



Better healthcare,  
realized.

# External Quality Review Accountable Care Partnership Plans Annual Technical Report, Calendar Year 2024



**Commonwealth of Massachusetts**  
Executive Office of Health and  
Human Services

Per *Title 42 CFR § 438.364(a)(7)*, no managed care plan was exempt from the external quality review activities conducted in CY2024.

**ipro.org**

## Table of Contents

I.	EXECUTIVE SUMMARY.....	8
	Accountable Care Partnership Plans.....	8
	Purpose of Report.....	10
	Scope of EQR Activities.....	10
	High-Level Program Findings.....	11
	Recommendations.....	17
II.	MASSACHUSETTS MEDICAID MANAGED CARE PROGRAM.....	19
	Managed Care in Massachusetts.....	19
	MassHealth Medicaid Quality Strategy.....	19
	Findings from State’s Evaluation of the Effectiveness of the Quality Strategy.....	21
	IPRO’s Assessment of the Massachusetts Medicaid Quality Strategy.....	23
III.	VALIDATION OF PERFORMANCE IMPROVEMENT PROJECTS.....	24
	Objectives.....	24
	Technical Methods of Data Collection and Analysis.....	25
	Description of Data Obtained.....	25
	Conclusions and Comparative Findings.....	25
IV.	VALIDATION OF PERFORMANCE MEASURES.....	43
	Objectives.....	43
	Technical Methods of Data Collection and Analysis.....	43
	Description of Data Obtained.....	44
	Conclusions and Comparative Findings.....	44
V.	REVIEW OF COMPLIANCE WITH MEDICAID MANAGED CARE REGULATIONS.....	51
	Objectives.....	51
	Technical Methods of Data Collection and Analysis.....	51
	Description of Data Obtained.....	53
	Conclusions and Comparative Findings.....	53
VI.	VALIDATION OF NETWORK ADEQUACY.....	55
	Objectives.....	55
	Technical Methods of Data Collection and Analysis.....	55
	Description of Data Obtained.....	58
	Conclusions and Findings.....	59
VII.	QUALITY-OF-CARE SURVEYS – PRIMARY CARE MEMBER EXPERIENCE SURVEY.....	123
	Objectives.....	123
	Technical Methods of Data Collection and Analysis.....	123
	Description of Data Obtained.....	124
	Conclusions and Comparative Findings.....	124
VIII.	MCP RESPONSES TO THE PREVIOUS EQR RECOMMENDATIONS.....	127
	WellSense Community Alliance Response to Previous EQR Recommendations.....	127
	WellSense Mercy Response to Previous EQR Recommendations.....	130
	WellSense Signature Response to Previous EQR Recommendations.....	133
	WellSense Southcoast Response to Previous EQR Recommendations.....	135
	WellSense BILH Response to Previous EQR Recommendations.....	138
	WellSense Care Alliance Response to Previous EQR Recommendations.....	139
	WellSense East Boston Response to Previous EQR Recommendations.....	141
	WellSense Children’s Response to Previous EQR Recommendations.....	142
	HNE BeHealthy Response to Previous EQR Recommendations.....	143
	Fallon Berkshire Response to Previous EQR Recommendations.....	146
	Fallon 365 Response to Previous EQR Recommendations.....	151
	Fallon Atrius Response to Previous EQR Recommendations.....	154
	Tufts CHA Response to Previous EQR Recommendations.....	155
	Tufts UMass Response to Previous EQR Recommendations.....	157
IX.	MCP STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS.....	159

MGB Strengths, Weaknesses, and EQR Recommendations .....	159
WellSense Community Alliance Strengths, Weaknesses, and EQR Recommendations .....	160
WellSense Mercy Strengths, Weaknesses, and EQR Recommendations .....	161
WellSense Signature Strengths, Weaknesses, and EQR Recommendations .....	163
WellSense Southcoast Strengths, Weaknesses, and EQR Recommendations .....	164
WellSense BILH Strengths, Weaknesses, and EQR Recommendations .....	166
WellSense Care Alliance Strengths, Weaknesses, and EQR Recommendations .....	167
WellSense East Boston Strengths, Weaknesses, and EQR Recommendations .....	169
WellSense Children’s Strengths, Weaknesses, and EQR Recommendations .....	170
HNE BeHealthy Strengths, Weaknesses, and EQR Recommendations .....	171
Fallon Berkshire Strengths, Weaknesses, and EQR Recommendations .....	173
Fallon 365 Strengths, Weaknesses, and EQR Recommendations .....	175
Fallon Atrius Strengths, Weaknesses, and EQR Recommendations .....	176
Tufts CHA Strengths, Weaknesses, and EQR Recommendations .....	178
Tufts UMass Strengths, Weaknesses, and EQR Recommendations .....	179
X. REQUIRED ELEMENTS IN EQR TECHNICAL REPORT .....	181
XI. APPENDIX A – MASSHEALTH QUALITY GOALS AND OBJECTIVES .....	184
XII. APPENDIX B – MASSHEALTH MANAGED CARE PROGRAMS AND PLANS .....	186
XIII. APPENDIX C – MASSHEALTH QUALITY MEASURES .....	187
XIV. APPENDIX D – MASSHEALTH ACPP NETWORK ADEQUACY STANDARDS AND INDICATORS .....	189
XV. APPENDIX E – MASSHEALTH ACPP PROVIDER DIRECTORY WEB ADDRESSES .....	193

## List of Tables

TABLE 1: MASSHEALTH’S ACPPS .....	8
TABLE 2: MASSHEALTH’S STRATEGIC GOALS .....	19
TABLE 3: ACPP PIP TOPICS – CY 2024 .....	24
TABLE 4: MGB PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	26
TABLE 5: WELLSENSE COMMUNITY ALLIANCE PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	26
TABLE 6: WELLSENSE MERCY PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	26
TABLE 7: WELLSENSE SIGNATURE PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	26
TABLE 8: WELLSENSE SOUTHCOAST PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	26
TABLE 9: WELLSENSE BILH PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	26
TABLE 10: WELLSENSE CARE ALLIANCE PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	26
TABLE 11: WELLSENSE EAST BOSTON PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	27
TABLE 12: WELLSENSE CHILDREN’S PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	27
TABLE 13: HNE BEHEALTHY PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	27
TABLE 14: FALLON BERKSHIRE PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	27
TABLE 15: FALLON 365 PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	27
TABLE 16: FALLON ATRIUS PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	27
TABLE 17: TUFTS CHA PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	27
TABLE 18: TUFTS UMASS PIP VALIDATION CONFIDENCE RATINGS – CY 2024 .....	27
TABLE 19: MGB PIP 1 SUMMARY, 2024 .....	28
TABLE 20: MBG PIP 1 PERFORMANCE MEASURES AND RESULTS .....	28
TABLE 21: WELLSENSE BILH PIP 1 SUMMARY, 2024 .....	29
TABLE 22: WELLSENSE BILH PIP 1 PERFORMANCE MEASURES AND RESULTS .....	29
TABLE 23: WELLSENSE CHILDREN’S PIP 1 SUMMARY, 2024 .....	30
TABLE 24: WELLSENSE CHILDREN’S PIP 1 PERFORMANCE MEASURES AND RESULTS .....	30
TABLE 25: WELLSENSE CARE ALLIANCE PIP 1 SUMMARY, 2024 .....	31
TABLE 26: WELLSENSE CARE ALLIANCE PIP 1 PERFORMANCE MEASURES AND RESULTS .....	31
TABLE 27: WELLSENSE COMMUNITY ALLIANCE PIP 1 SUMMARY, 2023 .....	32
TABLE 28: WELLSENSE COMMUNITY ALLIANCE PIP 1 PERFORMANCE MEASURES AND RESULTS .....	32
TABLE 29: WELLSENSE EAST BOSTON PIP 1 SUMMARY, 2024 .....	33

TABLE 30: WELLSense EAST BOSTON PIP 1 PERFORMANCE MEASURES AND RESULTS .....	33
TABLE 31: WELLSense MERCY PIP 1 SUMMARY, 2024.....	34
TABLE 32: WELLSense MERCY PIP 1 PERFORMANCE MEASURES AND RESULTS .....	34
TABLE 33: WELLSense SIGNATURE PIP 1 SUMMARY, 2024.....	35
TABLE 34: WELLSense SIGNATURE PIP 1 PERFORMANCE MEASURES AND RESULTS .....	35
TABLE 35: WELLSense SOUTHCOAST PIP 1 SUMMARY, 2024 .....	36
TABLE 36: WELLSense SOUTHCOAST PIP 1 PERFORMANCE MEASURES AND RESULTS .....	36
TABLE 37: HNE BEHEALTHY PIP 1 SUMMARY, 2024 .....	37
TABLE 38: HNE BEHEALTHY PIP 1 PERFORMANCE MEASURES AND RESULTS .....	37
TABLE 39: FALLON ATRIUS PIP 1 SUMMARY, 2024.....	38
TABLE 40: FALLON ATRIUS PIP 1 PERFORMANCE MEASURES AND RESULTS .....	38
TABLE 41: FALLON BERKSHIRE PIP 1 SUMMARY, 2024.....	39
TABLE 42: FALLON BERKSHIRE PIP 1 PERFORMANCE MEASURES AND RESULTS .....	39
TABLE 43: FALLON 365 PIP 1 SUMMARY, 2024.....	40
TABLE 44: FALLON BERKSHIRE PIP 1 PERFORMANCE MEASURES AND RESULTS .....	40
TABLE 45: TUFTS CHA PIP 1 SUMMARY, 2024 .....	41
TABLE 46: TUFTS CHA PIP 1 PERFORMANCE MEASURES AND RESULTS .....	41
TABLE 47: TUFTS UMASS PIP 1 SUMMARY, 2024 .....	42
TABLE 48: TUFTS UMASS PIP 1 PERFORMANCE MEASURES AND RESULTS .....	42
TABLE 49: ACPP COMPLIANCE WITH INFORMATION SYSTEM STANDARDS – MY 2023 .....	45
TABLE 50: KEY FOR HEDIS PERFORMANCE MEASURE COMPARISON TO NCQA HEDIS MY 2023 QUALITY COMPASS NEW ENGLAND REGIONAL PERCENTILES .....	48
TABLE 51: ACPP HEDIS PERFORMANCE MEASURES – MY 2023 .....	48
TABLE 52: ACPP HEDIS PERFORMANCE MEASURES – MY 2023 .....	48
TABLE 53: KEY FOR STATE-SPECIFIC PERFORMANCE MEASURE COMPARISON TO THE GOAL BENCHMARK.....	49
TABLE 54: ACPP STATE-SPECIFIC PERFORMANCE MEASURES – MY 2023 .....	49
TABLE 55: ACPP STATE-SPECIFIC PERFORMANCE MEASURES – MY 2023 .....	50
TABLE 56: SCORING DEFINITIONS .....	53
TABLE 57: ACPPs PERFORMANCE BY REVIEW DOMAIN – 2024 COMPLIANCE VALIDATION RESULTS.....	54
TABLE 58: AUDITED SPECIALTIES.....	56
TABLE 59: AVAILABILITY STANDARDS.....	57
TABLE 60: PROVIDER-TO-MEMBER RATIOS.....	58
TABLE 61: NETWORK ADEQUACY VALIDATION RATINGS – CY 2024 .....	60
TABLE 62: PROVIDER DIRECTORY ACCURACY – PRIMARY CARE PROVIDERS .....	62
TABLE 63: PROVIDER DIRECTORY ACCURACY – OBSTETRICS/GYNECOLOGY .....	62
TABLE 64: PROVIDER DIRECTORY ACCURACY – CARDIOLOGISTS.....	62
TABLE 65: DIRECTORY INACCURACY/PROVIDER VERIFICATION CHALLENGES – PRIMARY CARE PROVIDERS .....	62
TABLE 66: DIRECTORY INACCURACY/PROVIDER VERIFICATION CHALLENGES – OBSTETRICS/GYNECOLOGY .....	63
TABLE 67: DIRECTORY INACCURACY/PROVIDER VERIFICATION CHALLENGES – CARDIOLOGY.....	63
TABLE 68: AVERAGE APPOINTMENT WAIT TIME – PCPs .....	64
TABLE 69: REASONS NOT ABLE TO GET AN APPOINTMENT DATE – PCPs .....	64
TABLE 70: APPOINTMENT WAIT TIME STANDARDS MET – PCPs.....	64
TABLE 71: AVERAGE APPOINTMENT WAIT TIME – OBSTETRICS/GYNECOLOGY .....	65
TABLE 72: REASONS NOT ABLE TO GET AN APPOINTMENT DATE – OBSTETRICS/GYNECOLOGY .....	65
TABLE 73: APPOINTMENT WAIT TIME STANDARDS MET – OBSTETRICS/GYNECOLOGY .....	65
TABLE 74: AVERAGE APPOINTMENT WAIT TIME – CARDIOLOGISTS.....	66
TABLE 75: REASONS NOT ABLE TO GET AN APPOINTMENT DATE – CARDIOLOGISTS.....	66
TABLE 76: APPOINTMENT WAIT TIME STANDARDS MET – CARDIOLOGISTS.....	66
TABLE 77: NUMBER OF SERVICE AREAS AND REGIONS.....	68
TABLE 78: SERVICE AREAS WITH ADEQUATE NETWORK OF PCPs, Ob/GYNs, AND PHARMACY PROVIDERS .....	68
TABLE 79: SERVICE AREAS WITH ADEQUATE NETWORK OF PHYSICAL HEALTH SERVICES PROVIDERS.....	68
TABLE 80: SERVICE AREAS WITH ADEQUATE NETWORK OF SPECIALIST PROVIDERS.....	69
TABLE 81: ACPPs WITH ADEQUATE NETWORK OF ALLERGY PROVIDERS, AND ORAL/PLASTIC/VASCULAR SURGEONS.....	70

TABLE 82: SERVICE AREAS WITH ADEQUATE NETWORK OF BEHAVIORAL HEALTH PROVIDERS.....	71
TABLE 83: ACPP PROVIDER-TO-MEMBER RATIOS FOR PCPS AND OB/GYNS .....	72
TABLE 84: ACPP PROVIDER-TO-MEMBER RATIOS FOR SPECIALISTS .....	72
TABLE 85: MGB NETWORK ADEQUACY VALIDATION RATINGS – CY 2024 .....	74
TABLE 86: MGB SERVICE AREAS WITH NETWORK DEFICIENCIES – PHYSICAL HEALTH SERVICES PROVIDERS .....	76
TABLE 87: MGB SERVICE AREAS WITH NETWORK DEFICIENCIES – SPECIALTY PROVIDERS.....	76
TABLE 88: MGB SERVICE AREAS WITH NETWORK DEFICIENCIES – BEHAVIORAL HEALTH PROVIDERS .....	76
TABLE 89: WELLSense COMMUNITY ALLIANCE NETWORK ADEQUACY VALIDATION RATINGS – CY 2024.....	78
TABLE 90: WELLSense COMMUNITY ALLIANCE SERVICE AREAS WITH NETWORK DEFICIENCIES – PCPS, OB/GYN, AND PHARMACY .....	80
TABLE 91: WELLSense COMMUNITY ALLIANCE SERVICE AREAS WITH NETWORK DEFICIENCIES – BEHAVIORAL HEALTH PROVIDERS.....	80
TABLE 92: WELLSense MERCY NETWORK ADEQUACY VALIDATION RATINGS – CY 2024 .....	82
TABLE 93: WELLSense MERCY SERVICE AREAS WITH NETWORK DEFICIENCIES – BEHAVIORAL HEALTH PROVIDERS .....	84
TABLE 94: WELLSense SIGNATURE NETWORK ADEQUACY VALIDATION RATINGS – CY 2024 .....	85
TABLE 95: WELLSense SIGNATURE SERVICE AREAS WITH NETWORK DEFICIENCIES – BEHAVIORAL HEALTH PROVIDERS .....	87
TABLE 96: WELLSense SOUTHCOAST NETWORK ADEQUACY VALIDATION RATINGS – CY 2024.....	88
TABLE 97: WELLSense SOUTHCOAST SERVICE AREAS WITH NETWORK DEFICIENCIES – PCPS, OB/GYN, AND PHARMACY.....	90
TABLE 98: WELLSense SOUTHCOAST SERVICE AREAS WITH NETWORK DEFICIENCIES – BEHAVIORAL HEALTH PROVIDERS.....	90
TABLE 99: WELLSense BILH NETWORK ADEQUACY VALIDATION RATINGS – CY 2024 .....	91
TABLE 100: WELLSense BILH SERVICE AREAS WITH NETWORK DEFICIENCIES – BEHAVIORAL HEALTH PROVIDERS .....	93
TABLE 101: WELLSense CARE ALLIANCE NETWORK ADEQUACY VALIDATION RATINGS – CY 2024.....	94
TABLE 102: WELLSense CARE ALLIANCE SERVICE AREAS WITH NETWORK DEFICIENCIES – PCPS, OB/GYN, AND PHARMACY .....	96
TABLE 103: WELLSense CARE ALLIANCE SERVICE AREAS WITH NETWORK DEFICIENCIES – BEHAVIORAL HEALTH PROVIDERS.....	96
TABLE 104: WELLSense EAST BOSTON NETWORK ADEQUACY VALIDATION RATINGS – CY 2024.....	97
TABLE 105: WELLSense CHILDREN’S NETWORK ADEQUACY VALIDATION RATINGS – CY 2024.....	100
TABLE 106: WELLSense CHILDREN’S SERVICE AREAS WITH NETWORK DEFICIENCIES – PCPS, OB/GYN, AND PHARMACY .....	102
TABLE 107: WELLSense CHILDREN’S SERVICE AREAS WITH NETWORK DEFICIENCIES – PHYSICAL HEALTH SERVICES PROVIDERS.....	102
TABLE 108: WELLSense BCH SERVICE AREAS WITH NETWORK DEFICIENCIES – BEHAVIORAL HEALTH PROVIDERS.....	102
TABLE 109: HNE BeHEALTHY NETWORK ADEQUACY VALIDATION RATINGS – CY 2024.....	105
TABLE 110: HNE BeHEALTHY SERVICE AREAS WITH NETWORK DEFICIENCIES – BEHAVIORAL HEALTH PROVIDERS.....	107
TABLE 111: FALLON BERKSHIRE NETWORK ADEQUACY VALIDATION RATINGS – CY 2024 .....	108
TABLE 112: FALLON BERKSHIRE SERVICE AREAS WITH NETWORK DEFICIENCIES – BEHAVIORAL HEALTH PROVIDERS .....	110
TABLE 113: FALLON 365 NETWORK ADEQUACY VALIDATION RATINGS – CY 2024 .....	111
TABLE 114: FALLON ATRIUS NETWORK ADEQUACY VALIDATION RATINGS – CY 2024 .....	114
TABLE 115: TUFTS CHA NETWORK ADEQUACY VALIDATION RATINGS – CY 2024.....	117
TABLE 116: TUFTS UMASS NETWORK ADEQUACY VALIDATION RATINGS – CY 2024.....	120
TABLE 117: TUFTS UMASS SERVICE AREAS WITH NETWORK DEFICIENCIES – BEHAVIORAL HEALTH PROVIDERS.....	122
TABLE 118: ADULT PC MES – TECHNICAL METHODS OF DATA COLLECTION, MY 2023.....	124
TABLE 119: CHILD PC MES – TECHNICAL METHODS OF DATA COLLECTION, MY 2023 .....	124
TABLE 120: KEY FOR PC MES PERFORMANCE MEASURE COMPARISON TO THE STATEWIDE SCORES .....	125
TABLE 121: PC MES PERFORMANCE – ADULT MEMBER, PROGRAM YEAR 2023.....	125
TABLE 122: PC MES PERFORMANCE – CHILD MEMBER, PROGRAM YEAR 2023.....	125
TABLE 123: WELLSense COMMUNITY ALLIANCE RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	127
TABLE 124: WELLSense MERCY RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	130
TABLE 125: WELLSense SIGNATURE RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	133
TABLE 126: WELLSense SOUTHCOAST RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	135
TABLE 127: WELLSense BILH RESPONSE TO PREVIOUS EQR RECOMMENDATIONS.....	138
TABLE 128: WELLSense CARE ALLIANCE RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	139
TABLE 129: WELLSense EAST BOSTON RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	141
TABLE 130: WELLSense CHILDREN’S RESPONSE TO PREVIOUS EQR RECOMMENDATIONS.....	142
TABLE 131: HNE BeHEALTHY RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	143
TABLE 132: FALLON BERKSHIRE RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	146
TABLE 133: FALLON 365 RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	151
TABLE 134: FALLON ATRIUS RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	154

TABLE 135: TUFTS CHA RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	155
TABLE 136: TUFTS UMASS RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	157
TABLE 137: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR MGB .....	159
TABLE 138: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR WELLSense COMMUNITY ALLIANCE.....	160
TABLE 139: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR WELLSense MERCY .....	161
TABLE 140: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR WELLSense SIGNATURE .....	163
TABLE 141: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR WELLSense SOUTHCOAST .....	164
TABLE 142: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR WELLSense BILH .....	166
TABLE 143: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR WELLSense CARE ALLIANCE.....	167
TABLE 144: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR WELLSense EAST BOSTON.....	169
TABLE 145: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR WELLSense CHILDREN'S.....	170
TABLE 146: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR HNE BeHEALTHY.....	171
TABLE 147: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR FALLON BERKSHIRE .....	173
TABLE 148: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR FALLON 365 .....	175
TABLE 149: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR FALLON ATRIUS .....	176
TABLE 150: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR TUFTS CHA.....	178
TABLE 151: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR TUFTS UMASS.....	179
TABLE 152: REQUIRED ELEMENTS IN EQR TECHNICAL REPORT .....	181
Table A1: MassHealth Quality Strategy Goals and Objectives – Goal 1 .....	184
Table A2: MassHealth Quality Strategy Goals and Objectives – Goal 2 .....	184
Table A3: MassHealth Quality Strategy Goals and Objectives – Goal 3 .....	184
Table A4: MassHealth Quality Strategy Goals and Objectives – Goal 4 .....	184
Table A5: MassHealth Quality Strategy Goals and Objectives – Goal 5 .....	185
Table B1: MassHealth Managed Care Programs and Health Plans by Program .....	186
Table C1: Quality Measures and MassHealth Goals and Objectives Across Managed Care Entities.....	187
Table D1: ACPP Network Adequacy Standards and Indicators – Primary Care Providers.....	189
Table D2: ACPP Network Adequacy Standards and Indicators – Obstetrician and Gynecologists .....	189
Table D3: ACPP Network Adequacy Standards and Indicators – Physical Health Services .....	190
Table D4: ACPP Network Adequacy Standards and Indicators – Specialists .....	190
Table D5: ACPP Network Adequacy Standards and Indicators – Behavioral Health Services .....	191
Table D6: ACPP Network Adequacy Standards and Indicators – Pharmacy.....	192
Table E1: ACPP Provider Directory Web Addresses .....	193

Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) and Quality Compass<sup>®</sup> are registered trademarks of the National Committee for Quality Assurance (NCQA). The HEDIS Compliance Audit<sup>™</sup> is a trademark of the NCQA. Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). Telligen<sup>®</sup> is a registered trademark of Telligen, Inc. Research Electronic Data Capture (REDCap<sup>®</sup>) is a registered trademark of Vanderbilt University. Python<sup>®</sup> is a registered trademark of the PSF. All other trademarks herein are the property of their respective owners.

## 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 improve their performance. This annual technical report describes the results of the EQR for accountable care partnership plans (ACPPs) that furnish health care services to Medicaid enrollees in Massachusetts.

Massachusetts's Medicaid program (known as "MassHealth"), administered by the Massachusetts Executive Office of Health and Human Services (EOHHS), MassHealth contracted with 15 ACPPs during the 2024 calendar year (CY). 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 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**

Accountable Care Partnership Plan (ACPP) Name	Abbreviation Used in the Report	Members as of December 31, 2024	Percent of Total ACPP Population
Mass General Brigham Health Plan with Mass General Brigham ACO	MGB	145,161	17.07%
WellSense Community Alliance	WellSense Community Alliance	135,881	15.98%
WellSense Mercy Alliance	WellSense Mercy	28,406	3.34%
WellSense Signature Alliance	WellSense Signature	24,166	2.84%
WellSense Southcoast Alliance	WellSense Southcoast	17,604	2.07%
WellSense Beth Israel Lahey Health Performance Network ACO	WellSense BILH	63,405	7.46%
WellSense Care Alliance	WellSense Care Alliance	55,125	6.48%
East Boston Neighborhood Health WellSense Alliance	WellSense East Boston	28,860	3.39%
WellSense Boston Children's ACO	WellSense Children's	129,508	15.23%
BeHealthy Partnership Plan	HNE BeHealthy	47,860	5.63%
Berkshire Fallon Health Collaborative	Fallon Berkshire	19,748	2.32%
Fallon 365 Care	Fallon 365	35,709	4.20%
Fallon Health – Atrius Health Care Collaborative	Fallon Atrius	38,942	4.58%
Tufts Health Together with Cambridge Health Alliance	Tufts CHA	35,880	4.22%
Tufts Health Together with UMass Memorial Health	Tufts UMass	43,981	5.17%
All ACPPs	Total	850,236	100.00%

ACPP: accountable care partnership plans; ACO: accountable care organization.



The **Mass General Brigham Health Plan with Mass General Brigham ACO (MGB)** is an ACO established as a result of the merger between the AllWays Health ACO and MGB PC ACO plans. This ACO serves 145,161 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 135,881 MassHealth enrollees across 12 counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Barnstable, Bristol, Dukes, 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 28,406 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 24,166 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 17,604 MassHealth enrollees across four 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 63,405 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 55,125 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 28,860 MassHealth enrollees across four counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Essex, 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 plan serves 129,508 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 47,860 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 ACO Partnership Plan, made up of Berkshire Health Systems, Community Health Programs, several Berkshire County community physician practices, and Fallon Health. The plan serves 19,748 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 ACO Partnership Plan made up of Reliant Medical Group, Fallon Health, and other select community providers. The plan serves 35,709 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 plan serves 38,942 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 35,880 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 an ACO that includes UMass Memorial Health, the largest healthcare system in Central Massachusetts, including four hospitals and behavioral health services. This plan serves 43,981 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 annual technical report 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 ACPs met the state standards and whether the state met the federal standards as defined in the CFR.

## **Scope of EQR 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 ACPs. 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*** – 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 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 CHIP<sup>1</sup> 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 CY 2024 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 2024 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.

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.

---

<sup>1</sup> Children’s Health Insurance Program.

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 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 relies on the annual EQR process to assess the managed care programs' effectiveness in providing high-quality, accessible services.

The most recent evaluation of MassHealth's Quality Strategy was conducted in 2024. Overall, MassHealth achieved goals 1 and 5 and made progress toward goals 2, 3, and 4. Based on the evaluation, the state plans to maintain and revise several quality strategy goals to better align with evolving agency priorities.

**Opportunities for Improvement:**

Not applicable.

**General Recommendations for MassHealth:**

None at this time.

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

***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)*. All fifteen ACPPs started PIPs in 2024. Each project aims to improve specific health outcomes for members by focusing on key areas such as diabetes management (eight PIPs), depression screening (five PIPs), and hypertension (two PIPs). The validation of ACPPs' PIPs conducted in CY 2024 demonstrated the following strengths and weaknesses.

**Strengths:**

IPRO found that all 15 PIP Baseline Reports follow an acceptable methodology in determining PIP aims, identifying barriers, and proposing interventions to address them. No validation findings suggest that the credibility of the PIPs results is at risk.

**Opportunities for Improvement:**

Not applicable.

**General Recommendations for MassHealth:**

None at this time.

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

***Performance Measure Validation***

IPRO validated the accuracy of performance measures 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. HEDIS rates are calculated by each ACPP and reported to the state. During the 2023 measurement year (MY), the slate of state-specific measures included measures of members' experiences with care, which were collected via the Primary Care Member Experience Survey (PC MES) conducted by MassHealth, and the Screening for Depression and Follow-up Plan measure 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 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 MY 2023 Quality Compass® New England regional percentile, statewide the best performance was reported for the following measures:

- Postpartum Care Statewide: 87.68% ( $\geq$  90th percentile),
- Timeliness of Prenatal Care Statewide: 93.63% ( $\geq$  75th but  $<$  90th percentile).

When compared to the goal benchmark the statewide scores were above the goal for the following member experience of care measures:

- Communication Adult: 92.87% ( $>$  Goal),
- Communication Child: 95.65% ( $>$  Goal),
- Integration of Care Adult: 85.09% ( $>$  Goal),
- Knowledge of Patient Adult: 86.45% ( $>$  Goal).

**Opportunities for Improvement:**

It was identified that MassHealth's sampling methodology did not include a sufficient oversample of records to replace members that met exclusion criteria for the Screening for Depression and Follow-up Plan measure. Caution should be used when comparing the rates of the ACPPs for the Screening for Depression and Follow-up Plan measure since they have different sample sizes.

When IPRO compared the HEDIS measure rates to the NCQA Quality Compass New England Regional Percentiles, performance varied across measures with the opportunities for improvement in the following areas:

- Follow-up After Hospitalization for Mental Illness (7 days): Six ACPPs were below the 25th percentile, while 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 Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): Five ACPPs were below the 25th percentile, and the ACO statewide weighted mean was at or above the 25th percentile and below the 50th percentile, signaling an area for improvement.

When compared to the goal benchmark the statewide scores were below the goal for the following measures:

- Willingness to Recommend Adult: 87.45% ( $<$  Goal)
- Willingness to Recommend Child: 91.26% ( $<$  Goal)
- Integration of Care Child: 85.24% ( $<$  Goal)
- Knowledge of Patient Child: 89.40% ( $<$  Goal)
- Screening for Depression and Follow-up Plan: 50.54% ( $<$  Goal)

### General Recommendations for MassHealth:

- *Recommendation towards better hybrid measure sampling* – MassHealth should update the hybrid measure sampling methodology to include a larger oversample of members to account for members that are removed from the hybrid sample for exclusions.
- *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**

IPRO evaluated the compliance of ACPs with Medicaid managed care regulations.

#### **Strengths:**

MassHealth's contracts with MCPs outline specific terms and conditions that MCPs must fulfill to ensure high-quality care, promote access to healthcare services, and maintain the overall integrity of the healthcare system.

MassHealth established contractual requirements that encompass all 14 mandatory compliance review domains consistent with CMS regulations. This includes regulations that ensure access, address grievances and appeals, enforce beneficiary rights and protections, as well as monitor the quality of healthcare services provided by MCPs. MassHealth collaborates with MCPs to identify areas for improvement, and MCPs actively engage in performance improvement initiatives.

MassHealth monitors MCPs compliance with contractual obligations via regular audits, reviews, and reporting requirements. ACPs undergo compliance reviews every three years. The next compliance review will be conducted in contract year 2027.

The validation of ACPs conducted in CY 2024 demonstrated ACPs' commitment to their members and providers, as well as strong operations. The ACPs performed exceptionally well in several compliance domains, achieving 100% in Disenrollment Requirements and Limitations, Enrollee Rights and Protections, Emergency and Post-stabilization Services, Assurances of Adequate Capacity and Services, Provider Selection, Confidentiality, and Practice Guidelines. MGB and Tufts ACPs had the strongest documentation and evidence of compliance with the Health Information Systems requirements. Fallon ACPs had the strongest care coordination results.

#### **Weaknesses:**

Gaps were identified in the areas of Health Information Systems and Quality Assurance and Performance Improvement (QAPI) Programs. Some ACPs scored 74% in Health Information Systems, indicating a need for significant improvement. In QAPI, scores ranged from 88% to 96%, suggesting room for enhancement. All ACPs, except for MGB, had some difficulty producing file universes for the file reviews. ACPs were not always able to demonstrate established processes or identify policy documentation and provide evidence that all requirements are being implemented. The absence of policies can result in inconsistent practices and lead to variations in the quality of services provided.

### General Recommendations for MassHealth:

- *Recommendation towards better policy documentation* – To encourage consistent practices and compliance with MassHealth standards, MassHealth should require MCPs to establish and maintain well-defined policies and procedures.

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:**

Network adequacy is an integral part of MassHealth's strategic goals. One of MassHealth's quality strategy goals is to promote timely preventive primary care services with access to integrated care and community-based services and supports. Additionally, MassHealth aims to improve access for members with disabilities, increase timely access to behavioral health care, and reduce mental health and substance use disorder (SUD) emergencies.

MassHealth has established time and distance standards for adult and pediatric primary care providers (PCPs), obstetrics/gynecology (OB/GYN) providers, adult and pediatric behavioral health providers (for mental health and SUD), adult and pediatric specialists, hospitals, pharmacy services, and long-term services and supports (LTSS). However, MassHealth did not develop standards for pediatric dental services, as these services are carved out from managed care.

Travel time and distance standards, including provider-to-member ratios and availability standards, are clearly defined in the ACPPs' contracts with MassHealth. MCPs are required to submit in-network provider lists and the results of their GeoAccess analysis on an annual and ad hoc basis. This analysis evaluates provider locations relative to members' places of residence.

IPRO reviewed the results of MCPs' GeoAccess analysis and generated network adequacy validation ratings, reflecting overall confidence in the methodology used for design, data collection, analysis, and interpretation of each network adequacy indicator.

A high confidence rating indicates that no issues were found with the underlying information systems, the MCP's provider data were clean, the correct MassHealth standards were applied, and the MCP's results matched the time and distance calculations independently verified by IPRO. Most ACPPs received a high confidence rating for Pharmacy GeoAccess calculations and provider-to-member ratios, with no identified issues in the underlying information systems.

#### **Opportunities for Improvement:**

Although no issues were found with the underlying information systems, some MCPs did not apply the correct MassHealth standards for analysis, and/or their provider data contained numerous duplicate records. If multiple issues were identified in the network provider data submitted by MCPs, a moderate or low confidence rating was assigned. A moderate confidence rating was given for the PCP, OB/GYN, specialists, and behavioral health services GeoAccess analysis.

After resolving data issues and removing duplicate records, IPRO assessed each ACPP's provider network for compliance with MassHealth's time and distance standards. Access was evaluated for all provider types identified by MassHealth. Most ACPP had deficiencies in their behavioral health providers networks.

Additionally, IPRO conducted provider directory audits, verifying providers' telephone numbers, addresses, specialties, Medicaid participation, and panel status. The accuracy of provider directory information varied widely, and no provider directory accuracy thresholds were established. IPRO informed MCPs about errors identified in directory data.



The average wait times for an appointment were: 115 calendar days for a PCP, 96 calendar days for an OB/GYN, and 92 calendar days for a cardiologist. However, these results are based on small samples and should be interpreted with caution.

#### **General Recommendations for MassHealth:**

- *Recommendations towards measurable network adequacy standards* – MassHealth should continue to monitor network adequacy across MCPs and leverage the results to improve access.

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.

#### **Strengths:**

MassHealth surveys ACO and MCO members about their experiences in primary care via the 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 ACO and MCO 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 ACO or MCO performance and identify areas that need improvement. IPRO compared ACPP adult and child PC MES results to statewide scores calculated for all ACOs and MCOs. However, while comparing individual ACO or MCO performance to the statewide performance 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.<sup>2</sup> Child Core Set reporting is mandatory beginning with FFY 2024 reporting.

---

<sup>2</sup> 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](#).



## General Recommendations for MassHealth:

- *Recommendation towards an effective evaluation of 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.

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 better hybrid measure sampling* – MassHealth should update the hybrid measure sampling methodology to include an oversample of members to account for members that are removed from the hybrid sample for exclusions.
- *Recommendation towards better performance on quality measures* – MassHealth should continue to leverage the quality measures data and report findings to support the development of relevant major initiatives, quality improvement strategies and interventions.
- *Recommendation towards better policy documentation* – To encourage consistent practices and compliance with MassHealth standards, MassHealth should require MCPs to establish and maintain well-defined policies and procedures.
- *Recommendations towards measurable network adequacy standards* – MassHealth should continue to monitor network adequacy across MCPs and leverage the results to improve access.
- *Recommendation towards an effective evaluation of 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 ACPs***

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. The program is funded by both the state and federal government, and it is administered by the Massachusetts EOHHS.

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

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. <b>Promote better care</b>	Promote safe and high-quality care for MassHealth members.
2. <b>Promote equitable care</b>	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. <b>Make care more value-based</b>	Ensure value-based care for our members by holding providers accountable for cost and high quality of patient-centered, equitable care.
4. <b>Promote person and family-centered care</b>	Strengthen member and family-centered approaches to care and focus on engaging members in their health.
5. <b>Improve care</b>	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**.

<sup>3</sup> [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 following seven distinct managed care programs:

1. The **Accountable Care Partnership Plans** (ACPPs) are ACOs consisting of groups of PCPs who partner with one health plan to provide coordinated care and create a full network of providers, including specialists, behavioral health providers, and hospitals. As ACOs, ACPPs are rewarded for spending Medicaid dollars more wisely while providing high quality care to MassHealth enrollees. To select an ACPP, 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 ACOs consisting of groups of primary care providers who contract directly with MassHealth to provide integrated and coordinated care. A PC ACO functions as an ACO and a primary care case management (PCCM) entity. In contrast to ACPPs, a PC ACO does not partner with a health plan. 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 PCPs, specialists, behavioral health providers, and hospitals.
4. **Primary Care Clinician Plan** (PCCP) is a PCCM arrangement, where Medicaid enrollees select or are assigned to a PCP, 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 MBHP's network of behavioral health providers.
5. **Massachusetts Behavioral Health Partnership** (MBHP) is a health plan that manages behavioral health care for MassHealth's PC ACOs and the PCCP. 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.<sup>4</sup>
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 LTSS. This plan is for enrollees between 21 and 64 years of age who are dually enrolled in Medicaid and Medicare.<sup>5</sup>
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 years of age or older and it offers services to help seniors stay independently at home by combining health care services with social supports.<sup>6</sup>

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.

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.

---

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

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

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

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, ACPPs, MCOs, SCOs, One Care Plans, and MBHP calculate HEDIS rates and are required to report on these metrics on a regular basis, whereas PC 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 PCCP, all health plans and ACOs are required to develop at least two PIPs.

### ***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 ACPP, an MCO, 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 MBHP’s Member Satisfaction Survey that MBHP conducts annually.

### ***MassHealth Initiatives***

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

### ***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 that became available in 2023. The Behavioral Health Help Line is free and available to all Massachusetts residents.<sup>7</sup>

### ***Findings from State’s Evaluation of the Effectiveness of the 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 updates to the quality strategy must take EQR recommendations into account.

---

<sup>7</sup> Behavioral Health Help Line FAQ. Available at: [Behavioral Health Help Line \(BHHL\) FAQ | Mass.gov](#).

## ***Evaluation Process***

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

The most recent evaluation of MassHealth's Quality Strategy was conducted in 2024, with results published on the MassHealth website in 2025.

## ***Findings***

The state assessed progress on each quality strategy goal and objective. Overall, MassHealth achieved goals 1 and 5 and made progress toward goals 2, 3, and 4. Areas for continued improvement include:

- Strengthening access to and engagement with coordinated LTSS and behavioral health services,
- Improving initiation and engagement in treatment for alcohol, opioid, and other substance use disorders,
- Reducing plan all-cause readmissions,
- Enhancing follow-up care for children prescribed ADHD medication,
- Addressing gaps in member experience, communication, and safety domains.

If a goal was not met or could not be measured, the state provided an explanation. For example, efforts toward goal 2 have focused on building capacity to reduce healthcare inequities. Now that these foundational processes are in place, MassHealth will modify its approach with the expectation of measuring progress on goal 2 more effectively in the future. Based on the evaluation, the state plans to maintain and revise several quality strategy goals to better align with evolving agency priorities.

## ***Methodology***

A goal was considered achieved if the established benchmark or Gap-to-Goal improvement target was met. MassHealth compared its MY 2022 aggregate measure rate (i.e., weighted mean across plans) to national and program-specific benchmarks. If the MY 2022 aggregate performance was below benchmarks, MassHealth applied the Gap-to-Goal methodology, as defined by CMS for the Medicare-Medicaid Quality Withholds (available at [MMP Quality Withhold Technical Notes for DY 2 through 12](#)). This methodology assessed changes in measure rates from MY 2020 (the baseline year) to MY 2022 (the comparison year).

If a quantifiable metric was not available to meaningfully evaluate progress on a specific goal, MassHealth provided a narrative response explaining that it is still developing an appropriate evaluation methodology.

MassHealth monitors adult and child core set measures annually to track performance over time. In addition to MY 2022 findings, low performance was identified in the following MY 2023 child and adult core set measures:

- Low-Risk Cesarean Delivery
- Asthma Medication Ratio
- Plan All-Cause Readmission
- COPD or Asthma in Older Adults Admission Rate
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications
- Use of Opioids at High Dosage in Persons Without Cancer
- Child & Adult CAHPS Measures

## ***EQR Recommendations***

The state addressed all EQR recommendations in its quality strategy evaluation, outlining the steps taken to implement improvements based on these recommendations.

## 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.

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 performance measure validation and compliance activities when plans received a full assessment as part of a HEDIS Compliance Audit or NCQA accreditation and worked with a certified vendor. 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 most recent evaluation of MassHealth's Quality Strategy was conducted in 2024. Overall, MassHealth achieved goals 1 and 5 and made progress toward goals 2, 3, and 4. Based on the evaluation, the state plans to maintain and revise several quality strategy goals to better align with evolving agency priorities.



### III. Validation of Performance Improvement Projects

#### Objectives

The state Medicaid agencies must require that contracted MCPs 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 2.14.C of the First Amended and Restated MassHealth ACPP Contract and Appendix B to the MassHealth ACPP Contract require ACPPs to perform PIPs annually in compliance with federal regulations. All 15 ACPPs started new PIPs in 2024. Each project aims to improve specific health outcomes for members by focusing on key areas such as diabetes management (eight PIPs), depression screening (five PIPs), and hypertension (two PIPs). Specific ACPP PIP topics and remeasurement year indications are displayed in **Table 3**.

**Table 3: ACPP PIP Topics – CY 2024**

ACPP	PIP Topics
MGB	<b>PIP 1: CBP – Baseline Report</b> Assesses members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled during the measurement period.
WellSense Community Alliance	<b>PIP 1: HBD – Baseline Report</b> Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
WellSense Mercy	<b>PIP 1: HBD – Baseline Report</b> Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
WellSense Signature	<b>PIP 1: HBD – Baseline Report</b> Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
WellSense Southcoast	<b>PIP 1: HBD – Baseline Report</b> Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
WellSense BILH	<b>PIP 1: HBD – Baseline Report</b> Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
WellSense Care Alliance	<b>PIP 1: HBD – Baseline Report</b> Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
WellSense East Boston	<b>PIP 1: CDF – Baseline Report</b> Assesses the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened, received follow-up care
WellSense Boston Children’s	<b>PIP 1: CDF – Baseline Report</b> Assesses the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened, received follow-up care.
HNE BeHealthy	<b>PIP 1: HBD – Baseline Report</b> Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
Fallon Berkshire	<b>PIP 1: CDF – Baseline Report</b> Assesses the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened, received follow-up care
Fallon 365	<b>PIP 1: HBD – Baseline Report</b> Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.



ACPP	PIP Topics
Fallon Atrius	<b>PIP 1: CBP – Baseline Report</b> Assesses members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled during the measurement period with a focus on Black/African American members
Tufts CHA	<b>PIP 1: CDF – Baseline Report</b> Assesses the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened, received follow-up care
Tufts UMass	<b>PIP 1: CDF – Baseline Report</b> Assesses the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened, received follow-up care

ACPP: accountable care partnership plan; PIP: performance improvement project; CY: calendar year; HbA1c: hemoglobin A1c.

*Title 42 CFR § 438.356(a)(1)* and *Title 42 CFR § 438.358(b)(1)* establish that state agencies must contract with an 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 CY 2024.

### Technical Methods of Data Collection and Analysis

ACPPs submitted their initial PIP proposals to IPRO in December 2023 reporting the 2022 performance measurement baseline rates. The report template and validation tool were developed by IPRO. The initial proposals were reviewed between January and March 2024. In July 2024, the ACPPs submitted baseline update reports once the 2023 baseline performance measurement rates became available. Some of the baseline update reports were submitted in November due to the fact that the Depression Screening performance indicator rates were not available until later in the year.

In the baseline reports, ACPPs described project goals, performance indicators' rates, anticipated barriers, interventions, and intervention tracking measures. ACPPs completed these reports electronically and submitted them to IPRO through a web-based project management and collaboration platform.

The analysis of the collected information focused on several key aspects, including the appropriateness of the topic, an assessment of the aim statement, population, quality of the data, barrier analysis, and appropriateness of the interventions. It aimed to evaluate an alignment between the interventions and project goals and whether reported improvements could be maintained over time.

The projects started in January and, after the initial baseline reports were approved, IPRO conducted progress calls with all ACPPs between October and December 2024.

### 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 assigns two validation ratings. The first rating assesses 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 evaluates IPRO's overall confidence in the PIP's ability to produce significant evidence of improvement and could not be assessed this year due to the fact that all projects started in 2024. Both ratings used the following scale: high confidence, moderate confidence, low confidence, and no confidence.

### Rating 1: Adherence to Acceptable Methodology - Validation results summary

All 15 PIPs received a high confidence rating for adherence to acceptable methodology.

### Rating 2: Evidence of Improvement - Validation results summary

The ratings for PIPs in terms of producing significant evidence of improvement was not applicable this year because the ACPPs started their interventions during this review period.

PIP validation results are reported in **Tables 4–18** for each ACPP.

**Table 4: MGB PIP Validation Confidence Ratings – CY 2024**

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

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 5: WellSense Community Alliance PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: HBD	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 6: WellSense Mercy PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: HBD	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 7: WellSense Signature PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: HBD	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 8: WellSense Southcoast PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: HBD	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 9: WellSense BILH PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: HBD	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 10: WellSense Care Alliance PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: HBD	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 11: WellSense East Boston PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CDF	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 12: WellSense Children’s PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CDF	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 13: HNE BeHealthy PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: HBD	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 14: Fallon Berkshire PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CDF	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 15: Fallon 365 PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: HBD	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 16: Fallon Atrius PIP Validation Confidence Ratings – CY 2024**

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

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 17: Tufts CHA PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CDF	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

**Table 18: Tufts UMass PIP Validation Confidence Ratings – CY 2024**

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: CDF	High Confidence	N/A

PIP: performance improvement project; CY: calendar year; N/A: not applicable.

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

## MGB PIPs

MGB PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 19–20**.

**Table 19: MGB PIP 1 Summary, 2024**

<b>MGB PIP 1: Increase the percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled during the measurement period.</b>
<b>Validation Summary</b> Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<b>Aim</b> By the end of 2025, the Plan aims to increase the percentage of MGB ACO members 18–85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mm Hg) by 3 percentage points over the MY2023 baseline rate.
<b>Interventions in 2024</b> <ul style="list-style-type: none"><li>▪ Text message campaign to educate members on hypertension</li><li>▪ Care management outreach</li><li>▪ Develop and disseminate HTN protocols to train providers on how to review optimal BP measurement</li><li>▪ Develop patient facing materials on how to use a device at home</li><li>▪ Share data with providers throughout the PIP cycle to assess progress</li></ul>
<b>Performance Improvement Summary</b> Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

PIP: performance improvement project; N/A: not applicable; ACO: accountable care organization; BP: blood pressures; MY: measurement year; HTN: hypertension; CY: calendar year.

**Table 20: MBG PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: Controlling High Blood Pressure	2024 (baseline, MY 2023 data)	75.44%

PIP: performance improvement project; MY: measurement year.

## WellSense BILH PIPs

WellSense BILH PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 21-22**.

**Table 21: WellSense BILH PIP 1 Summary, 2024**

<b>WellSense BILH PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.</b>	
<b>Validation Summary</b>	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A	
<b>Aim</b>	
BILH aims to decrease the number of Medicaid ACO patients 18 to 64 years of age with diabetes (type 1 and type 2) in poor control as determined by an HbA1c >9 or no test in the measurement period by 3% percentage points compared to baseline performance rate by the end of PY2025.	
<b>Interventions in 2024</b>	
<ul style="list-style-type: none"><li>▪ Develop education for providers on current prescribing tools and ADA Standards of Care</li><li>▪ Text messaging campaign for members to receive educational materials related to HbA1c testing and control</li><li>▪ Create and incentive program for members who engage in self-management of their diabetes</li></ul>	
<b>Performance Improvement Summary</b>	
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.	

PIP: performance improvement project; N/A: not applicable; ACO: accountable care organization; HbA1c: hemoglobin A1c; MY: measurement year; ADA: American Diabetes Association; CY: calendar year.

**Table 22: WellSense BILH PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: HbA1c poor control (> 9.0%)	2024 (baseline, MY 2023 data)	27.30%

PIP: performance improvement project; HbA1c: hemoglobin A1c; MY: measurement year; CY: calendar year.

## WellSense Children's PIPs

WellSense Children's PIP summaries, including aim, interventions, and results (indicators), are reported in Tables 23–24.

**Table 23: WellSense Children's PIP 1 Summary, 2024**

<b>WellSense Boston Children's PIP 1: Increase the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened, received follow-up care.</b>
<b>Validation Summary</b>
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<p><b>Aim</b></p> <p>By December 2025, the Plan aims to increase the percentage of members 12 to 64 years screened for depression on the date of the encounter (or up to 14 days prior) using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the encounter, by five percentage points compared to the April 2023 – December 2023 baseline rate.</p> <p><b>Interventions in 2024</b></p> <ul style="list-style-type: none"> <li>Review data quarterly to assess practices with lower rates on DSF screening completion</li> <li>Modify workflows to ensure provider access to screenings</li> <li>Train and educate providers on reimbursement for depression screening and follow-up documentation</li> <li>Identify root causes of missing follow-up documentation and assist practices in modifying workflows</li> </ul> <p><b>Performance Improvement Summary</b></p> <p>Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.</p>

PIP: performance improvement project; N/A: not applicable; MY: measurement year; CY: calendar year.

**Table 24: WellSense Children's PIP 1 Performance Measures and Results**

Indicators	Reporting Year	Rate
Indicator 1: Screening and Follow-up	2024 (baseline MY 2023 data)	59.80%

PIP: performance improvement project; MY: measurement year.

## WellSense Care Alliance PIPs

WellSense Care Alliance PIP summaries, including aim, interventions, and results (indicators), are reported in Tables 25–26.

**Table 25: WellSense Care Alliance PIP 1 Summary, 2024**

<b>WellSense Care Alliance PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.</b>
<b>Validation Summary</b>
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<b>Aim</b>
Care Alliance aims to decrease the number of Medicaid ACO patients 18 to 64 years of age with diabetes (type 1 and type 2) in poor control as determined by an HbA1c >9 or no test in the measurement period by 5% compared to baseline performance rate by the end of PY2025.
<b>Interventions in 2024</b>
<ul style="list-style-type: none"> <li>Develop education for providers on current prescribing tools and ADA Standards of Care</li> <li>Text messaging campaign for members to receive educational materials related to HbA1c testing and control</li> <li>Create and incentive program for members who engage in self-management of their diabetes</li> </ul>
<b>Performance Improvement Summary</b>
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

PIP: performance improvement project; N/A: not applicable; ACO: accountable care organization; HbA1c: hemoglobin A1c; PY: performance year; ADA: American Diabetes Association; MY: measurement year; HTN: hypertension; CY: calendar year.

**Table 26: WellSense Care Alliance PIP 1 Performance Measures and Results**

Indicators	Reporting Year	Rate
Indicator 1: HbA1c poor control (> 9.0%)	2024 (baseline, MY 2023 data)	53.70%

PIP: performance improvement project; HbA1c: hemoglobin A1c; MY: measurement year.

### WellSense Community Alliance PIPs

WellSense Community Alliance PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 27–28**.

**Table 27: WellSense Community Alliance PIP 1 Summary, 2023**

<b>WellSense Community Alliance PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.</b>
<b>Validation Summary</b> Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<b>Aim</b> BACO aims to decrease the number of Medicaid ACO patients 18 to 64 years of age with diabetes (type 1 and type 2) in poor control as determined by an HbA1c >9 or no test in the measurement period by 3% compared to baseline performance rate by the end of PY2025.
<b>Interventions in 2024</b> <ul style="list-style-type: none"><li>▪ Develop education for providers on current prescribing tools and ADA Standards of Care</li><li>▪ Text messaging campaign for members to receive educational materials related to HbA1c testing and control</li><li>▪ Create and incentive program for members who engage in self-management of their diabetes</li></ul>
<b>Performance Improvement Summary</b> Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

PIP: performance improvement project; N/A: not applicable; ACO: accountable care organization; HbA1c: hemoglobin A1c; PY: performance year; ADA: American Diabetes Association; MY: measurement year; CY: calendar year.

**Table 28: WellSense Community Alliance PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: HbA1c poor control (> 9.0%)	2024 (baseline, MY 2023 data)	38.60%

PIP: performance improvement project; HbA1c: hemoglobin A1c; MY: measurement year.



## WellSense East Boston PIPs

WellSense East Boston PIP summaries, including aim, interventions, and results (indicators), are reported in Tables 29–30.

**Table 29: WellSense East Boston PIP 1 Summary, 2024**

<b>WellSense East Boston PIP 1: Increase the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened, received follow-up care.</b>
<b>Validation Summary</b>
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<b>Aim</b> By May 2025, 75% of the ACO South End Primary Care MassHealth patients aged between 12 and 64 years old who were seen during the current calendar year will be screened for depression with a PHQ-2 and, if positive, will have a completed PHQ9 and documented provider follow-up plan in Epic.
<b>Interventions in 2024</b> <ul style="list-style-type: none"> <li>▪ Pilot program to engage Behavioral Health</li> <li>▪ Create alerts for providers to flag patients that screened positive for depression</li> <li>▪ Implement a pre-visit screening tool</li> </ul>
<b>Performance Improvement Summary</b> Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

PIP: performance improvement project; N/A: not applicable; ACO: accountable care organization; PHQ: Patient Health Questionnaire; MY: measurement year; CY: calendar year.

**Table 30: WellSense East Boston PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: Screening and Follow-up	2022 (baseline, MY 2021 data)	48.70%

PIP: performance improvement project; MY: measurement year.

## WellSense Mercy PIPs

WellSense Mercy PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 31–32**.

**Table 31: WellSense Mercy PIP 1 Summary, 2024**

<b>WellSense Mercy PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.</b>
<b>Validation Summary</b> Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<b>Aim</b> Mercy aims to decrease the number of Medicaid ACO patients 18 to 64 years of age with diabetes (type 1 and type 2) in poor control as determined by an HbA1c >9 or no test in the measurement period by 3% compared to baseline performance rate by the end of PY2025.
<b>Interventions in 2024</b> <ul style="list-style-type: none"><li>▪ Develop education for providers on current prescribing tools and ADA Standards of Care</li><li>▪ Text messaging campaign for members to receive educational materials related to HbA1c testing and control</li><li>▪ Create and incentive program for members who engage in self-management of their diabetes</li></ul>
<b>Performance Improvement Summary</b> Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

PIP: performance improvement project; N/A: not applicable; ACO: accountable care organization; HbA1c: hemoglobin A1c; PY: performance year; ADA: American Diabetes Association; MY: measurement year; CY: calendar year.

**Table 32: WellSense Mercy PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: HbA1c poor control (> 9.0%)	2024 (baseline, MY 2023 data)	26.50%

PIP: performance improvement project; HbA1c: hemoglobin A1c; PY: performance year; MY: measurement year.

## WellSense Signature PIPs

WellSense Signature PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 33–34**.

**Table 33: WellSense Signature PIP 1 Summary, 2024**

<b>WellSense Signature PIP 2: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.</b>
<b>Validation Summary</b>
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<b>Aim</b>
Signature aims to decrease the number of Medicaid ACO patients 18 to 64 years of age with diabetes (type 1 and type 2) in poor control as determined by an HbA1c >9 or no test in the measurement period by 3% compared to baseline performance rate by the end of PY2025.
<b>Interventions in 2024</b>
<ul style="list-style-type: none"> <li>Develop education for providers on current prescribing tools and ADA Standards of Care</li> <li>Text messaging campaign for members to receive educational materials related to HbA1c testing and control</li> <li>Create and incentive program for members who engage in self-management of their diabetes</li> </ul>
<b>Performance Improvement Summary</b>
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

PIP: performance improvement project; N/A: not applicable; ACO: accountable care organization; HbA1c: hemoglobin A1c; PY: performance year; ADA: American Diabetes Association; MY: measurement year; CY: calendar year.

**Table 34: WellSense Signature PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: HbA1c poor control (> 9.0%)	2024 (baseline, MY 2023 data)	30.30%

PIP: performance improvement project; N/AHbA1c: hemoglobin A1c; MY: measurement year.

## WellSense Southcoast PIPs

WellSense Southcoast PIP summaries, including aim, interventions, and results (indicators), are reported in Tables 35–36.

**Table 35: WellSense Southcoast PIP 1 Summary, 2024**

<b>WellSense Southcoast PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.</b>
<b>Validation Summary</b>
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<b>Aim</b>
Southcoast aims to decrease the number of Medicaid ACO patients in poor control 18 to 64 years of age with diabetes (type 1 and type 2) as determined by an HbA1c >9 or no test in the measurement period by 5% compared to baseline performance rate by the end of PY2025.
<b>Interventions in 2024</b>
<ul style="list-style-type: none"> <li>Develop education for providers on current prescribing tools and ADA Standards of Care</li> <li>Text messaging campaign for members to receive educational materials related to HbA1c testing and control</li> <li>Create and incentive program for members who engage in self-management of their diabetes</li> </ul>
<b>Performance Improvement Summary</b>
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

PIP: performance improvement project; N/A: not applicable; ACO: accountable care organization; HbA1c: hemoglobin A1c; PY: performance year; ADA: American Diabetes Association; MY: measurement year; CY: calendar year.

**Table 36: WellSense Southcoast PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: HbA1c poor control (> 9.0%)	2024 (baseline, MY 2023 data)	41.50%

PIP: performance improvement project; HbA1c: hemoglobin A1c; MY: measurement year.

**HNE BeHealthy PIPs**

HNE BeHealthy PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 37-38**.

**Table 37: HNE BeHealthy PIP 1 Summary, 2024**

HNE BeHealthy PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.		
<b>Validation Summary</b>		
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence		
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A		
<b>Aim</b>		
By December 31, 2025, Health New England aims to decrease the percentage of members who have a diagnosis of diabetes with an HbA1c greater than 9% resulting in uncontrolled diabetes, by 4.5 percentage points compared to the MY2023 HEDIS baseline rate.		
<b>Interventions in 2024</b>		
<ul style="list-style-type: none"><li>Promote healthy eating through referral to resources and screening for food insecurity</li><li>Schedule visits with PCPs for members with diabetes</li><li>Engage male members ages 20-49 who are diagnosed with diabetes with Clinical Pharmacists</li></ul>		
<b>Performance Improvement Summary</b>		
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.		

PIP: performance improvement project; N/A: not applicable; ACO: accountable care organization; HbA1c: hemoglobin A1c; PCP: primary care provider; MY: measurement year; CY: calendar year.

**Table 38: HNE BeHealthy PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: HbA1c poor control (> 9.0%)	2024 (baseline, MY 2023 data)	31.39%

PIP: performance improvement project; HbA1c: hemoglobin A1c; MY: measurement year.

## Fallon Atrius PIPs

Fallon Atrius PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 39–40**.

**Table 39: Fallon Atrius PIP 1 Summary, 2024**

<b>Fallon Atrius PIP 1: Increasing the rate of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled during the measurement period with a focus on Black/African American members.</b>
<b>Validation Summary</b>
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<b>Aim</b>
Indicator 1: By the end of the PIP cycle, FACC aims to improve the rate of blood pressure control at the intervention sites by 2 percentage points compared to the 2023 baseline rate of 79.70%, among adults with a hypertension diagnosis.
Indicator 2: By the end of the PIP cycle, FACC aims to improve the rate of blood pressure control at the intervention sites by 4 percentage points compared to the 2023 baseline rate of 75.00% among Black/African American adults with a hypertension diagnosis.
<b>Interventions in 2023</b>
<ul style="list-style-type: none"> <li>Schedule primary care visits for members with uncontrolled blood pressure at intervention sites</li> <li>Educate clinicians and members</li> <li>Provide Black/African American members with uncontrolled blood pressure a BP monitor and educate on proper use</li> </ul>
<b>Performance Improvement Summary</b>
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

PIP: performance improvement project; N/A: not applicable; BP: blood pressure; MY: measurement year; CY: calendar year.

**Table 40: Fallon Atrius PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: Controlling High Blood Pressure (all members)	2024 (baseline, MY 2023 data)	79.70%
Indicator 1: Controlling High Blood Pressure (Black/African American members)	2024 (baseline, MY 2023 data)	75.00%

PIP: performance improvement project; NMY: measurement year.

## Fallon Berkshire PIPs

Fallon Berkshire PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 41–42**.

**Table 41: Fallon Berkshire PIP 1 Summary, 2024**

<b>HNE BeHealthy PIP 2: Increasing the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened, received follow-up care</b>
<b>Validation Summary</b>
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<b>Aim</b>
Indicator 1: By 12/31/2025, BFHC aims to increase the percentage of members ages 12-64 years who do not have a diagnosis of depression and are screened for depression and followed up if screened positive by 25.5% from the MY2023 baseline rate of 31.81% to 39.92%
Indicator 2: By 12/25/2025, BFHC aims to increase the percentage of male members ages 12-64 years who do not have a diagnosis of depression and are screened for depression and followed up if screened positive by 29% from the MY2023 baseline rate of 30.73% to 39.64%.
<b>Interventions in 2023</b>
<ul style="list-style-type: none"> <li>Add depression screening to list of screenings performed by Mobile Health Unit</li> <li>Telehealth visits</li> <li>Outreach to male members to schedule visits</li> </ul>
<b>Performance Improvement Summary</b>
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

PIP: performance improvement project; N/A: not applicable; MY: measurement year; CY: calendar year.

**Table 42: Fallon Berkshire PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: Depression Screening	2024 (baseline, MY 2023 data)	31.81%
Indicator 1: Follow-up on Positive Screen	2024 (baseline, MY 2023 data)	30.73%

PIP: performance improvement project; MY: measurement year.

## Fallon 365 PIPs

Fallon 365 PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 43–44**.

**Table 43: Fallon 365 PIP 1 Summary, 2024**

<b>Fallon 365 PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.</b>
<b>Validation Summary</b> Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<b>Aim</b> <b>Indicator 1:</b> By the end of 2025, Fallon 365 aims to decrease the percentage of members 18-64 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was >9.0% by 5 percentage points from the MY2023 baseline rate of 30.90%. <b>Indicator 2:</b> By the end of 2025, Fallon 365 aims to decrease the percentage of Black/African American members 18-64 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was >9.0% by 7.5 percentage points from the MY2023 baseline rate of 27.88%. <b>Indicator 3:</b> By the end of 2025, Fallon 365 aims to decrease the percentage of members 18-64 years of age with diabetes who did not have a documented hemoglobin A1c within the last 12 months by 3.30 percentage points from the MY2023 baseline rate of 11.80%.
<b>Interventions in 2024</b> <ul style="list-style-type: none"> <li>Personalized live voice appointment confirmation</li> <li>Increase minimum outreach attempts for Black/African American members</li> <li>Offer mail order home A1c test kits</li> </ul>
<b>Performance Improvement Summary</b> Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

PIP: performance improvement project; N/A: not applicable; MY: measurement year; CY: calendar year.

**Table 44: Fallon 365 PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: HbA1c poor control (> 9.0%) (Fallon 365)	2024 (baseline, MY 2023 data)	30.90%
Indicator 2: HbA1c poor control (> 9.0%) (Fallon Health)	2024 (baseline, MY 2023 data)	27.19%
Indicator 3: HbA1c poor control (> 9.0%) Black/African American Members	2024 (baseline, MY 2023 data)	27.88%
Indicator 4: Members with diabetes who did not have documented A1c	2024 (baseline, MY 2023 data)	11.80%

PIP: performance improvement project; N/A: not applicable; HbA1c: hemoglobin A1c; MY: measurement year.



## Tufts CHA PIPs

Tufts CHA PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 45–46**.

**Table 45: Tufts CHA PIP 1 Summary, 2024**

<b>Tufts CHA PIP 1: Increasing the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened, received follow-up care</b>
<b>Validation Summary</b> Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<b>Aim</b> By the end of 2025, the Plan aims to increase the percentage of members who received depression screening and follow-up if positive by 20 percentage points compared to the MY 2022 baseline rate.
<b>Interventions in 2024</b> <ul style="list-style-type: none"> <li>Implement systematic depression screening and follow-up at additional outpatient locations</li> <li>Automate screening workflow for in-person and televisit appointments with clinical decision support for PCPs</li> <li>Implement EMR optimizations and related training to improve provider documentation of follow-up for positive screenings</li> </ul>
<b>Performance Improvement Summary</b> Not applicable until the remeasurement results are available in CY 2025 for MY 2024.

PIP: performance improvement project; N/A: not applicable; PCP: primary care provider; EMR: electronic medical record; MY: measurement year; CY: calendar year.

**Table 46: Tufts CHA PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: Depression Screening	2024 (baseline, MY 2023 data)	66.02%
Indicator 2: Follow-up for Positive Screening	2024 (baseline, MY 2023 data)	8.78%
Indicator 3: Depression Screening and Follow-up or Positive Screening	2024 (baseline, MY 2023 data)	56.58%

PIP: performance improvement project; NMY: measurement year.

## Tufts UMass PIPs

Tufts UMass PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 47-48**.

**Table 47: Tufts UMass PIP 1 Summary, 2024**

Fallon 365 PIP 1: Controlling Blood Pressure
<b>Validation Summary</b> Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
<b>Aim</b> By December 2025 THP UMMH aims to increase the percentage of members who have a depression screening and follow-up plan by 2.6 percentage points from the 4/1/2023-12/31/2023 baseline rate of 55.40% to 58.00%
<b>Interventions in 2024</b> <ul style="list-style-type: none"> <li>Annual universal depression screening at PCP and OBGYN practices</li> <li>Adopt age-appropriate screening tools</li> <li>Create smart Phrase tool for providers to document and interpret screening results and create follow-up plan</li> </ul>
<b>Performance Improvement Summary</b> Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

PIP: performance improvement project; N/A: not applicable; PCP: primary care provider; ob/gyn: obstetrics/gynecology; MY: measurement year; CY: calendar year.

**Table 48: Tufts UMass PIP 1 Performance Measures and Results**

Indicator	Reporting Year	Rate
Indicator 1: Depression Screening and Follow-up	2024 (baseline MY 2023 data)	55.40%

PIP: performance improvement project; MY: measurement year.

## IV. Validation of Performance Measures

### Objectives

The purpose of performance measure validation is to assess the accuracy of performance measures and to determine the extent to which performance measures follow state specifications and reporting requirements.

### Technical Methods of Data Collection and Analysis

MassHealth contracted with IPRO to conduct performance measure validation to assess the data collection and reporting processes used to calculate the ACPH performance measure rates.

MassHealth evaluates the ACPHs quality performance on a slate of measures that includes HEDIS and non-HEDIS measures. For performance year (PY) 2023, ACPHs were required to report select HEDIS measures using allowable adjustments. The measurement period for PY 2023 was April 1, 2023, through December 31, 2023. All HEDIS ACPH performance measures were calculated by each ACPH in partnership with their associated health plan. Each ACPH's associated health plan underwent a HEDIS Compliance Audit. Each ACPH used an NCQA-certified measure vendor to produce the ACPH HEDIS rates with allowable adjustments.

For the HEDIS measures with allowable adjustments for PY 2023, IPRO performed an independent evaluation of the MY 2023 HEDIS Compliance Audit Final Audit Reports, which contained findings related to the information systems standards. An EQRO may review an assessment of the MCP's information systems conducted by another party in lieu of conducting a full Information Systems Capabilities Assessment. Since the ACPHs associated health plans were audited by an independent NCQA-licensed HEDIS compliance audit organization, the ACPHs received a full Information Systems Capabilities Assessment as part of the audit. Onsite (virtual) site reviews were therefore not necessary to validate reported measures.

A request was made to the ACPHs to provide a detailed summary of how HEDIS measure rates (administrative and hybrid) were calculated with allowable adjustments for PY 2023 between April 1, 2023, and December 31, 2023. IPRO validated the ACPH PY 2023 HEDIS measure rates with allowable adjustments separately because these rates were not approved as part of the HEDIS Compliance audit that the ACPH's associated health plans underwent.

MassHealth's vendor Telligen calculated the one non-HEDIS hybrid measure in scope for all ACPHs. Telligen subcontracted with SS&C Health to produce the non-HEDIS hybrid measure rates for all ACPHs.

MassHealth received claims and encounter data from the ACPHs. MassHealth then provided Telligen with ACPH 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 rate calculation.

Additionally, Telligen collected and transformed supplemental data received from individual ACPHs to support rate calculation. Telligen also used SS&C Health's clinical data collection tool, Clinical Repository, to collect ACPH-abstracted medical record data for the non-HEDIS hybrid measure. SS&C Health integrated the administrative data with the ACPH abstracted medical record data to generate the final rates for the ACPH non-HEDIS hybrid measure.

IPRO conducted an 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 hybrid measure rates, source code review was conducted with SS&C Health to ensure compliance with the measure specifications when calculating measures rates.

For the one non-HEDIS measure that used 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 Health used its measure software (CareAnalyzer) to calculate the final non-HEDIS hybrid measure rates.

Primary source validation was conducted on MassHealth systems for the one hybrid non-HEDIS measure 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 performance measures. 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 each ACPP: Completed NCQA Record of Administration, Data Management, and Processes (Roadmap) from the current year HEDIS Compliance Audit from the ACPP's associated health plan, as well as associated supplemental documentation, the Final Audit Report, the PY 2023 HEDIS rates with allowable adjustments, and the explanation for how the ACPP HEDIS rates with allowable adjustments were calculated for PY 2023. Additionally, each ACPP provided the completed medical record validation tool and associated medical records for the selected sample of members for medical record review validation.

The following information was obtained from MassHealth:

- a completed Information Systems Capabilities Assessment tool;
- denominator and numerator compliant lists for the Screening for Depression and Follow-up Plan measure for the ACPPs;
- rates for the Screening for Depression and Follow-up Plan measure for the ACPPs;
- screenshots from the data warehouse for primary source validation for the Screening for Depression and Follow-up Plan measure; and
- lists of numerator records that were compliant by medical record abstraction for the ACPPs for the Screening for Depression and Follow-up Plan measure.

### **Conclusions and Comparative Findings**

IPRO found that the data and processes used to produce HEDIS and non-HEDIS rates for the ACPPs were fully compliant with all four of the applicable NCQA information system standards. Findings from IPRO's review are displayed in **Table 49**.

Table 49: ACPP Compliance with Information System Standards – MY 2023

IS Standard	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Children’s	WellSense East Boston	WellSense Care Alliance	Tufts CHA	Tufts UMass	Fallon Berkshire	Fallon 365	Fallon Atrius	MBG	HNE BeHealthy
IS R Data Management and Reporting (formerly IS 6.0, IS 7.0)	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
IS C Clinical and Care Delivery Data (formerly IS 5.0)	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
IS M Medical Record Review Processes (formerly IS 4.0)	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
IS A Administrative Data (formerly IS 1.0, IS 2.0, IS 3.0)	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

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

## Validation Findings

- **Information Systems Capabilities Assessment:** The Information Systems Capabilities Assessment is conducted to confirm that the ACPP's and associated plans' information systems were appropriately capable of meeting regulatory requirements for managed care quality assessment and reporting. This includes a review of the claims processing systems, enrollment systems, and provider data systems. IPRO reviewed the ACPP's associated plans' HEDIS Final Audit Reports issued by their independent NCQA-certified HEDIS compliance auditors. IPRO also conducted an Information Systems Capabilities Assessment review with MassHealth for the non-HEDIS hybrid measure. No issues were identified.
- **Source Code Validation:** Source code review is conducted to ensure compliance with the measure specifications when calculating measure rates. NCQA measure certification for HEDIS measures was accepted in addition to source code review for the PY 2023 HEDIS measure rates with allowable adjustments. The review of each ACPP plan's Final Audit Report and measure calculation methodology provided for allowable adjustments confirmed that the plans used NCQA-certified measure vendors to produce the HEDIS rates. Source code review was conducted with SS&C Health for the ACPPs non-HEDIS measure rates. No issues were identified.
- **Medical Record Validation:** Medical record review validation is conducted to confirm that MassHealth followed appropriate processes to report rates using the hybrid methodology. The ACPPs provided medical record charts and the completed medical record review validation tool for sample records for medical record review validation. Two ACPPs had one error, and one ACPP had one non-critical error. These errors did not impact the final rates for these ACPPs, and the rates were reportable. All other records passed review. It was identified that MassHealth's sampling methodology did not include a sufficient oversample of records to replace members that met exclusion criteria for the Screening for Depression and Follow-up Plan measure. Caution should be used when comparing the rates of the ACPPs for the Screening for Depression and Follow-up Plan measure since they have different sample sizes. No other issues were identified.
- **Primary Source Validation:** Primary source validation 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 primary source validation for the Screening for Depression and Follow-up Plan measure. All records passed validation. No issues were identified.
- **Data Collection and Integration Validation:** This includes a review of the processes used to collect, calculate, and report the performance measures, including accurate numerator and denominator identification and algorithmic compliance to evaluate whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately. No issues were identified.
- **Rate Validation:** Rate validation was conducted to evaluate measure results and compare rates to industry standard benchmarks. All required measures were reportable.

## Recommendations

- ACPPs and MassHealth should update the hybrid measure sampling methodology to include a larger oversample of members to account for members that are removed from the hybrid sample for exclusions.

## 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 2023 Quality Compass New England regional percentiles for Medicaid health maintenance organizations 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 ACPH 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.

Best Performance:

- **Timeliness of Prenatal Care**
  - Tufts CHA: 98.15% (≥ 90th percentile)
  - Tufts UMass: 95.05% (≥ 90th percentile)
  - WellSense BILH: 95.53% (≥ 90th percentile)
  - MGB: 93.17% (≥ 75th but < 90th percentile)
  - WellSense Care Alliance: 93.37% (≥ 75th but < 90th percentile)
  - WellSense Children’s: 92.63% (≥ 75th but < 90th percentile)
- **Postpartum Care**
  - Fallon Berkshire: 90.91% (≥ 90th percentile)
  - Tufts CHA: 93.21% (≥ 90th percentile)
  - WellSense BILH: 87.89% (≥ 90th percentile)
  - Fallon 365: 86.83% (≥ 75th but < 90th percentile)
  - MGB: 86.96% (≥ 75th but < 90th percentile)

Needs Improvement:

- **Follow-up After Hospitalization for Mental Illness (7 days)**
  - HNE BeHealthy: 30.11% (< 25th percentile)
  - WellSense Care Alliance: 39.96% (< 25th percentile)
  - Tufts UMass: 41.91% (< 25th percentile)
  - Fallon Atrius: 42.81% (< 25th percentile)
  - Fallon 365: 43.28% (< 25th percentile)
  - WellSense BILH: 44.53% (< 25th percentile)
- **Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)**
  - Fallon Atrius: 25.00% (< 25th percentile)
  - WellSense Children’s: 28.68% (< 25th percentile)
  - Fallon 365: 31.16% (< 25th percentile)
  - WellSense Care Alliance: 32.9% (< 25th percentile)
  - HNE Be-Healthy: 35.09% (< 25th percentile)
- **Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment**
  - Fallon Atrius: 10.11% (< 25th percentile)
  - WellSense Children’s: 11.35% (< 25th percentile)
  - WellSense East Boston: 12.63% (< 25th percentile)
  - Fallon 365: 13.43% (< 25th percentile)
- **Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment**
  - Fallon Atrius: 33.71% (< 25th percentile)
  - Fallon 365: 33.8% (< 25th percentile)
  - MGB: 38.16% (< 25th percentile)
  - Tufts UMass: 39.23% (< 25th percentile)

As explained in **Table 50**, the regional percentiles are color coded to compare to the ACPH rates.

**Tables 51 and 52** display the HEDIS performance measures for MY 2023 for all ACPHs and the weighted statewide means.

Table 50: Key for HEDIS Performance Measure Comparison to NCQA HEDIS MY 2023 Quality Compass New England Regional Percentiles

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

NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year.

Table 51: ACPP HEDIS Performance Measures – MY 2023

HEDIS Measure	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children’s	ACO Statewide Mean
Timeliness of Prenatal Care	93.17% (≥ 75th but < 90th)	93.43% (≥ 75th but < 90th)	91.67% (≥ 50th but < 75th)	93.29% (≥ 75th but < 90th)	95% (≥ 90th)	95.53% (≥ 90th)	93.37% (≥ 75th but < 90th)	96.31% (≥ 90th)	92.63% (≥ 75th but < 90th)	93.63% (≥ 75th but < 90th)
Postpartum Care	86.96% (≥ 75th but < 90th)	91.24% (≥ 90th)	88.73% (≥ 90th)	90.6% (≥ 90th)	91.43% (≥ 90th)	87.89% (≥ 90th)	81.84% (≥ 25th but < 50th)	92.95% (≥ 90th)	83.16% (≥ 25th but < 50th)	87.68% (≥ 90th)
Follow-up After Hospitalization for Mental Illness (7 days)	47.21% (≥ 25th but < 50th)	46.4% (≥ 25th but < 50th)	56.99% (≥ 90th)	56.64% (≥ 75th but < 90th)	49.67% (≥ 50th but < 75th)	44.53% (< 25th)	39.96% (< 25th)	46.67% (≥ 25th but < 50th)	53.54% (≥ 50th but < 75th)	45.93% (≥ 25th but < 50th)
Follow-up After Emergency Department Visit for Mental Illness (7 days)	69% (≥ 50th but < 75th)	71.82% (≥ 75th but < 90th)	85.21% (≥ 90th)	66.25% (≥ 50th but < 75th)	80.95% (≥ 90th)	69.65% (≥ 50th but < 75th)	67.96% (≥ 50th but < 75th)	69.07% (≥ 50th but < 75th)	82.35% (≥ 90th)	72.37% (≥ 75th but < 90th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	38.16% (< 25th)	52.5% (≥ 75th but < 90th)	49.75% (≥ 75th but < 90th)	60.53% (≥ 90th)	43.29% (≥ 25th but < 50th)	48.76% (≥ 50th but < 75th)	54.32% (≥ 75th but < 90th)	48.42% (≥ 50th but < 75th)	43.26% (≥ 25th but < 50th)	50.36% (≥ 75th but < 90th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	17.31% (≥ 25th but < 50th)	19.83% (≥ 50th but < 75th)	22.41% (≥ 50th but < 75th)	21.93% (≥ 50th but < 75th)	15.92% (≥ 25th but < 50th)	18.18% (≥ 25th but < 50th)	20.37% (≥ 50th but < 75th)	12.63% (< 25th)	11.35% (< 25th)	19.42% (≥ 50th but < 75th)
Follow-up After Emergency Department Visit for Mental Illness (7 days)	37.44% (≥ 25th but < 50th)	39.25% (≥ 50th but < 75th)	38.81% (≥ 50th but < 75th)	43.2% (≥ 75th but < 90th)	37.93% (≥ 25th but < 50th)	37.82% (≥ 25th but < 50th)	32.9% (< 25th)	42.76% (≥ 75th but < 90th)	28.68% (< 25th)	37.37% (≥ 25th but < 50th)

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

Table 52: ACPP HEDIS Performance Measures – MY 2023

HEDIS Measure	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass	ACO Statewide Mean
Timeliness of Prenatal Care	90.76% (≥ 50th but < 75th)	89.9% (≥ 25th but < 50th)	89.82% (≥ 25th but < 50th)	89.95% (≥ 25th but < 50th)	98.15% (≥ 90th)	95.05% (≥ 90th)	93.63% (≥ 75th but < 90th)
Postpartum Care	79.83% (< 25th)	90.91% (≥ 90th)	86.83% (≥ 75th but < 90th)	79.4% (< 25th)	93.21% (≥ 90th)	84.52% (≥ 25th but < 50th)	87.68% (≥ 90th)
Follow-up After Hospitalization for Mental Illness (7 days)	30.11% (< 25th)	47.55% (≥ 25th but < 50th)	43.28% (< 25th)	42.81% (< 25th)	49.54% (≥ 50th but < 75th)	41.91% (< 25th)	45.93% (≥ 25th but < 50th)



HEDIS Measure	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass	ACO Statewide Mean
Follow-up After Emergency Department Visit for Mental Illness (7 days)	65.95% (≥ 50th but < 75th)	85.4% (≥ 90th)	77.34% (≥ 90th)	68.87% (≥ 50th but < 75th)	62.5% (≥ 25th but < 50th)	73.13% (≥ 90th)	72.37% (≥ 75th but < 90th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	55.12% (≥ 75th but < 90th)	59.49% (≥ 90th)	33.8% (< 25th)	33.71% (< 25th)	49.46% (≥ 50th but < 75th)	39.23% (< 25th)	50.36% (≥ 75th but < 90th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	25.2% (≥ 75th but < 90th)	36.71% (≥ 90th)	13.43% (< 25th)	10.11% (< 25th)	21.51% (≥ 50th but < 75th)	16.92% (≥ 25th but < 50th)	19.42% (≥ 50th but < 75th)
Follow-up After Emergency Department Visit for Mental Illness (7 days)	35.09% (< 25th)	45.56% (≥ 90th)	31.16% (< 25th)	25% (< 25th)	36.78% (≥ 25th but < 50th)	37.22% (≥ 25th but < 50th)	37.37% (≥ 25th but < 50th)

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

For state-specific measures, IPRO compared the rates to the goal benchmarks determined by MassHealth. Goal benchmarks for ACPPs were fixed targets.

Best Performance:

- **Communication Child:** All ACPPs scored above the goal benchmark.
- **Communication Adult:** All ACPPs except one scored above the goal benchmark.
- **Knowledge of Patient Adult:** All ACPPs except one scored above the goal benchmark.

Needs Improvement:

- **Willingness to Recommend Adult:** All ACPPS except one scored below the goal benchmark.
- **Integration of Care Child:** All ACPPS except one scored below the goal benchmark.
- **Depression Remission or Response:** Eleven ACPPs and the ACO Statewide Mean were below the state benchmark goal, suggesting an area for improvement.

Table 53 shows the color key for state-specific performance measures comparison to the state benchmark.

Tables 54 and 55 show state-specific performance measures for MY 2023 for all ACPPs and the ACO weighted statewide mean. PC MES measures were not included in the performance measure validation. The PC MES survey results were fielded in 2024, for the 2023 program year.

Table 53: 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 54: ACPP State-Specific Performance Measures – MY 2023

Measure	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	ACO Weighted Statewide Mean	Goal Benchmark
PC MES Willingness to Recommend+ Adult	88.26% (< Goal)	89% (< Goal)	82.43% (< Goal)	86.63% (< Goal)	89.25% (< Goal)	88.12% (< Goal)	85.91% (< Goal)	87.96% (< Goal)	87.45% (< Goal)	92%
PC MES Willingness to Recommend+ Child	92.45% (> Goal)	91.25% (< Goal)	87.25% (< Goal)	87.42% (< Goal)	93.78% (> Goal)	91.51% (< Goal)	91.53% (< Goal)	90.44% (< Goal)	91.26% (< Goal)	92%

Measure	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	ACO Weighted Statewide Mean	Goal Benchmark
PC MES Communication+ Adult	93.02% (> Goal)	94.18% (> Goal)	89.51% (< Goal)	92.13% (> Goal)	94.06% (> Goal)	93.7% (> Goal)	91.72% (< Goal)	93.3% (> Goal)	92.87% (> Goal)	92%
PC MES Communication+ Child	96.31% (> Goal)	96% (> Goal)	93.44% (> Goal)	92.77% (> Goal)	98.45% (> Goal)	96.08% (> Goal)	95.68% (> Goal)	95.06% (> Goal)	95.65% (> Goal)	92%
PC MES Integration of Care+ Adult	84.52% (< Goal)	83.15% (< Goal)	81.19% (< Goal)	83.14% (< Goal)	87.61% (> Goal)	84.77% (< Goal)	83.21% (< Goal)	79.85% (< Goal)	85.09% (> Goal)	85%
PC MES Integration of Care+ Child	85.15% (< Goal)	84.43% (< Goal)	84.83% (< Goal)	80.66% (< Goal)	91.5% (> Goal)	84.09% (< Goal)	84.64% (< Goal)	87.65% (< Goal)	85.24% (< Goal)	90%
PC MES Knowledge of Patient+ Adult	86.77% (> Goal)	87.56% (> Goal)	82.14% (< Goal)	85.41% (> Goal)	87.67% (> Goal)	86.9% (> Goal)	85.62% (> Goal)	86.56% (> Goal)	86.45% (> Goal)	85%
PC MES Knowledge of Patient+ Child	91.3% (> Goal)	89.35% (< Goal)	85.96% (< Goal)	85.94% (< Goal)	91.77% (> Goal)	89.37% (< Goal)	88.56% (< Goal)	88.88% (< Goal)	89.4% (< Goal)	90%
Screening for Depression and Follow-up Plan	68.1% (> Goal)	48.2% (< Goal)	27.5% (< Goal)	59.32% (> Goal)	42.62% (< Goal)	40.53% (< Goal)	47.51% (< Goal)	64.31% (> Goal)	50.54% (< Goal)	58%

ACPP: accountable care partnership plan; PC MES: Primary Care Member Experience Survey; MY: measurement year.

Table 55: ACPP State-Specific Performance Measures – MY 2023

Measure	WellSense Children’s	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass	ACO Weighted Statewide Mean	Goal Benchmark
PC MES Willingness to Recommend+ Adult	92.45% (> Goal)	86.95% (< Goal)	87.79% (< Goal)	90.7% (< Goal)	89.08% (< Goal)	87.97% (< Goal)	87.12% (< Goal)	87.45% (< Goal)	92%
PC MES Willingness to Recommend+ Child	93.76% (> Goal)	87.27% (< Goal)	91.31% (< Goal)	93.14% (> Goal)	93.62% (> Goal)	88.93% (< Goal)	90.88% (< Goal)	91.26% (< Goal)	92%
PC MES Communication+ Adult	95.56% (> Goal)	92.95% (> Goal)	92.95% (> Goal)	95.16% (> Goal)	93.5% (> Goal)	93.08% (> Goal)	92.32% (> Goal)	92.87% (> Goal)	92%
PC MES Communication+ Child	96.49% (> Goal)	92.98% (> Goal)	97.44% (> Goal)	96.49% (> Goal)	95.81% (> Goal)	95.05% (> Goal)	95.49% (> Goal)	95.65% (> Goal)	92%
PC MES Integration of Care+ Adult	85.04% (> Goal)	83.85% (< Goal)	84.95% (< Goal)	86.26% (> Goal)	85.84% (> Goal)	83.05% (< Goal)	82.39% (< Goal)	85.09% (> Goal)	85%
PC MES Integration of Care+ Child	85.8% (< Goal)	78% (< Goal)	86.54% (< Goal)	87.33% (< Goal)	85.45% (< Goal)	79.9% (< Goal)	84.61% (< Goal)	85.24% (< Goal)	90%
PC MES Knowledge of Patient+ Adult	90.77% (> Goal)	86.1% (> Goal)	86.97% (> Goal)	88.43% (> Goal)	87.16% (> Goal)	86.22% (> Goal)	86.55% (> Goal)	86.45% (> Goal)	85%
PC MES Knowledge of Patient+ Child	91.63% (> Goal)	86.36% (< Goal)	90.39% (> Goal)	90.42% (> Goal)	90.73% (> Goal)	89% (< Goal)	89.42% (< Goal)	89.4% (< Goal)	90%
Screening for Depression and Follow-up Plan	59.8% (> Goal)	54.25% (< Goal)	23.62% (< Goal)	34.73% (< Goal)	39.64% (< Goal)	38.71% (< Goal)	52.77% (< Goal)	50.54% (< Goal)	58%

ACPPs: accountable care partnership plans; PC MES: Primary Care Member Experience Survey; MY: measurement year.

## V. Review of Compliance with Medicaid Managed Care Regulations

### Objectives

The objective of the compliance review 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. The purpose of this compliance review was to assess ACPs compliance with federal and state regulations regarding access to care; structure and operations; grievance policies; provider network relations and network adequacy; quality measurement; and utilization management. This section of the report summarizes the 2024 compliance results. The next comprehensive review will be conducted in 2027, as the compliance validation process is conducted triennially.

### Technical Methods of Data Collection and Analysis

IPRO's review of compliance with state and federal regulations was conducted in accordance with Protocol 3 of the CMS EQR protocols.

Compliance reviews were divided into 14 standards consistent with the CMS February 2023 EQR protocols:

- Disenrollment requirements and limitations (*Title 42 CFR § 438.56*)
- Enrollee rights requirements (*Title 42 CFR § 438.100*)
- Emergency and post-stabilization services (*Title 42 CFR § 438.114*)
- Availability of services (*Title 42 CFR § 438.206*)
- Assurances of adequate capacity and services (*Title 42 CFR § 438.207*)
- Coordination and continuity of care (*Title 42 CFR § 438.208*)
- Coverage and authorization of services (*Title 42 CFR § 438.210*)
- Provider selection (*Title 42 CFR § 438.214*)
- Confidentiality (*Title 42 CFR § 438.224*)
- Grievance and appeal systems (*Title 42 CFR § 438.228*)
- Subcontractual relationships and delegation (*Title 42 CFR § 438.230*)
- Practice guidelines (*Title 42 CFR § 438.236*)
- Health information systems (*Title 42 CFR § 438.242*)
- QAPI (*Title 42 CFR § 438.330*)

The 2024 annual compliance review consisted of three phases: 1) pre-interview desk review of ACP documentation and case file review, 2) remote interviews, and 3) post-interview report preparation.

#### Pre-interview Documentation Review

To ensure a complete and meaningful assessment of MassHealth's policies and procedures, IPRO prepared 14 review tools to reflect the areas for review. These 14 tools were submitted to MassHealth for approval at the outset of the review process. The tools included review elements drawn from the state and federal regulations. Based upon MassHealth's suggestions, some tools were revised and issued as final. These final tools were submitted to MassHealth in advance of the remote review.

Once MassHealth approved the methodology, IPRO sent each ACP a packet that included the review tools, along with a request for documentation and a guide to help ACP staff understand the documentation that was required. The guide also included instructions for submitting the requested information using IPRO's secure file transfer protocol site.

To facilitate the review process, IPRO provided ACPs with examples of documents that they could furnish to validate compliance with the regulations. Instructions regarding the file review component of the audit were

also provided, along with a request for the universe of cases for each file review area under review. From the universe of cases, IPRO randomly selected a sample of cases for the ACPP to provide in each area, which were reviewed remotely.

Prior to the desk review, ACPPs submitted written policies, procedures and other relevant documentation to support their adherence to state and federal requirements. ACPPs were given a period of approximately six weeks to submit documentation to IPRO. To further assist plans' staff in understanding the requirements of the review process, IPRO convened a conference call for all MCPs undergoing the review, with MassHealth staff in attendance. During the conference call, IPRO detailed the steps in the review process, the audit timeline, and answered any questions posed by MCPs staff.

After ACPPs submitted the required documentation, a team of IPRO reviewers was convened to review policies, procedures, and materials, and to assess ACPPs' concordance with the state contract requirements. This review was documented using review tools IPRO developed to capture the review of required elements and record the findings. These review tools with IPRO's initial findings were used to guide the remote conference interviews.

### **Remote Interviews**

The remote interviews with ACPPs were conducted between September 30 and October 18, 2024. Interviews with relevant plan staff allow the EQRO to assess whether the plan indeed understands the requirements, the internal processes, and procedures to deliver the required services to members and providers; can articulate in their own words; and draws the relationship between the policies and the implementation of those policies. Interviews discussed elements in each of the review tools that were considered less than fully compliant based upon initial review. Interviews were used to further explore the written documentation and to allow ACPPs to provide additional documentation, if available. ACPP staff was given two days from the close of the onsite review to provide any further documentation.

### **Post-interview Report Preparation**

Following the remote interviews, review tools were updated. These post-interview tools included an initial review determination for each element reviewed and identified what specific evidence was used to assess that ACPPs were compliant with the standard or a rationale for why an ACPP was partially compliant or non-compliant and what evidence was lacking. For each element that was deemed less than fully compliant, IPRO provided a recommendation for ACPPs to consider in order to attain full compliance.

Each draft post-interview tool underwent a second level of review by IPRO staff members who were not involved in the first level of review. Once completed, the post-interview tools were shared with MassHealth staff for review. Any updates or revisions requested by MassHealth were considered and if appropriate, edits were made to the post-interview tools. Upon MassHealth approval, the post-interview tools were sent to ACPPs with a request to respond to all elements that were determined to be less than fully compliant. ACPPs were given three weeks to respond to the issues noted on the post-interview tools. MCPs were asked to indicate if they agree or disagree with IPRO's determinations. If disagreeing, MCP was asked to provide a rationale and indicate documentation that had already been submitted to address the requirement in full. After receiving ACPP's response, IPRO re-reviewed each element for which MCPs provided a citation. As necessary, review scores and recommendations were updated based on the response.

For each standard identified as Partially Met or Not Met, the ACPP was required to provide a timeline and high-level plan to implement the correction. ACPPs are expected to provide an update on the status of the implementation of the corrections when IPRO requests an update on the status of the annual technical report recommendations, which is part of the annual external quality review process.

## Scoring Methodology

An overall percentage compliance score for each of the standards was calculated based on the total points scored divided by the 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 clarify how and when the issue will be resolved. The scoring definitions are outlined in **Table 56**.

**Table 56: Scoring Definitions**

Scoring	Definition
Met = 1 point	Documentation to substantiate compliance with the entirety of the regulatory or contractual provision was provided, and MCP 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"><li>• Documentation to substantiate compliance with the entirety of the regulatory or contractual provision was provided. MCP staff interviews, however, provided information that was not consistent with the documentation provided.</li><li>• Documentation to substantiate compliance with some but not all of the regulatory or contractual provisions was provided, although MCP staff interviews provided information consistent with compliance with all requirements.</li><li>• Documentation to substantiate compliance with some but not all of the regulatory or contractual provisions was provided, and MCP staff interviews provided information inconsistent with compliance with all requirements.</li></ul>
Not Met = 0 points	There was an absence of documentation to substantiate compliance with any of the regulatory or contractual requirements, and MCP staff did not provide information to support compliance with requirements.
Not Applicable	The requirement was not applicable to the MCP. Not applicable elements are removed from the denominator.

MCP: managed care plan.

## 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.

## Conclusions and Comparative Findings

ACPPs were compliant with many of the Medicaid and CHIP managed care regulations and standards. The ACPPs performed exceptionally well in several compliance domains, achieving 100% in Disenrollment Requirements and Limitations, Enrollee Rights and Protections, Emergency and Post-stabilization Services, Assurances of Adequate Capacity and Services, Provider Selection, Confidentiality, and Practice Guidelines.

However, there are areas needing improvement:

- Health Information Systems: Some ACPPs scored 74%, indicating a need for significant improvement.
- QAPI: Scores ranged from 88% to 96%, suggesting room for enhancement.

Additionally, the performance in **Coordination and Continuity of Care** is yet to be determined for all ACPPs.

**Table 57** presents compliance scores for each of the 14 domains for all ACPPs.

Table 57: ACPPs Performance by Review Domain – 2024 Compliance Validation Results

CFR Standard Name	CFR Citation	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Overall compliance score	N/A	97%	95%	95%	96%	95%	96%	96%	96%	96%	96%	96%	96%	97%	97%	97%
Disenrollment Requirements and Limitations	438.56	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	95%	95%	95%	95%
Enrollee Rights and Protections	438.100	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Emergency and Post-stabilization Services	438.114	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Availability of Services	438.206	96%	96%	96%	96%	96%	96%	96%	96%	96%	100%	97%	98%	97%	93%	93%
Assurances of Adequate Capacity and Services	438.207	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Coordination and Continuity of Care	438.208	79% <sup>1</sup>	81% <sup>1</sup>	84% <sup>1</sup>	84% <sup>1</sup>	78% <sup>1</sup>	92%	85% <sup>1</sup>	84% <sup>1</sup>	90%	74% <sup>1</sup>	94%	95%	99%	88% <sup>1</sup>	92%
Coverage and Authorization of Services	438.210	94%	100%	100%	100%	100%	100%	100%	100%	100%	96%	99.5%	99.5%	99.5%	99.5%	99.5%
Provider Selection	438.214	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Confidentiality	438.224	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Grievance and Appeal Systems	438.228	98%	99%	98%	98%	99%	98%	99%	100%	99%	97%	99%	100%	100%	98%	97%
Subcontractual Relationships and Delegation	438.230	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	95%	95%	100%	100%
Practice Guidelines	438.236	100%	95%	95%	95%	95%	95%	95%	95%	95%	100%	100%	100%	100%	100%	100%
Health Information Systems	438.242	100%	74% <sup>1</sup>	74% <sup>1</sup>	74% <sup>1</sup>	74% <sup>1</sup>	74% <sup>1</sup>	74% <sup>1</sup>	74% <sup>1</sup>	74% <sup>1</sup>	89% <sup>1</sup>	74% <sup>1</sup>	74% <sup>1</sup>	74% <sup>1</sup>	99%	99%
QAPI	438.330	96%	90%	88% <sup>1</sup>	90%	90%	90%	90%	88% <sup>1</sup>	95%	88% <sup>1</sup>	94%	90%	95%	89% <sup>1</sup>	89% <sup>1</sup>

<sup>1</sup> Red text: indicates opportunity for improvement (less than 90%).  
CFR: Code of Federal Regulations; QAPI: Quality Assurance and Performance Improvement; TBD: to be determined.

## VI. Validation of Network Adequacy

### Objectives

Validation of network adequacy is a process to verify the network adequacy analyses conducted by MCPs. This includes validating data to determine whether the network standards, as defined by the state, were met. This also includes assessing the underlying information systems and provider data sets that MCPs maintain to monitor their networks' adequacy. Network adequacy validation is a mandatory EQR activity that applies to MCOs, prepaid inpatient health plans (PIHPs), and prepaid ambulatory health plans (PAHPs).

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 preventive 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 and Appendix N of *the First Amended and Restated MassHealth ACPP Contract*. MassHealth's requirements pertaining to provider directories are described in Section 2.8.E of the same contract. The state requires ACPPs to report changes to the provider network monthly and update provider directories no later than 30 calendar days after being made aware of any change in information. ACPPs are contractually required to meet the standards for appointment availability (i.e., standards for the duration of time between an enrollee's request for an appointment and the provision of services), GeoAccess standards (i.e., travel time and distance standards), and the 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 ACPPs' processes for collecting and storing network data, provider networks' compliance with MassHealth's GeoAccess requirements, the accuracy of the information presented in ACPPs' online provider directories, and compliance with the standards for appointment wait times.

The methodology used to conduct each of these activities and the results are discussed in more detail in this report. If any weaknesses were identified, this report offers recommendations for improvement. The results from each one of these activities were aggregated into ratings of the overall confidence that the MCP used an acceptable methodology or met MassHealth standards for each network adequacy monitoring activity. To clarify the findings, IPRO shared the preliminary results with each MCP and conducted an interview to supplement understanding of the MCP's network information systems and processes.

### Technical Methods of Data Collection and Analysis

This section explains the methodology behind each one of the three elements of network adequacy validation: validation of the underlying information systems, validation of compliance with MassHealth's travel time and distance standards, and the validation of compliance with MassHealth's standards for appointment wait times.

#### *Network Information Systems Validation Methodology*

The Information System Capacity Assessment is a component of the performance measure validation EQR activity, during which MCPs submit the results of their HEDIS audits for deeming. To complement the already existing assessments, IPRO evaluated the integrity of the systems used to collect, store, and process provider network data.



IPro developed a survey in Research Electronic Data Capture (REDCap®) to support this effort. The survey questions addressed topics such as the systems used to collect and store provider data for network analysis, methods of data entry; the roles of staff involved in collecting, storing, and analyzing data; the frequency of data collection and updates; the extent of missing data; and the quality assurance measures in place to prevent and correct errors.

The survey was distributed to MCPs on July 8, 2024, and closed on August 23, 2024. IPro will also schedule individual interview sessions with each MCP to supplement understanding of the MCP’s information systems and processes.

***Provider Directory and Availability of Appointments Methodology***

The accuracy of provider directories and availability of appointments were assessed using secret shopper surveys. In a secret shopper survey, callers acted as members and attempted to schedule an appointment, documenting the date of the next available appointment or barriers to making the appointment. The audited specialties are listed in **Table 58**.

**Table 58: Audited Specialties**

Reporting Group	Specialty
Primary care	Family medicine Internal medicine Pediatrics
Specialists	Obstetrics/Gynecology (Ob/Gyn) Cardiology

Using the MCO online provider directories, PDF versions of the plan directories were downloaded, and computer code was used to scrape the data, creating a database of providers. Due to inherent variations in provider directory layouts this process may have resulted in a small percentage of errors. The findings should be interpreted with caution.

To ensure a statistically sound methodology, random and statistically significant samples were selected for each plan and provider type. The samples were reviewed for overlaps to create a “calling sample size” and to ensure that the same providers were not contacted multiple times.

To validate the accuracy of the information published in the provider directories, surveyors contacted a sample of practice sites to confirm providers’ participation with the Medicaid MCP, open panel status for listed specialty, telephone number, and address. IPro reported the percentage of providers in the sample with verified and correct information.

IPro also inquired about the wait times for the next available sick and routine appointments. Callers were provided with scenarios to use when attempting to schedule appointments. Each scenario was designed to address both the routine and sick visit standards, allowing responses to be captured in a single call.

MassHealth’s appointment availability standards for ACPPs are detailed in **Table 59**. Standards highlighted in gray are for provider types not included in the survey.



**Table 59: Availability Standards**

Provider Type	Urgency Level	MCO/ACPP Sec. 2.10.B
Emergency services <sup>1</sup>	Emergency	Immediately
Urgent care <sup>1</sup>	Urgent/Symptomatic	48 hours
MCO/ACPP PCP: internal medicine, family medicine, pediatrics	Nonurgent symptomatic: sick visit	10 calendar days
MCO/ACPP PCP: internal medicine, family medicine, pediatrics	Nonsymptomatic: routine visit	45 calendar days
MCO/ACPP specialty provider: ob/gyn, cardiology	Nonurgent symptomatic: sick visit	30 calendar days
MCO/ACPP specialty provider: ob/gyn, cardiology	Nonsymptomatic: routine visit	60 calendar days
Behavioral health (BH) services <sup>1</sup>	Nonurgent BH services	14 calendar days

<sup>1</sup> Gray cells: provider types not included in the survey.

MCO: managed care organization; ACPP: accountable care partnership plan; PCP: primary care provider; ob/gyn: obstetrics/gynecology.

### ***Travel Time and Distance Validation Methodology***

For 2024, IPRO evaluated each MCP's provider network to determine compliance with network GeoAccess standards established by MassHealth. According to the ACPP contracts, at least 90% of health plan members in each ACPP service area must have access to in-network providers following the time or distance standards defined in the contract.

IPRO reviewed MassHealth GeoAccess standards and worked together with the state to define network adequacy indicators. Network adequacy indicators were updated to reflect all changes to the contract requirements for CY 2024. ACPP network adequacy standards and indicators are listed in **Appendix D (Tables D1–D6)**.

IPRO requested in-network provider data on July 8, 2024, with a submission due date of August 23, 2024. MCPs submitted data to IPRO following templates developed by MassHealth and utilized by MCOs and ACPPs to report provider lists to MassHealth on an annual basis. The submitted data went through a careful and significant data cleanup 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 worked with a subvendor to develop MCP GeoAccess reports. IPRO analyzed the results to identify MCPs with adequate provider networks, as well as service areas with deficient networks. When an MCP appeared to have network deficiencies in a particular service area, IPRO reported the percentage of MCP members in that service area who had adequate access.

To validate the MCPs' results, IPRO compared the outcomes of the time and distance analysis it conducted to the results submitted by MCPs. The first step in this process was to verify that the MCPs correctly applied MassHealth's time and distance standards for the analysis. The second step involved identifying duplicative records from the provider lists submitted by MCPs to IPRO. If IPRO identified significant discrepancies, such as the use of incorrect standards or inconsistencies in provider datasets (e.g., duplicate records), no further comparison could be conducted.

In addition to GeoAccess reports, IPRO calculated the provider-to-member ratios. ACPP contracts define required provider-to-member ratios for PCPs and ob/gyn providers, as defined in **Table 60**.

**Table 60: Provider-to-Member Ratios**

Provider Type	Goal	Provider-to-member ratio definition
Adult primary care provider (PCP)	1:750	The number of all in-network adult PCPs (i.e., internal medicine and family medicine) against the number of all members ages 21 to 64 years. Calculated for all providers (i.e., providers with open and closed panels).
Pediatric PCP	1:750	The number of all in-network pediatric PCPs (i.e., pediatricians and family medicine) against the number of all members ages 0 to 20 years. Calculated for all providers (i.e., providers with open and closed panels).
Obstetricians/Gynecologists (Ob/Gyns)	1:500	The number of all in-network ob/gyns against the number of all female members ages 10+ years. Calculated for all providers (i.e., providers with open and closed panels).
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 providers	N/A	Provider-to-member ratio not required. Did not calculate.

N/A: not applicable.

## Description of Data Obtained

All data necessary for analysis were obtained from MassHealth and the MCPs between July 8 and December 31, 2024. Before requesting data from the MCPs, IPRO consulted with MassHealth and confirmed the variables necessary for the network adequacy validation, agreed on the format of the files, and reviewed the information systems survey form.

### *Network Information Systems Capacity Assessment Data*

Each MCP received a unique URL link via email to a REDCap survey. The survey was open from July 8, 2024, until August 3, 2024.

### *Provider Directory and Availability of Appointment Data*

For the provider directory validation, provider directory web addresses were reported to IPRO by the MCPs and are presented in **Appendix E**. The practice sites were contacted between October and December 2024.

### *Travel Time and Distance Data*

Validation of network adequacy for CY 2024 was performed using network data submitted by MCPs to IPRO. IPRO requested a complete provider list which included facility/provider name, address, phone number, and the national provider identifier for the following provider types: primary care, ob/gyn, hospitals, rehabilitation, urgent care, specialists, behavioral health, and pharmacy. For PCPs, panel status and providers' non-English language information were also requested. IPRO received a complete list of Medicaid enrollees from each MCP. Provider and member enrollment data as of July 1, 2024, were submitted to IPRO via IPRO's secure file transfer protocol site. MCPs also submitted the results of their time and distance analysis to IPRO.

GeoAccess reports were generated by combining the following files: data on all providers and service locations contracted to participate in MCP networks, member enrollment data, service area information provided by MassHealth, and network adequacy standards and indicators. Provider-to-member ratios were generated using the data on all in-network providers and the enrollment file.

## Conclusions and Findings

After assessing the reliability and validity of the MCP's network adequacy data, processes, and methods used by the MCP to assess network adequacy and calculate each network adequacy indicator, IPRO determined whether the data, processes, and methods used by the MCP to monitor network adequacy were accurate and current.

IPRO also validated network adequacy results submitted by the MCPs and compared them to the results calculated by IPRO to assess whether the MCP's results were valid, accurate, and reliable, as well as if the MCP's interpretation of data was accurate.

Taking all of the above into account, IPRO generated network adequacy validation ratings that reflect IPRO's overall confidence that an acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of each network adequacy indicator. The network adequacy validation rating includes IPRO's assessment of the data collection procedures, methods used to calculate the indicator, and confidence that the results calculated by the MCP are valid, accurate, and reliable.

The network adequacy validation rating is based on the following scale: high, moderate, low, and no confidence. **High confidence** indicates that no issues were found with the underlying information systems, the MCP's provider data were clean, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time and distance results calculated by IPRO. A lack of one of these requirements resulted in **moderate confidence**. A lack of two requirements resulted in **low confidence**, while issues with three or more requirements resulted in a rating of **no confidence**.

For a few indicators, namely provider-to-member ratios, the accuracy of provider directories, and appointment wait times, IPRO did not assess MCP methods of calculating the indicator but instead calculated the indicator itself. In those instances, the network adequacy validation rating reflects IPRO's confidence that the MCP's network meets MassHealth's standards and expectations.

The network adequacy validation rating for each indicator is reported in **Table 61**.

Table 61: Network Adequacy Validation Ratings – CY 2024

Network Adequacy Indicator	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children’s	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
PCP GeoAccess	High confidence	Moderate confidence	Moderate confidence	Moderate confidence	High confidence	Moderate confidence: Adult PCP  Not enough information to validate Pediatric PCP	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Low confidence
Ob/Gyn GeoAccess	High confidence	Low confidence	Low confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Low confidence	Low confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Low confidence
Physical Health Services GeoAccess	High confidence	Low confidence	Low confidence	Low confidence	Low confidence	Low confidence	Low confidence	Low confidence	Moderate confidence	High confidence	Moderate confidence	High confidence	High confidence	High confidence	Moderate confidence
Specialists GeoAccess	High confidence	Moderate confidence	Low confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Low confidence	Low confidence	Moderate confidence	Moderate confidence	Low confidence	Low confidence
Behavioral Health Services GeoAccess	Moderate confidence	Low confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Low confidence	Moderate confidence	Low confidence	Moderate confidence: all provider types except Psychiatric Inpatient Adolescent  Not enough information to validate Psychiatric Inpatient Adolescent	Moderate confidence	Low confidence	Low confidence
Pharmacy GeoAccess	Not enough information to validate	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	Not enough information to validate	Not enough information to validate	Not enough information to validate	Not enough information to validate	High confidence	Moderate confidence
Provider-to-Member Ratios <sup>1</sup>	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence
Accuracy of Directories <sup>1</sup>	Moderate confidence	Low confidence	Low confidence	Moderate confidence	Low confidence	Low confidence	Low confidence	Low confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence
Wait Time for Appointment <sup>2</sup>	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable

<sup>1</sup> IPRO did not assess the MCP’s methods of calculating the indicator but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>2</sup> Fewer than 30 providers were able to be contacted. There is not enough information to draw plan-level conclusions; only program-level results are reported.

CY: calendar year; PCP: primary care provider; ob/gyn: obstetrics/gynecology; TBD: to be determined.

### ***Network Information Systems and Quality of Provider Data***

The analysis of the information systems assessment showed the following:

- The Information Systems Capabilities Assessment was conducted to confirm that the MCOs' information systems were appropriately capable of meeting regulatory requirements for managed care quality assessment and reporting. This included a review of the claims processing systems, enrollment systems, and provider data systems. IPRO reviewed MCO HEDIS Final Audit Reports issued by the MCOs' independent NCQA-certified HEDIS compliance auditors. No issues were identified.
- IPRO assessed the reliability and validity of MCP network adequacy data. IPRO determined that the data used by the MCP to monitor network adequacy were mostly accurate and current except for duplicative provider records and incorrect provider directory information, which was shared with the MCP via email.
- IPRO reviewed the MCP's process for updating data (i.e., provider and beneficiary information) and concluded that the MCP process for updating data should include a method for assessing the accuracy of provider information published in the online provider directory.
- IPRO assessed changes in the MCP's data systems that might affect the accuracy or completeness of network adequacy monitoring data (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCPs). No issues were identified.

Provider Directory Information

IPRO validated the accuracy of provider directories for a sample of provider types chosen by MassHealth. **Tables 62–64** show the percentage of providers in the directory with verified telephone number, address, specialty, and Medicaid participation. MassHealth did not establish a goal for the provider directory activity.

Table 62: Provider Directory Accuracy – Primary Care Providers

Provider Directory Accuracy	MGB (n) <sup>2</sup>	WellSense Community Alliance (n) <sup>2</sup>	WellSense Mercy (n) <sup>2</sup>	WellSense Signature (n) <sup>2</sup>	WellSense Southcoast (n) <sup>2</sup>	WellSense BILH (n) <sup>2</sup>	WellSense Care Alliance (n) <sup>2</sup>	WellSense East Boston (n) <sup>2</sup>	WellSense Children's (n) <sup>2</sup>	HNE BeHealthy (n) <sup>2</sup>	Fallon Berkshire (n) <sup>2</sup>	Fallon 365 (n) <sup>2</sup>	Fallon Atrius (n) <sup>2</sup>	Tufts CHA (n) <sup>2</sup>	Tufts UMass (n) <sup>2</sup>
PCP <sup>1</sup>	60.94% (78)	48.48% (96)	61.54% (16)	39.39% (13)	57.14% (32)	55.09% (119)	51.06% (72)	70.00% (35)	70.59% (72)	66.67% (22)	67.78% (61)	44.95% (49)	88.08% (170)	29.03% (27)	8.48% (14)
Total PCPs called	128	198	26	33	56	216	141	50	102	33	90	109	193	93	165

<sup>1</sup> Primary care providers (PCPs) include family medicine, internal medicine, and pediatric providers.

<sup>2</sup> (n) is the number of providers in the sample for whom the contact information was correct.

Note: The sample is representative of the population with a 95% confidence interval and +/- 5% margin of error.

Table 63: Provider Directory Accuracy – Obstetrics/Gynecology

Provider Directory Accuracy	MGB (n) <sup>1</sup>	WellSense Community Alliance (n) <sup>1</sup>	WellSense Mercy (n) <sup>1</sup>	WellSense Signature (n) <sup>1</sup>	WellSense Southcoast (n) <sup>1</sup>	WellSense BILH (n) <sup>1</sup>	WellSense Care Alliance (n) <sup>1</sup>	WellSense East Boston (n) <sup>1</sup>	WellSense Children's (n) <sup>1</sup>	HNE BeHealthy (n) <sup>1</sup>	Fallon Berkshire (n) <sup>1</sup>	Fallon 365 (n) <sup>1</sup>	Fallon Atrius (n) <sup>1</sup>	Tufts CHA (n) <sup>1</sup>	Tufts UMass (n) <sup>1</sup>
Ob/Gyn	31.36% (37)	32.04% (33)	27.18% (28)	27.18% (28)	18.45% (19)	26.21% (27)	29.13% (30)	29.13% (30)	31.07% (32)	35.00% (7)	69.44% (25)	55.81% (24)	39.36% (37)	25.00% (12)	12.96% (7)
Total ob/gyns called	118	103	103	103	103	103	103	103	103	20	36	43	94	48	54

<sup>1</sup> (n) is the number of providers in the sample for whom the contact information was correct.

Note: The sample is representative of the population with a 90% confidence interval and +/- 7% margin of error.

Ob/Gyn: obstetricians/gynecologists.

Table 64: Provider Directory Accuracy – Cardiologists

Provider Directory Accuracy	MGB (n) <sup>1</sup>	WellSense Community Alliance (n) <sup>1</sup>	WellSense Mercy (n) <sup>1</sup>	WellSense Signature (n) <sup>1</sup>	WellSense Southcoast (n) <sup>1</sup>	WellSense BILH (n) <sup>1</sup>	WellSense Care Alliance (n) <sup>1</sup>	WellSense East Boston (n) <sup>1</sup>	WellSense Children's (n) <sup>1</sup>	HNE BeHealthy (n) <sup>1</sup>	Fallon Berkshire (n) <sup>1</sup>	Fallon 365 (n) <sup>1</sup>	Fallon Atrius (n) <sup>1</sup>	Tufts CHA (n) <sup>1</sup>	Tufts UMass (n) <sup>1</sup>
Cardiologists	39.50% (47)	39.62% (42)	41.51% (44)	50.00% (53)	50.00% (53)	45.28% (48)	50.94% (54)	42.59% (46)	40.57% (43)	39.02% (16)	54.90% (28)	57.89% (33)	61.54% (56)	31.58% (6)	29.25% (31)
Total cardiologists called	119	106	106	106	106	106	106	108	106	41	51	57	91	19	106

<sup>1</sup> (n) is the number of providers in the sample for whom the contact information was correct.

Note: The sample is representative of the population with a 90% confidence interval and +/- 7% margin of error.

Tables 65-67 show the most frequent reasons why information in the directories was incorrect or could not be validated.

Table 65: Directory Inaccuracy/Provider Verification Challenges – Primary Care Providers

Type of Failure	ACPP Total	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Contact fails <sup>1</sup>	378	20	59	6	16	15	50	24	4	3	11	6	38	4	36	89
Provider not at the site <sup>2</sup>	205	12	23	4	1	1	16	13	10	21	0	13	20	5	28	59
Wrong address	65	10	13	0	1	2	12	17	0	0	0	0	0	8	0	2
Provider reported a different specialty <sup>3</sup>	42	7	5	0	1	4	9	9	1	1	0	2	0	3	1	0
Provider is retired	19	0	2	0	0	1	4	0	0	0	0	8	1	2	1	0
Refused to participate (e.g., hung up)	3	0	0	0	1	0	0	0	0	5	0	0	1	0	0	1

Type of Failure	ACPP Total	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Provider does not accept Medicaid	0	1	0	0	0	1	6	6	0	0	0	0	0	1	0	0
Total	712	50	102	10	20	24	97	69	15	30	11	29	60	23	66	151

<sup>1</sup> Contact fails = wrong telephone number, no answer, disconnected phone number, constant busy signal, put on hold for more than five minutes, answering service.

<sup>2</sup> Provider not at the site = provider left group or was never part of group.

<sup>3</sup> Provider reported a different specialty = provider is a hospitalist; urgent care facility/nursing home facility.

ACPP: accountable care partnership plan.

Table 66: Directory Inaccuracy/Provider Verification Challenges – Obstetrics/Gynecology

Type of Failure	ACPP Total	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Contact fails <sup>1</sup>	388	45	35	30	30	35	29	31	36	31	7	5	7	25	21	21
Provider not at the site <sup>2</sup>	211	21	13	21	20	20	21	15	19	17	6	1	6	19	6	6
Wrong address	208	10	21	19	19	26	20	24	15	19	0	4	3	8	4	16
Provider reported a different specialty <sup>3</sup>	27	0	0	3	3	0	3	3	0	2	0	0	3	4	3	3
Provider is retired	14	2	1	1	1	2	1	0	1	1	0	1	0	1	1	1
Provider does not accept Medicaid	13	3	0	2	2	1	2	0	2	1	0	0	0	0	0	0
Refused to participate (e.g., hung up)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	861	81	70	76	75	84	76	73	73	71	13	11	19	57	35	47

<sup>1</sup> Contact fails = wrong telephone number, no answer, disconnected phone number, constant busy signal, put on hold for more than 5 minutes, answering service.

<sup>2</sup> Provider not at the site = provider left group or was never part of group.

<sup>3</sup> Provider reported a different specialty = provider is a hospitalist; urgent care facility/nursing home facility.

ACPP: accountable care partnership plan.

Table 67: Directory Inaccuracy/Provider Verification Challenges – Cardiology

Type of Failure	ACPP Total	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Contact fails <sup>1</sup>	424	51	31	39	40	40	33	39	40	35	13	7	4	16	5	31
Provider not at the site <sup>2</sup>	154	10	14	9	9	9	12	9	15	9	5	6	10	8	6	23
Wrong address	123	8	17	10	0	0	12	0	9	18	7	8	10	4	2	18
Provider does not accept Medicaid	13	2	1	2	2	2	0	2	0	0	0	1	0	0	0	1
Provider reported a different specialty <sup>3</sup>	11	0	1	1	1	1	1	1	0	1	0	1	0	3	0	0
Provider is retired	6	0	0	1	1	1	0	1	0	0	0	0	0	2	0	0
Refused to participate (e.g., hung up)	4	1	0	0	0	0	0	0	0	0	0	0	0	2	0	1
Total	735	72	64	62	53	53	58	52	64	63	25	23	24	35	13	74

<sup>1</sup> Contact fails = wrong telephone number, no answer, disconnected phone number, constant busy signal, put on hold for more than 5 minutes, answering service.

<sup>2</sup> Provider not at the site = provider left group or was never part of group.

<sup>3</sup> Provider reported a different specialty = provider is a hospitalist; urgent care facility/nursing home facility.

ACPP: accountable care partnership plan.



### Wait Time for Appointment

The results of the wait time for appointment survey are listed below. **Tables 68-70** show the wait time for appointment results for PCPs.

**Table 68: Average Appointment Wait Time – PCPs**

MassHealth Wait Time Standards	ACPP Average Calendar Days to Appt. (Min-Max)
Timely Routine Appt Rate (non-symptomatic): 45 Calendar Days	115
Timely Sick Appt Rate (non-urgent, symptomatic): 10 Calendar Days	(7-501)
Total Providers Reached (N)	162

Range (Min-Max) indicates the span between the shortest wait time recorded and the longest wait time recorded in calendar days.

N = Total Providers Reached, which is calculated as the number of providers for whom the survey was successfully completed and the secrete shopper was ABLE to get an appointment date.

**Table 69: Reasons Not Able to Get an Appointment Date – PCPs**

Reasons Not Able to Get an Appointment Date	ACPP Total
Medicaid ID required <sup>1</sup>	112
Others <sup>2</sup>	60
Provider not accepting new patients	606
Contact Fails <sup>3</sup>	399
Provider not at the site <sup>4</sup>	209
Provider reported a different specialty <sup>5</sup>	42
Provider is retired	20
Refused to Participate (e.g., Hung up)	3
Provider does not accept Medicaid	20
Total	1471

<sup>1</sup> Medicaid ID required = Medicaid ID required to schedule an appt date, need to be registered to make an appt, etc.

<sup>2</sup> Others = New patient waitlist, booking out 6 months, accepting new patients but no availability for that provider, etc.

<sup>3</sup> Contact fails = wrong telephone number, no answer, disconnected phone number, constant busy signal, put on hold for more than five minutes, answering service.

<sup>4</sup> Provider not at the site = provider left group or was never part of group.

<sup>5</sup> Provider reported a different specialty = provider is a hospitalist; urgent care facility/nursing home facility.

**Table 70: Appointment Wait Time Standards Met – PCPs**

MassHealth Wait Time Standards	ACPP Providers Meeting the Standard % (n)
Timely Routine Appt Rate (non-symptomatic): 45 Calendar Days	24.69% (40)
Timely Sick Appt Rate (non-urgent, symptomatic): 10 Calendar Days	3.09% (5)
Total Providers Reached (N)	162

N = Total Providers Reached, which is calculated as the number of providers for whom the survey was successfully completed and the secrete shopper was ABLE to get an appointment date.



Tables 71- 73 show the wait time for appointment results for Obstetrics/Gynecology.

**Table 71: Average Appointment Wait Time – Obstetrics/Gynecology**

MassHealth Wait Time Standards	ACPP Average Calendar Days to Appt. (Min-Max)
Timely Routine Appt Rate (non-symptomatic): 60 Calendar Days	96
Timely Sick Appt Rate (non-urgent, symptomatic): 30 Calendar Days	(3-249)
Total Providers Reached (N)	185

Range (Min-Max) indicates the span between the shortest wait time recorded and the longest wait time recorded in calendar days.

N = Total Providers Reached, which is calculated as the number of providers for whom the survey was successfully completed and the secrete shopper was ABLE to get an appointment date.

**Table 72: Reasons Not Able to Get an Appointment Date – Obstetrics/Gynecology**

Reasons Not Able to Get an Appointment Date	ACPP Total
Medicaid ID required <sup>1</sup>	119
Others <sup>2</sup>	157
Provider not accepting new patients	123
Contact Fails <sup>3</sup>	388
Provider not at the site <sup>4</sup>	211
Provider reported a different specialty <sup>5</sup>	27
Provider is retired	14
Provider does not accept Medicaid	13
Refused to Participate (e.g., Hung up)	0
Total	1052

<sup>1</sup> Medicaid ID required = Medicaid ID required to schedule an appt date, need to be registered to make an appt, etc.

<sup>2</sup> Others = New patient waitlist, booking out 6 months, accepting new patients but no availability for that provider, etc.

<sup>3</sup> Contact fails = wrong telephone number, no answer, disconnected phone number, constant busy signal, put on hold for more than five minutes, answering service.

<sup>4</sup> Provider not at the site = provider left group or was never part of group.

<sup>5</sup> Provider reported a different specialty = provider is a hospitalist; urgent care facility/nursing home facility.

**Table 73: Appointment Wait Time Standards Met – Obstetrics/Gynecology**

MassHealth Wait Time Standards	ACPP Providers Meeting the Standard % (n)
Timely Routine Appt Rate (non-symptomatic): 60 Calendar Days	30.81% (57)
Timely Sick Appt Rate (non-urgent, symptomatic): 30 Calendar Days	9.73% (18)
Total Providers Reached (N)	185

N = Total Providers Reached, which is calculated as the number of providers for whom the survey was successfully completed and the secrete shopper was ABLE to get an appointment date.

Tables 74- 76 show the wait time for appointment results for Cardiology.

**Table 74: Average Appointment Wait Time – Cardiologists**

MassHealth Wait Time Standards	ACPP Average Calendar Days to Appt. (Min-Max)
Timely Routine Appt Rate (non-symptomatic): 60 Calendar Days	92
Timely Sick Appt Rate (non-urgent, symptomatic): 30 Calendar Days	(1-244)
Total Providers Reached (N)	119

Range (Min-Max) indicates the span between the shortest wait time recorded and the longest wait time recorded in calendar days.

N = Total Providers Reached, which is calculated as the number of providers for whom the survey was successfully completed and the secrete shopper was ABLE to get an appointment date.

**Table 75: Reasons Not Able to Get an Appointment Date – Cardiologists**

Reasons Not Able to Get an Appointment Date	ACPP Total
Medicaid ID required <sup>1</sup>	106
Others <sup>2</sup>	451
Provider not accepting new patients	46
Contact Fails <sup>3</sup>	424
Provider not at the site <sup>4</sup>	154
Provider does not accept Medicaid	13
Provider reported a different specialty <sup>5</sup>	11
Provider is retired	6
Refused to Participate (e.g., Hung up)	4
Total	1215

<sup>1</sup> Medicaid ID required = Medicaid ID required to schedule an appt date, need to be registered to make an appt, etc.

<sup>2</sup> Others = New patient waitlist, booking out 6 months, accepting new patients but no availability for that provider, etc.

<sup>3</sup> Contact fails = wrong telephone number, no answer, disconnected phone number, constant busy signal, put on hold for more than five minutes, answering service.

<sup>4</sup> Provider not at the site = provider left group or was never part of group.

<sup>5</sup> Provider reported a different specialty = provider is a hospitalist; urgent care facility/nursing home facility.

**Table 76: Appointment Wait Time Standards Met – Cardiologists**

MassHealth Wait Time Standards	ACPP Providers Meeting the Standard % (n)
Timely Routine Appt Rate (non-symptomatic): 60 Calendar Days	11.76% (14)
Timely Sick Appt Rate (non-urgent, symptomatic): 30 Calendar Days	0.84% (1)
Total Providers Reached (N)	119

N = Total Providers Reached, which is calculated as the number of providers for whom the survey was successfully completed and the secrete shopper was ABLE to get an appointment date.

### ***Time and Distance Standards***

Following the comparative results, this next section focuses on an analysis of provider network gaps. These results, derived from IPRO’s calculations, aim to identify specific service areas where the network may not meet MassHealth’s adequacy standards.

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.

MassHealth divided the state into 38 service areas and five regions. 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. **Table 77** shows the number of service areas that each ACPP covers.

Table 77: Number of Service Areas and Regions

Service Areas	MGB <sup>1</sup>	WellSense Community Alliance <sup>1</sup>	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's <sup>1</sup>	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Number of service areas	23	24	3	5	7	21	15	4	38	5	2	4	16	8	5

<sup>1</sup> This ACPP has members residing in the Oak Bluffs and Nantucket service areas, which have unique standards for primary care providers (PCPs), obstetricians/gynecologists (ob/gyns), specialists, and acute inpatient hospitals. WellSense Community Alliance has members residing in the Oak Bluffs service area (but not in Nantucket).  
ACPP: accountable care partnership plan.

Tables 78–82 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.

Table 78: Service Areas with Adequate Network of PCPs, Ob/Gyns, and Pharmacy 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 <sup>1</sup>	WellSense Community Alliance <sup>1</sup>	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's <sup>1</sup>	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Adult PCP (Open Panel Only)	2 providers within 15 miles or 30 minutes <sup>2</sup>	23 out of 23 (Met)	22 out of 24 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	N/A <sup>3</sup>	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 <sup>2</sup>	23 out of 23 (Met)	23 out of 24 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	5 out of 7 (Partially Met)	21 out of 21 (Met)	14 out of 15 (Partially Met)	4 out of 4 (Met)	37 out of 38 (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)
Ob/Gyn	2 providers within 15 miles or 30 minutes	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)
Pharmacy	1 pharmacy within 15 miles or 30 minutes	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)

<sup>1</sup> This ACPP has members residing in the Oak Bluffs and Nantucket service areas, which have unique standards for primary care providers (PCPs), obstetricians/gynecologists (ob/gyns), specialists, and acute inpatient hospitals. WellSense Community Alliance has members residing in the Oak Bluffs service area (but not in Nantucket).  
<sup>2</sup> For members residing in Oak Bluffs and Nantucket, two providers within 40 miles or 40 minutes.  
<sup>3</sup> MassHealth does not measure the adult PCP network for WellSense Children’s.  
Note: Black text indicates met; red text indicates partially met. PCP: primary care provider; ob/gyn: obstetrician/gynecologist; ACPP: accountable care partnership plan.

Table 79: 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 <sup>1</sup>	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's <sup>1</sup>	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Acute Inpatient Hospital	1 hospital within 20 miles or 40 minutes <sup>2</sup>	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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	Standard – 90% of Members Have Access	MGB <sup>1</sup>	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's <sup>1</sup>	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Rehabilitation Hospital	1 rehabilitation hospital within 30 miles or 60 minutes	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	37 out of 38 (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)

<sup>1</sup> This ACPP has members residing in the Oak Bluffs and Nantucket service areas, which have unique standards for primary care providers (PCPs), obstetricians/gynecologists (ob/gyns), specialists, and acute inpatient hospitals.

<sup>2</sup> 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.

Note: Black text indicates met; red text indicates partially met.

ACPP: accountable care partnership plan.

**Table 80: Service Areas with Adequate Network of Specialist 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 <sup>1</sup>	WellSense Community Alliance <sup>1</sup>	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's <sup>1</sup>	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Anesthesiology	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)
Emergency Medicine	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)
GI	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)
Nephrology	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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 <sup>1</sup>	WellSense Community Alliance <sup>1</sup>	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's <sup>1</sup>	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Neurology	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)
Psychiatry	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)

<sup>1</sup> This ACPPI has members residing in the Oak Bluffs and Nantucket service areas, which have unique standards for primary care providers (PCPs), obstetricians/gynecologists (ob/gyns), specialists, and acute inpatient hospitals. WellSense Community Alliance has members residing in the Oak Bluffs service area (but not in Nantucket).  
Note: Black text indicates met; red text indicates partially met.  
ACPP: accountable care partnership plan; GI: gastroenterology.

**Table 81: ACPPIs with Adequate Network of Allergy Providers, and Oral/Plastic/Vascular Surgeons**

The number of service areas where ACPPIs had an adequate network, per provider type. “Met” means that an ACPPI 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 <sup>1</sup>	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE BeHealthy	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)

<sup>1</sup> There are no time-or-distance standards for allergy providers, oral surgeons, plastic surgeons, and vascular surgeons. The accountable care partnership plan (ACPP) must show that they have at least one allergy provider, oral surgeon, plastic surgeon, vascular surgeon in their network.

**Table 82: Service Areas with Adequate Network of Behavioral Health 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 two behavioral health providers within 30 miles or 30 minutes, except for Psychiatric Inpatient Adult and Adolescent, Managed Inpatient Level 3, and Monitored Inpatient Level 3.7 that have a standard of two behavioral health providers within 60 miles or 60 minutes.

Provider Type	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Psychiatric Inpatient Adult	22 out of 23 (Partially Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	37 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	37 out of 38 (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	18 out of 23 (Partially Met)	16 out of 24 (Partially Met)	0 out of 3 (Not Met)	5 out of 5 (Met)	6 out of 7 (Partially Met)	20 out of 21 (Partially Met)	15 out of 15 (Met)	4 out of 4 (Met)	25 out of 38 (Partially Met)	0 out of 5 (Not Met)	0 out of 2 (Not 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	17 out of 23 (Partially Met)	17 out of 24 (Partially Met)	0 out of 3 (Not Met)	5 out of 5 (Met)	7 out of 7 (Met)	19 out of 21 (Partially Met)	15 out of 15 (Met)	4 out of 4 (Met)	27 out of 38 (Partially Met)	2 out of 5 (Partially 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)
Clinical Stabilization Service Level 3.5	20 out of 23 (Partially Met)	19 out of 24 (Partially Met)	1 out of 3 (Partially Met)	5 out of 5 (Met)	7 out of 7 (Met)	19 out of 21 (Partially Met)	15 out of 15 (Met)	4 out of 4 (Met)	27 out of 38 (Partially Met)	2 out of 5 (Partially 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)
CBAT-ICBAT -TCU	16 out of 23 (Partially Met)	13 out of 24 (Partially Met)	1 out of 3 (Partially Met)	3 out of 5 (Partially Met)	1 out of 7 (Partially Met)	14 out of 21 (Partially Met)	13 out of 15 (Partially Met)	4 out of 4 (Met)	18 out of 38 (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)
PHP	22 out of 23 (Partially Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	37 out of 38 (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)
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	21 out of 23 (Partially Met)	20 out of 24 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	6 out of 7 (Partially Met)	20 out of 21 (Partially Met)	15 out of 15 (Met)	4 out of 4 (Met)	31 out of 38 (Partially Met)	5 out of 5 (Met)	1 out of 2 (Partially 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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	21 out of 23 (Partially Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	37 out of 38 (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)
In-Home Behavioral Services	21 out of 23 (Partially Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	21 out of 23 (Partially Met)	23 out of 24 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	34 out of 38 (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)



Provider Type	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
BH outpatient (including psychology and psych APN)	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	22 out of 23 (Partially Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	35 out of 38 (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)
Recovery Coaching	23 out of 23 (Met)	24 out of 24 (Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	38 out of 38 (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)
Opioid Treatment Programs (OTP)	21 out of 23 (Partially Met)	22 out of 24 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	7 out of 7 (Met)	21 out of 21 (Met)	15 out of 15 (Met)	4 out of 4 (Met)	35 out of 38 (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)	4 out of 5 (Partially Met)

Black text indicates met; red text indicates partially met.

ACPP: accountable care partnership plan; CBAT: community-based acute treatment; ICBAT: intensive community-based acute treatment; TCU: transitional care unit; PHP: Partial Hospitalization Program; BH: behavioral health; APN: advanced practice nurse.

### Provider-to-Member Ratios

IPRO calculated the provider-to-member ratios for adult PCP, pediatric PCP, and ob/gyn providers and compared the results to the predefined goals. 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, the ratio of 1:90 (1 provider per 90 members) is better compared to the goal of 1:750 (1 provider per 750 members), as it indicates that there are fewer members for each provider. All ACPPs met the provider-to-member standards defined by MassHealth except for WellSense Mercy for Pediatric PCPs (**Tables 83–84**).

**Table 83: ACPP Provider-to-Member Ratios for PCPs and Ob/Gyns**

Provider Type <sup>1</sup>	Goal	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Adult PCP	1:750	1:87 (Met)	1:138 (Met)	1:294 (Met)	1:383 (Met)	1:108 (Met)	1:77 (Met)	1:111 (Met)	1:191 (Met)	1:115 (Met)	1:267 (Met)	1:124 (Met)	1:118 (Met)	1:89 (Met)	1:179 (Met)	1:128 (Met)
Pediatric PCP	1:750	1: 136 (Met)	1: 160 (Met)	1: 993 (Not Met)	1: 364 (Met)	1: 115 (Met)	1: 86 (Met)	1: 128 (Met)	1: 287 (Met)	1: 221 (Met)	1: 371 (Met)	1:82 (Met)	1: 214 (Met)	1:130 (Met)	1: 198 (Met)	1: 136 (Met)
Ob/Gyn	1:500	1:59 (Met)	1:56 (Met)	1:12 (Met)	1:11 (Met)	1:8 (Met)	1:30 (Met)	1:22 (Met)	1:12 (Met)	1:30 (Met)	1:212 (Met)	1:102 (Met)	1:116 (Met)	1:31 (Met)	1:13 (Met)	1:18 (Met)

<sup>1</sup> A lower provider-to-member ratio is better.

ACPP: accountable care partnership plan; PCP: primary care provider; ob/gyn: obstetrician/gynecologist.

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

**Table 84: ACPP Provider-to-Member Ratios for Specialists**

Provider Type <sup>1</sup>	Goal	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Allergy <sup>2</sup>	N/A	1:1,001	1:868	1: 185	1: 153	1: 114	1:418	1: 352	1: 191	1: 825	1:11,812	1:1,969	1:3,241	1:380	1:203	1:272
Anesthesiology	N/A	1:71	1:83	1: 18	1: 15	1: 11	1:40	1: 34	1: 18	1: 79	1:400	1:93	1:258	1:56	1:21	1:29
Audiology	N/A	1:728	1:821	1: 175	1: 145	1: 108	1:395	1: 333	1: 181	1: 780	1:2,625	1:264	1:964	1:356	1:168	1:226
Cardiology	N/A	1:178	1:133	1: 28	1: 23	1: 17	1:64	1: 54	1: 29	1: 126	1:446	1:90	1:187	1:57	1:33	1:44
Dermatology	N/A	1:308	1:315	1: 67	1: 56	1: 41	1:151	1: 128	1: 69	1: 299	1:5,250	1:738	1:637	1:146	1:91	1:122
Emergency Medicine	N/A	1:95	1:88	1: 19	1: 16	1: 12	1:42	1: 36	1: 19	1: 83	1:222	1:66	1:264	1:37	1:21	1:29



Provider Type <sup>1</sup>	Goal	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Endocrinology	N/A	1:402	1:305	1: 65	1: 54	1: 40	1:147	1: 124	1: 67	1: 290	1:1,750	1:246	1:451	1:155	1:84	1:113
GI	N/A	1:279	1:222	1: 47	1: 39	1: 29	1:107	1: 90	1: 49	1: 211	1:984	1:227	1:410	1:100	1:57	1:76
General Surgery	N/A	1:255	1:187	1: 40	1: 33	1: 25	1:90	1: 76	1: 41	1: 178	1:390	1:104	1:305	1:59	1:38	1:51
Hematology	N/A	1:664	1:279	1: 60	1: 49	1: 37	1:134	1: 113	1: 61	1: 265	1:1,750	1:385	1:829	1:118	1:82	1:110
Infectious Diseases	N/A	1:484	1:331	1: 71	1: 59	1: 43	1:160	1: 134	1: 73	1: 315	1:1,969	1:286	1:673	1:202	1:81	1:109
Medical Oncology	N/A	1:283	1:238	1: 51	1: 42	1: 31	1:115	1: 97	1: 52	1: 226	1:1,312	1:199	1:509	1:58	1:45	1:60
Nephrology	N/A	1:619	1:417	1: 89	1: 74	1: 55	1:201	1: 169	1: 92	1: 396	1:1,312	1:322	1:604	1:278	1:102	1:136
Neurology	N/A	1:188	1:160	1: 34	1: 28	1: 21	1:77	1: 65	1: 35	1: 153	1:815	1:113	1:346	1:84	1:42	1:57
Ophthalmology	N/A	1:102	1:246	1: 52	1: 43	1: 32	1:118	1: 100	1: 54	1: 234	1:1,243	1:44	1:118	1:87	1:59	1:78
Oral Surgery <sup>2</sup>	N/A	1:1,975	1:2,270	1: 484	1: 401	1: 298	1:1,093	1: 921	1: 499	1: 2158	1:15,750	1:5,906	1:7,130	1:1,316	1:525	1:704
Orthopedic Surgery	N/A	1:216	1:202	1: 43	1: 36	1: 26	1:97	1: 82	1: 44	1: 192	1:630	1:177	1:330	1:69	1:51	1:68
Otolaryngology	N/A	1:591	1:485	1: 103	1: 86	1: 64	1:233	1: 197	1: 107	1: 461	1:2,362	1:149	1:615	1:146	1:121	1:162
Physiatry	N/A	1:561	1:561	1: 120	1: 99	1: 74	1:270	1: 227	1: 123	1: 533	1:1,687	1:432	1:2,547	1:745	1:109	1:147
Plastic Surgery <sup>2</sup>	N/A	1:1,092	1:821	1: 175	1: 145	1: 108	1:395	1: 333	1: 181	1: 780	1:3,150	1:844	1:2,228	1:362	1:211	1:283
Podiatry	N/A	1:603	1:631	1: 135	1: 111	1: 83	1:304	1: 256	1: 139	1: 600	1:2,250	1:8,860	1:1,188	1:434	1:132	1:177
Psychiatry	N/A	1:92	1:80	1: 17	1: 14	1: 11	1:39	1: 33	1: 18	1: 76	1:1,969	1:7	1:14	1:16	1:23	1:30
Pulmonology	N/A	1:368	1:268	1: 57	1: 47	1: 35	1:129	1: 109	1: 59	1: 254	1:1,125	1:187	1:396	1:134	1:61	1:82
Rheumatology	N/A	1:792	1:597	1: 127	1: 106	1: 78	1:288	1: 242	1: 131	1: 568	1:2,487	1:844	1:1,485	1:387	1:152	1:204
Urology	N/A	1:143	1:465	1: 99	1: 82	1: 61	1:224	1: 189	1: 102	1: 442	1:1,629	1:412	1:699	1:185	1:119	1:160
Vascular Surgery <sup>2</sup>	N/A	1:1,758	1:1,126	1: 240	1: 199	1: 148	1:542	1: 457	1: 248	1: 1070	1:3,150	1:633	1:1,698	1:476	1:238	1:319

<sup>1</sup> A lower provider-to-member ratio is better.

<sup>2</sup> 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.

ACPP: accountable care partnership plan; N/A: not applicable; GI: gastroenterology.

More information about MGB’s network adequacy validation rating is provided in **Table 85**.

**Table 85: MGB Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating MGB	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis. The MCP’s provider data were clean; however, some the results calculated by the MCP did not match the time and distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis. The MCP’s provider data were clean, and the results calculated by the MCP matched the time and distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis. The MCP’s provider data were clean; however, some the results calculated by the MCP did not match the time and distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed gaps in the urgent care network in one service area.</p>
Specialists GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis. The MCP’s provider data were clean; however, some the results calculated by the MCP did not match the time and distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed gaps in the dermatology network in one service area.</p>
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis. The MCP’s provider data were clean; however, many of the results calculated by the MCP did not match the time and distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed gaps for 18 provider types in multiple service areas.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Not enough information to validate	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP did not provide complete standards when submitting their analysis. IPRO did not have enough information to conduct the validation.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating MGB	Comments
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"><li>• Adult PCP Ratio: 1:750</li><li>• Pediatric PCP Ratio: 1:750</li><li>• Ob/Gyn Ratio: 1:500</li></ul>	Addressed	High confidence	IPro’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"><li>• Percent of providers in the directory with correct information</li></ul>	Missing <sup>3</sup>	Moderate confidence	IPro’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPro did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPro’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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. However, 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 86–88** show service areas with deficient networks for MGB.

**Table 86: 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 <sup>1</sup>	0.0%	1 provider within 15 miles or 30 minutes

<sup>1</sup> In lieu of Urgent Care Services on Nantucket, plans are allowed to substitute for Emergency Departments (EDs). However, MGB did not include EDs in their data submissions, therefore EDs were not included in the analysis. As a result, MGB is likely meeting the standard despite appearances.

**Table 87: 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	73.4%	1 provider within 20 miles or 40 minutes

**Table 88: 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 Adult	Nantucket	20.7%	2 providers within 60 miles or 60 minutes
Psychiatric Inpatient Adolescent	Nantucket	0.0%	2 providers within 60 miles or 60 minutes
Managed Inpatient Level 4 (MIL4)	Greenfield	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Holyoke	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Northampton	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Oak Bluffs	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Westfield	0.0%	2 providers within 60 miles or 60 minutes
Monitored Inpatient Level 3.7 (MIL3.7)	Greenfield	1.2%	2 providers within 30 miles or 30 minutes
MIL3.7	Holyoke	12.7%	2 providers within 30 miles or 30 minutes
MIL3.7	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
MIL3.7	Northampton	3.9%	2 providers within 30 miles or 30 minutes
MIL3.7	Oak Bluffs	49.2%	2 providers within 30 miles or 30 minutes
MIL3.7	Westfield	5.0%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5 (CSSL3.5)	Northampton	0.0%	2 providers within 30 miles or 30 minutes
CSSL3.5	Oak Bluffs	49.2%	2 providers within 30 miles or 30 minutes
CSSL3.5	Westfield	4.8%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Gloucester	81.4%	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

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	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	4.0%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders Level 3.1 (RRS3.1)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
RRS3.1	Oak Bluffs	63.1%	2 providers within 30 miles or 30 minutes
Intensive Care Coordination (ICC)	Nantucket	5.6%	2 providers within 30 miles or 30 minutes
ICC	Oak Bluffs	12.2%	2 providers within 30 miles or 30 minutes
Applied Behavior Analysis (ABA)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
ABA	Oak Bluffs	74.4%	2 providers within 30 miles or 30 minutes
In-Home Behavioral Services (IHBS)	Nantucket	10.7%	2 providers within 30 miles or 30 minutes
IHBS	Oak Bluffs	30.3%	2 providers within 30 miles or 30 minutes
In-Home Therapy Services	Nantucket	22.1%	2 providers within 30 miles or 30 minutes
Therapeutic Mentoring Services	Nantucket	22.1%	2 providers within 30 miles or 30 minutes
Community Crisis Stabilization (CCS)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
CCS	Oak Bluffs	0.0%	2 providers within 30 miles or 30 minutes
Structured Outpatient Addiction Program (SOAP)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
SOAP	Oak Bluffs	35.5%	2 providers within 30 miles or 30 minutes
Community Support Program	Nantucket	13.5%	2 providers within 30 miles or 30 minutes
Recovery Support Navigators	Nantucket	20.7%	2 providers within 30 miles or 30 minutes
Opioid Treatment Programs (OTP)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
OTP	Oak Bluffs	75.5%	2 providers within 30 miles or 30 minutes

CBAT: community-based acute treatment; ICBAT: intensive community-based acute treatment; TCU: transitional care unit.

## Recommendations

- MGB should clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- MGB should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- MGB should expand its network when a deficiency is identified. When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those service areas.
- MGB should design quality improvement interventions to enhance the accuracy of all three directories.

More information about WellSense Community Alliance’s network adequacy validation rating is provided in **Table 89**.

**Table 89: WellSense Community Alliance Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense Community Alliance	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Moderate confidence	No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed gaps in both the adult and pediatric PCP networks
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Low confidence	No issues were found with the underlying information systems; however, the MCP applied an incorrect standard and the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Low confidence	No issues were found with the underlying information systems; however, the MCP applied the incorrect MassHealth standards for analysis, and the MCP’s provider data had a couple duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.
Specialists GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>	Addressed	Moderate confidence	No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Low confidence	No issues were found with the underlying information systems; however, the MCP applied the incorrect MassHealth standards for analysis, and the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed gaps for seven provider types in multiple service areas.
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	High confidence	No issues were found with the underlying information systems. The MCP’s provider data were clean, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time-and-distance results calculated by IPRO.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense Community Alliance	Comments
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>• Adult PCP Ratio: 1:750</li> <li>• Pediatric PCP Ratio: 1:750</li> <li>• Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPro’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>• Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Low confidence	IPro’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPro did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPro’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.



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. **Tables 90–91** show service areas with deficient networks for WellSense Community Alliance ACPH.

**Table 90: 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)	Beverly	87.5%	2 providers within 15 miles or 30 minutes
Adult PCP (Open Panel Only)	Framingham	70.9%	2 providers within 15 miles or 30 minutes
Pediatric PCP (Open Panel Only)	Framingham	69.4%	2 providers within 15 miles or 30 minutes

PCP: primary care provider.

**Table 91: 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
Managed Inpatient Level 4 (MIL4)	Barnstable	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Falmouth	13.3%	2 providers within 60 miles or 60 minutes
MIL4	Holyoke	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Northampton	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Oak Bluffs	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Orleans	1.6%	2 providers within 60 miles or 60 minutes
MIL4	Springfield	1.2%	2 providers within 60 miles or 60 minutes
MIL4	Westfield	0.0%	2 providers within 60 miles or 60 minutes
Monitored Inpatient Level 3.7 (MIL3.7)	Barnstable	89.4%	2 providers within 30 miles or 30 minutes
MIL3.7	Holyoke	0.9%	2 providers within 30 miles or 30 minutes
MIL3.7	Northampton	1.6%	2 providers within 30 miles or 30 minutes
MIL3.7	Oak Bluffs	68.0%	2 providers within 30 miles or 30 minutes
MIL3.7	Orleans	8.7%	2 providers within 30 miles or 30 minutes
MIL3.7	Springfield	2.7%	2 providers within 30 miles or 30 minutes
MIL3.7	Westfield	1.1%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5 (CSSL3.5)	Barnstable	16.3%	2 providers within 30 miles or 30 minutes
CSSL3.5	Oak Bluffs	68.0%	2 providers within 30 miles or 30 minutes
CSSL3.5	Orleans	0.0%	2 providers within 30 miles or 30 minutes
CSSL3.5	Springfield	19.5%	2 providers within 30 miles or 30 minutes
CSSL3.5	Westfield	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



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	New Bedford	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	16.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Springfield	18.8%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Taunton	64.8%	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
Residential Rehabilitation Services for Substance Use Disorders Level 3.1 (RRS3.1)	Barnstable	0.0%	2 providers within 30 miles or 30 minutes
RRS3.1	Falmouth	15.5%	2 providers within 30 miles or 30 minutes
RRS3.1	Oak Bluffs	0.0%	2 providers within 30 miles or 30 minutes
RRS3.1	Orleans	0.0%	2 providers within 30 miles or 30 minutes
Structured Outpatient Addiction Program (SOAP)	Orleans	26.7%	2 providers within 30 miles or 30 minutes
Opioid treatment programs (OTP)	Oak Bluffs	81.0%	2 providers within 30 miles or 30 minutes
OTP	Orleans	47.3%	2 providers within 30 miles or 30 minutes

CBAT: community-based acute treatment; ICBAT: intensive community-based acute treatment; TCU: transitional care unit

## Recommendations

- WellSense Community Alliance should clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- WellSense Community Alliance should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense Community Alliance should expand its network when a deficiency is identified. When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those service areas.
- WellSense Community Alliance should design quality improvement interventions to enhance the accuracy of all three directories.

More information about WellSense Mercy’s network adequacy validation rating is provided in **Table 92**.

**Table 92: WellSense Mercy Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense Mercy	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>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.</li><li>The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems. The MCP’s provider data were clean, and the MCP applied the correct MassHealth standards for analysis; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems; however, and the MCP applied incorrect MassHealth standards for analysis and the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems; however, and the MCP applied incorrect MassHealth standards for analysis and the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Specialists GeoAccess	<ul style="list-style-type: none"><li>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.</li><li>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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems; however, the MCP applied an incorrect standard for general surgery, and the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed gaps for four provider types in multiple service areas.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems. The MCP’s provider data were clean, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time-and-distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense Mercy	Comments
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>• Adult PCP Ratio: 1:750</li> <li>• Pediatric PCP Ratio: 1:750</li> <li>• Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPro’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>• Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Low confidence	IPro’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPro did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPro’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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 93** shows service areas with deficient networks for WellSense Mercy ACP.

**Table 93: 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
Managed Inpatient Level 4 (MIL4)	Holyoke	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Springfield	0.7%	2 providers within 60 miles or 60 minutes
MIL4	Westfield	0.0%	2 providers within 60 miles or 60 minutes
Monitored Inpatient Level 3.7 (MIL3.7)	Holyoke	1.9%	2 providers within 30 miles or 30 minutes
MIL3.7	Springfield	2.1%	2 providers within 30 miles or 30 minutes
MIL3.7	Westfield	0.6%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5 (CSSL3.5)	Springfield	10.3%	2 providers within 30 miles or 30 minutes
CSSL3.5	Westfield	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Springfield	9.3%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Westfield	0.0%	2 providers within 30 miles or 30 minutes

CBAT: community-based acute treatment; ICBAT: intensive community-based acute treatment; TCU: transitional care unit.

## Recommendations

- WellSense Mercy should clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- WellSense Mercy should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense Mercy should expand its network when a deficiency is identified. When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those service areas.
- WellSense Mercy should conduct a root cause analysis to determine why the ratio is too high to meet the standard and expand its network when a deficiency is identified.
- WellSense Mercy should design quality improvement interventions to enhance the accuracy of all three directories.

*WellSense Signature*

More information about WellSense Signature’s network adequacy validation rating is provided in **Table 94**.

**Table 94: WellSense Signature Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense Signature	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Moderate confidence	No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had some duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Moderate confidence	No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Low confidence	No issues were found with the underlying information systems; however, the MCP applied the incorrect MassHealth standards for analysis, and the MCP’s provider data had a couple duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.
Specialists GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>	Addressed	Moderate confidence	No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; and the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Moderate confidence	No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed gaps for CBAT in multiple service areas.
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	High confidence	No issues were found with the underlying information systems. The MCP’s provider data were clean, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time-and-distance results calculated by IPRO.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense Signature	Comments
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>• Adult PCP Ratio: 1:750</li> <li>• Pediatric PCP Ratio: 1:750</li> <li>• Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPRO’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>• Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Moderate confidence	IPRO’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPRO did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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 95** shows service areas with deficient networks for WellSense Signature ACP.

**Table 95: 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	33.3%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Taunton	66.2%	2 providers within 30 miles or 30 minutes

CBAT: community-based acute treatment; ICBAT: intensive community-based acute treatment; TCU: transitional care unit.

## Recommendations

- WellSense Signature should clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- WellSense Signature should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense Signature should expand its network when a deficiency is identified. When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those service areas.
- WellSense Signature should design quality improvement interventions to enhance the accuracy of all three directories.

More information about WellSense Southcoast’s network adequacy validation rating is provided in **Table 96**.

**Table 96: WellSense Southcoast Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense Southcoast	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems. The MCP’s provider data were clean, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP were similar the time-and-distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed gaps in the pediatric PCP network in two service areas.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems; however, the MCP applied the incorrect MassHealth standards for analysis, and the MCP’s provider data had a couple duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Specialists GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems; however, the MCP applied some incorrect MassHealth standards for analysis, and the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed gaps for three provider types in multiple service areas.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems. The MCP’s provider data were clean, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time-and-distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>



Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense Southcoast	Comments
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>Adult PCP Ratio: 1:750</li> <li>Pediatric PCP Ratio: 1:750</li> <li>Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPRO’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Low confidence	IPRO’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPRO did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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 97–98** show service areas with deficient networks for WellSense Southcoast ACP.

**Table 97: WellSense Southcoast 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
Pediatric PCP (Open Panel Only)	Attleboro	60.0%	2 providers within 15 miles or 30 minutes
Pediatric PCP (Open Panel Only)	Plymouth	58.1%	2 providers within 15 miles or 30 minutes

PCP: primary care provider; Ob/Gyn: obstetricians/gynecologists.

**Table 98: 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
Managed Inpatient Level 4	Falmouth	32.3%	2 providers within 60 miles or 60 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	4.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Taunton	24.9%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Wareham	0.0%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Falmouth	31.7%	2 providers within 30 miles or 30 minutes

CBAT: community-based acute treatment; ICBAT: intensive community-based acute treatment; TCU: transitional care unit.

## Recommendations

- WellSense Southcoast should clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- WellSense Southcoast should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense Southcoast should expand its network when a deficiency is identified. When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those service areas.
- WellSense Southcoast should design quality improvement interventions to enhance the accuracy of all three directories.

More information about WellSense BILH’s network adequacy validation rating is provided in **Table 99**.

**Table 99: WellSense BILH Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense BILH	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Moderate confidence – adult PCP  Not enough information to validate pediatric PCP	Adult PCP: No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had some duplicative records. The MCP’s results were not comparable for further analysis.  Pediatric PCP: No issues were found with the underlying information systems. The MCP’s provider data were clean; however, the MCP did not provide results when submitting their analysis. IPRO did not have enough information to conduct the validation.  IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Moderate confidence	No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Low confidence	No issues were found with the underlying information systems; however, the MCP applied the incorrect MassHealth standards for analysis, and the MCP’s provider data had a couple duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.
Specialists GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>	Addressed	Moderate confidence	No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Moderate confidence	No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed gaps for five provider types in multiple service areas.

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense BILH	Comments
Pharmacy GeoAccess	<ul style="list-style-type: none"> <li>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.</li> </ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems. The MCP’s provider data were clean, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time-and-distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>Adult PCP Ratio: 1:750</li> <li>Pediatric PCP Ratio: 1:750</li> <li>Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPRO’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Low confidence	IPRO’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPRO did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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 100** shows service areas with deficient networks for WellSense BILH ACPH.

**Table 100: 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
Managed Inpatient Level 4 (MIL4)	Falmouth	25.9%	2 providers within 60 miles or 60 minutes
Monitored Inpatient Level 3.7 (MIL3.7)	Gloucester	85.2%	2 providers within 30 miles or 30 minutes
MIL3.7	Haverhill	83.3%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5 (CSSL3.5)	Gloucester	85.2%	2 providers within 30 miles or 30 minutes
CSSL3.5	Haverhill	83.3%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Beverly	87.0%	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	Gloucester	0.2%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Haverhill	12.9%	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	38.7%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Wareham	0.0%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Falmouth	22.7%	2 providers within 30 miles or 30 minutes

CBAT: community-based acute treatment; ICBAT: intensive community-based acute treatment; TCU: transitional care unit.

## Recommendations

- WellSense BILH should clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- WellSense BILH should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense BILH should expand its network when a deficiency is identified. When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those service areas.
- WellSense BILH should design quality improvement interventions to enhance the accuracy of all three directories.

*WellSense Care Alliance*

More information about WellSense Care Alliance’s network adequacy validation rating is provided in **Table 101**.

**Table 101: WellSense Care Alliance Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense Care Alliance	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>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.</li><li>The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems. The MCP’s provider data were clean, and the MCP applied the correct MassHealth standards for analysis; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed gaps in the pediatric PCP network in two service areas.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems; however, the MCP applied the incorrect MassHealth standards for analysis, and the MCP’s provider data had a couple duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Specialists GeoAccess	<ul style="list-style-type: none"><li>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.</li><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed gaps for CBAT in multiple service areas.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems. The MCP’s provider data were clean, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time-and-distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense Care Alliance	Comments
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>Adult PCP Ratio: 1:750</li> <li>Pediatric PCP Ratio: 1:750</li> <li>Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPro’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Low confidence	IPro’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPro did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPro’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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 102–103** show service areas with deficient networks for WellSense Care Alliance ACP.

**Table 102: 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
Pediatric PCP (Open Panel Only)	Haverhill	89.8%	2 providers within 15 miles or 30 minutes

PCP: primary care provider; ob/gyn: obstetricians/gynecologist.

**Table 103: 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	83.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Haverhill	18.5%	2 providers within 30 miles or 30 minutes

CBAT: community-based acute treatment; ICBAT: intensive community-based acute treatment; TCU: transitional care unit.

## Recommendations

- WellSense Care Alliance should clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- WellSense Care Alliance should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense Care Alliance should expand its network when a deficiency is identified. When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those service areas.
- WellSense Care Alliance should design quality improvement interventions to enhance the accuracy of all three directories.



*WellSense East Boston*

More information about WellSense East Boston’s network adequacy validation rating is provided in **Table 104**.

**Table 104: WellSense East Boston Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense East Boston	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems; however, the MCP applied an incorrect standard, and the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems; however, the MCP applied an incorrect standard, and the MCP’s provider data had some duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Specialists GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis except for orthopedic surgery; however, the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems. The MCP’s provider data were clean, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time-and-distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense East Boston	Comments
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>Adult PCP Ratio: 1:750</li> <li>Pediatric PCP Ratio: 1:750</li> <li>Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPRO’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Low confidence	IPRO’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPRO did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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. WellSense East Boston did not have any deficient networks. Network adequacy requirements were met in full.

### **Recommendations**

- WellSense East Boston should clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- WellSense East Boston should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense East Boston should design quality improvement interventions to enhance the accuracy of all three directories.

More information about WellSense Children’s network adequacy validation rating is provided in **Table 105**.

**Table 105: WellSense Children’s Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense Children’s	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>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.</li><li>The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems. The MCP’s provider data were clean, and the MCP applied the correct MassHealth standards for analysis; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed gaps in one service area.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems; however, the MCP applied an incorrect standard, and the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems; however, the MCP applied the incorrect MassHealth standards for analysis, and the MCP’s provider data had a couple duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed gaps in the urgent care network in one service area.</p>
Specialists GeoAccess	<ul style="list-style-type: none"><li>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.</li><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems; however, and the MCP applied the incorrect MassHealth standards for analysis, and the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed gaps for twelve provider types in multiple service areas.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems. The MCP’s provider data were clean, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time-and-distance results calculated by IPRO.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating WellSense Children’s	Comments
				IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>• Adult PCP Ratio: 1:750</li> <li>• Pediatric PCP Ratio: 1:750</li> <li>• Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPRO’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>• Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Moderate confidence	IPRO’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPRO did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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 106–108** show service areas with deficient networks for WellSense Children’s ACP.

**Table 106: WellSense Children’s 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
Pediatric PCP (Open Panel Only)	Gloucester	61.5%	2 providers within 15 miles or 30 minutes

PCP: primary care provider; ob/gyn: obstetrician/gynecologist.

**Table 107: 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
Urgent Care Services	Nantucket <sup>1</sup>	0.0%	1 provider within 15 miles or 30 minutes

<sup>1</sup> In lieu of Urgent Care Services on Nantucket, plans are allowed to substitute for Emergency Departments (EDs). However, WellSense did not include EDs in their data submissions, therefore EDs were not included in the analysis. As a result, WellSense is likely meeting the standard despite appearances.

**Table 108: 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
Managed Inpatient Level 4 (MIL4)	Adams	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Athol	88.8%	2 providers within 60 miles or 60 minutes
MIL4	Barnstable	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Falmouth	13.4%	2 providers within 60 miles or 60 minutes
MIL4	Greenfield	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Holyoke	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Nantucket	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Northampton	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Oak Bluffs	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Orleans	0.9%	2 providers within 60 miles or 60 minutes
MIL4	Pittsfield	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Springfield	2.5%	2 providers within 60 miles or 60 minutes
MIL4	Westfield	0.0%	2 providers within 60 miles or 60 minutes
Monitored Inpatient Level 3.7 (MIL3.7)	Adams	0.0%	2 providers within 30 miles or 30 minutes
MIL3.7	Athol	24.2%	2 providers within 30 miles or 30 minutes
MIL3.7	Greenfield	2.2%	2 providers within 30 miles or 30 minutes
MIL3.7	Holyoke	4.4%	2 providers within 30 miles or 30 minutes
MIL3.7	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
MIL3.7	Northampton	3.1%	2 providers within 30 miles or 30 minutes
MIL3.7	Oak Bluffs	47.6%	2 providers within 30 miles or 30 minutes
MIL3.7	Orleans	8.4%	2 providers within 30 miles or 30 minutes
MIL3.7	Pittsfield	3.0%	2 providers within 30 miles or 30 minutes
MIL3.7	Springfield	6.9%	2 providers within 30 miles or 30 minutes
MIL3.7	Westfield	1.2%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5 (CSSL3.5)	Adams	0.0%	2 providers within 30 miles or 30 minutes
CSSL3.5	Athol	25.6%	2 providers within 30 miles or 30 minutes
CSSL3.5	Barnstable	31.4%	2 providers within 30 miles or 30 minutes
CSSL3.5	Gardner-Fitchburg	89.7%	2 providers within 30 miles or 30 minutes
CSSL3.5	Greenfield	35.6%	2 providers within 30 miles or 30 minutes
CSSL3.5	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
CSSL3.5	Oak Bluffs	47.6%	2 providers within 30 miles or 30 minutes
CSSL3.5	Orleans	0.0%	2 providers within 30 miles or 30 minutes
CSSL3.5	Pittsfield	0.0%	2 providers within 30 miles or 30 minutes
CSSL3.5	Springfield	19.2%	2 providers within 30 miles or 30 minutes
CSSL3.5	Westfield	0.0%	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	Athol	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	21.3%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Gloucester	2.8%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Greenfield	30.4%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Haverhill	25.2%	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	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	Pittsfield	0.0%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Plymouth	9.6%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Southbridge	33.2%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Springfield	16.7%	2 providers within 30 miles or 30 minutes
CBAT-ICBAT-TCU	Taunton	47.2%	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)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders Level 3.1 (RRS3.1)	Adams	35.4%	2 providers within 30 miles or 30 minutes
RRS3.1	Barnstable	0.0%	2 providers within 30 miles or 30 minutes
RRS3.1	Falmouth	14.5%	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
RRS3.1	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
RRS3.1	Oak Bluffs	0.0%	2 providers within 30 miles or 30 minutes
RRS3.1	Orleans	0.0%	2 providers within 30 miles or 30 minutes
RRS3.1	Pittsfield	8.7%	2 providers within 30 miles or 30 minutes
Applied Behavior Analysis (ABA)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
Structured Outpatient Addiction Program (SOAP)	Adams	70.0%	2 providers within 30 miles or 30 minutes
SOAP	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
SOAP	Orleans	28.2%	2 providers within 30 miles or 30 minutes
SOAP	Pittsfield	7.8%	2 providers within 30 miles or 30 minutes
Recovery Support Navigators (RSN)	Adams	71.4%	2 providers within 30 miles or 30 minutes
RSN	Nantucket	3.1%	2 providers within 30 miles or 30 minutes
RSN	Pittsfield	10.0%	2 providers within 30 miles or 30 minutes
Opioid Treatment Programs (OTP)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
OTP	Oak Bluffs	81.0%	2 providers within 30 miles or 30 minutes
OTP	Orleans	49.5%	2 providers within 30 miles or 30 minutes

CBAT: community-based acute treatment; ICBAT: intensive community-based acute treatment; TCU: transitional care unit.

## Recommendations

- WellSense Children’s should clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- WellSense Children’s should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense Children’s should expand its network when a deficiency is identified. When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those service areas.
- WellSense Children’s should design quality improvement interventions to enhance the accuracy of all three directories.



More information about HNE BeHealthy’s network adequacy validation rating is provided in **Table 109**.

**Table 109: HNE BeHealthy Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating HNE BeHealthy	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>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.</li><li>The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had some duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems; however, the MCP applied the incorrect standard, and the MCP’s provider data had a duplicative record. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems, the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had some duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Specialists GeoAccess	<ul style="list-style-type: none"><li>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.</li><li>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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems; however, the MCP applied an incorrect standard for psychiatry, and the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed gaps for five provider types in multiple service areas.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Not enough information to validate	<p>No issues were found with the underlying information systems; however, the MCP’s provider data had duplicative records, and the MCP did not provide complete standards when submitting their analysis. IPRO did not have enough information to conduct the validation.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating HNE BeHealthy	Comments
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>• Adult PCP Ratio: 1:750</li> <li>• Pediatric PCP Ratio: 1:750</li> <li>• Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPRO’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>• Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Moderate confidence	IPRO’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPRO did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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 110** shows service areas with deficient networks for HNE BeHealthy ACP.

**Table 110: 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 (MIL4)	Greenfield	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Holyoke	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Northampton	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Springfield	2.8%	2 providers within 60 miles or 60 minutes
MIL4	Westfield	0.0%	2 providers within 60 miles or 60 minutes
Monitored Inpatient Level 3.7 (MIL3.7)	Greenfield	11.6%	2 providers within 30 miles or 30 minutes
MIL3.7	Springfield	9.2%	2 providers within 30 miles or 30 minutes
MIL3.7	Westfield	0.5%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5 (CSSL3.5)	Greenfield	11.7%	2 providers within 30 miles or 30 minutes
CSSL3.5	Springfield	9.2%	2 providers within 30 miles or 30 minutes
CSSL3.5	Westfield	0.5%	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	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	Springfield	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)	Greenfield	75.0%	2 providers within 30 miles or 30 minutes

CBAT: community-based acute treatment; ICBAT: intensive community-based acute treatment; TCU: transitional care unit

## Recommendations

- HNE BeHealthy should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- HNE BeHealthy should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- HNE BeHealthy should expand its network when a deficiency is identified. When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those service areas.
- HNE BeHealthy should design quality improvement interventions to enhance the accuracy of all three directories.

*Fallon Berkshire*

More information about Fallon Berkshire’s network adequacy validation rating is provided in **Table 111**.

**Table 111: Fallon Berkshire Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating Fallon Berkshire	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>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.</li><li>The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had some duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had some duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Specialists GeoAccess	<ul style="list-style-type: none"><li>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.</li><li>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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP applied an incorrect standard for psychiatry, and the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed gaps for six provider types in multiple service areas.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Not enough information to validate	<p>No issues were found with the underlying information systems, provider data had no duplicative records; however, the MCP did not provide results when submitting their analysis. IPRO did not have enough information to conduct the validation.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating Fallon Berkshire	Comments
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>Adult PCP Ratio: 1:750</li> <li>Pediatric PCP Ratio: 1:750</li> <li>Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPRO’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Moderate confidence	IPRO’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPRO did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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 112** shows service areas with deficient networks for Fallon Berkshire ACPH.

**Table 112: 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
Managed Inpatient Level 4 (MIL4)	Adams	0.0%	2 providers within 60 miles or 60 minutes
MIL4	Pittsfield	0.0%	2 providers within 60 miles or 60 minutes
Monitored Inpatient Level 3.7 (MIL3.7)	Adams	0.0%	2 providers within 30 miles or 30 minutes
MIL3.7	Pittsfield	2.0%	2 providers within 30 miles or 30 minutes
Clinical Stabilization Service Level 3.5 (CSSL3.5)	Adams	68.4%	2 providers within 30 miles or 30 minutes
CSSL3.5	Pittsfield	4.5%	2 providers within 30 miles or 30 minutes
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Pittsfield	81.0%	2 providers within 30 miles or 30 minutes
Structured Outpatient Addiction Program (SOAP)	Adams	68.5%	2 providers within 30 miles or 30 minutes
SOAP	Pittsfield	9.5%	2 providers within 30 miles or 30 minutes
Recovery Support Navigators (RSN)	Adams	69.4%	2 providers within 30 miles or 30 minutes
RSN	Pittsfield	10.5%	2 providers within 30 miles or 30 minutes

## Recommendations

- Fallon Berkshire should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- Fallon Berkshire should submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- Fallon Berkshire should use clean data for the GeoAccess analysis for all provider types.
- Fallon Berkshire should expand its network when a deficiency is identified. When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those service areas.
- Fallon Berkshire should design quality improvement interventions to enhance the accuracy of all three directories.

Fallon 365

More information about Fallon 365’s network adequacy validation rating is provided in **Table 113**.

Table 113: Fallon 365 Network Adequacy Validation Ratings – CY 2024

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating Fallon 365	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had some duplicative records for adult PCP. The MCP’s results were not comparable for further analysis. For pediatric PCPs, the results calculated by the MCP matched the time and distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems. The MCP’s provider data were clean except for one duplicative record for acute inpatient hospitals and rehabilitation hospitals, so the results were not comparable with the MCP’s analysis. For urgent care services, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time and distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Specialists GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems. The MCP applied the correct standards; however, the MCP’s provider data had duplicative records for 12 out of 28 provider types. Those MCP’s results were not comparable for further analysis. For the provider types that had clean data, the results calculated by the MCP matched the time and distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	<p>Moderate confidence – all provider types except Psychiatric Inpatient Adolescent</p> <p>Not enough information to validate for Psychiatric Inpatient Adolescent</p>	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had duplicative records for half of the provider types. The MCP’s results were not comparable for further analysis. For the provider types that had clean data, the results calculated by the MCP matched the time and distance results calculated by IPRO.</p> <p>Psychiatric Inpatient Adolescent – No issues were found with the underlying information systems, and provider data had no duplicative records; however, the MCP did not provide results when submitting their analysis. IPRO did not have enough information to conduct the validation.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating Fallon 365	Comments
				IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.
Pharmacy GeoAccess	<ul style="list-style-type: none"> <li>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.</li> </ul>	Addressed	Not enough information to validate	<p>No issues were found with the underlying information systems, and provider data had no duplicative records; however, the MCP did not provide results when submitting their analysis. IPRO did not have enough information to conduct the validation.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>Adult PCP Ratio: 1:750</li> <li>Pediatric PCP Ratio: 1:750</li> <li>Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPRO’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Moderate confidence	IPRO’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPRO did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.



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. Fallon 365 ACPP did not have any deficient networks. Network adequacy requirements were met in full.

### **Recommendations**

- Fallon 365 should clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- Fallon 365 should clean data for the GeoAccess analysis for all provider types.
- Fallon 365 should design quality improvement interventions to enhance the accuracy of all three directories.

More information about Fallon Atrius’ network adequacy validation rating is provided in **Table 114**.

Table 114: Fallon Atrius Network Adequacy Validation Ratings – CY 2024

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating Fallon Atrius	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>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.</li><li>The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had some duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems. The MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time and distance results calculated by IPRO for rehabilitation hospitals and urgent care services.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Specialists GeoAccess	<ul style="list-style-type: none"><li>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.</li><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>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.</li></ul>	Addressed	Not enough information to validate	<p>No issues were found with the underlying information systems, and provider data had no duplicative records; however, the MCP did not provide results when submitting their analysis. IPRO did not have enough information to conduct the validation.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating Fallon Atrius	Comments
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>• Adult PCP Ratio: 1:750</li> <li>• Pediatric PCP Ratio: 1:750</li> <li>• Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPRO’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>• Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Moderate confidence	IPRO’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPRO did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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. Fallon Atrius ACPP did not have any deficient networks. Network adequacy requirements were met in full.

### **Recommendations**

- Fallon Atrius should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- Fallon Atrius should use clean data for the GeoAccess analysis for all provider types.
- Fallon Atrius should conduct a root cause analysis to determine why the ob/gyn and cardiology directories are less accurate than the primary care directory. Additionally, Fallon Atrius should design quality improvement interventions to enhance the accuracy of all three directories.

More information about Tufts CHA’s network adequacy validation rating is provided in **Table 115**.

**Table 115: Tufts CHA Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating Tufts CHA	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had some duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems. The MCP’s provider data were clean except for one duplicative record for one urgent care facility, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time and distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Specialists GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had duplicative records. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Low confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records, and the MCP submitted unacceptable providers for some of the provider types. The MCP’s results were not comparable for further analysis.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	High confidence	<p>No issues were found with the underlying information systems. The MCP applied the correct MassHealth standards for analysis, the MCP applied the correct MassHealth standards for analysis, and the results calculated by the MCP matched the time-and-distance results calculated by IPRO.</p> <p>IPRO’s analysis of the network revealed that the GeoAccess standard was met in all service areas.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating Tufts CHA	Comments
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"><li>• Adult PCP Ratio: 1:750</li><li>• Pediatric PCP Ratio: 1:750</li><li>• Ob/Gyn Ratio: 1:500</li></ul>	Addressed	High confidence	IPRO’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"><li>• Percent of providers in the directory with correct information</li></ul>	Missing <sup>3</sup>	Moderate confidence	IPRO’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPRO did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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. Tufts CHA ACP did not have any deficient networks. Network adequacy requirements were met in full.

### **Recommendations**

- Tufts CHA should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- Tufts CHA should submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- Tufts CHA should clean data for the GeoAccess analysis for all provider types.
- Tufts CHA should design quality improvement interventions to enhance the accuracy of all three directories

More information about Tufts UMass’ network adequacy validation rating is provided in **Table 116**.

**Table 116: Tufts UMass Network Adequacy Validation Ratings – CY 2024**

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating Tufts UMass	Comments
PCP GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li></ul>	Addressed	Low confidence	No issues were found with the underlying information systems; however, the MCP applied the incorrect MassHealth standards for analysis. The MCP’s provider data had some duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.
Ob/Gyn GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Low confidence	No issues were found with the underlying information systems; however, the MCP applied the incorrect MassHealth standards for analysis, and the MCP’s provider data had many duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.
Physical Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Moderate confidence	No issues were found with the underlying information systems; however, the MCP applied the incorrect MassHealth standards for analysis, and the MCP’s provider data had some duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.
Specialists GeoAccess	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>	Addressed	Low confidence	No issues were found with the underlying information systems; however, the MCP applied the incorrect MassHealth standards for analysis, and the MCP’s provider data had some duplicative records. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.
Behavioral Health Services GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Low confidence	No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards for analysis; however, the MCP’s provider data had many duplicative records, and the MCP submitted unacceptable providers for some of the provider types. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed gaps for Managed Inpatient Level 4 and Opioid Treatment Programs in the Athol service area.
Pharmacy GeoAccess	<ul style="list-style-type: none"><li>• 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.</li></ul>	Addressed	Moderate confidence	No issues were found with the underlying information systems. The MCP submitted clean data for the analysis; however, the MCP applied the incorrect MassHealth standards for analysis. The MCP’s results were not comparable for further analysis.  IPRO’s analysis of the network revealed that the GeoAccess standards were met in all service areas.



Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? <sup>1</sup>	Validation Rating Tufts UMass	Comments
Provider-to-Member Ratios <sup>2</sup>	<ul style="list-style-type: none"> <li>• Adult PCP Ratio: 1:750</li> <li>• Pediatric PCP Ratio: 1:750</li> <li>• Ob/Gyn Ratio: 1:500</li> </ul>	Addressed	High confidence	IPRO’s analysis showed that the MCP’s network meets the provider-to-member standards.
Accuracy of Directories <sup>2</sup>	<ul style="list-style-type: none"> <li>• Percent of providers in the directory with correct information</li> </ul>	Missing <sup>3</sup>	Moderate confidence	IPRO’s analysis showed that the information in the PCP, ob/gyn, and cardiology providers directories is not entirely accurate.

<sup>1</sup> “Addressed” means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. “Missing” means that the indicator was either not required or required but not reported.

<sup>2</sup> IPRO did not assess the MCP’s methods of calculating the indicator, but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

<sup>3</sup> Although the state requires MCPs to report changes to the provider network and update their directories no later than 30 calendar days after being made aware of any changes in information, the MCPs are not required to report what percentage of the directory information is accurate.

MCO: managed care organization; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

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 117** shows service areas with deficient networks for Tufts UMass ACPH.

**Table 117: 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 (MIL4)	Athol	79.3%	2 providers within 60 miles or 60 minutes
Opioid Treatment Programs (OTP)	Athol	61.7%	2 providers within 30 miles or 30 minutes

## Recommendations

- Tufts UMass should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- Tufts UMass should submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- Tufts UMass should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- Tufts UMass should expand its network when a deficiency is identified. When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those service areas.
- Tufts UMass should design quality improvement interventions to enhance the accuracy of all three directories.

## 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 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.

MassHealth worked with Massachusetts Health Quality Partners (MHQP), an independent non-profit measurement and reporting organization, to survey adult and pediatric ACO and MCO members about their experiences in primary care using the 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 high-quality care.<sup>8</sup> The level of analysis for the PC MES surveys was statewide and individual ACO-MCO.<sup>9</sup>

### Technical Methods of Data Collection and Analysis

The program year 2023 PC MES was administered between April and July 2024.

The adult and child PC MES survey instruments were adapted from the CG-CAHPS 4.0 (beta) surveys developed by the Agency for Health Care Research and Quality and the NCQA. The program year 2023 PC MES adult and child surveys included Patient-Centered Medical Home survey items and the Coordination of Care supplemental items.

Nineteen MCPs participated in the program year 2023 survey, including 15 ACPPs, two PCACOs, and two MCOs. 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 three mailings. The email protocol involved receiving up to five emails and up to three mailings.

The sample frame included members who had at least one primary care visit during the MY (April 1 –December 31, 2023), and who were enrolled in one of the ACOs or MCOs on the anchor date (December 31, 2023). **Tables 118–119** provide a summary of the technical methods of data collection.

---

<sup>8</sup> AHRQ. CAHPS Clinician & Group Survey. Available at: [CAHPS Clinician & Group Survey | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://ahrq.gov).

**Table 118: Adult PC MES – Technical Methods of Data Collection, MY 2023**

Technical Methods of Data Collection	ACPP
Survey vendor	Massachusetts Health Quality Partners
Survey tool	MassHealth PC MES, adapted from the CG-CAHPS 4.0 (beta) survey instrument
Survey timeframe	April–July 2024
Method of collection	Mailings and emails
Sample size – all ACOs	114,276
Response rate	10.5%

PC MES: Primary Care Member Experience Survey; ACPP: accountable care partnership plan; MY: measurement year; CG-CAHPS: Consumer Assessment of Healthcare Providers and Systems Clinician and Group Survey.

**Table 119: Child PC MES – Technical Methods of Data Collection, MY 2023**

Technical Methods of Data Collection	ACPP
Survey vendor	Massachusetts Health Quality Partners
Survey tool	MassHealth PC MES, adapted from the CG-CAHPS 4.0 (beta) survey instrument
Survey timeframe	April–July 2024
Method of collection	Mailings and emails
Sample size – all ACOs	144,920
Response rate	4.8%

PC MES: Primary Care Member Experience Survey; accountable care partnership plan; MY: measurement year; CG-CAHPS: Consumer Assessment of Healthcare Providers and Systems Clinician and Group Survey.

To assess ACPP performance, IPRO reported ACPPs’ and statewide composite scores.

## Description of Data Obtained

IPRO received copies of the final program year 2023 technical and analysis reports produced by MHQP. These reports included 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 and MCOs.

## Conclusions and Comparative Findings

To determine common strengths and opportunities for improvement across all ACPPs, IPRO compared each ACPP’s results to the ACO-MCO statewide scores for the adult and child PC MES surveys. 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 120**.

**Table 121** shows the adult PC MES survey results for program year 2023. WellSense Southcoast scored above the goal on all measures, indicating a consistently high level of performance across various aspects of care. MGB and Fallon 365 scored above the goal on eight out of nine measures, with the only exception being Integration of Care (MGB) and Adult Behavioral Health (Fallon 365). WellSense Mercy did not score above the goal on any of the measures, indicating a need for improvement.

**Table 122** shows the child PC MES survey results for program year 2023 (fielded in 2024). MGB scored above the goal on eight out of nine measures, with the only exception being Integration of Care. WellSense Mercy, WellSense Signature, and HNE BeHealthy did not score above the goal on any of the measures, indicating a need for improvement.

Table 120: 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.

PC MES: Primary Care Member Experience Survey.

Table 121: PC MES Performance – Adult Member, Program Year 2023

PC MES Measure	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children’s	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass	Statewide Score (ACOs and MCOs)
Adult Behavioral Health	69.26% (> Goal)	62.84% (< Goal)	52.86% (< Goal)	66.21% (> Goal)	68.78% (> Goal)	66.84% (> Goal)	65.55% (< Goal)	59.6% (< Goal)	74.18% (> Goal)	73.85% (> Goal)	68.58% (> Goal)	65.66% (< Goal)	61.84% (< Goal)	69.2% (> Goal)	70.37% (> Goal)	65.94
Communication	93.02% (> Goal)	94.18% (> Goal)	89.51% (< Goal)	92.13% (< Goal)	94.06% (> Goal)	93.7% (> Goal)	91.72% (< Goal)	93.3% (> Goal)	95.56% (> Goal)	92.95% (> Goal)	92.95% (> Goal)	95.16% (> Goal)	93.5% (> Goal)	93.08% (> Goal)	92.32% (< Goal)	92.87
Integration of Care	84.52% (< Goal)	83.15% (< Goal)	81.19% (< Goal)	83.14% (< Goal)	87.61% (> Goal)	84.77% (< Goal)	83.21% (< Goal)	79.85% (< Goal)	85.04% (< Goal)	83.85% (< Goal)	84.95% (< Goal)	86.26% (> Goal)	85.84% (> Goal)	83.05% (< Goal)	82.39% (< Goal)	85.09
Knowledge of Patient	86.77% (> Goal)	87.56% (> Goal)	82.14% (< Goal)	85.41% (< Goal)	87.67% (> Goal)	86.9% (> Goal)	85.62% (< Goal)	86.56% (> Goal)	90.77% (> Goal)	86.1% (< Goal)	86.97% (> Goal)	88.43% (> Goal)	87.16% (> Goal)	86.22% (< Goal)	86.55% (> Goal)	86.45
Office Staff	93.68% (> Goal)	92.12% (< Goal)	90.66% (< Goal)	92.69% (< Goal)	95.19% (> Goal)	92.75% (< Goal)	93.74% (> Goal)	91.66% (< Goal)	95.33% (> Goal)	92.3% (< Goal)	93.42% (> Goal)	95.46% (> Goal)	93.11% (= Goal)	92.96% (< Goal)	93.24% (> Goal)	93.11
Organizational Access	78.38% (> Goal)	76.27% (< Goal)	67.98% (< Goal)	78.01% (> Goal)	80.75% (> Goal)	78.69% (> Goal)	78.27% (> Goal)	68.58% (< Goal)	85.46% (> Goal)	74.45% (< Goal)	78.07% (> Goal)	80.28% (> Goal)	77.42% (< Goal)	72.92% (< Goal)	78.56% (> Goal)	77.49
Overall Provider Rating	88.37% (> Goal)	88.22% (> Goal)	84.27% (< Goal)	87.34% (< Goal)	88.52% (> Goal)	88.22% (> Goal)	86.72% (< Goal)	86.36% (< Goal)	91.49% (> Goal)	86.58% (< Goal)	87.56% (> Goal)	89.83% (> Goal)	88.44% (> Goal)	87.4% (> Goal)	86.38% (< Goal)	87.38
Self-Management Support	66.39% (> Goal)	64.07% (> Goal)	59.02% (< Goal)	62.8% (< Goal)	69.53% (> Goal)	62.11% (< Goal)	63.67% (> Goal)	58.98% (< Goal)	67.42% (> Goal)	63.02% (< Goal)	63.21% (< Goal)	64.09% (> Goal)	61.32% (< Goal)	65.46% (> Goal)	65.05% (> Goal)	63.60
Willingness to Recommend	88.26% (> Goal)	89% (> Goal)	82.43% (< Goal)	86.63% (< Goal)	89.25% (> Goal)	88.12% (> Goal)	85.91% (< Goal)	87.96% (> Goal)	92.45% (> Goal)	86.95% (< Goal)	87.79% (> Goal)	90.7% (> Goal)	89.08% (> Goal)	87.97% (> Goal)	87.12% (< Goal)	87.45

PC-MES: Primary Care Member Experience Survey.

Table 122: PC MES Performance – Child Member, Program Year 2023

PC MES Measure	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children’s	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass	Statewide Score (ACOs and MCOs)
Communication	96.31% ( > Goal)	96% (> Goal)	93.44% (< Goal)	92.77% (< Goal)	98.45% (> Goal)	96.08% (> Goal)	95.68% (> Goal)	95.06% (< Goal)	96.49% (> Goal)	92.98% (< Goal)	97.44% (> Goal)	96.49% (> Goal)	95.81% (> Goal)	95.05% (< Goal)	95.49% (< Goal)	95.65
Integration of Care	85.15% (< Goal)	84.43% (< Goal)	84.83% (< Goal)	80.66% (< Goal)	91.5% (> Goal)	84.09% (< Goal)	84.64% (< Goal)	87.65% (> Goal)	85.8% (> Goal)	78% (< Goal)	86.54% (> Goal)	87.33% (> Goal)	85.45% (> Goal)	79.9% (< Goal)	84.61% (< Goal)	85.24
Knowledge of Patient	91.3% (> Goal)	89.35% (< Goal)	85.96% (< Goal)	85.94% (< Goal)	91.77% (> Goal)	89.37% (< Goal)	88.56% (< Goal)	88.88% (< Goal)	91.63% (> Goal)	86.36% (< Goal)	90.39% (> Goal)	90.42% (> Goal)	90.73% (> Goal)	89% (< Goal)	89.42% (> Goal)	89.4
Office Staff	94.76% (> Goal)	93.68% (< Goal)	93.82% (< Goal)	90.99% (< Goal)	93.43% (< Goal)	93.04% (< Goal)	93.67% (< Goal)	93.47% (< Goal)	94.89% (> Goal)	92.22% (< Goal)	94.34% (> Goal)	95.86% (> Goal)	95.66% (> Goal)	91.3% (< Goal)	95.14% (> Goal)	93.89
Organizational Access	82.73% (> Goal)	79.28% (< Goal)	75% (< Goal)	78.57% (< Goal)	86.08% (> Goal)	83.82% (> Goal)	84.85% (> Goal)	74.9% (< Goal)	87.16% (> Goal)	75.85% (< Goal)	72.79% (< Goal)	81.92% (< Goal)	84.2% (> Goal)	72.81% (< Goal)	81.46% (< Goal)	82.14
Overall Provider Rating	91.61% (> Goal)	90.69% (> Goal)	87.5% (< Goal)	87.65% (< Goal)	92.98% (> Goal)	90.74% (> Goal)	90.72% (> Goal)	88.39% (< Goal)	92.59% (> Goal)	87.83% (< Goal)	89.97% (< Goal)	91.79% (> Goal)	92.11% (> Goal)	87.92% (< Goal)	89.09% (< Goal)	90.37

PC MES Measure	MGB	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children’s	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass	Statewide Score (ACOs and MCOs)
Self-Management Support	53.07% (> Goal)	55.02% (> Goal)	44.55% (< Goal)	39.38% (< Goal)	57.25% (> Goal)	45.49% (< Goal)	56.54% (> Goal)	54.85% (> Goal)	59.69% (> Goal)	49.3% (< Goal)	48.99% (< Goal)	55.52% (> Goal)	50.01% (< Goal)	53.41% (> Goal)	51.62% (< Goal)	52.44
Willingness to Recommend	92.45% (> Goal)	91.25% (< Goal)	87.25% (< Goal)	87.42% (< Goal)	93.78% (> Goal)	91.51% (> Goal)	91.53% (> Goal)	90.44% (< Goal)	93.76% (> Goal)	87.27% (< Goal)	91.31% (> Goal)	93.14% (> Goal)	93.62% (> Goal)	88.93% (< Goal)	90.88% (< Goal)	91.26
Child Development	66.61% (> Goal)	67.48% (> Goal)	62.89% (< Goal)	58.27% (< Goal)	66.02% (> Goal)	60.31% (< Goal)	67.81% (> Goal)	65.14% (< Goal)	67.81% (> Goal)	65.5% (< Goal)	68.25% (> Goal)	69.81% (> Goal)	63.88% (< Goal)	66.17% (> Goal)	64.67% (< Goal)	65.66
Child Provider Communication	96.83% (> Goal)	95.45% (> Goal)	94.58% (< Goal)	93.58% (< Goal)	96.04% (> Goal)	95.14% (< Goal)	95.06% (< Goal)	94.83% (< Goal)	95.22% (< Goal)	94.28% (< Goal)	95.16% (< Goal)	95.82% (> Goal)	94.09% (< Goal)	94.11% (< Goal)	95.05% (< Goal)	95.31
Pediatric Prevention	62.01% (> Goal)	63.22% (> Goal)	56.43% (< Goal)	46.37% (< Goal)	55.72% (< Goal)	57.98% (< Goal)	63.69% (> Goal)	63.98% (> Goal)	66.26% (> Goal)	57.29% (< Goal)	65.45% (> Goal)	69.47% (> Goal)	58.69% (< Goal)	61.27% (< Goal)	62.95% (> Goal)	61.72

PC-MES: Primary Care Member Experience Survey.

## 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, PAHP, or PCCM entity has effectively addressed the recommendations for QI<sup>10</sup> made by the EQRO during the previous year’s EQR.”

**Tables 123–136** display the ACPs’ 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 ACPs either discontinued or formed new ACOs due to reprocurement. This chapter summarizes responses from ACPs that remained unchanged.

### WellSense Community Alliance Response to Previous EQR Recommendations

**Table 123** displays the ACP’s progress related to the *ACPP External Quality Review CY 2023*, as well as IPRO’s assessment of ACP’s response.

**Table 123: WellSense Community Alliance Response to Previous EQR Recommendations**

Recommendation for ACP	WellSense Community Alliance Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<b>PIP 1 CDC:</b> Develop a standardized process for collection of race and ethnicity data.	As part of the Health Equity Incentive Program, BACO is working on defining a standardized process for the collection of RELSOGI data from patients and integration into third-party population health vendor systems to allow for the incorporation into performance report and disparity reduction.	Addressed
<b>PIP 2 CIS:</b> Development of a standardized process for collection of race and ethnicity data.	As part of the Health Equity Incentive Program, BACO is working on defining a standardized process for the collection of RELSOGI data from patients and integration into third-party population health vendor systems to allow for the incorporation into performance report and disparity reduction.	Addressed
<b>PMV 1:</b> HEDIS Measures: The following HEDIS measure rate was below the 25th percentile: <ul style="list-style-type: none"> <li>Plan All-Cause Readmissions (Observed/Expected Ratio)</li> </ul> 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.	We have done significant work in the readmission space across all of BACO, setting goals and incentives around follow up visits post-medical discharge inpatient visits as well as extensive analysis, consulting, and program builds to improve follow-up care post discharge. Interventions have been developed that encourage patient centered approaches to encourage engagement in follow-up care and long-term primary care management of chronic conditions. BACO leads regional efforts with local discharging hospitals and primary care locations to discuss and resolve challenges with scheduling follow-up visits or developing programs to reduce readmission rates. BACO monitors and shares performance monthly with high-level dashboards with data including follow-up rates and readmission rates broken down by primary care locations and patient diagnosis types, as well as discharging hospital data. Additionally, we offer ADT and patient-level reporting to conduct case reviews and identify patients needing supports to reduce admissions and increase engagement in primary or specialty care. Further, BMC is in the process of expanding a centralized workflow to schedule patients with follow-up appointments with their PCPs at a wider list of primary care sites across BACO, not just BMC. Additionally, we continue to look at our readmissions data in order to expand	Addressed

<sup>10</sup> Quality improvement.



Recommendation for ACP	WellSense Community Alliance Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
	existing initiatives, such as post-discharge pharmacy calls and a readmissions program that performs home visits to MassHealth patients.	
<p><b>PMV 2: Non-HEDIS Measures:</b> The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> <li>Behavioral Health Community Partner Engagement</li> <li>LTSS Community Partner Engagement</li> </ul> <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>In 2023, WellSense held monthly meetings with all Care Providers (CPs) to review performance metrics, using reports from MassHealth via Mathematica. In 2024, WellSense plans to launch a new internal report card for CPs in the fourth quarter (4Q24) to supplement the existing Mathematica reports, which can be several months out of date. This new report card will be updated more quickly, as it will utilize monthly claims data provided by MassHealth to each Accountable Care Organization (ACO) and Managed Care Organization (MCO). We believe that giving CPs access to more current information will help identify barriers more rapidly, leading to improved performance rates. It's important to note that MassHealth only provides target rates for this metric to CPs, not to ACOs or MCOs. WellSense will use the new report cards to monitor whether the updated information and monthly meetings lead to improvements in this metric.</p>	Addressed
<p><b>Network – Data Integrity:</b> IPRO recommends that, for future network adequacy analysis, the ACP review and deduplicate in-network provider data before data files are submitted for analysis.</p>	<p>WellSense is implementing stricter validation rules in our data processing pipeline to prevent data integrity issues. We will add internal review steps prior to reports submission to deduplicate the data and to ensure that Credentials, Panel status, SITE name, State, and Zip code information are all populated and in correct format. We will work with Provider Data Integrity and IT teams to ensure information like Credentials or NPI are populated in our source data.</p>	Addressed
<p><b>Network – Time and Distance:</b> ACPP had deficient networks in one or more service areas for 10 provider types:</p> <ul style="list-style-type: none"> <li>Adult PCP</li> <li>Pediatric PCP</li> <li>Rehabilitation Hospital</li> <li>7 out of 22 Behavioral Health Providers</li> </ul> <p>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</p>	<p>WellSense was unable to replicate IPRO's findings for the Rehabilitation Hospital in the Orleans service area. However, we have confirmed a network gap in Adult PCP and Pediatric PCP in the Framingham service area. To address these gaps, Sturdy is adding new providers in Family and Internal Medicine in the impacted service area. While we have not encountered any cases where members were unable to access needed services, we are fully prepared to establish single case agreements with available providers if necessary.</p> <p>Additionally, for BH, when additional providers are not available, Carelon typically takes several actions to ensure adequate access to members. These actions may include:</p> <ul style="list-style-type: none"> <li>Telehealth Services: Expanding access to telehealth services to allow members to consult with healthcare providers remotely.</li> <li>Out-of-Network Coverage: Providing coverage for out-of-network providers to ensure members can still receive necessary care</li> <li>Recruitment and Retention Programs: Implementing programs to recruit and retain healthcare providers in underserved areas.</li> </ul>	Addressed



Recommendation for ACP	WellSense Community Alliance Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
members residing in those service areas.		
<p><b>Network – Provider Directory:</b> WellSense Community Alliance’s accuracy rate was below 20% for the following provider types:</p> <ul style="list-style-type: none"> <li>• Infectious Disease (13.33%)</li> <li>• Autism Services (10.00%)</li> </ul> <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>	<p>WellSense shall:</p> <ul style="list-style-type: none"> <li>• Conduct outreach to a statistically significant sample of Family Medicine Physicians participating within the SCO line of business to attest and validate that their directory information is accurate.</li> <li>• Network Management staff will work with the Marketing Department to send a reminder to providers of their obligation to notify the Plan of all demographic and panel status changes in a timely manner. Additionally, Provider Relations staff will continue to send Provider offices their demographic and panel status reports for review on a regular basis for their review and approval.</li> </ul> <p>Given that we were not provided with the data, WellSense intends to explore using a third-party vendor with expertise in provider data management to assist with the validation process and ensure regular updates from providers. Additionally, we will explore working with our lead time study vendor to expand the scope of the survey to include information on how providers can make updates to their data, potentially incorporating a link to the Plan’s change forms for data corrections.</p> <p>Additionally, for BH, to maintain accurate records and keep provider directory current Carelon requires providers to regularly review their practice information and promptly notify us of any changes. Carelon utilizes CAQH, our provider portal and National Provider Service Line as methods of provider information updates. Regular audits and updates are essential to maintaining the accuracy of our provider directory.</p>	Addressed
<p>Experience of Care Surveys: WellSense Community Alliance scored below the statewide score on all adult PC MES measures and 10 out of 11 child PC MES measures.</p> <p>The ACPP should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.</p>	<p>MHQP data for the entire DSRIP Waiver was trended based on MHQP member survey results to identify areas of opportunity. Integration of Care was the predominant category so a deeper dive on the questions that make up that category were reviewed. Based on that analysis it was identified that communications was a key driver of performance. Subsequently the WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on resources available to improve communication with tools like AIDET (Acknowledge, Introduce, Duration, Explanation, Thank). The presentation included recommendations for MassHealth (MH) providers to improve performance on the MH MHQP survey. The Population Health team also shares MHQP survey results with Consumer Insights who analyzes the results and examines trends. Staff from the Population Health and Consumer Insights teams attended the monthly MassHealth ACO/MCO Quality Office Hours virtual meetings in 2023 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2023.</p>	Addressed

<sup>1</sup> 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. ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

## WellSense Mercy Response to Previous EQR Recommendations

**Table 124** displays the ACP's progress related to the *ACPP External Quality Review CY 2023*, as well as IPRO's assessment of ACP's response.

**Table 124: WellSense Mercy Response to Previous EQR Recommendations**

Recommendation for ACP	WellSense Mercy Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<b>PIP 1 CBP:</b> 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.	Standardized data collection is an area in which Mercy continues to struggle. An Epic instance upgrade to bring the Mercy group onto the same EMR version as their parent company is scheduled for late 2024. Once that is complete the intent is to schedule quarterly supplemental files into the WellSense Inovalon HEDIS vendor engine to ensure consistent monitoring of HEDIS measure performance and areas of opportunity.	Addressed
<b>PIP 2 CDC:</b> 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.	Standardized data collection is an area in which Mercy continues to struggle. An Epic instance upgrade to bring the Mercy group onto the same EMR version as their parent company is scheduled for late 2024. Once that is complete the intent is to schedule quarterly supplemental files into the WellSense Inovalon HEDIS vendor engine to ensure consistent monitoring of HEDIS measure performance and areas of opportunity.	Addressed
<p><b>PMV 1:</b> HEDIS Measures: The following HEDIS measures rates were below the 25th percentile:</p> <ul style="list-style-type: none"> <li>Childhood Immunization Status (combo 10)</li> <li>Timeliness of Prenatal Care</li> <li>Hemoglobin A1c Control; HbA1c control (&gt; 9.0%)</li> </ul> <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><b>Childhood Immunization Status (CIS)</b> Similar to national trends, root cause analysis into the CIS Combo 10 measure identifies a steady decline in influenza vaccine compliance. Despite practitioner conversations flu vaccine hesitancy in the post-COVID era remains high. Performance in CIS Combo 7 (removal of flu vaccine) shows significantly improved performance. Patient education and advocacy continue to be interventions deployed.</p> <p><b>Timeliness of Prenatal Care</b> Prenatal performance was negatively impacted by a poor abstraction/clinical review team. The implementation of the WellSense HEDIS certified abstraction team providing medical documentation review allowed for a &gt;30% increase in performance indicating the level of care was supplied but not being appropriately credited.</p> <p><b>Hemoglobin A1c Control; HbA1c control (&gt;9.0%)</b> HbA1c Poor Control is the topic for the Quality PIP for 2023-2025. Root cause analysis identified provider education and patient self-management as areas of opportunity for improvement. Subsequently provider education tutorials and patient text messaging campaigns directing to self-management help were implemented. Intervention tracking will be monitored quarterly.</p>	Addressed

Recommendation for ACP	WellSense Mercy Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p><b>PMV 2: Non-HEDIS Measures:</b> The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> <li>Behavioral Health Community Partner Engagement</li> <li>LTSS Community Partner Engagement</li> <li>Screening for Depression and Follow-up Plan</li> <li>Depression Remission or Response</li> </ul> <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><b>BH &amp; LTSS Community Partner Engagement</b></p> <p>In 2023, WellSense held monthly meetings with all Care Providers (CPs) to review performance metrics, using reports from MassHealth via Mathematica. In 2024, WellSense plans to launch a new internal report card for CPs in the fourth quarter (4Q24) to supplement the existing Mathematica reports, which can be several months out of date. This new report card will be updated more quickly, as it will utilize monthly claims data provided by MassHealth to each Accountable Care Organization (ACO) and Managed Care Organization (MCO). We believe that giving CPs access to more current information will help identify barriers more rapidly, leading to improved performance rates. It's important to note that MassHealth only provides target rates for this metric to CPs, not to ACOs or MCOs. WellSense will use the new report cards to monitor whether the updated information and monthly meetings lead to improvements in this metric.</p> <p><b>Screening for Depression and Follow-up Plan &amp; Depression Remission or Response</b></p> <p>DSF performance has been increasing over the past few years but continues to lag behind established benchmarks. Root cause analysis identified inconsistent screening by Medical Assistants due to no standardized workflow implemented in the EMR. This will be addressed in the Epic Instance update scheduled for completion in fourth quarter 2024. The upgrade will mandate screening in the rooming tab for MA/nursing staff with a hard stop for noncompletion.</p>	Addressed
<p><b>Network – Data Integrity:</b> IPRO recommends that, for future network adequacy analysis, the ACP review and deduplicate in-network provider data before data files are submitted for analysis.</p>	<p>WellSense is implementing stricter validation rules in our data processing pipeline to prevent the data integrity issues. We will add internal review steps prior to reports submission to deduplicate the data and to ensure that Credentials, Panel status, SITE name, State, and Zip code information are all populated and in correct format. We will work with Provider Data Integrity and IT teams to ensure information like Credentials or NPI are populated in our source data.</p>	Addressed
<p><b>Network – Time and Distance:</b> ACP had deficient networks in one or more service areas for 3 behavioral health provider types:</p> <ul style="list-style-type: none"> <li>Monitored Inpatient Level 3.7</li> <li>Clinical Stabilization Service Level 3.5</li> <li>CBAT-ICBAT-TCU</li> </ul> <p>ACPP should expand the network when members' access can be improved and when network</p>	<p>When additional providers are not available, Carelon typically takes several actions to ensure adequate access for members. These actions may include:</p> <ul style="list-style-type: none"> <li>Telehealth Services: Expanding access to telehealth services to allow members to consult with healthcare providers remotely.</li> <li>Out-of-Network Coverage: Providing coverage for out-of-network providers to ensure members can still receive necessary care</li> <li>Recruitment and Retention Programs: Implementing programs to recruit and retain healthcare providers in underserved areas.</li> </ul>	Addressed

Recommendation for ACP	WellSense Mercy Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p>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>		
<p><b>Network – Provider Directory:</b> WellSense Mercy’s accuracy rate was below 20% for the following provider types:</p> <ul style="list-style-type: none"> <li>• Internal Medicine (13.3%)</li> <li>• Pediatric PCP (16.7%)</li> </ul> <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>	<p>WellSense will reach out to Mercy ACO to validate that all of the PCPs in their practice have the correct demographic and panel information.</p> <p>Network Management staff will work with the Marketing department to send a reminder to providers of their obligation to notify the Plan of all demographic and panel status changes in a timely manner. Provider Relations will continue to send Provider offices their demographic and panel status reports for review on a regular basis for their review and approval.</p> <p>Given that we were not provided with the data, the Plan intends to explore using a third-party vendor with expertise in provider data management to assist with the validation process and ensure regular updates from providers. Additionally, we will explore working with our lead time study vendor to expand the scope of the survey to include information on how providers can make updates to their data, potentially incorporating a link to the Plan’s change forms for data corrections.</p>	Addressed
<p><b>Experience of Care Surveys:</b> WellSense Mercy scored below the statewide average on all adult PC MES measures and 10 child PC MES measures.</p> <p>The ACPP should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.</p>	<p>MHQP data for the entire DSRIP Waiver was trended based on MHQP member survey results to identify areas of opportunity. Integration of Care was the predominant category so a deeper dive on the questions that make up that category were reviewed. Based on that analysis it was identified that communications was a key driver of performance. Subsequently the WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on resources available to improve communication with tools like AIDET (Acknowledge, Introduce, Duration, Explanation, Thank). The presentation included recommendations for MassHealth (MH) providers to improve performance on the MH MHQP survey. The Population Health team also shares MHQP survey results with Consumer Insights who analyzes the results and examines trends. Staff from the Population Health and Consumer Insights teams attended the monthly MassHealth ACO/MCO Quality Office Hours virtual meetings in 2023 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2023.</p>	Addressed
<p><b>PIP 1 CBP:</b> In future PIPs, IPRO recommends a standardized process for data collection and analysis that</p>	<p>Standardized data collection is an area in which Mercy continues to struggle. An Epic instance upgrade to bring the Mercy group onto the same EMR version as their parent</p>	Addressed

Recommendation for ACP	WellSense Mercy Response/Actions Taken	IPro Assessment of MCP Response <sup>1</sup>
will allow for a greater focus on the results of the interventions and performance indicators.	company is scheduled for late 2024. Once that is complete the intent is to schedule quarterly supplemental files into the WellSense Inovalon HEDIS vendor engine to ensure consistent monitoring of HEDIS measure performance and areas of opportunity.	

<sup>1</sup> 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.

## WellSense Signature Response to Previous EQR Recommendations

Table 125 displays the ACP's progress related to the *ACP External Quality Review CY 2023*, as well as IPro's assessment of ACP's response.

Table 125: WellSense Signature Response to Previous EQR Recommendations

Recommendation for ACP	WellSense Signature Response/Actions Taken	IPro Assessment of MCP Response <sup>1</sup>
<b>PIP 2 CDC</b> : In future PIPs, IPro recommends further analysis into potential barriers or factors that affected the decline in indicator rates.	HbA1c Poor Control is the topic for the Quality PIP for 2023-2025. Root cause analysis identified provider education and patient self-management as areas of opportunity for improvement. Subsequently provider education tutorials and patient text messaging campaigns directing to self-management help were implemented. Intervention tracking will be monitored quarterly.	Addressed
<b>PMV 1</b> : HEDIS measures: The following HEDIS measure rate was below the 25th percentile: <ul style="list-style-type: none"> <li>Plan All-Cause Readmissions (Observed/Expected Ratio)</li> </ul> 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.	On February 3, 2023, Brockton hospital experienced a fire that significantly impacted operations and required the hospital to close until August 2024. This limited the ability to impact all cause readmissions as patients were seeking care outside the system.	Addressed
<b>PMV 2</b> : Non-HEDIS measures: The following measure rate was below the goal benchmark: <ul style="list-style-type: none"> <li>LTSS Community Partner Engagement</li> </ul> ACPP should conduct a root cause analysis and design quality improvement	In 2023, WellSense held monthly meetings with all Care Providers (CPs) to review performance metrics, using reports from MassHealth via Mathematica. In 2024, WellSense plans to launch a new internal report card for CPs in the fourth quarter (4Q24) to supplement the existing Mathematica reports, which can be several months out of date. This new report card will be updated more quickly, as it will utilize monthly claims data provided by MassHealth to each Accountable Care Organization (ACO) and Managed Care Organization (MCO).	Addressed

Recommendation for ACPP	WellSense Signature Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	We believe that giving CPs access to more current information will help identify barriers more rapidly, leading to improved performance rates. It's important to note that MassHealth only provides target rates for this metric to CPs, not to ACOs or MCOs. WellSense will use the new report cards to monitor whether the updated information and monthly meetings lead to improvements in this metric.	
<b>Network – Data Integrity:</b> IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.	WellSense is implementing stricter validation rules in our data processing pipeline to prevent the data integrity issues. We will add internal review steps prior to reports submission to deduplicate the data and to ensure that Credentials, Panel status, SITE name, State, and Zip code information are all populated and in correct format. We will work with Provider Data Integrity and IT teams to ensure information like Credentials or NPI are populated in our source data.	Addressed
<p><b>Network – Time and Distance:</b> ACPP's CBAT-ICBAT-TCU network of providers was deficient in Plymouth and Taunton service areas.</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>	<p>When additional providers are not available, Carelon typically takes several actions to ensure adequate access for members. These actions may include:</p> <ul style="list-style-type: none"> <li>• Telehealth Services: Expanding access to telehealth services to allow members to consult with healthcare providers remotely.</li> <li>• Out-of-Network Coverage: Providing coverage for out-of-network providers to ensure members can still receive necessary care</li> <li>• Recruitment and Retention Programs: Implementing programs to recruit and retain healthcare providers in underserved areas.</li> </ul>	Addressed
<p><b>Network – Provider Directory:</b> WellSense Signature's accuracy rate was below 20% for the following provider type:</p> <ul style="list-style-type: none"> <li>• Autism Services (13.33%)</li> </ul> <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</p>	To maintain accurate records and keep provider directory current Carelon requires providers to regularly review their practice information and promptly notify us of any changes. Carelon utilizes CAQH, our provider portal and National Provider Service Line as methods of provider information updates. Regular audits and updates are essential to maintaining the accuracy of our provider directory.	Remains an Opportunity for Improvement



Recommendation for ACP	WellSense Signature Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
programs and network development plans.		
<p><b>Experience of Care Surveys:</b> WellSense Signature scored below the statewide score on 10 adult PC MES measures and all child PC MES measures.</p> <p>The ACP should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.</p>	<p>MHQP data for the entire DSRIP Waiver was trended based on MHQP member survey results to identify areas of opportunity. Integration of Care was the predominant category so a deeper dive on the questions that make up that category were reviewed. Based on that analysis it was identified that communications was a key driver of performance. Subsequently the WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on resources available to improve communication with tools like AIDET (Acknowledge, Introduce, Duration, Explanation, Thank). The presentation included recommendations for MassHealth (MH) providers to improve performance on the MH MHQP survey. The Population Health team also shares MHQP survey results with Consumer Insights who analyzes the results and examines trends. Staff from the Population Health and Consumer Insights teams attended the monthly MassHealth ACO/MCO Quality Office Hours virtual meetings in 2023 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2023.</p>	Addressed

<sup>1</sup> 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 Southcoast Response to Previous EQR Recommendations

Table 126 displays the ACP's progress related to the *ACP External Quality Review CY 2023*, as well as IPRO's assessment of ACP's response.

Table 126: WellSense Southcoast Response to Previous EQR Recommendations

Recommendation for ACP	WellSense Southcoast Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p><b>PMV 1:</b> HEDIS Measures: The following HEDIS measures rates were below the 25th percentile:</p> <ul style="list-style-type: none"> <li>Childhood Immunization Status (combo 10)</li> <li>Hemoglobin A1c Control; HbA1c control</li> <li>Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment</li> </ul> <p>ACP should conduct a root cause analysis and design quality</p>	<p>In 2023 a root cause analysis was conducted for all three HEDIS measures identified resulting in the following issue identification/improvement initiatives:</p> <ul style="list-style-type: none"> <li>CIS: Similar to national trends flu vaccine has steadily declined particularly since COVID. Performance in CIS (combo 7) is significantly higher when the flu vaccine requirement is removed. However, Southcoast also identified an opportunity to improve CIS by improving ROTO vaccination. The current policy is use of the three-dose vaccine. Southcoast is internally working to switch policy to the two-dose vaccine, therefore reducing burden on both practices and patients.</li> </ul>	Addressed

Recommendation for ACP	WellSense Southcoast Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	<ul style="list-style-type: none"> <li>• HbA1c Control: This is a focus of the quality PIP for 2023-2025. Root cause analysis identified provider and patient opportunity to improve education and self-management care which led to the development of provider education tutorials and text messaging campaign for patients.</li> <li>• IET: This is a focus of the Health Equity PIP for 2023-2025. Southcoast identified early detection as the major barrier to successful intervention and will work collaboratively with all stakeholders to develop workflows that will improve early detection for patients impacted by IET.</li> </ul>	
<p><b>PMV 2: Non-HEDIS Measures:</b> The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> <li>• LTSS Community Partner Engagement</li> <li>• Screening for Depression and Follow-up Plan</li> <li>• Depression Remission or Response</li> </ul> <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><b>LTSS Community Partner Engagement</b> In 2023, WellSense held monthly meetings with all Care Providers (CPs) to review performance metrics, using reports from MassHealth via Mathematica. In 2024, WellSense plans to launch a new internal report card for CPs in the fourth quarter (4Q24) to supplement the existing Mathematica reports, which can be several months out of date. This new report card will be updated more quickly, as it will utilize monthly claims data provided by MassHealth to each Accountable Care Organization (ACO) and Managed Care Organization (MCO). We believe that giving CPs access to more current information will help identify barriers more rapidly, leading to improved performance rates. It's important to note that MassHealth only provides target rates for this metric to CPs, not to ACOs or MCOs. WellSense will use the new report cards to monitor whether the updated information and monthly meetings lead to improvements in this metric.</p> <p><b>Screening for Depression and Follow-up (DSF)</b> A root cause analysis of the DSF measure identified that more than half of the qualifying visits occurred in specialty practice where depression screening was less common. Southcoast is working on ways to implement best practices screening guidelines in specialty practice by educating specialist practitioners on the benefit of depression screening in the specialty suite. Efforts in this sphere are ongoing.</p> <p><b>Depression Remission or Response (DRR)</b> DRR was not a focus as this measure is currently under review by CMS and HEDIS and therefore not our quality measure slate for the new waiver. It was deemed more appropriate to focus efforts to improve depression screening and BH intervention.</p>	Addressed
<p><b>Network – Data Integrity:</b> IPRO recommends that, for future network adequacy analysis, the ACP review and deduplicate in-network provider data before data files are submitted for analysis.</p>	WellSense is implementing stricter validation rules in our data processing pipeline to prevent the data integrity issues. We will add internal review steps prior to reports submission to deduplicate the data and to ensure that Credentials, Panel status, SITE name, State, and Zip code information are all populated and in correct format. We will work with Provider Data Integrity and IT teams to ensure information like Credentials or NPI are populated in our source data.	Addressed



Recommendation for ACP	WellSense Southcoast Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p><b>Network – Time and Distance:</b> ACP had deficient networks in one or more service areas for 5 behavioral health provider types:</p> <ul style="list-style-type: none"> <li>• Psychiatric Inpatient Child</li> <li>• Monitored Inpatient Level 3.7</li> <li>• Clinical Stabilization Service Level 3.5</li> <li>• CBAT-ICBAT-TCU</li> <li>• Partial Hospitalization Program</li> </ul> <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>	<p>When additional providers are not available, Carelon typically takes several actions to ensure adequate access for members. These actions may include:</p> <ul style="list-style-type: none"> <li>• Telehealth Services: Expanding access to telehealth services to allow members to consult with healthcare providers remotely.</li> <li>• Out-of-Network Coverage: Providing coverage for out-of-network providers to ensure members can still receive necessary care</li> <li>• Recruitment and Retention Programs: Implementing programs to recruit and retain healthcare providers in underserved areas.</li> </ul>	Addressed
<p><b>Network – Provider Directory:</b> WellSense Southcoast's accuracy rate was below 20% for the following provider type:</p> <ul style="list-style-type: none"> <li>• Family Medicine (6.7%)</li> </ul> <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>	<p>WellSense will reach out to Southcoast ACO to validate that all of the PCPs in their practice has the correct demographic and panel information.</p> <p>Network Management staff will work with the Marketing department to send a reminder to providers of their obligation to notify the Plan of all demographic and panel status changes in a timely manner. Provider Relations will continue to send Provider offices their demographic and panel status reports for review on a regular basis for their review and approval.</p> <p>Given that we were not provided with the data, the Plan intends to explore using a third-party vendor with expertise in provider data management to assist with the validation process and ensure regular updates from providers. Additionally, we will explore working with our lead time study vendor to expand the scope of the survey to include information on how providers can make updates to their data, potentially incorporating a link to the Plan's change forms for data corrections.</p>	Addressed
<p><b>Experience of Care Surveys:</b> WellSense Southcoast scored below the statewide score on the following three child PC MES measures:</p> <ul style="list-style-type: none"> <li>• Self-Management Support</li> <li>• Child Development</li> <li>• Pediatric Prevention</li> </ul>	<p>MHQP data for the entire DSRIP Waiver was trended based on MHQP member survey results to identify areas of opportunity. Integration of Care was the predominant category so a deeper dive on the questions that make up that category were reviewed. Based on that analysis it was identified that communications was a key driver of performance. Subsequently the WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on resources available to</p>	Addressed

Recommendation for ACPP	WellSense Southcoast Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
The ACPP should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.	improve communication with tools like AIDET (Acknowledge, Introduce, Duration, Explanation, Thank). The presentation included recommendations for MassHealth (MH) providers to improve performance on the MH MHQP survey. The Population Health team also shares MHQP survey results with Consumer Insights who analyzes the results and examines trends. Staff from the Population Health and Consumer Insights teams attended the monthly MassHealth ACO/MCO Quality Office Hours virtual meetings in 2023 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2023.	

<sup>1</sup> 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; ACPP: accountable care partnership plan; MCP: managed care plan.

## WellSense BILH Response to Previous EQR Recommendations

Table 127 displays the ACPP's progress related to the *ACPP External Quality Review CY 2023*, as well as IPRO's assessment of ACPP's response.

Table 127: WellSense BILH Response to Previous EQR Recommendations

Recommendation for ACPP	WellSense BILH Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<b>Network – Data Integrity:</b> IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.	WellSense is implementing stricter validation rules in our data processing pipeline to prevent the data integrity issues. We will add internal review steps prior to reports submission to deduplicate the data and to ensure that Credentials, Panel status, SITE name, State, and Zip code information are all populated and in correct format. We will work with Provider Data Integrity and IT teams to ensure information like Credentials or NPI are populated in our source data.	Addressed
<b>Network – Time and Distance:</b> ACPP had deficient networks in one or more service areas for 4 behavioral health provider types: <ul style="list-style-type: none"> <li>Psychiatric Inpatient Child</li> <li>Clinical Stabilization Service Level 3.5</li> <li>CBAT-ICBAT-TCU</li> <li>Partial Hospitalization Program</li> </ul> ACPP should expand the network when members' access can be improved and when	When additional providers are not available, Carelon typically takes several actions to ensure adequate access for members. These actions may include: <ul style="list-style-type: none"> <li>Telehealth Services: Expanding access to telehealth services to allow members to consult with healthcare providers remotely.</li> <li>Out-of-Network Coverage: Providing coverage for out-of-network providers to ensure members can still receive necessary care</li> <li>Recruitment and Retention Programs: Implementing programs to recruit and retain healthcare providers in underserved areas.</li> </ul>	Addressed

Recommendation for ACP	WellSense BILH Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<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>		
<p><b>Network – Provider Directory:</b> WellSense BILH’s accuracy rate was below 20% for the following provider type:</p> <ul style="list-style-type: none"> <li>Autism Services (13.33%)</li> </ul> <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>	<p>To maintain accurate records and keep provider directory current Carelon requires providers to regularly review their practice information and promptly notify us of any changes. Carelon utilizes CAQH, our provider portal and National Provider Service Line as methods of provider information updates. Regular audits and updates are essential to maintaining the accuracy of our provider directory.</p>	Not Addressed

<sup>1</sup> 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. ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

## WellSense Care Alliance Response to Previous EQR Recommendations

Table 128 displays the ACPP’s progress related to the *ACPP External Quality Review CY 2023*, as well as IPRO’s assessment of ACPP’s response.

Table 128: WellSense Care Alliance Response to Previous EQR Recommendations

Recommendation for ACP	WellSense Care Alliance Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p><b>Network – Data Integrity:</b> 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>WellSense is implementing stricter validation rules in our data processing pipeline to prevent the data integrity issues. We will add internal review steps prior to reports submission to deduplicate the data and to ensure that Credentials, Panel status, SITE name, State, and Zip code information are all populated and in correct format. We will work with Provider Data Integrity and IT teams to ensure</p>	Addressed

Recommendation for ACPP	WellSense Care Alliance Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
	information like Credentials or NPI are populated in our source data.	
<p><b>Network – Time and Distance:</b> ACPP had deficient networks in one or more service areas for 3 provider types:</p> <ul style="list-style-type: none"> <li>• Adult PCP</li> <li>• CBAT-ICBAT-TCU</li> <li>• Partial Hospitalization Program</li> </ul> <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>	<p>WellSense was unable to replicate IPRO's findings for the Adult PCP in the Haverhill service area. Additionally, Wareham was removed from the WellSense Care Alliance service area. While we have not encountered any cases where members were unable to access needed services, we are fully prepared to establish single case agreements with available providers if necessary.</p> <p>Additionally, for BH: When additional providers are not available, Carelon typically takes several actions to ensure adequate access for members. These actions may include:</p> <ul style="list-style-type: none"> <li>• Telehealth Services: Expanding access to telehealth services to allow members to consult with healthcare providers remotely.</li> <li>• Out-of-Network Coverage: Providing coverage for out-of-network providers to ensure members can still receive necessary care</li> <li>• Recruitment and Retention Programs: Implementing programs to recruit and retain healthcare providers in underserved areas.</li> </ul>	Addressed
<p><b>Network – Provider Directory:</b> WellSense Care Alliance's accuracy rate was below 20% for the following provider type:</p> <ul style="list-style-type: none"> <li>• Autism Services (13.33%)</li> </ul> <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>	<p>To maintain accurate records and keep provider directory current Carelon requires providers to regularly review their practice information and promptly notify us of any changes. Carelon utilizes CAQH, our provider portal and National Provider Service Line as methods of provider information updates. Regular audits and updates are essential to maintaining the accuracy of our provider directory.</p>	Not Addressed

<sup>1</sup> 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. ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

## WellSense East Boston Response to Previous EQR Recommendations

Table 129 displays the ACP's progress related to the *ACPP External Quality Review CY 2023*, as well as IPRO's assessment of ACP's response.

Table 129: WellSense East Boston Response to Previous EQR Recommendations

Recommendation for ACP	WellSense East Boston Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<b>Network – Data Integrity:</b> IPRO recommends that, for future network adequacy analysis, the ACP review and deduplicate in-network provider data before data files are submitted for analysis.	<p>WellSense is implementing stricter validation rules in our data processing pipeline to prevent the data integrity issues. We will add internal review steps prior to reports submission to deduplicate the data and to ensure that Credentials, Panel status, SITE name, State, and Zip code information are all populated and in correct format. We will work with Provider Data Integrity and IT teams to ensure information like Credentials or NPI are populated in our source data.</p>	Addressed
<b>Network – Provider Directory:</b> WellSense East Boston's accuracy rate was below 20% for the following provider types: <ul style="list-style-type: none"> <li>• Internal Medicine (6.7%)</li> <li>• Pediatric PCP (16.7%)</li> <li>• Autism Services (17.24%)</li> </ul> <p>ACPP 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.</p>	<p>WellSense will reach out to East Boston ACO to validate that all of the PCPs in their practice have the correct demographic and panel information.</p> <p>Network Management staff will work with the Marketing department to send a reminder to providers of their obligation to notify the Plan of all demographic and panel status changes in a timely manner. Provider Relations will continue to send Provider offices their demographic and panel status reports for review on a regular basis for their review and approval.</p> <p>Given that we were not provided with the data, the Plan intends to explore using a third-party vendor with expertise in provider data management to assist with the validation process and ensure regular updates from providers. Additionally, we will explore working with our lead time study vendor to expand the scope of the survey to include information on how providers can make updates to their data, potentially incorporating a link to the Plan's change forms for data corrections.</p> <p>Additionally, for BH:            When additional providers are not available, Carelon typically takes several actions to ensure adequate access for members. These actions may include:</p> <ul style="list-style-type: none"> <li>• Telehealth Services: Expanding access to telehealth services to allow members to consult with healthcare providers remotely.</li> <li>• Out-of-Network Coverage: Providing coverage for out-of-network providers to ensure members can still receive necessary care</li> <li>• Recruitment and Retention Programs: Implementing programs to recruit and retain healthcare providers in underserved areas.</li> </ul>	Addressed

<sup>1</sup> 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. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

## WellSense Children's Response to Previous EQR Recommendations

Table 130 displays the ACP's progress related to the *ACPP External Quality Review CY 2023*, as well as IPRO's assessment of ACP's response.

Table 130: WellSense Children's Response to Previous EQR Recommendations

Recommendation for ACP	WellSense Children's Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<b>Network – Data Integrity:</b> IPRO recommends that, for future network adequacy analysis, the ACP review and deduplicate in-network provider data before data files are submitted for analysis.	WellSense is implementing stricter validation rules in our data processing pipeline to prevent the data integrity issues. We will add internal review steps prior to reports submission to deduplicate the data and to ensure that Credentials, Panel status, SITE name, State, and Zip code information are all populated and in correct format. We will work with Provider Data Integrity and IT teams to ensure information like Credentials or NPI are populated in our source data.	Addressed
<b>Network – Time and Distance:</b> ACP had deficient networks in one or more service areas for 16 provider types: <ul style="list-style-type: none"> <li>• Rehabilitation Hospital</li> <li>• Urgent Care Services</li> <li>• 14 out of 22 Behavioral Health Providers</li> </ul> ACP 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.	WellSense was unable to replicate IPRO's findings for the Rehabilitation Hospital provider type. However, we have confirmed a network gap in Urgent Care services in Nantucket. To address this gap, WellSense will leverage its newly acquired enhanced network adequacy reporting tools to identify and recruit providers in the affected service areas. While we have not encountered any cases where members were unable to access needed services, we are fully prepared to establish single case agreements with available providers if necessary.  Additionally, for BH: When additional providers are not available, Caredon typically takes several actions to ensure adequate access for members. These actions may include: <ul style="list-style-type: none"> <li>• Telehealth Services: Expanding access to telehealth services to allow members to consult with healthcare providers remotely.</li> <li>• Out-of-Network Coverage: Providing coverage for out-of-network providers to ensure members can still receive necessary care</li> <li>• Recruitment and Retention Programs: Implementing programs to recruit and retain healthcare providers in underserved areas.</li> </ul>	Addressed
<b>Network – Provider Directory:</b> WellSense Children's accuracy rate was below 20% for the following provider types: <ul style="list-style-type: none"> <li>• Family Medicine (13.3%)</li> <li>• Infectious Disease (13.33%)</li> <li>• Autism Services (13.33%)</li> </ul> ACP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. ACP should	WellSense shall: <ul style="list-style-type: none"> <li>• Conduct outreach to a statistically significant sample of Family Medicine Physicians participating within the SCO line of business to attest and validate that their directory information is accurate.</li> <li>• Network Management staff will work with the Marketing Department to send a reminder to providers of their obligation to notify the Plan of all demographic and panel status changes in a timely manner. Additionally, Provider Relations staff will continue to send Provider offices their demographic and panel status reports for review on a regular basis for their review and approval.</li> </ul>	Addressed



Recommendation for ACP	WellSense Children's Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	<p>Given that we were not provided with the data, WellSense intends to explore using a third-party vendor with expertise in provider data management to assist with the validation process and ensure regular updates from providers. Additionally, we will explore working with our lead time study vendor to expand the scope of the survey to include information on how providers can make updates to their data, potentially incorporating a link to the Plan's change forms for data corrections.</p> <p>Additionally, for BH, to maintain accurate records and keep provider directory current Caredel requires providers to regularly review their practice information and promptly notify us of any changes. Caredel utilizes CAQH, our provider portal and National Provider Service Line as methods of provider information updates. Regular audits and updates are essential to maintaining the accuracy of our provider directory.</p>	

<sup>1</sup> 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. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

## HNE BeHealthy Response to Previous EQR Recommendations

**Table 131** displays the ACP's progress related to the *ACP External Quality Review CY 2023*, as well as IPRO's assessment of ACP's response.

**Table 131: HNE BeHealthy Response to Previous EQR Recommendations**

Recommendation for ACP	HNE BeHealthy Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<b>PIP 1 CBP:</b> 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.	<p>HNE evaluated multiple characteristics based off data available at the time. From this analysis it was identified that members who identified as Black and Male had an even lower HTN control level than members who identified as Black and Female. We developed a two-part program focused on community messaging and provider outreach engagement. Health New England planned to conduct member focus groups to assist in barrier analysis and intervention development for improving blood pressure control, unfortunately the PIP timelines put down by the state has not previously made this possible.</p> <p>Health New England is happy to report that in fall of 2023, we did conduct a robust barrier analysis in the planning and development phases of both EQR and QEIP PIP's. Both barrier analysis incorporated findings from both Baystate Health and Health New England's most recent 2022 Community Health Needs Assessment, provider feedback, internal stakeholders, community organizations and partners, and community</p>	Addressed

Recommendation for ACP	HNE BeHealthy Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
	members with lived experience. We appreciate the feedback, and believe we are moving in the right direction on current and future PIPs.	
<p><b>PMV 1:</b> HEDIS Measures: The following HEDIS measures rates were below the 25th percentile:</p> <ul style="list-style-type: none"> <li>• Childhood Immunization Status (combo 10)</li> <li>• Controlling High Blood Pressure</li> <li>• Hemoglobin A1c Control; HbA1c control (&gt;9.0%)</li> <li>• Plan All-Cause Readmissions (Observed/Expected Ratio)</li> </ul> <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>Our ACO has definitely been challenged by these measures ever since the pandemic. For CIS we have seen a continued decline in performance driven by the low update of the Flu vaccine. When looking at a Combo 7 we actually perform at the 90<sup>th</sup> percentile. New outreach and engagement strategies have been put in place and our performance has increased to 48% YTD 2024 putting us between the 50<sup>th</sup> and 75<sup>th</sup> percentile using the State NCQA Benchmarks. For controlling high blood pressure, we have segmented the population as previously discussed. We found that that Spanish speaking members identifying as males had a rate of control 10% lower than English speaking members that also identified as male and 13.5% lower than the total measure population. Similar trends were realized when examining the diabetes measures. The overall variable that showed the greatest performance variations was the practice site indicating that some level of practice transformation is required. Additional analysis has not been done yet of PCR.</p> <p>Health New England did conduct a robust barrier analysis in the planning and development phases of the EQR PIP focused on poor control (HbA1c). A barrier analysis incorporated findings from Health New England's most recent 2022 Community Health Needs Assessment, provider feedback, internal stakeholders, community organizations, and community members with lived experience. We appreciate the feedback, and believe we are moving in the right direction on current and future PIPs.</p>	Addressed
<p><b>PMV 2:</b> Non-HEDIS Measures: The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> <li>• Health-Related Social Needs Screening</li> <li>• Behavioral Health Community Partner Engagement</li> <li>• LTSS Community Partner Engagement</li> <li>• Screening for Depression and Follow-up Plan</li> <li>• Depression Remission or Response</li> </ul> <p>ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate</p>	<p>Four of the five measures highlighted are not part of the 2023 Quality Performance Measure slate. For Depression Screening and Follow-up Plan our rate is not at 53%, which is just 5% shy of the ACO Goal performance for 2024. The main issue with this measure historically has been the ability to report. HNE and Baystate have been working on updating the system to improve automated reporting and have also been working updates to assist in digital medical record review.</p>	Partially Addressed



Recommendation for ACPP	HNE BeHealthy Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
access to the services evaluated by these measures.		
<b>Network – Data Integrity:</b> IPRO recommends that, for future network adequacy analysis, the ACPP review and deduplicate in-network provider data before data files are submitted for analysis.	HNE will be conducting a more robust quality assurance review on our network provider data before submission. This will eliminate avoidable errors such as deduplication of records.	Addressed
<b>Network – Time and Distance:</b> ACPP had deficient networks in one or more service areas for 6 behavioral health provider types: <ul style="list-style-type: none"> <li>• Managed Inpatient Level 4</li> <li>• Monitored Inpatient Level 3.7</li> <li>• Clinical Stabilization Service Level 3.5</li> <li>• CBAT-ICBAT-TCU</li> <li>• Partial Hospitalization Program (PHP)</li> <li>• Applied Behavior Analysis (ABA)</li> </ul> <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>	HNE BeHealthy, via our delegated behavioral health partner, the Massachusetts Behavioral Health Partnership (MBHP), have contracted with all of the applicable programs in our service area. There are no other programs in our service area to contract with. Regarding Applied Behavioral Analysis, we have improved our network adequacy compliance from 2023 as evidenced by being 100% compliant with our 2024 data submission.	Addressed
<b>Network – Provider Directory:</b> HNE BeHealthy's accuracy rate was below 20% for the following provider type: <ul style="list-style-type: none"> <li>• Autism Services (10.00%)</li> </ul> <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>	In reviewing the results of the provider directory accuracy project, HNE identified an error in the autism services provider list. The list provided for the 2023 audit did not accurately reflect our entire autism provider network. We have identified why the error occurred and have rectified this process moving forward.	Addressed
<b>Experience of Care Surveys:</b> HNE BeHealthy scored below the statewide	Evaluating member experience through anonymous member satisfaction surveys is complicated in assessing true drivers for	Partially Addressed

Recommendation for ACP	HNE BeHealthy Response/Actions Taken	IARO Assessment of MCP Response <sup>1</sup>
<p>average on 9 out of 11 adult and all child PC MES measures.</p> <p>The ACP should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.</p>	<p>improvement opportunities. HNE is interested in developing a member experience team that reviews survey results and to better understand members overall feedback on clinical quality access, experience with providers, member needs and equity barriers or gaps. However this group, along with other forums such as the PFAC, have been challenging to get created due to budget constraints, varying success with member recruitment, etc. Nevertheless, HNE is still meeting regularly to try to work through the barriers of member recruitment and trying different methods to get members to commit to joining a PFAC.</p>	

<sup>1</sup> IARO 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.

## Fallon Berkshire Response to Previous EQR Recommendations

**Table 132** displays the ACP's progress related to the *ACP External Quality Review CY 2023*, as well as IARO's assessment of ACP's response.

**Table 132: Fallon Berkshire Response to Previous EQR Recommendations**

Recommendation for ACP	Fallon Berkshire Response/Actions Taken	IARO Assessment of MCP Response <sup>1</sup>
<p><b>PIP 1 CBP:</b> IARO 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, IARO 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. IARO recommends the plan strengthen data capture processes to reduce the number of "Unknown" RELD values, to tailor interventions to susceptible subpopulations.</p>	<p>This project was ended according to IARO's instructions received on 5/23/2023. ACPs were required to close out EQR PIPs for CY2023, regardless of their stage in process, as the State was transitioning all MassHealth managed care programs to a new reporting cycle.</p>	Not Addressed
<p><b>PIP 2 CDC:</b> IARO 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</p>	<p>This project was ended according to IARO's instructions received on 5/23/2023. ACPs were required to close out EQR PIPs for CY2023, regardless of their stage in process, as the State was transitioning all MassHealth managed care programs to a new reporting cycle.</p>	Not Addressed

Recommendation for ACPP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p>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 ACPP 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.</p>		
<p><b>PMV 1:</b> HEDIS Measures: The following HEDIS measures rates were below the 25th percentile:</p> <ul style="list-style-type: none"> <li>• Immunization for Adolescents (combo 2)</li> <li>• Asthma Medication Ratio</li> </ul> <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><u><b>IMA:</b></u> BFHC believes that the data being looked at for this measure is not accurately picking up all the vaccines. BFHC 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. The data will be reviewed after the monthly standard data file is received to ensure accuracy.</p> <p>BFHC has identified the reluctance to start the conversation of the HPV vaccine at the 11-year-old visit that 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 13<sup>th</sup> birthday not their 13-year visit.</p> <p>BFHC continues to work on these initiatives to improve/more accurately reflect our ACO’s performance. We have not planned to add any new initiatives at this time.</p> <p><u><b>AMR:</b></u> In early 2024, lists have been disseminated to BFHC entity teams to outreach and engage with members showing as a “miss” in these specific performance categories. Centralized ACO data team have a process to dissect and disseminate this data across ACO participants. Once the lists are shared, the team uses this to outreach and attempt to engage patients that haven’t been seen in the Calendar year. BFHC hopes to see an increase in patients being scheduled for visits in primary care, and a better control for patients identified as having chronic</p>	<p>Addressed</p>

Recommendation for ACP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
	asthma. BFHC continues to closely monitor all Appendix Q measures through their Key Performance Indicator Dashboard. BFHC expanded their outreach capabilities to engage members with primary care. This created alignment to both improve the performance for AMR as well as improve provider patient relationships.	
<p><b>PMV 2: Non-HEDIS Measures:</b> The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> <li>• Oral Health Evaluation</li> <li>• Health-Related Social Needs Screening</li> <li>• LTSS Community Partner Engagement</li> <li>• Screening for Depression and Follow-up Plan</li> <li>• Depression Remission or Response</li> </ul> <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><b><u>Oral Health Evaluation:</u></b> BFHC has implemented oral health evaluation screenings and assessments across all primary care wellness exam note templates. This was implemented in the third quarter of 2023 for any practices that were not in compliance with the requirement. This creates a workflow and promotes a standard of care for patients who haven't received oral health evaluations. In addition, we've integrated CHWs to maintain and distribute a list of local dental providers. BFHC's organizations will review this data monthly as part of our Key Performance Indicator (KPI) dashboard when the data becomes available.</p> <p><b><u>HRSN:</u></b> BFHC rolled out performing this screening in all primary care practices. The organization has provided educational materials for staff to provide patients based on positive Insecurities. The organization has placed Community Health Workers (CHW) into the ACO Primary Care practices to aide patients who screen with positive insecurities and help them bridge those gaps. As we move into 2024, 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. BFHC hopes to target programming based on HRSN data trends which highlight SDOH needs. BFHC's organizations will review this data monthly as part of our Key Performance Indicator (KPI) dashboard.</p> <p><b><u>LTSS Community Partner Engagement:</u></b> Fallon Health discusses key performance metrics with each of our CPs on a regular basis. We utilize quarterly CP Mathematica Data provided by MassHealth as well as our internal CP Performance Dashboard. Fallon Health staff also review monthly reports provided by our CPs to look for members who are not engaged. We discuss these members with our CPs and if appropriate disenroll these members from the CP program. Additionally, throughout 2023 we significantly limited new member enrollment into the CP program. In late 2024, we were able to begin enrolling larger numbers of members into the CP program and expect that this will improve this metric. Other CP data issues have been discussed with our CP Program MassHealth Contract Manager. We will continue to meet quarterly with our CP partners and discuss opportunities to</p>	Addressed

Recommendation for ACP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
	<p>improve this metric. We expect that the data issue above will be corrected by the end of 2024; and we will have accurate data possibly in March 2025.</p> <p>Fallon Health will continue to monitor this measure through our Mathematica data, CP performance dashboard and data provided by our CP partners. We will continue to meet quarterly with our CPs to discuss this and other KPIs, with a focus on incorporating best practices to improve our Care Plan Complete timeline and Community Partner Engagement Measure.</p> <p><b><u>Screening for Depression and Follow-up:</u></b></p> <p>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 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. This is underway and due to be completed by 12/31/2023.</p> <p>We are trying to increase screening of patients with multiple strategies. 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 also underway, and in some cases completed.</p> <p>To further emphasize our efforts in support of the Quality indicator, we reviewed the data trends, and determined this metric should be the focus of our Quality PIPS effective 2023.</p> <p><b><u>Depression Remission or Response:</u></b></p> <p>For patients who are identified as having a diagnosis of depression, a follow up PHQ9 is conducted to evaluate patients and be able to trend improvement in depression symptoms. This process has been in place however is continuously a focus of education and reeducation for provider practice groups. By increasing the frequency of the follow up PHQ9 for patients, BFHC hopes to identify when patients are experiencing an increase or decrease in depression/depression related symptoms. The organization will review this data yearly. Due to the detailed requirement involved in Depression Remission it is not possible in current state to monitor this metric electronically. Due to the challenging nature of monitoring performance for this metric, the BFHC ACO continues to</p>	

Recommendation for ACP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
	prioritize education as the most effective method to improve performance.	
<b>Network – Data Integrity:</b> IPRO recommends that, for future network adequacy analysis, the ACP review and deduplicate in-network provider data before data files are submitted for analysis.	We have updated our process to remove duplicate provider data Building files via the updated process allows for the removal of duplicates. New process is already implemented. Files will be reviewed prior to submission	Addressed
<b>Network – Time and Distance:</b> ACP had deficient networks in one or more service areas for 2 provider types: <ul style="list-style-type: none"> <li>• Medical Oncology</li> <li>• Intensive Outpatient Program</li> </ul> <p>ACP 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>	We regularly monitor network to ensure access and availability and meet the contract requirements. We have contracted with new providers and received an exception from the state for 2023 due to lack of providers in the affected service area.	Addressed
<b>Network – Provider Directory:</b> Fallon Berkshire's accuracy rate was below 20% for the following provider types: <ul style="list-style-type: none"> <li>• Internal Medicine (13.3%)</li> <li>• Neurology Youth (0.00%)</li> <li>• Autism Services (12.00%)</li> <li>• Urgent Care Providers (0.00%)</li> </ul> <p>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.</p>	Fallon Health (FH) determined to partner with CAQH Direct Assure, along with several other MA health plans, to have providers/providers' office staff attest and provide updates to directory data. FH determined that CAQH would be our source of truth for provider directory data and has automated the data received from CAQH, which was finalized on 2/15/24. FH anticipated with the automation of CAQH data, the directory results will be more accurate as providers/ providers' office staff are confirming and attesting to their directory data at least every 90 days	Addressed
<b>Experience of Care Surveys:</b> Fallon Berkshire scored below the statewide score on two adult PC MES measures: Adult Behavioral Health and Integration of Care. Fallon Berkshire	The results of the BFHC adult and pediatric experience of care surveys are shared via clinical integration and quality committee. The committee then determines if there is operational alignment to improve performance in any of the experience measures. Individual provider practices also have additional member experience surveys distributed to patients	Addressed

Recommendation for ACPP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p>scored below the statewide score also on all child PC MES measures.</p> <p>The ACPP should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.</p>	<p>across provider practices. Internally these survey results are evaluated to determine if any interventions can be established to improve patient experience. BFHC member survey results are reviewed at least annually. Surveys are shared via clinical integration and quality committee. The committee then determines if there is operational alignment to improve performance in any of the experience measures.</p>	

<sup>1</sup> 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; ACPP: accountable care partnership plan; MCP: managed care plan.

## Fallon 365 Response to Previous EQR Recommendations

**Table 133** displays the ACPP's progress related to the *ACPP External Quality Review CY 2023*, as well as IPRO's assessment of ACPP's response.

**Table 133: Fallon 365 Response to Previous EQR Recommendations**

Recommendation for ACPP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<b>PIP 1 CBP:</b> 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.	This project was ended according to IPRO's instructions received on 5/23/2023. ACPPs were required to close out EQR PIPs for CY2023, regardless of their stage in process, as the State was transitioning all MassHealth managed care programs to a new reporting cycle.	Not Addressed
<b>PIP 2 CDC:</b> IPRO recommends continued efforts to accurately collect member demographic information for race and ethnicity.	This project was ended according to IPRO's instructions received on 5/23/2023. ACPPs were required to close out EQR PIPs for CY2023, regardless of their stage in process, as the State was transitioning all MassHealth managed care programs to a new reporting cycle.	Not Addressed
<p><b>PMV 1:</b> HEDIS Measures: The following HEDIS measure rate was below the 25th percentile:</p> <ul style="list-style-type: none"> <li>Plan All-Cause Readmissions (Observed/Expected Ratio)</li> </ul> <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>The organization has launched several initiatives to support our performance on all-cause readmissions, including:</p> <ul style="list-style-type: none"> <li>management of transitions in care,</li> <li>increased attention to post-discharge follow up visits, and</li> <li>recent launch of on-site Reliant Nurse Case Managers embedded in our highest volume hospitals to assist with discharge planning to reduce readmissions.</li> </ul> <p>Some initiatives for post-follow up visits started last year and into early this year. The organization went live with on-site discharge planners at the end of 2023 and continues to implement this initiative. 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</p>	Partially Addressed



Recommendation for ACP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
	workgroups. At the end of 2023, efforts began to update post discharge follow up expectations to align with scheduling capabilities.	
<p><b>PMV 2: Non-HEDIS Measures:</b> The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> <li>• Health-Related Social Needs Screening</li> <li>• Behavioral Health Community Partner Engagement</li> <li>• Screening for Depression and Follow-up Plan</li> <li>• Depression Remission or Response</li> </ul> <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><b>HRSN:</b> Screenings are given to members during office visits if they were not able to complete in patient portal. The organization is able to report on patients who complete comprehensive screenings versus those who only core questions. Survey completion reporting, initiated in early 2024, will receive renewed focus throughout the year. Effectiveness is monitored through monthly screening of the completion dashboard</p> <p><b><u>Behavioral Health Community Partner Engagement:</u></b> Fallon Health discusses key performance metrics with each of our CPs on a regular basis. We utilize quarterly CP Mathematica Data provided by MassHealth as well as our internal CP Performance Dashboard. Fallon Health staff also review monthly reports provided by our CPs to look for members who are not engaged. We discuss these members with our CPs and if appropriate disenroll these members from the CP program. Fallon Health has been made aware of CP data issues by all our 13 contracted CP partners throughout 2023; As a result, we believe that the CP data from MassHealth claims and Mathematica may not be accurate. We will continue to utilize the strategies above and work closely with our CP partners to develop best practices to improve our Community Partner Engagement Rates. We expect that by 2025 the issues with the CP data will be resolved. Additionally, Fallon Health will continue the work with our CPs to improve this shared qualify measure, as part of our ACO/CP Performance Management Strategy. We will continue to track this metric on a quarterly basis, utilizing the MH Mathematica data, Fallon CP Performance Dashboard and data provided by our CP partners.</p> <p><b><u>Screening for Depression and Follow-up Plan:</u></b> 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 follow-up plans are reviewed regularly by the organization's Primary Care Leadership Council.</p>	Addressed



Recommendation for ACPP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
	<p>The actions remain current, and no new initiatives have been implemented.</p> <p><b><u>Depression Remission or Response:</u></b></p> <p>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 our focus to improving access to appropriate BH care for all patients who need these services.</p>	
<p><b>Network – Data Integrity:</b> 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>We have updated our process to remove duplicate provider data. Building files via the updated process allows for the removal of duplicates. The new process is already implemented. Going forward, files will be reviewed prior to submission.</p>	<p>Addressed</p>
<p><b>Network – Time and Distance:</b> ACPP had a deficient OB/GYN network in the Gardner-Fitchburg and Southbridge service areas.</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>	<p>There are no current gaps for this specialty in this service area. Relevant actions are already completed. We regularly monitor network to ensure access and availability and meet the contract requirements.</p>	<p>Addressed</p>
<p><b>Network – Provider Directory:</b> Fallon 365’s accuracy rate was below 20% for the following provider types:</p> <ul style="list-style-type: none"> <li>• Family Medicine (12.5%)</li> <li>• Infectious Disease (11.11%)</li> </ul> <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>	<p>Fallon Health (FH) determined to partner with CAQH Direct Assure, along with several other MA health plans, to have providers/providers’ office staff attest and provide updates to directory data. FH determined that CAQH would be our source of truth for provider directory data and has automated the data received from CAQH, which was finalized on 2/15/24. FH anticipated with the automation of CAQH data, the directory results will be more accurate as providers/ providers’ office staff are confirming and attesting to their directory data at least every 90 days.</p>	<p>Addressed</p>
<p><b>Experience of Care Surveys:</b> 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</p>	<p>The performance of the Fallon 365 adult and pediatric member experience surveys are shared with the Quality Committee upon receipt from MassHealth. The committee then assesses whether there might be operational alignment to improve performance in any of</p>	<p>Addressed</p>

Recommendation for ACP	Fallon 365 Response/Actions Taken	IARO Assessment of MCP Response <sup>1</sup>
<p>on two child PC MES measures: the Integration of Care and Child Provider Communication measures.</p> <p>The ACP should utilize the results of the adult and child OC MES surveys to drive performance improvement as it relates to member experience.</p>	<p>the member experience measures. The organization procured a statewide survey including the above areas, among others. The results were received in October 2024 and action plan is in development. This will be accomplished through the annual review of Fallon 365 member experience survey results. A workgroup is being convened to review the results and develop plans. The effectiveness of these actions are monitored by Review of the annual survey results with the Quality Committee. The process of monitoring interventions is to be determined based on development of interventions.</p>	

<sup>1</sup> IARO 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.

## Fallon Atrius Response to Previous EQR Recommendations

**Table 134** displays the ACP's progress related to the *ACP External Quality Review CY 2023*, as well as IARO's assessment of ACP's response.

**Table 134: Fallon Atrius Response to Previous EQR Recommendations**

Recommendation for ACP	Fallon Atrius Response/Actions Taken	IARO Assessment of MCP Response <sup>1</sup>
<b>Network – Data Integrity:</b> IARO recommends that, for future network adequacy analysis, the ACP review and deduplicate in-network provider data before data files are submitted for analysis.	We have updated our process to remove duplicate provider data. Building files via the updated process allows for the removal of duplicates. The new process is already implemented. Going forward, files will be reviewed prior to submission	Addressed
<p><b>Network – Time and Distance:</b> ACP had a deficient Urgent Care network in the Framingham and Lowell service areas.</p> <p>ACP 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>	There are no current gaps for this specialty in this service area. Relevant actions are already completed. We regularly monitor network to ensure access and availability and meet the contract requirements.	Addressed
<p><b>Network – Provider Directory:</b> Fallon Atrius' accuracy rate was below 20% for the following provider types:</p> <ul style="list-style-type: none"> <li>Neurology Youth (0.00%)</li> </ul>	Fallon Health (FH) determined to partner with CAQH Direct Assure, along with several other MA health plans, to have providers/providers' office staff attest and provide updates to directory data. FH determined that CAQH would be our	Addressed

Recommendation for ACP	Fallon Atrius Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<ul style="list-style-type: none"> <li>Autism Services (6.67%)</li> </ul> <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>	<p>source of truth for provider directory data and has automated the data received from CAQH, which was finalized on 2/15/24. FH anticipated with the automation of CAQH data, the directory results will be more accurate as providers/ providers' office staff are confirming and attesting to their directory data at least every 90 days.</p>	

<sup>1</sup> 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. ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

## Tufts CHA Response to Previous EQR Recommendations

**Table 135** displays the ACPP's progress related to the *ACPP External Quality Review CY 2023*, as well as IPRO's assessment of ACPP's response.

**Table 135: Tufts CHA Response to Previous EQR Recommendations**

Recommendation for ACP	Tufts CHA Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p><b>PIP 1 CIS:</b> 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.</p>	<p>In future PIPs, the ACPP will endeavor to set performance indicator goals that are bold, feasible, and based upon baseline data. If barriers to interventions arise that prevent implementation of the planned interventions, the plan will consider modifying the intervention to make implementation possible or initiating new interventions.</p>	Addressed
<p><b>PIP 2 Flu:</b> In future PIPs, IPRO recommends considering new interventions when barriers prevent implementation of planned interventions.</p>	<p>In future PIPs, if barriers to interventions arise that prevent implementation of the planned interventions, the ACPP will consider modifying the intervention to make implementation possible or initiating new interventions.</p>	Addressed
<p><b>PMV 1:</b> HEDIS Measures: The following HEDIS measures rates were below the 25th percentile:</p> <ul style="list-style-type: none"> <li>Asthma Medication Ratio</li> <li>Plan All-Cause Readmissions (Observed/Expected Ratio)</li> </ul>	<ul style="list-style-type: none"> <li>The Plan All-Cause Readmissions (Observed/Expected Ratio) decreased (positive change) from 1.27 in MY2022 to 1.01 in MY2023. PCR was above 75th percentile (1.0387) and slightly below the 90th percentile (0.982).*</li> </ul> <p>*MY2023 New England Medicaid benchmarks were used for Comparison</p>	Addressed

Recommendation for ACP	Tufts CHA Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<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>	<ul style="list-style-type: none"> <li>Asthma Medication Ratio (AMR)- Rates for this measure continue to be challenged by formulary changes where we see multiple denied meds on the same day as a fill. While we only include the final version of each pharmacy claim, these denials come in as separate claims - and therefore are included in the measurement and can affect the ratio of controller to reliever. Since AMR is in the Effective of Care Domain we are required to include all claims, whether paid or denied. We are conducting another analysis at the end of 2024 and into 2025 to see if there are any opportunities to improve this rate.</li> </ul>	
<p><b>PMV 2: Non-HEDIS Measures:</b> The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> <li>Behavioral Health Community Partner Engagement</li> <li>Screening for Depression and Follow-up Plan</li> <li>Depression Remission or Response</li> </ul> <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>In 2022, the Community Partners Program was executed using its initial structure of requiring a PCP signature on the care plan as an indicator that the patient was "engaged" resulting in a longer than anticipated turnaround time and became a barrier to meeting the goal. In 2023, this process was changed. The new strategy permits other designees can acknowledge the care plan to facilitate compliance with the measure in a timely manner. Meetings will be held quarterly with each community partner to review necessary metrics and performance to target the benchmark. The goal will be to meet the target by June 2025.</p> <p>With regard to the depression related measures, while the Depression Remission and Response measure has been removed from the ACO quality measure slate, depression screening remains an area of focus for CHA. A Depression Screening and Follow-up performance improvement project addressing this measure is currently underway. The project began in 2023 and extends through CY 2025, and the overarching objective for this indicator is to screen members ages 12 years and older for depression and for those who screened positive, to have an appropriate follow -plan in place. The baseline rate for this measure is 56.58% which is based on internally calculated data reflecting CY 2023 performance and the goal is to raise this rate to 58% by CY 2025. Activities aimed at facilitating improvement include, the implementation of a systematic approach to depression screening and follow-up at identified outpatient locations via both paper and electronic means, the implementation of an automated MyChart (EMR) screening workflow for in-person and tele-visit appointments with clinical decision support for PCPs based on screening results, and enhancement of EMR optimizations and related training to improve provider documentation of follow-up plan for members with a positive screen. A multidisciplinary, cross functional team with both health plan and ACO representation meets monthly and tracks iterative performance and progress towards established goals.</p>	Addressed
<p><b>Network – Provider Directory:</b> Tufts CHA's accuracy rate was</p>	<p>Tufts Health Plan conducted a root cause analysis to understand the issues identified from the provider directory audit results. During an extensive review of the results of the audit, the</p>	Addressed

Recommendation for ACP	Tufts CHA Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p>below 20% for the following provider type:</p> <ul style="list-style-type: none"> <li>Autism Services (16.67%)</li> </ul> <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>	<p>Provider Operations team identified several interventions to improve the accuracy of provider and facility directory information, as well as to increase provider engagement in maintaining updated and correct directory information.</p>	
<p><b>Experience of Care Surveys:</b> Tufts CHA scored below the statewide score 7 out of 9 adult and 8 out of 11 child PC MES measures.</p> <p>The ACPP should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.</p>	<p>The MES survey results have historically been quite delayed, limiting its utility in trending timely performance and developing actionable activities before the survey is readministered for the next measurement year. CHA does have a robust strategy for utilizing the HCAHPS to address member experience and execute prompt improvement related activities. This process can be leveraged to include other surveys indicators, as CHA does recognize the value of the MES survey in assessing satisfaction with primary care and plans to develop a targeted internal process to identify opportunities based on key findings of the most recent surveys for which data is available. Assessment of themes across both the adult and child surveys will serve to focus activities where there can be the greatest impact on member experience. Further assessment will also include ensuring that meaningful and achievable goals are established for select measures and will use the follow up MES as an indicator of efficacy.</p>	Partially Addressed

<sup>1</sup> 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.

## Tufts UMass Response to Previous EQR Recommendations

**Table 136** displays the ACPP's progress related to the *ACPP External Quality Review CY 2023*, as well as IPRO's assessment of ACPP's response.

**Table 136: Tufts UMass Response to Previous EQR Recommendations**

Recommendation for ACP	Tufts UMass Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p><b>Network – Time and Distance:</b> ACPP had deficient networks in one or more service areas for 3</p>	<p>The MCP has a quarterly monitoring process where the Tufts Health Together ACO-UMass Network is evaluated using standards set forth in the contract between THPP and EOHHS. When a gap or</p>	Addressed

Recommendation for ACP	Tufts UMass Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p>Behavioral Health Provider types:</p> <ul style="list-style-type: none"> <li>Managed Inpatient Level 4</li> <li>Recovery Support Navigators</li> <li>Recovery Coaching</li> </ul> <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>	<p>deficiency is identified, the appropriate contracting teams are made aware of the issue. Research is also done using an analytics market availability tool to determine if there are providers available for contracting. It appears the gaps identified for the BH provider types have been closed via system data clean-up efforts over the last year and by recruitment efforts to bring additional providers into the Together ACO UMass Network. Our most recent Quarterly Monitoring report from Q2 2024 does not show any deficiencies in the BH provider types listed above. All service areas meet the standards set forth in the contract between THPP and EOHHS with an access percentage of 90% or better.</p>	
<p><b>Network – Provider Directory:</b> Tufts UMass' accuracy rate was below 20% for the following provider types:</p> <ul style="list-style-type: none"> <li>Infectious Disease (16.67%)</li> <li>Neurology Adult (3.33%)</li> </ul> <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>	<p>Tufts Health Plan conducted a root cause analysis to understand the issues identified from the provider directory audit results. During an extensive review of the results of the audit, the Provider Operations team identified several interventions to improve the accuracy of provider and facility directory information, as well as to increase provider engagement in maintaining updated and correct directory information.</p>	<p>Addressed</p>

<sup>1</sup> 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. ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.



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

Tables 137–151 highlight each ACPP’s performance strengths, opportunities for improvement, and this year’s recommendations based on the aggregated results of CY 2024 EQR activities as they relate to **quality, timeliness, and access**.

MGB Strengths, Weaknesses, and EQR Recommendations

Table 137: Strengths, Opportunities for Improvement, and EQR Recommendations for MGB

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: CBP	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information system standards. No issues were identified.	The following HEDIS rates were below the 25th percentile: <ul style="list-style-type: none"><li>Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation): 38.16% (&lt; 25th percentile)</li></ul>	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
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures rates were above the goal benchmark: <ul style="list-style-type: none"><li>PC MES Communication+ Child: 96.31% (&gt; Goal)</li><li>PC MES Communication+ Adult: 93.02% (&gt; Goal)</li><li>PC MES Knowledge of Patient+ Child: 91.30% (&gt; Goal)</li><li>PC MES Knowledge of Patient+ Adult: 86.77% (&gt; Goal)</li><li>PC MES Willingness to Recommend+ Child: 92.45% (&gt; Goal)</li><li>Screening for Depression and Follow-up Plan: 68.10% (&gt; Goal)</li></ul>	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"><li>PC MES Willingness to Recommend+ Adult: 88.26% (&lt; Goal)</li><li>PC MES Integration of Care+ Child: 85.15% (&lt; Goal)</li><li>PC MES Integration of Care+ Adult: 84.52% (&lt; Goal)</li></ul>	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
Compliance Review	MGB ACPP demonstrated compliance with most of the federal and state contractual standards.  MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with two requirements in the following domains: <ul style="list-style-type: none"><li>Enrollee rights and protections (1)</li><li>Availability of services (1)</li></ul> Partial compliance with 27 requirements in the following domains: <ul style="list-style-type: none"><li>Availability of services (3)</li><li>Coverage and authorization of services (13)</li><li>Grievances and appeals (2)</li><li>QAPI (9)</li></ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	MGB submitted some duplicates for individual and facility providers due to variations in the addresses. IPRO removed a total of 754 duplicate providers from the MGB data prior to conducting the analysis.	MGB should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	MGB used the correct MassHealth standards for almost all provider types. When IPRO compared MGB’s results, the comparison showed that IPRO and MGB had identical results for acute inpatient hospitals, ob/gyn, and a majority of the specialist provider types. IPRO concluded that the results reported for those four provider types were valid, accurate, and reliable.	MGB used incorrect time OR distance standards for psychiatry. When IPRO compared MGB’s results, the comparison showed that IPRO and MGB had differing results for pediatric PCPs and many of the behavioral health provider types.	MGB should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	MGB demonstrated adequate networks for all PCP, ob/gyn, pharmacy, hospital services except for urgent care, and all specialty providers except dermatology, in all 23 of its service areas.	MGB had a deficient urgent care network in one service area. The ACPP also had deficient networks in one or more service areas for 18 out of 20 behavioral health provider types.	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: Accuracy of Provider Directory	None.	MGB achieved only a 60.94% accuracy rate in its primary care provider directory, a 31.36% accuracy rate in its ob/gyn directory, and a 39.50% accuracy rate in its cardiology directory.	MGB should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	MGB scored above the statewide score on the majority of adult and child PC MES measures.	MGB scored below the statewide score Integration of Care Adult and Child 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.

WellSense Community Alliance Strengths, Weaknesses, and EQR Recommendations

Table 138: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Community Alliance

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information system standards. No issues were identified. The following rate was above the 90th percentile: <ul style="list-style-type: none"> <li>Postpartum Care: 91.24% (≥ 90th percentile)</li> </ul>	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures rates were above the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Communication+ Child: 96% (&gt; Goal)</li> <li>PC MES Communication+ Adult: 94.18% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Adult: 87.56% (&gt; Goal)</li> </ul>	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Willingness to Recommend+ Child: 91.25% (&lt; Goal)</li> <li>PC MES Willingness to Recommend+ Adult: 89% (&lt; Goal)</li> <li>PC MES Integration of Care+ Child: 84.43% (&lt; Goal)</li> <li>PC MES Integration of Care+ Adult: 83.15% (&lt; Goal)</li> <li>Screening for Depression and Follow-up Plan: 48.2% (&lt; Goal)</li> <li>PC MES Knowledge of Patient+ Child: 89.35% (&lt; Goal)</li> </ul>	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
Compliance Review	WellSense Community Alliance demonstrated compliance with most of the federal and state contractual standards.  MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with five requirements in the following domains: <ul style="list-style-type: none"> <li>Availability of services (1)</li> <li>Health Information Systems (4)</li> </ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access



Activity	Strengths	Weaknesses	Recommendations	Standards
		Partial compliance with 38 requirements in the following domains: <ul style="list-style-type: none"> <li>• Availability of services (1)</li> <li>• Grievances and appeals (1)</li> <li>• Practice guidelines (1)</li> <li>• Health information systems (16)</li> <li>• QAPI (19)</li> </ul>		
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	WellSense Community Alliance submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the address information or slight grammar differences. IPRO removed a total of 3,550 duplicate providers from the WellSense Community Alliance data prior to conducting the analysis.	WellSense Community Alliance should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	WellSense Community Alliance used the correct MassHealth standards for many provider types. When IPRO compared WellSense Community Alliance’s results for pharmacy and psychiatric inpatient adolescent, the comparison showed that IPRO and WellSense Community Alliance had identical results for pharmacy services. IPRO concluded that the results reported for this provider type were valid, accurate, and reliable.	WellSense Community Alliance used incorrect time OR distance standards for ob/gyn, rehabilitation hospitals, and the behavioral health provider types. Because of the quality of the provider data, IPRO was able to compare WellSense Community Alliance’s results for only pharmacy and psychiatric inpatient adolescent. The comparison found differing results for the psychiatric inpatient adolescent network.	WellSense Community Alliance should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	WellSense Community Alliance demonstrated adequate networks for all ob/gyn, pharmacy, hospital services, and all specialty providers in all 24 of its service areas.	WellSense Community Alliance had deficient PCP networks in multiple service areas. The ACPP also had deficient networks in one or more service areas for 7 out of 20 behavioral health provider types.	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: Accuracy of Provider Directory	None.	WellSense Community Alliance achieved only a 48.48% accuracy rate in its primary care provider directory, a 32.04% accuracy rate in its ob/gyn directory, and a 39.62% accuracy rate in its cardiology directory.	WellSense Community Alliance should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	WellSense Community Alliance scored above the statewide score on five adult and six child PC MES measures.	WellSense Community Alliance scored below the statewide score four adult PC MES measures and five 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.

### WellSense Mercy Strengths, Weaknesses, and EQR Recommendations

Table 139: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Mercy

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
Performance Measure Validation: HEDIS measures	<p>ACPP demonstrated compliance with IS standards. No issues were identified. The following rates were above the 90th percentile:</p> <ul style="list-style-type: none"> <li>Postpartum Care: 88.73% (≥ 90th percentile)</li> <li>Follow-up After Hospitalization for Mental Illness (7 days): 56.99% (≥ 90th percentile)</li> <li>Follow-up After Emergency Department Visit for Mental Illness (7 days): 85.21% (≥ 90th percentile)</li> </ul>	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: Non-HEDIS measures	<p>No issues were identified. The following measures rates were above the goal benchmark:</p> <ul style="list-style-type: none"> <li>PC MES Communication+ Child: 93.44% (&gt; Goal)</li> </ul>	<p>The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> <li>PC MES Communication+ Adult: 89.51% (&lt; Goal)</li> <li>PC MES Knowledge of Patient+ Child: 85.96% (&lt; Goal)</li> <li>PC MES Knowledge of Patient+ Adult: 82.14% (&lt; Goal)</li> <li>PC MES Willingness to Recommend+ Child: 87.25% (&lt; Goal)</li> <li>PC MES Willingness to Recommend+ Adult: 82.43% (&lt; Goal)</li> <li>PC MES Integration of Care+ Child: 84.83% (&lt; Goal)</li> <li>PC MES Integration of Care+ Adult: 81.19% (&lt; Goal)</li> <li>Screening for Depression and Follow-up Plan: 27.50% (&lt; Goal)</li> </ul>	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
Compliance Review	<p>WellSense Mercy demonstrated compliance with most of the federal and state contractual standards.</p> <p>MCP addressed opportunities for improvement from the prior compliance review.</p>	<p>Lack of compliance with 5 requirements in the following domains:</p> <ul style="list-style-type: none"> <li>Availability of services (1)</li> <li>Health Information Systems (4)</li> </ul> <p>Partial compliance with 38 requirements in the following domains:</p> <ul style="list-style-type: none"> <li>Availability of services (1)</li> <li>Grievances and appeals (2)</li> <li>Practice guidelines (1)</li> <li>Health information systems (16)</li> <li>QAPI (23)</li> </ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	WellSense Mercy submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the address information or slight grammar differences. IPRO removed a total of 3,536 duplicate providers from the WellSense Mercy data prior to conducting the analysis.	WellSense Mercy should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	WellSense Mercy used the correct MassHealth standards for almost all provider types. When IPRO compared WellSense Mercy’s results for PCPs, pharmacy, monitored inpatient level 3.7, and psychiatric inpatient adolescent, the comparison showed that IPRO and WellSense Mercy had identical results for all pharmacy and psychiatric inpatient adolescent networks. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	WellSense Mercy used incorrect time OR distance standards for general surgery, ob/gyn, and rehabilitation hospitals. Because of the quality of the provider data, IPRO was able to compare WellSense Mercy’s results for only PCPs, pharmacy, monitored inpatient level 3.7, and psychiatric inpatient adolescent. The comparison showed differences in the PCP and monitored inpatient adolescent network analyses.	WellSense Mercy should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	WellSense Mercy demonstrated adequate networks for all PCP, ob/gyn, pharmacy, hospital services, and all specialty providers in all three of its service areas.	WellSense Mercy had deficient networks in one or more service areas for 4 out of 20 behavioral health provider types.	ACPP should expand the network when members’ access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
			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: Time and Distance Analysis – Ratios	WellSense Mercy met the ratio standard for adult PCP and ob/gyn.	WellSense Mercy did not meet the ratio standard for pediatric PCPs.	WellSense Mercy should conduct a root cause analysis to determine why the ratio is too high to meet the standard and expand its network when a deficiency is identified	Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	WellSense Mercy achieved only a 61.54% accuracy rate in its primary care provider directory, a 27.18% accuracy rate in its ob/gyn directory, and a 41.51% accuracy rate in its cardiology directory.	WellSense Mercy should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	None.	WellSense Mercy scored below the statewide average on all adult and 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.

### WellSense Signature Strengths, Weaknesses, and EQR Recommendations

Table 140: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Signature

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with IS standards. No issues were identified. The following measures were above 90th percentile: <ul style="list-style-type: none"> <li>Postpartum Care: 90.6% (≥ 90th percentile)</li> <li>Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation): 60.53% (≥ 90th percentile)</li> </ul>	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following rates were above the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Communication+ Child: 92.77% (&gt; Goal)</li> <li>PC MES Communication+ Adult: 92.13% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Adult: 85.41% (&gt; Goal)</li> <li>Screening for Depression and Follow-up Plan: 59.32% (&gt; Goal)</li> </ul>	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Knowledge of Patient+ Child: 85.94% (&lt; Goal)</li> <li>PC MES Willingness to Recommend+ Child: 87.42% (&lt; Goal)</li> <li>PC MES Willingness to Recommend+ Adult: 86.63% (&lt; Goal)</li> <li>PC MES Integration of Care+ Child: 80.66% (&lt; Goal)</li> <li>PC MES Integration of Care+ Adult: 83.14% (&lt; Goal)</li> </ul>	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
Compliance Review	WellSense Signature demonstrated compliance with most of the federal and state contractual standards.  MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with 5 requirements in the following domains: <ul style="list-style-type: none"> <li>Availability of services (1)</li> <li>Health Information Systems (4)</li> </ul> Partial compliance with 38 requirements in the following domains:	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
		<ul style="list-style-type: none"> <li>Availability of services (1)</li> <li>Grievances and appeals (2)</li> <li>Practice guidelines (1)</li> <li>Health information systems (16)</li> <li>QAPI (20)</li> </ul>		
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	WellSense Signature submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the address information or slight grammar differences. IPRO removed a total of 3,539 duplicate providers from WellSense Signature data prior to conducting the analysis.	WellSense Signature should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	WellSense Signature used the correct MassHealth standards for almost all provider types. When IPRO compared WellSense Signature’s results for monitored inpatient level 3.7, pharmacy, and psychiatric inpatient adolescent, the comparison showed that IPRO and WellSense Signature had identical results for all three provider types in all service areas except for monitored inpatient level 3.7 in the Attleboro and Plymouth service areas. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	WellSense Signature used incorrect time OR distance standards for rehabilitation hospitals. Because of the quality of the provider data, IPRO was able to compare WellSense Signature’s results for only three provider types: monitored inpatient level 3.7, pharmacy, and psychiatric inpatient adolescent.	WellSense Signature should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	WellSense Signature demonstrated adequate networks for all PCP, ob/gyn, pharmacy, hospital services, and all specialty providers in all five of its service areas.	WellSense Signature had a deficient CBAT network in two service areas.	<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: Accuracy of Provider Directory	None.	WellSense Signature achieved only a 39.39% accuracy rate in its primary care provider directory, a 27.18% accuracy rate in its ob/gyn directory, and a 50% accuracy rate in its cardiology directory.	WellSense Signature should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	WellSense Signature scored above the statewide score on two adult PC MES measure.	WellSense Signature scored below the statewide score on seven 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable; CBAT: community-based acute treatment for children and adolescents.

### WellSense Southcoast Strengths, Weaknesses, and EQR Recommendations

Table 141: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Southcoast

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with IS standards. No issues were identified. The following measures were above the 90th percentile:	N/A	N/A	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	<ul style="list-style-type: none"> <li>Timeliness of Prenatal Care: 95% (≥ 90th percentile)</li> <li>Postpartum Care: 91.43% (≥ 90th percentile)</li> <li>Follow-up After Emergency Department Visit for Mental Illness (7 days): 80.95% (≥ 90th percentile)</li> </ul>			
Performance Measure Validation: Non-HEDIS measures	<p>No issues were identified. The following rates were above the goal benchmark:</p> <ul style="list-style-type: none"> <li>PC MES Communication+ Child: 98.45% (&gt; Goal)</li> <li>PC MES Communication+ Adult: 94.06% (&gt; Goal)</li> <li>PC MES Willingness to Recommend+ Child: 93.78% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Child: 91.77% (&gt; Goal)</li> <li>PC MES Integration of Care+ Child: 91.5% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Adult: 87.67% (&gt; Goal)</li> <li>PC MES Integration of Care+ Adult: 87.61% (&gt; Goal)</li> </ul>	<p>The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> <li>PC MES Willingness to Recommend+ Adult: 89.25% (&lt; Goal)</li> <li>Screening for Depression and Follow-up Plan: 42.62% (&lt; Goal)</li> </ul>	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
Compliance Review	<p>WellSense Southcoast demonstrated compliance with most of the federal and state contractual standards.</p> <p>MCP addressed opportunities for improvement from the prior compliance review.</p>	<p>Lack of compliance with 5 requirements in the following domains:</p> <ul style="list-style-type: none"> <li>Availability of services (1)</li> <li>Health Information Systems (4)</li> </ul> <p>Partial compliance with 38 requirements in the following domains:</p> <ul style="list-style-type: none"> <li>Availability of services (1)</li> <li>Grievances and appeals (1)</li> <li>Practice guidelines (1)</li> <li>Health information systems (16)</li> <li>QAPI (20)</li> </ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	WellSense Southcoast submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the address information or slight grammar differences. IPRO removed a total of 3,535 duplicate providers from WellSense Southcoast data prior to conducting the analysis.	WellSense Southcoast should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	WellSense Southcoast used the correct MassHealth standards for almost all provider types. When IPRO compared WellSense Southcoast’s results for adult and pediatric PCP, monitored inpatient level 3.7, pharmacy, and psychiatric inpatient adolescent, the comparison showed that IPRO and WellSense Southcoast had identical results for all five provider types in all service areas except for PCPs in the Attleboro and Plymouth service areas. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	WellSense Southcoast used incorrect time OR distance standards for Rehabilitation Hospitals. Because of the quality of the provider data, IPRO was able to compare WellSense Southcoast’s results for only five provider types: adult and pediatric PCP, monitored inpatient level 3.7, pharmacy, and psychiatric inpatient adolescent.	WellSense Southcoast should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	WellSense Southcoast demonstrated adequate networks for adult PCP, ob/gyn, pharmacy, hospital services, and all specialty providers in all 7 of its service areas.	WellSense Southcoast had a deficient pediatric PCP network in two service areas. The ACPP also had deficient networks in one or more service areas for 3 out of 20 behavioral health provider types.	<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: Accuracy of Provider Directory	None.	WellSense Southcoast achieved only a 57.14% accuracy rate in its primary care provider directory, an 18.45% accuracy	WellSense Southcoast should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness



Activity	Strengths	Weaknesses	Recommendations	Standards
		rate in its ob/gyn directory, and a 50% accuracy rate in its cardiology directory.		
Experience of Care Survey	WellSense Southcoast scored above the statewide score on all adult PC MES measures and nine child PC MES measures.	WellSense Southcoast scored below the statewide score on the following two child PC MES measures: <ul style="list-style-type: none"> <li>Office Staff</li> <li>Pediatric Prevention</li> </ul>	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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; REL: Race, Ethnicity, Language; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.

WellSense BILH Strengths, Weaknesses, and EQR Recommendations

Table 142: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense BILH

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with IS standards. No issues were identified. The following measures were above the 90th percentile: <ul style="list-style-type: none"> <li>Timeliness of Prenatal Care: 95.53% (≥ 90th percentile)</li> <li>Postpartum Care: 87.89% (≥ 90th percentile)</li> </ul>	The following HEDIS rates were below the 25th percentile: <ul style="list-style-type: none"> <li>Follow-up After Hospitalization for Mental Illness (7 days): 44.53% (&lt; 25th percentile)</li> </ul>	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.	N/A
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures rates were above the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Communication+ Child: 96.08% (&gt; Goal)</li> <li>PC MES Communication+ Adult: 93.7% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Adult: 86.9% (&gt; Goal)</li> </ul>	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Willingness to Recommend+ Child: 91.51% (&lt; Goal)</li> <li>PC MES Knowledge of Patient+ Child: 89.37% (&lt; Goal)</li> <li>PC MES Willingness to Recommend+ Adult: 88.12% (&lt; Goal)</li> <li>PC MES Integration of Care+ Child: 84.09% (&lt; Goal)</li> <li>PC MES Integration of Care+ Adult: 84.77% (&lt; Goal)</li> <li>Screening for Depression and Follow-up Plan: 40.53% (&lt; Goal)</li> </ul>	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
Compliance Review	WellSense BILH demonstrated compliance with most of the federal and state contractual standards.  MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with 5 requirements in the following domains: <ul style="list-style-type: none"> <li>Availability of services (1)</li> <li>Health Information Systems (4)</li> </ul> Partial compliance with 38 requirements in the following domains: <ul style="list-style-type: none"> <li>Availability of services (1)</li> <li>Grievances and appeals (3)</li> <li>Practice guidelines (1)</li> <li>Health information systems (16)</li> <li>QAPI (20)</li> </ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	WellSense BILH submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the address information or slight grammar differences. IPRO removed a total of 3,612 duplicate providers from the WellSense BILH data prior to conducting the analysis.	WellSense BILH should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	WellSense BILH used the correct MassHealth standards for almost all provider types. When IPRO compared WellSense BILH’s results for monitored inpatient level 3.7, pharmacy, and psychiatric inpatient adolescent, the comparison showed that IPRO and WellSense BILH had identical results for pharmacy, and psychiatric inpatient adolescent. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	WellSense BILH used incorrect time OR distance standards for rehabilitation hospitals. Because of the quality of the provider data, IPRO was able to compare WellSense BILH’s results for only three provider types: monitored inpatient level 3.7, pharmacy, and psychiatric inpatient adolescent. The comparison showed discrepancies in the monitored inpatient level 3.7 analyses.	WellSense BILH should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	WellSense BILH demonstrated adequate networks for all PCP, ob/gyn, pharmacy, hospital services, and all specialty providers in all 21 of its service areas.	WellSense BILH had deficient networks in one or more service areas for 5 out of 20 behavioral health provider types.	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: Accuracy of Provider Directory	None.	WellSense BILH achieved only a 55.09% accuracy rate in its primary care provider directory, a 26.21% accuracy rate in its ob/gyn directory, and a 45.28% accuracy rate in its cardiology directory.	WellSense BILH should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	WellSense BILH scored above the statewide score on six adult and four child PC MES measures.	WellSense BILH scored below the statewide score on three adult PC MES measures and seven 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.

### WellSense Care Alliance Strengths, Weaknesses, and EQR Recommendations

Table 143: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Care Alliance

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information system standards. No issues were identified.	The following HEDIS rates were below the 25th percentile: <ul style="list-style-type: none"> <li>Follow-up After Hospitalization for Mental Illness (7 days): 39.96% (&lt; 25th percentile)</li> <li>Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 32.9% (&lt; 25th percentile)</li> </ul>	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.	N/A
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures rates were above the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Communication+ Child: 95.68% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Adult: 85.62% (&gt; Goal)</li> </ul>	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Willingness to Recommend+ Child: 91.53% (&lt; Goal)</li> <li>PC MES Communication+ Adult: 91.72% (&lt; Goal)</li> </ul>	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"> <li>PC MES Knowledge of Patient+ Child: 88.56% (&lt; Goal)</li> <li>PC MES Willingness to Recommend+ Adult: 85.91% (&lt; Goal)</li> <li>PC MES Integration of Care+ Child: 84.64% (&lt; Goal)</li> <li>PC MES Integration of Care+ Adult: 83.21% (&lt; Goal)</li> <li>Screening for Depression and Follow-up Plan: 47.51% (&lt; Goal)</li> </ul>		
Compliance Review	<p>WellSense Care Alliance demonstrated compliance with most of the federal and state contractual standards.</p> <p>MCP addressed opportunities for improvement from the prior compliance review.</p>	<p>Lack of compliance with 5 requirements in the following domains:</p> <ul style="list-style-type: none"> <li>Availability of services (1)</li> <li>Health Information Systems (4)</li> </ul> <p>Partial compliance with 38 requirements in the following domains:</p> <ul style="list-style-type: none"> <li>Availability of services (1)</li> <li>Grievances and appeals (1)</li> <li>Practice guidelines (1)</li> <li>Health information systems (16)</li> <li>QAPI (19)</li> </ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	WellSense Care Alliance submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the address information or slight grammar differences. IPRO removed a total of 3,537 duplicate providers from the WellSense Care Alliance data prior to conducting the analysis.	WellSense Care Alliance should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	WellSense Care Alliance used the correct MassHealth standards for almost all provider types. When IPRO compared WellSense Care Alliance’s results for adult and pediatric PCP, monitored inpatient level 3.7, pharmacy, and psychiatric inpatient adolescent, the comparison showed that IPRO and WellSense Care Alliance had identical results pharmacy and psychiatric inpatient adolescent. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	WellSense Care Alliance used incorrect time OR distance standards for rehabilitation hospitals and urgent care services. Because of the quality of the provider data, IPRO was able to WellSense Care Alliance’s results for only five provider types: adult and pediatric PCP, monitored inpatient level 3.7, pharmacy, and psychiatric inpatient adolescent.	WellSense Care Alliance should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	WellSense Care Alliance demonstrated adequate networks for adult PCP, ob/gyn, pharmacy, hospital services, and all specialty providers in all 15 of its service areas.	WellSense Care Alliance had a deficient pediatric PCP network in the Haverhill service area and a deficient CBAT network in the Beverly and Haverhill service areas.	<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: Accuracy of Provider Directory	None.	WellSense Care Alliance achieved only a 51.06% accuracy rate in its primary care provider directory, a 29.13% accuracy rate in its ob/gyn directory, and a 50.94% accuracy rate in its cardiology directory.	WellSense Care Alliance should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	WellSense Care Alliance scored above the statewide score on three adult and seven child PC MES measures.	WellSense Care Alliance scored below the statewide score on six adult PC MES measures and four 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable; CBAT: community-based acute treatment for children and adolescents.



WellSense East Boston Strengths, Weaknesses, and EQR Recommendations

Table 144: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense East Boston

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: CDF	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information system standards. No issues were identified. The following measures were above the 90th percentile: <ul style="list-style-type: none"><li>Timeliness of Prenatal Care: 96.31% (≥90th percentile)</li><li>Postpartum Care: 92.95% (≥ 90th percentile)</li></ul>	The following HEDIS rates were below the 25th percentile: <ul style="list-style-type: none"><li>Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement): 12.63% (&lt; 25th percentile)</li></ul>	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.	N/A
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures rates were above the goal benchmark: <ul style="list-style-type: none"><li>PC MES Communication+ Child: 95.06% (&gt; Goal)</li><li>PC MES Communication+ Adult: 93.3% (&gt; Goal)</li><li>PC MES Knowledge of Patient+ Adult: 86.56% (&gt; Goal)</li></ul>	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"><li>PC MES Willingness to Recommend+ Child: 90.44% (&lt; Goal)</li><li>PC MES Willingness to Recommend+ Adult: 87.96% (&lt; Goal)</li><li>PC MES Integration of Care+ Child: 87.65% (&lt; Goal)</li><li>PC MES Integration of Care+ Adult: 79.85% (&lt; Goal)</li></ul>	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
Compliance Review	WellSense East Boston demonstrated compliance with most of the federal and state contractual standards.  MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with 5 requirements in the following domains: <ul style="list-style-type: none"><li>Availability of services (1)</li><li>Health Information Systems (4)</li><li>QAPI (2)</li></ul> Partial compliance with 38 requirements in the following domains: <ul style="list-style-type: none"><li>Availability of services (1)</li><li>Grievances and appeals (1)</li><li>Practice guidelines (1)</li><li>Health information systems (16)</li><li>QAPI (19)</li></ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	WellSense East Boston submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the address information or slight grammar differences. IPRO removed a total of 3,538 duplicate providers from the WellSense East Boston data prior to conducting the analysis.	WellSense East Boston should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	WellSense East Boston used the correct MassHealth standards for almost all provider types. When IPRO compared WellSense East Boston’s results for monitored inpatient level 3.7, pediatric PCP, pharmacy, and psychiatric inpatient adolescent, the comparison showed that IPRO and WellSense East Boston had identical results for all four provider types in all service areas. IPRO concluded that the results reported for	WellSense East Boston used incorrect time OR distance standards for ob/gyn, orthopedic surgery, and rehabilitation hospitals. Because of the quality of the provider data, IPRO was able to compare WellSense East Boston’s results for only four provider types: monitored inpatient level 3.7, pediatric PCP, pharmacy, and psychiatric inpatient adolescent.	WellSense East Boston should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
	those four provider types were valid, accurate, and reliable.			
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	WellSense East Boston demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, and all specialty and behavioral health providers in all four of its service areas.	None.	None.	Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	WellSense East Boston achieved only a 70% accuracy rate in its primary care provider directory, 29.13% in its ob/gyn directory, and a 42.59% accuracy rate in its cardiology directory.	WellSense East Boston should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	WellSense East Boston scored above the statewide score on three adult and three child PC MES measures.	WellSense East Boston scored below the statewide score on six adult PC MES measures and eight 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.

### WellSense Children’s Strengths, Weaknesses, and EQR Recommendations

Table 145: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Children’s

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: CDF	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	As the interventions progress in 2025, WellSense should consider implementing a more direct patient-focused intervention(s), to help ensure assessment and/or follow-up for depression.	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information system standards. No issues were identified. The following measures were above the 90th percentile: <ul style="list-style-type: none"> <li>Follow-up After Emergency Department Visit for Mental Illness (7 days): 82.35% (≥ 90th percentile)</li> </ul>	The following HEDIS rates were below the 25th percentile: <ul style="list-style-type: none"> <li>Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement): 11.35% (&lt; 25th percentile)</li> <li>Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 28.68% (&lt; 25th percentile)</li> </ul>	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.	N/A
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures rates were above the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Communication+ Child: 96.49% (&gt; Goal)</li> <li>PC MES Communication+ Adult: 95.56% (&gt; Goal)</li> <li>PC MES Willingness to Recommend+ Child: 93.76% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Adult: 90.77% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Child: 91.63% (&gt; Goal)</li> <li>PC MES Integration of Care+ Adult: 85.04% (&gt; Goal)</li> <li>PC MES Willingness to Recommend+ Adult: 92.45% (&gt; Goal)</li> <li>Screening for Depression and Follow-up Plan: 59.8% (&gt; Goal)</li> </ul>	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Integration of Care+ Child: 85.8% (&lt; Goal)</li> </ul>	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
Compliance Review	WellSense Children’s demonstrated compliance with most of the federal and state contractual standards.	Lack of compliance with 5 requirements in the following domains: <ul style="list-style-type: none"> <li>Availability of services (1)</li> </ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	MCP addressed opportunities for improvement from the prior compliance review.	<ul style="list-style-type: none"> <li>Health Information Systems (4)</li> </ul> Partial compliance with 38 requirements in the following domains: <ul style="list-style-type: none"> <li>Availability of services (1)</li> <li>Grievances and appeals (1)</li> <li>Practice guidelines (1)</li> <li>Health information systems (16)</li> <li>QAPI (9)</li> </ul>	recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	WellSense BCH submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the address information or slight grammar differences. IPRO removed a total of 3,536 duplicate providers from WellSense Children’s data prior to conducting the analysis.	WellSense BCH should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	WellSense Children’s used the correct MassHealth standards for most provider types. When IPRO compared WellSense Children’s results for pharmacy, and rehabilitation hospitals, the comparison showed that IPRO and WellSense Children’s had identical results. IPRO concluded that the results reported for those four provider types were valid, accurate, and reliable.	WellSense Children’s used incorrect time OR distance standards for ob/gyn and behavioral health services. Because of the quality of the provider data, IPRO was able to compare WellSense Children’s results for only four provider types: pediatric PCP, pharmacy, psychiatric inpatient adolescent, and one service area for rehabilitation hospitals. The comparison showed discrepancies in the analyses for pediatric PCPs and psychiatric inpatient adolescent.	WellSense Children’s should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	WellSense Children’s demonstrated adequate networks for all ob/gyn, pharmacy, acute inpatient and rehabilitation hospitals, and all specialty providers in all 38 of its service areas.	WellSense Children’s had deficient pediatric PCP and urgent care networks in one service area. The ACPP also had deficient networks in one or more service areas for 12 out of 20 behavioral health provider types.	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: Accuracy of Provider Directory	None.	WellSense Children’s achieved only a 70.59% accuracy rate in its primary care provider directory, a 31.07% accuracy rate in its ob/gyn directory, and a 40.57% accuracy rate in its cardiology directory.	WellSense Children’s should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	WellSense Children’s scored above the statewide score on eight adult and 10 child PC MES measures.	WellSense Children’s scored below the statewide score on one adult PC and one 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.

### HNE BeHealthy Strengths, Weaknesses, and EQR Recommendations

Table 146: Strengths, Opportunities for Improvement, and EQR Recommendations for HNE BeHealthy

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information system standards. No issues were identified.	The following HEDIS rates were below the 25th percentile: <ul style="list-style-type: none"> <li>Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 35.09% (&lt; 25th percentile)</li> <li>Follow-up After Hospitalization for Mental Illness (7 days): 30.11% (&lt; 25th percentile)</li> <li>Postpartum Care: 79.83% (&lt; 25th percentile)</li> </ul>	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
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures were above the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Communication+ Child: 92.98% (&gt; Goal)</li> <li>PC MES Communication+ Adult: 92.95% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Adult: 86.1% (&gt; Goal)</li> </ul>	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Knowledge of Patient+ Child: 86.36% (&lt; Goal)</li> <li>PC MES Willingness to Recommend+ Child: 87.27% (&lt; Goal)</li> <li>PC MES Willingness to Recommend+ Adult: 86.95% (&lt; Goal)</li> <li>PC MES Integration of Care+ Child: 78% (&lt; Goal)</li> <li>PC MES Integration of Care+ Adult: 83.85% (&lt; Goal)</li> <li>Screening for Depression and Follow-up Plan: 54.25% (&lt; Goal)</li> </ul>	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
Compliance Review	HNE BeHealthy demonstrated compliance with most of the federal and state contractual standards.  MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with 11 requirements in the following domains: <ul style="list-style-type: none"> <li>Coverage and authorization of services (3)</li> <li>QAPI (8)</li> </ul> Partial compliance with 24 requirements in the following domains: <ul style="list-style-type: none"> <li>Coverage and authorization of services (3)</li> <li>Grievances and appeals (4)</li> <li>Health information systems (10)</li> <li>QAPI (7)</li> </ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	HNE BeHealthy submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the DBA name or submitting individuals under the facility name. IPRO removed a total of 230 duplicate providers from the HNE BeHealthy data prior to conducting the analysis.	HNE BeHealthy should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	HNE used the correct MassHealth standards for almost all provider types. When IPRO compared HNE’s results for Adult PCP, Acute Inpatient Hospital, 5 of the 22 specialty provider types, and 9 of the 20 behavioral health provider types, the comparison showed that IPRO and HNE had identical results for 5 of the BH provider types and mostly similar results for Acute Inpatient Hospitals and specialists. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	HNE used incorrect time OR distance standards for OB/GYN and Psychiatry. Because of the quality of the provider data, IPRO was able to compare HNE’s results for only Adult PCP, Acute Inpatient Hospital, 5 of the 22 specialty provider types, and 9 of the 20 behavioral health provider types.	HNE BeHealthy should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	HNE BeHealthy demonstrated adequate networks for all PCP, ob/gyn, pharmacy, hospital services, and all specialty providers in all five of its service areas.	HNE BeHealthy had deficient networks in one or more service areas for 5 out of 20 behavioral health provider types.	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

Activity	Strengths	Weaknesses	Recommendations	Standards
Network Adequacy: Accuracy of Provider Directory	None.	HNE BeHealthy achieved only a 66.67% accuracy rate in its primary care provider directory, a 35% accuracy rate in its ob/gyn directory, and a 39.02% accuracy rate in its cardiology directory.	HNE BeHealthy should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	HNE BeHealthy scored above the statewide score on two adult PC MES measures.	HNE BeHealthy scored below the statewide average on seven 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.

### Fallon Berkshire Strengths, Weaknesses, and EQR Recommendations

Table 147: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon Berkshire

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: CDF	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information system standards. No issues were identified. The following measures were above the 90th percentile: <ul style="list-style-type: none"> <li>Postpartum Care: 90.91% (≥ 90th percentile)</li> <li>Follow-up After Emergency Department Visit for Mental Illness (7 days): 85.4% (≥ 90th percentile)</li> <li>Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation): 59.49% (≥ 90th percentile)</li> <li>Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement): 36.71% (≥ 90th percentile)</li> <li>Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 45.56% (≥ 90th percentile)</li> </ul>	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures rates were above the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Communication+ Child: 97.44% (&gt; Goal)</li> <li>PC MES Communication+ Adult: 92.95% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Child: 90.39% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Adult: 86.97% (&gt; Goal)</li> </ul>	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Willingness to Recommend+ Child: 91.31% (&lt; Goal)</li> <li>PC MES Willingness to Recommend+ Adult: 87.79% (&lt; Goal)</li> <li>PC MES Integration of Care+ Child: 86.54% (&lt; Goal)</li> <li>PC MES Integration of Care+ Adult: 84.95% (&lt; Goal)</li> <li>Screening for Depression and Follow-up Plan: 23.62% (&lt; Goal)</li> </ul>	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
Compliance Review	<p>Fallon Berkshire demonstrated compliance with most of the federal and state contractual standards.</p> <p>MCP addressed opportunities for improvement from the prior compliance review.</p>	<p>Lack of compliance with 1 requirement in the following domains:</p> <ul style="list-style-type: none"> <li>Disenrollment requirements and limitations (1)</li> </ul> <p>Partial compliance with 28 requirements in the following domains:</p> <ul style="list-style-type: none"> <li>Availability of services (2)</li> <li>Coverage and authorization of services (1)</li> <li>Grievance and appeal systems (1)</li> <li>Subcontractual relationships and delegation (2)</li> <li>Health information systems (20)</li> <li>QAPI (12)</li> </ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	Fallon Berkshire submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the address information or grammar differences. IPRO removed a total of 399 duplicate providers from the Fallon Berkshire data prior to conducting the analysis.	Fallon Berkshire should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	Fallon Berkshire submitted additional behavioral health providers for clinical stabilization services (level 3.5), managed inpatient (level 4), monitored inpatient (level 3.7), structured outpatient addiction programs, and opioid treatment programs that were not on the approved list provided by MassHealth. IPRO removed a total of 880 duplicate providers from the Fallon Berkshire behavioral health data prior to conducting the analysis.	Fallon Berkshire should submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	Fallon Berkshire used the correct MassHealth standards for all provider types in both service areas. When IPRO compared Fallon Berkshire’s results for some specialty types, three behavioral health provider types, and urgent care services, the comparison showed that IPRO and Fallon Berkshire had mostly identical results except for recovery support navigators and urgent care services. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	Because of the quality of the provider data, IPRO was not able to compare Fallon Berkshire’s results for PCPs, ob/gyn, hospital services, and many specialist and behavioral health provider types.	Fallon Berkshire should use clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	Fallon Berkshire demonstrated adequate networks for all PCP, ob/gyn, pharmacy, specialty providers, and most behavioral health providers in both of its service areas.	Fallon Berkshire had deficient networks in one or more service areas for 6 out of 20 behavioral health provider types.	<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: Accuracy of Provider Directory	None.	Fallon Berkshire achieved only a 67.78% accuracy rate in its primary care provider directory, a 69.44% accuracy rate in its ob/gyn directory, and a 54.9% accuracy rate in its cardiology directory.	Fallon Berkshire should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	Fallon Berkshire scored above the statewide score on seven adult and seven child PC MES measures.	Fallon Berkshire scored below the statewide score on two adult PC MES measures and four 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.

Fallon 365 Strengths, Weaknesses, and EQR Recommendations

Table 148: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon 365

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information system standards. No issues were identified. The rates for the following measures were above the 90th percentile: <ul style="list-style-type: none"><li>Follow-up After Emergency Department Visit for Mental Illness (7 days): 77.34% (≥ 90th percentile)</li></ul>	The following HEDIS rates were below the 25th percentile: <ul style="list-style-type: none"><li>Follow-up After Hospitalization for Mental Illness (7 days): 43.28% (&lt; 25th percentile)</li><li>Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation): 33.8% (&lt; 25th percentile)</li><li>Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 31.16% (&lt; 25th percentile)</li><li>Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement): 13.43% (&lt; 25th percentile)</li></ul>	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
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures rates above the goal benchmark: <ul style="list-style-type: none"><li>PC MES Communication+ Child: 96.49% (&gt; Goal)</li><li>PC MES Communication+ Adult: 95.16% (&gt; Goal)</li><li>PC MES Knowledge of Patient+ Child: 90.42% (&gt; Goal)</li><li>PC MES Knowledge of Patient+ Adult: 88.43% (&gt; Goal)</li><li>PC MES Integration of Care+ Adult: 86.26% (&gt; Goal)</li><li>PC MES Willingness to Recommend+ Child: 93.14% (&gt; Goal)</li></ul>	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"><li>PC MES Willingness to Recommend+ Adult: 90.7% (&lt; Goal)</li><li>PC MES Integration of Care+ Child: 87.33% (&lt; Goal)</li><li>Screening for Depression and Follow-up Plan: 34.73% (&lt; Goal)</li></ul>	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
Compliance Review	Fallon 365 demonstrated compliance with most of the federal and state contractual standards.  MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with 10 requirements in the following domains: <ul style="list-style-type: none"><li>Disenrollment requirements and limitations (1)</li><li>QAPI (9)</li></ul> Partial compliance with 36 requirements in the following domains: <ul style="list-style-type: none"><li>Availability of services (2)</li><li>Coverage and authorization of services (1)</li><li>Subcontractual relationships and delegation (2)</li><li>Health information systems (20)</li><li>QAPI (3)</li></ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current	Fallon 365 submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the address information or grammar differences. IPRO removed a	Fallon 365 should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness



Activity	Strengths	Weaknesses	Recommendations	Standards
	except for duplicative provider records and incorrect provider directory information.	total of 313 duplicate providers from the Fallon 365 data prior to conducting the analysis.		
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	Fallon 365 used the correct MassHealth standards for all provider types in all service areas. When IPRO compared Fallon 365’s results for pediatric PCPs and many specialty and behavioral health provider types, the comparison showed IPRO and Fallon 365 had identical results for almost all provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	Because of the quality of the provider data, IPRO was not able to compare Fallon 365’s results for adult PCPs, hospital services, and many behavioral health provider types.	Fallon 365 should clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	Fallon 365 demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, and all specialty and behavioral health providers in all four of its service areas.	None.	None.	Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	Fallon 365 achieved only a 44.95% accuracy rate in its primary care provider directory, a 55.81% accuracy rate in its ob/gyn directory, and a 57.89% accuracy rate in its cardiology directory.	Fallon 365 should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care	Fallon 365 scored above the statewide score on eight adult PC MES measures and 10 child PC MES measures.	Fallon 365 scored below the statewide score on one adult and one 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.

### Fallon Atrius Strengths, Weaknesses, and EQR Recommendations

Table 149: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon Atrius

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: CBP	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information system standards. No issues were identified.	<p>The following HEDIS rates were below the 25th percentile:</p> <ul style="list-style-type: none"> <li>Postpartum Care: 79.4% (&lt; 25th percentile)</li> <li>Follow-up After Hospitalization for Mental Illness (7 days): 42.81% (&lt; 25th percentile)</li> <li>Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation): 33.71% (&lt; 25th percentile)</li> <li>Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 25% (&lt; 25th percentile)</li> <li>Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement): 10.11% (&lt; 25th percentile)</li> </ul>	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
Performance Measure Validation: Non-HEDIS measures	<p>No issues were identified. The following measures rates were above the goal benchmark:</p> <ul style="list-style-type: none"> <li>PC MES Communication+ Child: 95.81% (&gt; Goal)</li> <li>PC MES Communication+ Adult: 93.5% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Child: 90.73% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Adult: 87.16% (&gt; Goal)</li> <li>PC MES Willingness to Recommend+ Child: 93.62% (&gt; Goal)</li> <li>PC MES Integration of Care+ Adult: 85.84% (&gt; Goal)</li> </ul>	<p>The following measures rates were below the goal benchmark:</p> <ul style="list-style-type: none"> <li>PC MES Willingness to Recommend+ Adult: 89.08% (&lt; Goal)</li> <li>PC MES Integration of Care+ Child: 85.45% (&lt; Goal)</li> <li>Screening for Depression and Follow-up Plan: 39.64% (&lt; Goal)</li> </ul>	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
Compliance Review	<p>Fallon Atrius demonstrated compliance with most of the federal and state contractual standards.</p> <p>MCP addressed opportunities for improvement from the prior compliance review.</p>	<p>Lack of compliance with 1 requirement in the following domains:</p> <ul style="list-style-type: none"> <li>Disenrollment requirements and limitations (1)</li> </ul> <p>Partial compliance with 36 requirements in the following domains:</p> <ul style="list-style-type: none"> <li>Availability of services (2)</li> <li>Coverage and authorization of services (1)</li> <li>Subcontractual relationships and delegation (2)</li> <li>Health information systems (20)</li> <li>QAPI (11)</li> </ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	Fallon Atrius submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the address information or grammar differences. IPRO removed a total of 383 duplicate providers from the Fallon Atrius data prior to conducting the analysis.	Fallon Atrius should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	Fallon Atrius used the correct MassHealth standards for all provider types in all service areas. When IPRO compared Fallon Atrius’ results for physical health services and many of the specialty and behavioral health provider types, the comparison showed that IPRO and Fallon Atrius had identical results for almost all provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	Because of the quality of the provider data, IPRO was not able to compare Fallon Atrius’ results for PCPs, ob/gyn, acute inpatient hospitals, some specialty services and many behavioral health provider types.	Fallon Atrius should use clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis - Gaps in Provider Networks	Fallon Atrius demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, and all specialty and behavioral health providers in all four of its service areas.	None.	None.	Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	Fallon Atrius achieved an 88.08% accuracy rate in its primary care directory.	Fallon Atrius achieved only a 39.36% accuracy rate in its ob/gyn directory and a 61.54% accuracy rate in its cardiology directory.	Fallon Atrius should conduct a root cause analysis to determine why the ob/gyn and cardiology directories are less accurate than the primary care directory. Additionally, Fallon Atrius should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	Fallon Atrius scored above the statewide score on five adult and seven child PC MES measures.	Fallon Atrius scored below the statewide score on three adult and four 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.

Tufts CHA Strengths, Weaknesses, and EQR Recommendations

Table 150: Strengths, Opportunities for Improvement, and EQR Recommendations for Tufts CHA

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: CDF	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information system standards. No issues were identified. The following measures rates were above the 90th percentile: <ul style="list-style-type: none"><li>Timeliness of Prenatal Care: 98.15% (≥ 90th percentile)</li><li>Postpartum Care: 93.21% (≥ 90th percentile)</li></ul>	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures rates were above the goal benchmark: <ul style="list-style-type: none"><li>PC MES Communication+ Child: 95.05% (&gt; Goal)</li><li>PC MES Communication+ Adult: 93.08% (&gt; Goal)</li><li>PC MES Knowledge of Patient+ Adult: 86.22% (&gt; Goal)</li></ul>	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"><li>PC MES Knowledge of Patient+ Child: 89% (&lt; Goal)</li><li>PC MES Willingness to Recommend+ Child: 88.93% (&lt; Goal)</li><li>PC MES Willingness to Recommend+ Adult: 87.97% (&lt; Goal)</li><li>PC MES Integration of Care+ Child: 79.9% (&lt; Goal)</li><li>PC MES Integration of Care+ Adult: 83.05% (&lt; Goal)</li><li>Screening for Depression and Follow-up Plan: 38.71% (&lt; Goal)</li></ul>	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
Compliance Review	Tufts CHA demonstrated compliance with most of the federal and state contractual standards.  MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with 4 requirements in the following domains: <ul style="list-style-type: none"><li>Disenrollment requirements and limitations (1)</li><li>Availability of services (1)</li><li>QAPI (2)</li></ul> Partial compliance with 27 requirements in the following domains: <ul style="list-style-type: none"><li>Availability of services (4)</li><li>Coverage and authorization of services (1)</li><li>Grievances and appeals (3)</li><li>Health information systems (1)</li><li>QAPI (18)</li></ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	Tufts CHA submitted many duplicates for individual and facility providers due to variations in the addresses, such as including the suite name in the address. IPRO removed a total of 2,291 duplicate providers from the Tufts CHA data prior to conducting the analysis.	Tufts CHA should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	Tufts CHA submitted additional BH providers for clinical stabilization services (level 3.5), managed inpatient (level 4), monitored inpatient (level 3.7), and opioid treatment programs that were not on the approved list provided by MassHealth. IPRO removed a total of 315 duplicate providers from the Tufts CHA behavioral health data prior to conducting the analysis.	Tufts CHA should submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	Tufts CHA used the correct MassHealth standards for all provider types in all service areas. When IPRO compared Tuft CHA’s results for acute inpatient hospital and rehabilitation hospitals,	Because of the quality of the provider data, IPRO was not able to compare Tufts CHA’s results for PCPs, ob/gyn, urgent care services, all specialty types except rheumatology, and many behavioral health provider types.	Tufts CHA should clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
	pharmacy, and some behavioral health provider types, the comparison showed that IPRO and Tufts CHA had identical. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.			
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	Tufts CHA demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, and all specialty and behavioral health providers in all eight of its service areas.	None.	None.	Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	Tufts CHA achieved only a 29.03% accuracy rate in its primary care provider directory, a 25% accuracy rate in its ob/gyn directory, and a 31.58% accuracy rate in its cardiology directory.	Tufts CHA should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	Tufts CHA scored above the statewide score on five adult and two child PC MES measures.	Tufts CHA scored below the statewide score four adult and nine 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACPP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.

### Tufts UMass Strengths, Weaknesses, and EQR Recommendations

Table 151: Strengths, Opportunities for Improvement, and EQR Recommendations for Tufts UMass

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP: CDF	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information system standards. No issues were identified. The rates for the following measures were above the 90th percentile: <ul style="list-style-type: none"> <li>Timeliness of Prenatal Care: 95.05% (≥ 90th percentile)</li> <li>Follow-up After Emergency Department Visit for Mental Illness (7 days): 73.13% (≥ 90th percentile)</li> </ul>	The following HEDIS rates were below the 25th percentile: <ul style="list-style-type: none"> <li>Follow-up After Hospitalization for Mental Illness (7 days): 41.91% (&lt; 25th percentile)</li> <li>Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation): 39.23% (&lt; 25th percentile)</li> </ul>	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
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures rates were above the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Communication+ Child: 95.49% (&gt; Goal)</li> <li>PC MES Communication+ Adult: 92.32% (&gt; Goal)</li> <li>PC MES Knowledge of Patient+ Adult: 86.55% (&gt; Goal)</li> </ul>	The following measures rates were below the goal benchmark: <ul style="list-style-type: none"> <li>PC MES Knowledge of Patient+ Child: 89.42% (&lt; Goal)</li> <li>PC MES Willingness to Recommend+ Child: 90.88% (&lt; Goal)</li> <li>PC MES Willingness to Recommend+ Adult: 87.12% (&lt; Goal)</li> <li>PC MES Integration of Care+ Child: 84.61% (&lt; Goal)</li> <li>PC MES Integration of Care+ Adult: 82.39% (&lt; Goal)</li> <li>Screening for Depression and Follow-up Plan: 52.77% (&lt; Goal)</li> </ul>	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
Compliance Review	Tufts UMass demonstrated compliance with most of the federal and state contractual standards.	Lack of compliance with 4 requirements in the following domains: <ul style="list-style-type: none"> <li>Disenrollment requirements and limitations (1)</li> <li>Availability of services (1)</li> <li>QAPI (2)</li> </ul>	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 1/31/2025. IPRO will monitor the status of all	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	MCP addressed opportunities for improvement from the prior compliance review.	Partial compliance with 27 requirements in the following domains: <ul style="list-style-type: none"> <li>• Availability of services (4)</li> <li>• Coverage and authorization of services (1)</li> <li>• Grievances and appeals (3)</li> <li>• Health information systems (1)</li> <li>• QAPI (18)</li> </ul>	recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	Tufts UMass submitted many duplicates for individual and facility providers due to variations in the addresses, such as including the suite name in the address. IPRO removed a total of 2,301 duplicate providers from the Tufts UMass data prior to conducting the analysis.	Tufts UMass should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy was mostly accurate and current except for duplicative provider records and incorrect provider directory information.	Tufts UMass submitted additional BH providers for Clinical Stabilization Services (level 3.5), Managed Inpatient (level 4), Monitored Inpatient (level 3.7), and opioid treatment programs that were not on the approved list provided by MassHealth. IPRO removed a total of 315 duplicate providers from the Tufts UMass behavioral health data prior to conducting the analysis.	Tufts UMass should submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	Tufts UMass used the correct MassHealth standards for behavioral health provider types. When IPRO compared Tufts UMass results for psychiatric inpatient adult and psychiatric inpatient adolescent, the comparison showed that IPRO and Tufts UMass had identical results for both provider types in all service areas. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	Tufts UMass used incorrect time OR distance standards for PCPs, ob/gyn, hospital services, and specialist services. Because of the quality of the provider data, IPRO was able to compare Tuft UMass’ results for only two provider types: psychiatric inpatient adult and psychiatric inpatient adolescent.	Tufts UMass should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	Tufts UMass demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, and all specialty and behavioral health (except managed inpatient level 4 and opioid treatment program) providers in all five of its service areas.	Tufts UMass had a deficient managed inpatient level 4 and opioid treatment program network in the Athol service area.	ACP 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: Accuracy of Provider Directory	None.	Tufts UMass achieved only an 8.48% accuracy rate in its primary care provider directory, a 12.96% accuracy rate in its ob/gyn directory, and a 29.25% accuracy rate in its cardiology directory.	Tufts UMass should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	Tufts UMass scored above the statewide score on five adult and three child PC MES measures.	Tufts UMass scored below the statewide score on four adult and eight child PC MES measures.	The ACP 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

EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; ACP: accountable care partnership program; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement; MCP: managed care plan; CY: calendar year; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; TBD: to be determined; N/A: not applicable.



## X. Required Elements in EQR Technical Report

The Balanced Budget Act of 1997 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, performance measure validation, and review of compliance activities, are listed in **Table 152**.

**Table 152: 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 <b>Appendix B, Table B1</b> .
<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 <b>Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations</b> .
<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 <b>Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations</b> 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 ( <b>Sections III–VII</b> ) and in <b>Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations</b> .

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 <b>Section I, High-Level Program Findings and Recommendations</b> , 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 ( <b>Sections III–VII</b> ) and in <b>Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations</b> .
<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 <b>Section VIII. MCP Responses to the Previous EQR Recommendations</b> 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 <b>Section III</b> .
<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 <b>Section III</b> .
<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 <b>Section IV</b> .
<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> .	This report includes information on a review, conducted in 2024, 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 <b>Section V</b> .



Regulatory Reference	Requirement	Location in the EQR Technical Report
	The technical report must provide MCP results for the 11 Subpart D and QAPI standards.	

EQR: external quality review; CFR: Code of Federal Regulations; §: section; CHIP: Children’s Health Insurance Program; MCP: managed care plan; ACP: accountable care partnership plan; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan; PCCM: primary care case management; PIP: performance improvement project; EQRO: external quality review organization; PHI: protected health information; QAPI: quality assurance and performance improvement.

## 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)	Groups of primary care providers working with one managed care organization to create a full network of providers. <ul style="list-style-type: none"><li>Population: Managed care eligible Medicaid members under 65 years of age.</li><li>Managed Care Authority: 1115 Demonstration Waiver.</li></ul>	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)	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. <ul style="list-style-type: none"><li>Population: Managed care eligible Medicaid members under 65 years of age.</li><li>Managed Care Authority: 1115 Demonstration Waiver.</li></ul>	1. Community Care Cooperative 2. Revere Medical
Managed Care Organization (MCO)	Capitated model for services delivery in which care is offered through a closed network of PCPs, specialists, behavioral health providers, and hospitals. <ul style="list-style-type: none"><li>Population: Managed care eligible Medicaid members under 65 years of age.</li><li>Managed Care Authority: 1115 Demonstration Waiver.</li></ul>	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 hospitals, specialists, and the Massachusetts Behavioral Health Partnership (MBHP). <ul style="list-style-type: none"><li>Population: Managed care eligible Medicaid members under 65 years of age.</li><li>Managed Care Authority: 1115 Demonstration Waiver.</li></ul>	Not applicable – MassHealth
Massachusetts Behavioral Health Partnership (MBHP)	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. <ul style="list-style-type: none"><li>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.</li><li>Managed Care Authority: 1115 Demonstration Waiver.</li></ul>	MBHP
One Care Plan	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. <ul style="list-style-type: none"><li>Population: Dual-eligible Medicaid members ages 21–64 years at the time of enrollment with MassHealth and Medicare coverage.</li><li>Managed Care Authority: Financial Alignment Initiative Demonstration.</li></ul>	1. Commonwealth Care Alliance 2. Tufts Health Plan Unify 3. UnitedHealthcare Connected for One Care
Senior Care Options (SCO)	Medicare 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. <ul style="list-style-type: none"><li>Population: Medicaid members over 65 years of age and dual-eligible members over 65 years of age.</li><li>Managed Care Authority: 1915(a) Waiver/1915(c) Waiver.</li></ul>	1. WellSense Senior Care Option 2. Commonwealth Care Alliance 3. NaviCare Fallon Health 4. Senior Whole Health by Molina 5. Tufts Health Plan Senior Care Option 6. UnitedHealthcare Senior Care Options

ACO: accountable care organization; PCP: primary care provider; PCCM: primary care case management.

XIII. Appendix C – MassHealth Quality Measures

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

Measure Steward	Acronym	Measure Name	Medicaid Core Set	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/Objectives
NCQA	SAA	Adherence to Antipsychotics for Individuals with Schizophrenia	X	N/A	N/A	N/A	N/A	N/A	1.2, 3.1, 5.1, 5.2
NCQA	AMM	Antidepressant Medication Management – Acute and Continuation	X	N/A	N/A	X	N/A	X	1.2, 3.4, 5.1, 5.2
NCQA	AMR	Asthma Medication Ratio	X	N/A	N/A	N/A	N/A	N/A	1.1, 1.2, 3.1
NCQA	AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis	X	N/A	N/A	N/A	N/A	N/A	1.1., 2.2, 3.4
EOHHS	BH CP Engagement	Behavioral Health Community Partner Engagement	N/A	X	X	N/A	N/A	N/A	1.1, 1.3, 2.3, 3.1, 5.2, 5.3
NCQA	BCS	Breast Cancer Screening	X	N/A	N/A	N/A	N/A	N/A	1.1., 2.2, 3.4
NCQA	CCS	Cervical Cancer Screening	X	N/A	N/A	N/A	N/A	N/A	1.1., 2.2, 3.4
NCQA	ACP	Advance Care Planning	N/A	N/A	N/A	X	N/A	N/A	1.1, 3.4, 4.1
NCQA	WCV	Child and Adolescent Well-Care Visits	X	N/A	N/A	N/A	N/A	N/A	1.1, 3.1
NCQA	CIS	Childhood Immunization Status	X	N/A	N/A	N/A	N/A	N/A	1.1, 3.1
NCQA	CHL	Chlamydia Screening	X	N/A	N/A	N/A	N/A	N/A	1.1., 2.2, 3.4
NCQA	COL	Colorectal Cancer Screening	X	N/A	N/A	X	N/A	N/A	1.1., 2.2, 3.4
PQA	COB	Concurrent Use of Opioids and Benzodiazepines	X	N/A	N/A	N/A	N/A	N/A	1.2, 3.1, 5.1, 5.2
NCQA	CBP	Controlling High Blood Pressure	X	N/A	N/A	X	X	N/A	1.1, 1.2, 2.2
NCQA	SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	X	N/A	N/A	N/A	N/A	X	1.2, 3.4, 5.1, 5.2
NCQA	FUM	Follow-Up After Emergency Department Visit for Mental Illness (30 days)	X	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	X	N/A	X	X	3.4, 5.1–5.3
NCQA	FUH	Follow-Up After Hospitalization for Mental Illness (30 days)	X	N/A	N/A	N/A	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	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)	X	N/A	N/A	N/A	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 (7 days)	X	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)	X	N/A	N/A	N/A	N/A	X	1.2, 3.4, 5.1, 5.2
NCQA	HBD	Hemoglobin A1c Control; HbA1c control (> 9.0%) Poor Control	X	N/A	N/A	N/A	X	N/A	1.1, 1.2, 3.4
NCQA	IMA	Immunizations for Adolescents	X	N/A	N/A	N/A	N/A	N/A	1.1, 3.1
NCQA	FVA	Influenza Immunization	N/A	N/A	N/A	N/A	X	N/A	1.1, 3.4
MA-PD CAHPs	FVO	Influenza Immunization	N/A	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	X	1.2, 3.4, 5.1–5.3
NCQA	LSC	Lead Screening in Children	X	N/A	N/A	N/A	N/A	N/A	1.1, 3.1
CMS	MLTSS-7	Managed Long Term Services and Supports Minimizing Facility Length of Stay	N/A	N/A	N/A	X	N/A	N/A	4.1, 5
NCQA	APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	X	N/A	N/A	N/A	N/A	X	1.2, 3.4, 5.1, 5.2
NCQA	OMW	Osteoporosis Management in Women Who Had a Fracture	N/A	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	N/A	X	N/A	N/A	1.1, 1.2, 3.4
NCQA	PCE	Pharmacotherapy Management of COPD Exacerbation	N/A	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	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	N/A	X	N/A	N/A	1.2, 3.4, 5.1
CMS	CDF	Screening for Depression and Follow-Up Plan	X	X	N/A	N/A	N/A	N/A	1.1, 3.1, 5.1, 5.2
NCQA	PPC	Timeliness of Prenatal Care	X	N/A	N/A	N/A	N/A	N/A	1.1, 2.1, 3.1
NCQA	TRC	Transitions of Care – All Submeasures	N/A	N/A	N/A	X	N/A	N/A	1.2, 3.4, 5.1

Measure Steward	Acronym	Measure Name	Medicaid Core Set	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/Objectives
NCQA	APP	Use of First-Line Psychosocial Care for Children and Adolescents	X	N/A	N/A	N/A	N/A	N/A	1.2, 3.1, 5.1, 5.2
NCQA	DAE	Use of High-Risk Medications in the Older Adults	N/A	N/A	N/A	X	N/A	N/A	1.2, 3.4, 5.1
PQA	OHD	Use of Opioids at High Dosage in Persons Without Cancer	X	N/A	N/A	N/A	N/A	N/A	1.2, 3.1, 5.1, 5.2
SAMHSA	ODU	Use of Pharmacotherapy for Opioid Use Disorder	X	N/A	N/A	N/A	N/A	N/A	1.2, 3.1, 5.1, 5.2
NCQA	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	N/A	N/A	N/A	X	N/A	N/A	1.2, 3.4
NCQA	W30	Well-Child Visits in the First 30 Months	X	N/A	N/A	N/A	N/A	N/A	1.1, 3.1
NCQA	WCC	Weight Assessment and Counseling for Children	X	N/A	N/A	N/A	N/A	N/A	1.1, 3.1

NCQA: National Committee for Quality Assurance; EOHHS: Massachusetts Executive Office of Health and Human Services; MA-PD CAHPS: Medicare Advantage and Prescription Drug Plan Consumer Assessment of Healthcare Providers and Systems; ADA DQA: American Dental Association Dental Quality Alliance; CMS: Centers for Medicare and Medicaid Services; COPD: chronic obstructive pulmonary disease.

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><b>Applicable Provider Types:</b></p> <ul style="list-style-type: none"><li>• Adult PCP;</li><li>• Family PCP (applies to all ages, adults and children)</li><li>• Pediatric PCP</li></ul> <p><b>Sec. 2.10.C.1 Primary Care Providers</b></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"><li>1) Is open at least 20 hours per week;</li><li>2) Has qualifications and expertise commensurate with the health care needs of the Enrollee; and</li><li>3) Has the ability to communicate with the Enrollee in a linguistically appropriate and culturally sensitive manner.</li></ol>	<p><b>Primary Care Providers:</b></p> <ul style="list-style-type: none"><li>• 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.</li><li>• The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li><li>• The provider-to-member ratio must be 1:750</li></ul>	<p><b>ADULT Primary Care Providers Geo-Access:</b></p> <p><b>Numerator:</b> 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"><li>• 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</li><li>• 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.</li></ul> <p><b>Denominator:</b> all plan members ages 21 to 64 in a Service Area</p> <p><b>ADULT Primary Care Provider-to-Member ratio:</b> 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><b>PEDIATRIC Primary Care Providers Geo-Access:</b></p> <p><b>Numerator:</b> 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"><li>• 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</li><li>• 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.</li></ul> <p><b>Denominator:</b> all plan members ages 0 to 20 in a Service Area</p> <p><b>Pediatric Primary Care Provider-to-Member ratio:</b> 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).</p>

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

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACP Contracts	Indicator	Definition of the Indicator
<p><b>Sec. 2.10.C.3.c Obstetrician/Gynecologists</b></p> <p>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.</p> <p>2) When feasible, Enrollees shall have a choice of two Obstetrician/Gynecologists.</p>	<p><b>OB/GYN</b></p> <ul style="list-style-type: none"><li>• 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.</li><li>• The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.</li><li>• The provider-to-member ratio must be 1:500</li></ul>	<p><b>OB/GYN Geo-Access:</b></p> <p><b>Numerator:</b> 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"><li>• Two unique in-network OB/GYN providers with open panels are a 30-minute drive or less from a member residence; OR</li><li>• Two unique in-network OB/GYN providers with open panels are 15 miles or less from a member residence.</li></ul> <p><b>Denominator:</b> all female members ages 10+ in a Service Area</p> <p><b>OB/GYN Provider-to-Member ratio:</b> 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: ACP Network Adequacy Standards and Indicators – Physical Health Services

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACP Contracts	Indicator	Definition of the Indicator
<p><b>Physical Health Services:</b></p> <ul style="list-style-type: none"><li>Acute Inpatient Hospital</li><li>Rehabilitation hospital</li><li>Urgent care services</li></ul> <p>Only in <b>Appendix N</b> - Physical Health Services are not listed in Sec. 2.10.C</p>	<p><b>Physical Health Services</b></p> <ul style="list-style-type: none"><li>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.</li><li>Provider-to-member ratio not required. Do not calculate.</li></ul>	<p><b>Hospitals Geo-Access:</b> <b>Numerator:</b> number of members in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"><li>One in-network hospital is a 40-minute drive or less from a member residence; OR</li><li>One in-network hospital is 20 miles or less from a member residence.</li></ul> <p><b>Denominator:</b> 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><b>Urgent Care Geo-Access:</b> <b>Numerator:</b> number of members in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"><li>One in-network urgent care facility is a 30-minute drive or less from a member residence; OR</li><li>One in-network urgent care facility is 15 miles or less from a member residence.</li></ul> <p><b>Denominator:</b> all members in a Service Area.</p> <p><b>Rehabilitation Hospital Geo-Access:</b> <b>Numerator:</b> number of members in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"><li>One in-network rehabilitation hospital is a 60-minute drive or less from a member residence; OR</li><li>One in-network rehabilitation hospital is 30 miles or less from a member residence.</li></ul> <p><b>Denominator:</b> 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><b>Specialists</b></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><b>Specialists:</b></p> <ul style="list-style-type: none"><li>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.</li><li>Contractor is required to report provider-to-member ratios, but there are no predefined ratios that need to be achieved.</li><li>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.</li></ul>	<p><b>Specialists Geo-Access:</b> <b>Numerator:</b> number of plan members in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"><li>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</li><li>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.</li></ul> <p><b>Denominator:</b> all plan members in a Service Area <b>Provider-to-Member ratio:</b> the number of all in-network providers against the number of all members. There are no predefined ratios that need to be achieved. <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
Pulmonology Rheumatology Urology Vascular Surgery*  <b>Sec. 2.10.C.3. a and b.</b> Other Physical Health Specialty Providers 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. b. For all other specialty provider types 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: ACPP 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
<b>Behavioral Health Services:</b> 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) Recovery Support Navigators Recovery Coaching Opioid Treatment Program (OTP)  <b>Sec. 2.10.C.5 5. Behavioral Health Services (as listed in Appendix C)</b> 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	<b>Behavioral Health Services</b> <ul style="list-style-type: none"> <li>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.</li> <li>Provider-to-member ratio not required. Do not calculate.</li> </ul>	<b>Psychiatric inpatient adult, adolescent, and child; &amp; Managed Inpatient Level 4 Geo-Access:</b> <b>Numerator:</b> number of members in a Service Area for which one of the following is true: <ul style="list-style-type: none"> <li>Two unique in-network providers are a 60-minute drive or less from a member residence; OR</li> <li>Two unique in-network providers are 60 miles or less from a member residence.</li> </ul> <b>Denominator:</b> all members in a Service Area  <b>Other Behavioral Health Services Geo-Access:</b> <b>Numerator:</b> number of members in a Service Area for which one of the following is true: <ul style="list-style-type: none"> <li>Two unique in-network providers are a 30-minute drive or less from a member residence; OR</li> <li>Two unique in-network providers are 30 miles or less from a member residence.</li> </ul> <b>Denominator:</b> 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
<p>or, as determined by EOHHS, to the extent that qualified, interested Providers are available; and</p> <p>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;</p>		

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><b>Sec. 2.10.C.2.Pharmacy</b></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><b>Pharmacy</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Provider-to-member ratio not required. Do not calculate.</li> </ul>	<p><b>Pharmacy Geo-Access:</b></p> <p><b>Numerator:</b> number of members in a Service Area for which one of the following is true:</p> <ul style="list-style-type: none"> <li>One pharmacy is a 30-minute drive or less from a member residence; OR</li> <li>One pharmacy is 15 miles or less from a member residence.</li> </ul> <p><b>Denominator:</b> 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	<a href="https://behealthypartnership.org/find-a-provider/">https://behealthypartnership.org/find-a-provider/</a>
Berkshire Fallon Health Collaborative	<a href="https://fchp.org/Berkshires/find-doctor/">https://fchp.org/Berkshires/find-doctor/</a>
East Boston Neighborhood Health WellSense Alliance	<a href="https://www.wellsense.org/members/ma/masshealth#find-a-provider-">https://www.wellsense.org/members/ma/masshealth#find-a-provider-</a>
Fallon 365 Care	<a href="https://fchp.org/365care/find-doctor/">https://fchp.org/365care/find-doctor/</a>
Fallon Health – Atrius Health Care Collaborative	<a href="https://fchp.org/Atrius/find-doctor/">https://fchp.org/Atrius/find-doctor/</a>
Mass General Brigham Health Plan with Mass General Brigham ACO	<a href="https://mgbhealthplan.sapphirethreesixtyfive.com/?ci=home">https://mgbhealthplan.sapphirethreesixtyfive.com/?ci=home</a>
Tufts Health Together with Cambridge Health Alliance (CHA)	<a href="https://tuftshealthplan.com/find-a-doctor#">https://tuftshealthplan.com/find-a-doctor#</a>
Tufts Health Together with UMass Memorial Health	<a href="https://tuftshealthplan.com/find-a-doctor#">https://tuftshealthplan.com/find-a-doctor#</a>
WellSense Beth Israel Lahey Health (BILH) Performance Network ACO	<a href="https://www.wellsense.org/members/ma/masshealth#find-a-provider">https://www.wellsense.org/members/ma/masshealth#find-a-provider</a>
WellSense Boston Children’s ACO	<a href="https://www.wellsense.org/members/ma/masshealth#find-a-provider">https://www.wellsense.org/members/ma/masshealth#find-a-provider</a>
WellSense Care Alliance	<a href="https://www.wellsense.org/members/ma/masshealth#find-a-provider">https://www.wellsense.org/members/ma/masshealth#find-a-provider</a>
WellSense Community Alliance	<a href="https://www.wellsense.org/members/ma/masshealth#find-a-provider-">https://www.wellsense.org/members/ma/masshealth#find-a-provider-</a>
WellSense Mercy Alliance	<a href="https://www.wellsense.org/members/ma/masshealth#find-a-provider-">https://www.wellsense.org/members/ma/masshealth#find-a-provider-</a>
WellSense Signature Alliance	<a href="https://www.wellsense.org/members/ma/masshealth#find-a-provider-">https://www.wellsense.org/members/ma/masshealth#find-a-provider-</a>
WellSense Southcoast Alliance	<a href="https://www.wellsense.org/members/ma/masshealth#find-a-provider">https://www.wellsense.org/members/ma/masshealth#find-a-provider</a>