure and reporting requirements should be established to define and describe PIP aims and interventions.
 - All Plans should be required to conduct an initial barrier analysis at the outset of every PIP and document it in PIP proposal submission. Additionally, Plans should be required/expected to conduct additional analyses throughout the process as additional barriers are discovered.
 - For each PIP intervention, Plans should be required to track implementation progress with at least one intervention-specific process measure. Rates should be tracked/reported on at least a quarterly basis throughout the PIP cycle.
 - Plans should be required to document modifications made to interventions throughout the PIP cycle in a uniform fashion within the PIP template.
 - Plans should be required to document efforts to promote sustainability and spread in a standardized manner across all interventions (and PIPs) in the final PIP report.
- *Recommendation towards better medical records chart abstraction and encounters submission* - ACPPs and MassHealth should enhance their oversight of the medical record review processes to ensure the accuracy of abstracted data reported by the ACPPs. ACPPs should ensure that the charts used for medical record abstraction are maintained and readily available for validation purposes. ACPPs and MassHealth should also improve oversight of encounters submitted by ACPPs to ensure data accuracy.
- *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.
- *Recommendations towards network data integrity* - The format of the submission templates should be adjusted to improve data submission accuracy and reduce duplications of the data.
- *Recommendations towards measurable network adequacy standards* – MassHealth should continue to monitor network adequacy across MCPs and leverage the results to improve access. MassHealth should share with MCPs the definitions of the network adequacy indicators that were identified for this EQR (**Appendix D**).
- *Recommendations towards better provider directories* – The findings from the *2023 Provider Directory Audit* should be used to improve and develop further network adequacy activities.
- *Recommendation towards an effective evaluation of ACO's performance on member experience measures* – IPRO recommends establishing benchmarks for all member experience measures to enhance the effectiveness of performance evaluation and support continuous quality improvement.

- *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 ACPPs

ACPP-specific recommendations related to the **quality** of, **timeliness** of, and **access** to care are provided in **Section IX** 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, known as MassHealth, 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.⁵

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 LTSS. In addition, MassHealth offers specialized programs for certain populations, such as seniors, people with disabilities, and pregnant women.

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 2**.

Table 2: 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**.

⁵ [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 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.⁶
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.⁷
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.⁸

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.

⁶ Massachusetts Behavioral Health Partnership. Available at: <https://www.masspartnership.com/index.aspx>

⁷ One Care Facts and Features. Available at: <https://www.mass.gov/doc/one-care-facts-and-features-brochure/download>

⁸ 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 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 NCQA or CMS and uses the results to inform quality improvement work.

For members enrolled in an ACP, 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.

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.⁹ 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.¹⁰

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.

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, 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.

⁹ MassHealth QEIP Deliverables Timelines. Available at: [download \(mass.gov\)](https://www.mass.gov/info-details/download-massgov). Accessed on 12.29.2023.

¹⁰ Behavioral Health Help Line FAQ. Available at: [Behavioral Health Help Line \(BHHL\) FAQ | Mass.gov](https://www.mass.gov/info-details/behavioral-health-help-line-bhhl-faq). Accessed on 12.29.2023.

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 Improvement Projects

Objectives

The state Medicaid agencies must require that contracted managed care plans conduct PIPs that focus on both clinical and non-clinical areas, per *Title 42 CFR § 438.330(d)*. The purpose of a PIP is to improve health outcomes and member experience of health care provided by the managed care plan.

Section 2.13.C of the Fourth Amended and Restated MassHealth ACP Contract and Appendix B to the MassHealth ACP Contract require the Accountable Care Partnership Plans (ACPPs) to perform PIPs annually in compliance with federal regulations. ACPPs are required to develop PIP topics in priority areas selected by MassHealth in alignment with its quality strategy goals. The priority areas include health equity, prevention and wellness, and access to care. MassHealth requires that within each PIP, there is at least one intervention focused on health equity. MassHealth can also modify the PIP cycle to address immediate priorities.

Due to the re-procurement of MassHealth Accountable Care Organization program, effective April 1, 2023, each ACPP had to conclude its PIPs by the end of March 2023. The majority of the PIPs were in the first remeasurement year and focused on controlling high blood pressure and comprehensive diabetes care. Only four of the PIPs were in the second remeasurement year and those PIPs were focused on either flu vaccinations or access to telehealth. Specific ACPP PIP topics and remeasurement year indications are displayed in **Table 3**.

Table 3: ACPP PIP Topics – CY 2023

ACPP	PIP Topics
AllWays Health	<p>PIP 1: CBP – Year 1 Remeasurement Report Increase the HEDIS Controlling High Blood Pressure (CBP) rate for MVACO (My Care Family) members 18–85 years of age who had a diagnosis of hypertension (HTN) during the measurement period</p> <p>PIP 2: Flu and CIS – Year 2 Remeasurement Report Increase the flu vaccination and Child Immunization Status (CIS) rates for the MVACO (My Care Family) population with a special focus on reducing racial disparities in flu vaccination access</p>
WellSense Community Alliance	<p>PIP 1: CDC – Year 1 Remeasurement Report Improving diabetes A1C control for all BACO members and especially for those populations with health inequities</p> <p>PIP 2: CIS – Year 1 Remeasurement Report Improving childhood immunization rates for all BACO members and especially for those populations with health inequities</p>
WellSense Mercy	<p>PIP 1: CBP – Year 1 Remeasurement Report Improve CBP outcomes for all Mercy ACO members with a focus on decreasing racial disparities for Black members with uncontrolled blood pressure</p> <p>PIP 2: CDC – Year 1 Remeasurement Report Improve A1C outcomes for all Mercy ACO members with a focus on decreasing racial disparities for Black members with diabetes</p>
WellSense Signature	<p>PIP 1: CBP – Year 1 Remeasurement Report Improve control of high blood pressure for all Signature ACO members with a focus on decreasing racial and ethnic disparities for Black patients with hypertension</p> <p>PIP 2: CDC – Year 1 Remeasurement Report Improve comprehensive diabetes care for all Signature ACO members with a focus on decreasing racial and ethnic disparities for Hispanic/Latino members with diabetes</p>

ACPP	PIP Topics
WellSense Southcoast	PIP 1: CBP – Year 1 Remeasurement Report Improving the control of high blood pressure for all Southcoast ACO members, with a focus on reducing racial disparities for Black and Hispanic patients PIP 2: CDC – Year 1 Remeasurement Report Improving control of diabetes for all Southcoast ACO members, with a focus on reducing racial disparities for Black and Hispanic patients
HNE BeHealthy	PIP 1: CBP – Year 1 Remeasurement Report Increasing blood pressure control through targeted member engagement PIP 2: IET – Year 1 Remeasurement Report Increasing IET adherence through targeted member engagement
Fallon Berkshire	PIP 1: CBP – Year 1 Remeasurement Report Controlling blood pressure PIP 2: CDC – Year 1 Remeasurement Report Provide comprehensive diabetes care for Berkshire Fallon Health Collaborative members with uncontrolled diabetes
Fallon 365	PIP 1: CBP – Year 1 Remeasurement Report Controlling blood pressure PIP 2: CDC – Year 1 Remeasurement Report Comprehensive diabetes care
Fallon Wellforce	PIP 1: CBP – Year 1 Remeasurement Report Controlling blood pressure PIP 2: Telehealth – Year 2 Remeasurement Report Examine the barriers to telehealth and seek to reduce those barriers for the Medicaid ACO population
Tufts Atrius	PIP 1: CBP – Year 1 Remeasurement Report Hypertension control amongst Black patients PIP 2: CIS – Year 1 Remeasurement Report Childhood Immunization Status: Reducing the disparity between White and Black or African American Tufts Health Plan – Atrius Health Members
Tufts Children’s	PIP 1: CIS – Year 1 Remeasurement Report Childhood immunization status PIP 2: Flu – Year 2 Remeasurement Report Increasing flu vaccination rates in a pediatric population
Tufts BIDCO	PIP 1: CBP – Year 1 Remeasurement Report Increasing blood pressure control among Tufts Health Public Plans – Beth Israel Deaconess Care Organization (Tufts BIDCO) hypertensive members PIP 2: CDC – Year 1 Remeasurement Report Increasing A1c control among Tufts Health Public Plans – Beth Israel Deaconess Care Organization (Tufts BIDCO) diabetic members
Tufts CHA	PIP 1: CBP – Year 1 Remeasurement Report Reducing health disparities in controlling high blood pressure PIP 2: Telehealth – Year 2 Remeasurement Report Increasing telehealth quality and utilization

Title 42 CFR § 438.356(a)(1) and *Title 42 CFR § 438.358(b)(1)* establish that state agencies must contract with an External Quality Review Organization (EQRO) to perform the annual validation of PIPs. To meet federal regulations, MassHealth contracted with IPRO, an EQRO, to perform the validation of PIPs conducted by MassHealth ACPPs during the 2023 CY.

Technical Methods of Data Collection and Analysis

ACPPs had concluded reporting for their PIP interventions March 31, 2023, and submitted closeout reports to IPRO in July and August of the same year. The report template and validation tool were developed by IPRO by merging a template that had been in use by health plans since the inception of their projects, with IPRO's standardized template. This integration allowed IPRO to enhance the original template report and include additional questions about successes and challenges encountered during the PIP and sustainability efforts.

In the closeout reports, ACPPs described project goals, anticipated barriers, interventions, performance measures, and their evaluation of the effectiveness of the project. ACPPs completed these reports electronically and submitted them to IPRO through a web-based project management and collaboration platform. IPRO was available for individual health plan questions and ad hoc calls related to the PIP throughout this process.

The analysis of the collected information focused on several key aspects, including an assessment of the quality of the data, appropriateness of the interventions, and interpretation of the results. It aimed to evaluate an alignment between the interventions and project goals and whether reported improvements could be maintained over time. The analysis of other PIP elements, such as the appropriateness of the topic, aim statement, population, sampling methods, and the variables, was conducted during the baseline and remeasurement years.

Description of Data Obtained

Information obtained throughout the reporting period included project description and goals, aim statement, population analysis, stakeholder involvement and barriers analysis, intervention parameters, and data for performance improvement indicators.

Conclusions and Comparative Findings

IPRO assigned two validation ratings. The first rating assessed IPRO's overall confidence in the PIP's adherence to acceptable methodology throughout all project phases, including the design, data collection, data analysis, and interpretation of the results. The second rating evaluated IPRO's overall confidence in the PIP's ability to produce significant evidence of improvement. Evidence of improvement was assessed in multiple activities throughout the PIP cycle, including identification of barriers, intervention selection and implementation, data informed modifications to interventions, and improvement of performance indicator rates. Both ratings used the following scale: high confidence, moderate confidence, low confidence, and no confidence.

Rating 1: Adherence to Acceptable Methodology - Validation results summary

The ratings for PIP adherence to acceptable methodology vary, with 12 PIPs receiving high confidence, 10 PIPs receiving moderate confidence, and 4 PIPs rated as low confidence. One PIP received the lowest rating for its adherence to acceptable methodology throughout all phases of the project.

Rating 2: Evidence of Improvement - Validation results summary

The ratings for PIPs in terms of producing significant evidence of improvement show that 12 PIPs gained high confidence, 9 PIPs received moderate confidence, and 2 PIPs were rated as low confidence. Notably, three PIPs, including AllWays Health CIS PIP, and the HNE BeHealthy CBP and IET PIPs, did not demonstrate significant evidence of improvement.

PIP validation results are reported in **Tables 4–16** for each ACPP.

Table 4: AllWays Health PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CBP	Moderate Confidence	High Confidence
PIP 2: CIS	Moderate Confidence	No Confidence

Table 5: WellSense Community Alliance PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CDC	Moderate Confidence	Moderate Confidence
PIP 2: CIS	Moderate Confidence	Moderate Confidence

Table 6: WellSense Mercy PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CBP	Low Confidence	Low Confidence
PIP 2: CDC	Low Confidence	Low Confidence

Table 7: WellSense Signature PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CBP	High Confidence	High Confidence
PIP 2: CDC	Moderate Confidence	Moderate Confidence

Table 8: WellSense Southcoast PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CBP	Moderate Confidence	Moderate Confidence
PIP 2: CDC	Moderate Confidence	Moderate Confidence

Table 9: HNE BeHealthy PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CBP	Low Confidence	No Confidence
PIP 2: IET	No Confidence	No Confidence

Table 10: Fallon Berkshire PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CBP	High Confidence	Moderate Confidence
PIP 2: CDC	Moderate Confidence	Moderate Confidence

Table 11: Fallon 365 PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CBP	High Confidence	High Confidence
PIP 2: CDC	High Confidence	High Confidence

Table 12: Fallon Wellforce PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CBP	High Confidence	High Confidence
PIP 2: Telehealth	High Confidence	High Confidence

Table 13: Tufts Atrius PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CBP	Moderate Confidence	High Confidence
PIP 2: CIS	Moderate Confidence	Moderate Confidence

Table 14: Tufts Children’s PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CIS	High Confidence	High Confidence
PIP 2: Flu Vaccination	High Confidence	Moderate Confidence

Table 15: Tufts BIDCO PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CBP	High Confidence	High Confidence
PIP 2: CDC	High Confidence	High Confidence

Table 16: Tufts CHA PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CBP	High Confidence	High Confidence
PIP 2: Telehealth	High Confidence	High Confidence

A description of each validated PIP is provided in the ACP-PP-specific subsections below.

AllWays PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 17–20**.

Table 17: AllWays PIP 1 Summary, 2023

AllWays PIP 1: Increase the HEDIS Controlling High Blood Pressure (CBP) rate for AllWays members 18–85 years of age who had a diagnosis of hypertension (HTN) during the measurement period	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence	
<p>Aim</p> <p>The goal of this project is to increase the HEDIS Controlling Blood Pressure (CBP) rate for members 18–85 years of age who had a diagnosis of hypertension (HTN) by 10% over baseline (MY 2020). Through this PIP, AllWays aims to:</p> <ul style="list-style-type: none"> • Improve primary care physicians (PCP) knowledge of standardized HTN follow-up protocols and BP measurement techniques for managing HTN. • Increase member knowledge on HTN self-management, medication adherence, and blood pressure remote home monitoring. • Increase member and provider awareness of HTN available resources to them. <p>Interventions in 2023</p> <ul style="list-style-type: none"> ▪ Provide telephonic, in-person, and/or virtual education to members with hypertension around lifestyle tips to manage their conditions, medication adherence, and available resources (e.g., transportation, telehealth, blood pressure monitors). ▪ Develop and disseminate HTN protocols to train providers on standardized HTN follow up, BP measurement techniques for managing HTN, HEDIS CBP standards, CBP Actionable Reports, and resources available to members/providers. <p>Performance Improvement Summary</p> <ul style="list-style-type: none"> ▪ Performance Indicator Results Summary: Demonstrated improvement. ▪ Summary of factors associated with success: Provider education and access to actionable reports and member receipt of culturally competent outreach. ▪ Summary of challenges/barriers faced during the PIP: The plan noted some challenges with data tracking in a new EMR system. ▪ Summary of how entities will use the PIP findings: The plan will use the findings to inform future CBP interventions. 	

Table 18: AllWays PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Controlling High Blood Pressure	2022 (baseline, MY 2020 data)	58.39%
Indicator 1: Controlling High Blood Pressure	2023 (remeasurement year 1)	Not Applicable

Table 19: AllWays PIP 2 Summary, 2023

AllWays PIP 2: Increase the flu vaccination and Child Immunization Status (CIS) rates for the AllWays population with a special focus on reducing racial disparities in flu vaccination access	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – No Confidence	
<p>Aim</p> <ul style="list-style-type: none"> • Increase the flu vaccination rate for AllWays members 6 months–64 years of age who met the Flu vaccination measure denominator criteria) by 25% over baseline (2019–2020 flu season) by the end of this project. • Increase the Childhood Immunization Status (CIS) Combo 10 HEDIS measure for member ≤ 2 years of age by 5% over baseline (MY 2020) by the end of this project. 	

AllWays PIP 2: Increase the flu vaccination and Child Immunization Status (CIS) rates for the AllWays population with a special focus on reducing racial disparities in flu vaccination access

Interventions in 2023

- Educate AllWays members due for flu vaccine or childhood immunizations on the importance of getting the flu vaccines/immunizations and available flu resources through different outreaches such as text messaging campaigns, post cards, blogs.
- AllWays will partner with high-volume low performing provider sites to develop new reminder/scheduling systems for flu vaccines for members 6 months to 64 years old.
- AllWays will partner with high-volume low performing provider sites to create and implement CIS gap in care reports and scheduling/reminders protocols to help AllWays providers to remind members about immunizations at each visit.

Performance Improvement Summary

- **Performance Indicator Results Summary:** Performance declined.
- **Summary of factors associated with success:** No factors were associated with success.
- **Summary of challenges/barriers faced during the PIP:** The plan noted challenges related to the COVID-19 pandemic.
- **Summary of how entities will use the PIP findings:** The plan will conduct further analysis to develop more effective interventions.

Table 20: AllWays PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Flu Vaccination	2021 (baseline, MY 2020 data)	24%
Indicator 1: Flu Vaccination	2022 (remeasurement year 1)	25.4%
Indicator 1: Flu Vaccination	2023 (remeasurement year 2)	14.42%
Indicator 2: CIS Combo 10	2021 (baseline, MY 2020 data)	45.01%
Indicator 2: CIS Combo 10	2022 (remeasurement year 1)	49.15%
Indicator 2: CIS Combo 10	2023 (remeasurement year 2)	28.53%

Recommendations

- Recommendation for PIP 1: The entity should continue implementation of the ongoing REL data collection expansion, along with provider group supplemental data. Importantly, the entity should investigate improving the capability of the new EMR to capture condition-specific member education, PCP visits, pharmacist referrals, and blood pressure monitors dispensed; this will facilitate more complete intervention tracking in the future. The entity could consider sharing results of the provider Health Equity questionnaire with key stakeholders, to help inform future planning and sustainability.
- Recommendation for PIP 2: Although the entity designed a multi-pronged approach to increase flu vaccine rates and included the CIS performance indicator, given COVID-19 restrictions, performance declined for both intervention and non-intervention sites, with few exceptions (e.g., Beth Israel Deaconess Methuen and Andover where rates improved in the absence of intervention.) The entity may benefit from investigating what factor(s) contributed to such improvement in the latter sites and if these could be transferrable to other sites for greater impact. In future PIPs, the entity should repeat barrier analysis and/or adapt interventions and run small tests of change if PI rates are observed to remain stagnant or decline.

WellSense Community Alliance PIPs

WellSense Community Alliance PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 21–24**.

Table 21: WellSense Community Alliance PIP 1 Summary, 2023

WellSense Community Alliance PIP 1: Improving diabetes A1C control for all WellSense Community Alliance members and especially for those populations with health inequities
<p>Validation Summary</p> <p>Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence</p> <p>Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence</p>
<p>Aim</p> <p>The focus of this project is to improve comprehensive diabetes care for members that identify as Hispanic or Latino. The ACPD hopes the strategies outlined in this project will improve comprehensive diabetes care for all members. The ACPD will focus on the following high-level objectives for this PIP:</p> <ul style="list-style-type: none"> • Improve the collection of REL data for all members to create a more accurate understanding of the racial and ethnic disparities in diabetes care and management among the population. • Identify and understand the barriers that different racial and ethnic groups may face in managing their diabetes. • Partner with community leaders to build trust and increase engagement with historically marginalized communities. • Improve the provision of culturally sensitive care for members with diabetes. • Improve health outcomes for members with diabetes. • Reduce racial and ethnic disparities in diabetes care and outcomes. <p>Interventions in 2023</p> <ul style="list-style-type: none"> ▪ Improve the provision of culturally competent care through better data collection and provider training. ▪ Increase engagement and support for Hispanic and Latinx members in diabetes care. <p>Performance Improvement Summary</p> <ul style="list-style-type: none"> ▪ Performance Indicator Results Summary: Indicator 1 (percentage of members 18-64 with diabetes who had controlled HbA1c levels <9%) demonstrated slight improvement, with an increase of less than one percentage point from baseline (55%) to remeasurement (55.7%). Indicator 2 (percentage of Hispanic members with controlled HbA1c levels <9%) performance declined, with a decrease of 3.3 percentage points from baseline (52.9%) to remeasurement (49.6%). ▪ Summary of factors associated with success: Provision of anti-bias training to all new and existing providers. ▪ Summary of challenges/barriers faced during the PIP: <ul style="list-style-type: none"> ▪ Competing Priorities of Providers: Due to the limited time available for clinical care during a visit, there are limitations on the amount of progress made on the REL data collection work. At times, the immediate health needs of patients take priority over other listed items in the clinic workflow. ▪ Constraints in available resources and time taken to train new staff puts a setback in the process of getting the staff to feel comfortable with asking specific questions to improve data collection. Challenges with collecting race and ethnicity data due to the lack of standardization in definitions, leading to misclassification. ▪ Lack of culturally appropriate educational material: There is a challenge to create educational material that can address the cultural diversity of the entire population served and hence puts a limitation on its effectiveness. ▪ Summary of how entities will use the PIP findings: The entity is planning to adopt the MassHealth-provided standardized categories for race and ethnicity data collection to better capture this data. The entity is planning on conducting a patient survey to measure how members experience diabetic distress to inform future interventions on relieving distress.

Table 22: WellSense Community Alliance PIP 1 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: A1C Control (All Members)	2022 (baseline MY 2021 data)	55%
Indicator 1: A1C Control (All Members)	2023 (remeasurement year 1)	55.7%
Indicator 2: A1C (Hispanic Members)	2022 (baseline, MY 2021 data)	52.9%
Indicator 2: A1C (Hispanic Members)	2023 (remeasurement year 1)	49.6%

Table 23: WellSense Community Alliance PIP 2 Summary, 2023

WellSense Community Alliance PIP 2: Improving childhood immunization rates for all WellSense Community Alliance members and especially for those populations with health inequities	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence	
Aim	
<p>The focus of this project is to improve rates of childhood immunizations for members that identify as Black. The ACPP hopes the strategies outlined in this project will improve immunization rates for all members. The ACPP will focus on the following high-level objectives for this PIP:</p> <ul style="list-style-type: none"> • Improve the collection of REL data for all members to create a more accurate understanding of the racial and ethnic disparities among the population. • Identify and understand the barriers that different racial and ethnic groups may face in completing childhood immunizations. • Partner with community leaders to build trust and increase engagement with historically marginalized communities. • Improve the provision of culturally sensitive care for members aged 0–2 who identify as Black and their families. • Improve health outcomes for members aged 0–2 who identify as Black and their families. • Reduce racial and ethnic disparities in childhood immunization outcomes. 	
Interventions in 2023	
<ul style="list-style-type: none"> ▪ Develop educational materials for providers and members on REL data collection. ▪ Increase engagement and support for Black members aged 0–2 to improve childhood immunization rates. 	
Performance Improvement Summary	
<ul style="list-style-type: none"> ▪ Performance Indicator Results Summary: Indicator 1 (percentage of children under 2 with vaccines DTaP, IPV, MMR, HiB, HepB, VZV, PVC, HepA, RV, flu) demonstrated a decline, with a decrease of 2.1 percentage points from baseline (51%) to remeasurement (48.9%). Indicator 2 (percentage of black children under 2 with vaccines DTaP, IPV, MMR, HiB, HepB, VZV, PVC, HepA, RV, flu) demonstrated slight improvement, with an increase of 1.3 percentage points from baseline (53.4%) to remeasurement (54.7%). ▪ Summary of factors associated with success: Provision of anti-bias training to all new and existing providers. ▪ Summary of challenges/barriers faced during the PIP: <ul style="list-style-type: none"> ▪ Competing Priorities of Providers: Due to the limited time available for clinical care during a visit, there are limitations on the amount of progress made on the REL data collection work. At times, the immediate health needs of patients take priority over other listed items in the clinic workflow. ▪ Constraints in available resources and time taken to train new staff puts a setback in the process of getting the staff to feel comfortable asking specific questions to improve the data collection. Challenges with collecting race and ethnicity data due to the lack of standardization in definitions, leading to misclassification. ▪ Lack of culturally appropriate educational material: There is a challenge to create educational material that can address the cultural diversity of the entire population served and hence puts a limitation on its effectiveness. ▪ Summary of how entities will use the PIP findings: The entity is planning to adopt the MassHealth-provided standardized categories for race and ethnicity data collection to better capture this data. The entity is planning on 	

WellSense Community Alliance PIP 2: Improving childhood immunization rates for all WellSense Community Alliance members and especially for those populations with health inequities

conducting a patient survey to measure how members experience diabetic distress to inform future interventions on relieving distress.

Table 24: WellSense Community Alliance PIP 2 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: CIS (All Members)	2022 (baseline, MY 2021 data)	51%
Indicator 1: CIS (All Members)	2023 (remeasurement year 1)	48.9%
Indicator 2: CIS (Black Members)	2022 (baseline, MY 2021 data)	53.4%
Indicator 2: CIS (Black Members)	2023 (remeasurement year 1)	54.7%

Recommendations

- Recommendation for PIP 1: Development of a standardized process for collection of race and ethnicity data. Ongoing barrier analysis should be conducted, and interventions should be enhanced or modified. Feedback regarding barriers should be obtained from members and providers. IPRO recommends continuing to monitor the interventions outside the scope of the PIP, if possible, and assess methods to improve performance indicator measures.
- Recommendation for PIP 2: Development of a standardized process for collection of race and ethnicity data. Ongoing barrier analysis should be conducted, and interventions should be enhanced or modified. Feedback regarding barriers should be obtained from members and providers. IPRO recommends continuing to monitor the interventions outside the scope of the PIP, if possible, and assess methods to improve performance indicator measures.

WellSense Mercy PIPs

WellSense Mercy PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 25–27**.

Table 25: WellSense Mercy PIP 1 Summary, 2023

WellSense Mercy PIP 1: Improve CBP outcomes for all WellSense Mercy members with a focus on decreasing racial disparities for Black members with uncontrolled blood pressure

Validation Summary

Confidence Rating 1: PIP Adhered to Acceptable Methodology – Low Confidence

Confidence Rating 2: PIP Produced Evidence of Improvement - Low Confidence

Aim

The focus of this project is to improve the control of high blood pressure for Mercy members with hypertension that identify as Black. The ACPP hopes the strategies outlined in this project will improve hypertension care for all members. The ACPP will focus on the following high-level objectives for this PIP:

- Improve the collection of REL data for all Mercy members to create a more accurate understanding of the racial and ethnic disparities in hypertension care and management among Mercy’s population.
- Identify and understand the barriers that different racial and ethnic groups may face in managing their hypertension.
- Partner with community leaders to build trust and increase engagement with historically marginalized communities.
- Improve the provision of culturally sensitive care for Mercy members with hypertension.
- Improve health outcomes for Mercy members with hypertension.
- Reduce racial and ethnic disparities in hypertension care and outcomes.

WellSense Mercy PIP 1: Improve CBP outcomes for all WellSense Mercy members with a focus on decreasing racial disparities for Black members with uncontrolled blood pressure

Interventions in 2023

- Developing a plan for improved data collection and provider training.
- Increase engagement and support for Black members in hypertension care.

Performance Improvement Summary

- **Performance Indicator Results Summary:** Performance declined.
- **Summary of factors associated with success:** The entity had difficulty with data collection/analysis during the PIP and recognizes the lessons learned around the data issues as a success. Additional factors associated with success include investment in interpreter services and SDOH training.
- **Summary of challenges/barriers faced during the PIP:** The entity had difficulty with data collection/analysis during the PIP. They note their staff turnover and lack of standardized data processes as challenges faced.
- **Summary of how entities will use the PIP findings:** The entity will share their findings within their ACPP learning forums. There is a plan in place for improved data collection and analysis.

Table 26: WellSense Mercy PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Controlling High Blood Pressure	2022 (baseline, MY 2021 data)	73%
Indicator 1: Controlling High Blood Pressure	2023 (remeasurement year 1)	67.5%
Indicator 2: Controlling High Blood Pressure among Black members	2022 (baseline, MY 2021 data)	66.6%
Indicator 2: Controlling High Blood Pressure among Black members	2023 (remeasurement year 1)	Accurate Data Not Available

Table 27: WellSense Mercy PIP 2 Summary, 2023

WellSense Mercy PIP 2: Improve A1C outcomes for all WellSense Mercy members with a focus on decreasing racial disparities for Black members with diabetes

Validation Summary

Confidence Rating 1: PIP Adhered to Acceptable Methodology - Low Confidence

Confidence Rating 2: PIP Produced Evidence of Improvement - Low Confidence

Aim

The focus of this project is to improve comprehensive diabetes care for Mercy members that identify as Black. The ACPP hopes the strategies outlined in this project will improve comprehensive diabetes care for all members. The ACPP will focus on the following high-level objectives for this PIP:

- Identify and understand the barriers that different racial and ethnic groups may face in managing their diabetes.
- Strengthen partnerships with community leaders to build trust and increase engagement with historically marginalized communities across multiple health outcomes.
- Improve the provision of culturally sensitive care for Mercy members with diabetes.
- Improve health outcomes for Mercy members with diabetes.
- Reduce racial disparities in diabetes care and outcomes.

Interventions in 2023

- Developing a plan for improved data collection and provider training, beginning to collect and analyze data from other available sources to improve understanding of disparities.
- Increase engagement and support for Black members in diabetes care.

WellSense Mercy PIP 2: Improve A1C outcomes for all WellSense Mercy members with a focus on decreasing racial disparities for Black members with diabetes

Performance Improvement Summary

- **Performance Indicator Results Summary:** Performance declined.
- **Summary of factors associated with success:** The entity had difficulty with data collection/analysis during the PIP and recognizes the lessons learned around the data issues as a success. Additional factors associated with success include investment in interpreter services and SDOH training.
- **Summary of challenges/barriers faced during the PIP:** The entity had difficulty with data collection/analysis during the PIP. They note their staff turnover and lack of standardized data processes as challenges faced.
- **Summary of how entities will use the PIP findings:** The entity will share their findings within their ACPP learning forums. There is a plan in place for improved data collection and analysis.

Table 28: WellSense Mercy PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: HbA1c Control	2022 (baseline, MY 2021 data)	75.00%
Indicator 1: HbA1c Control	2023 (remeasurement year 1)	61.3%
Indicator 2: HbA1c Control Black members	2022 (baseline, MY 2021 data)	72.9%
Indicator 2: HbA1c Control Black members	2023 (remeasurement year 1)	Accurate Data Not Available

Recommendations

- Recommendation for PIP 1: IPRO recommends a standardized process for data collection and analysis that will allow for a greater focus on the results of the interventions and performance indicators.
- Recommendation for PIP 2: IPRO recommends a standardized process for data collection and analysis that will allow for a greater focus on the results of the interventions and performance indicators.

WellSense Signature PIPs

WellSense Signature PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 29–32**.

Table 29: WellSense Signature PIP 1 Summary, 2023

WellSense Signature PIP 1: Improve control of high blood pressure for all WellSense Signature members with a focus on decreasing racial and ethnic disparities for Black patients with hypertension

Validation Summary

Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence

Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence

Aim

The focus of this project is to improve the control of high blood pressure for Signature members with hypertension that identify as Black or African American. The ACPP hopes the strategies outlined in this project will improve hypertension care for all members. The ACPP will focus on the following high-level objectives for this PIP:

- Improve the collection of REL data for all Signature members to create a more accurate understanding of the racial and ethnic disparities in hypertension care and management among Signature’s population.
- Identify and understand the barriers that different racial and ethnic groups may face in managing their hypertension.
- Partner with community leaders to build trust and increase engagement with historically marginalized communities.
- Improve the provision of culturally sensitive care for Signature members with hypertension.
- Improve health outcomes for Signature members with hypertension.
- Reduce racial and ethnic disparities in hypertension care and outcomes.

WellSense Signature PIP 1: Improve control of high blood pressure for all WellSense Signature members with a focus on decreasing racial and ethnic disparities for Black patients with hypertension

Interventions in 2023

- Improve the collection and monitoring of REL data for all Signature members.
- Improve the provision of culturally and linguistically appropriate care.
- Enhance outreach and engagement efforts with members of the Black community generally, including hypertension-specific outreach.

Performance Improvement Summary

- **Performance Indicator Results Summary:** Demonstrated improvement.
- **Summary of factors associated with success:** Providers and staff were engaged and excited to participate in health equity trainings in general, as well as the medical interpreter pilot program. WellSense Signature has a sophisticated data analytics system that aids in identifying trends to help provide targeted outreach.
- **Summary of challenges/barriers faced during the PIP:** Plan struggled with limited resources and capacity for expanding member engagement, competing priorities of providers and practices, which includes the new ACO program and Health Equity Initiative, and challenges to improve REL data collection due to EMR structure, staff discomfort, and patient hesitance. The plan also mentioned that it is unable to expand community engagement efforts further due to limited grant funding. The plan attempted to implement a remote BP monitoring program, but the pilot was paused due to issues in tracking which patients were monitoring BP from home and are working to implement a new program.
- **Summary of how entities will use the PIP findings:** Plan hopes to expand its provider and staff trainings on health equity, implicit bias, and cultural sensitivity, find new ways to reach unengaged members and build additional ties to the community, re-evaluating and standardizing RELD data collection and storing. Plan will improve linguistically appropriate materials for patients and develop scripts and trainings for staff to collect race and ethnicity data.

Table 30: WellSense Signature PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Controlling High Blood Pressure All Members	2022 (baseline, MY 2021 data)	62%
Indicator 1: Controlling High Blood Pressure All Members	2023 (remeasurement year 1)	73%
Indicator 2: Controlling High Blood Pressure Black Members	2022 (baseline, MY 2021 data)	59%
Indicator 2: Controlling High Blood Pressure Black Members	2023 (remeasurement year 1)	71.4%

Table 31: WellSense Signature PIP 2 Summary, 2023

WellSense Signature PIP 2: Improve comprehensive diabetes care for all WellSense Signature members with a focus on decreasing racial and ethnic disparities for Hispanic/Latino members with diabetes

Validation Summary

Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence

Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence

Aim

This initiative seeks to improve comprehensive diabetes care for Signature members that identify as Hispanic or Latino since data show these members tend to have a higher prevalence of poorly controlled diabetes in comparison to White members. The ACPP reported the high-level objectives as:

- Improving the collection of REL data for all Signature members to create a more accurate understanding of the racial and ethnic disparities in diabetes care and management.
- Identifying and understanding the barriers that different racial and ethnic groups may face in managing their diabetes.
- Partnering with community leaders to build trust and increase engagement with historically marginalized communities.
- Improving the provision of culturally sensitive care for Signature members with diabetes.

WellSense Signature PIP 2: Improve comprehensive diabetes care for all WellSense Signature members with a focus on decreasing racial and ethnic disparities for Hispanic/Latino members with diabetes

- Improving health outcomes for Signature members with diabetes.
- Reducing racial and ethnic disparities in diabetes care and outcomes.

Interventions in 2023

- Improve the collection and monitoring of REL data for all Signature members.
- Improve the provision of culturally and linguistically appropriate care.
- Enhance outreach and engagement efforts with members of the Hispanic community generally, including diabetes-specific outreach.

Performance Improvement Summary

- **Performance Indicator Results Summary:** Performance declined for the two indicators that are the focus of this PIP, all diabetes patients and Hispanic diabetes patients with controlled A1C levels (A1C <9%). Report outlined that the plan saw improvement in the percentage of collected ethnicity data as a result of Intervention 1 (from 22% to 31%).
- **Summary of factors associated with success:** Provider and staff were engaged and excited for the scheduled sensitivity trainings and the pilot training on managing diabetes in diverse populations. WellSense Signature has a sophisticated data analytics system that aids in identifying trends to help provide targeted outreach.
- **Summary of challenges/barriers faced during the PIP:** Plan struggled with limited resources and capacity for expanding member engagement, competing priorities of providers and practices, which includes the new ACO program and Health Equity Initiative, and challenges to improve REL data collection due to EMR structure, staff discomfort, and patient hesitance.
- **Summary of how entities will use the PIP findings:** WellSense Signature will implement additional provider and staff health equity trainings and improve linguistically appropriate materials for patients, as well as staff scripts and resources for communicating with patients. WellSense Signature will be spending time implementing new RELD data collection standards per state requirements to ensure standardized data collection and tracking. Plan will also work to identify new methods for patient outreach and engagement to engage patients in their diabetes management in the primary care setting and the local Hispanic community.

Table 32: WellSense Signature PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: A1C Control (All Members)	2022 (baseline, MY 2021 data)	73%
Indicator 1: A1C Control (All Members)	2023 (remeasurement year 1)	71%
Indicator 2: A1C Control (Hispanic Members)	2022 (baseline, MY 2021 data)	65%
Indicator 2: A1C Control (Hispanic Members)	2023 (remeasurement year 1)	63.5%

Recommendations

- Recommendation for PIP 2: IPRO recommends further analysis of potential barriers or factors that affected the decline in indicator rates.

WellSense Southcoast PIPs

WellSense Southcoast PIP summaries, including aim, interventions, and results (indicators), are reported in Tables 33–36.

Table 33: WellSense Southcoast PIP 1 Summary, 2023

WellSense Southcoast PIP 1: Improving the control of high blood pressure for all WellSense Southcoast members, with a focus on reducing racial disparities for Black and Hispanic patients	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence	
<p>Aim</p> <p>To improve the control of blood pressure for Southcoast members with hypertension that identify as Black/African American or Hispanic. This initiative was chosen because of the ACPP's baseline quality measure data and analysis of outcomes by race. The strategies outlined in this project will help to improve blood pressure management for all, including patients of color. High-level objectives for this project plan include:</p> <ul style="list-style-type: none"> • Improvement in the collection of REL data for all Southcoast members. Foundational to the ACPP's effort is the ability to reliably capture patient data and assess performance at the practice level. • Identification and understanding of the barriers that different racial and ethnic groups face in managing their hypertension. • Partnership between the ACPP's Community Wellness Program and key community organizations to help increase patient engagement with historically marginalized communities. • Improvement in the provision of culturally sensitive care for Southcoast members with hypertension. • Improvement in health outcomes for Southcoast members with hypertension. • Reduced racial disparities in hypertension care and outcomes. <p>Interventions in 2023</p> <ul style="list-style-type: none"> ▪ Improve the collection and monitoring of REL data for all Southcoast members. ▪ Improve the provision of culturally and linguistically appropriate care. ▪ Enhance patient outreach and engagement efforts with members of the Black and Hispanic community generally, including hypertension-specific outreach. <p>Performance Improvement Summary</p> <ul style="list-style-type: none"> ▪ Performance Indicator Results Summary: Demonstrated improvement. ▪ Summary of factors associated with success: The development and use of REL-stratified dashboard that was used by staff for outreach, and staff's excitement for the initiatives. ▪ Summary of challenges/barriers faced during the PIP: The biggest barrier was associated with primary care access and bandwidth as well as "patient behavior." The ACPP stated that it was difficult to engage patients in care if they were uninterested. Finally, problems with patient attribution accuracy had a negative effect on the ACPPs ability to provide care. ▪ Summary of how entities will use the PIP findings: The ACPP plans to stratify all quality measures by REL data and expand stratification by adding SOGI and SDOH data. 	

Table 34: WellSense Southcoast PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Controlling High Blood Pressure All Members	2022 (baseline MY 2021 data)	57%
Indicator 1: Controlling High Blood Pressure All Members	2023 (remeasurement year 1)	59%
Indicator 2: Controlling High Blood Pressure Black and Hispanic Members	2022 (baseline, MY 2021 data)	64%
Indicator 2: Controlling High Blood Pressure Black and Hispanic Members	2023 (remeasurement year 1)	66%

Table 35: WellSense Southcoast PIP 2 Summary, 2023

WellSense Southcoast PIP 2: Improving control of diabetes for all WellSense Southcoast members, with a focus on reducing racial disparities for Black and Hispanic patients	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence	
<p>Aim</p> <p>To improve comprehensive diabetes care for Southcoast members with diabetes that identify as Black/African American or Hispanic. This initiative was chosen because of the ACP's baseline quality measure data and analysis of outcomes by race. The strategies outlined in this project will help to improve diabetes management for all, including patients of color. High-level objectives for this project plan include:</p> <ul style="list-style-type: none"> • Improvement in the collection of REL data for all Southcoast members. Foundational to the ACP's effort is the ability to reliably capture patient data and assess performance at the practice level. • Identification and understanding of the barriers that different racial and ethnic groups face in managing their diabetes. • Partnership between the ACP's Community Wellness Program and key community organizations to help increase patient engagement with historically marginalized communities. • Improvement in the provision of culturally sensitive care for Southcoast members with diabetes. • Improvement in health outcomes for Southcoast members with diabetes. • Reduced racial disparities in diabetes care and outcomes. <p>Interventions in 2023</p> <ul style="list-style-type: none"> ▪ Improve the collection and monitoring of REL data for all Southcoast members. ▪ Improve the provision of culturally and linguistically appropriate care. ▪ Enhance patient outreach and engagement efforts with members of the Black and Hispanic community generally, including diabetes-specific outreach. <p>Performance Improvement Summary</p> <ul style="list-style-type: none"> ▪ Performance Indicator Results Summary: Demonstrated improvement. ▪ Summary of factors associated with success: The development and use of REL-stratified dashboard that was used by staff for outreach, and staff's excitement for the initiatives. ▪ Summary of challenges/barriers faced during the PIP: The biggest barrier was associated with primary care access and bandwidth as well as "patient behavior." The ACP stated that it was difficult to engage patients in care if they were uninterested. Finally, problems with the patient attribution accuracy had a negative effect on the ACP's ability to provide care. ▪ Summary of how entities will use the PIP findings: The ACP plans to stratify all quality measures by REL data and expand stratification by adding SOGI and SDOH data. 	

Table 36: WellSense Southcoast PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: A1C Control All Members	2022 (baseline, MY 2021 data)	60%
Indicator 1: A1C Control All Members	2023 (remeasurement year 1)	61%
Indicator 2: A1C Control Black and Hispanic Members	2022 (baseline, MY 2021 data)	29%
Indicator 2: A1C Control Black and Hispanic Members	2023 (remeasurement year 1)	30%

Recommendations

- Recommendation for PIP 1: The ACP contributed the observed improvements in the CBP rate to the interventions mostly focused on collecting and monitoring REL data. To increase the proportion of Black and Hispanic members with controlled BP, IPRO recommends conducting a root cause analysis of barriers standing in the way of members being successful at managing high blood pressure.

- Recommendation for PIP 2: The ACPP contributed the observed improvements in the CDC rate to the interventions mostly focused on collecting and monitoring REL data. To increase the proportion of Black and Hispanic members with A1c<9, IPRO recommends conducting a root cause analysis of barriers standing in the way of members being successful at managing diabetes.

HNE BeHealthy PIPs

HNE BeHealthy PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 37–40**.

Table 37: HNE BeHealthy PIP 1 Summary, 2023

HNE BeHealthy PIP 1: Increasing Blood Pressure Control Through Targeted Member Engagement	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – Low Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – No Confidence	
Aim	
To increase the percentage of hypertensive members who actively engage in managing their blood pressure through preventative care visits and community-engaged messaging. Among HNE’s members with hypertension, Black members, those with fewer medical comorbidities, and those who did not have annual physical visits were more likely to have poor control of their blood pressure. These findings inform a strategy that emphasizes equity, prevention rather than management in hypertension-related comorbidity, and engagement in preventive care.	
Interventions in 2023	
<ul style="list-style-type: none"> ▪ Member Success Stories: Community Informing Community, members diagnosed with hypertension who were able to gain control over their hypertension share their success story with other members in the community. ▪ Intervention 2 (Increase the scheduling and completion of annual physical exams in members with hypertension identifying as Black) was discontinued in 2023. 	
Performance Improvement Summary	
<ul style="list-style-type: none"> ▪ Performance Indicator Results Summary: No remeasurement data was reported. ▪ Summary of factors associated with success: Improvement was impossible to determine given the lack of remeasurement data. ▪ Summary of challenges/barriers faced during the PIP: The discontinuation of one important intervention was a major limitation. The lack of robust interventions limited the ability to determine any observed success. ▪ Summary of how entities will use the PIP findings: HNE BeHealthy will share findings with its member Advisory Councils. 	

Table 38: HNE BeHealthy PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Controlling High Blood Pressure	2022 (baseline, MY 2021 data)	54.8%
Indicator 1: Controlling High Blood Pressure	2023 (remeasurement year 1)	Not Reported/Discontinued
Indicator 2: Annual Physical Completing Percent	2022 (baseline, MY 2021 data)	51.6%
Indicator 2: Annual Physical Completing Percent	2023 (remeasurement year 1)	Not Reported/Discontinued

Table 39: HNE BeHealthy PIP 2 Summary, 2023

HNE BeHealthy PIP 2: Increasing IET Adherence Through Targeted Member Engagement	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – No Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – No Confidence	
Aim	
To improve engagement in the AOD Treatment while focusing on both the initiation and engagement components of the IET measure.	

HNE BeHealthy PIP 2: Increasing IET Adherence Through Targeted Member Engagement

Interventions in 2023

- Sole intervention (direct outreach and engagement of females identifying as Hispanic into AOD treatment based off AOD trigger diagnosis) was discontinued in 2023.

Performance Improvement Summary

- **Performance Indicator Results Summary:** No remeasurement data was reported.
- **Summary of factors associated with success:** Improvement could not be measured since there were no interventions implemented.
- **Summary of challenges/barriers faced during the PIP:** The discontinuation of the intervention meant that the PIP could not be conducted.
- **Summary of how entities will use the PIP findings:** HNE BeHealthy will share findings with its member Advisory Councils. The plan also noted several improvement efforts in progress to help mitigate their resource challenges: the development of an ACO Behavioral Health workgroup, the hiring of a QI Program Manager, the initiation of a process of developing a hospital-based equity improvement project, which is slated for 2024. The plan also developed a Health Equity Evaluation Plan for their Health Equity Accreditation Submission.

Table 40: HNE BeHealthy PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: IET Initiation	2022 (baseline, MY 2021 data)	44.1%
Indicator 1: IET Initiation	2023 (remeasurement year 1)	Not Reported/Discontinued
Indicator 2: IET Engagement	2022 (baseline, MY 2021 data)	11.5%
Indicator 2: IET Engagement	2023 (remeasurement year 1)	Not Reported/Discontinued

Recommendations

- Recommendation for PIP 1: If HNE BeHealthy continues working on Improving Blood Pressure Control, it should expand the PIP to include the entire eligible population and consider strengthening its interventions to include, at a minimum, interventions targeted to providers and perhaps community resources. A barrier analysis should also be conducted to determine the reasons why members are not being screened and why they are not seeking care when needed. HNE BeHealthy will need to strengthen its analytical capabilities to avoid encountering similar challenges when conducting future PIPs.
- Recommendation for PIP 2: It is hoped that the additional resources will prompt the plan to develop an intervention within their operations to dedicate care management staff to the direct outreach to members engaging them in treatment. It is also recommended that the plan consider working directly with their ACO providers to help arrange for outpatient/telehealth appointments. Knowing that a gender disparity exists should spur an intervention targeted to women, especially Hispanic women.
- Recommendation for PIP 2: HNE BeHealthy may want to consider exploring the reasons why certain practices (i.e., Brightwood, High St and Mason Sq) perform better than others and, importantly, appear to not experience the gender disparity observed elsewhere. There may be lessons to be learned from working with them and strategies that these practices have in place that can be extrapolated to other lower performing practices.
- Recommendation for PIP 2: HNE BeHealthy may want to look inward to develop a tracking system to help identify members in need of BH services. The plan could work with them to help ensure that they are continually engaged with the healthcare system and that they receive the care they need to help avoid ED visits and inpatient stays.

Fallon Berkshire PIPs

Fallon Berkshire PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 41–44**.

Table 41: Fallon Berkshire PIP 1 Summary, 2023

Fallon Berkshire PIP 1: Controlling Blood Pressure	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence	
<p>Aim</p> <p>To improve blood pressure control for Fallon Berkshire members (aged 18–64 years) who have a diagnosis of hypertension by maintaining an average blood pressure (BP) of less than 140/90. This will be accomplished via member education, outreach, and targeted interventions including a new Mobile Health Unit Program.</p>	
<p>Interventions in 2023</p> <ul style="list-style-type: none"> Mobile Health Unit – Disease Monitoring Program. Distribution of Patient Lists and Provider Performance – Controlling Blood Pressure (CBP). 	
<p>Performance Improvement Summary</p> <ul style="list-style-type: none"> Performance Indicator Results Summary: Demonstrated improvement. <ul style="list-style-type: none"> Indicator 1 (members 18-64 with a diagnosis of hypertension whose blood pressure was adequately controlled at <140/90 over the measurement year) increased 17.86 percentage points, from baseline (57.14%) to Year 1 (75.00%). Indicator 2 (members who don't have a documented blood pressure result in the last 12 months) decreased 14.20 percentage points, from baseline (24.93%) to Year 1 (10.73%). Summary of factors associated with success: The plan has found success in allowing providers to have direct access to Performance Reporting dashboards which include data for Appendix Q and HEDIS metrics. Using the Mobile Health Unit to enter the community to provide BP checks was an effective strategy to engage patients outside of the typical PCP environment. Summary of challenges/barriers faced during the PIP: The plan cannot directly link or quantify the total BPs captured via the MHU; and there was no baseline data from the MHU to prove the efficacy of the MHU intervention. Another barrier for the MHU intervention was that some members were not responsive to providing answers to sensitive questions as the plan was trying to obtain RELD data, so the process of collecting RELD data via the MHU was suspended. The plan faced challenges with utilization of Appendix Q data to track these interventions and was not entirely successful due to the slow validation of Appendix Q metrics via MassHealth. Summary of how entities will use the PIP findings: The plan will ensure any future interventions involving the MHU will include quantifiable data. The plan will rely on internal data capture that can be continuously validated rather than relying on HEDIS or MassHealth data sets. The plan hopes to expand access to Performance Reporting dashboards and make these dashboards more universally available to community practices not utilizing BCA platform in the Expanse EMR. 	

Table 42: Fallon Berkshire PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Blood Pressure Poor Control	2022 (baseline, MY 2020 data)	57.14%
Indicator 1: Blood Pressure Poor Control	2023 (remeasurement year 1)	75.00%
Indicator 2: Annual Blood Pressure Check	2022 (baseline, MY 2021 data)	25.00%
Indicator 2: Annual Blood Pressure Check	2023 (remeasurement year 1)	10.7%

Table 43: Fallon Berkshire PIP 2 Summary, 2023

Fallon Berkshire PIP 2: Provide comprehensive diabetes care for Fallon Berkshire members with uncontrolled diabetes	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence	
Aim	
To improve A1C rates for Fallon Berkshire members (aged 18–64 years) who have a diagnosis of diabetes by decreasing overall A1C rates for members below 9.0. This will be accomplished via member education, outreach, and targeted interventions including a new Mobile Health Unit Program.	
Interventions in 2023	
<ul style="list-style-type: none"> Mobile Health Unit – Monitoring Program. Distribution of Patient Lists and Provider Performance – Comprehensive Diabetes Care (CDC). 	
Performance Improvement Summary	
<ul style="list-style-type: none"> Performance Indicator Results Summary: Demonstrated Improvement <ul style="list-style-type: none"> Indicator 1 (percentage of members with poor A1c control) decreased 6.1 percentage points, from 41.8% at baseline to 35.7% at year 1. Indicator 2 (percentage of members who don't have a documented A1c within the last 12 months) decreased 11.95 percentage points, from 38.0% at baseline to 26.05% at year 1. Summary of factors associated with success: Using the Mobile Health Unit to enter the community to provide point of care A1c checks provided an effective strategy to engage patients outside of the typical PCP environment. The plan has found success in allowing providers to have direct access to Performance Reporting dashboards which include data for Appendix Q and HEDIS metrics. Summary of challenges/barriers faced during the PIP: Part of the intervention of the Mobile Health Unit team engaging patients in the community was to support the collection of RELD data. The plan noted members were not responsive to providing answers to sensitive questions as the plan was trying to obtain RELD data, so the process of collecting RELD data via the MHU was suspended. Providing consistent patient data to teams outside of the Expanse platform was challenging and was ultimately discontinued, primarily due to a lack of available resources within the Quality team at the ACO to produce this information regularly. The plan cannot directly link or quantify the total A1c's captured via the MHU; and there was no baseline data from the MHU to prove the efficacy of the MHU intervention. The plan faced challenges with utilization of Appendix Q data to track interventions and was not entirely successful due to the slow validation of Appendix Q metrics via MassHealth. Summary of how entities will use the PIP findings: The plan will ensure any future interventions involving the MHU will include quantifiable data. The plan will rely on internal data capture that can be continuously validated rather than relying on Appendix Q or MassHealth data sets. 	

Table 44: Fallon Berkshire PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: A1C Poor Control	2022 (baseline, MY 2020 data)	41.8%
Indicator 1: A1C Poor Control	2023 (remeasurement year 1)	35.7%
Indicator 2: Annual A1C Completion	2022 (baseline, MY 2021 data)	38%
Indicator 2: Annual A1C Completion	2023 (remeasurement year 1)	26.05%

Recommendations

- Recommendation for PIP 1: IPRO recommends continuing to monitor the interventions outside the scope of the PIP, if possible, and assessing methods to sustain the preliminary improvement seen in this PIP. If the plan continues to utilize the MHU for interventions outside of the PIP scope, IPRO recommends including quantifiable data to measure the effectiveness of the intervention, as the ACO was unable to specify in what

clinical setting a BP result is obtained. IPRO recommends the plan strengthen data capture processes to reduce the number of “Unknown” RELD values, to tailor interventions to susceptible subpopulations.

- Recommendation for PIP 2: IPRO recommends continuing to monitor the interventions outside the scope of the PIP, if possible, and assessing methods to sustain the preliminary improvement seen in this PIP. If the plan continues to utilize the MHU for interventions outside of the PIP scope, IPRO recommends including quantifiable data to measure the effectiveness of the intervention, as the ACO was unable to specify in what clinical setting an A1c result is obtained. IPRO recommends the plan strengthen data capture processes to reduce the number of “Unknown” RELD values, in order to tailor interventions to susceptible subpopulations. IPRO recommends the plan develop and strengthen a process to provide consistent patient data to teams outside of the Expanse platform.

Fallon 365 PIPs

Fallon 365 PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 45–48**.

Table 45: Fallon 365 PIP 1 Summary, 2023

Fallon 365 PIP 1: Controlling Blood Pressure
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence
Aim To improve blood pressure control for members (aged 18–64 years) who have a diagnosis of hypertension by maintaining an average blood pressure (BP) of less than 140/90. This will be accomplished via targeted member outreach and provider education by refining infrastructure surrounding the best practices for rechecking BP in-office when reading is more than 140/90. The plan is using new reporting capabilities and accountability for rechecking BP measurements outside of the targets. Additionally, the ACP is exploring offering community-based hypertension clinics at hot-spot areas of concern within the patient community.
Interventions in 2023 <ul style="list-style-type: none"> ▪ Outreach to minority and unknown groups with disparities to continue beyond the three attempts to reach the member. ▪ Continue efforts to improve the management of patients with hypertension by systematically re-measuring when blood pressure readings are above the desired target.
Performance Improvement Summary <ul style="list-style-type: none"> ▪ Performance Indicator Results Summary: Indicator 1 improved, indicator 2 declined. ▪ Summary of factors associated with success: The plan noted that working with health equity program manager was a success. The plan also found several areas of success for this work that as it moves forward will continue to help the organization in improving care: <ol style="list-style-type: none"> 1. Automation of data – the ability to reduce the time for hand tabulation/calculation ensure the data accuracy and availability. 2. A centralized visualization tool – this would help to reduce the reliance on Excel and/or paper tracking of information collection and sharing. 3. EMR registries for real-time up to date data – having real-time information embedded within the organization’s EMR allows for improved accuracy in identifying patients. 4. Enhancing the involvement of clinical pharmacists in the active care of patients with high blood pressure to improve the quality of care. 5. There was a certain number of patients who were interested in the ability to receive assistance with a home blood pressure monitor to be more actively involved in the management of their blood pressure. ▪ Summary of challenges/barriers faced during the PIP: The primary barrier that was identified was the organization identified interventions/strategies that were believed to be beneficial to members to ease access to care, however,

Fallon 365 PIP 1: Controlling Blood Pressure

not all those interventions were received as well as was believed by members. The plan also noted incomplete reporting of information on race/language as a barrier.

- **Summary of how entities will use the PIP findings:** There is some anecdotal evidence suggesting this strategy does work for some patients, however, there is not yet sufficient data to support this potential result.

Table 46: Fallon 365 PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Blood Pressure Poor Control	2022 (baseline MY 2020 data)	69.1%
Indicator 1: Blood Pressure Poor Control	2023 (remeasurement year 1)	71.3%
Indicator 2: MPRs for hypertensive patients	2022 (baseline, MY 2021 data)	66.0%
Indicator 2: MPRs for hypertensive patients	2023 (remeasurement year 1)	65.4%

Table 47: Fallon 365 PIP 2 Summary, 2023

Fallon 365 PIP 2: Comprehensive Diabetes Care
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence
Aim To decrease the percentage of members whose HbA1c is > 9.0%.
Interventions in 2023 <ul style="list-style-type: none">▪ Outreach to minority and unknown groups with disparities to continue efforts to reduce variation in obtaining A1c while also reducing the number of patients who have an HbA1c > 9.0%.▪ To improve the management of patients with HbA1c > 9.0%.
Performance Improvement Summary <ul style="list-style-type: none">▪ Performance Indicator Results Summary: Indicator 1 improved.▪ Summary of factors associated with success: The plan adapted interventions based on member feedback that contributed to the success of the PIP. The organization had implemented efforts to obtain patient commitment to change at the time of initial engagement, as well as at regular occurring intervals. The organization successfully implemented this expectation as part of required documentation at the time of initial engagement with a patient or family. The plan also noted the automation of data, a centralized visual tool, EMR registries for real-time data, and enhanced involvement of clinical pharmacists as success factors.▪ Summary of challenges/barriers faced during the PIP: Socio-economic barriers that could impact members participation in PIP efforts- transportation, food insecurity and housing.▪ Summary of how entities will use the PIP findings: The plan will consider similar efforts when working with patients who have other identified gaps in care and work on self-engagement for patients.

Table 48: Fallon 365 PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: A1c Poor Control	2022 (baseline, MY 2020 data)	32.4%
Indicator 1: A1c Poor Control	2023 (remeasurement year 1)	30.65%

Recommendations

- Recommendation for PIP 1: IPRO recommends continued efforts to accurately collect member race and ethnicity data and if possible, continued monitoring of the interventions outside the scope of the PIP to assess which interventions were successful and sustainable.

- Recommendation for PIP 2: IPRO recommends continued efforts to accurately collect member demographic information for race and ethnicity. IPRO recommends continuing to monitor the interventions outside the scope of the PIP, if possible, and assessing methods to sustain the preliminary improvement seen in this PIP.

Fallon Wellforce PIPs

Fallon Wellforce PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 49–52**.

Table 49: Fallon Wellforce PIP 1 Summary, 2023

Fallon Wellforce PIP 1: Controlling Blood Pressure	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence	
Aim	
To improve blood pressure control for members (aged 18–64 years) who have a diagnosis of hypertension by maintaining an average blood pressure (BP) of less than 140/90. This will be accomplished via targeted proactive member outreach during the year using a text campaign via the ACP's population health tool.	
Interventions in 2023	
<ul style="list-style-type: none"> ▪ Hypertensive patient proactive outreach – text campaign. ▪ Reduce the amount of unknown REL data to support hypertension SDOH barriers analyses. 	
Performance Improvement Summary	
<ul style="list-style-type: none"> ▪ Performance Indicator Results Summary: Demonstrated improvement (improved rate, but to which intervention(s) and what degree, if any, the increase can be attributed, it is unclear). ▪ Summary of factors associated with success: Text campaign's effectiveness as one tool for the network to use for outreach; use of targeted lists sent to practices who did not opt into the campaign to inform them of patients showing documentation of elevated or no blood pressure, or no visit with PCP; and education initiatives undertaken with the network to improve blood pressure workflows and processes. ▪ Summary of challenges/barriers faced during the PIP: The phone numbers sourced from payer-supplied files did not always align with the cell phone number specified in the Electronic Medical Record (EMR) that was needed in order to text patients; Race, Ethnicity, and Language data process improvement could only be considered for practices using Epic (their platform for the EMR); and during the PIP, the scope of REL data collection for the organization expanded with new waiver requirements to include Sexual Orientation & Gender Identity (SOGI) & Social Determinants of Health (SDOH) data across the network, which impacted the anticipated timelines. ▪ Summary of how entities will use the PIP findings: Fallon Wellforce is sharing results with leadership and actively pursuing similar campaigns with other populations. REL, SOGI and SDOH data collection workflows were applied for all patients at all institutions using Epic within Fallon's (Tufts) Health System to ensure systemized adoption and to support the organization's ability to sustain this practice. 	

Table 50: Fallon Wellforce PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Adequate Control of High Blood Pressure	2022 (baseline, MY 2020 data)	58.15%
Indicator 1: Adequate Control of High Blood Pressure	2023 (remeasurement year 1)	70.56%

Table 51: Fallon Wellforce PIP 2 Summary, 2023

Fallon Wellforce PIP 2: Examine the barriers to telehealth and seek to reduce those barriers for the Medicaid ACP population
<p>Validation Summary</p> <p>Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence</p> <p>Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence</p>
<p>Aim</p> <p>To reduce the barriers to telehealth (and specifically, medical telehealth), for Fallon Wellforce members. In terms of the scope of the project, this will include conducting a population analysis of the members who are eligible to participate in this PIP and analyzing the demographics of these members; along with determining the barriers that prevent them from utilizing telehealth and seeking to continually reduce these barriers over this PIP cycle. Additionally, the ACP would like to improve the utilization of video telehealth for all members. The focus will be on Lowell Community Health Center (LCHC) members for this PIP and intervention.</p> <p>Interventions in 2023</p> <ul style="list-style-type: none"> Improve access to medical telehealth for LCHC members and determine methods to make telehealth more equitable to members. <p>Performance Improvement Summary</p> <ul style="list-style-type: none"> Performance Indicator Results Summary: Performance declined - The percentage of members utilizing telehealth decreased from 53.2% during Baseline period (CY 2020) to 22.7% during Re-measurement 2 period (CY 2022). Fallon-Wellforce listed COVID-19 vaccine availability, decreasing Covid-related restrictions, and increasing patient comfort level with in-person visits (in the context of the pandemic), along with provider availability, all as contributing factors in the decreasing rate of telehealth utilization. Although the goal to increase telehealth utilization by 5% from the baseline rate was not met, Fallon Wellforce indicated that knowledge gained, and infrastructure developed during implementation of this PIP is likely to support positive impacts for members. Summary of factors associated with success: The use of interpreter phone trees to increase language accessibility for patients, a dedicated Project Manager to focus on facilitating and supporting use of telehealth services, and availability of printed materials and flyers in various languages to expand patient accessibility to more materials were noted as strengths of the PIP. Summary of challenges/barriers faced during the PIP: <p>Technology illiteracy of patients & limited network connection for patients - by offering smartphones with unlimited data and training to patients on smart phone use, Fallon Wellforce was able to address some of these challenges.</p> <p>Provider resistance - due to the COVID-19 pandemic, providers had to deal with many changes in systems and technology, leading to providers feeling overburdened.</p> <p>Telehealth platform technical glitches - glitches led to difficulties that could erode trust in telehealth for patients and providers (unfortunately, even with planning and preparation for telehealth visits a glitch can occur during the actual appointment which can be very discouraging for both providers and patients).</p> Summary of how entities will use the PIP findings: Fallon Wellforce would like to improve the utilization of video telehealth for all members. Fallon Wellforce focused on Lowell Community Health Center (LCHC) members for this PIP and intervention. Based on the lessons learned from the LCHC intervention, NEQCA and/or Lowell PHO offices may implement certain strategies that were successful within LCHC. Aside from LCHC, all other WCP offices and organizations (NEQCA and Lowell PHO), are currently working towards increasing the number of offices/providers who are offering HIPAA-compliant telehealth platforms for their members.

Table 52: Fallon Wellforce PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: AMB - Ambulatory Care	2021 (baseline, MY 2020 data) ¹	53.2%
Indicator 1: AMB - Ambulatory Care	2022 (remeasurement year 1)	41.5%
Indicator 1: AMB - Ambulatory Care	2023 (remeasurement year 2)	22.7%

¹ The baseline rate reflects the number of members receiving services via telehealth (numerator) out of the number of members who received both outpatient and telehealth services. If a member has multiple outpatient or telehealth services, the member was only counted once; additionally, if a member has both outpatient and telehealth visits, the telehealth visit was counted.

Recommendations

- Recommendation for PIP 1: Report lists several additional interventions under factors associated with success; it is difficult to be certain to what degree (if any) these interventions are responsible for the improvement in the CBP performance indicator. In future PIPs, IPRO recommends acknowledging data comparison limitations, highlighting the interventions as a 'lesson learned,' and describing the steps that can be taken moving forward to identify which, if any, of the interventions are most impactful on the desired outcome.
- Recommendation for PIP 1: In future PIPs, IPRO recommends clear and specific numerators & denominators for baseline & remeasurement performance of all interventions. In the current PIP, additional factors were listed as contributing to success (targeted lists sent to practices and education & workflow adjustments with the TMIN signs); these were not mentioned under interventions, and it is difficult to determine to what degree, and which, if any, interventions had a positive impact on the population.
- Recommendation for PIP 1: In future PIPs, IPRO recommends clear and standardized report time labels for data collection periods.
- Recommendation for PIP 2: A general recommendation by IPRO for future PIP reporting is to be very specific when defining interventions. Defining specific interventions with assigned tracking measures will enhance visibility to intervention status and the degree to which it impacts outcomes.

Tufts Atrius PIPs

Tufts Atrius PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 53–56**.

Table 53: Tufts Atrius PIP 1 Summary, 2023

Tufts Atrius PIP 1: Hypertension Control Amongst Black Patients
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence
Aim To identify and address patients’ barriers, including health-related social needs that interfere with blood pressure control, resulting in increased number of hypertensive patients. Over the project cycle, Tufts Atrius’ care team staff will pursue this PIP’s activities by engaging eligible patients via multiple channels (in person, MyHealth Member portal, email, text, and phone call) to identify and address the barriers that impede blood pressure control. The pilot effort will occur at the Somerville Internal Medicine practice location, specifically for Black hypertensive patients with poorly controlled blood pressure. Atrius Health Social Workers and Population Health Managers will identify and contact Black hypertensive patients with poor blood pressure control. Tufts Atrius will conduct health-related social needs screenings to identify barriers/needs and connect patients with the resources to address their needs and arrange for follow up appointments with their PCP (in person or virtual). It is expected that this individualized engagement with patients will help facilitate patients getting primary care visits, which appears to show a positive correlation with blood pressure control among Tufts Atrius patients.

Tufts Atrius PIP 1: Hypertension Control Amongst Black Patients

Interventions in 2023

- Targeted outreach to Black hypertensive patients with poorly controlled blood pressure at the Somerville practice site to identify and address health-related social needs that interfere with their blood pressure control, offer Community Serving's Medically Tailored Meal program for eligible obese patients who had a diagnosis of hypertension (HTN), offer enrollment support in the Tufts Atrius patient portal (MyHealth); offer a home blood pressure cuff, discuss/educate on importance of BP follow up, and connect patients back to their PCP by scheduling a follow-up appointment that works for them.

Performance Improvement Summary

- Performance Indicator Results Summary:** Demonstrated improvement.
- Summary of factors associated with success:** Data collection and analysis improvements that help identify disparities, dedicated and engaged PIP team/staff that tested new workflows and interventions to determine success, timely feedback from pilot site to indicate successful workflows or areas for improvement, and availability of resources (home BP cuffs for members). Plan noted that they received positive feedback from the free home BP cuff options that further engaged members in monitoring their BP.
- Summary of challenges/barriers faced during the PIP:** Connecting with patients that are difficult to reach, scheduling PCP visits with members, vendor contract issues that delayed or interrupted scheduled outreach (texting and automated reminder calls), and cumbersome documentation workflows (this was resolved in intervention activities).
- Summary of how entities will use the PIP findings:** Given that the intervention was successful as a pilot, Atrius Health will roll out workflow improvements to new sites/across the health plan, EMR improvements for real-time data and efficient documentation procedures, staff education on intervention successes. The plan noted that it is looking into repurposing successful elements of the intervention activities for other populations, such as the type two diabetes population.

Table 54: Tufts Atrius PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Blood Pressure Control in Black/African American patients	2022 (baseline, MY 2021 data) ¹	69.8%
Indicator 1: Blood Pressure Control in Black/African American patients	2023 (remeasurement year 1)	72.8%

¹The percent of Black patients who had a diagnosis of hypertension (HTN) with controlled blood pressure.

Table 55: Tufts Atrius PIP 2 Summary, 2023

Tufts Atrius PIP 2: Childhood Immunization Status: Reducing the Disparity between White and Black or African American Tufts Atrius Members
Validation Summary
Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence
Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence
Aim
To increase year over year performance on the Childhood Immunization Status (CIS) quality measure with a particular emphasis on reducing the disparity between White and Black/African American Tufts Atrius members. Project efforts will focus on understanding and addressing barriers to childhood immunizations with an emphasis on the Black/African American population. THP-AH will implement both member and provider focused activities to increase administration of the required childhood vaccines prior to a member's 2 nd birthday. Member focused interventions will include education and outreach designed to address barriers related to vaccination including lack of member knowledge about the importance of childhood vaccines, vaccine hesitancy among members due to racial/ethnic/cultural/social/religious factors, and lack of member knowledge on when, where, and how to access the vaccines. Provider focused interventions will include education to improve knowledge regarding the disparity in childhood immunization rates and increase cultural awareness related to vaccine hesitancy.

Tufts Atrius PIP 2: Childhood Immunization Status: Reducing the Disparity between White and Black or African American Tufts Atrius Members

Interventions in 2023

- Patient Education and Engagement: Awareness, education and engagement efforts regarding the importance, safety, efficacy, and availability of childhood vaccines targeted toward parents of newborns, with a particular focus on Black/African American patients and parents.
- Patient/Parent Outreach for Care Gaps – conduct 1:1 outreach phone calls to parents of patients aged 18–24 months old who have one or more gap in required immunizations, with particular focus on outreach to Black/African American patients and parents.
- Intervention 3 (provider and Care Team Education – raise awareness of childhood immunization rates and racial disparities and provide education, training, and resources to support vaccine equity) was discontinued in 2023.

Performance Improvement Summary

- **Performance Indicator Results Summary:** Performance declined.
- **Summary of factors associated with success:** There were no success factors reported.
- **Summary of challenges/barriers faced during the PIP:** The COVID-19 pandemic impacted/increased vaccine hesitancy. Given the project timeline, intervention efforts will not be recognized until MY 2023-2024 due to 2 yr. old patient birthdays and the measure only counting members after 2 years old who received all rounds of vaccinations. Atrius Health had to pivot resources and efforts to address the 'triple-demic' (Covid-19, RSV, and flu) in Fall 2022 which decreased focus on intervention activities and outcomes. Atrius Health also implemented the project in a payer blind way, so results could be diluted when evaluating MassHealth-specific members.
- **Summary of how entities will use the PIP findings:** Atrius Health will be distributing the findings to front line staff and CIS rates will continue to be reviewed monthly by site level leadership. Atrius Health also mentions adapting the current processes for educating members on the importance of vaccines and outreach strategies will be re-evaluated.

Table 56: Tufts Atrius PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: CIS – Overall	2022 (baseline, MY 2021 data)	60.8%
Indicator 1: CIS – Overall	2023 (remeasurement year 1)	54.1%
Indicator 2: CIS – Black/African American Members	2022 (baseline, MY 2021 data)	58.7%
Indicator 2: CIS – Black/African American Members	2023 (remeasurement year 1)	47.2%
Indicator 2: CIS – White Members	2022 (baseline, MY 2021 data)	64.4%
Indicator 2: CIS – White Members	2023 (remeasurement year 1)	57.8%

Recommendations

- Recommendation for PIP 1: IPRO recommends conducting an additional analysis on the external factors that could contribute to rate improvements, as all subpopulations saw CBP rate improvement during the PIP timeline.
- Recommendation for PIP 2: IPRO recommends continuing intervention efforts through MY 2023-2024 to determine if interventions are successful, given the delayed timeline of the impact of success on CIS rates. Additionally, IPRO recommends addressing the barriers identified throughout the project's cycle through new or updated efforts to improve CIS rates.

Tufts Children's PIPs

Tufts Children's PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 57–60**.

Table 57: Tufts Children's PIP 1 Summary, 2023

Tufts Children's PIP 1: Childhood Immunization Status	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence	
<p>Aim</p> <p>To decrease disparities in vaccination rates for young patients who receive primary care at one of the 77 practices in the PPOC (Pediatric Physicians Organization at Children's). Specifically, the project focuses on disparities in Combo-10 immunization rates (diphtheria, tetanus, and acellular pertussis (DTaP), polio (IPV), measles, mumps, and rubella (MMR), haemophilus influenzae type B (HiB), hepatitis B (HepB), chicken pox (VZV), pneumococcal conjugate (PCV), hepatitis A (HepA), rotavirus (RV), and influenza (flu) among 2-year-olds.</p> <p>The first step of this work involves sharing immunization data with practice providers and staff and working with them to understand any disparities in immunization rates in their patient population. After examining the data and reviewing factors that may be influencing differences in rates, PPOC quality improvement staff will work with practices to optimize outreach strategies to improve patient/family awareness of vaccinations and to assist in scheduling. Outreach strategies will primarily involve patient communications, including appointment reminders in patients' preferred language. Interventions for this project will take place at PPOC's 80+ practices throughout Massachusetts and will be primarily led by the PPOC Quality Improvement team and the PPOC CLAS (Cultural and Linguistic Appropriate Services) Project Team.</p> <p>Interventions in 2023</p> <ul style="list-style-type: none"> Increasing adaption of Solutionreach, a multilingual patient communication platform, across all PPOC practices to support patients and families with limited English proficiency by, for example, sending appointment reminders in multiple languages. Optimization of the Spanish version of the Patient Portal by practices in the Pediatric Physicians Organization at Children's (PPOC). <p>Performance Improvement Summary</p> <ul style="list-style-type: none"> Performance Indicator Results Summary: Demonstrated improvement. Summary of factors associated with success: The entity implemented standardized technology solutions as a platform to reach non-English speaking members. Summary of challenges/barriers faced during the PIP: Implementation of technology solutions was slowed by need for resources outside the scope of the PIP. In addition, missing language data impacted some data reporting. Summary of how entities will use the PIP findings: Interventions were started in pilot practices with a plan to spread to other practices. 	

Table 58: Tufts Children's PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: CIS	2022 (baseline, MY 2020 data)	57.39%
Indicator 1: CIS	2023 (remeasurement year 1)	59.47%

Table 59: Tufts Children’s PIP 2 Summary, 2023

Tufts Children’s PIP 2: Increasing flu vaccination rates in a pediatric population	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence	
Aim	
To increase year-over-year flu vaccination rates among Tufts Children’s members. Flu vaccination is measured during the period September-March. Interventions for this project will take place at two hospital-based practices: Children’s Hospital Primary Care Center (CHPCC) and Martha Eliot Health Center (MEHC). Increasing the flu vaccination rates will be approached through the activities of member education, nurse practitioner outreach for children with medical complexities, and provider education. Activities are targeted to reach all ages inclusive of this PIP but have additional focus on children under 2 years old, per the HEDIS Childhood Immunization Status (CIS) Combo 10. Previously, this PIP was solely focused on flu vaccination, but has been modified to include CIS rates. Also note that previous iterations of this PIP reported that the interventions were taking place in a third Tufts Children hospital-based practice, Adolescent and Young Adult Medicine (AYAM), however this was inaccurate.	
Interventions in 2023	
<ul style="list-style-type: none"> Member Education Initiative. Targeted appropriate member/family outreach for flu vaccination. Provider education and training. 	
Performance Improvement Summary	
<ul style="list-style-type: none"> Performance Indicator Results Summary: Performance declined. Summary of factors associated with success: Nurse Practitioner (NP) completed active telephonic outreach. Educational posters depicting children of similar race and ethnicity of children in the practices were reportedly well received. Summary of challenges/barriers faced during the PIP: Missing or out-of-date contact information was a challenge for text messaging reminders and NP telephonic outreach calls. Limited provider engagement was a barrier to completing a proposed provider panel of best practices. The COVID-19 pandemic and related vaccine hesitation were also a significant challenge during the PIP. Summary of how entities will use the PIP findings: Findings will be shared with primary care providers at regularly scheduled meetings and with members at the next Patient Family Advisory Committee meeting. 	

Table 60: Tufts Children’s PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Flu Vaccination Rate	2021 (baseline, MY 2020 data)	47.99%
Indicator 1: Flu Vaccination Rate	2022 (remeasurement year 1)	38.64%
Indicator 1: Flu Vaccination Rate	2023 (remeasurement year 2)	33.94%

Recommendations

- Recommendation for PIP 1: In future PIPs, IPRO recommends setting performance indicator goals that are bold, feasible, and based upon baseline data. In addition, IPRO generally recommends considering new interventions when barriers prevent implementation of planned interventions.
- Recommendation for PIP 2: In future PIPs, IPRO recommends considering new interventions when barriers prevent implementation of planned interventions.

Tufts BIDCO PIPs

Tufts BIDCO PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 61–64**.

Table 61: Tufts BIDCO PIP 1 Summary, 2023

Tufts BIDCO PIP 1: Increasing blood pressure control among Tufts BIDCO hypertensive members	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence	
Aim	
This project is designed to have an individualized approach resulting in an increase in hypertensive patients having blood pressure rates under 140/90. Additionally, the project is designed to ensure that patients who meet the hypertensive criteria engage in routine care demonstrated by recording blood pressure levels at least once within the calendar year and receive routine follow-up if their blood pressure is above 140/90. The project incorporates equitable access into the interventions. Over the three-year project cycle, this PIP will explore, design, and build on, the following activities: Self-Measured Blood Pressure (SMBP) program, blood pressure/hypertension registry, and Tufts BIDCO-initiated individualized patient communication.	
Interventions in 2023	
<ul style="list-style-type: none"> Self-Measured Blood Pressure (SMBP) program. Hypertension Registry (HTN) registry. Patient Communication/outreach. 	
Performance Improvement Summary	
<ul style="list-style-type: none"> Performance Indicator Results Summary: Demonstrated improvement. Summary of factors associated with success: Tufts BIDCO adopted an outreach strategy focusing on obtaining home blood pressure readings from patients. This approach helped to meet patient needs, reduce barriers to care, and provide relevant education and support to help patients achieve their healthcare goals. Summary of challenges/barriers faced during the PIP: The first intervention's barriers included provider engagement, availability to participate in the pilot, administrative burden associated with this program, and patient comfort with technology and the SMBP process. Barriers to the second intervention included inconsistency in the spread of messaging related to the HTN registry from provider group to practice. The third intervention encountered barriers that included staffing limitations and practices were unable to complete this outreach. Tufts BIDCO centrally conducted all outreach for practices that chose to participate. Summary of how entities will use the PIP findings: The plan continues to evaluate opportunities for spreading findings and lessons learned throughout the provider network. 	

Table 62: Tufts BIDCO PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Controlling Blood Pressure	2022 (baseline, MY 2021 data)	48.81%
Indicator 1: Controlling Blood Pressure	2023 (remeasurement year 1)	56.99%

Table 63: Tufts BIDCO PIP 2 Summary, 2023

Tufts BIDCO PIP 2: Increasing A1c control among Tufts BIDCO diabetic members	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence	
Aim	
To increase the rates of effective and comprehensive diabetes care among the Tufts BIDCO patient population. The target patient population is patients diagnosed with Type 1 or Type 2 Diabetes in the measurement year or year prior to the measurement year who receive care through a Tufts BIDCO PCP. Through the outlined interventions and	

Tufts BIDCO PIP 2: Increasing A1c control among Tufts BIDCO diabetic members

activities, Tufts BIDCO intends to increase patient and provider engagement in diabetes management evidenced by increasing A1c control (A1c \leq 9.0%) for Tufts BIDCO members.

Interventions in 2023

- Pre-visit Planning.
- Patient outreach.
- Diabetes Group Visits.

Performance Improvement Summary

- **Performance Indicator Results Summary:** Performance level was maintained.
- **Summary of factors associated with success:** Centralized activities were more successful given staffing limitations in local interventions.
- **Summary of challenges/barriers faced during the PIP:** Barriers met due to staffing, but the plan is exploring alternative interventions.
- **Summary of how entities will use the PIP findings:** The plan will continue to work with local practices to identify opportunities for group visits and will relaunch the Spanish-speaking group in 2023.

Table 64: Tufts BIDCO PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: A1c Poor Control (> 9.0%)	2022 (baseline, MY 2021 data)	34.22%
Indicator 1: A1c Poor Control (> 9.0%)	2023 (remeasurement year 1)	33.79%

Recommendations

None.

Tufts CHA PIPs

Tufts CHA PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 65–68**.

Table 65: Tufts CHA PIP 1 Summary, 2023

Tufts CHA PIP 1: Reducing health disparities in controlling high blood pressure
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence
Aim The goal of this project is to address disparities for members who have less controlled blood pressure through the outreach and scheduling of patients to see Pharmacotherapy and/or Primary Care.
Interventions in 2023 <ul style="list-style-type: none"> ▪ Outreach to patients with hypertension who are overdue for care.
Performance Improvement Summary <ul style="list-style-type: none"> ▪ Performance Indicator Results Summary: Although the performance indicator decreased, the plan effectively made modifications to the intervention when met with barriers. ▪ Summary of factors associated with success: The patients who were overdue for their hypertension care were outreached and visits increased after the PIP was implemented. ▪ Summary of challenges/barriers faced during the PIP: There was a staffing shortage that affected the intervention but was modified to fit the current capacity. There was also a lack of Haitian Creole educational materials, which created challenges to implement the hypertension control care for this population. ▪ Summary of how entities will use the PIP findings: The plan will disseminate to providers through regular PFAC and other plan provider forums.

Table 66: Tufts CHA PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Controlling High Blood Pressure	2022 (baseline, MY 2021 data)	68.01%*
Indicator 1: Controlling High Blood Pressure	2023 (remeasurement year 1)	62.1%

*Tufts CHA reported 68.60% as the baseline rate in the prior reporting period. In 2023, Tufts CHA reported a different rate for the baseline year (68.01%).

Table 67: Tufts CHA PIP 2 Summary, 2023

Tufts CHA PIP 2: Increasing telehealth quality and utilization.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence
<p>Aim</p> <p>To reduce barriers to Behavioral Health telehealth services for Tufts CHA members, thus increasing consistent attendance to behavioral health routines and follow-up appointments. The PIP intervention activities are designed to remove barriers that may disproportionately impact members based on their race, ethnicity, language, age, and other demographic characteristics. The PIP data analysis demonstrates that Spanish-speaking members have lower rates of telehealth utilization; therefore, Spanish-speaking patients have been identified as the focal population for this PIP. Furthermore, the goal of the PIP is to provide a structured telehealth platform as well as individualized support for patients to set up the telehealth platform. Additionally, Tufts CHA provides individualized outreach to support patients with scheduling telehealth routines and follow-up appointments, all intended to improve ease and accessibility of telehealth; therefore, increasing telehealth utilization.</p> <p>Interventions in 2023</p> <ul style="list-style-type: none"> Optimizations of the integrated EMR (EPIC) tele-visit platform (MEND). Individualized Case Worker Outreach: CHA admission/NON-CHA Admissions. <p>Performance Improvement Summary</p> <ul style="list-style-type: none"> Performance Indicator Results Summary: Demonstrated improvement. The HEDIS MPT measure was discontinued for MY 2022, so the measure was replaced with BH Telehealth Utilization. Summary of factors associated with success: The performance indicator increased by 14.67 percentage points from the baseline rate. Summary of challenges/barriers faced during the PIP: The first intervention experienced barriers including challenges with connectivity to video for some members due to limited access to high bandwidth internet and/or low literacy, and the prevalence and severity of mental illness in the population, which can prevent patients from remembering appointments and follow-up care instructions. Summary of how entities will use the PIP findings: The plan will continue to encourage patients to use telehealth services when appropriate to improve access to care and support patient engagement in treatment. Telehealth appointments will remain a valuable resource for providers and patients to ensure patients are receiving appropriate routine behavioral health care as well as inpatient discharge follow-up care and will complement in-person care.

Table 68: Tufts CHA PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: HEDIS Mental Health Utilization Measure (MPT)	2021 (baseline, MY 2020 data)	69.60%
Indicator 1: HEDIS Mental Health Utilization Measure (MPT)	2022 (remeasurement year 1)	84.27%
Indicator 1: HEDIS Mental Health Utilization Measure (MPT)	2023 (remeasurement year 2)	55.11%

Recommendations

None.

IV. 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 ACPP PM rates.

MassHealth evaluates ACPPs quality performance on a slate of measures that includes HEDIS and non-HEDIS measures. All ACPP PMs were calculated by MassHealth's vendor Telligen. Telligen subcontracted with SS&C Health (SS&C), an NCQA-certified vendor, to produce both HEDIS and non-HEDIS measures rates for all ACPPs.

MassHealth received claims and encounter data from the ACPPs. MassHealth then provided Telligen with ACPP claims and encounter data files on a quarterly basis through a comprehensive data file extract referred to as the mega-data extract. Telligen extracted and transformed the data elements necessary for measure calculation.

Additionally, Telligen collected and transformed supplemental data received from individual ACPPs to support rate calculation. Telligen also used SS&C's clinical data collection tool, Clinical Repository, to collect ACPP-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 ACPP 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 the non-HEDIS measure rates, source code review was conducted with SS&C to ensure compliance with the measure specifications when calculating measures rates. For the 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. Each ACPP provided charts for sample records to confirm that the ACPPs 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 data warehouse 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:
 - Follow-Up After Hospitalization for Mental Illness (FUH): Within 7 days.
 - Initiation and Engagement of Substance Use Disorder Treatment (IET): Initiation of SUD Treatment.
- Rates for HEDIS and non-HEDIS measures.
- Screenshots from the data warehouse for PSV.
- Lists of numerator records that were compliant by medical record abstraction for the following:
 - Childhood Immunization Status (CIS).
 - Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care (PPC - Prenatal).

The following information was obtained from the ACPs:

- Each ACP 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 and non-HEDIS rates for the ACPs were fully compliant with all seven of the applicable NCQA information system standards. Findings from IPRO's review are displayed in **Tables 69 and 70**.

Table 69: ACP Compliance with Information System Standards – MY 2022

IS Standard	AllWays Health	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	HNE BeHealthy
1.0 Medical Services Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
2.0 Enrollment Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
3.0 Practitioner Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
4.0 Medical Record Review Processes	Compliant	Compliant	Compliant	Compliant	Non-Compliant	Compliant
5.0 Supplemental Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
6.0 Data Preproduction Processing	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
7.0 Data Integration and Reporting	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

ACPP: accountable care partnership plan; MY: measurement year; IS: information system.

Table 70: ACP Compliance with Information System Standards – MY 2022

IS Standard	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children's	Tufts BIDCO	Tufts CHA
1.0 Medical Services Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
2.0 Enrollment Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
3.0 Practitioner Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
4.0 Medical Record Review Processes	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
5.0 Supplemental Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

IS Standard	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children's	Tufts BIDCO	Tufts CHA
6.0 Data Preproduction Processing	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
7.0 Data Integration and Reporting	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

ACPP: accountable care partnership plan; MY: measurement year; IS: information system.

Validation Findings

- **Information Systems Capabilities Assessment (ISCA):** Pharmacy data received by MassHealth from the ACPPs/MCOs were identified to have inaccuracies due to a rounding error and medication package size that impacted the Asthma Medication ratio (AMR) measure rates for some of the ACPPs. The issue was identified when comparing MY 2021 rates to MY 2020 rates. This was identified and corrected prior to calculation of the MY 2022 rates. Therefore, there was no impact to the MY 2022 rates for the AMR measure. No other issues were identified.
- **Source Code Validation:** Source code review was conducted with SS&C for the ACPPs' non-HEDIS measure rates. No issues were identified.
- **Medical Record Validation:** All but one ACPP met the 80% threshold for the selected sample charts appropriately abstracted. Concerns were identified with chart abstraction for one ACPP. The abstraction was not supported by data in the medical record, or no chart was available to support the abstraction. This one ACPP was not compliant for medical record review and received the DNR = Do not report; MCP rate was materially biased and should not be reported designation for the PPC - Prenatal measure. One additional ACPP was not able to produce charts for all complaint records. However, since the 80% pass threshold was met for this ACPP, there was no impact to the overall rates. No other issues were identified.
- **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 data warehouse 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 other issues were identified.
- **Rate Validation:** Rate validation was conducted to evaluate measure results and compare rates to industry standard benchmarks. One ACPP (BMCHP-Southcoast) received a "Do not report" (DNR) designation for the PPC Prenatal measure. All other required measures were reportable.

Recommendations:

- ACPPs and MassHealth should enhance their oversight of the medical record review processes to ensure the accuracy of abstracted data reported by the ACPPs.
- ACPPs should ensure that the charts used for medical record abstraction are maintained and readily available for validation purposes.
- ACPPs and MassHealth should improve oversight of encounters submitted by ACPPs to ensure data accuracy.

Comparative Findings

IPRO aggregated the ACPP rates to provide methodologically appropriate, comparative information for all ACPPs consistent with guidance included in the EQR protocols issued in accordance with *Title 42 CFR § 438.352(e)*.

IPRO compared the ACPP measures rates and the weighted statewide means to the NCQA HEDIS MY 2022 Quality Compass New England (NE) regional percentiles for Medicaid health maintenance organizations (HMOs) for all measures where available. The weighted statewide means were calculated across all MassHealth's ACOs, including ACPPs and PC ACOs.

The performance varied across measures, with opportunities for improvement in several areas. According to the MassHealth Quality Strategy, MassHealth's benchmarks for ACPP measures rates are the 75th and the 90th Quality Compass New England regional percentiles. Improvement strategies may need to focus on areas where rates were below the 25th percentile.

Varied Performance:

- **Immunization for Adolescents (combo 2):** Six ACPPs were above 90th percentile, two ACPPs were at or above the 75th percentile but below the 90th percentile, one ACPP was at or above the 50th percentile, two ACPPs were at or above 25th percentile but below the 50th percentile, and two ACPPs were below the 25th percentile. The ACO Statewide Weighted Mean was at or above the 50th percentile but below 75th percentile, indicating a moderate performance.
- **Follow-up After Emergency Department Visit for Mental Illness (7 days):** Six ACPPs were above 90th percentile, seven ACPPs were at or above the 50th percentile, and the ACO Statewide Weighted Mean was at or above the 50th percentile but below 75th percentile, indicating a moderate performance.
- **Childhood Immunization Status (combo 10):** Four ACPPs were above 90th percentile, one ACPP was at or above the 75th percentile but below the 90th percentile, four ACPPs were at or above the 50th percentile but below the 75th percentile, and four ACPPs were below the 25th percentile. The ACO Statewide Weighted Mean was at or above the 50th percentile but below 75th percentile, indicating a moderate performance.
- **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation):** Four ACPPs were above 90th percentile, one ACPP was at or above the 75th percentile but below the 90th percentile, four ACPPs were at or above the 50th percentile, one ACPP was at or above 25th percentile but below the 50th percentile, and three ACPPs were below the 25th percentile. The ACO Statewide Weighted Mean was at or above the 50th percentile but below 75th percentile, indicating a moderate performance.
- **HBD: Hemoglobin A1c Control; HbA1c control (>9.0%) (Lower is better):** Three ACPPs were above 90th percentile, five ACPPs were at or above the 50th percentile, one ACPP was at or above 25th percentile but below the 50th percentile, and four ACPPs were below the 25th percentile. The ACO Statewide Weighted Mean was at or above the 50th percentile but below 75th percentile, indicating a moderate performance.
- **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement):** Three ACPPs were above 90th percentile, seven ACPPs were at or above the 50th percentile but below the 75th percentile, two ACPPs were at or above 25th percentile but below the 50th percentile, and one ACPP was below the 25th percentile. The ACO Statewide Weighted Mean was at or above the 50th percentile but below 75th percentile, indicating a moderate performance.
- **Controlling High Blood Pressure:** Two ACPPs were above 90th percentile, two ACPPs were at or above the 75th percentile but below 90th percentile, five ACPPs were at or above the 50th percentile but below the 75th percentile, three ACPPs were at or above 25th percentile but below the 50th percentile, and one

ACPP was below the 25th percentile. The ACO Statewide Weighted Mean was at or above the 50th percentile but below 75th percentile, indicating a moderate performance.

- **Metabolic Monitoring for Children and Adolescents on Antipsychotics:** Two ACPPs were above 90th percentile, three ACPPs were at or above 75th percentile but below the 90th percentile, three ACPPs were at or above the 50th percentile but below the 75th percentile, four ACPPs were at or above 25th percentile but below the 50th percentile, and one ACPP was below the 25th percentile. The ACO Statewide Weighted Mean was at or above the 50th percentile but below 75th percentile, indicating a moderate performance.

Needs Improvement:

- **Plan All-Cause Readmissions (Observed/Expected Ratio)** Almost all ACPPs (except for WellSense Signature) were below the 25th percentile and the ACO Statewide Weighted Mean was also below the 25th percentile, indicating a need for improvement.
- **Asthma Medication Ratio:** Seven ACPPs were at or above the 25th percentile but below the 50th percentile and 3 ACPP were below the 25th percentile. Even though 2 ACPPs were above the 90th percentile the ACO Statewide Weighted Mean was at or above the 25th percentile and below the 50th percentile, signaling an area for improvement.
- **Timeliness of Prenatal Care:** Six ACPPs were at or above the 25th percentile but below the 50th percentile and 4 ACPP were below the 25th percentile. Even though 2 ACPPs were above the 90th percentile the ACO Statewide Weighted Mean was at or above the 25th percentile and below the 50th percentile, signaling an area for improvement.
- **Follow-Up After Hospitalization for Mental Illness (7 days):** Six ACPPs were at or above the 25th percentile but below the 50th percentile and 1 ACPP was below the 25th percentile. Even though 2 ACPPs were above the 90th percentile the ACO Statewide Weighted Mean was at or above the 25th percentile and below the 50th percentile, signaling an area for improvement.

As explained in **Table 71**, the regional percentiles are color coded to compare to the ACPP rates.

Tables 72 and 73 display the HEDIS performance measures for MY 2022 for all ACPPs and the Weighted Statewide Means.

Table 71: Key for HEDIS Performance Measure Comparison to NCQA HEDIS MY 2022 Quality Compass NE Regional Percentiles

Key	How Rate Compares to the NCQA HEDIS 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).
DNR	Do not report

Table 72: ACPP HEDIS Performance Measures – MY 2022

HEDIS Measure	AllWays Health	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	HNE BeHealthy	ACO Statewide Mean
Childhood Immunization Status (combo 10)	33.09% (<25th)	53.56% (≥50th but <75th)	36.50% (<25th)	49.27% (≥50th but <75th)	34.32% (<25th)	36.01% (<25th)	52.47% (≥50th but <75th)
Timeliness of Prenatal Care	96.00% (≥90th)	88.21% (≥25th but <50th)	73.89% (<25th)	87.67% (≥25th but <50th)	DNR	84.24% (≥25th but <50th)	86.76% (≥25th but <50th)
Immunization for Adolescents (combo 2)	46.23% (≥25th but <50th)	57.07% (≥90th)	48.66% (≥50th but <75th)	50.15% (≥75th but <90th)	52.99% (≥90th)	51.09% (≥75th but <90th)	49.06% (≥50th but <75th)
Controlling High Blood Pressure	69.33% (≥50th but <75th)	63.54% (≥25th but <50th)	68.39% (≥50th but <75th)	78.59% (≥90th)	70.12% (≥75th but <90th)	54.24% (<25th)	67.23% (≥50th but <75th)
Asthma Medication Ratio	61.88% (≥25th but <50th)	61.85% (≥25th but <50th)	68.83% (≥90th)	63.99% (≥75th but <90th)	61.63% (≥25th but <50th)	58.42% (≥25th but <50th)	60.65% (≥25th but <50th)
Hemoglobin A1c Control; HbA1c control (>9.0%) LOWER IS BETTER	30.87% (≥50th but <75th)	29.78% (≥50th but <75th)	36.99% (<25th)	19.51% (≥90th)	37.70% (<25th)	38.27% (<25th)	34.07% (≥50th but <75th)
Metabolic Monitoring for Children and Adolescents on Antipsychotics	52.08% (≥90th)	46.74% (≥75th but <90th)	42.35% (≥50th but <75th)	66.67% (≥90th)	34.88% (≥50th but <75th)	50.96% (≥75th but <90th)	41.78% (≥50th but <75th)
Follow-Up After Hospitalization for Mental Illness (7 days)	35.46% (<25th)	43.20% (≥25th but <50th)	51.45% (≥50th but <75th)	54.25% (≥90th)	48.00% (≥25th but <50th)	50.66% (≥50th but <75th)	46.43% (≥25th but <50th)
Follow-up After Emergency Department Visit for Mental Illness (7 days)	74.69% (≥50th but <75th)	71.41% (≥50th but <75th)	69.35% (≥50th but <75th)	77.78% (≥90th)	71.56% (≥50th but <75th)	80.93% (≥90th)	74.65% (≥50th but <75th)
Plan All-Cause Readmissions (Observed/Expected Ratio) LOWER IS BETTER	1.33 (<25th)	1.27 (<25th)	1.28 (<25th)	1.37 (<25th)	0.94 (≥75th but <90th)	1.31 (<25th)	1.21 (<25th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	38.52% (<25th)	48.81% (≥50th but <75th)	46.18% (≥50th but <75th)	52.98% (≥75th but <90th)	38.93% (<25th)	64.19% (≥90th)	50.94% (≥50th but <75th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	12.76% (<25th)	19.24% (≥50th but <75th)	20.98% (≥50th but <75th)	22.52% (≥50th but <75th)	15.95% (≥25th but <50th)	36.44% (≥90th)	22.91% (≥50th but <75th)

ACPP: accountable care partnership plan; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year.

Table 73: ACPP HEDIS Performance Measures – MY 2022

HEDIS Measure	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children's	Tufts BIDCO	Tufts CHA	ACO Statewide Mean
Childhood Immunization Status (combo 10)	45.12% (≥50th but <75th)	60.37% (≥90th)	49.39% (≥50th but <75th)	56.19% (≥90th)	56.08% (≥90th)	55.65% (≥75th but <90th)	56.05% (≥90th)	52.47% (≥50th but <75th)
Timeliness of Prenatal Care	88.59% (≥25th but <50th)	95.00% (≥90th)	74.39% (<25th)	69.84% (<25th)	63.66% (<25th)	83.70% (≥25th but <50th)	87.76% (≥25th but <50th)	86.76% (≥25th but <50th)
Immunization for Adolescents (combo 2)	11.26% (<25th)	55.47% (≥90th)	54.50% (≥90th)	47.45% (≥25th but <50th)	53.04% (≥90th)	25.06% (<25th)	54.84% (≥90th)	49.06% (≥50th but <75th)
Controlling High Blood Pressure	67.92% (≥50th but <75th)	70.43% (≥75th but <90th)	67.24% (≥50th but <75th)	78.03% (≥90th)	62.34% (≥25th but <50th)	67.37% (≥50th but <75th)	65.57% (≥25th but <50th)	67.23% (≥50th but <75th)
Asthma Medication Ratio	55.33% (<25th)	58.91% (≥25th but <50th)	55.63% (<25th)	61.54% (≥25th but <50th)	65.91% (≥90th)	58.01% (≥25th but <50th)	52.10% (<25th)	60.65% (≥25th but <50th)
Hemoglobin A1c Control; HbA1c control (>9.0%) LOWER IS BETTER	35.04% (≥25th but <50th)	25.30% (≥90th)	29.79% (≥50th but <75th)	30.00% (≥50th but <75th)	58.33% (<25th)	25.91% (≥90th)	32.89% (≥50th but <75th)	34.07% (≥50th but <75th)
Metabolic Monitoring for Children and Adolescents on Antipsychotics	30.00% (≥25th but <50th)	31.45% (≥25th but <50th)	32.80% (≥25th but <50th)	46.31% (≥75th but <90th)	40.99% (≥50th but <75th)	28.57% (<25th)	31.03% (≥25th but <50th)	41.78% (≥50th but <75th)
Follow-Up After Hospitalization for Mental Illness (7 days)	48.37% (≥25th but <50th)	49.47% (≥50th but <75th)	39.49% (≥25th but <50th)	41.10% (≥25th but <50th)	52.18% (≥50th but <75th)	41.99% (≥25th but <50th)	57.54% (≥90th)	46.43% (≥25th but <50th)
Follow-up After Emergency Department Visit for Mental Illness (7 days)	73.85% (≥50th but <75th)	85.10% (≥90th)	80.69% (≥90th)	77.82% (≥90th)	83.87% (≥90th)	71.79% (≥50th but <75th)	73.74% (≥50th but <75th)	74.65% (≥50th but <75th)
Plan All-Cause Readmissions (Observed/Expected Ratio) LOWER IS BETTER	1.36 (<25th)	1.56 (<25th)	1.60 (<25th)	1.33 (<25th)	1.40 (<25th)	1.21 (<25th)	1.27 (<25th)	1.21 (<25th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	69.12% (≥90th)	74.63% (≥90th)	41.88% (≥25th but <50th)	35.78% (<25th)	51.37% (≥50th but <75th)	49.86% (≥50th but <75th)	63.29% (≥90th)	50.94% (≥50th but <75th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	28.32% (≥90th)	17.97% (≥50th but <75th)	15.81% (≥25th but <50th)	18.63% (≥50th but <75th)	28.15% (≥90th)	17.64% (≥50th but <75th)	19.3% (≥50th but <75th)	22.91% (≥50th but <75th)

ACPP: accountable care partnership plan; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year.

For the state-specific measures, IPRO compared the rates to the goal benchmarks determined by MassHealth. Goal benchmarks for ACPPs were fixed targets calculated with COVID-based adjustments. The state did not establish goal benchmarks for both of the Community Tenure measures.

Best Performance:

- **Risk-Adjusted Ratio (Observed/Expected) of ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions:** All ACPPs and the Weighted Statewide Mean were above the state benchmark goal.
- **Oral Health Evaluation:** Almost all ACPPs, except for Fallon Berkshire, were above the state benchmark goal and the Weighted Statewide Mean was also above the state benchmark goal.

Varied Performance:

- **Health-Related Social Needs Screening:** Eight ACPPs were above the goal and five ACPPs were below the goal, while the ACO Weighted Statewide Mean was above the goal, indicating moderate performance.
- **LTSS Community Partner Engagement:** Seven ACPPs were above the goal and six ACPPs were below the goal. The ACO Weighted Statewide Mean was also below the goal benchmark.
- **Behavioral Health Community Partner Engagement:** Six ACPPs were above the goal and seven ACPPs were below the goal. The ACO Weighted Statewide Mean was also below the goal benchmark.

Needs Improvement:

- **Screening for Depression and Follow-Up Plan:** Ten ACPPs and the ACO Statewide Mean were below the state benchmark goal, suggesting an area for improvement.
- **Depression Remission or Response:** Ten ACPPs and the ACO Statewide Mean were below the state benchmark goal, suggesting an area for improvement.

Table 74 shows the color key for state-specific performance measures comparison to the state benchmark.

Tables 75 and 76 show state-specific performance measures for MY 2022 for all ACPPs and the ACO Weighted Statewide Mean. Primary Care Member Experience Survey (PC MES) measures were not included in the performance measure validation.

Table 74: Key for State-Specific Performance Measure Comparison to the Goal Benchmark

Key	How Rate Compares to the State Benchmark
< Goal	Below the state benchmark.
= Goal	At the state benchmark.
> Goal	Above the state benchmark.
N/A	Not applicable (N/A).

Table 75: ACPP State-Specific Performance Measures – MY 2022

Measure	AllWays Health	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	HNE BeHealthy	ACO Weighted Statewide Mean	Goal Benchmark
Oral Health Evaluation	54.33% (>Goal)	48.49% (>Goal)	54.51% (>Goal)	53.44% (>Goal)	46.54% (>Goal)	50.62% (>Goal)	53.26% (>Goal)	43.28% (N/A)
Community Tenure (CT) – Bipolar, Schizophrenia or Psychosis (BSP; Observed/Expected Ratio)	0.7 (N/A)	1.09 (N/A)	1.02 (N/A)	1.03 (N/A)	0.95 (N/A)	0.73 (N/A)	0.82 (N/A)	TBD
Community Tenure (CT) – Non-BSP (Observed/Expected Ratio)	1.33 (N/A)	1.4 (N/A)	1.01 (N/A)	1.24 (N/A)	0.98 (N/A)	0.82 (N/A)	1.13 (N/A)	TBD
Health-Related Social Needs Screening	24.09% (>Goal)	38.93% (>Goal)	24.82% (>Goal)	42.09% (>Goal)	33.42% (>Goal)	22.38% (<Goal)	29.47% (>Goal)	23.50% (N/A)
Risk-Adjusted Ratio (Observed/Expected) of ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions - Lower is better	0.98 (>Goal)	1.00 (>Goal)	0.83 (>Goal)	0.85 (>Goal)	0.78 (>Goal)	0.74 (>Goal)	0.87 (>Goal)	1.28 (N/A)
Behavioral Health Community Partner Engagement	13.31% (>Goal)	11.63% (<Goal)	7.25% (<Goal)	16.25% (>Goal)	14.15% (>Goal)	11.94% (<Goal)	10.57% (<Goal)	12.20% (N/A)
LTSS Community Partner Engagement	13.57% (>Goal)	7.94% (<Goal)	6.81% (<Goal)	8.37% (<Goal)	9.03% (<Goal)	3.69% (<Goal)	7.51% (<Goal)	9.20% (N/A)
PC MES Willingness to Recommend+ Adult	83.19 (< Goal)	84.14 (< Goal)	75.04 (< Goal)	82.43 (< Goal)	86.94 (< Goal)	83.03 (< Goal)	84.5 (< Goal)	90.40 (N/A)
PC MES Willingness to Recommend+ Child	86.24 (< Goal)	86.78 (< Goal)	79.02 (< Goal)	84.78 (< Goal)	92.43 (> Goal)	87.22 (< Goal)	89.17 (< Goal)	91.30 (N/A)
PC MES Communication+ Adult	85.89 (< Goal)	86.21 (< Goal)	80.17 (< Goal)	84.95 (< Goal)	88.08 (< Goal)	86.06 (< Goal)	86.92 (< Goal)	90.20 (N/A)
PC MES Communication+ Child	89.44 (< Goal)	89.32 (< Goal)	84.57 (< Goal)	88.57 (< Goal)	92.83 (> Goal)	89.84 (< Goal)	90.43 (< Goal)	90.80 (N/A)
PC MES Integration of Care+ Adult	72.40 (< Goal)	74.92 (< Goal)	70.80 (< Goal)	74.73 (< Goal)	79.84 (< Goal)	75.80 (< Goal)	78.11 (< Goal)	82.90 (N/A)
PC MES Integration of Care+ Child	73.28 (< Goal)	73.79 (< Goal)	79.58 (< Goal)	71.39 (< Goal)	80.69 (< Goal)	72.94 (< Goal)	78.63 (< Goal)	89.10 (N/A)
PC MES Knowledge of Patient+ Adult	79.96 (< Goal)	80.56 (< Goal)	72.80 (< Goal)	78.48 (< Goal)	82.72 (< Goal)	80.63 (< Goal)	81.50 (< Goal)	83.30 (N/A)
PC MES Knowledge of Patient+ Child	82.46 (< Goal)	85.12 (< Goal)	79.49 (< Goal)	82.03 (< Goal)	89.17 (> Goal)	84.98 (< Goal)	86.20 (< Goal)	89.10 (N/A)
Screening for Depression and Follow-Up Plan	38.41% (<Goal)	57.11% (>Goal)	28.68% (<Goal)	69.98% (>Goal)	44.50% (<Goal)	42.27% (<Goal)	46.19% (<Goal)	49.32 (N/A)

Measure	AllWays Health	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	HNE BeHealthy	ACO Weighted Statewide Mean	Goal Benchmark
Depression Remission or Response	5.62% (<Goal)	12.21% (<Goal)	9.09% (<Goal)	32.65% (<Goal)	2.42% (<Goal)	0.51% (<Goal)	6.56% (<Goal)	9.20 (N/A)

ACPP: accountable care partnership plan; PC MES: Primary Care Member Experience Survey; MY: measurement year; LTSS: long-term services and support; N/A: not applicable; TBD: to be determined.

Table 76: ACPP State-Specific Performance Measures – MY 2022

Measure	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children's	Tufts BIDCO	Tufts CHA	ACO Weighted Statewide Mean	Goal Benchmark
Oral Health Evaluation	36.52% (<Goal)	57.69% (>Goal)	55.11% (>Goal)	55.98% (>Goal)	54.22% (>Goal)	57.67% (>Goal)	52.43% (>Goal)	53.26% (>Goal)	43.28% (N/A)
Community Tenure (CT) – Bipolar, Schizophrenia or Psychosis (BSP; Observed/Expected Ratio)	0.58 (N/A)	0.49 (N/A)	0.85 (N/A)	0.51 (N/A)	0.52 (N/A)	0.74 (N/A)	0.53 (N/A)	0.82 (N/A)	TBD
Community Tenure (CT) – Non-BSP (Observed/Expected Ratio)	0.75 (N/A)	0.50 (N/A)	0.96 (N/A)	0.72 (N/A)	0.87 (N/A)	1.22 (N/A)	1.12 (N/A)	1.13 (N/A)	TBD
Health-Related Social Needs Screening	4.87% (<Goal)	22.63% (<Goal)	10.46% (<Goal)	37.47% (>Goal)	56.2% (>Goal)	14.11% (<Goal)	42.34% (>Goal)	29.47% (>Goal)	23.50% (N/A)
Risk-Adjusted Ratio (Observed/Expected) ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions	0.83 (>Goal)	0.61 (>Goal)	0.94 (>Goal)	0.74 (>Goal)	0.85 (>Goal)	0.95 (>Goal)	1.04 (>Goal)	0.87 (>Goal)	1.28 (N/A)
Behavioral Health Community Partner Engagement	15.28% (>Goal)	10.30% (<Goal)	26.58% (>Goal)	25.10% (>Goal)	0.00% (<Goal)	12.03% (<Goal)	9.95% (<Goal)	10.57% (<Goal)	12.20% (N/A)
LTSS Community Partner Engagement	6.25% (<Goal)	12.79% (>Goal)	23.38% (>Goal)	35.42% (>Goal)	14.71% (>Goal)	12.98% (>Goal)	13.14% (>Goal)	7.51% (<Goal)	9.20% (N/A)
PC MES Willingness to Recommend+ Adult	86.11 (< Goal)	87.51 (< Goal)	85.64 (< Goal)	88.20 (< Goal)	91.70 (> Goal)	84.25 (< Goal)	85.75 (< Goal)	84.5 (< Goal)	90.40 (N/A)
PC MES Willingness to Recommend+ Child	82.80 (< Goal)	91.02 (< Goal)	91.17 (< Goal)	92.44 (> Goal)	91.58 (> Goal)	87.45 (< Goal)	90.09 (< Goal)	89.17 (< Goal)	91.30 (N/A)
PC MES Communication+ Adult	87.43 (< Goal)	87.74 (< Goal)	88.54 (< Goal)	89.14 (< Goal)	92.51 (> Goal)	86.39 (< Goal)	85.97 (< Goal)	86.92 (< Goal)	90.20 (N/A)
PC MES Communication+ Child	87.34 (< Goal)	91.61 (> Goal)	91.11 (> Goal)	91.72 (> Goal)	92.51 (> Goal)	88.64 (< Goal)	88.04 (< Goal)	90.43 (< Goal)	90.80 (N/A)
PC MES Integration of Care+ Adult	76.15 (< Goal)	79.82 (< Goal)	79.18 (< Goal)	81.46 (< Goal)	82.05 (< Goal)	78.33 (< Goal)	77.01 (< Goal)	78.11 (< Goal)	82.90 (N/A)

Measure	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children's	Tufts BIDCO	Tufts CHA	ACO Weighted Statewide Mean	Goal Benchmark
PC MES Integration of Care+ Child	76.05 (Goal)	78.34 (Goal)	77.56 (Goal)	79.35 (Goal)	80.69 (Goal)	76.29 (Goal)	74.43 (Goal)	78.63 (Goal)	89.10 (N/A)
PC MES Knowledge of Patient+ Adult	82.21 (Goal)	82.69 (Goal)	84.51 (Goal)	84.55 (Goal)	88.93 (Goal)	81.26 (Goal)	80.64 (Goal)	81.50 (Goal)	83.30 (N/A)
PC MES Knowledge of Patient+ Child	81.49 (Goal)	87.47 (Goal)	87.53 (Goal)	88.08 (Goal)	88.52 (Goal)	84.42 (Goal)	83.50 (Goal)	86.20 (Goal)	89.10 (N/A)
Screening for Depression and Follow-Up Plan	26.83% (Goal)	42.22% (Goal)	41.14% (Goal)	35.33% (Goal)	62.97% (Goal)	43.64% (Goal)	42.11% (Goal)	46.19% (Goal)	49.32 (N/A)
Depression Remission or Response	5.97% (Goal)	3.59% (Goal)	6.98% (Goal)	3.95% (Goal)	8.18% (Goal)	9.23% (Goal)	4.27% (Goal)	6.56% (Goal)	9.20 (N/A)

ACPPs: accountable care partnership plans; PC MES: Primary Care Member Experience Survey; MY: measurement year; LTSS: long-term services and support.

V. Review of Compliance with Medicaid and CHIP Managed Care Regulations

Objectives

The objective of the compliance validation process is to determine the extent to which Medicaid managed care entities comply with federal quality standards mandated by the Balanced Budget Act of 1997 (BBA).

The compliance of ACPPs with Medicaid and CHIP managed care regulations was evaluated by MassHealth's previous EQRO. The most current review was conducted in 2021 for contract year 2020. This section of the report summarizes the 2021 compliance results. The next comprehensive review will be conducted in 2024, as the compliance validation process is conducted triennially.

Technical Methods of Data Collection and Analysis

Compliance reviews were divided into 11 standards consistent with the CMS October 2021 EQR protocols:

- Availability of Services
 - Enrollee Rights and Protections
 - Enrollment and Disenrollment
 - Enrollee Information
- Assurances and Adequate Capacity of Services
- Coordination and Continuity of Care
- Coverage and Authorization of Services
- Provider Selection
- Confidentiality
- Grievance and Appeal Systems
- Subcontractual Relations and Delegation
- Practice Guidelines
- Health Information Systems
- Quality Assessment and Performance Improvement

Scoring Methodology

An overall percentage compliance score for each of the standards was calculated based on the total points scored divided by total possible points. A three-point scoring system was used: Met = 1 point, Partially Met = 0.5 points, and Not Met = 0 points. 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. The scoring definitions are outlined in **Table 77**.

Table 77: Scoring Definitions

Scoring	Definition
Met = 1 point	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 = 0.5 points	Any one of the following may be applicable: <ul style="list-style-type: none">• Documentation to substantiate compliance with the entirety of the regulatory or contractual provision was provided. ACPP staff interviews, however, provided information that was not consistent with documentation provided.• 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.

Scoring	Definition
	<ul style="list-style-type: none"> 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 = 0 points	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.

Description of Data Obtained

Compliance review tools included detailed regulatory and contractual requirements in each standard area. 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 provided by ACPPs included: policies and procedures, standard operating procedures, workflows, reports, member materials, care management files, and utilization management denial files, as well as appeals, grievance, and credentialing files.

Nonduplication of Mandatory Activities

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

Conclusions and Comparative Findings

ACPPs were compliant with many of the Medicaid and CHIP managed care regulations and standards. All ACPPs achieved compliance scores of 100% in the following domains: Assurances of Adequate Capacity of Services; Confidentiality; and Practice Guidelines. However, all four of the Tufts ACPPs performed below 90% on the Availability of Services standards; the AllWays Health and HNE BeHealthy ACPPs performed below 80% on the Enrollment and Disenrollment standards; and all four WellSense ACPPs performed below 70% on the Enrollment and Disenrollment standards.

Each ACPP's scores are displayed in **Tables 78 and 79**.

Table 78: CFR Standards to State Contract Crosswalk – 2021 Compliance Validation Results Conducted by the Previous EQRO.

CFR Standard Name ¹	CFR Citation	AllWays Health	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	HNE BeHealthy
Overall compliance score	N/A	96.4%	96%	96%	96%	96%	97.8%
Availability of Services	438.206	96.7%	94.7%	94.7%	94.7%	94.7%	97.9%
Enrollee Rights and Protections	438.10	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Enrollment and Disenrollment	438.56	77.8%	61.1%	61.1%	61.1%	61.1%	88.9%
Enrollee Information	438.10	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%
Assurances of Adequate Capacity and Services	438.207	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Coordination and Continuity of Care	438.208	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%
Coverage and Authorization of Services	438.210	99.2%	98.4%	98.4%	98.4%	98.4%	92.8%
Provider Selection	438.214	92.5%	95.0%	95.0%	95.0%	95.0%	100.0%
Confidentiality	438.224	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Grievance and Appeal Systems	438.228	94.2%	97.5%	97.5%	97.5%	97.5%	90.8%
Subcontractual Relationships and Delegation	438.230	93.3%	98.9%	98.9%	98.9%	98.9%	100.0%
Practice Guidelines	438.236	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Health Information Systems	438.242	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
QAPI	438.330	100.0%	98.4%	98.4%	98.4%	98.4%	98.4%

¹ The following compliance validation results were conducted by MassHealth's previous external quality review organization.

CFR: Code of Federal Regulations; QAPI: Quality Assurance and Performance Improvement.

Table 79: CFR Standards to State Contract Crosswalk – 2021 Compliance Validation Results Conducted by the Previous EQRO.

CFR Standard Name ¹	CFR Citation	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children's	Tufts BIDCO	Tufts CHA
Overall compliance score	N/A	97.3%	97.3%	97.3%	96.9%	97.2%	96.8%	96.9%
Availability of Services	438.206	94.7%	94.7%	94.7%	84.0%	85.1%	84.0%	84.0%
Enrollee Rights and Protections	438.10	100.0%	100.0%	100.0%	92.8%	92.8%	92.8%	92.8%
Enrollment and Disenrollment	438.56	94.4%	94.4%	94.4%	100.0%	100.0%	100.0%	100.0%
Enrollee Information	438.10	97.4%	97.4%	97.4%	94.7%	97.3%	97.3%	97.3%
Assurances of Adequate Capacity and Services	438.207	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Coordination and Continuity of Care	438.208	100.0%	100.0%	100.0%	98.4%	98.4%	94.5%	95.3%
Coverage and Authorization of Services	438.210	97.5%	97.5%	97.5%	96.7%	96.7%	96.7%	96.7%
Provider Selection	438.214	92.5%	92.5%	92.5%	97.5%	97.5%	97.5%	97.5%
Confidentiality	438.224	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Grievance and Appeal Systems	438.228	93.3%	93.3%	93.3%	97.5%	97.5%	97.5%	97.5%
Subcontractual Relationships and Delegation	438.230	98.9%	98.9%	98.9%	96.7%	96.7%	96.7%	96.7%
Practice Guidelines	438.236	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Health Information Systems	438.242	94.4%	94.4%	94.4%	100.0%	100.0%	100.0%	100.0%
QAPI	438.330	98.4%	98.4%	98.4%	98.4%	98.4%	98.4%	98.4%

¹ The following compliance validation results were conducted by the previous external quality review organization.

CFR: Code of Federal Regulations; QAPI: Quality Assurance and Performance Improvement.

VI. Validation of Network Adequacy

Objectives

Title 42 CFR § 438.68(a) requires states to develop and enforce network adequacy standards. At a minimum, states must develop time and distance standards for the following provider types: adult and pediatric primary care, ob/gyn, adult and pediatric behavioral health (for mental health and SUD), adult and pediatric specialists, hospitals, pediatric dentists, and LTSS, per *Title 42 CFR § 438.68(b)*.

The state of Massachusetts has developed access and availability standards based on the requirements outlined in *Title 42 CFR § 438.68(c)*. One of the goals of MassHealth's quality strategy is to promote 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.

MassHealth's access and availability standards are described in Section 2.10 of the MassHealth ACPP Contract, effective April 1st, 2023, inclusive of Amendments 1 and 2. ACPPs are contractually required to meet accessibility standards (i.e., standards for the duration of time between enrollee's request and the provision of services) and availability standards (i.e., travel time and distance standards and, when needed, threshold member to provider ratios).

Title 42 CFR § 438.356(a)(1) and *Title 42 CFR § 438.358(b)(1)(iv)* establish that state agencies must contract with an EQRO to perform the annual validation of network adequacy. To meet federal regulations, MassHealth contracted with IPRO, an EQRO, to perform the validation of network adequacy for MassHealth ACPPs. IPRO evaluated ACPP provider networks compliance with MassHealth's time and distance standards as well as the accuracy of the information presented in ACPP's online provider directories.

Technical Methods of Data Collection and Analysis

For 2023, IPRO evaluated each ACPP's provider network to determine compliance with network availability standards established by MassHealth. According to the ACPP contracts, at least 90% of health plan members in each ACO Service Area must have access to in-network providers in accordance with the time-OR-distance standards defined in the contract.

IPRO reviewed MassHealth network availability standards and worked together with the state to define network adequacy indicators. Network adequacy indicators were defined through a series of meetings with IPRO and MassHealth that took place between April and August 2023. ACPP network adequacy standards and indicators are listed in **Appendix D (Tables D1 to D6)**.

IPRO requested in-network providers data on August 1, 2023, with a submission due date of August 29, 2023. MCPs submitted data to IPRO following templates developed by MassHealth and utilized by MCOs and ACPPs to report providers lists to MassHealth on an annual basis. The submitted data went through a careful and significant data clean up and deduplication process. If IPRO identified missing or incorrect data, the plans were contacted and asked to resubmit. Duplicative records were identified and removed before the analysis.

IPRO entered into an agreement with Quest Analytics™ to develop ACPPs' geo-access reports. IPRO analyzed the results to identify ACPPs with adequate provider networks, as well as Service Areas with deficient networks. When an ACPP appeared to have network deficiencies in a particular Service Area, IPRO reported the percentage of ACPP members in that Service Area who had adequate access.

In addition to geo-access reports, IPRO also calculated the provider-to-member ratios. ACPP Contracts define required provider-to-member ratios for primary care and OB/GYN providers as defined in **Table 80**.

Table 80: Provider-to-Member Ratios

Provider Type	Goal	Provider-to-member ratio definition
Adult PCP	1:750	The number of all in-network adult primary care providers (i.e., internal medicine and family medicine) against the number of all members ages 21 to 64. Calculate for all providers (i.e., providers with open and closed panels altogether).
Pediatrics PCP	1:750	The number of all in-network pediatric primary care providers (i.e., pediatricians and family medicine) against the number of all members ages 0 to 20. Calculate for all providers (i.e., providers with open and closed panels altogether).
OB/GYN	1:500	The number of all in-network OB/GYN providers against the number of all female members ages 10+. Calculate for all providers (i.e., providers with open and closed panels altogether).
Specialists	N/A	The number of all in-network providers against the number of all members. There are no predefined ratios that need to be achieved.
Physical Health Services	N/A	Provider-to-member ratio not required. Did not calculate.
Behavioral Health Services	N/A	Provider-to-member ratio not required. Did not calculate.
Pharmacy	N/A	Provider-to-member ratio not required. Did not calculate.

N/A: not applicable.

Finally, using the ACPP online provider directories, IPRO validated the accuracy of the information published in the provider directories. IPRO reviewers contacted a sample of practice sites to confirm providers' participation with the Medicaid managed care plan, open panel status for listed specialty, , telephone number, and address. IPRO reported the percentage of providers in the sample with verified and correct information. The validation of provider directories included the following provider types:

- Family Medicine
- Internal Medicine
- Pediatrics
- OB/GYN
- Infectious Disease
- Neurology, Child, and Adult
- Autism (ABA)
- Psychiatry
- Psychiatry Inpatient Adolescent/Child
- ATS/Detox Level 3.7
- Clinical Stabilization Services Level 3.5
- Opioid/Alcohol Medical Treatment
- Outpatient Behavioral Health/Substance Use Facilities
- Urgent Care

Description of Data Obtained

Validation of network adequacy for CY 2023 was performed using network data submitted by ACPPs to IPRO. IPRO requested a complete provider list which included facility/provider name, address, phone number, and the national provider identifier (NPI) for the following provider types: primary care, ob/gyn, hospitals, rehabilitation, urgent care, specialists, behavioral health, and pharmacy. For PCPs, open and closed panels as well as providers'

second language information were also requested. IPRO received a complete list of MassHealth enrollees from the state.

Geo-access reports were generated by combining the following files together: data on all providers and service locations contracted to participate in plans' networks, member enrollment data, service area information provided by MassHealth, and network adequacy standards and indicators. Whereas provider-to-member ratios were generated using the data on all in-network providers and the enrollment file.

For the provider directories validation, provider directory web addresses were reported to IPRO by the managed care plans and are presented in **Appendix E**. IPRO reviewers contacted the practice sites between August and December 2023.

Conclusions and Comparative Findings

MassHealth divided the state into 38 ACO service areas. Medicaid members can enroll in a health plan available in their area. A service area is a group of cities and towns that a health plan serves. For example, while MGB and WellSense Community Alliance both cover 23 service areas, the Fallon Berkshire ACPP covers only 2 service areas. **Table 81** shows the number of service areas that each ACPP covers.

Time and Distance Standards

Tables 82–86 provide a summary of the network adequacy results for healthcare providers subject to travel time and distance standards defined in the ACPPs' contracts with MassHealth.

- For Primary Care Providers, most ACPPs met the access standards. However, the WellSense Community Alliance and WellSense Care Alliance Adult PCP networks were partially deficient. For Pediatric PCPs, the WellSense Community Alliance network was partially met. In the OB-GYN category, the Fallon 365 network was deficient in two service areas.
- For Pharmacy, all ACPPs met the pharmacy access standards.
- For Physical Health Services, most ACPPs met the access standards. However, for rehabilitation hospitals, the WellSense Community Alliance and the WellSense Children's networks were partially deficient. For Urgent Care Services, the MGB, WellSense Children's, and Fallon Atrius networks were partially deficient.
- For Specialty Providers, MGB partially met the Dermatology and Infectious Diseases access standards. All other ACPPs met the Specialty Providers access standards.
- For allergy providers, oral surgeons, plastic surgeons, and vascular surgeons no time-OR-distance standards were specified. Instead, the ACPPs must have had at least one provider in their network. All ACPPs met the requirements for those provider types.
- For Behavioral Health Providers, all ACPPs met the BH outpatient (including psychology and psych APN) access standards. The WellSense East Boston, Fallon Berkshire, Fallon 365, Fallon Atrius, and Tufts CHA ACPPs met access standards for all BH Providers. Other ACPPs had network deficiencies for at least one BH Provider type.

Please note that the analysis conducted did not include exemptions for MassHealth service areas where there are known provider gaps. Therefore, in some circumstances, results may reflect market issues rather than network deficiencies. In future analysis, MassHealth will provide exemptions for service areas with known provider gaps.

Table 81: ACPPs and Number of Service Areas

Service Areas	MGB*	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's*	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Number of Service Areas	23	23	3	5	7	21	16	3	34	5	2	4	16	8	5

*This ACPP has members residing in the Oak Bluffs and Nantucket Service Areas. These two Service Areas have unique standards for PCPs, OB/GYN, specialists, and acute inpatient hospitals.

Table 82: Service Areas with Adequate Network of PCPs, OB/GYN, and Pharmacy

The number of service areas where ACPPs had an adequate network, per provider type. “Met” means that an ACPP had an adequate network of that provider type in all service areas it is in.

Provider Type	Standard – 90% of Members Have Access	MGB*	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's*	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Adult PCP (Open Panel Only)	2 providers within 15 miles or 30 minutes**	23 out of 23 (Met)	22 out of 23 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	14 out of 16 (Partially Met)	3 out of 3 (Met)	N/A***	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Pediatric PCP (Open Panel Only)	2 providers within 15 miles or 30 minutes**	23 out of 23 (Met)	22 out of 23 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
OBGYN (Open Panel Only)	2 providers within 15 miles or 30 minutes	N/A****	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	2 out of 4 (Partially Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Pharmacy	1 pharmacy within 15 miles or 30 minutes.	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)

*This ACPP has members residing in the Oak Bluffs and Nantucket Service Areas. These two Service Areas have unique standards for PCPs, OB/GYN, specialists, and acute inpatient hospitals.

** For members residing in Oak Bluffs and Nantucket, two providers within 40 miles or 40 minutes.

*** MassHealth does not measure the adult PCP network for WellSense Children’s.

**** MGB’s OB-GYN network data was not included in this report due to a data submission issue that was investigated but could not be resolved before publication given the time constraints.

Table 83: Service Areas with Adequate Network of Physical Health Services Providers

The number of service areas where ACPPs had an adequate network, per provider type. “Met” means that an ACPP had an adequate network of that provider type in all service areas it is in.

Provider Type	Standard – 90% of Members Have Access	MGB*	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's*	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Acute Inpatient Hospital	1 hospital within 20 miles or 40 minutes**	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Rehabilitation Hospital	1 rehabilitation hospital within 30 miles or 60 minutes	23 out of 23 (Met)	22 out of 23 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	31 out of 34 (Partially Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Urgent Care Services	1 urgent care within 15 miles or 30 minutes	22 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	33 out of 34 (Partially Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	14 out of 16 (Partially Met)	8 out of 8 (Met)	5 out of 5 (Met)

*This ACPP has members residing in the Oak Bluffs and Nantucket Service Areas. These two Service Areas have unique standards for PCPs, OB/GYN, specialists, and acute inpatient hospitals.

** For members residing in Oak Bluffs and Nantucket, any hospital located in the Oak Bluffs and Nantucket Service Areas, or the closest hospital located outside of these service areas.

Table 84: Service Areas with Adequate Network of Specialty Providers

The number of service areas where ACPPs had an adequate network, per provider type. “Met” means that an ACPP had an adequate network of that provider type in all service areas it is in. An adequate network is defined as 90% of members in a service area having access to one specialty provider within 20 miles or 40 minutes; and for members residing in the Oak Bluffs and Nantucket Service Areas, having access to one provider within 40 miles or 40 minutes.

Provider Type	MGB*	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's*	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Anesthesiology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Audiology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Cardiology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Dermatology	22 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)

Provider Type	MGB*	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's*	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Emergency Medicine	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Endocrinology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Gastroenterology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
General Surgery	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Hematology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Infectious Diseases	22 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Medical Oncology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	0 out of 2 (Not Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Nephrology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Neurology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Ophthalmology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Orthopedic Surgery	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Otolaryngology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Physiatry	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Podiatry	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)

Provider Type	MGB*	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's*	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Psychiatry	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Pulmonology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Rheumatology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Urology	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)

*This ACPP has members residing in the Oak Bluffs and Nantucket Service Areas. These two Service Areas have unique standards for PCPs, OB/GYN, specialists, and acute inpatient hospitals.

Table 85: ACPPs with Adequate Network of Allergy Providers, Oral Surgeons, Plastic Surgeons, and Vascular Surgeons

The number of service areas where ACPPs had an adequate network, per provider type. “Met” means that an ACPP had an adequate network of that provider type. There are no time-OR-distance standards for allergy providers, oral surgeons, plastic surgeons, and vascular surgeons. To meet the contractual requirement, the MCP must show that they have at least one allergy provider, oral surgeon, plastic surgeon, vascular surgeon in their network.

Provider Type	MGB	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Allergy	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)
Oral Surgery	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)
Plastic Surgery	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)
Vascular Surgery	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)	(Met)

Table 86: Service Areas with Adequate Network of Behavioral Health Providers

The number of service areas where ACPs had an adequate network, per provider type. “Met” means that an ACP had an adequate network of that provider type in all service areas it is in. An adequate network is defined as 90% of members in a service area having access to two behavioral health providers within 60 miles or 60 minutes.

Provider Type	MGB	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Psychiatric Inpatient Adult	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	33 out of 34 (Partially Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Psychiatric Inpatient Adolescent	22 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	33 out of 34 (Partially Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Psychiatric Inpatient Child	21 out of 23 (Partially Met)	20 out of 23 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	6 out of 7 (Partially Met)	20 out of 21 (Partially Met)	16 out of 16 (Met)	3 out of 3 (Met)	29 out of 34 (Partially Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Managed Inpatient Level 4	22 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	33 out of 34 (Partially Met)	0 out of 5 (Not Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	4 out of 5 (Partially Met)
Monitored Inpatient Level 3.7	21 out of 23 (Partially Met)	17 out of 23 (Partially Met)	0 out of 3 (Not Met)	5 out of 5 (Met)	5 out of 7 (Partially Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	24 out of 34 (Partially Met)	4 out of 5 (Partially Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Clinical Stabilization Service Level 3.5	21 out of 23 (Partially Met)	18 out of 23 (Partially Met)	1 out of 3 (Partially Met)	5 out of 5 (Met)	5 out of 7 (Partially Met)	17 out of 21 (Partially Met)	16 out of 16 (Met)	3 out of 3 (Met)	24 out of 34 (Partially Met)	4 out of 5 (Partially Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
CBAT-ICBAT -TCU	16 out of 23 (Partially Met)	11 out of 23 (Partially Met)	0 out of 3 (Not Met)	3 out of 5 (Partially Met)	1 out of 7 (Partially Met)	14 out of 21 (Partially Met)	13 out of 16 (Partially Met)	3 out of 3 (Met)	16 out of 34 (Partially Met)	0 out of 5 (Not Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Partial Hospitalization Program (PHP)	21 out of 23 (Partially Met)	20 out of 23 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	6 out of 7 (Partially Met)	18 out of 21 (Partially Met)	15 out of 16 (Partially Met)	3 out of 3 (Met)	27 out of 34 (Partially Met)	4 out of 5 (Partially Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)

Provider Type	MGB	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Intensive Outpatient Program (IOP)	22 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	32 out of 34 (Partially Met)	5 out of 5 (Met)	0 out of 2 (Not Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	21 out of 23 (Partially Met)	21 out of 23 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	29 out of 34 (Partially Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Intensive Care Coordination (ICC)	21 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Applied Behavior Analysis (ABA)	22 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	33 out of 34 (Partially Met)	4 out of 5 (Partially Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
In-Home Behavioral Services	21 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
In-Home Therapy Services	22 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Therapeutic Mentoring Services	22 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Community Crisis Stabilization	21 out of 23 (Partially Met)	21 out of 23 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	29 out of 34 (Partially Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Structured Outpatient Addiction Program (SOAP)	22 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	32 out of 34 (Partially Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)

Provider Type	MGB	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE Be- Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
BH outpatient (including psychology and psych APN)	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Community Support Program (CSP)	21 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)
Recovery Support Navigators	22 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	3 out of 5 (Partially Met)
Recovery Coaching	23 out of 23 (Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	34 out of 34 (Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	4 out of 5 (Partially Met)
Opioid Treatment Programs (OTP)	22 out of 23 (Partially Met)	23 out of 23 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	16 out of 16 (Met)	3 out of 3 (Met)	33 out of 34 (Partially Met)	5 out of 5 (Met)	2 out of 2 (Met)	4 out of 4 (Met)	16 out of 16 (Met)	8 out of 8 (Met)	5 out of 5 (Met)

Provider to Member Ratios

IPRO calculated the provider to member ratios for Adult PCP, Pediatrics PCP, and OB/GYN providers and compared the results to the goals defined in the ACPP contracts. The calculations were conducted for all providers i.e., providers with open and closed panels altogether. A lower provider to member ratio is considered better. For example, ratio of 1:90 is better compared to the goal of 1:750, as it indicates that there is a lower number of members for each provider. Most ACPPs met the provider to member standards defined by MassHealth. Four ACPPs did not meet the goal ratio for pediatric PCPs. HNE BeHealthy did not meet the OB/GYN goal ratio and WellSense Children’s did not meet the Adult PCP goal ratio, but MassHealth does not measure Adult PCP for the Children’s ACPP. The results are shown in **Tables 87 and 88**.

Table 87: MCO Provider-to-Member Ratios for PCPs and OB/GYN – Lower is Better

Provider Type	Goal	MGB	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense South-coast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Adult PCP	1:750	1: 100 (Met)	1: 389 (Met)	1: 381 (Met)	1: 377 (Met)	1: 144 (Met)	1: 109 (Met)	1: 66 (Met)	1: 176 (Met)	1: 217 (Met)	1: 324 (Met)	1: 141 (Met)	1: 149 (Met)	1: 101 (Met)	1: 137 (Met)	1: 104 (Met)
Pediatric PCP	1:750	1: 145 (Met)	1: 348 (Met)	1: 1207 (Not Met)	1: 302 (Met)	1: 123 (Met)	1: 112 (Met)	1: 75 (Met)	1: 286 (Met)	1: 217 (Met)	1: 389 (Met)	1: 84 (Met)	1: 224 (Met)	1: 130 (Met)	1: 202 (Met)	1: 130 (Met)
OB/GYN	1:500	1: 70 (Met)	1: 67 (Met)	1: 15 (Met)	1: 12 (Met)	1: 10 (Met)	1: 38 (Met)	1: 27 (Met)	1: 14 (Met)	1: 33 (Met)	1: 243 (Met)	1: 126 (Met)	1: 158 (Met)	1: 44 (Met)	1: 15 (Met)	1: 19 (Met)

Although there are no predefined provider to member ratios that need to be achieved for specialists, IPRO calculated and reported the specialists’ provider to member ratios per MassHealth request.

Table 88: MCO Provider-to-Member Ratios for Specialists – Lower is Better

Provider Type	Goal	MGB	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense South-coast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Allergy*	N/A	1:1285	1: 1031	1: 221	1: 168	1: 138	1: 515	1: 424	1: 213	1: 882	1: 10579	1: 3534	1:3376	1: 605	1: 232	1: 289
Anesthesiology	N/A	1: 90	1: 94	1: 20	1: 15	1: 13	1: 47	1: 39	1: 19	1: 80	1: 575	1: 125	1: 302	1: 88	1: 25	1: 31
Audiology	N/A	1: 877	1: 1024	1: 220	1: 167	1: 137	1: 512	1: 421	1: 211	1: 877	1: 5877	1: 337	1: 900	1: 623	1: 203	1: 253
Cardiology	N/A	1: 207	1: 161	1: 34	1: 26	1: 21	1: 80	1: 66	1: 33	1: 137	1: 557	1: 180	1: 316	1: 116	1: 38	1: 48
Dermatology	N/A	1: 359	1: 426	1: 91	1: 69	1: 57	1: 213	1: 175	1: 88	1: 364	1: 5877	1: 922	1: 965	1: 228	1: 103	1: 128
Emergency Medicine	N/A	1: 120	1: 101	1: 22	1: 16	1: 13	1: 50	1: 41	1: 21	1: 86	1: 301	1: 110	1: 519	1: 82	1: 25	1: 32
Endocrinology	N/A	1: 474	1: 367	1: 79	1: 60	1: 49	1: 184	1: 151	1: 76	1: 315	1: 1959	1: 433	1: 623	1: 279	1: 95	1: 118
Gastroenter-ology	N/A	1: 320	1: 262	1: 56	1: 43	1: 35	1: 131	1: 108	1: 54	1: 224	1: 1102	1: 331	1: 526	1: 168	1: 64	1: 80
General Surgery	N/A	1: 297	1: 230	1: 49	1: 37	1: 31	1: 115	1: 94	1: 47	1: 197	1: 529	1: 214	1: 540	1: 153	1: 45	1: 56
Hematology	N/A	1: 761	1: 316	1: 68	1: 51	1: 42	1: 158	1: 130	1: 65	1: 271	1: 1959	1: 517	1: 965	1: 219	1: 69	1: 86
Infectious Diseases	N/A	1: 541	1: 401	1: 86	1: 65	1: 54	1: 200	1: 165	1: 83	1: 343	1: 2204	1: 442	1: 921	1: 382	1: 90	1: 112
Medical Oncology	N/A	1: 330	1: 282	1: 60	1: 46	1: 38	1: 141	1: 116	1: 58	1: 241	1: 1511	1: 517	1:1039	1: 164	1: 61	1: 76

Provider Type	Goal	MGB	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense South-coast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Nephrology	N/A	1: 701	1: 496	1: 106	1: 81	1: 66	1: 248	1: 204	1: 102	1: 425	1: 1511	1: 505	1: 764	1: 415	1: 117	1: 146
Neurology	N/A	1: 223	1: 187	1: 40	1: 30	1: 25	1: 93	1: 77	1: 39	1: 160	1: 962	1: 191	1: 460	1: 148	1: 48	1: 60
Ophthalmology	N/A	1: 125	1: 288	1: 62	1: 47	1: 38	1: 144	1: 118	1: 59	1: 247	1: 1469	1: 82	1: 225	1: 229	1: 68	1: 85
Oral Surgery*	N/A	1:1245	1: 2785	1: 597	1: 453	1: 372	1: 1392	1: 1145	1: 575	1: 2384	1: 8816	1: 5301	1:10128	1:3353	1: 552	1: 690
Orthopedic Surgery	N/A	1: 276	1: 239	1: 51	1: 39	1: 32	1: 120	1: 98	1: 49	1: 205	1: 853	1: 359	1: 698	1: 166	1: 58	1: 72
Otolaryngology	N/A	1: 727	1: 592	1: 127	1: 96	1: 79	1: 296	1: 244	1: 122	1: 507	1: 2645	1: 230	1:1228	1: 400	1: 138	1: 173
Physiatry	N/A	1: 743	1: 690	1: 148	1: 112	1: 92	1: 345	1: 284	1: 142	1: 591	1: 1706	1: 707	1:3116	1:1090	1: 123	1: 154
Plastic Surgery*	N/A	1:1361	1: 1134	1: 243	1: 185	1: 151	1: 567	1: 466	1: 234	1: 971	1: 3778	1: 1767	1:3116	1: 793	1: 232	1: 289
Podiatry	N/A	1: 704	1: 767	1: 164	1: 125	1: 102	1: 383	1: 315	1: 158	1: 657	1: 2204	1: 10602	1:1266	1: 566	1: 148	1: 185
Psychiatry	N/A	1: 88	1: 55	1: 12	1: 9	1: 7	1: 27	1: 23	1: 11	1: 47	1: 998	1: 8	1: 15	1: 18	1: 27	1: 34
Pulmonology	N/A	1: 421	1: 323	1: 69	1: 53	1: 43	1: 162	1: 133	1: 67	1: 277	1: 1356	1: 275	1: 579	1: 242	1: 69	1: 86
Rheumatology	N/A	1: 967	1: 745	1: 160	1: 121	1: 100	1: 373	1: 306	1: 154	1: 638	1: 2784	1: 1060	1:1841	1: 661	1: 178	1: 223
Urology	N/A	1: 710	1: 536	1: 115	1: 87	1: 72	1: 268	1: 221	1: 111	1: 459	1: 1824	1: 731	1:1125	1: 333	1: 131	1: 164
Vascular Surgery*	N/A	1:1958	1: 1323	1: 284	1: 215	1: 177	1: 661	1: 544	1: 273	1: 1133	1: 3778	1: 1414	1:2251	1:1063	1: 265	1: 331

Provider Directory Validation

IPRO validated the accuracy of provider directories for a sample of provider types chosen by MassHealth. **Tables 89–91** show the percent of providers in the directory with verified telephone number, address, specialty, Medicaid participation, and panel status. MassHealth did not establish a goal for the provider directory activity. **Tables 92 and 93** show the most frequent reasons why information in the directories was incorrect or could not be validated.

Table 89: Provider Directory Accuracy – Primary Care Providers

Provider Type	MGB	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Family Medicine	30.0%	20.0%	36.7%	20.0%	6.7%	50.0%	43.3%	20.0%	13.3%	33.3%	35.3%*	12.5%*	52.9%*	60.0%*	53.3%
Internal Medicine	16.7%	33.3%	13.3%	23.3%	23.3%	23.3%	63.3%	6.7%	20.0%	44.0%*	13.3%*	57.1%*	66.7%	31.6%*	50.0%*
OB/GYN	33.3%	43.3%	33.3%	36.7%	36.7%	30.0%	53.3%	50.0%	30.0%	65.4%*	42.1%*	68.0%*	61.5%*	33.3%*	33.3%
Pediatric	63.3%	60.0%	16.7%	33.3%	30.0%	53.3%	60.0%	16.7%	56.7%	27.3%*	42.9%*	53.3%*	74.1%*	41.7%*	46.4%*
All PCPs	35.8%	39.2%	25.0%	28.3%	24.2%	39.2%	55.0%	23.3%	30.0%	42.7%	32.8%	54.5%	65.0%	42.3%	45.6%

*Sample Size less than 30, interpret with caution.

Table 90: Provider Directory Accuracy – Specialists

Provider Type	MGB	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Infectious Disease	26.67%	13.33%	20.00%	20.00%	26.67%	43.33%	30.00%	30.00%	13.33%	33.33%	36.36%*	11.11%*	23.33%	30.00%*	16.67%
Neurology Adult	36.67%	36.67%	43.33%	36.67%	30.00%	40.00%	36.67%	31.03%*	NA	33.33%	22.73%*	78.95%*	43.33%	33.33%	3.33%
Neurology Youth	42.31%*	66.67%	47.06%*	42.31%*	20.00%*	36.36%*	44.44%*	50.00%*	41.67%*	NA	0.00%*	20.00%*	0.00%*	37.50%*	25.00%*
Autism Services**	36.67%	10.00%	23.33%	13.33%	22.22%*	13.33%	13.33%	17.24%*	13.33%	10.00%	12.00%*	28.00%*	6.67%	16.67%	20.00%
All Specialists	35.34%	31.67%	31.78%	27.59%	25.49%	33.04%	29.63%	30.19%	18.06%	25.56%	19.67%	41.38%	23.40%	26.92%	15.79%

*Sample Size less than 30, interpret with caution.**The Autism Services Provider Type includes the following services: Autism Services: Applied Behavior Analyst, Autism Services: Counselor, Autism Services: Psychiatrist, Autism Services: Psychologist, and Autism Services: Social Worker.

Table 91: Provider Directory Accuracy – Urgent Care Providers

Provider Type	MGB	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Urgent Care Providers	53.33%	63.33%	66.67%	73.33%	60.00%	70.00%	73.33%	53.33%	73.33%	90.00%	0.00%	50.00%	75.00%	50.00%	55.00%

Table 92: Frequency of Failure Types - Primary Care Providers

Type of Failure	ACPP Total	MGB	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE Be Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Provider not at the site	310	14	24	31	27	24	25	16	35	36	12	11	9	10	11	25
Provider not accepting new patients	282	29	29	15	14	22	26	12	19	19	13	18	14	20	11	21
Contact Fails*	212	23	13	29	22	21	12	22	20	15	10	6	1	1	6	11
Provider does not accept the health plan	127	8	4	14	18	14	7	2	16	10	22	4	1	3	1	3
Provider reported a different specialty	68	4	6	7	6	11	4	3	10	8	1	1		4	1	2

*The “Contact Fails” category includes the following reasons: answering machine/voicemail (3 calls), answering service (3 calls), constant busy signal (3 calls), disconnected telephone number (1 call), no answer (3 calls), put on hold for more than 5 minutes (3 calls), wrong telephone number (1 call).

Table 93: Frequency of Failure Types - Specialists

Type of Failure	ACPP Total	MGB	WellSense Comm. Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE Be Healthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMASS
Contact Fails*	424	26	33	41	39	28	30	28	30	25	30	17	17	26	21	33
Provider not at the site	394	37	29	24	29	32	25	30	26	21	20	18	13	23	25	42
Provider does not accept the health plan	121	3	5	5	9	10	16	9	5	10	12	5	2	9	7	14
Provider not accepting new patients	50	0	3	3	2	4	2	2	7	2	4	5	1	9	2	4
Provider reported a different specialty	39	4	4	0	2	2	2	2	5	0	3	5	1	2	1	6

MGB

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Tables 94–96** show service areas with deficient networks for MGB ACP. MGB network did not meet the OB-GYN access standards because the plan submitted only OBGYN providers with closed panels.

Table 94: MGB Service Areas with Network Deficiencies – Physical Health Services Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Urgent Care Services	NANTUCKET	0.0%	1 provider within 15 miles or 30 minutes

Table 95: MGB Service Areas with Network Deficiencies – Specialty Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Dermatology	GREENFIELD	36.0%	1 provider within 20 miles or 40 minutes
Infectious Diseases	NANTUCKET	0.0%	1 provider within 40 miles or 40 minutes

Table 96: MGB Service Areas with Network Deficiencies – Behavioral Health Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Psychiatric Inpatient Adolescent	NANTUCKET	0.0%	2 providers within 60 miles or 60 minutes
Psychiatric Inpatient Child	NANTUCKET	0.0%	2 providers within 60 miles or 60 minutes
Psychiatric Inpatient Child	OAK BLUFFS	0.0%	2 providers within 60 miles or 60 minutes
Managed Inpatient Level 4	NANTUCKET	4.1%	2 providers within 60 miles or 60 minutes
Monitored Inpatient Level 3.7	GREENFIELD	39.1%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	OAK BLUFFS	3.1%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	GLOUCESTER	84.9%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	GREENFIELD	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	HOLYOKE	1.5%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	NORTHAMPTON	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	OAK BLUFFS	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	WESTFIELD	0.0%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	NANTUCKET	0.1%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	OAK BLUFFS	74.6%	2 providers within 30 miles or 30 minutes
Intensive Outpatient Program (IOP)	NANTUCKET	3.0%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	OAK BLUFFS	70.3%	2 providers within 30 miles or 30 minutes
Intensive Care Coordination (ICC)	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
Intensive Care Coordination (ICC)	OAK BLUFFS	0.0%	2 providers within 30 miles or 30 minutes
Applied Behavior Analysis (ABA)	NANTUCKET	1.9%	2 providers within 30 miles or 30 minutes
In-Home Behavioral Services	NANTUCKET	0.5%	2 providers within 30 miles or 30 minutes
In-Home Behavioral Services	OAK BLUFFS	18.5%	2 providers within 30 miles or 30 minutes
In-Home Therapy Services	NANTUCKET	2.7%	2 providers within 30 miles or 30 minutes
Therapeutic Mentoring Services	NANTUCKET	2.5%	2 providers within 30 miles or 30 minutes
Community Crisis Stabilization	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
Community Crisis Stabilization	OAK BLUFFS	0.0%	2 providers within 30 miles or 30 minutes
Structured Outpatient Addiction Program (SOAP)	NANTUCKET	2.3%	2 providers within 30 miles or 30 minutes
Community Support Program (CSP)	NANTUCKET	2.5%	2 providers within 30 miles or 30 minutes
Community Support Program (CSP)	OAK BLUFFS	23.6%	2 providers within 30 miles or 30 minutes
Recovery Support Navigators	NANTUCKET	3.5%	2 providers within 30 miles or 30 minutes
Opioid Treatment Programs (OTP)	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

Recommendations

- *Network Adequacy Data Integrity Recommendation:* None
- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that MGB expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

WellSense Community Alliance

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Tables 97–99** show service areas with deficient networks for WellSense Community Alliance ACPP.

Table 97: WellSense Community Alliance Service Areas with Network Deficiencies – PCPs, OB/GYN, and Pharmacy

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Adult PCP (Open Panel Only)	FRAMINGHAM	80.1%	2 providers within 15 miles or 30 minutes
Pediatric PCP (Open Panel Only)	FRAMINGHAM	76.6%	2 providers within 15 miles or 30 minutes

Table 98: WellSense Community Alliance Service Areas with Network Deficiencies – Physical Health Services Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Rehabilitation Hospital	ORLEANS	78.0%	1 provider within 30 miles or 60 minutes

Table 99: WellSense Community Alliance Service Areas with Network Deficiencies – Behavioral Health Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Psychiatric Inpatient Child	BARNSTABLE	0.0%	2 providers within 60 miles or 60 minutes
Psychiatric Inpatient Child	FALMOUTH	21.5%	2 providers within 60 miles or 60 minutes
Psychiatric Inpatient Child	ORLEANS	1.2%	2 providers within 60 miles or 60 minutes
Monitored Inpatient Level 3.7	FALL RIVER	84.2%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	HOLYOKE	0.0%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	NORTHAMPTON	2.9%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	ORLEANS	9.2%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	SPRINGFIELD	1.5%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	WESTFIELD	2.7%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	BARNSTABLE	0.0%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	FALMOUTH	16.0%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	ORLEANS	0.0%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	SPRINGFIELD	19.2%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	WESTFIELD	2.7%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	BARNSTABLE	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	FALL RIVER	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	FALMOUTH	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	HOLYOKE	0.1%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	NEW BEDFORD	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	NORTHAMPTON	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	ORLEANS	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	PLYMOUTH	15.8%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	SPRINGFIELD	2.3%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	TAUNTON	59.6%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	WAREHAM	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	WESTFIELD	0.0%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	BARNSTABLE	0.0%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	FALMOUTH	23.9%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	ORLEANS	0.0%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	BARNSTABLE	19.2%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	ORLEANS	0.0%	2 providers within 30 miles or 30 minutes
Community Crisis Stabilization	BARNSTABLE	10.8%	2 providers within 30 miles or 30 minutes
Community Crisis Stabilization	ORLEANS	0.0%	2 providers within 30 miles or 30 minutes

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

Recommendations

- *Network Adequacy Data Integrity Recommendation:* IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.
- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that ACPP expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

WellSense Mercy

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 100** shows service areas with deficient networks for WellSense Mercy ACPP.

Table 100: WellSense Mercy Service Areas with Network Deficiencies – Behavioral Health Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Monitored Inpatient Level 3.7	HOLYOKE	0.0%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	SPRINGFIELD	0.7%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	WESTFIELD	0.9%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	SPRINGFIELD	8.7%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	WESTFIELD	0.9%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	HOLYOKE	0.3%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	SPRINGFIELD	1.3%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	WESTFIELD	0.0%	2 providers within 30 miles or 30 minutes

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

Recommendations

- *Network Adequacy Data Integrity Recommendation:* IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.
- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that ACPP expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

WellSense Signature

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability

standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 101** shows service areas with deficient networks for WellSense Signature ACPP.

Table 101: WellSense Signature Service Areas with Network Deficiencies – Behavioral Health Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
CBAT-ICBAT-TCU	PLYMOUTH	33.8%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	TAUNTON	65.5%	2 providers within 30 miles or 30 minutes

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

Recommendations

- *Network Adequacy Data Integrity Recommendation:* IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.
- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that ACPP expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

WellSense Southcoast

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 102** shows service areas with deficient networks for WellSense Southcoast ACPP.

Table 102: WellSense Southcoast Service Areas with Network Deficiencies – Behavioral Health Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Psychiatric Inpatient Child	FALMOUTH	50.5%	2 providers within 60 miles or 60 minutes
Monitored Inpatient Level 3.7	FALL RIVER	87.3%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	TAUNTON	86.9%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	FALMOUTH	42.7%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	PLYMOUTH	78.3%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	FALL RIVER	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	FALMOUTH	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	NEW BEDFORD	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	PLYMOUTH	3.4%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	TAUNTON	24.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	WAREHAM	0.0%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	FALMOUTH	51.8%	2 providers within 30 miles or 30 minutes

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

Recommendations

- *Network Adequacy Data Integrity Recommendation:* IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that for future network adequacy analysis, the ACPH review and deduplicate in-network provider data before data files are submitted for analysis.
- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that ACPH expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* ACPH should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPH should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

WellSense BILH

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPH members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 103** shows service areas with deficient networks for WellSense BILH ACPH.

Table 103: WellSense BILH Service Areas with Network Deficiencies – Behavioral Health Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Psychiatric Inpatient Child	FALMOUTH	40.2%	2 providers within 60 miles or 60 minutes
Clinical Stabilization Service Level 3.5	FALMOUTH	25.1%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	GLOUCESTER	85.5%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	HAVERHILL	82.6%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	PLYMOUTH	84.9%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	BEVERLY	85.7%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	FALMOUTH	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	GLOUCESTER	0.2%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	HAVERHILL	11.3%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	PLYMOUTH	10.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	TAUNTON	44.9%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	WAREHAM	0.0%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	FALMOUTH	44.1%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	GLOUCESTER	82.8%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	HAVERHILL	64.6%	2 providers within 30 miles or 30 minutes

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

Recommendations

- *Network Adequacy Data Integrity Recommendation:* IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.
- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that ACPP expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

WellSense Care Alliance

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Tables 104 and 105** show service areas with deficient networks for WellSense Care Alliance ACPP.

Table 104: WellSense Care Alliance Service Areas with Network Deficiencies – PCPs, OB/GYN, and Pharmacy

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Adult PCP (Open Panel Only)	HAVERHILL	79.1%	2 providers within 15 miles or 30 minutes
Adult PCP (Open Panel Only)	WAREHAM	0.0%	2 providers within 15 miles or 30 minutes

Table 105: WellSense Care Alliance Service Areas with Network Deficiencies – Behavioral Health Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
CBAT-ICBAT-TCU	BEVERLY	78.1%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	HAVERHILL	18.5%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	WAREHAM	0.0%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	HAVERHILL	86.9%	2 providers within 30 miles or 30 minutes

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

Recommendations

- *Network Adequacy Data Integrity Recommendation:* IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.
- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that ACPP expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should

incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

WellSense East Boston

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. WellSense East Boston did not have any deficient networks. Network adequacy requirements were met in full.

Recommendations

- *Network Adequacy Data Integrity Recommendations:* IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that for future network adequacy analysis, MCP review and deduplicate in-network provider data before data files are submitted for analysis.
- *Network Adequacy Time/Distance Recommendations:* None
- *Network Adequacy Provider Directory Recommendation:* ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

WellSense Children's

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Tables 106 and 107** show service areas with deficient networks for WellSense Children's ACPP.

Table 106: WellSense Children's Service Areas with Network Deficiencies – Physical Health Services Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Rehabilitation Hospital	ADAMS	0.1%	1 provider within 30 miles or 60 minutes
Rehabilitation Hospital	NANTUCKET	0.0%	1 provider within 30 miles or 60 minutes
Rehabilitation Hospital	ORLEANS	81.5%	1 provider within 30 miles or 60 minutes
Urgent Care Services	NANTUCKET	0.0%	1 provider within 15 miles or 30 minutes

Table 107: WellSense Children's Service Areas with Network Deficiencies – Behavioral Health Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Psychiatric Inpatient Adult	NANTUCKET	0.0%	2 providers within 60 miles or 60 minutes
Psychiatric Inpatient Adolescent	NANTUCKET	0.0%	2 providers within 60 miles or 60 minutes
Psychiatric Inpatient Child	BARNSTABLE	0.0%	2 providers within 60 miles or 60 minutes
Psychiatric Inpatient Child	FALMOUTH	23.2%	2 providers within 60 miles or 60 minutes
Psychiatric Inpatient Child	NANTUCKET	0.0%	2 providers within 60 miles or 60 minutes
Psychiatric Inpatient Child	OAK BLUFFS	0.0%	2 providers within 60 miles or 60 minutes
Psychiatric Inpatient Child	ORLEANS	1.9%	2 providers within 60 miles or 60 minutes

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Managed Inpatient Level 4	NANTUCKET	0.0%	2 providers within 60 miles or 60 minutes
Monitored Inpatient Level 3.7	ADAMS	0.0%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	FALL RIVER	89.2%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	HOLYOKE	0.0%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	NORTHAMPTON	5.0%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	OAK BLUFFS	0.0%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	ORLEANS	10.7%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	SOUTHBRIDGE	37.4%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	SPRINGFIELD	2.5%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Level 3.7	WESTFIELD	1.9%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	ADAMS	71.7%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	BARNSTABLE	0.0%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	FALMOUTH	18.1%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	OAK BLUFFS	0.0%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	ORLEANS	0.0%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	PLYMOUTH	82.8%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	SOUTHBRIDGE	42.2%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	SPRINGFIELD	15.4%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	WESTFIELD	1.8%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	ADAMS	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	BARNSTABLE	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	FALL RIVER	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	FALMOUTH	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	GARDNER -FITCHBURG	22.6%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	HAVERHILL	24.5%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	HOLYOKE	0.8%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	NEW BEDFORD	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	NORTHAMPTON	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	OAK BLUFFS	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	ORLEANS	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	PLYMOUTH	8.7%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	SOUTHBRIDGE	35.1%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	SPRINGFIELD	4.3%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	TAUNTON	45.6%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	WAREHAM	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	WESTFIELD	0.0%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	ADAMS	0.0%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	BARNSTABLE	0.0%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	FALMOUTH	24.8%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	HAVERHILL	89.6%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	OAK BLUFFS	0.0%	2 providers within 30 miles or 30 minutes

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Partial Hospitalization Program (PHP)	ORLEANS	0.0%	2 providers within 30 miles or 30 minutes
Intensive Outpatient Program (IOP)	ADAMS	0.0%	2 providers within 30 miles or 30 minutes
Intensive Outpatient Program (IOP)	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	ADAMS	71.8%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	BARNSTABLE	29.3%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	OAK BLUFFS	68.0%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	ORLEANS	0.0%	2 providers within 30 miles or 30 minutes
Applied Behavior Analysis (ABA)	NANTUCKET	5.0%	2 providers within 30 miles or 30 minutes
Community Crisis Stabilization	ADAMS	70.7%	2 providers within 30 miles or 30 minutes
Community Crisis Stabilization	BARNSTABLE	20.2%	2 providers within 30 miles or 30 minutes
Community Crisis Stabilization	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
Community Crisis Stabilization	OAK BLUFFS	12.0%	2 providers within 30 miles or 30 minutes
Community Crisis Stabilization	ORLEANS	0.0%	2 providers within 30 miles or 30 minutes
Structured Outpatient Addiction Program (SOAP)	ADAMS	70.8%	2 providers within 30 miles or 30 minutes
Structured Outpatient Addiction Program (SOAP)	NANTUCKET	0.0%	2 providers within 30 miles or 30 minutes
Opioid Treatment Programs (OTP)	NANTUCKET	86.6%	2 providers within 30 miles or 30 minutes

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

Recommendations

- *Network Adequacy Data Integrity Recommendation:* IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.
- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that ACPP expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

HNE BeHealthy

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 108** shows service areas with deficient networks for HNE BeHealthy ACPP.

Table 108: HNE BeHealthy Service Areas with Network Deficiencies – Behavioral Health Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Managed Inpatient Level 4	GREENFIELD	0.0%	2 providers within 60 miles or 60 minutes
Managed Inpatient Level 4	HOLYOKE	0.0%	2 providers within 60 miles or 60 minutes
Managed Inpatient Level 4	NORTHAMPTON	0.0%	2 providers within 60 miles or 60 minutes
Managed Inpatient Level 4	SPRINGFIELD	2.8%	2 providers within 60 miles or 60 minutes
Managed Inpatient Level 4	WESTFIELD	0.0%	2 providers within 60 miles or 60 minutes
Monitored Inpatient Level 3.7	GREENFIELD	26.7%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5	GREENFIELD	26.7%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	GREENFIELD	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	HOLYOKE	1.1%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	NORTHAMPTON	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	SPRINGFIELD	4.3%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	WESTFIELD	0.0%	2 providers within 30 miles or 30 minutes
Partial Hospitalization Program (PHP)	GREENFIELD	74.2%	2 providers within 30 miles or 30 minutes
Applied Behavior Analysis (ABA)	GREENFIELD	8.8%	2 providers within 30 miles or 30 minutes

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

Recommendations

- *Network Adequacy Data Integrity Recommendation:* IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.
- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that ACPP expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

Fallon Berkshire

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Tables 109–110** show service areas with deficient networks for Fallon Berkshire ACPP.

Table 109: Fallon Berkshire Service Areas with Network Deficiencies – Specialty Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Medical Oncology	ADAMS	0.0%	1 provider within 20 miles or 40 minutes
Medical Oncology	PITTSFIELD	1.8%	1 provider within 20 miles or 40 minutes

Table 110: Fallon Berkshire Service Areas with Network Deficiencies – Behavioral Health Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Intensive Outpatient Program (IOP)	ADAMS	0.8%	2 providers within 30 miles or 30 minutes
Intensive Outpatient Program (IOP)	PITTSFIELD	6.9%	2 providers within 30 miles or 30 minutes

Recommendations

- *Network Adequacy Data Integrity Recommendation:* IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.
- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that ACPP expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

Fallon 365

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 111** shows service areas with deficient networks for Fallon 365 ACPP.

Table 111: Fallon 365 Service Areas with Network Deficiencies – PCPs, OB/GYN, and Pharmacy

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
OBGYN (Open Panel Only)	GARDNER -FITCHBURG	60.9%	2 providers within 15 miles or 30 minutes
OBGYN (Open Panel Only)	SOUTHBRIDGE	79.0%	2 providers within 15 miles or 30 minutes

Recommendations

- *Network Adequacy Data Integrity Recommendation:* IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.

- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that ACPP expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

Fallon Atrius

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 112** shows service areas with deficient networks for Fallon Atrius ACPP.

Table 112: Fallon Atrius Service Areas with Network Deficiencies – Physical Health Services Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Urgent Care Services	FRAMINGHAM	74.9%	1 provider within 15 miles or 30 minutes
Urgent Care Services	LOWELL	47.7%	1 provider within 15 miles or 30 minutes

Recommendations

- *Network Adequacy Data Integrity Recommendation:* IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.
- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that ACPP expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans. MCP should educate network providers about the importance of reporting changes to the health plan promptly. MCP should regularly monitor member complaints and grievances to assess if the provider directory is perceived as a barrier to accessing care.

Tufts CHA

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. Tufts CHA ACPP did not have any deficient networks. Network adequacy requirements were met in full.

Recommendations

- *Network Adequacy Data Integrity Recommendations:* None
- *Network Adequacy Time/Distance Recommendations:* None
- *Network Adequacy Provider Directory Recommendation:* ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should

incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

Tufts UMASS

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 113** shows service areas with deficient networks for Tufts UMASS ACP.

Table 113: Tufts UMASS Service Areas with Network Deficiencies – Behavioral Health Providers

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Managed Inpatient Level 4	ATHOL	39.1%	2 providers within 60 miles or 60 minutes
Recovery Support Navigators	ATHOL	67.5%	2 providers within 30 miles or 30 minutes
Recovery Support Navigators	SOUTHBRIDGE	66.4%	2 providers within 30 miles or 30 minutes
Recovery Coaching	SOUTHBRIDGE	66.4%	2 providers within 30 miles or 30 minutes

Recommendations

- *Network Adequacy Data Integrity Recommendation:* None
- *Network Adequacy Time/Distance Standards Recommendation:* IPRO recommends that ACP expands its network when a deficiency is identified. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.
- *Network Adequacy Provider Directory Recommendation:* ACP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.

VII. 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.

Section 2.14.C.1.c.1 of the MassHealth ACPP Contract, effective April 1st, 2023, requires contracted ACPPs to contribute and participate in all MassHealth’s member satisfaction survey activities and to use survey results in designing quality improvement initiatives.

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 members about their experiences in primary care using the Primary Care Member Experience Survey (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 for high-quality care.¹¹ The level of analysis for the PC MES surveys was medical group and ACO, where ACOs assign practices to medical groups and medical groups roll up to ACOs.¹²

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.

Seventeen ACOs participated in the PY 2022 survey, including 13 ACPPs, 3 PC ACOs, and the Lahey ACO. Across the 17 ACOs, MassHealth members were attributed to ACO practices that were grouped into 35 medical groups. This report provides the results for the ACPPs.

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 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 had at least one primary care visit at one of the ACO’s practices during the measurement year (January 1 – December 31, 2022), and who were enrolled in one of the ACOs on the anchor date (December 31, 2022). **Tables 114 and 115** provide a summary of the technical methods of data collection.

¹¹ AHRQ. CAHPS Clinician & Group Survey. Available at: [CAHPS Clinician & Group Survey | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://cahps.ahrq.gov/). Accessed on 1.27.2024.

¹² Year 5-MassHealth Member Experience of Primary Care, Behavioral Health, and Long-Term Services and Supports Surveys: Based on the 2022 Program Year (Fielded in 2023). Technical Report. MHQP. September 26, 2023.

Table 114: Adult PC MES – Technical Methods of Data Collection, MY 2022

Technical Methods of Data Collection	ACPP
Survey vendor	MHQP
Survey tool	MassHealth PC MES, based on the CG-CAHPS 3.0 survey instrument
Survey timeframe	May-August 2023
Method of collection	Mailings and emails
Sample size – all ACOs	121,352
Response rate	8.5%

Table 115: Child PC MES – Technical Methods of Data Collection, MY 2022

Technical Methods of Data Collection	ACPP
Survey vendor	MHQP
Survey tool	MassHealth PC MES, based on the CG-CAHPS 3.0 survey instrument
Survey timeframe	May-August 2023
Method of collection	Mailings and emails
Sample size – all ACOs	165,760
Response rate	4.2%

To assess ACPP performance, IPRO aggregated and reported ACPPs’ and ACO 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 ACPP-level results and statewide scores calculated across all ACOs.

Conclusions and Comparative Findings

To determine common strengths and opportunities for improvement across all ACPPs, IPRO compared each ACPP’s results to the ACO statewide scores for the Adult and Child PC MES surveys. The ACO statewide scores are the cumulative top-box survey results for MassHealth enrollees attributed to all Medicaid 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 116**.

Table 117 shows the Adult PC MES survey results for PY 2022. WellSense Southcoast, Fallon Berkshire, Fallon 365, Fallon Wellforce, Tufts Atrius, and Tufts Children’s scores were above the ACO statewide score for most of the Adult PC MES measures. AllWays Health, WellSense Community Alliance, and WellSense Mercy’s scores were below the ACO statewide score for all Adult PC MES measures.

Table 118 shows the Child PC MES survey results for PY 2022. WellSense Southcoast, Fallon 365, Fallon Wellforce, Tufts Atrius, and Tufts Children’s scores were above the ACO statewide score for most of the Child PC MES measures. WellSense Signature, HNE BeHealthy, and Fallon Berkshire’s scores were below the ACO statewide score for all Child PC MES measures.

Table 116: Key for PC MES Performance Measure Comparison to the Statewide Scores.

Color Key	How Rate Compares to the Statewide Average
< Goal	Below the statewide score, indicates opportunities for improvement.
= Goal	At the statewide score.
≥ Goal	Above the statewide score, indicates strengths.
N/A	Statewide score.

Table 117: PC MES Performance – Adult Member, PY 2022

PC MES Measure	AllWays Health	WellSense Comm.	WellSense Mercy	WellSense Signature	WellSense Southcoast	HNE Be-Healthy	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children’s	Tufts BIDCO	Tufts CHA	Statewide Score
Adult Behavioral Health	63.61 (< Goal)	65.24 (< Goal)	48.68 (< Goal)	67.77 (> Goal)	66.93 (> Goal)	67.62 (> Goal)	64.85 (< Goal)	66.57 (< Goal)	66.46 (< Goal)	65.92 (< Goal)	76.01 (> Goal)	68.14 (> Goal)	68.03 (> Goal)	66.6
Communication	85.89 (< Goal)	86.21 (< Goal)	80.17 (< Goal)	84.95 (< Goal)	88.08 (> Goal)	86.06 (< Goal)	87.43 (> Goal)	87.74 (> Goal)	88.54 (> Goal)	89.14 (> Goal)	92.51 (> Goal)	86.39 (< Goal)	85.97 (< Goal)	86.9
Integration of Care	72.40 (< Goal)	74.92 (< Goal)	70.80 (< Goal)	74.73 (< Goal)	79.84 (> Goal)	75.80 (< Goal)	76.15 (< Goal)	79.82 (> Goal)	79.18 (> Goal)	81.46 (> Goal)	82.05 (> Goal)	78.33 (> Goal)	77.01 (< Goal)	78.1
Knowledge of Patient	79.96 (< Goal)	80.56 (< Goal)	72.80 (< Goal)	78.48 (< Goal)	82.72 (> Goal)	80.63 (< Goal)	82.21 (> Goal)	82.69 (> Goal)	84.51 (> Goal)	84.55 (> Goal)	88.93 (> Goal)	81.26 (< Goal)	80.64 (< Goal)	81.5
Office Staff	81.77 (< Goal)	82.85 (< Goal)	78.62 (< Goal)	81.92 (< Goal)	86.39 (> Goal)	82.74 (< Goal)	85.88 (> Goal)	87.57 (> Goal)	85.79 (> Goal)	87.33 (> Goal)	89.70 (> Goal)	82.28 (< Goal)	81.81 (< Goal)	84.0
Organizational Access	73.62 (< Goal)	75.00 (< Goal)	64.43 (< Goal)	74.45 (< Goal)	77.63 (> Goal)	72.76 (< Goal)	76.71 (> Goal)	78.48 (> Goal)	79.03 (> Goal)	79.46 (> Goal)	83.41 (> Goal)	76.78 (> Goal)	70.63 (< Goal)	75.6
Overall Provider Rating	84.97 (< Goal)	86.25 (< Goal)	78.51 (< Goal)	84.84 (< Goal)	88.14 (> Goal)	84.72 (< Goal)	86.61 (> Goal)	88.49 (> Goal)	88.65 (> Goal)	89.17 (> Goal)	92.65 (> Goal)	86.49 (> Goal)	86.28 (< Goal)	86.4
Self-Management Support	59.37 (< Goal)	61.15 (< Goal)	50.69 (< Goal)	58.36 (< Goal)	62.56 (> Goal)	62.72 (> Goal)	63.75 (> Goal)	63.58 (> Goal)	62.61 (> Goal)	65.08 (> Goal)	68.93 (> Goal)	61.76 (> Goal)	59.48 (< Goal)	61.6
Willingness to Recommend	83.19 (< Goal)	84.14 (< Goal)	75.04 (< Goal)	82.43 (< Goal)	86.94 (> Goal)	83.03 (< Goal)	86.11 (> Goal)	87.51 (> Goal)	85.64 (> Goal)	88.20 (> Goal)	91.70 (> Goal)	84.25 (< Goal)	85.75 (> Goal)	84.5

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

Table 118: PC MES Performance – Child Member, PY 2022

PC MES Measure	AllWays Health	WellSense Comm.	WellSense Mercy	WellSense Signature	WellSense Southcoast	HNE Be- Healthy	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children’s	Tufts BIDCO	Tufts CHA	Statewide Score
Communication	89.44 (< Goal)	89.32 (< Goal)	84.57 (< Goal)	88.57 (< Goal)	92.83 (> Goal)	89.84 (< Goal)	87.34 (< Goal)	91.61 (> Goal)	91.11 (> Goal)	91.72 (> Goal)	92.51 (> Goal)	88.64 (< Goal)	88.04 (< Goal)	90.4
Integration of Care	73.28 (< Goal)	73.79 (< Goal)	79.58 (> Goal)	71.39 (< Goal)	80.69 (> Goal)	72.94 (< Goal)	76.05 (< Goal)	78.34 (< Goal)	77.56 (< Goal)	79.35 (> Goal)	80.69 (> Goal)	76.29 (< Goal)	74.43 (< Goal)	78.6
Knowledge of Patient	82.46 (< Goal)	85.12 (< Goal)	79.49 (< Goal)	82.03 (< Goal)	89.17 (> Goal)	84.98 (< Goal)	81.49 (< Goal)	87.47 (> Goal)	87.53 (> Goal)	88.08 (> Goal)	88.52 (> Goal)	84.42 (< Goal)	83.50 (< Goal)	86.2
Office Staff	82.55 (< Goal)	82.85 (< Goal)	79.46 (< Goal)	81.20 (< Goal)	87.41 (> Goal)	82.28 (< Goal)	80.97 (< Goal)	88.02 (> Goal)	86.56 (> Goal)	87.21 (> Goal)	87.80 (> Goal)	79.65 (< Goal)	84.80 (< Goal)	85.0
Organizational Access	74.77 (< Goal)	75.45 (< Goal)	69.79 (< Goal)	78.75 (< Goal)	85.59 (> Goal)	74.89 (< Goal)	64.63 (< Goal)	82.98 (> Goal)	83.87 (> Goal)	83.08 (> Goal)	84.62 (> Goal)	81.33 (> Goal)	73.66 (< Goal)	80.9
Overall Provider Rating	86.85 (< Goal)	89.41 (< Goal)	83.38 (< Goal)	84.51 (< Goal)	92.42 (> Goal)	86.86 (< Goal)	85.66 (< Goal)	92.20 (> Goal)	91.25 (> Goal)	91.02 (> Goal)	92.46 (> Goal)	87.54 (< Goal)	89.86 (> Goal)	89.8
Self-Management Support	55.35 (> Goal)	56.01 (> Goal)	44.98 (< Goal)	46.21 (< Goal)	53.76 (< Goal)	52.86 (< Goal)	53.51 (< Goal)	56.29 (> Goal)	54.17 (< Goal)	51.89 (< Goal)	62.26 (> Goal)	52.74 (< Goal)	56.15 (> Goal)	55.3
Willingness to Recommend	86.24 (< Goal)	86.78 (< Goal)	79.02 (< Goal)	84.78 (< Goal)	92.43 (> Goal)	87.22 (< Goal)	82.80 (< Goal)	91.02 (> Goal)	91.17 (> Goal)	92.44 (> Goal)	91.58 (> Goal)	87.45 (< Goal)	90.09 (> Goal)	89.2
Child Development	66.04 (< Goal)	69.18 (< Goal)	65.14 (< Goal)	61.93 (< Goal)	68.92 (< Goal)	68.39 (< Goal)	68.75 (< Goal)	72.53 (> Goal)	69.83 (> Goal)	69.00 (< Goal)	76.14 (> Goal)	66.69 (< Goal)	66.78 (< Goal)	69.8
Child Provider Communication	93.82 (< Goal)	93.63 (< Goal)	90.29 (< Goal)	92.89 (< Goal)	96.59 (> Goal)	93.52 (< Goal)	94.06 (< Goal)	94.66 (< Goal)	95.48 (> Goal)	94.08 (< Goal)	96.32 (> Goal)	92.66 (< Goal)	93.50 (< Goal)	94.7
Pediatric Prevention	63.08 (< Goal)	65.06 (< Goal)	60.47 (< Goal)	53.73 (< Goal)	64.39 (< Goal)	62.42 (< Goal)	65.00 (< Goal)	70.93 (> Goal)	66.01 (> Goal)	63.72 (< Goal)	71.74 (> Goal)	64.95 (< Goal)	64.45 (< Goal)	65.8

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

VIII. MCP 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,¹³ PAHP,¹⁴ or PCCM entity has effectively addressed the recommendations for QI¹⁵ made by the EQRO during the previous year’s EQR.”

Tables 119–126 display the ACPPs’ responses to the recommendations for QI made during the previous EQR, as well as IPRO’s assessment of these responses. Effective April 1, 2023, some ACPPs either discontinued or formed new ACOs due to re-procurement. This chapter summarizes responses from ACPPs that remained unchanged.

WellSense Community Alliance Response to Previous EQR Recommendations

Table 119 displays the ACPP’s progress related to the *ACPP External Quality Review CY 2022*, as well as IPRO’s assessment of ACPP’s response.

Table 119: WellSense Community Alliance Response to Previous EQR Recommendations

Recommendation for ACPP	WellSense Community Alliance Response/Actions Taken	IPRO Assessment of MCP Response ¹
PMV 1: HEDIS Measures: ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures’ rates and to improve members’ appropriate access to the services evaluated by these measures.	The ACPP is introducing a model for improvement and utilizing root cause analysis tools (e.g., fishbone diagrams, 5 whys). The ACPP plans to implement root cause analysis coupled with a data-driven approach to improve its ability to design quality improvement interventions and set goals. The ACPP will continue to work with the health equity team to ensure equitable access for members.	Partially addressed.
PMV 2: State-Specific Measures: ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures’ rates and to improve members’ appropriate access to the services evaluated by these measures.	Ditto	Partially addressed.
Compliance: WellSense Community Alliance needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, the ACPP needs to develop a mechanism to evaluate non-English speaking enrollees’ choice of primary and	The WellSense Network Management team continuously recruits providers into the Network for all Plan products. WellSense obtains additional languages spoken by providers and captures languages spoken in provider directory. The Network Management team communicates with Customer Service representatives, as well as Appeals and Grievance teams, to help fill any gaps they may have identified. Carelon updated its policies to formally document the mechanism for ensuring that non-English speaking Enrollees have a choice of at least Behavioral Health Providers within each behavioral	Addressed.

¹³ Prepaid inpatient health plan.

¹⁴ Prepaid ambulatory health plan.

¹⁵ Quality improvement.

Recommendation for ACP	WellSense Community Alliance Response/Actions Taken	I PRO Assessment of MCP Response ¹
behavioral health providers in prevalent languages.	health covered service category, in the Prevalent Language as part of the standard network oversight procedures. Further, to monitor and ensure appropriate access levels to providers that speak prevalent languages within each service area, Carelon will run a report customized for this metric on a quarterly basis which will be reviewed by the Carelon Network team with ongoing reporting and action items shared with the Plans.	
Network: WellSense Community Alliance should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	The WellSense Network Management team continuously recruits providers into the Network for all Plan products. Recent provider and practice terminations were noted in the oral surgery network; available providers are being identified for immediate recruitment. Additionally, an urgent care provider was recently added in Worcester County. Carelon evaluates the needs of members based on a variety of factors including but not limited to: access & availability surveys, geo-access reporting, out of network utilization reports. Carelon's Contracting and Provider Relations staff identifies recruitment needs for providers and facilities in the specific geographic area(s), as well as expanding the network to accommodate intermediate care levels by creating custom network development strategies designed to recruit specific or specialty providers. Carelon's network panel is open in Massachusetts and accepts all covered provider types.	Addressed.
Quality-of-Care Surveys: The ACP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	WellSense convened a CAHPS Improvement Subcommittee meeting with leaders from Care Management, Member and Provider Service, Network Management and Product in October 2022. The subcommittee recommended implementing a member experience Performance Remediation Plan (PRP) with four ACOs (BACO Community Alliance, Mercy Alliance, Signature Alliance, and Southcoast Alliance) between July and December 2022. On a monthly basis, lists of members having no PCP visits in a year and identified by WellSense's predictive analytics software as being likely to report negative response to access related CAHPS items were shared with ACO partners who targeted members for outreach to assist them in scheduling a PCP visit.	Partially addressed.

¹ I PRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; UM: utilization management; CAP: corrective action plan; PCP: primary care provider.

WellSense Mercy Response to Previous EQR Recommendations

Table 120 displays the ACP's progress related to the *ACPP External Quality Review CY 2022*, as well as IPRO's assessment of ACP's response.

Table 120: WellSense Mercy Response to Previous EQR Recommendations

Recommendation for ACP	WellSense Mercy Response/Actions Taken	IPRO Assessment of MCP Response ¹
PMV 1: HEDIS Measures: ACP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	The ACP is introducing a model for improvement and utilizing root cause analysis tools (e.g., fishbone diagrams, 5 whys). The ACP plans to implement root cause analysis coupled with a data-driven approach to improve its ability to design quality improvement interventions and set goals. The ACP will continue to work with the health equity team to ensure equitable access for members.	Partially addressed.
PMV 2: State-Specific Measures: ACP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Ditto	Partially addressed.
Compliance: WellSense Mercy needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, the ACP needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.	The WellSense Network Management team continuously recruits providers into the Network for all Plan products. WellSense obtains additional languages spoken by providers and captures languages spoken in provider directory. The Network Management team communicates with Customer Service representatives, as well as Appeals and Grievance teams, to help fill any gaps they may have identified. Caredon updated its policies to formally document the mechanism for ensuring that non-English speaking Enrollees have a choice of at least Behavioral Health Providers within each behavioral health covered service category, in the Prevalent Language as part of the standard network oversight procedures. Further, to monitor and ensure appropriate access levels to providers that speak prevalent languages within each service area, Caredon will run a report customized for this metric on a quarterly basis which will be reviewed by the Caredon Network team with ongoing reporting and action items shared with the Plans.	Addressed.
Network: WellSense Mercy should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	The WellSense Network Management team continuously recruits providers into the Network for all Plan products. Recent provider and practice terminations were noted in the oral surgery network; available providers are being identified for immediate recruitment. Additionally, an urgent care provider was recently added in Worcester County. Caredon evaluates the needs of membership based on a variety of factors including but not limited to: access & availability surveys, geo-access reporting, out of network utilization reports. Caredon's Contracting and Provider Relations staff identifies	Addressed.

Recommendation for ACP	WellSense Mercy Response/Actions Taken	IPRO Assessment of MCP Response ¹
	recruitment needs for providers and facilities in the specific geographic area(s), as well as expanding the network to accommodate intermediate care levels by creating custom network development strategies designed to recruit specific or specialty providers. Carelon's network panel is open in Massachusetts and accepts all covered provider types.	
Quality-of-Care Surveys: The ACP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	WellSense convened a CAHPS Improvement Subcommittee meeting with leaders from Care Management, Member and Provider Service, Network Management and Product in October 2022. The subcommittee recommended implementing a member experience Performance Remediation Plan (PRP) with four ACOs (BACO Community Alliance, Mercy Alliance, Signature Alliance, and Southcoast Alliance) between July and December 2022. On a monthly basis, lists of members having no PCP visits in a year and identified by WellSense's predictive analytics software as being likely to report negative response to access related CAHPS items were shared with ACO partners who targeted members for outreach to assist them in scheduling a PCP visit.	Partially addressed.

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. EQR: external quality review; ACP: accountable care partnership plan; MCP: managed care plan; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; PCP: primary care provider.

WellSense Signature Response to Previous EQR Recommendations

Table 121 displays the ACP's progress related to the *ACP External Quality Review CY 2022*, as well as IPRO's assessment of ACP's response.

Table 121: WellSense Signature Response to Previous EQR Recommendations

Recommendation for ACP	WellSense Signature Response/Actions Taken	IPRO Assessment of MCP Response ¹
PMV 1: HEDIS Measures: ACP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	The ACP is introducing a model for improvement and utilizing root cause analysis tools (e.g., fishbone diagrams, 5 whys). The ACP plans to implement root cause analysis coupled with a data-driven approach to improve its ability to design quality improvement interventions and set goals. The ACP will continue to work with the health equity team to ensure equitable access for members.	Partially addressed.
PMV 2: State-Specific Measures: ACP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members'	Ditto	Partially addressed.

Recommendation for ACP	WellSense Signature Response/Actions Taken	IPRO Assessment of MCP Response ¹
appropriate access to the services evaluated by these measures.		
Compliance 1: WellSense Signature needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, the ACP needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.	The WellSense Network Management team continuously recruits providers into the Network for all Plan products. WellSense obtains additional languages spoken by providers and captures languages spoken in the provider directory. The Network Management team communicates with Customer Service representatives, as well as Appeals and Grievance teams, to help fill any gaps they may have identified. Carelon updated its policies to formally document the mechanism for ensuring that non-English speaking Enrollees have a choice of at least Behavioral Health Providers within each behavioral health covered service category, in the Prevalent Language as part of the standard network oversight procedures. Further, to monitor and ensure appropriate access levels to providers that speak prevalent languages within each service area, Carelon will run a report customized for this metric on a quarterly basis which will be reviewed by the Carelon Network team with ongoing reporting and action items shared with the Plans.	Addressed.
Compliance 2: WellSense 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.	Signature ACO members have been included into the WellSense/BMC Enhanced Care Coordination Program as part of the implementation of the 2023-2028 1115 Waiver. As part of this program, Signature ACO members are risk stratified using a predictive risk analytic tool (CAM). Patient registries are made available to Community Partner Program and Complex Care Management (our Enhanced Care Coordination program). WellSense implemented a central referral coordination function which is integrated with the Signature medical record (Meditech) and the internal Jiva platform. Through this pathway, network providers are able to make referrals to care management which are then reviewed and triaged to the appropriate level of CM services (WellSense telephonic CM programs, Community Partners Program, CCM or flexible services). All CM referrals and enrollment are tracked and reported to the ACO Partner Leadership (Signature) on a quarterly basis, and to Mass Health on a monthly basis in compliance with the MH 3% Enrollment Target. This programming was implemented in April of 2023 and is now operational.	Addressed.
Network: WellSense Signature should expand the network when members' access can be improved and when network deficiencies can be closed by available providers.	Signature ACO has ensured access to primary care and has implemented several new recruiting and retention practices to build a strong PCP workforce. Signature recruited about 13 new providers over the past 24 months. The WellSense Network Management team continuously recruits providers into the Network for all Plan products. Recent provider and practice terminations were noted in the oral surgery network; available providers are being identified for immediate recruitment. Additionally, an urgent care provider was recently added in Worcester County. Carelon evaluates the needs of members based	Addressed.

Recommendation for ACP	WellSense Signature Response/Actions Taken	IPRO Assessment of MCP Response ¹
	on a variety of factors including but not limited to: access & availability surveys, geo-access reporting, out of network utilization reports. Carelon's Contracting and Provider Relations staff identifies recruitment needs for providers and facilities in the specific geographic area(s), as well as expanding the network to accommodate intermediate care levels by creating custom network development strategies designed to recruit specific or specialty providers. Carelon's network panel is open in Massachusetts and accepts all covered provider types.	
Quality-of-Care Surveys: The ACP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	WellSense convened a CAHPS Improvement Subcommittee meeting with leaders from Care Management, Member and Provider Service, Network Management, and Product in October 2022. The subcommittee recommended implementing a member experience Performance Remediation Plan (PRP) with four ACOs (BACO Community Alliance, Mercy Alliance, Signature Alliance, and Southcoast Alliance) between July and December 2022. On a monthly basis, lists of members having no PCP visits in a year and identified by WellSense's predictive analytics software as being likely to report negative responses to access-related CAHPS items were shared with ACO partners who targeted members for outreach to assist them in scheduling a PCP visit.	Partially addressed.

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. **Not applicable:** PIP was discontinued. EQR: external quality review; ACP: accountable care partnership plan; MCP: managed care plan; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; PCP: primary care provider.

WellSense Southcoast Response to Previous EQR Recommendations

Table 122 displays the ACP's progress related to the *ACP External Quality Review CY 2022*, as well as IPRO's assessment of ACP's response.

Table 122: WellSense Southcoast Response to Previous EQR Recommendations

Recommendation for ACP	WellSense Southcoast Response/Actions Taken	IPRO Assessment of MCP Response ¹
PMV 1: HEDIS Measures: ACP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	The ACP is introducing a model for improvement and utilizing root cause analysis tools (e.g., fishbone diagrams, 5 whys). The ACP plans to implement root cause analysis coupled with a data-driven approach to improve its ability to design quality improvement interventions and set goals. The ACP will continue to work with the health equity team to ensure equitable access for members.	Partially addressed.
PMV 2: State-Specific Measures: ACP should conduct a root	Ditto	Partially addressed.

Recommendation for ACP	WellSense Southcoast Response/Actions Taken	IPRO Assessment of MCP Response ¹
cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.		
Compliance: WellSense Southcoast needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, the ACP needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.	The WellSense Network Management team continuously recruits providers into the Network for all Plan products. WellSense obtains additional languages spoken by providers and captures languages spoken in provider directory. The Network Management team communicates with Customer Service representatives, as well as Appeals and Grievance teams, to help fill any gaps they may have identified. Caredon updated its policies to formally document the mechanism for ensuring that non-English speaking Enrollees have a choice of at least Behavioral Health Providers within each behavioral health covered service category, in the Prevalent Language as part of the standard network oversight procedures. Further, to monitor and ensure appropriate access levels to providers that speak prevalent languages within each service area, Caredon will run a report customized for this metric on a quarterly basis which will be reviewed by the Caredon Network team with ongoing reporting and action items shared with the Plans.	Addressed.
Network: WellSense Signature should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	The WellSense Network Management team continuously recruits providers into the Network for all Plan products. Recent provider and practice terminations were noted in the oral surgery network; available providers are being identified for immediate recruitment. Additionally, an urgent care provider was recently added in Worcester County. Caredon evaluates the needs of membership based on a variety of factors including but not limited to: access & availability surveys, geo-access reporting, out of network utilization reports. Caredon's Contracting and Provider Relations staff identifies recruitment needs for providers and facilities in the specific geographic area(s), as well as expanding the network to accommodate intermediate care levels by creating custom network development strategies designed to recruit specific or specialty providers. Caredon's network panel is open in Massachusetts and accepts all covered provider types.	Addressed.
Quality-of-Care Surveys: The ACP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	WellSense convened a CAHPS Improvement Subcommittee meeting with leaders from Care Management, Member and Provider Service, Network Management and Product in October 2022. The subcommittee recommended implementing a member experience Performance Remediation Plan (PRP) with four ACOs (BACO Community Alliance, Mercy Alliance, Signature Alliance, and Southcoast Alliance) between July and December 2022. On a monthly basis, lists of members having no PCP visits in a year and identified by WellSense's predictive analytics software as being likely to report negative response to access related CAHPS items were	Partially addressed.

Recommendation for ACP	WellSense Southcoast Response/Actions Taken	I PRO Assessment of MCP Response ¹
	shared with ACO partners who targeted members for outreach to assist them in scheduling a PCP visit.	

¹ I PRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. **Not applicable:** PIP was discontinued. EQR: external quality review; ACP: accountable care partnership plan; MCP: managed care plan; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; PCP: primary care provider.

HNE BeHealthy Response to Previous EQR Recommendations

Table 123 displays the ACP's progress related to the *ACP External Quality Review CY 2022*, as well as I PRO's assessment of ACP's response.

Table 123: HNE BeHealthy Response to Previous EQR Recommendations

Recommendation for ACP	HNE BeHealthy Response/Actions Taken	I PRO Assessment of MCP Response ¹
PMV 1: HEDIS Measures: ACP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	HEDIS measures are analyzed, and implemented activities are monitored on an ongoing basis and discussed at monthly BeHealthy Quality Improvement Committee meetings. A barrier analysis is conducted, and appropriate interventions and strategies are implemented as prioritized by the committee.	Addressed.
PMV 2: State-Specific Measures: ACP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	State-Specific measures are analyzed, and implemented activities are monitored on an ongoing basis and discussed at monthly BeHealthy Quality Improvement Committee meetings. A barrier analysis is conducted, and appropriate interventions and strategies are implemented as prioritized by the committee.	Addressed.
Compliance: HNE BeHealthy 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.	New policies and procedures were developed for the areas of compliance validation which were partially or not met.	Addressed.
Network: HNE BeHealthy should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	HNE is unable to add primary care practices outside of the ones that are contracted to be in the ACO. HNE conducted a network adequacy analysis and have met adequacy standards for all areas according to MassHealth. The contracting department has prioritized both Hampshire and Franklin County as our ACO	Addressed.

Recommendation for ACP	HNE BeHealthy Response/Actions Taken	IPro Assessment of MCP Response ¹
	geographic area has expanded. Some providers do not wish to contract with Medicaid.	
Quality-of-Care Surveys: The ACP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	CAHPS survey results are to be presented and discussed at both the Patient Family Advisory Councils (PFACS) as well as internal HNE customer experience committee on an annual basis in order to determine appropriate improvement strategies. Including member and stakeholder feedback in the development of improvement strategy is key to HNE's Health Equity commitment. Any available data and/or activities will be monitored on an ongoing basis to determine effectiveness of implemented strategies.	Addressed.

¹ IPro assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. EQR: external quality review; ACP: accountable care partnership plan; MCP: managed care plan; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; PCP: primary care provider.

Fallon Berkshire Response to Previous EQR Recommendations

Table 124 displays the ACP's progress related to the *ACP External Quality Review CY 2022*, as well as IPro's assessment of ACP's response.

Table 124: Fallon Berkshire Response to Previous EQR Recommendations

Recommendation for ACP	Fallon Berkshire Response/Actions Taken	IPro Assessment of MCP Response ¹
PMV 1: HEDIS Measures: ACP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	<p>IMA: This is a two-step approach: Step 1: BFHC believes that the data being looked at for this measure is not accurately picking up all the vaccines. For this the organization will be working with our data warehouse and reporting to ensure all vaccines, regardless of administration location are accounted for. BFHC has begun tracking patients between the electronic health record, the Massachusetts Immunization Database, and standard data files to see where the differences are occurring so that we can update our processes. The goal is to have the issues identified and fixed by 12/31/2023. Step 2: BFHC has identified the reluctance to start the conversation of the HPV vaccine at the 11-year-old visit would give enough time to think about it and come back at the 12-year visit to start the series so it can be completed by the 13-year visit. BFHC is providing education to the providers about the specifics of the measure and the need to have the completion of the vaccines by their 13th birthday not their 13-year visit. The data will be reviewed after the monthly standard data file is received.</p> <p>AMR: This indicator is no longer below the 25th percentile as our current MY2023 through September is 60.73 and the 25th Percentile is 59.94.</p>	Partially Addressed

Recommendation for ACP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response ¹
	<p><u>FUM:</u> This indicator is no longer below the 25th percentile as our current MY2023 through September is 83.94 and the 25th Percentile is 73.85.</p> <p><u>PCR:</u> BFHC has reinvigorated our care teams and has moved Community Health Workers (CHW) into the practices to make the team more accessible to the patient and their needs. BFHC is completing TCM calls on both ED and Inpatient discharges to have early identification of patient needs that may result in a readmission. In addition, the organization has added CHW to work in the Emergency Department (ED) at Berkshire Medical Center, where most of our patients seek ED care. All items will be completed as of 11/2023 BFHC expects to see an increase in Enhanced Care Plans or Community Partner placements (especially with LTSS). BFHC expects to see a decrease in readmission rates. The PCR rate will be reviewed by our BFHC Steering Committee regularly to monitor progress.</p> <p><u>IET (Engagement):</u> The organization is working with the Substance Use Team at Berkshire Medical Center and with the Emergency Department leadership at all three Berkshire County sites to work on alternative ways to engage these patients in treatment and to make the transition to outpatient services streamlined. The organization has developed a process to provide Suboxone and Methadone bridging as well as direct handoffs into outpatient treatment options. The hope is that a smoother transition to these services will convince the patients to take the step to engage in the treatments. The organization expects that the IET (Engagement) measure will increase. The organization will monitor the measure using the monthly reports generated by the Fallon Quality Data Analyst.</p>	
<p>PMV 2: State-Specific Measures: ACP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.</p>	<p><u>HRSN:</u> BFHC rolled out this screening in all primary care practices. The organization has placed Community Health Workers (CHW) in the ACO Primary Care practices to aid patients who are screened with positive insecurities and help them bridge those gaps. The organization is planning to roll out these screenings to all inpatients in the Berkshire County Hospitals and build in referrals to inpatient Social Workers and Primary Care Practice CHWs to ensure the patients have a smooth transition and that their needs can continue to be met after discharge. The roll-out with primary care is completed. The roll-out to inpatient services will be completed by the first quarter of 2024. The organization expects to see an increase in patients who have an HRSN screening.</p> <p><u>Screening for Depression and Follow-up:</u> Step 1: the data reporting is not accurate as the organization has identified discrepancies in reporting when compared to the electronic health record reports available through the different</p>	Addressed

Recommendation for ACP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response ¹
	<p>systems. To improve this, we plan to follow all the data reports to ensure each step is accurately representing the data and then we will make sure the combined data is representative of the whole. It is hard to make substantial change when all of the key participants do not trust the data being presented. This is underway and due to be completed by 12/31/2023.</p> <p>Step 2: Each practice is implementing one or more of the following: Attach the screening to patient portal pre-registration processes, utilize kiosk functionality at registration to capture the screening, hand out a paper form when the patient registers, have the medical assistant or nurse review the need for a depression screening during pre-visit planning, imbed the screening questions into appropriate visit note templates, and/or provide offices with lists of patients who are due for a screening at their next visit and provide that reminder to the care team. This is underway and, in some cases, completed. The organization expects to see an increase in the Depression Screening and Follow-up indicator. The organization will review this data monthly as part of our Key Performance Indicator (KPI) dashboard.</p> <p><u>Risk-Adjusted Ratio (Observed/Expected) ED Visits for Members Aged 18–65 Years:</u> The is a difficult measure to comment on, BFHC can discuss what we have done to decrease actual ED Visits but are unable to comment on this measure with the ability to know the expected number of visits. The organization will gain access to the Expected ED Volumes. To decrease ED Visits the organization has created a second position for an ED CHW, has focused on transition planning for substance use bridging between our ED and outpatient services to help prevent revisits, has worked to increase the work of our linkages with the limited outpatient providers we have in the community. These tasks are underway and are long-term solutions. BFHC will monitor the Observer/Expected ED Volumes</p> <p><u>Behavioral Health Community Partner Engagement:</u> BFHC utilizes internal tracking and data provided by MassHealth regarding this metric to monitor performance. This shared quality metric is discussed with our Community Partners at quarterly administrative meetings and process improvements have been put in place. BFHC implemented a new CP Care Plan signature process in 2022, moving from having the members' PCP sign the care plan to having a PCP designee sign the member care plans. The new process included an escalation process for when a CP Care Plan was approaching the 122-day mark. Fallon Health is developing a Community Partner (CP) Program Dashboard that will capture the quality metric (days to engagement) that will allow us to monitor this in more real time and work with our Community Partners to improve performance in this measure. FLN-Reliant utilizes data provided by MassHealth (Mathematica) on a quarterly basis to track performance on metrics</p>	

Recommendation for ACPP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response ¹
	and identify opportunities to improve. Tracking has shown that this metric improved significantly since 2022. Fallon CP Performance Dashboard will allow for more real time tracking of this metric in 2023 and going forward.	
Network: Fallon Berkshire should expand the network when members' access can be improved and when network deficiencies can be closed by available providers.	Fallon Health has closed many gaps identified by IPRO. There remains a deficiency in Berkshire County for Podiatry, Nuclear Medicine, and Urgent Care. Other specialties now meet the standard. Fallon will add more providers to the network, however, there are limited providers in the area. Carelton has a mature network of behavior health providers that has been continuously enhanced over more than two decades and is monitored regularly to identify enhancement opportunities. Some geographical areas of the state are challenged with a lack of provider availability on the ground, such as those noted in the CY 2022 recommendations, impacting all networks including Carelon. Carelon's network remains open to new providers in Massachusetts and Carelon will continue to monitor provider availability and will be ready to partner with all available and qualified providers.	Addressed
Quality-of-Care Surveys: The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	The Fallon Service Advisory Committee, composed of managers, directors, and vice presidents, oversees service quality improvement activities outlined in the Service Excellence Committee's annual work plan. Reporting to the Fallon Board, the Committee reviews various survey results to prioritize interventions aimed at enhancing member experience. In 2022, Fallon focused on improving scores in Getting Needed Care, Getting Care Quickly, Care Coordination, Customer Service, and Getting Needed Prescription Drugs. Interventions included a phone system upgrade and monthly mock CAHPS surveys. Fallon tracks the Overall Rating of Health Plan as a corporate metric, setting targets and employing high-touch member outreach efforts. The NCQA awarded Fallon 4.5 out of 5 stars in 2022 and 2023, recognizing its position among the top 20 Medicaid plans for clinical quality and member experience.	Addressed

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. **Not applicable:** PIP was discontinued. EQR: external quality review; ACPP: accountable care partnership plan; MCP: managed care plan; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; PCP: primary care provider.

Fallon 365 Response to Previous EQR Recommendations

Table 125 displays the ACP's progress related to the *ACPP External Quality Review CY 2022*, as well as IPRO's assessment of ACP's response.

Table 125: Fallon 365 Response to Previous EQR Recommendations

Recommendation for ACP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response ¹
PMV 1: HEDIS Measures: ACP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	<p>AMR: The organization's Clinical Pharmacists launched an initiative to improve AMR by encouraging patients already using rescue inhalers to also use a maintenance inhaler for treatment of their asthma. This initiative occurred at the end of 2022 and the beginning of 2023. The organization expected to increase the ratio of prescription fills of maintenance medications for asthma compared to prescription fills of rescue inhalers. Performance was monitored by the Clinical Pharmacy team and was also reviewed regularly by the organization's Primary Care Leadership Council.</p> <p>IET (Engagement): A Best Practice Advisory (BPA) was launched in EPIC for Fallon 365 patients which prompted the PCP whenever they made a new dx of SUD to allow for a one-click resolution to refer that patient to the BH team for support. The BPA was launched in EPIC in March of 2022. This resulted in improvements in both initiation and engagement on SUD treatment, particularly in AUD – which the organization was able to pull in, initiate treatment, and follow up with. Performance was monitored by the Behavioral Health department.</p> <p>PCR: The organization has launched several initiatives to support our performance on all-cause readmissions, including management of transitions in care, increased attention to post-discharge follow-up visits, and the recent launch of on-site Reliant Nurse Case Managers embedded in our highest volume hospitals to assist with discharge planning to reduce readmissions. Some initiatives for post-follow-up visits started last year and into early this year. In the summer, the organization went partially live with on-site discharge planners and will continue to scale up this initiative throughout 2023. The organization expects to improve the continuity and coordination of care, improve the timeliness of post-discharge follow-up visits, and reduce readmission rates.</p> <p>Performance on this measure is monitored during monthly committee meetings to review processes and results, including the UM Committee, TME Steering Committee, or ad hoc workgroups.</p>	Addressed
PMV 2: State-Specific Measures: ACP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	<p>Screening for Depression and Follow-Up Plan: The organization has established screening for depression via the PHQ-2 as part of office visit rooming standard work. The organization has also improved performance with depression follow-up plans by developing resources to increase access to appropriate BH care and services. This is currently in place. The organization will continue to encourage pre-visit depression screening completion and access to BH care and services going forward. The organization expects to continue improving on depression screening and follow-up plan performance. Performance on depression screening results and documentation of</p>	Addressed

Recommendation for ACP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response ¹
	<p>follow-up plans are reviewed regularly by the organization's Primary Care Leadership Council.</p> <p><u>Depression Remission or Response:</u> The organization is not explicitly working on this measure now since it has been removed from the current Appendix Q measure set. However, the organization is instead shifting its focus to improving access to appropriate BH care for all patients who need these services.</p> <p><u>LTSS Community Partner Engagement:</u> Fallon/Reliant teams have met on at least a quarterly basis with each of our Community Partners to discuss administrative items including the shared quality metric of LTSS Community Partner Engagement (Care Plan Complete within 122 days). We believe that this measure for CY21 has been impacted by barriers encountered by our Community Partners to connect with members in part due to the COVID-19 emergency. Fallon Health is developing a Community Partner (CP) Program Dashboard that will capture the quality metric (days to engagement) that will allow us to monitor this in more real-time and work with our Community Partners to improve performance in this measure. Fallon 365 utilizes data provided by MassHealth (Mathematica) every quarter to track performance on metrics and identify opportunities to improve. Internal tracking and MassHealth Mathematica Data show a marked improvement in this metric in CY22 & CY23. Fallon CP Performance Dashboard will allow for more real-time tracking of this metric in 2023 and going forward. Shorter timeframe to LTSS Community Partner Engagement/meeting of metric. Ongoing monitoring of LTSS Community Partner Engagement.</p>	
<p>Network: Fallon 365 should expand network when members' access can be improved and when network deficiencies can be closed by available providers.</p>	<p>There is no available provider in the Worcester area for Adult and Pediatric PCP access. There is no solution for this item, however, Fallon Health is very close to the 100% access requirement at 100%. Fallon Health has monitored adequacies for all specialties. A refreshed data report was run and there remain deficiencies for Cardiothoracic, Nephrology, Nuclear Medicine, and Plastic Surgery, and many deficiency gaps were resolved. Fallon is looking for providers in the area to be added to the network. Fallon will research adding more providers to the network, however, there may be limited providers in the area. Fallon runs reports to determine network access for members.</p> <p>Carelon has a mature network of behavior health providers that has been continuously enhanced over more than two decades and is monitored regularly to identify enhancement opportunities. Some geographical areas of the state are challenged with a lack of provider availability on the ground, such as those noted in the CY 2022 recommendations, impacting all networks including Carelon. Carelon's network remains open to new providers in Massachusetts and Carelon will continue to monitor provider availability and will be ready to partner with all available and qualified providers.</p>	Addressed
<p>Quality-of-Care Surveys: The ACP should utilize the results of</p>	<p>Fallon employs a robust framework for addressing CAHPS measure performance through the Fallon Service Advisory Committee, a cross-</p>	Addressed

Recommendation for ACP	Fallon 365 Response/Actions Taken	IPro Assessment of MCP Response ¹
the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	functional team overseeing service quality improvement activities. This committee, reporting to the Fallon Board, prioritizes interventions based on NCQA rating results, CAHPS performance data, and internal surveys to enhance member experience. In 2022, Fallon actively monitored member experience scores, conducted CAHPS surveys, and implemented interventions focused on improving key areas like Getting Needed Care, Getting Care Quickly, Care Coordination, Customer Service, and Getting Needed Prescription Drugs. Notable interventions included a phone system upgrade and a monthly "Mock" CAHPS phone survey. Fallon's proactive approach extends to addressing wait time concerns, tracking the Overall Rating of Health Plan metrics, and ensuring network adequacy. The transition to a new pharmacy provider and high-touch member outreach efforts demonstrate Fallon's commitment to enhancing member experiences. The NCQA's consistent 4.5-star rating validates Fallon's position among the top 20 Medicaid plans for clinical quality and member experience in 2022 and 2023.	

¹ IPro assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. **Not applicable:** PIP was discontinued. EQR: external quality review; ACP: accountable care partnership plan; MCP: managed care plan; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; PCP: primary care provider.

Tufts CHA Response to Previous EQR Recommendations

Table 126 displays the ACP's progress related to the *ACP External Quality Review CY 2022*, as well as IPro's assessment of ACP's response.

Table 126: Tufts CHA Response to Previous EQR Recommendations

Recommendation for ACP	Tufts CHA Response/Actions Taken	IPro Assessment of MCP Response ¹
PIP 2 Telehealth Access The previous EQRO recommends that this project's mission be considered and resolved by discussion between Tufts CHA and MassHealth. Specifically, Tufts CHA notes that the "goal of its telehealth service provision continues to be 50% in-person and 50% telehealth. Tufts CHA values in-person care and in-person care remains the preferred approach(...)." Tufts CHA values "in-person care" for behavioral services and	Following the 10/27/22 review of this PIP with KEPRO, a meeting with Tufts CHA and MassHealth was held to discuss what could be done with this topic going forward. It was noted that the goal had shifted from the beginning of the project in 2020, when the goal was to increase all telehealth utilization and access at the start of the pandemic, to 2022, when the project completed the original activities and shifted focus from increased access and utilization to focusing on the use of telehealth when appropriate for an individual member and/or the quality of the telehealth visit. In the meeting with MassHealth, Tufts CHA explained that the original telehealth activities were accomplished; in 2022, patients were going back to in-person care and CHA wouldn't be increasing telehealth beyond 50%, though telehealth would remain an option. The conflict in the project's mission was identified by Tufts CHA and per conversations with MassHealth, it was advised the topic/PIP	Addressed

Recommendation for ACPP	Tufts CHA Response/Actions Taken	IPRO Assessment of MCP Response ¹
therefore wants to limit access to telehealth services. And yet, the PIP is designed to increase the utilization of BH services. This is a conflict in this project's mission that will require resolution between Tufts CHA and MassHealth.	could stay the same despite the conflict with the PIP goals and data due to PIP topics and processes were going to change.	
PMV 1: HEDIS Measures: ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	As part of the ACPP relationship, the Tufts Health Public Plans (THPP) works closely with the ACO partners to track performance across key metrics. Iterative performance reports are generated monthly and quarterly and reviewed jointly to monitor performance trends and assist the ACOs in identifying opportunities for improvement. THPP also provides member level detail associated with certain measures to facilitate gap closure. Historically, THPP has conducted root cause analysis to assist ACO partners in targeting interventions for measures such as Follow-up After Hospitalization for Mental illness (FUH) and Initiation and Engagement of Alcohol and Other Drug Abuse and Dependence Treatment (IET). Furthermore, THPP is incorporating root cause analyses in all analytics plans for each ACO as well as supporting each ACO partner in leveraging their internal analytics teams with access to additional data to complement what THPP can provide. Additionally, as noted in the Unify response, THPP noticed an unfavorable variance in Asthma Medication Ratio (AMR) for MY 2021. Through root cause analysis, it was discovered that this measure was negatively impacted by an increase in denied claims due to the implementation of the Unified Pharmacy Product List with MassHealth. Per NCQA specifications, health plans are required to include denied claims in most HEDIS measure calculations including AMR and these claims adversely impacted the rate. In April 2022, THPP was able to correct the issue for MY2021 and all reporting for AMR going forward.	Addressed
PMV 2: State-Specific Measures: ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	These measures are calculated by EOHHS, and the data is provided to them through separate channels and varied sources independent of the health plan. Thus, Tufts CHA does not have access to the relevant data needed to calculate iterative performance or conduct root cause analyses for these measures.	Addressed
Network: Tufts CHA should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.	The Network Services & Compliance department conducts quarterly monitoring of the CHA ACO network to track all specialties in all counties to identify any deficiencies. When a gap is identified, THPP and CHA can proactively work together to close the gap. The Network Services team, including Contracting leadership, shares any deficient specialties with CHA, and CHA attempts to recruit available providers into its ACO. We are currently working to close the gap for PCPs. For some gaps, Tufts CHA utilizes the QuestCloud tool to	Addressed

Recommendation for ACPP	Tufts CHA Response/Actions Taken	IPro Assessment of MCP Response ¹
	identify available providers to aid in outreach and contracting efforts.	
Quality-of-Care Surveys: The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Tufts' CAHPS data is aggregated for the Medicaid product; however, the data is segmented by ACPP by the survey vendor and that data is shared with the appropriate ACPP. CHA ACPP fields their own member experience surveys which provide the ACPP more comprehensive information on their specific patient population. Tufts CHA will continue to have ongoing conversations with CHA ACPP about member experience survey results and quality improvement action plans. Additionally, Tufts CHA will continue to supplement CHA ACPP member experience data with CAHPS as well as other non-regulatory member experience surveys.	Addressed

¹ IPro assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. **Not applicable:** PIP was discontinued. EQR: external quality review; ACPP: accountable care partnership plan; MCP: managed care plan; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; PCP: primary care provider.

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

Tables 127–141 highlight each ACPP’s 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**.

MGB - Strengths, Weaknesses, and Recommendations

Table 127: Strengths, Opportunities for Improvement, and EQR Recommendations for MassGeneral Brigham ACO (MGB)

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
PMV	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Compliance	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 32 out of the total of 55 provider types in all its 37 service areas.	ACPP had deficient networks in one or more service areas for 22 provider types: <ul style="list-style-type: none"> Urgent Care Services Dermatology Infectious Diseases 19 out of 22 Behavioral Health Providers 	<u>Recommendation</u> ACPP should expand the network when members’ access can be improved and when network deficiencies can be closed by available providers. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.	Access, Timeliness
Network Adequacy: Provider Directory	MGB highest provider directory accuracy rate was 63.30% for Pediatric Providers.	MGB’s accuracy rate was below 20% for Internal Medicine (16.7%).	<u>Recommendations</u> ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	Access, Timeliness
Experience of Care Survey	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A

WellSense Community Alliance Strengths, Weaknesses, and Recommendations

Table 128: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Community Alliance

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: CDC	The plan noted the provision of anti-bias training to all new and existing providers as a strength.	The plan struggled with collecting REL data using a standardized method and determining the barriers associated with success in the intervention activities.	Recommendation for PIP 1: Develop a standardized process for collection of race and ethnicity data. Please see the general recommendations to MassHealth for additional recommendations relevant to all plans.	Quality, Timeliness, Access
PIP 2: CIS	The plan noted the provision of anti-bias training to all new and existing providers as a strength.	The plan struggled with collecting REL data using a standardized method and determining the barriers associated with success in the intervention activities.	Recommendation for PIP 2: Development of a standardized process for collection of race and ethnicity data. Please see the general recommendations to MassHealth for additional recommendations relevant to all plans.	Quality, Timeliness, Access
PMV: HEDIS measures	ACPP demonstrated compliance with IS standards. No issues were identified. The following rate were above the 90 th percentile: <ul style="list-style-type: none"> Immunization for Adolescents (combo 2) 	The following HEDIS measures rates were below the 25 th percentile: <ul style="list-style-type: none"> Plan All-Cause Readmissions (Observed/Expected Ratio) 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
PMV: Non-HEDIS measures	No issues were identified. The following measures rates were above the goal benchmark: <ul style="list-style-type: none"> Oral Health Evaluation Health-Related Social Needs Screening Risk-Adjusted Ratio (Observed/Expected) of ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions Screening for Depression and Follow-Up Plan Depression Remission or Response 	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"> Behavioral Health Community Partner Engagement LTSS Community Partner Engagement 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
Network Adequacy: Data Integrity	ACPP submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.	<u>Recommendation</u> IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 45 out of the total of 55 provider types in all its 23 service areas.	ACPP had deficient networks in one or more service areas for 10 provider types: <ul style="list-style-type: none"> • Adult PCP • Pediatric PCP • Rehabilitation Hospital • 7 out of 22 Behavioral Health Providers 	<u>Recommendation</u> ACPP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.	Access, Timeliness
Network Adequacy: Provider Directory	WellSense highest accuracy rate was 66.67% for Pediatric Neurology providers.	WellSense Community Alliance's accuracy rate was below 20% for the following provider types: <ul style="list-style-type: none"> • Infectious Disease (13.33%) • Autism Services (10.00%) 	<u>Recommendations</u> ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	Access, Timeliness
Experience of Care Survey	WellSense Community Alliance scored above the statewide score on one child PC MES measures.	WellSense Community Alliance scored below the statewide score on all adult PC MES measures and	The ACPP 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

Activity	Strengths	Weaknesses	Recommendations	Standards
		10 out of 11 child PC MES measures.		

WellSense Mercy Strengths, Weaknesses, and Recommendations

Table 129: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Mercy

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: CBP	The plan noted that it implemented additional investments into interpreter services and SDOH training.	Performance declined in the CBP rate from baseline. The second performance indicator was not reported on in the final measurement period due to data collection issues, which impacts/prevents robust interpretation of results.	Recommendation for PIP 1: In future PIPs, IPRO recommends a standardized process for data collection and analysis that will allow for a greater focus on the results of the interventions and performance indicators. Please see the general recommendations to MassHealth for additional recommendations relevant to all plans.	Quality, Timeliness, Access
PIP 2: CDC	The plan noted that it implemented additional investments into interpreter services and SDOH training.	Performance declined in the CDC rate from baseline. The second performance indicator was not reported on in the final measurement period due to data collection issues, which impacts/prevents robust interpretation of results.	Recommendation for PIP 2: In future PIPs, IPRO recommends a standardized process for data collection and analysis that will allow for a greater focus on the results of the interventions and performance indicators. Please see the general recommendations to MassHealth for additional recommendations relevant to all plans.	Quality, Timeliness, Access
PMV: HEDIS measures	ACPP demonstrated compliance with IS standards. No issues were identified. The following measure was above the 90 th percentile: <ul style="list-style-type: none"> Asthma Medication Ratio 	The following HEDIS measures rates were below the 25 th percentile: <ul style="list-style-type: none"> Childhood Immunization Status (combo 10) Timeliness of Prenatal Care Hemoglobin A1c Control; HbA1c control (>9.0%) 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
PMV: Non-HEDIS measures	No issues were identified. The following rates were above the goal benchmark: <ul style="list-style-type: none"> Oral Health Evaluation 	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"> Behavioral Health Community Partner Engagement LTSS Community Partner Engagement 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	<ul style="list-style-type: none"> Health-Related Social Needs Screening Risk-Adjusted Ratio (Observed/Expected) of ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions - Lower is better 	<ul style="list-style-type: none"> Screening for Depression and Follow-Up Plan Depression Remission or Response 		
Network Adequacy: Data Integrity	ACPP submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.	<u>Recommendation</u> IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 52 out of the total of 55 provider types in all its 3 service areas.	ACPP had deficient networks in one or more service areas for 3 behavioral health provider types: <ul style="list-style-type: none"> Monitored Inpatient Level 3.7 Clinical Stabilization Service Level 3.5 CBAT-ICBAT-TCU 	<u>Recommendation</u> ACPP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.	Access, Timeliness
Network Adequacy: Provider Directory	WellSense Mercy's highest accuracy rate was 66.67% for Urgent Care Providers directory.	WellSense Mercy's accuracy rate was below 20% for the following provider types: <ul style="list-style-type: none"> Internal Medicine (13.3%) 	<u>Recommendations</u> ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory.	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
		<ul style="list-style-type: none"> Pediatric PCP (16.7%) 	ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	
Experience of Care Survey	WellSense Mercy scored above the statewide score on one child PC MES measure.	WellSense Mercy scored below the statewide average on all adult PC MES measures and 10 child PC MES measures.	The ACPP 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

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

WellSense Signature - Strengths, Weaknesses, and Recommendations

Table 130: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Signature

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: CBP	Providers and staff were engaged and excited to participate in health equity trainings in general, as well as the medical interpreter pilot program. WellSense Signature has a sophisticated data analytics system that aids in identifying trends to help provide targeted outreach.	None.	None.	Quality, Timeliness, Access
PIP 2: CDC	Improvement in the percentage of collected ethnicity data due to Intervention 1 (from 22% to 31%). Providers and staff were engaged and excited for the scheduled sensitivity trainings and the pilot training on managing diabetes in diverse populations. WellSense Signature has a sophisticated data analytics system that aids in identifying trends to help provide targeted outreach.	Plan did not address the potential barriers or reasons for the decrease in performance measure rates, instead addressing the success in collecting ethnicity data.	Recommendation for PIP 2: In future PIPs, IPRO recommends further analysis into potential barriers or factors that affected the decline in indicator rates. Please see the general recommendations to MassHealth for additional recommendations relevant to all plans.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
PMV: HEDIS measures	<p>ACPP demonstrated compliance with IS standards. No issues were identified.</p> <p>The following measures were above 90th percentile:</p> <ul style="list-style-type: none"> Controlling High Blood Pressure Hemoglobin A1c Control; HbA1c control (>9.0%) (Lower is better) Metabolic Monitoring for Children and Adolescents on Antipsychotics Follow-Up After Hospitalization for Mental Illness (7 days) Follow-up After Emergency Department Visit for Mental Illness (7 days) 	<p>The following HEDIS measures rates were below the 25th percentile:</p> <ul style="list-style-type: none"> Plan All-Cause Readmissions (Observed/Expected Ratio) 	<p>ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.</p>	<p>Quality, Timeliness, Access</p>
PMV: Non-HEDIS measures	<p>No issues were identified.</p> <p>The following rates were above the goal benchmark:</p> <ul style="list-style-type: none"> Oral Health Evaluation Health-Related Social Needs Screening Risk-Adjusted Ratio (Observed/Expected) of ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions Behavioral Health Community Partner Engagement Screening for Depression and Follow-Up Plan Depression Remission or Response 	<p>The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> LTSS Community Partner Engagement 	<p>ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.</p>	<p>Quality, Timeliness, Access</p>
Network Adequacy: Data Integrity	<p>ACPP submitted all requested in-network providers' data.</p>	<p>Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was</p>	<p><u>Recommendation</u> IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.</p>	<p>Access, Timeliness</p>

Activity	Strengths	Weaknesses	Recommendations	Standards
		submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.		
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 54 out of the total of 55 provider types in all its 5 service areas.	ACPP's CBAT-ICBAT-TCU network of providers was deficient in Plymouth and Taunton service areas.	<u>Recommendation</u> ACPP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.	Access, Timeliness
Network Adequacy: Provider Directory	WellSense Signature's accuracy rate was above 73.33% for Urgent Care Providers directory.	WellSense Signature's accuracy rate was below 20% for the following provider types: <ul style="list-style-type: none"> Autism Services (13.33%) 	<u>Recommendations</u> ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	Access, Timeliness
Experience of Care Survey	WellSense Signature scored above the statewide score on one adult PC MES measure.	WellSense Signature scored below the statewide score on 10 adult PC MES measures and all child PC MES measures.	The ACPP 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

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

WellSense Southcoast - Strengths, Weaknesses, and Recommendations

Table 131: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Southcoast

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: CBP	The development and use of REL-stratified dashboard that was used by staff for outreach, and staff's excitement for the initiatives.	Results must be interpreted with some caution because the interventions were focused on improving REL data collection while the results showed improvements in the CBP rate.	Recommendation for PIP 1: No plan-specific recommendations. Please see the general recommendations to MassHealth for additional recommendations relevant to all plans.	Quality, Timeliness, Access
PIP 2: CDC	Demonstrated improvements in the collection of REL data and CDC rates. The development and use of REL-stratified dashboard.	Results must be interpreted with some caution because there was limited evidence of adapting interventions that could lead to improving control of diabetes among Black and Hispanic ACPP members. The interventions were mostly focused on improving REL data collection methods, it was not explained how the newly collected REL data was used by ACPP staff to help members control diabetes. The ACPP did not identify barriers that members with diabetes face, and no interventions were chosen to address CDC-related barriers.	Recommendation for PIP 2: T No plan-specific recommendations. Please see the general recommendations to MassHealth for additional recommendations relevant to all plans.	Quality, Timeliness, Access
PMV: HEDIS measures	ACPP demonstrated compliance with IS standards. No issues were identified. The following measure was above the 90 th percentile: <ul style="list-style-type: none"> Immunization for Adolescents (combo 2) 	The following HEDIS measures rates were below the 25 th percentile: <ul style="list-style-type: none"> Childhood Immunization Status (combo 10) Hemoglobin A1c Control; HbA1c control Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
PMV: Non-HEDIS measures	No issues were identified. The following rates were above the goal benchmark:	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"> LTSS Community Partner Engagement 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	<ul style="list-style-type: none"> Oral Health Evaluation Health-Related Social Needs Screening Risk-Adjusted Ratio (Observed/Expected) of ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions Behavioral Health Community Partner Engagement 	<ul style="list-style-type: none"> Screening for Depression and Follow-Up Plan Depression Remission or Response 	members' appropriate access to the services evaluated by these measures.	
Network Adequacy: Data Integrity	ACPP submitted all requested in-network providers' data.	<p>Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address.</p> <p>Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.</p>	<p><u>Recommendation</u></p> <p>IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.</p>	Access, Timeliness
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 50 out of the total of 55 provider types in all its 7 service areas.	<p>ACPP had deficient networks in one or more service areas for 5 behavioral health provider types:</p> <ul style="list-style-type: none"> Psychiatric Inpatient Child Monitored Inpatient Level 3.7 Clinical Stabilization Service Level 3.5 CBAT-ICBAT-TCU Partial Hospitalization Program 	<p><u>Recommendation</u></p> <p>ACPP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.</p>	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
Network Adequacy: Provider Directory	WellSense Southcoast's highest accuracy rate was 60% for Urgent Care Providers directory.	WellSense Southcoast's accuracy rate was below 20% for the following provider type: <ul style="list-style-type: none"> Family Medicine (6.7%) 	Recommendations ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	Access, Timeliness
Experience of Care Survey	WellSense Southcoast scored above the statewide score on all adult PC MES measures and 8 out of 11 child PC MES measures.	WellSense Southcoast scored below the statewide score on the following three child PC MES measures: <ul style="list-style-type: none"> Self-Management Support Child Development Pediatric Prevention 	The ACPP 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

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

WellSense BILH - Strengths, Weaknesses, and Recommendations

Table 132: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense BILH

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
PMV	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Compliance	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Network Adequacy: Data Integrity	ACPP submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to	Recommendation IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
		the facility name, under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.		
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 51 out of the total of 55 provider types in all its 21 service areas.	ACPP had deficient networks in one or more service areas for 4 behavioral health provider types: <ul style="list-style-type: none"> • Psychiatric Inpatient Child • Clinical Stabilization Service Level 3.5 • CBAT-ICBAT-TCU • Partial Hospitalization Program 	<p><u>Recommendation</u></p> <p>ACPP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.</p>	Access, Timeliness
Network Adequacy: Provider Directory	WellSense BILH's accuracy rate was above 70% for Urgent Care Providers directory.	WellSense BILH's accuracy rate was below 20% for the following provider type: <ul style="list-style-type: none"> • Autism Services (13.33%) 	<p><u>Recommendations</u></p> <p>ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.</p>	Access, Timeliness
Experience of Care Survey	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

WellSense Care Alliance - Strengths, Weaknesses, and Recommendations

Table 133: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Care Alliance

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
PMV	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Compliance	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Network Adequacy: Data Integrity	ACPP submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.	<u>Recommendation</u> IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 52 out of the total of 55 provider types in all its 16 service areas.	ACPP had deficient networks in one or more service areas for 3 provider types: <ul style="list-style-type: none"> Adult PCP CBAT-ICBAT-TCU Partial Hospitalization Program 	<u>Recommendation</u> ACPP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.	Access, Timeliness
Network Adequacy: Provider Directory	WellSense Care Alliance's accuracy rate was above 73.33% for Urgent Care Providers directory.	WellSense Care Alliance's accuracy rate was below 20% for the following provider types: <ul style="list-style-type: none"> Autism Services (13.33%) 	<u>Recommendations</u> ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory.	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
			ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	
Experience of Care Survey	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

WellSense East Boston - Strengths, Weaknesses, and Recommendations

Table 134: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense East Boston

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
PMV	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Compliance	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Network Adequacy: Data Integrity	ACPP submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.	Recommendation IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness
Network Adequacy:	WellSense East Boston's highest accuracy rate was 53.33% for Urgent Care directory.	WellSense East Boston's accuracy rate was below 20% for the following provider types:	Recommendations ACPP should conduct a root cause analysis and design quality improvement interventions to	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
Provider Directory		<ul style="list-style-type: none"> Internal Medicine (6.7%) Pediatric PCP (16.7%) Autism Services (17.24%) 	increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	
Experience of Care Survey	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A

WellSense Children's - Strengths, Weaknesses, and Recommendations

Table 135: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Children's

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
PMV	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Compliance	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Network Adequacy: Data Integrity	ACPP submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.	Recommendation IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 38 out of the total of 55 provider types in all its 34 service areas.	ACPP had deficient networks in one or more service areas for 16 provider types: <ul style="list-style-type: none"> Rehabilitation Hospital 	Recommendation ACPP should expand the network when members' access can be improved and when	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
		<ul style="list-style-type: none"> Urgent Care Services 14 out of 22 Behavioral Health Providers 	<p>network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.</p>	
Network Adequacy: Provider Directory	WellSense Children's highest accuracy rate was 73.33% for the Urgent Care Services provider directory.	<p>WellSense Children's accuracy rate was below 20% for the following provider types:</p> <ul style="list-style-type: none"> Family Medicine (13.3%) Infectious Disease (13.33%) Autism Services (13.33%) 	<p>Recommendations</p> <p>ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.</p>	Access, Timeliness
Experience of Care Survey	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A

HNE BeHealthy - Strengths, Weaknesses, and Recommendations

Table 136: Strengths, Opportunities for Improvement, and EQR Recommendations for HNE BeHealthy

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: CBP	None.	The plan did not report remeasurement data and the one intervention planned was discontinued in 2022. IPRO had difficulty making determinations in PIP success given the limitations in data and intervention outcomes.	<p>Recommendation for PIP 1: If HNE BeHealthy continues working on Improving Blood Pressure Control, it should expand the PIP to include the entire eligible population and consider strengthening its interventions to include, at a minimum, interventions targeted to providers and perhaps community resources. A barrier analysis should also be conducted to determine the reasons why members are not being screened and why they are not seeking care when needed. HNE BeHealthy will need to strengthen its analytical capabilities to avoid encountering similar challenges when conducting future PIPs. Please see the general</p>	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
			recommendations to MassHealth for additional recommendations relevant to all plans.	
PIP 2: IET	None.	The plan did not report remeasurement data and the one intervention planned was discontinued in 2022. IPRO had difficulty making determinations in PIP success given the limitations in data and intervention outcomes.	No plan-specific recommendations. Please see the general recommendations to MassHealth for additional recommendations relevant to all plans.	Quality, Timeliness, Access
PMV: HEDIS measures	<p>ACPP demonstrated compliance with IS standards. No issues were identified.</p> <p>The following measures were above the 90th percentile:</p> <ul style="list-style-type: none"> Follow-up After Emergency Department Visit for Mental Illness (7 days) Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment 	<p>The following HEDIS measures rates were below the 25th percentile:</p> <ul style="list-style-type: none"> Childhood Immunization Status (combo 10) Controlling High Blood Pressure Hemoglobin A1c Control; HbA1c control (>9.0%) Plan All-Cause Readmissions (Observed/Expected Ratio) 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
PMV: Non-HEDIS measures	<p>No issues were identified.</p> <p>The following measures were above the goal benchmark:</p> <ul style="list-style-type: none"> Oral Health Evaluation Risk-Adjusted Ratio (Observed/Expected) of ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions 	<p>The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> Health-Related Social Needs Screening Behavioral Health Community Partner Engagement LTSS Community Partner Engagement Screening for Depression and Follow-Up Plan Depression Remission or Response 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
Network Adequacy: Data Integrity	ACPP submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight	<p>Recommendation</p> <p>IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.</p>	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
		variations in the facility names, listed under the same NPI and address.		
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 49 out of the total of 55 provider types in all its 5 service areas.	<p>ACPP had deficient networks in one or more service areas for 6 behavioral health provider types:</p> <ul style="list-style-type: none"> • Managed Inpatient Level 4 • Monitored Inpatient Level 3.7 • Clinical Stabilization Service Level 3.5 • CBAT-ICBAT-TCU • Partial Hospitalization Program (PHP) • Applied Behavior Analysis (ABA) 	<p><u>Recommendation</u></p> <p>ACPP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.</p>	Access, Timeliness
Network Adequacy: Provider Directory	HNE BeHealthy's highest accuracy rate was 90.00% for the Urgent Care Services provider directory.	<p>HNE BeHealthy's accuracy rate was below 20% for the following provider types:</p> <ul style="list-style-type: none"> • Autism Services (10.00%) 	<p><u>Recommendations</u></p> <p>ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.</p>	Access, Timeliness
Experience of Care Survey	HNE BeHealthy scored above the statewide score on two adult PC MES measures and all child PC MES measures.	HNE BeHealthy scored below the statewide average on 9 out of 11 adult and all child PC MES measures.	The ACPP 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

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

Fallon Berkshire - Strengths, Weaknesses, and Recommendations

Table 137: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon Berkshire

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: CBP	The plan noted using the Mobile Health Unit (MHU) to enter the community to provide BP checks was an effective strategy to engage patients outside of the typical PCP environment. Additionally, the plan found success in allowing providers to have direct access to Performance Reporting dashboards.	The plan struggled with data collection and determining how successful the MHU intervention was in contributing to rate improvement. Additionally, the plan struggled getting plan members to respond to sensitive questions when trying to collect RELD data via the MHU.	Recommendation for PIP 1: IPRO recommends continuing to monitor the interventions outside the scope of the PIP, if possible, and assessing methods to sustain the preliminary improvement seen in this PIP. If the plan continues to utilize the MHU for interventions outside of the PIP scope, IPRO recommends including quantifiable data to measure the effectiveness of the intervention, as the ACP was unable to specify in what clinical setting a BP result is obtained. IPRO recommends the plan strengthen data capture processes to reduce the number of “Unknown” RELD values, to tailor interventions to susceptible subpopulations.	Quality, Timeliness, Access
PIP 2: CDC	The plan noted using the Mobile Health Unit (MHU) to enter the community to provide point of care A1c checks provided an effective strategy to engage patients outside of the typical PCP environment. Additionally, the plan found success in allowing providers to have direct access to Performance Reporting dashboards.	The plan struggled with data collection and determining how successful the MHU intervention was in contributing to rate improvement. Additionally, the plan struggled getting plan members to respond to sensitive questions when trying to collect RELD data via the MHU.	Recommendation for PIP 2: IPRO recommends continuing to monitor the interventions outside the scope of the PIP, if possible, and assessing methods to sustain the preliminary improvement seen in this PIP. If the plan continues to utilize the MHU for interventions outside of the PIP scope, IPRO recommends including quantifiable data to measure the effectiveness of the intervention, as the ACP was unable to specify in what clinical setting an A1c result is obtained. IPRO recommends the plan strengthen data capture processes to reduce the number of “Unknown” RELD values, in order to tailor interventions to susceptible subpopulations. IPRO recommends the plan develop and strengthen a process to provide consistent patient data to teams outside of the Expanse platform.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
PMV: HEDIS measures	<p>ACPP demonstrated compliance with IS standards. No issues were identified.</p> <p>The rates for the Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment measures were above the 90th percentile.</p>	<p>The following HEDIS measures rates were below the 25th percentile:</p> <ul style="list-style-type: none"> Immunization for Adolescents (combo 2) Asthma Medication Ratio 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
PMV: Non-HEDIS measures	<p>No issues were identified.</p> <p>The following measures rates were above the goal benchmark.</p> <ul style="list-style-type: none"> Behavioral Health Community Partner Engagement Risk-Adjusted Ratio (Observed/Expected) of ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions 	<p>The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> Oral Health Evaluation Health-Related Social Needs Screening LTSS Community Partner Engagement Screening for Depression and Follow-Up Plan Depression Remission or Response 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
Network Adequacy: Data Integrity	ACPP submitted all requested in-network providers' data.	<p>Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address.</p> <p>Duplicated data was submitted in the facility tabs, both the NPI Registered</p>	<p><u>Recommendation</u></p> <p>IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.</p>	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
		Name and DBA Name were submitted in the data.		
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 52 out of the total of 55 provider types in all its 2 service areas.	ACPP had deficient networks in one or more service areas for 2 provider types: <ul style="list-style-type: none"> Medical Oncology Intensive Outpatient Program 	<p>Recommendation</p> <p>ACPP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.</p>	Access, Timeliness
Network Adequacy: Provider Directory	Fallon Berkshire's highest accuracy rate was 42.90% for Pediatric provider directory.	Fallon Berkshire's accuracy rate was below 20% for the following provider types: <ul style="list-style-type: none"> Internal Medicine (13.3%) Neurology Youth (0.00%) Autism Services (12.00%) Urgent Care Providers (0.00%) 	<p>Recommendations</p> <p>ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.</p>	Access, Timeliness
Experience of Care Survey	Fallon Berkshire scored above the statewide score on 7 out of 9 adult PC MES measures.	Fallon Berkshire scored below the statewide score on two adult PC MES measures: Adult Behavioral Health and Integration of Care. Fallon Berkshire scored below the statewide score also on all child PC MES measures.	The ACPP 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

Fallon 365 - Strengths, Weaknesses, and Recommendations

Table 138: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon 365

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: CBP	The plan improved data storage capabilities, EMR registries for data automation, and real-time data tracking capabilities.	The plan struggled with REL data collection and determining effective interventions that would be beneficial to members.	Recommendation for PIP 1: IPRO recommends continued efforts to accurately collect member race and ethnicity data and if possible, continued monitoring of the interventions outside the scope of the PIP to assess which interventions were successful and sustainable. Please see the	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
			general recommendations to MassHealth for additional recommendations relevant to all plans.	
PIP 2: CDC	The plan adapted interventions based on member feedback. Additionally, the plan improved data storage capabilities, EMR registries for data automation, and real-time data tracking capabilities.	The plan struggled with REL data collection. Additionally, the plan noted that SDOH factors impacted member participation in the PIP.	Recommendation for PIP 2: IPRO recommends continued efforts to accurately collect member demographic information for race and ethnicity. Please see the general recommendations to MassHealth for additional recommendations relevant to all plans.	Quality, Timeliness, Access
PMV: HEDIS measures	<p>ACPP demonstrated compliance with IS standards. No issues were identified.</p> <p>The rates for the following measures were above the 90th percentile:</p> <ul style="list-style-type: none"> Childhood Immunization Status (combo 10) Timeliness of Prenatal Care Immunization for Adolescents (combo 2) Hemoglobin A1c Control; HbA1c control (>9.0%) Follow-up After Emergency Department Visit for Mental Illness (7 days) Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment 	<p>The following HEDIS measures rates were below the 25th percentile:</p> <ul style="list-style-type: none"> Plan All-Cause Readmissions (Observed/Expected Ratio) 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
PMV: Non-HEDIS measures	<p>No issues were identified.</p> <p>The following measures rates above the goal benchmark:</p> <ul style="list-style-type: none"> Oral Health Evaluation 	<p>The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> Health-Related Social Needs Screening Behavioral Health Community Partner Engagement 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	<ul style="list-style-type: none"> Risk-Adjusted Ratio (Observed/Expected) of ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions LTSS Community Partner Engagement 	<ul style="list-style-type: none"> Screening for Depression and Follow-Up Plan Depression Remission or Response 		
Network Adequacy: Data Integrity	ACPP submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.	<u>Recommendation</u> IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 52 out of the total of 55 provider types in all its 4 service areas.	ACPP had a deficient OB/GYN network in the Gardner-Fitchburg and Southbridge service areas.	<u>Recommendation</u> ACPP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.	Access, Timeliness
Network Adequacy: Provider Directory	Fallon 365's highest accuracy rate was 78.95% for the Neurology Adult provider directory.	Fallon 365's accuracy rate was below 20% for the following provider types: <ul style="list-style-type: none"> Family Medicine (12.5%) Infectious Disease (11.11%) 	<u>Recommendations</u> ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
			Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	
Experience of Care	Fallon 365 scored above the statewide score on 8 out of 9 adult PC MES measures and 9 out of 11 child PC MES measures.	Fallon 365 scored below the statewide score on one adult PC MES measure: Adult Behavioral Health. Fallon 365 scored below the statewide average also only on two child PC MES measures: the Integration of Care and Child Provider Communication measures.	The ACPP should utilize the results of the adult and child OC MES surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access

Fallon Atrius - Strengths, Weaknesses, and Recommendations

Table 139: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon Atrius

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
PMV	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Compliance	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Network Adequacy: Data Integrity	ACPP submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.	<u>Recommendation</u> IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 54 out of the total of 55 provider types in all its 16 service areas.	ACPP had a deficient Urgent Care network in the Framingham and Lowell service areas.	<u>Recommendation</u> ACPP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.	Access, Timeliness
Network Adequacy: Provider Directory	Fallon Atrius' highest accuracy rate was 75% for Urgent Care Providers directory.	Fallon Atrius' accuracy rate was below 20% for the following provider types: <ul style="list-style-type: none"> Neurology Youth (0.00%) Autism Services (6.67%) 	<u>Recommendations</u> ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
			annual quality assurance improvement programs and network development plans.	
Experience of Care Survey	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A

Tufts CHA - Strengths, Weaknesses, and Recommendations

Table 140: Strengths, Opportunities for Improvement, and EQR Recommendations for Tufts CHA

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: CIS	The plan was successful in implementing technological solutions related to reaching non-English language speaking members.	The plan struggled with resource availability to implement intervention 2, as well as data collection challenges related to language data.	Recommendation for PIP 1: In future PIPs, IPRO recommends setting performance indicator goals that are bold, feasible, and based upon baseline data. In addition, IPRO generally recommends considering new interventions when barriers prevent implementation of planned interventions.	Quality, Timeliness, Access
PIP 2: Flu Vaccination	Interventions included a Nurse Practitioner conducting outreach calls to members, which were reported as successful.	The plan struggled with vaccine hesitation due to the COVID-19 pandemic. The plan did not adjust or implement new interventions when the planned interventions proved ineffective.	Recommendation for PIP 2: In future PIPs, IPRO recommends considering new interventions when barriers prevent implementation of planned interventions. Please see the general recommendations to MassHealth for additional recommendations relevant to all plans.	Quality, Timeliness, Access
PMV: HEDIS measures	ACPP demonstrated compliance with IS standards. No issues were identified. The following measures rates were above the 90 th percentile: <ul style="list-style-type: none"> Childhood Immunization Status (combo 10) Immunization for Adolescents (combo 2) Follow-Up After Hospitalization for Mental Illness (7 days) 	The following HEDIS measures rates were below the 25 th percentile: <ul style="list-style-type: none"> Asthma Medication Ratio Plan All-Cause Readmissions (Observed/Expected Ratio) 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	<ul style="list-style-type: none"> Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment 			
PMV: Non-HEDIS measures	<p>No issues were identified.</p> <p>The following measures rates were above the goal benchmark:</p> <ul style="list-style-type: none"> Oral Health Evaluation Health-Related Social Needs Screening Risk-Adjusted Ratio (Observed/Expected) of ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions LTSS Community Partner Engagement 	<p>The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> Behavioral Health Community Partner Engagement Screening for Depression and Follow-Up Plan Depression Remission or Response 	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
Network Adequacy: Provider Directory	Tufts CHA's highest accuracy rate was 60% for the Family Medicine provider directory.	<p>Tufts CHA's accuracy rate was below 20% for the following provider type:</p> <ul style="list-style-type: none"> Autism Services (16.67%) 	<p>Recommendations</p> <p>ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.</p>	Access, Timeliness
Experience of Care Survey	Tufts CHA scored above the statewide score on 2 out of 9 adult and 3 out of 11 child PC MES measures.	Tufts CHA scored below the statewide score 7 out of 9 adult and 8 out of 11 child PC MES measures.	The ACPP 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

Tufts UMASS - Strengths, Weaknesses, and Recommendations

Table 141: Strengths, Opportunities for Improvement, and EQR Recommendations for Tufts UMASS

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
PMV	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Compliance	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A
Network Adequacy: Time/Distance Standards	ACPP demonstrated adequate networks for 51 out of the total of 55 provider types in all its 5 service areas.	ACPP had deficient networks in one or more service areas for 3 Behavioral Health Provider types: <ul style="list-style-type: none"> Managed Inpatient Level 4 Recovery Support Navigators Recovery Coaching 	<p><u>Recommendation</u> ACPP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those service areas.</p>	Access, Timeliness
Network Adequacy: Provider Directory	Tufts UMASS' highest accuracy rate was 55% for the Urgent Care Providers directory.	Tufts UMASS' accuracy rate was below 20% for the following provider types: <ul style="list-style-type: none"> Infectious Disease (16.67%) Neurology Adult (3.33%) 	<p><u>Recommendations</u> ACPP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACPP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.</p>	Access, Timeliness
Experience of Care Survey	N/A New ACPP	N/A New ACPP	N/A New ACPP	N/A

X. Required Elements in EQR Technical Report

The 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 142**.

Table 142: 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 each ACPP are summarized in Section IX. MCP 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 IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations for a chart outlining each ACPP’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 each ACPP are included in each EQR activity section (Sections III–VII) and in Section IX. 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 an ACPP or activity and when discussing the basis of performance measures or PIPs.
<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 all ACPPs is included across the report in each EQR activity section (Sections III–VII) and in Section IX. 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 VIII. MCP Responses to the Previous EQR Recommendations for the prior year findings and the assessment of each ACPP'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.	This report includes information on the validation of PIPs that were underway during the preceding 12 months; see Section III .
<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.	The report includes a description of PIP interventions associated with each state-required PIP topic; see Section III .
<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 each ACPP's performance measures; see Section IV .
<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.	This report includes information on a review, conducted in 2021, to determine each ACPP compliance with the standards set forth in Subpart D and the QAPI requirements described in <i>Title 42 CFR § 438.330</i> ; see Section V .

XI. 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

XII. 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"> 1. BeHealthy Partnership Plan 2. Berkshire Fallon Health Collaborative 3. East Boston Neighborhood Health WellSense Alliance 4. Fallon 365 Care 5. Fallon Health – Atrius Health Care Collaborative 6. Mass General Brigham Health Plan with Mass General Brigham ACO 7. Tufts Health Together with Cambridge Health Alliance (CHA) 8. Tufts Health Together with UMass Memorial Health 9. WellSense Beth Israel Lahey Health (BILH) Performance Network ACO 10. WellSense Boston Children’s ACO 11. WellSense Care Alliance 12. WellSense Community Alliance 13. WellSense Mercy Alliance 14. WellSense Signature Alliance 15. 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"> 1. Community Care Cooperative 2. 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"> 1. Boston Medical Center HealthNet Plan WellSense 2. Tufts Health Together
Primary Care Clinician Plan (PCCP)	Members select or are assigned a primary care clinician (PCC) from a network of MassHealth	Not applicable – MassHealth

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
	<p>hospitals, specialists, and the Massachusetts Behavioral Health Partnership (MBHP).</p> <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"> Commonwealth Care Alliance Tufts Health Plan Unify 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>	<ol style="list-style-type: none"> WellSense Senior Care Option Commonwealth Care Alliance NaviCare Fallon Health Senior Whole Health by Molina Tufts Health Plan Senior Care Option UnitedHealthcare Senior Care Options

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
	<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. 	

XIII. 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

XIV. Appendix D – MassHealth ACP Network Adequacy Standards and Indicators

Table D1: ACP Network Adequacy Standards and Indicators – Primary Care Providers

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACP Contracts	Indicator	Definition of the Indicator
<p>Applicable Provider Types:</p> <ul style="list-style-type: none"> • Adult PCP; • Family PCP (applies to all ages, adults and children) • Pediatric PCP <p>Sec. 2.10.C.1 Primary Care Providers</p> <p>a. The Contractor shall develop and maintain a network of Primary Care Providers that ensures PCP coverage and availability throughout the region 24 hours a day, seven days a week.</p> <p>b. The Contractor shall maintain a sufficient number of PCPs, defined as one adult PCP for every 750 adult Enrollees and one pediatric PCP for every 750 pediatric Enrollees throughout all of the Contractor's regions set forth in Appendix F. EOHHS may approve a waiver of the above ratios in accordance with federal law.</p> <p>c. The Contractor shall include in its Network a sufficient number of appropriate PCPs to meet the time and distance requirements set forth in Appendix N. An appropriate PCP is defined as a PCP who:</p> <ol style="list-style-type: none"> 1) Is open at least 20 hours per week; 2) Has qualifications and expertise commensurate with the health care needs of the Enrollee; and 3) Has the ability to communicate with the Enrollee in a linguistically 	<p>Primary Care Providers:</p> <ul style="list-style-type: none"> • At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR- distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation. • The provider-to-member ratio must be 1:750 	<p>ADULT Primary Care Providers Geo-Access:</p> <p>Numerator: number of plan members ages 21 to 64 in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"> • Two unique in-network adult PCP providers with open panels (i.e., internal medicine and family medicine) are a 30-minute drive or less from a member residence; and 40-minute drive or less from a member residence for members in the Oak Bluffs and Nantucket Service Areas; OR • Two unique in-network adult PCP providers with open panels (i.e., internal medicine and family medicine) are 15 miles or less from a member residence, and 40 miles from the member's residence for members in the Oak Bluffs and Nantucket Service Areas. <p>Denominator: all plan members ages 21 to 64 in a Service Area</p> <p>ADULT Primary Care Provider-to-Member ratio: the number of all in-network adult primary care providers (i.e., internal medicine and family medicine) against the number of all members ages 21 to 64. Calculate for all providers (i.e., providers with open and closed panels altogether).</p> <p>PEDIATRIC Primary Care Providers Geo-Access:</p> <p>Numerator: number of plan members ages 0 to 20 in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"> • Two unique in-network pediatric PCP providers with open panels (i.e., pediatricians and family medicine) are a 30-minute drive or less from a member residence; and 40-minute drive or less from a member residence for members in the Oak Bluffs and Nantucket Service Areas; OR • Two unique in-network pediatric PCP providers with open panels (i.e., pediatricians and family medicine) are 15 miles or less from a member residence, and 40 miles from the member's residence for members in the Oak Bluffs and Nantucket Service Areas. <p>Denominator: all plan members ages 0 to 20 in a Service Area</p> <p>Pediatric Primary Care Provider-to-Member ratio: the number of all in-</p>

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPH Contracts	Indicator	Definition of the Indicator
appropriate and culturally sensitive manner.		network pediatric primary care providers (i.e., pediatricians and family medicine) against the number of all members ages 0 to 20. Calculate for all providers (i.e., providers with open and closed panels altogether).

Table D2: ACPH Network Adequacy Standards and Indicators – Obstetrician and Gynecologists

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPH Contracts	Indicator	Definition of the Indicator
<p>Sec. 2.10.C.3.c Obstetrician/Gynecologists 1) In addition to the requirements set forth at Appendix N, the Contractor shall maintain an Obstetrician/Gynecologist ratio, throughout the region, of one to 500 Enrollees who may need such care, including but not limited to female Enrollees aged 10 and older and other transgender and gender diverse individuals who need Obstetric and/or Gynecologic care. EOHHS may approve a waiver of such ratio in accordance with federal law. 2) When feasible, Enrollees shall have a choice of two Obstetrician/Gynecologists.</p>	<p>OB/GYN</p> <ul style="list-style-type: none"> At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR- distance standards defined in Appendix N. The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation. The provider-to-member ratio must be 1:500 	<p>OB/GYN Geo-Access: Numerator: number of female members ages 10+ in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"> Two unique in-network OB/GYN providers with open panels are a 30-minute drive or less from a member residence; OR Two unique in-network OB/GYN providers with open panels are 15 miles or less from a member residence. <p>Denominator: all female members ages 10+ in a Service Area</p> <p>OB/GYN Provider-to-Member ratio: the number of all in-network OB/GYN providers against the number of all female members ages 10+. Calculate for all providers (i.e., providers with open and closed panels altogether).</p>

Table D3: ACPP Network Adequacy Standards and Indicators – Physical Health Services

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPP Contracts	Indicator	Definition of the Indicator
<p>Physical Health Services:</p> <ul style="list-style-type: none"> • Acute Inpatient Hospital • Rehabilitation hospital • Urgent care services <p>Only in Appendix N - Physical Health Services are not listed in Sec. 2.10.C</p>	<p>Physical Health Services</p> <ul style="list-style-type: none"> • At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 1 Provider in accordance with the time-OR- distance standards defined in Appendix N, including the exception for acute inpatient hospitals in Oak Bluff and Nantucket Service Areas. • Provider-to-member ratio not required. Do not calculate. 	<p>Hospitals Geo-Access: Numerator: number of members in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"> • One in-network hospital is a 40-minute drive or less from a member residence; OR • One in-network hospital is 20 miles or less from a member residence. <p>Denominator: all members in a Service Area. <i>*For the Oak Bluff and Nantucket Service Areas, the Contractor may meet this requirement by including in its Provider Network any hospitals located in these Service Areas that provide acute inpatient services or the closest hospital located outside these Service Areas that provide acute inpatient services. **Cape Cod Hospital in Barnstable is closest to Nantucket, and Falmouth Hospital is closest to Oak Bluffs.</i></p> <p>Urgent Care Geo-Access: Numerator: number of members in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"> • One in-network urgent care facility is a 30-minute drive or less from a member residence; OR • One in-network urgent care facility is 15 miles or less from a member residence. <p>Denominator: all members in a Service Area.</p> <p>Rehabilitation Hospital Geo-Access: Numerator: number of members in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"> • One in-network rehabilitation hospital is a 60-minute drive or less from a member residence; OR • One in-network rehabilitation hospital is 30 miles or less from a member residence. <p>Denominator: all members in a Service Area.</p>

Table D4: ACP Network Adequacy Standards and Indicators – Specialists

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACP Contracts	Indicator	Definition of the Indicator
<p>Specialists</p> <p>Allergy*</p> <p>Anesthesiology</p> <p>Audiology</p> <p>Cardiology</p> <p>Dermatology</p> <p>Emergency Medicine</p> <p>Endocrinology</p> <p>Gastroenterology</p> <p>General Surgery</p> <p>Hematology</p> <p>Infectious Disease</p> <p>Medical Oncology</p> <p>Nephrology</p> <p>Neurology</p> <p>Ophthalmology</p> <p>Oral Surgery*</p> <p>Orthopedic Surgery</p> <p>Otolaryngology</p> <p>Physiatry</p> <p>Plastic Surgery*</p> <p>Podiatry</p> <p>Psychiatry</p> <p>Pulmonology</p> <p>Rheumatology</p> <p>Urology</p> <p>Vascular Surgery*</p> <p>Sec. 2.10.C.3. a and b. Other Physical Health Specialty Providers</p> <p>a. The Contractor shall include in its Network a sufficient number of specialty Providers to meet the time and distance requirements set forth in Appendix N.</p> <p>b. For all other specialty provider types</p>	<p>Specialists:</p> <ul style="list-style-type: none"> • At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 1 Provider in accordance with the time-OR- distance standards defined in Appendix N, including the exceptions in Oak Bluff and Nantucket Service Areas. • Contractor is required to report provider-to-member ratios, but there are no predefined ratios that need to be achieved. • There are no time-OR-distance standards for allergy providers, oral surgeons, plastic surgeons, and vascular surgeons. The Contractor must show that they have at least one allergy provider, oral surgeon, plastic surgeon, vascular surgeon in their network. 	<p>Specialists Geo-Access:</p> <p>Numerator: number of plan members in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"> • One in-network Specialist provider is a 40-minute drive or less from a member residence; and 40-minute drive or less from a member residence for members in the Oak Bluffs and Nantucket Service Areas; OR • One in-network Specialist provider is 20 miles or less from a member residence, and 40 miles from the member's residence for members in the Oak Bluffs and Nantucket Service Areas. <p>Denominator: all plan members in a Service Area</p> <p>Provider-to-Member ratio: the number of all in-network providers against the number of all members. There are no predefined ratios that need to be achieved.</p> <p><i>* There are no time-OR-distance standards for allergy providers, oral surgeons, plastic surgeons, and vascular surgeons. The Contractor must show that they have at least one allergy provider, oral surgeon, plastic surgeon, vascular surgeon in their network.</i></p>

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPP Contracts	Indicator	Definition of the Indicator
not listed in Appendix N, the Contractor shall include in its Network a sufficient number of Providers to ensure access in accordance with the usual and customary community standards for accessing care. Usual and customary community standards shall be equal to or better than such access in the Primary Care Clinician Plan		

Table D5: V Network Adequacy Standards and Indicators – Behavioral Health Services

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPP Contracts	Indicator	Definition of the Indicator
Behavioral Health Services: Psychiatric inpatient adult Psychiatric inpatient adolescent Psychiatric inpatient child Managed inpatient level 4 Monitored inpatient level 3.7 Clinical Stabilization Services level 3.5 CBAT-ICBAT-TCU Partial Hospitalization (PHP) Intensive Outpatient Program (IOP) Residential Rehabilitation Services level 3.1 Intensive Care Coordination (ICC) Applied Behavioral Analysis (ABA) In-Home Behavioral Services In-Home Therapy Therapeutic Mentoring Services Community Crisis Stabilization Structured Outpatient Addiction Program (SOAP) BH outpatient (including psychology and psych APN) Community Support Program (CSP)	Behavioral Health Services <ul style="list-style-type: none"> At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N. Provider-to-member ratio not required. Do not calculate. 	Psychiatric inpatient adult, adolescent, and child; & Managed Inpatient Level 4 Geo-Access: Numerator: number of members in a Service Area for which one of the following is true: <ul style="list-style-type: none"> Two unique in-network providers are a 60-minute drive or less from a member residence; OR Two unique in-network providers are 60 miles or less from a member residence. Denominator: all members in a Service Area Other Behavioral Health Services Geo-Access: Numerator: number of members in a Service Area for which one of the following is true: <ul style="list-style-type: none"> Two unique in-network providers are a 30-minute drive or less from a member residence; OR Two unique in-network providers are 30 miles or less from a member residence. Denominator: all members in a Service Area

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPP Contracts	Indicator	Definition of the Indicator
Recovery Support Navigators Recovery Coaching Opioid Treatment Program (OTP) Sec. 2.10.C.5 5. Behavioral Health Services (as listed in Appendix C) a. The Contractor shall include in its Network a sufficient number of Behavioral Health Providers to meet the time and distance requirements set forth in Appendix N to the extent qualified, willing providers are available. b. In addition to the Availability requirements set forth in Appendix N, the Contractor shall include in its Network: 1) At least one Network Provider of each Behavioral Health Covered Service set forth in Appendix C in every region of the state served by the Contractor or, as determined by EOHHS, to the extent that qualified, interested Providers are available; and 2) Providers set forth in Appendix G, Exhibit 1 in accordance with the geographic distribution set forth in such appendix, as updated by EOHHS from time to time, including but not limited to providers of ESP Services;		

CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

Table D6: ACPP Network Adequacy Standards and Indicators – Pharmacy

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPP Contracts	Indicator	Definition of the Indicator
<p>Sec. 2.10.C.2.Pharmacy</p> <p>a. The Contractor shall develop and maintain a network of retail pharmacies that ensure prescription drug coverage and availability throughout the region seven days a week.</p> <p>b. The Contractor shall include in its Network a sufficient number of pharmacies to meet the time and distance requirements set forth in Appendix N.</p>	<p>Pharmacy</p> <ul style="list-style-type: none"> • At least 90% of Enrollees in each of the Contractor’s Service Areas must have access to at least 1 pharmacy in accordance with the time-OR-distance standards defined in Appendix N. • Provider-to-member ratio not required. Do not calculate. 	<p>Pharmacy Geo-Access:</p> <p>Numerator: number of members in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"> • One pharmacy is a 30-minute drive or less from a member residence; OR • One pharmacy is 15 miles or less from a member residence. <p>Denominator: all members in a Service Area</p>

XV. Appendix E – MassHealth ACP Provider Directory Web Addresses

Table E1: ACP Provider Directory Web Addresses

Managed Care Plan	Web Addresses Reported by Managed Care Plan
BeHealthy Partnership Plan	https://behealthypartnership.org/find-a-provider/
Berkshire Fallon Health Collaborative	https://fchp.org/Berkshires/find-doctor/
East Boston Neighborhood Health WellSense Alliance	https://www.wellsense.org/members/ma/masshealth#find-a-provider-
Fallon 365 Care	https://fchp.org/365care/find-doctor/
Fallon Health – Atrius Health Care Collaborative	https://fchp.org/Atrius/find-doctor/
Mass General Brigham Health Plan with Mass General Brigham ACO	https://mgbhealthplan.sapphirethreesixtyfive.com/?ci=home
Tufts Health Together with Cambridge Health Alliance (CHA)	https://tuftshealthplan.com/find-a-doctor#
Tufts Health Together with UMass Memorial Health	https://tuftshealthplan.com/find-a-doctor#
WellSense Beth Israel Lahey Health (BILH) Performance Network ACO	https://www.wellsense.org/members/ma/masshealth#find-a-provider
WellSense Boston Children’s ACO	https://www.wellsense.org/members/ma/masshealth#find-a-provider
WellSense Care Alliance	https://www.wellsense.org/members/ma/masshealth#find-a-provider
WellSense Community Alliance	https://www.wellsense.org/members/ma/masshealth#find-a-provider-
WellSense Mercy Alliance	https://www.wellsense.org/members/ma/masshealth#find-a-provider-
WellSense Signature Alliance	https://www.wellsense.org/members/ma/masshealth#find-a-provider-
WellSense Southcoast Alliance	https://www.wellsense.org/members/ma/masshealth#find-a-provider