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External Quality Review
Accountable Care Partnership Plans
Annual Technical Report, Calendar Year 2025

Commonwealth of Massachusetts
Executive Office of Health and Human Services

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Per *Title 42 CFR § 438.364(a)(7)*, no managed care plan was exempt from the external quality review activities conducted in CY 2025.

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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), contracted with 15 ACPPs during the 2025 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, 2025	Percent of Total ACPP Population
Mass General Brigham Health Plan with Mass General Brigham ACO	MGB	142,266	17.13%
WellSense Community Alliance	WellSense Community Alliance	131,946	15.89%
WellSense Mercy Alliance	WellSense Mercy	26,690	3.21%
WellSense Signature Alliance	WellSense Signature	23,150	2.79%
WellSense Southcoast Alliance	WellSense Southcoast	17,144	2.06%
WellSense Beth Israel Lahey Health Performance Network ACO	WellSense BILH	60,573	7.29%
WellSense Care Alliance	WellSense Care Alliance	52,506	6.32%
East Boston Neighborhood Health WellSense Alliance	WellSense East Boston	27,100	3.26%
WellSense Boston Children's ACO	WellSense Children's	130,299	15.69%
BeHealthy Partnership Plan	HNE BeHealthy	46,803	5.64%
Berkshire Fallon Health Collaborative	Fallon Berkshire	19,150	2.31%
Fallon 365 Care	Fallon 365	36,830	4.43%
Fallon Health – Atrius Health Care Collaborative	Fallon Atrius	38,409	4.62%
Tufts Health Together with Cambridge Health Alliance	Tufts CHA	34,462	4.15%
Tufts Health Together with UMass Memorial Health	Tufts UMass	43,200	5.20%
All ACPPs	Total	830,528	100%

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 142,266 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 131,946 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 26,690 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 23,150 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 17,144 MassHealth enrollees across five counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Barnstable, Bristol, Dukes, 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 60,573 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 52,506 MassHealth enrollees across six counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk 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 27,100 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 130,299 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 for the plan. This plan serves 46,803 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 19,150 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 36,830 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 38,409 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 34,462 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 43,200 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 ACPPs 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 ACPPs. As set forth in *Title 42 CFR § 438.358 Activities related to external quality review(b)(1)*, these activities are:

(i) ***CMS Mandatory Protocol 1*: *Validation of Performance Improvement Projects* –** 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[1] Managed Care Regulations* –** This activity determines ACPPs' compliance with their 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 the 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 2025 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 2025 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.

[1] Children's Health Insurance Program.

MassHealth Medicaid Comprehensive Quality Strategy

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

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

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

MassHealth reviews and evaluates the effectiveness of its quality strategy every 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 Comprehensive Quality Strategy was published in October 2025. It defines goals and plans to improve the quality of care for the managed care and fee-for-service populations through 2027. The document was made available for public comment via the MassHealth quality website. Comments have been incorporated and shared for consideration if pertaining to specific programs or contracts.

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 15 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 2025 demonstrated the following strengths.

Strengths:
IPRO found that all 15 PIP Remeasurement Reports follow an acceptable methodology in determining PIP aims, identifying barriers, and proposing interventions to address them. In terms of producing significant evidence of improvement, 10 PIPs received high ratings, and five received moderate confidence ratings. 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 2024 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 three clinical measure rates 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 applicable National Committee for Quality Assurance (NCQA) information system standards, with the exception of one ACPP that was not compliant with the medical record review processes for one measure.

IPRO aggregated the ACPP measure rates to provide comparative information for all plans. When compared to the MY 2024 Quality Compass® New England regional percentile, statewide the best performance was reported for the following measures:

- Follow-up After Emergency Department Visit for Mental Illness (7 days): 73.91% (≥ 75th but < 90th percentile),
- Asthma Medication Ratio: 61.93% (≥ 75th but < 90th percentile), and
- Glycemic Status Assessment for Patients with Diabetes (> 9.0%): 23.20% (≥ 75th but < 90th percentile).

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

- Willingness to Recommend Child: 92.48% (> Goal),
- Communication Adult: 92.87% (> Goal),
- Communication Child: 95.65% (> Goal),
- Integration of Care Adult: 85.09% (> Goal),
- Knowledge of Patient Adult: 86.45% (> Goal),
- Knowledge of Patient Child: 90.11% (> Goal),
- Topical Fluoride for Children, Ages 1-5: 38.03% (> Goal), and
- Developmental Screening in the First 3 Years of Life: 74.01% (> Goal).

Opportunities for Improvement:
Although it is encouraging that most plans exceeded the goal benchmark for the newly introduced non-HEDIS measures (i.e., Topical Fluoride for Children and Developmental Screening in the First 3 Years of Life), this result suggests that the goal benchmark is set too low to meaningfully drive continued quality 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 measures, 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 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): Six 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),
- Integration of Care Child: 85.24% (< Goal), and
- Screening for Depression and Follow-up Plan: 50.54% (< Goal).

General Recommendations for MassHealth:

- *Recommendation towards benchmarks that support continuous quality improvement* – Almost all ACPPs exceeded the current goal benchmark for the newly introduced state-specific measures: Topical Fluoride for Children and Developmental Screening in the First 3 Years of Life. To continue driving meaningful quality improvement and prevent performance from plateauing, IPRO recommends increasing the benchmark to a more ambitious target.
- *Recommendation towards better hybrid measure sampling* – MassHealth should update the hybrid measure sampling methodology to include a sufficient 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.

Performance measure validation findings are provided in **Section IV** of this report.

Compliance Review

IPRO evaluated the compliance of ACPPs 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, and 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. ACPPs undergo compliance reviews every three years. The next compliance review will be conducted in contract year 2027.

The validation of ACPPs conducted in CY 2024 demonstrated ACPPs' commitment to their members and providers, as well as strong operations. 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. MGB and Tufts ACPPs had the strongest documentation and evidence of compliance with the Health Information Systems requirements. Fallon ACPPs had the strongest care coordination results.

Opportunities for Improvement:
Gaps were identified in the areas of Health Information Systems and Quality Assurance and Performance Improvement (QAPI) Programs. Some ACPPs 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 ACPPs, except for MGB, had some difficulty producing file universes for the file reviews. ACPPs 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 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 to a majority of the ACPPs for the 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 ACPPs had deficiencies in their behavioral health providers networks.

Additionally, IPRO conducted PCP, ob/gyn, and community mental health centers directory audits, verifying telephone numbers, addresses, specialties, MCP participation, and panel status. The accuracy of online directory information varied widely. The most frequent cause of inaccurate information about PCPs was information on whether the provider is accepting new patients. The most frequent inaccuracies about ob/gyn and community mental health centers were related to contact information e.g., constant busy signal, no answer, the call getting disconnected before contact was made etc. No provider directory accuracy thresholds were established. IPRO informed MCPs about errors identified in directory data.

The average wait times for routine appointments were: 78.1 calendar days for a PCPs, 89.34 calendar days for an ob/gyn provider, and 6.6 calendar days for community mental health centers. These results are based on small samples and should be interpreted with caution. Appointment availability was often not disclosed unless eligibility or insurance information was provided, preventing IPRO from assessing wait times and creating unnecessary barriers to patient access.

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.
- *Recommendations towards better access* – MassHealth should work with health plans to explore ways that providers could disclose appointment availability to members without requiring eligibility verification, reducing barriers to access and enabling informed care decisions.

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. Three adult and three child member experience measures (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.

To adhere to Medicaid Child Core Set mandatory reporting guidance issued by CMS, MassHealth contracted with Massachusetts Health Quality Partners (MHQP), which worked with a HEDIS-certified subcontractor to administer the CAHPS Health Plan 5.1H Child Version (CPC-CH) survey to eligible Medicaid and CHIP beneficiaries, per HEDIS guidelines.

Opportunities for Improvement:
Goal benchmarks have been established for three 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 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.

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.

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 benchmarks that support continuous quality improvement* – Almost all ACPPs exceeded the current goal benchmark for the newly introduced state-specific measures: Topical Fluoride for Children and Developmental Screening in the First 3 Years of Life. To continue driving meaningful quality improvement and prevent performance from plateauing, IPRO recommends increasing the benchmark to a more ambitious target.
- *Recommendation towards better hybrid measure sampling* – MassHealth should update the hybrid measure sampling methodology to include a sufficient 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.
- *Recommendations towards better access* – MassHealth should work with health plans to ensure providers disclose appointment availability to members without requiring eligibility verification, reducing barriers to access and enabling informed care decisions.
- *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.

EQR Recommendations for the ACPPs

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

II. Massachusetts Medicaid Managed Care Program

Managed Care in Massachusetts

Massachusetts's Medicaid program provides healthcare coverage to low-income individuals and families in the state. 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."[2] MassHealth covers over 2 million residents in Massachusetts, approximately 30% of the state's population.

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, pregnant women, and children.

MassHealth Medicaid Quality Strategy

Titles 42 CFR § 438.340(a) and *42 CFR § 457.1240(e)* establish 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 has reviewed and updated its quality strategy since the initial issue produced in 2006. MassHealth reviews its quality strategy annually and updates it at least once every three years. The most recent Comprehensive Quality Strategy was published in October 2025. It defines goals and plans to improve the quality of care for the managed care and fee-for-service populations through 2027. The document was made available for public comment via the MassHealth quality website. Comments have been incorporated and shared for consideration if pertaining to specific programs or contracts.

2025–2027 Strategic Goals

Compared to its 2022 predecessor, the 2025 Comprehensive Quality Strategy includes goals with explicit objectives and associated quality measures. Progress will be assessed based on MassHealth's ability to achieve clearly stated 2027 targets, which were set based on statewide performance during a baseline period. The baseline period represents either MY 2023 or MY 2024. MassHealth's strategic goals are listed in **Table 2**. For the full list of MassHealth's quality goals, objectives, quality measures, baseline performance, and 2027 targets, see **Appendix A**, **Tables A1–A5**.

[2] MassHealth 2025 Comprehensive Quality Strategy. Also available at: https://www.mass.gov/doc/2025-masshealth-comprehensive-quality-strategy-cqs-0/download.

Table 2: MassHealth's Strategic Goals

Strategic Goals	Description
Goal 1: High-quality care	Achieve a healthy population by delivering high-quality pediatric, preventive, and perinatal care.
Goal 2: High-impact acute and chronic conditions	Advance progress on high-impact acute and chronic condition areas to improve safe, effective, high-value care.
Goal 3: Coordinated and efficient quality care	Enable coordinated and efficient quality care for all members across the continuum of services and settings of care.
Goal 4: Person-centered care	Enhance person-centered care through elevating member voice and improving member experience and engagement with their health care.
Goal 5: Access to and appropriate utilization	Ensure access to and appropriate utilization of care and services to 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.

MassHealth Managed Care Programs

Under its quality strategy, EOHHS contracts with MCOs, accountable care organizations (ACOs), behavioral health providers, and integrated care plans to provide coordinated health care services to MassHealth members. Most MassHealth members (approximately 70%) are enrolled in MCPs and receive managed care services via one of the 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 PCPs who contract directly with MassHealth to provide integrated and coordinated care. PC ACOs function as an ACO but are considered PCCM entities. 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 PCPs, called a primary care clinician (PCC). The PCC provides services, including care coordination, to enrollees under age 65 years and without any third-party insurance. PCCP uses the MassHealth network of PCPs, 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.

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 ages 21 to 64 years who are dually enrolled in Medicaid and Medicare.[3]
7. **Senior Care Options** (SCO) Plans are also integrated health plans that cover services paid for by Medicare and Medicaid. SCO Plans are for MassHealth Enrollees ages 65 years and older, and they offer services to help seniors stay independently at home by combining health care with social supports.[4] SCO Plans coordinate all Medicare and Medicaid benefits, and Enrollees must be eligible for both programs at the time of enrollment.

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 populations served.

MassHealth Additional Programs

MassHealth manages other programs beyond MCPs.

Fee-for-service (FFS) Medicaid Program

Fee-for-service is a traditional payment model where healthcare providers are paid directly for each service without a capitated payment and care coordination. According to the MassHealth Comprehensive Quality Strategy, 30% of MassHealth members are enrolled in fee-for-service, which includes individuals who live in nursing facilities or rehabilitation hospitals, individuals under age 65 years who have employer-sponsored insurance for whom MassHealth offers wraparound benefits, and individuals over age 65 years or who are disabled with Medicare and choose to remain in fee-for-service.[5]

Long-term Services and Supports (LTSS)

LTSS includes assistance with daily activities like bathing, dressing, and eating provided both in nursing homes and in private residences. Covered services include personal care services, as well as durable medical equipment, oxygen and respiratory therapy, and orthotics and prosthetics, among others. Eligibility is based on needing help with specific daily activities to enable people to live independently and participate in their communities. MassHealth offers LTSS in fee-for-service, SCO and One Care integrated Plans, and the Program of All-Inclusive Care of the Elderly. MassHealth has implemented quality monitoring for managed care LTSS through the requirements established for the integrated care plans and is planning to develop quality monitoring for fee-for-service LTSS services.

Program of All-Inclusive Care of the Elderly (PACE)

Members who are over 55 years of age and nursing-home–eligible can benefit from the Program of All-Inclusive Care of the Elderly to live safely at home. In this model, an interdisciplinary team of providers (clinicians, social workers, therapists, and health aids) provide coordinated services to help the elderly live in the community for as long as possible.

Community Partners Program

Members with complex LTSS and behavioral health needs may also participate in the Community Partners Program. Community Partners collaborate with ACOs and MCOs to provide care coordination and care management support and are eligible for financial incentives for quality performance. Community Partners also support the PCCP and MassHealth's fee-for-service members affiliated with the Department of Mental Health's Adult Community Clinical Supports Program.

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[3] One Care Facts and Features. Also available at: https://www.mass.gov/doc/one-care-facts-and-features-brochure/download.
[4] Senior Care Options (SCO) Overview. Also available at: https://www.mass.gov/service-details/senior-care-options-sco-overview.
[5] MassHealth 2025 Comprehensive Quality Strategy. Also available at: https://www.mass.gov/doc/2025-masshealth-comprehensive-quality-strategy-cqs-0/download.

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. 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' 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, where the 90th percentile is used to inform a goal target. The MBHP 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 ACPPs are required to develop 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, a PC ACO, and the PCCP, MassHealth conducts an annual survey adapted from the CG-CAHPS that assesses members experience 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 Access Standards

MassHealth standards for access to care and availability of services, as well as coverage and authorization of services, are detailed in the contracts with all managed care entities and MBHP. The coverage and authorization of service requirements do not apply to PC ACOs. Trave time and distance standards vary by provider type and MCP standards. The wait time for appointments standards are listed in the quality strategy document. Managed care entity compliance with access standards is validated during the annual EQR process.

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.

The most recent evaluation of MassHealth's 2022 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 revised several quality strategy goals to better align with evolving agency priorities. MassHealth will evaluate the effectiveness of the 2025 Comprehensive Quality Strategy in 2028; however, the progress towards quality strategy measures and key performance indicators across all programs will be reviewed annually.

IPRO's Assessment of the Massachusetts Medicaid Quality Strategy

MassHealth published a revised Comprehensive Quality Strategy in 2025. The revised strategy articulates five clearly defined goals with clearly defined objectives, quality measures, baseline performance, and 2027 targets.

Quality strategy goals continue to be 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.

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. Standards for adult dental services were developed for SCO and One Care Plans.

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.

Overall, MassHealth's quality strategy is designed to improve the quality of health care for Medicaid members.

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 an MCP.

Section 2.14.C of the second 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 2025

ACPP	PIP Topics
MGB	**PIP 1: CBP – Remeasurement 1 Report** 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	**PIP 1: HBD – Remeasurement 1 Report** Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
WellSense Mercy	**PIP 1: HBD – Remeasurement 1 Report** Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
WellSense Signature	**PIP 1: HBD – Remeasurement 1 Report** Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
WellSense Southcoast	**PIP 1: HBD – Remeasurement 1 Report** Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
WellSense BILH	**PIP 1: HBD – Remeasurement 1 Report** Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
WellSense Care Alliance	**PIP 1: HBD – Remeasurement 1 Report** Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
WellSense East Boston	**PIP 1: CDF – Remeasurement 1 Report** 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 Children's	**PIP 1: CDF – Remeasurement 1 Report** 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	**PIP 1: HBD – Remeasurement 1 Report** Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.

ACPP	PIP Topics
Fallon Berkshire	**PIP 1: CDF – Remeasurement 1 Report** 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	**PIP 1: HBD – Remeasurement 1 Report** Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
Fallon Atrius	**PIP 1: CBP – Remeasurement 1 Report** 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	**PIP 1: CDF – Remeasurement 1 Report** 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	**PIP 1: CDF – Remeasurement 1 Report** 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 CY 2025.

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. The projects started in January 2024 and, after the initial baseline reports were approved, IPRO conducted progress calls with all ACPPs between October and December 2024. In March 2025, IPRO offered optional progress calls and met with four ACPPs. The first remeasurement report was submitted in July 2025. However, the WellSense Children's, WellSense East Boston, and Tufts CHA reports were submitted in October due to the fact that the depression screening performance indicator rates were not available until later in the year.

In the first remeasurement report, ACPPs described project goals, performance indicators' rates, anticipated barriers, interventions, and intervention tracking measures' rates. 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 as well as the progress of the interventions and initial evidence of improvement. It aimed to evaluate an alignment between the interventions and project goals and whether reported improvements could be maintained over time.

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, including intervention tracking measures, 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. Both ratings used the following scale: high confidence, moderate confidence, low confidence, and no confidence.

Rating 1: Adherence to Acceptable Methodology - Validation Results Summary

One PIP received a rating of moderate confidence and 14 PIPs received ratings of high confidence in adherence to acceptable methodology.

Rating 2: Evidence of Improvement - Validation Results Summary

In terms of producing significant evidence of improvement, 10 PIPs received high ratings, and five received moderate confidence ratings.

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

Table 4: MGB PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 5: WellSense Community Alliance PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year;.

Table 6: WellSense Mercy PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 7: WellSense Signature PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 8: WellSense Southcoast PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 9: WellSense BILH PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 10: WellSense Care Alliance PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 11: WellSense East Boston PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 12: WellSense Children's PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 13: HNE BeHealthy PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 14: Fallon Berkshire PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 15: Fallon 365 PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 16: Fallon Atrius PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 17: Tufts CHA PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

Table 18: Tufts UMass PIP Validation Confidence Ratings – CY 2025

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

PIP: performance improvement project; CY: calendar year.

A description of each validated PIP is provided in the following ACPP-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, 2025

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.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence

PIP: performance improvement project; ACO: accountable care organization; BP: blood pressures; MY: measurement year.

Aim

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.

Interventions in 2025

- Text message campaign to educate members on hypertension
- Care management outreach
- Develop and disseminate HTN protocols to train providers on how to review optimal BP measurement
- Develop patient facing materials on how to use a device at home
- Share data with providers throughout the PIP cycle to assess progress
- Email outreach who members with hypertensions on tips for at home blood pressure readings

Performance Improvement Summary

There is high confidence that the PIP produced evidence of improvement. MGB monitored barriers and interventions and adapted them to continue increasing performance indicator rates.

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%
Indicator 1: Controlling High Blood Pressure	2025 (remeasurement 1, MY 2024 data)	71.29%

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, 2025

WellSense BILH PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence

PIP: performance improvement project; ACO: accountable care organization; HbA1c: hemoglobin A1c; PY: performance year; ADA: American Diabetes Association.

Aim

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.

Interventions in 2025

- Develop education for providers on current prescribing tools and ADA Standards of Care
- Text messaging campaign for members to receive educational materials related to HbA1c testing and control
- Create and incentive program for members who engage in self-management of their diabetes

Performance Improvement Summary

There is moderate confidence that the PIP produced evidence of improvement. While there was evidence of successful interventions during the PIP process, there was no improvement in the performance indicator rates throughout the PIP due to a significant increase in denominators.

Table 22: WellSense BILH PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: HbA1c Poor Control (> 9.0%)[1]	2024 (baseline, MY 2023 data)	27.30%
Indicator 1: HbA1c Poor Control (> 9.0%)[1]	2025 (remeasurement 1, MY 2024 data)	29.40%

[1] Lower rate is better.

PIP: performance improvement project; HbA1c: hemoglobin A1c; MY: measurement 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, 2025

WellSense 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.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence

PIP: performance improvement project.

Aim

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.

Interventions in 2024

- Review data quarterly to assess practices with lower rates on DSF screening completion
- Modify workflows to ensure provider access to screenings
- Train and educate provides on reimbursement for depression screening and follow-up documentation
- Identify root causes of missing follow-up documentation and assist practices in modifying workflows

Performance Improvement Summary

There is high confidence that the PIP produced evidence of improvement. Significant increase in the performance indicator rates were reported from the baseline, and interventions were modified according to results seen from intervention tracking measures.

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%
Indicator 1: Screening and Follow-up	2025 (remeasurement 1, MY 2024 data)	67.10%

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, 2025

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.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence

PIP: performance improvement project; ACO: accountable care organization; HbA1c: hemoglobin A1c; PY: performance year; ADA: American Diabetes Association.

Aim

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.

Interventions in 2025

- Develop education for providers on current prescribing tools and ADA Standards of Care
- Text messaging campaign for members to receive educational materials related to HbA1c testing and control
- Create and incentive program for members who engage in self-management of their diabetes

Performance Improvement Summary

There is high confidence that the PIP produced evidence of improvement. Performance exceeded the target (a significant reduction in the patient population was noted), and continuous intervention monitoring occurred.

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

Indicators	Reporting Year	Rate
Indicator 1: HbA1c Poor Control (> 9.0%)[1]	2024 (baseline, MY 2023 data)	53.70%
Indicator 1: HbA1c Poor Control (> 9.0%)[1]	2025 (remeasurement 1, MY 2024 data)	42.40%

[1] Lower rate is better.

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, 2025

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.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence

PIP: performance improvement project; ACO: accountable care organization; HbA1c: hemoglobin A1c; PY: performance year; ADA: American Diabetes Association.

Aim

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.

Interventions in 2025

- Develop education for providers on current prescribing tools and ADA Standards of Care
- Text messaging campaign for members to receive educational materials related to HbA1c testing and control
- Create and incentive program for members who engage in self-management of their diabetes

Performance Improvement Summary

There is moderate confidence that the PIP produced evidence of improvement. Although there was evidence of adapting interventions during the PIP process, there was no improvement in the performance indicator rate throughout the PIP.

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

Indicator	Reporting Year	Rate
Indicator 1: HbA1c Poor Control (> 9.0%)[1]	2024 (baseline, MY 2023 data)	38.60%
Indicator 1: HbA1c Poor Control (> 9.0%)[1]	2025 (remeasurement 1, MY 2024 data)	38.40%

1 Lower rate is better.

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, 2025

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.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology − High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence

PIP: performance improvement project; ACO: accountable care organization; PHQ: Patient Health Questionnaire.

Aim

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.

Interventions in 2024

- Pilot program to engage Behavioral Health
- Create alerts for providers to flag patients that screened positive for depression
- Implement a pre-visit screening tool

Performance Improvement Summary

There is high confidence that the PIP produced evidence of improvement. Significant increase in the performance indicator rates were reported from the baseline, and interventions were modified according to results seen from intervention tracking measures.

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

Indicator	Reporting Year	Rate
Indicator 1: Screening and Follow-up	2024 (baseline, MY 2023 data)	56.77%
Indicator 1: Screening and Follow-up	2025 (remeasurement 1, MY 2024 data)	75.99%

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, 2025

WellSense Mercy PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence

PIP: performance improvement project; ACO: accountable care organization; HbA1c: hemoglobin A1c; PY: performance year; ADA: American Diabetes Association.

Aim

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.

Interventions in 2025

- Develop education for providers on current prescribing tools and ADA Standards of Care
- Text messaging campaign for members to receive educational materials related to HbA1c testing and control
- Create and incentive program for members who engage in self-management of their diabetes

Performance Improvement Summary

There is moderate confidence that the PIP produced evidence of improvement. Although there was evidence of adapting interventions during the PIP process, there was no improvement in the performance indicator rate throughout the PIP.

Table 32: WellSense Mercy PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: HbA1c Poor Control (> 9.0%)[1]	2024 (baseline, MY 2023 data)	26.50%
Indicator 1: HbA1c Poor Control (> 9.0%)[1]	2025 (remeasurement 1, MY 2024 data)	26.70%

[1] Lower rate is better.

PIP: performance improvement project; HbA1c: hemoglobin A1c; 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, 2025

WellSense Signature PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence

PIP: performance improvement project; ACO: accountable care organization; HbA1c: hemoglobin A1c; PY: performance year; ADA: American Diabetes Association.

Aim

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.

Interventions in 2024

- Develop education for providers on current prescribing tools and ADA Standards of Care
- Text messaging campaign for members to receive educational materials related to HbA1c testing and control
- Create and incentive program for members who engage in self-management of their diabetes

Performance Improvement Summary

There is high confidence that the PIP produced evidence of improvement. The performance indicator rates exceeded the initial goal established at the beginning of the PIP cycle with continued intervention monitoring.

Table 34: WellSense Signature PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: HbA1c Poor Control (> 9.0%)[1]	2024 (baseline, MY 2023 data)	30.30%
Indicator 1: HbA1c Poor Control (> 9.0%)[1]	2025 (remeasurement 1, MY 2024 data)	25.10%

[1] Lower rate is better.

PIP: performance improvement project; HbA1c: 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, 2025

WellSense Southcoast PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence

PIP: performance improvement project; ACO: accountable care organization; HbA1c: hemoglobin A1c; PY: performance year; ADA: American Diabetes Association.

Aim

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.

Interventions in 2024

- Develop education for providers on current prescribing tools and ADA Standards of Care
- Text messaging campaign for members to receive educational materials related to HbA1c testing and control
- Create and incentive program for members who engage in self-management of their diabetes

Performance Improvement Summary

There is high confidence that the PIP produced evidence of improvement, evidenced by sustained performance indicator rate improvement throughout PIP with continuous intervention monitoring.

Table 36: WellSense Southcoast PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: HbA1c Poor Control (> 9.0%)[1]	2024 (baseline, MY 2023 data)	41.50%
Indicator 1: HbA1c Poor Control (> 9.0%)[1]	2025 (remeasurement 1, MY 2024 data)	38.00%

[1] Lower rate is better.

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, 2025

HNE BeHealthy PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence

PIP: performance improvement project; ACO: accountable care organization; HbA1c: hemoglobin A1c; PCP: primary care provider; MY: measurement year; HEDIS: Healthcare Effectiveness Data and Information Set.

Aim

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.

Interventions in 2024

- Promote healthy eating through referral to resources and screening for food insecurity
- Schedule visits with PCPs for members with diabetes
- Engage male members ages 20-49 who are diagnosed with diabetes with Clinical Pharmacists

Performance Improvement Summary

There is high confidence that the PIP produced evidence of improvement as evidenced by sustained performance indicator rate improvement throughout PIP with continuous intervention monitoring and adaptation.

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%
Indicator 1: HbA1c Poor Control (> 9.0%)	2025 (remeasurement 1, MY 2024 data)	28.95%

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, 2025

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.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence

PIP: performance improvement project; BP: blood pressure.

Aim

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.

Interventions in 2024

- Schedule primary care visits for members with uncontrolled blood pressure at intervention sites
- Educate clinicians and members
- Provide Black/African American members with uncontrolled blood pressure a BP monitor and educate on proper use

Performance Improvement Summary

There is moderate confidence that the PIP produced evidence of improvement. There was an initial increase, followed by decline in performance indicator percentages.

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 (all members)	2025 (remeasurement 1, MY 2024 data)	77.66%
Indicator 2: Controlling High Blood Pressure (Black/African American members)	2024 (baseline, MY 2023 data)	75.00%
Indicator 2: Controlling High Blood Pressure (Black/African American members)	2025 (remeasurement 1, MY 2024 data)	70.26%

PIP: performance improvement project; MY: 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, 2025

Fallon Berkshire 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.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence

PIP: performance improvement project; MY: measurement year.

Aim

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%.

Interventions in 2024

- Add depression screening to list of screenings performed by Mobile Health Unit
- Telehealth visits
- Outreach to male members to schedule visits

Performance Improvement Summary

There is moderate confidence that the PIP produced evidence of improvement. There was modest improvement in the performance indicators (less than 1 percentage point increase in each indicator). A new intervention to address follow-up after positive screen and the modifications to the existing interventions will start in late 2025.

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: Depression Screening	2025 (remeasurement 1, MY 2024 data)	32.03%
Indicator 2: Follow-up on Positive Screen	2024 (baseline, MY 2023 data)	30.73%
Indicator 2: Follow-up on Positive Screen	2025 (remeasurement 1, MY 2024 data)	31.63%

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, 2025

Fallon 365 PIP 1: Assesses the percentage of members 18-85 years of age with diabetes (type 1 or 2) whose HbA1c was controlled.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence

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

Aim

Indicator 1: 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%.

Indicator 2: 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%.

Indicator 3: 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%.

Interventions in 2024

- Personalized live voice appointment confirmation
- Increase minimum outreach attempts for Black/African American members
- Offer mail order home A1c test kits

Performance Improvement Summary

There is high confidence that the PIP produced evidence of improvement. Performance exceeded the target and continuous intervention monitoring and adaptation occurred.

Table 44: Fallon 365 PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: HbA1c Poor Control (> 9.0%)[1] (Fallon 365)	2024 (baseline, MY 2023 data)	30.90%
Indicator 1: HbA1c Poor Control (> 9.0%)[1] (Fallon 365)	2025 (remeasurement 1, MY 2024 data)	24.52%
Indicator 2: HbA1c Poor Control (> 9.0%)[1] (Fallon Health)	2024 (baseline, MY 2023 data)	27.19%
Indicator 2: HbA1c Poor Control (> 9.0%)[1] (Fallon Health)	2025 (remeasurement 1, MY 2024 data)	23.91%
Indicator 3: HbA1c Poor Control (> 9.0%)[1] Black/African American Members	2024 (baseline, MY 2023 data)	27.88%
Indicator 3: HbA1c Poor Control (> 9.0%)[1] Black/African American Members	2025 (remeasurement 1, MY 2024 data)	26.67%
Indicator 4: Members with diabetes who did not have documented A1c	2024 (baseline, MY 2023 data)	11.80%
Indicator 4: Members with diabetes who did not have documented A1c	2025 (remeasurement 1, MY 2024 data)	8.10%

[1] Lower rate is better.

PIP: performance improvement project; 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, 2025

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.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence

PIP: performance improvement project; PCP: primary care provider; EMR: electronic medical record.

Aim

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.

Interventions in 2024

- Implement systematic depression screening and follow-up at additional outpatient locations
- Automate screening workflow for in-person and televisit appointments with clinical decision support for PCPs
- Implement EMR optimizations and related training to improve provider documentation of follow-up for positive screenings

Performance Improvement Summary

There is high confidence that the PIP produced evidence of improvement. Significant increase in the performance indicator rates were reported from the baseline, and measurable progress toward meeting goal rates was reported.

Table 46: Tufts CHA PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Depression Screening	2024 (baseline, MY 2023 data)	63.56%
Indicator 1: Depression Screening	2025 (remeasurement 1, MY 2024 data)	72.97%
Indicator 2: Follow-up for Positive Screening	2024 (baseline, MY 2023 data)	18.71%
Indicator 2: Follow-up for Positive Screening	2025 (remeasurement 1, MY 2024 data)	8.67%
Indicator 3: Depression Screening and Follow-up or Positive Screening	2024 (baseline, MY 2023 data)	55.36%
Indicator 3: Depression Screening and Follow-up or Positive Screening	2025 (remeasurement 1, MY 2024 data)	67.51%

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, 2025

Tufts UMass PIP 1: Increase the percentage of members who have a depression screening and follow-up plan.
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence

PIP: performance improvement project; PCP: primary care provider; ob/gyn: obstetrics/gynecology.

Aim

By December 2025 THP UMMH aims to increase the percentage of members who have 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 65.00%

Interventions in 2024

- Annual universal depression screening at PCP and OBGYN practices
- Adopt age-appropriate screening tools
- Create smart Phrase tool for providers to document and interpret screening results and create follow-up plan

Performance Improvement Summary

There is high confidence that the PIP produced evidence of improvement. Tufts UMass surpassed its initial Indicator 1 goal, and the target was increased for the remainder of the PIP.

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%
Indicator 1: Depression Screening and Follow-up	2025 (remeasurement 1, MY 2024 data)	64.33%

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 ACPP performance measure rates.

MassHealth evaluates the ACPPs' quality performance on a slate of measures that includes HEDIS and non-HEDIS measures. For performance year (PY) 2024, ACPPs were required to report select HEDIS measures using allowable adjustments. The measurement period for PY 2024 was January 1, 2024, through December 31, 2024. All HEDIS ACPP performance measures were calculated by each ACPP in partnership with their associated health plan. Each ACPP's associated health plan underwent a HEDIS Compliance Audit. Each ACPP used an NCQA-certified measure vendor to produce the ACPP HEDIS rates with allowable adjustments.

For the HEDIS measures with allowable adjustments for PY 2024, IPRO performed an independent evaluation of the MY 2024 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 ACPPs' associated health plans were audited by an independent NCQA-licensed HEDIS Compliance Audit organization, the ACPPs received a full Information Systems Capabilities Assessment as part of the audit. On-site (virtual) site reviews were therefore not necessary to validate reported measures.

A request was made to the ACPPs to provide a detailed summary of how HEDIS measure rates (administrative and hybrid) were calculated with allowable adjustments for PY 2024 between January 1, 2024, and December 31, 2024, as well as measures with a look-back period to incorporate data from April 1, 2023, and December 31, 2023. IPRO validated the ACPP PY 2024 HEDIS measure rates with allowable adjustments separately because these rates were not approved as part of the HEDIS Compliance Audit that the ACPP's associated health plans underwent.

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

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

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

IPRO conducted an Information Systems Capabilities Assessment 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 Information Systems Capabilities Assessment tool and underwent a virtual site visit.

For the non-HEDIS measure rates, source code review was conducted with SS&C Health to ensure compliance with the measure specifications when calculating measure 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 one of the non-HEDIS measures 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 the results and compared the 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, NCQA Medication List-related mapping, the PY 2024 HEDIS rates with allowable adjustments, and the explanation for how the ACPP HEDIS rates with allowable adjustments were calculated for PY 2024. 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 and the Developmental Screening in the First 3 Years of Life measure for the ACPPs;
- rates for the Screening for the Depression and Follow-up Plan measure, the Topical Fluoride for Children, Dental or Oral Health Services measure, and the Developmental Screening in the First 3 Years of Life measure for the ACPPs;
- screenshots from the data warehouse for primary source validation for the Developmental Screening in the First 3 Years of Life 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 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 2024

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	Not 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 measures. 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 2024 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. One ACPP had multiple abstraction errors for the Screening for Depression and Follow-up plan measure. The ACPP included records that met exclusion criteria in the denominator if they met numerator compliance. These errors rendered the rates as "Do Not Report" for this one ACPP. All other records for other ACPPs 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 measures 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 for the selected records for primary source validation for the Developmental Screening in the First 3 Years of Life 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. The review of each ACPP's Final Audit Report confirmed that they met all requirements related to data collection and integration. MassHealth also met these requirements. No issues were identified.
- **Rate Validation**: Rate validation was conducted to evaluate the measure results and compare rates to industry standard benchmarks. All required measures were reportable except the Screening for Depression and Follow-up Plan measure for one ACPP.

Recommendations

- ACPPs and MassHealth should update the hybrid measure sampling methodology to include a sufficient oversample of members to account for members that are removed from the hybrid sample for exclusions.
- Southcoast ACPP should follow MassHealth measure specifications and training for hybrid measure abstraction.

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 2024 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 ACOs, including ACPPs and PC ACOs.

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

Best Performance:

- **Timeliness of Prenatal Care**
  - Tufts UMass: 94.78% (≥ 90th percentile)
  - WellSense Care Alliance: 95.56% (≥ 90th percentile)
  - Tufts CHA: 98.04% (≥ 90th percentile)
  - WellSense BILH: 97.45% (≥ 90th percentile)
  - Fallon 365: 94.12% (≥ 75th percentile but < 90th percentile)
  - WellSense Southcoast: 97.76% (≥ 90th percentile)
  - Fallon Berkshire: 98.44% (≥90th percentile)
  - WellSense Community Alliance: 97.96% (≥ 90th percentile)
  - WellSense East Boston: 95.52% (≥ 90th percentile)
- **Postpartum Care**
  - Tufts UMass: 89.55% (≥ 90th percentile)
  - Tufts CHA: 94.85% (≥ 90th percentile)
  - Fallon Berkshire: 92.19% (≥ 90th percentile)
  - WellSense Care Alliance: 93.70% (≥ 90th percentile)
  - WellSense East Boston: 97.76% (≥ 90th percentile)
  - WellSense BILH: 91.84% (≥ 90th percentile)
  - WellSense Southcoast: 90.48% (≥ 90th percentile)
  - WellSense Signature: 93.08% (≥ 90th percentile)
- **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)**
  - Tufts UMass: 56.64% (≥ 90th percentile)
  - Tufts CHA: 61.24% (≥ 90th percentile)
  - Fallon Berkshire: 57.06% (≥ 90th percentile)
  - HNE BeHealthy: 52.93% (≥ 75th percentile but < 90th percentile)
  - WellSense East Boston: 62.26% (≥ 90th percentile)
  - WellSense Signature: 60.30% (≥ 90th percentile)
  - WellSense Community Alliance: 56.31% (≥ 90th percentile)
- **Immunization for Adolescents (Combo 2)**
  - Fallon 365: 58.25% (≥ 90th percentile)
  - WellSense East Boston: 66.91% (≥ 90th percentile)
  - HNE BeHealthy: 60.05% (≥ 90th percentile)
  - Tufts CHA: 56.37% (≥ 90th percentile)
  - WellSense Children's: 61.07% (≥ 90th percentile)
  - WellSense Southcoast: 57.75% (≥ 90th percentile)

    - WellSense Community Alliance: 58.15% (≥ 90th percentile)
    - Fallon Atrius: 55.92% (≥ 90th percentile)
- **Childhood Immunization Status (Combo 10)**
    - Fallon 365: 53.52% (≥ 90th percentile)
    - WellSense Care Alliance: 50.12% (≥ 90th percentile)
    - WellSense East Boston: 56.93% (≥ 90th percentile)
    - WellSense Community Alliance: 49.88% (≥ 90th percentile)
    - WellSense Children's: 48.42% (≥ 90th percentile)
- **Asthma Medication Ratio**
    - MGB: 59.46% (≥ 75th percentile but < 90th percentile)
    - Fallon 365: 60.91% (≥ 75th percentile but < 90th percentile)
    - WellSense East Boston: 83.70% (≥ 90th percentile)
    - WellSense Community Alliance: 62.57% (≥ 75th percentile but < 90th percentile)
    - WellSense Mercy: 63.80% (≥ 75th percentile but < 90th percentile)
    - WellSense Signature: 67.85% (≥ 75th percentile but < 90th percentile)
    - WellSense Children's: 68.66% (≥ 90th percentile)
- **Controlling High Blood Pressure**
    - WellSense Community Alliance: 76.89% (≥ 75th percentile but < 90th percentile)
    - Tufts UMass: 77.26% (≥ 75th percentile but < 90th percentile)
    - Fallon Atrius: 76.86% (≥ 75th percentile but < 90th percentile)
    - WellSense BILH: 77.62% (≥ 75th percentile but < 90th percentile)
    - WellSense Signature: 82.48% (≥ 90th percentile)
    - HNE BeHealthy: 76.94% (≥ 75th percentile but < 90th percentile)
    - WellSense Mercy: 80.78% (≥ 90th percentile)
    - Fallon 365: 77.69% (≥ 75th percentile but < 90th percentile)
    - WellSense East Boston: 77.86% (≥ 75th percentile but < 90th percentile)
- **Follow-up After Hospitalization for Mental Illness (7 days)**
    - Tufts CHA: 56.55% (≥ 75th percentile but < 90th percentile)
    - WellSense Signature: 61.13% (≥ 90th percentile)
- **Follow-up After Emergency Department Visit for Mental Illness (7 days)**
    - Tufts UMass: 75.37% (≥ 75th percentile but < 90th percentile)
    - Tufts CHA: 73.89% (≥ 75th percentile but < 90th percentile)
    - Fallon Atrius: 77.29% (≥ 75th percentile but < 90th percentile)
    - Fallon 365: 74.40% (≥ 75th percentile but < 90th percentile)
    - Fallon Berkshire: 82.71% (≥ 90th percentile)
    - HNE BeHealthy: 76.14% (≥ 75th percentile but < 90th percentile)
    - WellSense Children's: 81.85% (≥ 90th percentile)
    - WellSense Southcoast: 84.29% (≥ 90th percentile)
    - WellSense Mercy: 83.07% (≥ 90th percentile)
- **Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)**
    - Tufts CHA: 46.82% (≥ 90th percentile)
    - WellSense East Boston: 45.00% (≥ 75th percentile but < 90th percentile)
- **Glycemic Status Assessment for Patients with Diabetes (> 9.0%; lower is better)**
    - Fallon Atrius: 14.48% (≥ 90th percentile)
    - Tufts CHA: 23.45% (≥ 75th percentile but < 90th percentile)
    - MGB: 21.17% (≥ 90th percentile)
    - Tufts UMass: 23.21% (≥ 75th percentile but < 90th percentile)
    - WellSense BILH: 16.06% (≥ 90th percentile)

- WellSense Signature: 17.76% (≥ 90th percentile)
- WellSense East Boston: 23.11% (≥ 75th percentile but < 90th percentile)
- Fallon Berkshire: 23.02% (≥ 75th percentile but < 90th percentile)

- **Metabolic Monitoring for Children and Adolescents on Antipsychotics (WellSense Children's only)**
  - WellSense Children's: 41.10% (≥ 75th percentile but < 90th percentile)

Needs Improvement:

- **Follow-up After Hospitalization for Mental Illness (7 days)**
  - Fallon Atrius: 49.05% (< 25th percentile)
  - Tufts UMass: 50.34% (< 25th percentile)
  - Fallon Berkshire: 42.21% (< 25th percentile)
  - WellSense Care Alliance: 43.21% (< 25th percentile)
  - WellSense Southcoast: 48.72% (< 25th percentile)
  - WellSense Mercy: 44.13% (< 25th percentile)
- **Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)**
  - WellSense Mercy: 37.56% (< 25th percentile)
  - Fallon Atrius: 38.35% (< 25th percentile)
  - Fallon 365: 35.16% (< 25th percentile)
  - WellSense Children's: 26.99% (< 25th percentile)
  - WellSense Care Alliance: 33.47% (< 25th percentile)
  - WellSense Signature: 31.93% (< 25th percentile)
- **Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment**
  - Tufts CHA: 13.90% (< 25th percentile)
  - Fallon Atrius: 12.44% (< 25th percentile)
  - Fallon 365: 12.07% (< 25th percentile)
  - WellSense Children's: 10.31% (< 25th percentile)
  - MGB: 14.61% (< 25th percentile)
- **Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment**
  - Fallon Atrius: 34.49% (< 25th percentile)
  - Fallon 365: 30.80% (< 25th percentile)
  - WellSense Children's: 38.38% (< 25th percentile)
- **Asthma Medication Ratio**
  - Fallon Atrius: 0% (< 25th percentile)
  - Tufts CHA: 48.60% (< 25th percentile)
  - Fallon Berkshire: 50.37% (< 25th percentile)
  - Tufts UMass: 40.00% (< 25th percentile)
  - WellSense Southcoast: 55.53% (< 25th percentile)
- **Childhood Immunization Status (Combo 10)**
  - Fallon Berkshire: 34.28% (< 25th percentile)
  - WellSense Mercy: 20.40% (< 25th percentile)
- **Immunization for Adolescents (Combo 2)**
  - Fallon Berkshire: 18.87% (< 25th percentile)
- **Postpartum Care**
  - HNE BeHealthy: 77.04% (< 25th percentile)

As explained in **Table 50**, the regional percentiles are color-coded to compare with the ACPP rates.
Tables 51–52 display the HEDIS performance measures for MY 2024 for all ACPPs and the weighted statewide means.

Table 50: Key for HEDIS Performance Measure Comparison to NCQA HEDIS MY 2024 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 2024

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	86.46% (≥ 25th but < 50th)	97.96% (≥ 90th)	93.48% (≥ 50th but < 75th)	93.08% (≥ 50th but < 75th)	97.76% (≥ 90th)	97.45% (≥ 90th)	95.56% (≥ 90th)	95.52% (≥ 90th)	87.5% (≥ 25th but < 50th)	91.93% (≥ 50th but < 75th)
Postpartum Care	85.15% (≥ 50th but < 75th)	87.76% (≥ 50th but < 75th)	83.15% (≥ 25th but < 50th)	93.08% (≥ 90th)	90.48% (≥ 90th)	91.84% (≥ 90th)	93.7% (≥ 90th)	97.76% (≥ 90th)	86.21% (≥ 50th but < 75th)	87.11% (≥ 50th but < 75th)
Follow-up After Hospitalization for Mental Illness (7 days)	50.5% (≥ 25th but < 50th)	51.23% (≥ 25th but < 50th)	44.13% (< 25th)	61.13% (≥ 90th)	48.72% (< 25th)	51.12% (≥ 25th but < 50th)	43.21% (< 25th)	53.57% (≥ 50th but < 75th)	55.23% (≥ 50th but < 75th)	51.07% (≥ 25th but < 50th)
Follow-up After Emergency Department Visit for Mental Illness (7 days)	70.59% (≥ 50th but < 75th)	69.64% (≥ 25th but < 50th)	83.07% (≥ 90th)	68.64% (≥ 25th but < 50th)	84.29% (≥ 90th)	67.52% (≥ 25th but < 50th)	72.42% (≥ 50th but < 75th)	67.82% (≥ 25th but < 50th)	81.85% (≥ 90th)	73.91% (≥ 75th but < 90th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	40.46% (≥ 25th but < 50th)	56.31% (≥ 90th)	47.64% (≥ 50th but < 75th)	60.3% (≥ 90th)	46.14% (≥ 50th but < 75th)	46.54% (≥ 50th but < 75th)	49.67% (≥ 50th but < 75th)	62.26% (≥ 90th)	38.38% (< 25th)	49.2% (≥ 50th but < 75th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	14.61% (< 25th)	20.77% (≥ 75th but < 90th)	21.36% (≥ 75th but < 90th)	19.96% (≥ 75th but < 90th)	19.21% (≥ 50th but < 75th)	16.64% (≥ 25th but < 50th)	19.1% (≥ 50th but < 75th)	21.61% (≥ 75th but < 90th)	10.31% (< 25th)	17.82% (≥ 50th but < 75th)
Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	40.37% (≥ 50th but < 75th)	42.41% (≥ 50th but < 75th)	37.56% (< 25th)	31.93% (< 25th)	41.96% (≥ 50th but < 75th)	39.02% (≥ 25th but < 50th)	33.47% (< 25th)	45% (≥ 75th but < 90th)	26.99% (< 25th)	40.29% (≥ 25th but < 50th)
Asthma Medication Ratio	59.46% (≥ 75th but < 90th)	62.57% (≥ 75th but < 90th)	63.8% (≥ 75th but < 90th)	67.85% (≥ 75th but < 90th)	55.53% (< 25th)	57.91% (≥ 50th but < 75th)	58.18% (≥ 50th but < 75th)	83.7% (≥ 90th)	68.66% (≥ 90th)	61.93% (≥ 75th but < 90th)
Controlling High Blood Pressure	71.29% (≥ 25th but < 50th)	76.89% (≥ 75th but < 90th)	80.78% (≥ 90th)	82.48% (≥ 90th)	76.16% (≥ 50th but < 75th)	77.62% (≥ 75th but < 90th)	76.4% (≥ 50th but < 75th)	77.86% (≥ 75th but < 90th)	N/A	74.4% (≥ 50th but < 75th)
Glycemic Status Assessment for Patients with Diabetes (> 9.0%; lower is better)	21.17% (≥ 90th)	24.33% (≥ 50th but < 75th)	25.55% (≥ 50th but < 75th)	17.76% (≥ 90th)	25.79% (≥ 50th but < 75th)	16.06% (≥ 90th)	25.06% (≥ 50th but < 75th)	23.11% (≥ 75th but < 90th)	N/A	23.2% (≥ 75th but < 90th)
Childhood Immunization Status (Combo 10)	46.72% (≥ 50th but < 75th)	49.88% (≥ 90th)	20.4% (< 25th)	42.36% (≥ 25th but < 50th)	43.58% (≥ 50th but < 75th)	45.75% (≥ 50th but < 75th)	50.12% (≥ 90th)	56.93% (≥ 90th)	48.42% (≥ 90th)	45.72% (≥ 50th but < 75th)
Immunization for Adolescents (Combo 2)	46.23% (≥ 50th but < 75th)	58.15% (≥ 90th)	46.1% (≥ 25th but < 50th)	51.42% (≥ 50th but < 75th)	57.75% (≥ 90th)	35.28% (≥ 25th but < 50th)	51.09% (≥ 50th but < 75th)	66.91% (≥ 90th)	61.07% (≥ 90th)	50.98% (≥ 50th but< 75th)
Metabolic Monitoring for Children and Adolescents on Antipsychotics (WellSense Children's only)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	41.1% (≥ 75th but < 90th)	N/A

ACPP: accountable care partnership plan; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; ACO: accountable care organization; N/A: not applicable.

Table 52: ACPP HEDIS Performance Measures – MY 2024

HEDIS Measure	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass	ACO Statewide Mean
Timeliness of Prenatal Care	91.85% (≥ 50th but < 75th)	98.44% (≥ 90th)	94.12% (≥ 75th but < 90th)	93.55% (≥ 50th but < 75th)	98.04% (≥ 90th)	94.78% (≥ 90th)	91.93% (≥ 50th but < 75th)
Postpartum Care	77.04% (< 25th)	92.19% (≥ 90th)	83.33% (≥ 25th but < 50th)	82.8% (≥ 25th but < 50th)	94.85% (≥ 90th)	89.55% (≥ 90th)	87.11% (≥ 50th but < 75th)
Follow-up After Hospitalization for Mental Illness (7 days)	52.59% (≥ 50th but < 75th)	42.21% (< 25th)	52.34% (≥ 25th but < 50th)	49.05% (< 25th)	56.55% (≥ 75th but < 90th)	50.34% (< 25th)	51.07% (≥ 25th but < 50th)
Follow-up After Emergency Department Visit for Mental Illness (7 days)	76.14% (≥ 75th but < 90th)	82.71% (≥ 90th)	74.4% (≥ 75th but < 90th)	77.29% (≥ 75th but < 90th)	73.89% (≥ 75th but < 90th)	75.37% (≥ 75th but < 90th)	73.91% (≥ 75th but < 90th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	52.93% (≥ 75th but < 90th)	57.06% (≥ 90th)	30.8% (< 25th)	34.49% (< 25th)	61.24% (≥ 90th)	56.64% (≥ 90th)	49.2% (≥ 50th but < 75th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	17.72% (≥ 50th but < 75th)	25.44% (≥ 75th but < 90th)	12.07% (< 25th)	12.44% (< 25th)	13.9% (< 25th)	21.68% (≥ 75th but < 90th)	17.82% (≥ 50th but < 75th)
Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	43.48% (≥ 50th but < 75th)	42.31% (≥ 50th but < 75th)	35.16% (< 25th)	38.35% (< 25th)	46.82% (≥ 90th)	43.53% (≥ 50th but < 75th)	40.29% (≥ 25th but < 50th)
Asthma Medication Ratio	57.03% (≥ 25th but < 50th)	50.37% (< 25th)	60.91% (≥ 75th but < 90th)	0% (< 25th)	48.6% (< 25th)	40% (< 25th)	61.93% (≥ 75th but < 90th)
Controlling High Blood Pressure	76.94% (≥ 75th but < 90th)	70.43% (≥ 25th but < 50th)	77.69% (≥ 75th but < 90th)	76.86% (≥ 75th but < 90th)	69.67% (≥ 25th but < 50th)	77.26% (≥ 75th but < 90th)	74.4% (≥ 50th but < 75th)
Glycemic Status Assessment for Patients with Diabetes (>9.0%; lower is better)	28.95% (≥ 25th but < 50th)	23.02% (≥ 75th but < 90th)	25% (≥ 50th but < 75th)	14.48% (≥ 90th)	23.45% (≥ 75th but < 90th)	23.21% (≥ 75th but < 90th)	23.2% (≥ 75th but < 90th)
Childhood Immunization Status (Combo 10)	43.07% (≥ 50th but < 75th)	34.28% (< 25th)	53.52% (≥ 90th)	45.75% (≥ 50th but < 75th)	45.72% (≥ 50th but < 75th)	44.41% (≥ 50th but < 75th)	45.72% (≥ 50th but < 75th)
Immunization for Adolescents (Combo 2)	60.05% (≥ 90th)	18.87% (< 25th)	58.25% (≥ 90th)	55.92% (≥ 90th)	56.37% (≥ 90th)	37.4% (≥ 25th but < 50th)	50.98% (≥ 50th but < 75th)
Metabolic Monitoring for Children and Adolescents on Antipsychotics (WellSense Children's only)	N/A	N/A	N/A	N/A	N/A	N/A	N/A

ACPP: accountable care partnership plan; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; ACO: accountable care organization; N/A: not applicable.

For state-specific measures, IPRO compared the rates to the goal benchmarks determined by MassHealth. Goal benchmarks for ACPPs were fixed targets. **Table 53** shows the color key for state-specific performance measures comparison to the state benchmark. **Tables 54–55** show state-specific performance measures for MY 2024 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 2025, for the 2024 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 2024

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	89.14% (< Goal)	87.6% (< Goal)	83.82% (< Goal)	91.03% (< Goal)	88.43% (< Goal)	88.53% (< Goal)	87.95% (< Goal)	92.49% (> Goal)	88.75% (< Goal)	92%
PC MES Willingness to Recommend+ Child	95.51% (> Goal)	92.73% (> Goal)	89.77% (< Goal)	83.95% (< Goal)	95.66% (> Goal)	89.92% (< Goal)	91.56% (< Goal)	93.33% (> Goal)	92.48% (> Goal)	92%
PC MES Communication+ Adult	94.56% (> Goal)	92.65% (> Goal)	89.04% (< Goal)	94.19% (> Goal)	93.29% (> Goal)	93.28% (> Goal)	93.3% (> Goal)	97.16% (> Goal)	93.4% (> Goal)	92%
PC MES Communication+ Child	97.44% (> Goal)	97.24% (> Goal)	95.9% (> Goal)	90.27% (< Goal)	97.55% (> Goal)	95.47% (> Goal)	95.67% (> Goal)	97.06% (> Goal)	96.11% (> Goal)	92%
PC MES Integration of Care+ Adult	87.17% (> Goal)	86.44% (> Goal)	83.02% (< Goal)	87.47% (> Goal)	87.58% (> Goal)	87.27% (> Goal)	86.17% (> Goal)	85.99% (> Goal)	86.26% (> Goal)	85%
PC MES Integration of Care+ Child	87.15% (< Goal)	83.08% (< Goal)	90.95% (> Goal)	81.84% (< Goal)	87.81% (< Goal)	82.91% (< Goal)	86.46% (< Goal)	81.6% (< Goal)	86.17% (< Goal)	90%
PC MES Knowledge of Patient+ Adult	89.34% (> Goal)	87.23% (> Goal)	82.99% (< Goal)	88% (> Goal)	87.63% (> Goal)	88.27% (> Goal)	87.36% (> Goal)	92.88% (> Goal)	87.75% (> Goal)	85%
PC MES Knowledge of Patient+ Child	92.48% (> Goal)	90.82% (> Goal)	87.98% (< Goal)	85.31% (< Goal)	93.6% (> Goal)	88.69% (< Goal)	88.84% (< Goal)	91.56% (> Goal)	90.11% (> Goal)	90%
Screening for Depression and Follow-up Plan	71.18% (> Goal)	56.85% (< Goal)	31.78% (< Goal)	65.45% (> Goal)	N/A	45.63% (< Goal)	55.48% (< Goal)	73.42% (> Goal)	56.94% (< Goal)	58%
Topical Fluoride for Children (Ages 1-5 years)	36.17% (> Goal)	32.32% (> Goal)	28.88% (> Goal)	41.5% (> Goal)	39.65% (> Goal)	33.83% (> Goal)	34.81% (> Goal)	62.67% (> Goal)	38.03% (> Goal)	24%
Developmental Screening in the First 3 Years of Life	66.68% (> Goal)	64.81% (> Goal)	39.61% (< Goal)	73.19% (> Goal)	79.2% (> Goal)	74.55% (> Goal)	78.26% (> Goal)	42.14% (< Goal)	74.01% (> Goal)	60%

ACPP: accountable care partnership plan; PC MES: Primary Care Member Experience Survey; MY: measurement year; ACO: accountable care organization N/A: not applicable.

Table 55: ACPP State-Specific Performance Measures – MY 2024

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	90.86% (< Goal)	89.07% (< Goal)	90.28% (< Goal)	90.23% (< Goal)	90.84% (< Goal)	89.4% (< Goal)	89.15% (< Goal)	88.75% (< Goal)	92%
PC MES Willingness to Recommend+ Child	94.62% (> Goal)	87.64% (< Goal)	90.8% (< Goal)	95.32% (> Goal)	92.34% (> Goal)	94.03% (> Goal)	92.05% (> Goal)	92.48% (> Goal)	92%
PC MES Communication+ Adult	96.06% (> Goal)	93.97% (> Goal)	94.96% (> Goal)	93.44% (> Goal)	94.46% (> Goal)	94.01% (> Goal)	92.79% (> Goal)	93.4% (> Goal)	92%
PC MES Communication+ Child	96.79% (> Goal)	91.69% (< Goal)	96% (> Goal)	97.34% (> Goal)	97.81% (> Goal)	96.73% (> Goal)	95.75% (> Goal)	96.11% (> Goal)	92%
PC MES Integration of Care+ Adult	89.47% (> Goal)	86.66% (> Goal)	87.88% (> Goal)	88.2% (> Goal)	88.21% (> Goal)	85.7% (> Goal)	84.61% (< Goal)	86.26% (> Goal)	85%

Measure	WellSense Children's	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass	ACO Weighted Statewide Mean	Goal Benchmark
PC MES Integration of Care+ Child	90.15% (> Goal)	87.4% (< Goal)	87.3% (< Goal)	91.28% (> Goal)	85% (< Goal)	84.83% (< Goal)	84.83% (< Goal)	86.17% (< Goal)	90%
PC MES Knowledge of Patient+ Adult	89.32% (> Goal)	87.5% (> Goal)	88.8% (> Goal)	89.21% (> Goal)	89.58% (> Goal)	87.7% (> Goal)	88.34% (> Goal)	87.75% (> Goal)	85%
PC MES Knowledge of Patient+ Child	92.17% (> Goal)	87.1% (< Goal)	89.1% (< Goal)	92.92% (> Goal)	90% (= Goal)	88.97% (< Goal)	89.79% (< Goal)	90.11% (> Goal)	90%
Screening for Depression and Follow-up Plan	67.13% (> Goal)	62.2% (> Goal)	28.48% (< Goal)	54% (< Goal)	50% (< Goal)	55.18% (< Goal)	50.18% (< Goal)	56.94% (< Goal)	58%
Topical Fluoride for Children (Ages 1-5 years)	41.15% (> Goal)	32.93% (> Goal)	33.95% (> Goal)	42.84% (> Goal)	41.02% (> Goal)	33.25% (> Goal)	31.81% (> Goal)	38.03% (> Goal)	24%
Developmental Screening in the First 3 Years of Life	87.71% (> Goal)	74.26% (> Goal)	82.98% (> Goal)	89.76% (> Goal)	80.32% (> Goal)	69.16% (> Goal)	70.7% (> Goal)	74.01% (> Goal)	60%

ACPP: accountable care partnership plan; PC MES: Primary Care Member Experience Survey; ACO: accountable care organization; 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 ACPPs 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 ACPP 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 ACPP a packet that included the review tools, along with a request for documentation and a guide to help ACPP 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 ACPPs 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, the MCP was asked to provide a rationale and indicate documentation that had already been submitted to address the requirement in full. After receiving ACPPs' 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 EQR 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: • 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. • 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. • 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.
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. Red text indicates opportunity for improvement (less than 90%).

Table 57: ACPP 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%	81%	84%	84%	78%	92%	85%	84%	90%	74%	94%	95%	99%	88%	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%	74%	74%	74%	74%	74%	74%	74%	89%	74%	74%	74%	99%	99%
QAPI	**438.330**	96%	90%	88%	90%	90%	90%	90%	88%	95%	88%	94%	90%	95%	89%	89%

ACPP: accountable care partnership plan; CFR: Code of Federal Regulations; QAPI: Quality Assurance and Performance Improvement; N/A: not applicable.

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 April 4, 2025, and closed on May 27, 2025. IPRO also scheduled 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/Facility
Primary care	Family medicine, Internal medicine, Pediatrics
Specialists	Obstetrics/Gynecology (Ob/Gyn)
Outpatient mental health and substance use disorder providers	Community Mental Health Centers (CMHCs)

IPRO filtered ACPPs online provider directories for primary care, obstetrics/gynecology providers as well as Community Mental Health Centers (CMHCs) that were accepting new patients and then used a browser-based web scraping tool to scrape the data, creating a database of providers. The sample size was determined based on the population size using a 95% confidence level and a 7% margin of error to ensure a statistically valid methodology. The records in the random samples were reviewed for overlaps to create a "calling samples" and to ensure that the same providers were not contacted multiple times. The records in the calling samples were manually checked for accuracy against the online provider directory, ensuring that all records in the calling samples were correct.

To validate the accuracy of the information published in the provider directories, surveyors contacted a random sample of providers and facilities to confirm the telephone number, address, and open panel status as well as participation with the Medicaid MCP. IPRO reported the percentage of providers and facilities in the random sample with verified and correct information.

IPRO also inquired about the wait times for the next available routine and sick appointments for primary care and ob/gyn providers as well as the next available intake session and/or individual therapy appointment at the CMHCs. Callers were provided with scenarios to use when attempting to collect the appointment dates. Each CMHCs calling script was designed to address telehealth and in-person appointments and differentiate between a billable clinical intake session vs administrative screening. A telehealth appointment was counted towards the average appointment wait times only if the behavioral health provider also offered in-person appointments.

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[1]	Emergency	Immediately
Urgent care[1]	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[1]	Nonurgent BH services	14 calendar days

[1] 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 2025, 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 2025. ACPP network adequacy standards and indicators are listed in **Appendix D** (**Tables D1–D6**).

IPRO requested in-network provider data on April 4, 2025, with a submission due date of May 16, 2025. 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 April 4 and October 1, 2025. 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 April 4, 2025, until May 16, 2025.

Provider Directory and Availability of Appointment Data

For the provider directory validation, ACPPs provider directory web addresses were reported to IPRO by the MCPs and are presented in **Appendix E**. Data was obtained directly from online provider directories using a browser-based web scraping tool. The PCP data was obtained on August 25, 2025; the ob/gyn data was obtained between August 27 and September 12, 2025; and the CMHC data was obtained between August 28 and October 27, 2025. The PCP and ob/gyn practice sites were contacted between October and November 2025. The CMHCs were contacted between January and February 2026.

Travel Time and Distance Data

Validation of network adequacy for CY 2025 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 April 1, 2025, 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**. Detailed descriptions for each plan's validation ratings can be found in the plan-specific results sections below.

Table 61: Network Adequacy Validation Ratings – CY 2025

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
Primary Care Providers' GeoAccess	Moderate confidence	Moderate confidence	High confidence	High confidence	High confidence: Adult PCPs Moderate confidence: Pediatric PCPs	Moderate confidence	High confidence	High confidence	Moderate confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence
Ob/Gyn GeoAccess	Moderate confidence	Moderate confidence	Low confidence	Low confidence	Low confidence	Moderate confidence	Low confidence	Moderate confidence	Moderate confidence	Moderate confidence	High confidence	High confidence	High confidence	High confidence	High confidence
Physical Health Services GeoAccess	High confidence	High confidence: Rehabilitation Hospitals and Urgent Care Services Moderate confidence: Acute Inpatient Hospitals	High confidence	High confidence	High confidence	High confidence: Rehabilitation Hospitals and Urgent Care Services Moderate confidence: Acute Inpatient Hospitals	High confidence	High confidence	High confidence: Rehabilitation Hospitals and Urgent Care Services Moderate confidence: Acute Inpatient Hospitals	High confidence: Acute Inpatient Hospitals and Rehabilitation Hospitals Moderate confidence: Urgent Care Services	High confidence: Acute Inpatient Hospitals Moderate confidence: Rehabilitation Hospitals and Urgent Care Services	High confidence: Acute Inpatient Hospitals Moderate confidence: Rehabilitation Hospitals and Urgent Care Services	High confidence: Acute Inpatient Hospitals Moderate confidence: Rehabilitation Hospitals and Urgent Care Services	High confidence	High confidence
Specialists GeoAccess	High confidence: Audiology and Physiatry Moderate confidence: all other provider types	Moderate confidence: Emergency Medicine, Gastro., Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	Moderate confidence: Emergency Medicine, Gastro., Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	Moderate confidence: Emergency Medicine, Gastro., Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	Moderate confidence: Emergency Medicine, Gastro., Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	Moderate confidence: Emergency Medicine, Gastro., Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	Moderate confidence: Emergency Medicine, Gastro., Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	Moderate confidence: Emergency Medicine, Gastro., Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	Moderate confidence: Emergency Medicine, Gastro., Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	High confidence: Dermatology, Endocrin., Physiatry, and Urology Moderate confidence: all other provider types	Moderate confidence: Psychiatry High confidence: all other provider types	Moderate confidence: Psychiatry High confidence: all other provider types	Moderate confidence: Psychiatry High confidence: all other provider types	Moderate confidence: Ophtha., Podiatry, Psychiatry, and Urology High confidence: all other specialist provider types	Moderate confidence: Ophtha., Podiatry, Psychiatry, and Urology High confidence: all other specialist provider types

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
Behavioral Health Services GeoAccess	High confidence: In-home Behavioral Services, In-Home Therapy, ICC, PHP, and Therapeutic Mentoring Services Moderate confidence: all other provider types	High confidence: Psychiatric Inpatient Adult Moderate confidence: all other provider types	High confidence: Psychiatric Inpatient Adult and YCCS Moderate confidence: all other provider types	High confidence: Psychiatric Inpatient Adult and YCCS Moderate confidence: all other provider types	High confidence: Psychiatric Inpatient Adult Moderate confidence: all other provider types	High confidence: Psychiatric Inpatient Adult Moderate confidence: all other provider types	High confidence: Psychiatric Inpatient Adult Moderate confidence: all other provider types	High confidence: CSS Level 3.5, ATS Level 3.7, Psychiatric Inpatient Adult, YCCS Moderate confidence: all other behavioral health provider types	High confidence: Psychiatric Inpatient Adult Moderate confidence: all other provider types	High confidence: Intensive Care Coordination and Therapeutic Mentoring. Moderate confidence: all other provider types	High confidence: ATS Level 3.7 and YCCS Low confidence: CSS Level 3.5 Moderate confidence: all other provider types	High confidence: ATS Level 3.7 and YCCS Low confidence: CSS Level 3.5 Moderate confidence: all other provider types	High confidence: ATS Level 3.7 and YCCS Low confidence: CSS Level 3.5 Moderate confidence: all other provider types	Moderate confidence: Behavioral Health Outpatient, ATS Level 3.7, OTP, Psychiatric Inpatient Adult, SOAP High confidence: all other behavioral health provider types	Moderate confidence: Behavioral Health Outpatient, ATS Level 3.7, OTP, Psychiatric Inpatient Adult, SOAP High confidence: all other behavioral health provider types
Pharmacy GeoAccess	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	High confidence	Moderate confidence	High confidence	High confidence
Provider-to-member Ratios[1]	High confidence	High confidence	Moderate 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[2]	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence

[1] 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.

[2] 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.

CY: calendar year; PCP: primary care provider; ob/gyn: obstetrics/gynecology; Gastro.: Gastroenterology; Endocrin.: Endocrinology; Ophtha.: Ophthalmology; ICC: Intensive Care Coordination; PHP: Partial Hospitalization Program; YCCS: Youth Community Crisis Stabilization; CSS: Clinical Stabilization Services; ATS: Monitored Inpatient Acute Treatment Services; OTP: Opioid Treatment Programs; SOAP: Structured Outpatient Addiction Program: appt.: appointment; MCP: managed care plan.

Network Information Systems and Quality of Provider Data

The analysis of the information systems assessment showed the following:

- 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 measures. 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, incorrect provider directory information, and different membership counts compared to the MassHealth membership count for the same period. These findings were shared with the MCP via email.
- IPRO reviewed the MPC'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. **Table 62**, **Table 64**, and **Table 66** 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	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
% providers with correct information[1]	26.57% (38)	26.39% (38)	23.08% (3)	80.00% (16)	67.44% (29)	34.07% (46)	32.46% (37)	6.49% (5)	46.62% (69)	55.56% (40)	24.62% (16)	52.94% (9)	50.70% (36)	48.19% (40)	46.67% (35)
Total providers called	143	144	13	20	43	135	114	77	148	72	65	17	71	83	75

[1] Providers with correct information = provider is at the site; address is correct; phone number is correct; telephone number is correct; provider is accepting new patients; provider is a primary care provider; provider is participating in this health plan.
Note: The sample is representative of the population with a 95% confidence interval and +/- 7% margin of error.

Table 63 shows the most frequent reasons why PCP information in the directories was incorrect or could not be validated.

Table 63: Directory Inaccuracy/Provider Verification Challenges – Primary Care Providers

Directory Inaccuracy Reasons	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	Total Inaccuracies Across Plans
Provider is NOT accepting new patients	75	55	4	0	10	53	38	52	54	29	27	3	21	28	33	482
Provider is not at site	15	17	3	1	0	19	15	5	8	3	16	1	3	6	1	113
Contact Fails	10	25	2	3	3	13	16	12	5	0	5	1	5	6	3	109
Address is NOT correct	8	11	1	0	2	11	14	8	18	0	5	1	6	0	2	87
Telephone number is NOT correct	5	8	1	0	2	10	8	2	7	1	6	6	10	5	4	75
Provider is NOT a primary care provider	5	7	0	0	0	4	2	1	3	0	1	0	0	0	5	28
Provider is NOT participating in this health plan	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	2
Total Inaccuracies per Plan	118	123	12	4	17	110	94	80	95	33	60	12	45	45	48	896

[1] Contact fails = phone number is not in service; wrong telephone number; the call was disconnected before contact was made; constant busy signal; no answer; put on hold for more than 5 minutes; automated answering machine; answering service.
[2] Provider is not at the site = provider is retired; provider is no longer at the site; and provider was never part of the group.
[3] Total inaccuracies per plan = total number of directory inaccuracies. They will not equal to provider counts.

Table 64: Provider Directory Accuracy – Obstetrics/Gynecology

Provider Directory Accuracy	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
% Providers with correct information[1]	18.01% (29)	15.95% (26)	16.13% (25)	19.23% (30)	17.53% (27)	21.71% (33)	18.60% (29)	20.50% (33)	18.35% (29)	24.10% (20)	23.30% (10)	46.67% (21)	33.06% (41)	17.24% (15)	17.24% (30)
% providers for whom health plan info could not be confirmed[2]	10.56% (17)	13.50% (22)	15.48% (24)	12.18% (19)	13.64% (21)	9.87% (15)	14.74% (23)	9.94% (16)	8.23% (13)	1.20% (1)	0.00% (0)	6.67% (3)	4.03% (5)	1.15% (1)	4.60% (8)
Total providers called	161	163	155	156	154	152	156	161	158	83	43	45	124	87	174

[1]Providers with correct information = provider is at the site; address is correct; phone number is correct; telephone number is correct; provider is accepting new patients; provider is an ob/gyn; provider is participating in this health plan.
[2]Providers for whom health plan info could not be confirmed = the staff member did not know whether the provider accepts this health plan or not.
Note: The sample is representative of the population with a 90% confidence interval and +/- 7% margin of error.

Tables 65 shows the most frequent reasons why ob/gyn information in the directories was incorrect or could not be validated.

Table 65: Directory Inaccuracy/Provider Verification Challenges – Obstetrics/Gynecology

Directory Inaccuracy Reasons	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	Total Inaccuracies Across Plans
Provider is not at site	59	41	34	33	34	29	39	40	43	18	4	10	28	29	56	497
Contact Fails	29	49	41	42	43	38	40	45	46	5	2	3	18	11	38	450
Provider is NOT accepting new patients	24	18	17	15	13	21	10	13	16	26	17	2	12	19	20	243
Address is NOT correct	26	14	17	13	17	19	13	7	15	15	8	5	17	13	26	225
Provider is NOT an ob/gyn	15	12	15	15	14	11	17	10	8	11	10	2	10	10	15	175
Telephone number is NOT correct	26	16	10	6	11	9	11	9	10	2	1	5	17	17	17	167
Provider is NOT participating in this health plan	5	5	3	4	4	5	3	13	4	4	5	6	12	6	16	95
Total Inaccuracies per Plan	184	155	137	128	136	132	133	137	142	81	47	33	114	105	188	1852

[1] Contact fails = phone number is not in service; wrong telephone number; the call was disconnected before contact was made; constant busy signal; no answer; put on hold for more than 5 minutes; automated answering machine; answering service.
[2] Provider is not at the site = provider is retired; provider is no longer at the site; and provider was never part of the group.
ob/gyn: obstetrician/gynecologist.

Table 66 shows the percentage of Community Mental Health Centers with accurate online directory information. The percentage of CMHCs with correct information means the percentage of CMHCs for which all of the following is correct: the CMHC offers outpatient therapy; the address is correct; the phone number is correct; the CMHC is accepting new patients; and the CMHC is accepting this health plan. The percentage of CMHCs for whom health plan info could not be confirmed means that the staff member did not know whether the provider accepts this health plan or not.

Table 66: Provider Directory Accuracy – Community Mental Health Centers (CMHCs)

CMHC Directory Accuracy	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
% CMHCs with correct information	25.26% (24)	3.2% (4)	3.2% (4)	3.2% (4)	3.2% (4)	3.2% (4)	3.2% (4)	3.2% (4)	24.00% (30)	20.57% (29)	23.20% (29)	23.93% (28)	21.85% (26)	19.35% (12)	17.74% (11)
% CMHCs for whom health plan info could not be confirmed	16.84% (16)	10.40% (13)	10.40% (13)	10.40% (13)	10.40% (13)	10.40% (13)	10.40% (13)	10.40% (13)	10.40% (13)	5.67% (8)	7.20% (9)	7.69% (9)	6.72% (8)	16.13% (10)	16.13% (10)
Total CMHCs called	95	125	125	125	125	125	125	125	125	141	125	117	119	62	62

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

Table 67 shows the most common reasons for inaccuracies or unverified information regarding Community Mental Health Centers in the directories. The “contact fails” category includes several circumstances: the phone number was not in service; the telephone number was wrong; the call was disconnected before a contact was made; callers encountered a constant busy signal; no answer; callers were placed on hold for more than five minutes; there was an automated answering machine; or the caller was redirected to an answering service. Callers made up to three attempts to reach a live staff person at each practice to complete the survey. If a phone number was not in service, wrong, disconnected, or resulted in a constant busy signal, an additional call was made to verify the outcome. The phrase “CMHC does not offer outpatient services” indicates that the CMHC provides only group services; program-specific services (e.g., intensive outpatient program, partial hospitalization, addiction recovery groups, crisis stabilization); has insufficient clinical staffing (no licensed therapists or open vacancies); or offers other types of services (e.g., residential treatment).

Table 67: Directory Inaccuracy/Provider Verification Challenges – Community Mental Health Centers (CMHCs)

Directory Inaccuracy Reasons	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	Total Inaccuracies Across Plans
Contact Fails	26	35	35	35	35	35	35	35	35	40	37	31	32	25	25	496
CMHC does not offer outpatient services	14	37	37	37	37	37	37	37	37	38	36	35	39	9	9	476
Address is NOT correct	8	16	16	16	16	16	16	16	16	31	18	18	17	10	10	240
CMHC does NOT accept this health plan	4	16	16	16	16	16	16	16	0	7	0	0	0	1	2	126
Telephone number is NOT correct	6	2	2	2	2	2	2	2	2	4	3	3	3	3	3	41
CMHC is NOT accepting new patients	13	2	2	2	2	2	2	2	2	0	1	1	1	4	4	40
Total Inaccuracies per Plan	71	108	108	108	108	108	108	108	92	120	95	88	92	52	53	1419

Wait Time for Appointment

The results of the wait time for appointment survey are listed below. **Tables 68–69** show the wait time for appointment results for PCPs.

Table 68: Average Appointment Wait Time – Primary Care Providers

MassHealth Routine Wait Time Standards[1]	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	Average Calendar Days to Appointment (Min, Max)
Average calendar days to routine appointment (min, max)	95.8 (1, 411)	72.8 (1, 224)	142.0 (23, 376)	89.0 (16, 165)	30.6 (1, 79)	97.9 (1, 413)	71.8 (1, 248)	38.7 (8, 97)	34.6 (0, 143)	107.2 (25, 226)	136.7 (8, 365)	63.3 (8, 177)	107.6 (6, 465)	73.8 (4, 143)	93.6 (1, 308)	78.1 (0, 465)
% providers meeting 45-day standard	58.3% (21)	45.7% (16)	50.0% (2)	20.0% (3)	60.0% (3)	35.8% (19)	52.5% (21)	62.5% (20)	73.5% (50)	10.7% (3)	13.3% (2)	44.4% (4)	37.5% (15)	29.4% (10)	45.2% (14)	45.62% (203)
Providers with routine appointment date (N)	36	35	4	15	5	53	40	32	68	28	15	9	40	34	31	445
Providers reached	133	119	11	17	40	122	98	65	143	72	60	16	66	77	72	1111

[1] 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 contact was made and an appointment date was collected.

Table 69: Reasons Not Able to Get an Appointment Date – Primary Care Providers

Reasons Routine Appointment Date Was Not Collected	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	Total Across Plans
Provider is not accepting new patients	60	31	2	0	3	29	20	16	30	20	10	2	13	9	20	265
Patient must be registered with the clinic first	1	10	0	0	1	9	6	7	5	2	2	2	4	20	3	72
Other[1]	7	3	1	0	7	5	4	1	12	15	3	0	2	2	3	65
Patients are placed on a waiting list	2	11	0	0	21	0	1	0	0	1	13	0	0	0	0	49
Patient's ID or personal info must be presented first	1	3	0	0	0	2	4	3	4	2	0	1	4	6	7	37
Medical records must be submitted first	5	1	0	1	3	1	4	0	12	0	0	1	0	0	1	29

Reasons Routine Appointment Date Was Not Collected	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	Total Across Plans
Staff member refused to participate	0	1	0	0	0	0	1	0	1	1	0	0	0	0	1	5
Staff member requested a callback	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total	77	60	3	1	35	46	40	27	64	41	28	6	23	37	35	523

[1] Other includes issues like limited scheduling visibility, restricted patient criteria (e.g., newborns only), provider transitions or leave, referral or concierge requirements, or panel that are paused. For example, the provider only sees newborns discharged directly from the hospital, so routine appointments for older children or adults cannot be scheduled.

Tables 70–71 show the wait time for appointment results for ob/gyns.

Table 70: Average Appointment Wait Time – Obstetrics/Gynecology

MassHealth Routine Wait Time Standards	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	Average Calendar Days to Appointment (Min, Max)
Average calendar days to routine appointment (min, max)	87.2 (7, 406)	80.0 (1, 260)	91.8 (20, 369)	87.3 (18, 260)	95.7 (13, 369)	86.3 (1, 369)	96.7 (14, 369)	82.6 (20, 260)	92.4 (1, 369)	99.2 (30, 304)	72.5 (61, 101)	64.6 (44, 173)	91.6 (2, 196)	136.6 (55, 330)	69.9 (1, 364)	89.34 (1,406)
% providers meeting 60-day standard	44.4% (16)	36.7% (11)	30.3% (10)	33.3% (11)	24.2% (8)	33.3% (14)	27.3% (9)	36.7% (11)	26.7% (8)	45.0% (9)	0.0% (0)	30.8% (4)	23.3% (7)	10.0% (1)	60.0% (18)	33.66% (137)
Providers with routine appointment date (N)	36	30	33	33	33	42	33	30	30	20	4	13	30	10	30	407
Providers Reached	132	114	114	114	111	114	116	116	112	78	41	42	106	76	136	1522

[1] 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 contact was made and an appointment date was collected.

Table 71: Reasons Not Able to Get an Appointment Date – Obstetrics/Gynecology

Reasons Routine Appointment Date Was Not Collected	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	Total Across Plans
Other[1]	6	8	15	13	13	7	12	13	10	7	7	5	8	8	8	140
Provider is not accepting new patients	7	5	5	5	5	8	4	5	4	10	9	1	4	5	2	79
Patient must be registered with the clinic first	3	6	1	4	1	2	2	2	3	0	0	3	8	5	5	45
Patients are placed on a waiting list	1	3	2	2	3	3	2	3	4	7	0	1	3	3	4	41
Staff member requested a callback	2	3	5	5	4	2	4	2	3	0	4	1	3	0	3	41
Patient's ID or personal info must be presented first	1	1	1	0	0	4	0	1	2	0	0	0	1	3	1	15
Staff member refused to participate	0	0	0	0	0	1	0	0	2	2	0	1	0	0	0	6
Medical records must be submitted first	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	3

Reasons Routine Appointment Date Was Not Collected	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	Total Across Plans
I was instructed to seek an Urgent Care Facility Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	20	26	29	29	26	27	24	26	28	27	21	12	28	24	23	370

[1] Other reasons include specialty-only scope of care, referral or insurance prerequisites, provider's upcoming leave or transition, hospital-based roles, schedules that were not yet released despite providers being active. For example, the provider is a maternal-fetal medicine specialist who only sees high-risk pregnancy patients by referral from an ob/gyn and does not provide routine ob/gyn care.

For the Community Mental Health Centers that shared the appointment date, the average wait time for appointments across all ACPPs was 6.6 calendar days, ranging from the same day appointment to a 91 calendar day waiting period. 87.4% of contacted CMHCs, who shared an appointment date, met the MassHealth appointment wait time standard of 14 calendar days.

Tables 72–73 show the wait time for appointment results for Community Mental Health Centers.

Table 72: Average Appointment Wait Time – Community Mental Health Centers (CMHCs)

MassHealth Behavioral Health Wait Time Standards[1]	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	Average Calendar Days to Appointment (Min, Max)
Average calendar days to appointment (min, max)	22.2 (1, 91)	5.7 (1, 15)	5.7 (1, 15)	5.7 (1, 15)	5.7 (1, 15)	5.7 (1, 15)	5.7 (1, 15)	5.7 (1, 15)	5.7 (1, 15)	5.8 (0, 24)	6.6 (1, 15)	7.2 (1, 15)	6.6 (1, 15)	2.8 (0, 8)	2.8 (0, 8)	6.6 (0, 91)
% CMHC meeting 14-day standard	66.7% (4)	85.7% (6)	85.7% (6)	85.7% (6)	85.7% (6)	85.7% (6)	85.7% (6)	85.7% (6)	85.7% (6)	86.7% (13)	90.9% (10)	90.0% (9)	90.9% (10)	100.0% (5)	100.0% (5)	87.4% (104)
CMHC with appointment date (N)	6	7	7	7	7	7	7	7	7	15	11	10	11	5	5	119
CMHC reached	69	90	90	90	90	90	90	90	90	101	88	86	87	37	37	1225

[1] Range (min, max) indicates the span between the shortest wait time recorded and the longest wait time recorded in calendar days. N = total CMHC reached, which is calculated as the number of CMHC for which contact was made and an appointment date was collected.
Note: The appointment date was requested only when the contacted CMHC offered outpatient therapy and accepted the health plan.

Appointment availability information was repeatedly withheld unless the patient's eligibility could be verified and met**,** preventing IPRO from assessing wait time but also restricting patients' access. A patient deciding where to seek care should be able to assess how long the wait is without needing to register with the center and without an administrative intake appointment. The barriers include requiring eligibility verification before discussing schedules, requiring patient registration to disclose availability, and refusing to share the next appointment date without an insurance ID, etc. **Table 73** shows the most frequent reasons why appointment dates were not collected.

Table 73: Reasons Not Able to Get an Appointment Date – Community Mental Health Centers (CMHCs)

Reasons Appointment Date Was Not Collected	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	Total Across Plans
Administrative intake must be conducted first	2	20	20	20	20	20	20	20	20	21	18	18	18	3	3	243
Patient must be registered with the clinic first	15	10	10	10	10	10	10	10	10	1	8	8	6	2	2	122
Patients are placed on a waiting list.	13	6	6	6	6	6	6	6	6	11	4	4	4	7	7	98
Other[1]	8	5	5	5	5	5	5	5	5	6	5	5	5	7	7	83
Patient's ID or personal info must be presented first	0	5	5	5	5	5	5	5	5	7	6	6	4	2	2	67
CMHC is not accepting new patients.	5	0	0	0	0	0	0	0	0	0	0	0	0	1	1	7

Reasons Appointment Date Was Not Collected	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	Total Across Plans
Medical records must be submitted first	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Staff member refused to participate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Staff member requested a callback	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	43	46	46	46	46	46	46	46	46	46	41	41	37	22	22	620

[1] Other reasons include issues related to multi-step intake requirements, administrative screening processes, restricted service eligibility, or inability to reach intake staff with scheduling authority. For example, the front desk confirmed contact information but transferred the caller to the intake department for appointment details, where the call went directly to voice mail and no scheduling information could be obtained.

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.

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 74** shows the number of service areas that each ACPP covers.

Table 74: Number of Service Areas and Regions

Service Areas	MGB[1]	WellSense Community Alliance[1]	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's[1]	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Number of service areas	23	24	3	5	7	21	13	4	38	5	2	4	16	8	5

[1] 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 75–79 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 75: 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[1]	WellSense Community Alliance[1]	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's[1]	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Adult PCP (open panel only)[2]	2 providers within 15 miles or 30 minutes	23 out of 23 (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)	13 out of 13 (Met)	4 out of 4 (Met)	N/A[3]	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]	2 providers within 15 miles or 30 minutes	23 out of 23 (Met)	23 out of 24 (Partially Met)	3 out of 3 (Met)	5 out of 5 (Met)	6 out of 7 (Partially Met)	21 out of 21 (Met)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)

[1] 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).
[2] For members residing in Oak Bluffs and Nantucket, two providers within 40 miles or 40 minutes.
[3] MassHealth does not measure the adult PCP network for WellSense Children's.
ACPP: accountable care partnership plan.

Table 76: 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[1]	WellSense Community Alliance	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's[1]	HNE BeHealthy	Fallon Berkshire	Fallon 365	Fallon Atrius	Tufts CHA	Tufts UMass
Acute Inpatient Hospital	1 hospital within 20 miles or 40 minutes[2]	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)	13 out of 13 (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)
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)	13 out of 13 (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)[3]	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)	13 out of 13 (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)	3 out of 5 (Partially Met)

[1] 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.

[2] 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.

[3] For Urgent Care Services, ACPPs can include Emergency Departments (EDs) in their analysis of the Nantucket service area to help meet the time or distance standard. It is possible that MGB did not include any EDs in the analysis to help meet the Urgent Care standard. Results should be interpreted with caution.

ACPP: accountable care partnership plan.

Table 77: 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 (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[1]	WellSense Community Alliance[1]	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's[1]	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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)
Gastroenterology	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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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[1]	WellSense Community Alliance[1]	WellSense Mercy	WellSense Signature	WellSense Southcoast	WellSense BILH	WellSense Care Alliance	WellSense East Boston	WellSense Children's[1]	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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)	13 out of 13 (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)

[1] 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.

Table 78: ACPPs with Adequate Network of Allergy Providers, and Oral/Plastic/Vascular Surgeons

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

Provider Type[1]	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)

[1] 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 it has at least one allergy provider, oral surgeon, plastic surgeon, vascular surgeon in its network.

Table 79: 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 that has a standard of two behavioral health providers within 60 miles or 60 minutes, and Partial Hospitalization Program (PHP) that has a standard of one provider 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	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)	13 out of 13 (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)
Clinical Stabilization Service (CSS) 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)	13 out of 13 (Met)	4 out of 4 (Met)	28 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)
Youth Community Crisis Stabilization (YCCS)	21 out of 23 (Partially Met)	21 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)	13 out of 13 (Met)	4 out of 4 (Met)	32 out of 38 (Partially Met)	4 out of 5 (Partially Met)	0 out of 2 (Not Met)	0 out of 4 (Not Met)	5 out of 16 (Partially Met)	8 out of 8 (Met)	5 out of 5 (Met)
Monitored Inpatient Acute Treatment Services (ATS) 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)	13 out of 13 (Met)	4 out of 4 (Met)	27 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)
Partial Hospitalization Program (PHP)	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)	13 out of 13 (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)	13 out of 13 (Met)	4 out of 4 (Met)	34 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)
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)	13 out of 13 (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)
Behavioral Health 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)	13 out of 13 (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)	13 out of 13 (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)
Applied Behavior Analysis (ABA)	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)	13 out of 13 (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)	13 out of 13 (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 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)	13 out of 13 (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)
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)	13 out of 13 (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)

ACPP: accountable care partnership plan; 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 80–81**).

Table 80: ACPP Provider-to-member Ratios for PCPs and Ob/Gyns

Provider Type[1]	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	1:85 (Met)	1: 116 (Met)	1: 252 (Met)	1: 336 (Met)	1: 137 (Met)	1: 69 (Met)	1: 102 (Met)	1: 197 (Met)	1: 65 (Met)	1: 237 (Met)	1: 110 (Met)	1: 119 (Met)	1: 85 (Met)	1: 151 (Met)	1: 111 (Met)
Pediatric PCP	1:750	1:131 (Met)	1: 143 (Met)	1: 756 (Not Met)	1: 334 (Met)	1: 118 (Met)	1: 76 (Met)	1: 137 (Met)	1: 266 (Met)	1: 218 (Met)	1: 314 (Met)	1: 115 (Met)	1: 211 (Met)	1: 123 (Met)	1: 172 (Met)	1: 126 (Met)
Ob/Gyn	1:500	1: 58 (Met)	1: 47 (Met)	1: 10 (Met)	1: 9 (Met)	1: 7 (Met)	1: 24 (Met)	1: 19 (Met)	1: 9 (Met)	1: 26 (Met)	1: 144 (Met)	1: 89 (Met)	1: 106 (Met)	1: 30 (Met)	1: 12 (Met)	1: 16 (Met)

[1] 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 81: ACPP Provider-to-member Ratios for Specialists

Provider Type[1]	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[2]	N/A	1: 1,034	1: 790	1: 162	1: 141	1: 102	1: 364	1: 318	1: 166	1: 760	1: 8,399	1: 976	1: 1,497	1: 348	1: 217	1: 287
Anesthesiology	N/A	1: 70	1: 82	1: 17	1: 15	1: 11	1: 38	1: 33	1: 17	1: 79	1: 488	1: 72	1: 220	1: 53	1: 19	1: 25
Audiology	N/A	1: 722	1: 804	1: 165	1: 144	1: 104	1: 370	1: 323	1: 169	1: 773	1: 2,470	1: 355	1: 1,123	1: 372	1: 136	1: 180
Cardiology	N/A	1: 186	1: 121	1: 25	1: 22	1: 16	1: 56	1: 49	1: 25	1: 117	1: 382	1: 107	1: 197	1: 53	1: 32	1: 42
Dermatology	N/A	1: 314	1: 304	1: 62	1: 54	1: 39	1: 140	1: 122	1: 64	1: 292	1: 3,230	1: 362	1: 444	1: 136	1: 78	1: 104
Emergency Medicine	N/A	1: 95	1: 80	1: 16	1: 14	1: 10	1: 37	1: 32	1: 17	1: 77	1: 183	1: 61	1: 112	1: 28	1: 20	1: 27
Endocrinology	N/A	1: 406	1: 286	1: 59	1: 51	1: 37	1: 132	1: 115	1: 60	1: 275	1: 1,448	1: 254	1: 428	1: 140	1: 75	1: 99
Gastroenterology	N/A	1: 290	1: 210	1: 43	1: 38	1: 27	1: 97	1: 84	1: 44	1: 202	1: 840	1: 244	1: 408	1: 95	1: 50	1: 66
General Surgery	N/A	1: 256	1: 156	1: 32	1: 28	1: 20	1: 72	1: 63	1: 33	1: 150	1: 356	1: 95	1: 235	1: 55	1: 36	1: 48
Hematology	N/A	1: 697	1: 150	1: 31	1: 27	1: 20	1: 69	1: 60	1: 32	1: 145	1: 1,400	1: 76	1: 145	1: 108	1: 74	1: 98
Infectious Diseases	N/A	1: 517	1: 303	1: 62	1: 54	1: 39	1: 140	1: 122	1: 64	1: 291	1: 1,826	1: 291	1: 609	1: 192	1: 74	1: 98
Medical Oncology	N/A	1: 294	1: 143	1: 29	1: 26	1: 19	1: 66	1: 58	1: 30	1: 138	1: 1,166	1: 32	1: 61	1: 48	1: 51	1: 68
Nephrology	N/A	1: 647	1: 356	1: 73	1: 64	1: 46	1: 164	1: 143	1: 75	1: 342	1: 1,105	1: 337	1: 561	1: 255	1: 91	1: 121
Neurology	N/A	1: 200	1: 156	1: 32	1: 28	1: 20	1: 72	1: 62	1: 33	1: 149	1: 636	1: 111	1: 302	1: 80	1: 37	1: 49
Ophthalmology	N/A	1: 101	1: 244	1: 50	1: 44	1: 32	1: 112	1: 98	1: 51	1: 234	1: 1,077	1: 52	1: 136	1: 88	1: 53	1: 70
Oral Surgery[2]	N/A	1: 1,995	1: 2,650	1: 544	1: 474	1: 343	1: 1,220	1: 1,065	1: 556	1: 2,547	1: 13,998	1: 4,882	1: 8,983	1: 1,393	1: 518	1: 688
Orthopedic Surgery	N/A	1: 221	1: 182	1: 37	1: 32	1: 24	1: 84	1: 73	1: 38	1: 175	1: 618	1: 127	1: 336	1: 65	1: 47	1: 63
Otolaryngology	N/A	1: 572	1: 466	1: 96	1: 83	1: 60	1: 215	1: 187	1: 98	1: 448	1: 1,826	1: 138	1: 553	1: 129	1: 104	1: 138
Physiatry	N/A	1: 586	1: 474	1: 97	1: 85	1: 61	1: 218	1: 191	1: 99	1: 456	1: 1,500	1: 454	1: 3,267	1: 639	1: 101	1: 135
Plastic Surgery[2]	N/A	1: 1,080	1: 834	1: 171	1: 149	1: 108	1: 384	1: 335	1: 175	1: 802	1: 2,625	1: 592	1: 1,497	1: 372	1: 181	1: 240
Podiatry	N/A	1: 614	1: 629	1: 129	1: 112	1: 81	1: 290	1: 253	1: 132	1: 604	1: 2,000	1: 4,882	1: 1,159	1: 398	1: 120	1: 159
Psychiatry	N/A	1: 85	1: 52	1: 11	1: 9	1: 7	1: 24	1: 21	1: 11	1: 50	1: 688	1: 7	1: 14	1: 15	1: 19	1: 25
Pulmonology	N/A	1: 383	1: 211	1: 43	1: 38	1: 27	1: 97	1: 85	1: 44	1: 203	1: 1,000	1: 212	1: 428	1: 125	1: 54	1: 72
Rheumatology	N/A	1: 830	1: 543	1: 111	1: 97	1: 70	1: 250	1: 218	1: 114	1: 522	1: 1,909	1: 976	1: 1,497	1: 351	1: 138	1: 182
Urology	N/A	1: 609	1: 460	1: 94	1: 82	1: 60	1: 212	1: 185	1: 96	1: 442	1: 1,500	1: 362	1: 570	1: 177	1: 109	1: 145
Vascular Surgery[2]	N/A	1: 1,632	1: 1,016	1: 208	1: 182	1: 132	1: 468	1: 408	1: 213	1: 977	1: 2,625	1: 454	1: 1,283	1: 333	1: 214	1: 284

[1] A lower provider-to-member ratio is better.
[2] 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.

MGB

More information about MGB's network adequacy validation rating is provided in **Table 82**.

Table 82: MGB Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating MGB	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	Addressed	Moderate confidence	For 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. For Pediatric PCPs: 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for the Greenfield service area. IPRO's analysis of the network revealed that the GeoAccess standard was met in all service areas.
Ob/Gyn GeoAccess	• 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.	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 standard was met in all service areas.
Physical Health Services GeoAccess	• 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.	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 gaps in the urgent care network in one service area.
Specialists GeoAccess	• 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. • 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	Addressed	High confidence: Audiology and Physiatry Moderate confidence: all other provider types	For Audiology and Physiatry: 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. For all other provider types: 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 gaps in the dermatology network in one service area.

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating MGB	Comments
Behavioral Health Services GeoAccess	• 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.	Addressed	High confidence: In-home Behavioral Services, In-home Therapy, Intensive Care Coordination (ICC), Partial Hospitalization (PHP), and Therapeutic Mentoring Services Moderate confidence: all other provider types	For In-home Behavioral Services, In-home Therapy, Intensive Care Coordination (ICC), Partial Hospitalization (PHP), and Therapeutic Mentoring Services: 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. For all other provider types: 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 gaps for 10 provider types in multiple service areas.
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

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. 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 83–85** show service areas with deficient networks for MGB. IPRO also determined that 54 providers had deactivated national provider identifiers, while one provider had more than 25 different locations listed per provider

Table 83: MGB Service Areas with Network Deficiencies – Physical Health Services Providers

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

[1] For Urgent Care Services, ACPPs can include Emergency Departments in their analysis of the Nantucket service area to help meet the time or distance standard. It is possible that MGB did not include any EDs in the analysis to help meet the Urgent Care standard. Results should be interpreted with caution.

Table 84: 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	71.7%	1 provider within 20 miles or 40 minutes

Table 85: 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
Clinical Stabilization Service (CSS) Level 3.5	Greenfield	26.6%	2 providers within 30 miles or 30 minutes
CSS	Oak Bluffs	59.5%	4 providers
CSS	Westfield	6.4%	2 providers within 30 miles or 30 minutes
Youth Community Crisis Stabilization (YCCS)	Nantucket	1.3%	2 providers within 30 miles or 30 minutes
YCCS	Oak Bluffs	12.5%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Acute Treatment Services (ATS) Level 3.7	Greenfield	1.0%	2 providers within 30 miles or 30 minutes
ATS	Holyoke	9.2%	2 providers within 30 miles or 30 minutes
ATS	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
ATS	Northampton	3.8%	2 providers within 30 miles or 30 minutes
ATS	Oak Bluffs	3.9%	2 providers within 30 miles or 30 minutes
ATS	Westfield	6.8%	2 providers within 30 miles or 30 minutes
Structured Outpatient Addiction Program (SOAP)	Gloucester	52.2%	2 providers within 30 miles or 30 minutes
SOAP	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
Intensive Care Coordination (ICC)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
ICC	Oak Bluffs	0.0%	2 providers within 30 miles or 30 minutes

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Opioid Treatment Programs (OTP)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
OTP	Oak Bluffs	77.0%	2 providers within 30 miles or 30 minutes
Applied Behavior Analysis (ABA)	Nantucket	0.1%	2 providers within 30 miles or 30 minutes
In-home Behavioral Services	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
In-home Behavioral Services	Oak Bluffs	0.0%	2 providers within 30 miles or 30 minutes
In-home Therapy Services	Nantucket	1.0%	2 providers within 30 miles or 30 minutes
Therapeutic Mentoring Services	Nantucket	1.0%	2 providers within 30 miles or 30 minutes

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 submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- MGB should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.
- 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.

WellSense Community Alliance

More information about WellSense Community Alliance's network adequacy validation rating is provided in **Table 86**.

Table 86: WellSense Community Alliance Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating WellSense Community Alliance	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	Addressed	Moderate 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. IPRO's analysis of the network revealed gaps in the adult and pediatric PCP networks in one service area.
Ob/Gyn GeoAccess	• 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.	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 standard was met in all service areas.
Physical Health Services GeoAccess	• 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.	Addressed	High confidence: Rehabilitation Hospitals and Urgent Care Services Moderate confidence: Acute Inpatient Hospitals	For Rehabilitation Hospitals and Urgent Care Services: 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. For Acute Inpatient Hospitals: 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. IPRO's analysis of the network revealed that the GeoAccess standards were met in all service areas.
Specialists GeoAccess	• 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. • 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	Addressed	Moderate confidence: Emergency Medicine, Gastroenterology, Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	For Emergency Medicine, Gastroenterology, Infectious Diseases, Psychiatry, and Urology: 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. For all other provider types: 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?[1]	Validation Rating WellSense Community Alliance	Comments
Behavioral Health Services GeoAccess	• 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.	Addressed	High confidence: Psychiatric Inpatient Adult Moderate confidence: all other provider types	For Psychiatric Inpatient Adult: 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. For Clinical Stabilization Service (CSS) Level 3.5, Monitored inpatient Acute Treatment Services (ATS) Level 3.7, and Youth Community Crisis Stabilization (YCCS): 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. For all other provider types: 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 gaps for five provider types in multiple service areas.
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Tables 87–88** show service areas with deficient networks for WellSense Community Alliance. IPRO also determined that 222 providers had deactivated national provider identifiers, while four providers had more than 25 different locations listed per provider.

Table 87: WellSense Community Alliance Service Areas with Network Deficiencies – PCPs, Ob/Gyn, and Pharmacy

Provider Type	Service Areas with Network Deficiencies	Percent of Members with Access in That Service Area	Standard – 90% of Members Have Access
Adult PCP (open panel only)	Framingham	74.4%	2 providers within 15 miles or 30 minutes
Pediatric PCP (open panel only)	Framingham	72.2%	2 providers within 15 miles or 30 minutes

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

Table 88: 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
Clinical Stabilization Service (CSS) Level 3.5	Barnstable	16.1%	2 providers within 30 miles or 30 minutes
CSS	Oak Bluffs	65.1%	2 providers within 30 miles or 30 minutes
CSS	Orleans	0.0%	2 providers within 30 miles or 30 minutes
CSS	Springfield	19.1%	2 providers within 30 miles or 30 minutes
CSS	Westfield	0.0%	2 providers within 30 miles or 30 minutes
Youth Community Crisis Stabilization (YCCS)	Barnstable	33.3%	2 providers within 30 miles or 30 minutes
YCCS	Oak Bluffs	12.4%	2 providers within 30 miles or 30 minutes
YCCS	Orleans	36.8%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Acute Treatment Services (ATS) Level 3.7	Barnstable	89.8%	2 providers within 30 miles or 30 minutes
ATS	Holyoke	0.7%	2 providers within 30 miles or 30 minutes
ATS	Northampton	1.4%	2 providers within 30 miles or 30 minutes
ATS	Oak Bluffs	65.1%	2 providers within 30 miles or 30 minutes
ATS	Orleans	7.6%	2 providers within 30 miles or 30 minutes
ATS	Springfield	3.0%	2 providers within 30 miles or 30 minutes
ATS	Westfield	2.1%	2 providers within 30 miles or 30 minutes
Structured Outpatient Addiction Program (SOAP)	Orleans	25.4%	2 providers within 30 miles or 30 minutes
Opioid Treatment Programs (OTP)	Oak Bluffs	81.4%	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
OTP	Orleans	45.5%	2 providers within 30 miles or 30 minutes

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 submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- WellSense Community Alliance should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense Community Alliance should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.
- 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.

WellSense Mercy

More information about WellSense Mercy's network adequacy validation rating is provided in **Table 89.**

Table 89: WellSense Mercy Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating WellSense Mercy	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	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.
Ob/Gyn GeoAccess	• 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.	Addressed	Low confidence	No issues were found with the underlying information systems; however, and the MCP did not apply the correct 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 standard was met in all service areas.
Physical Health Services GeoAccess	• 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.	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.
Specialists GeoAccess	• 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. • 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.	Addressed	Moderate confidence: Emergency Medicine, Gastroenterology, Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	For Emergency Medicine, Gastroenterology, Infectious Diseases, Psychiatry, and Urology: 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. For all other provider types: 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?[1]	Validation Rating WellSense Mercy	Comments
Behavioral Health Services GeoAccess	• 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.	Addressed	High confidence: Psychiatric Inpatient Adult and Youth Community Crisis Stabilization (YCCS) Moderate confidence: all other provider types	For Psychiatric Inpatient Adult and Youth Community Crisis Stabilization (YCCS): 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. For Monitored inpatient Acute Treatment Services (ATS) Level 3.7 and Clinical Stabilization Service (CSS) Level 3.5: 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. For all other provider types: 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 gaps for Clinical Stabilization Service (CSS) Level 3.5 and Monitored Inpatient Acute Treatment Services (ATS) Level 3.7.
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	Moderate confidence	IPRO's analysis showed that the MCP's network did not meet the pediatric PCP provider-to-member standards but met the adult PCP and ob/gyn provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 90** shows service areas with deficient networks for WellSense Mercy. IPRO also determined that 222 providers had deactivated national provider identifiers, while four providers had more than 25 different locations listed per provider

Table 90: 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
Clinical Stabilization Service (CSS) Level 3.5	Springfield	10.3%	2 providers within 30 miles or 30 minutes
CSS	Westfield	0.0%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Acute Treatment Services (ATS) Level 3.7	Holyoke	2.0%	2 providers within 30 miles or 30 minutes
ATS	Springfield	2.1%	2 providers within 30 miles or 30 minutes
ATS	Westfield	0.7%	2 providers within 30 miles or 30 minutes

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 submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- WellSense Mercy should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense Mercy should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.
- 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 91.**

Table 91: WellSense Signature Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating WellSense Signature	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	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 except for Pediatric PCPs in the Haverhill service area. IPRO's analysis of the network revealed that the GeoAccess standards were met in all service areas.
Ob/Gyn GeoAccess	• 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.	Addressed	Low confidence	No issues were found with the underlying information systems; however, and the MCP did not apply the correct 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 standard was met in all service areas.
Physical Health Services GeoAccess	• 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.	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.
Specialists GeoAccess	• 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. • 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.	Addressed	Moderate confidence: Emergency Medicine, Gastroenterology, Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types.	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.

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating WellSense Signature	Comments
Behavioral Health Services GeoAccess	• 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.	Addressed	High confidence: Psychiatric Inpatient Adult and Youth Community Crisis Stabilization (YCCS) Moderate confidence: all other provider types	For Psychiatric Inpatient Adult and Youth Community Crisis Stabilization (YCCS): 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. For Clinical Stabilization Service (CSS) Level 3.5 and Monitored inpatient Acute Treatment Services (ATS) Level 3.7: 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. For all other provider types: 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.
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. WellSense Signature did not have any deficient networks. Network adequacy requirements were met in full; however, IPRO determined that 222 providers had deactivated national provider identifiers, while four providers had more than 25 different locations listed per provider.

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 submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- WellSense Signature should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense Signature should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.
- WellSense Signature should design quality improvement interventions to enhance the accuracy of all three directories.

WellSense Southcoast

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

Table 92: WellSense Southcoast Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating WellSense Southcoast	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	Addressed	High confidence: Adult PCPs Moderate confidence: Pediatric PCPs	For Adult PCPs: 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. For Pediatric PCPs: 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. IPRO's analysis of the network revealed gaps in the Pediatric PCPs network in one service area.
Ob/Gyn GeoAccess	• 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.	Addressed	Low confidence	No issues were found with the underlying information systems; however, and the MCP did not apply the correct 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 standard was met in all service areas.
Physical Health Services GeoAccess	• 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.	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.
Specialists GeoAccess	• 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. • 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.	Addressed	Moderate confidence: Emergency Medicine, Gastroenterology, Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	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.

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating WellSense Southcoast	Comments
Behavioral Health Services GeoAccess	• 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.	Addressed	High confidence: Psychiatric Inpatient Adult Moderate confidence: all other provider types	For Psychiatric Inpatient Adult: 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. For Clinical Stabilization Service (CSS) Level 3.5, Monitored inpatient Acute Treatment Services (ATS) Level 3.7, and Youth Community Crisis Stabilization (YCCS): 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. For all other provider types: 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.
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 93** shows service areas with deficient networks for WellSense Southcoast. IPRO also determined that 222 providers had deactivated national provider identifiers, while four providers had more than 25 different locations listed per provider.

Table 93: 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	72.2%	2 providers within 15 miles or 30 minutes

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

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 submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- WellSense Southcoast should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense Southcoast should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.
- 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.

WellSense BILH

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

Table 94: WellSense BILH Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating WellSense BILH	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	Addressed	Moderate confidence	Adult PCPs: 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 PCPs: 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. IPRO's analysis of the network revealed that the GeoAccess standards were met in all service areas.
Ob/Gyn GeoAccess	• 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.	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.
Physical Health Services GeoAccess	• 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.	Addressed	High confidence: Rehabilitation Hospitals and Urgent Care Services Moderate confidence: Acute Inpatient Hospitals	For Rehabilitation Hospitals and Urgent Care Services: 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. For Acute Inpatient Hospitals: 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. IPRO's analysis of the network revealed that the GeoAccess standards were met in all service areas.
Specialists GeoAccess	• 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. • 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.	Addressed	Moderate confidence: Emergency Medicine, Gastroenterology, Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	For Emergency Medicine, Gastroenterology, Infectious Diseases, Psychiatry, and Urology: 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. For all other provider types: 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.
Behavioral Health Services GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in	Addressed	High confidence: Psychiatric Inpatient Adult	For Psychiatric Inpatient Adult: No issues were found with the underlying information systems; the MCP's provider data were clean; the MCP applied the

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating WellSense BILH	Comments
	accordance with the time-OR-distance standards defined in Appendix N.		Moderate confidence: all other provider types	correct MassHealth standards for analysis; and the results calculated by the MCP matched the time-and-distance results calculated by IPRO. For Clinical Stabilization Service (CSS) Level 3.5, Monitored inpatient Acute Treatment Services (ATS) Level 3.7, and Youth Community Crisis Stabilization (YCCS): 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. For all other provider types: 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 gaps for Clinical Stabilization Service (CSS) Level 3.5 and Monitored Inpatient Acute Treatment Services (ATS) Level 3.7.
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 95** shows service areas with deficient networks for WellSense BILH. IPRO also determined that 222 providers had deactivated national provider identifiers, while four providers had more than 25 different locations listed per provider

Table 95: 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
Clinical Stabilization Service (CSS) Level 3.5	Gloucester	85.8%	2 providers within 30 miles or 30 minutes
CSS	Haverhill	83.1%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Acute Treatment Services (ATS) Level 3.7	Gloucester	85.8%	2 providers within 30 miles or 30 minutes
ATS	Haverhill	83.1%	2 providers within 30 miles or 30 minutes

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 submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- WellSense BILH should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.
- 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 96.**

Table 96: WellSense Care Alliance Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating WellSense Care Alliance	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	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 except for Pediatric PCPs in the Haverhill service area. IPRO's analysis of the network revealed that the GeoAccess standards were met in all service areas.
Ob/Gyn GeoAccess	• 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.	Addressed	Low confidence	No issues were found with the underlying information systems; however, and the MCP did not apply the correct 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 standard was met in all service areas.
Physical Health Services GeoAccess	• 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.	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.
Specialists GeoAccess	• 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. • 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.	Addressed	Moderate confidence: Emergency Medicine, Gastroenterology, Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types.	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.
Behavioral Health Services GeoAccess	• 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.	Addressed	High confidence: Psychiatric Inpatient Adult Moderate confidence: all other provider types	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 except for Clinical Stabilization Services (CSS) Level 3.5, Monitored inpatient Acute Treatment Services (ATS) Level 3.7, and Youth Community Crisis Stabilization (YCCS), but the comparison yielded different results. 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?[1]	Validation Rating WellSense Care Alliance	Comments
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. WellSense Care Alliance did not have any deficient networks. Network adequacy requirements were met in full; however, IPRO determined that 222 providers had deactivated national provider identifiers, while four providers had more than 25 different locations listed per provider.

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 submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- WellSense Care Alliance should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense Care Alliance should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.
- 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 97.**

Table 97: WellSense East Boston Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating WellSense East Boston	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	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.
Ob/Gyn GeoAccess	• 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.	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 standard was met in all service areas.
Physical Health Services GeoAccess	• 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.	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.
Specialists GeoAccess	• 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. • 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.	Addressed	Moderate confidence: Emergency Medicine, Gastroenterology, Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	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.
Behavioral Health Services GeoAccess	• 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.	Addressed	High confidence: Clinical Stabilization Services (CSS) Level 3.5, Monitored Inpatient Acute Treatment Services (ATS) Level 3.7, Psychiatric Inpatient Adult, Youth Community Crisis Stabilization (YCCS) Moderate confidence: all other behavioral health provider types	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 except for Clinical Stabilization Services (CSS) Level 3.5, Monitored inpatient Acute Treatment Services (ATS) Level 3.7, Psychiatric Inpatient Adult, and Youth Community Crisis Stabilization (YCCS). For these provider types, 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?[1]	Validation Rating WellSense East Boston	Comments
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. WellSense East Boston did not have any deficient networks. Network adequacy requirements were met in full; however, IPRO determined that 222 providers had deactivated national provider identifiers, while four providers had more than 25 different locations listed per provider.

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 submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- WellSense East Boston should design quality improvement interventions to enhance the accuracy of all three directories.

WellSense Children's

More information about WellSense Children's network adequacy validation rating is provided in **Table 98.**

Table 98: WellSense Children's Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating WellSense Children's	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	Addressed	Moderate 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. IPRO's analysis of the network revealed gaps in the pediatric PCP network in one service area.
Ob/Gyn GeoAccess	• 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.	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 standard was met in all service areas.
Physical Health Services GeoAccess	• 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.	Addressed	High confidence: Rehabilitation Hospitals and Urgent Care Services Moderate confidence: Acute Inpatient Hospitals	For Rehabilitation Hospitals and Urgent Care Services: 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. For Acute Inpatient Hospitals: 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. IPRO's analysis of the network revealed that the GeoAccess standards were met in all service areas.
Specialists GeoAccess	• 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. • 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.	Addressed	Moderate confidence: Emergency Medicine, Gastroenterology, Infectious Diseases, Psychiatry, and Urology High confidence: all other provider types	For Emergency Medicine, Gastroenterology, Infectious Diseases, Psychiatry, and Urology: 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. For all other provider types: 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?[1]	Validation Rating WellSense Children's	Comments
Behavioral Health Services GeoAccess	• 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.	Addressed	High confidence: Psychiatric Inpatient Adult Moderate confidence: all other provider types	For Psychiatric Inpatient Adult: 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. For Clinical Stabilization Service (CSS) Level 3.5, Monitored inpatient Acute Treatment Services (ATS) Level 3.7, and Youth Community Crisis Stabilization (YCCS): 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. For all other provider types: 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 gaps for five provider types in multiple service areas.
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Tables 99–100** show service areas with deficient networks for WellSense Children's. IPRO also determined that 222 providers had deactivated national provider identifiers, while four providers had more than 25 different locations listed per provider.

Table 99: 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	58.4%	2 providers within 15 miles or 30 minutes

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

Table 100: 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
Clinical Stabilization Service (CSS) Level 3.5	Adams	0.0%	2 providers within 30 miles or 30 minutes
CSS	Athol	25.1%	2 providers within 30 miles or 30 minutes
CSS	Barnstable	31.6%	2 providers within 30 miles or 30 minutes
CSS	Gardner-Fitchburg	89.6%	2 providers within 30 miles or 30 minutes
CSS	Greenfield	31.9%	2 providers within 30 miles or 30 minutes
CSS	Oak Bluffs	61.5%	4 providers
CSS	Orleans	0.0%	2 providers within 30 miles or 30 minutes
CSS	Pittsfield	0.0%	2 providers within 30 miles or 30 minutes
CSS	Springfield	18.6%	2 providers within 30 miles or 30 minutes
CSS	Westfield	0.0%	2 providers within 30 miles or 30 minutes
Youth Community Crisis Stabilization (YCCS)	Adams	70.4%	2 providers within 30 miles or 30 minutes
YCCS	Barnstable	37.0%	2 providers within 30 miles or 30 minutes
YCCS	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
YCCS	Oak Bluffs	7.7%	2 providers within 30 miles or 30 minutes
YCCS	Orleans	35.5%	2 providers within 30 miles or 30 minutes
YCCS	Pittsfield	8.4%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Acute Treatment Services (ATS) Level 3.7	Adams	0.0%	2 providers within 30 miles or 30 minutes
ATS	Athol	24.1%	2 providers within 30 miles or 30 minutes
ATS	Greenfield	1.9%	2 providers within 30 miles or 30 minutes
ATS	Holyoke	4.3%	2 providers within 30 miles or 30 minutes
ATS	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
ATS	Northampton	3.4%	2 providers within 30 miles or 30 minutes
ATS	Oak Bluffs	61.5%	2 providers within 30 miles or 30 minutes
ATS	Orleans	8.5%	2 providers within 30 miles or 30 minutes
ATS	Pittsfield	2.3%	2 providers within 30 miles or 30 minutes
ATS	Springfield	6.7%	2 providers within 30 miles or 30 minutes
ATS	Westfield	1.0%	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
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	25.4%	2 providers within 30 miles or 30 minutes
SOAP	Pittsfield	7.6%	2 providers within 30 miles or 30 minutes
Intensive Care Coordination (ICC)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
Opioid Treatment Programs (OTP)	Adams	73.6%	2 providers within 30 miles or 30 minutes
OTP	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
OTP	Oak Bluffs	88.5%	2 providers within 30 miles or 30 minutes
OTP	Orleans	48.0%	2 providers within 30 miles or 30 minutes
Applied Behavior Analysis (ABA)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
In-home Behavioral Services	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
In-home Therapy Services	Nantucket	0.0%	2 providers within 30 miles or 30 minutes
Therapeutic Mentoring Services	Nantucket	0.0%	2 providers within 30 miles or 30 minutes

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 submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- WellSense Children's should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense Children's should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.
- 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.

HNE BeHealthy

More information about HNE BeHealthy's network adequacy validation rating is provided in **Table 101.**

Table 101: HNE BeHealthy Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating HNE BeHealthy	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	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.
Ob/Gyn GeoAccess	• 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.	Addressed	Moderate confidence	No issues were found with the underlying information systems and the MCP's provider data were clean; however, the MCP used 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 standard was met in all service areas.
Physical Health Services GeoAccess	• 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.	Addressed	High confidence: Acute Inpatient Hospitals and Rehabilitation Hospitals Moderate confidence: Urgent Care Services	For Acute Inpatient Hospitals and Rehabilitation Hospitals: 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. Urgent Care Services: 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 standard was met in all service areas.
Specialists GeoAccess	• 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. • 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.	Addressed	High confidence: Dermatology, Endocrinology, Physiatry, and Urology Moderate confidence: all other provider types	For Dermatology, Endocrinology, Physiatry, and Urology: 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. For all other provider types: 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 standard was met in all service areas.

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating HNE BeHealthy	Comments
Behavioral Health Services GeoAccess	• 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.	Addressed	High confidence: Intensive Care Coordination and Therapeutic Mentoring Moderate confidence: all other provider types	For Intensive Care Coordination and Therapeutic Mentoring: 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. For Partial Hospitalization: No issues were found with the underlying information systems and the MCP's provider data were clean; however, the MCP did not apply the correct standards for analysis. The MCP's results were not comparable for further analysis. For Monitored inpatient Acute Treatment Services (ATS) Level 3.7 and Youth Community Crisis Stabilization (YCCS): 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; however, the results calculated by the MCP did not match the time-and-distance results calculated by IPRO for some service areas. For all other provider types: 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 gaps for 18 provider types in multiple service areas.
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 102** shows service areas with deficient networks for HNE BeHealthy. IPRO also determined that 17 providers had deactivated national provider identifiers.

Table 102: 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
Clinical Stabilization Service (CSS) Level 3.5	Greenfield	14.1%	2 providers within 30 miles or 30 minutes
CSS	Springfield	9.7%	2 providers within 30 miles or 30 minutes
CSS	Westfield	0.7%	2 providers within 30 miles or 30 minutes
Youth Community Crisis Stabilization (YCCS)	Greenfield	1.8%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Acute Treatment Services (ATS) Level 3.7	Greenfield	0.2%	2 providers within 30 miles or 30 minutes
ATS	Holyoke	6.5%	2 providers within 30 miles or 30 minutes
ATS	Northampton	4.2%	2 providers within 30 miles or 30 minutes
ATS	Springfield	6.7%	2 providers within 30 miles or 30 minutes
ATS	Westfield	0.7%	2 providers within 30 miles or 30 minutes

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 submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- HNE BeHealthy should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- HNE BeHealthy should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.
- 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 103.**

Table 103: Fallon Berkshire Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating Fallon Berkshire	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	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 both service areas.
Ob/Gyn GeoAccess	• 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.	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 both service areas.
Physical Health Services GeoAccess	• 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.	Addressed	High confidence: Acute Inpatient Hospitals Moderate confidence: Rehabilitation Hospitals and Urgent Care Services	No issues were found with the underlying information systems, and the MCP's provider data were clean. For Acute Inpatient Hospitals: 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 Hospital and Urgent Care Services: the MCP did not apply the correct 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 both service areas.
Specialists GeoAccess	• 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. • 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.	Addressed	Moderate confidence: Psychiatry High confidence: all other provider types	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. For Psychiatry: 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 both service areas.

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating Fallon Berkshire	Comments
Behavioral Health Services GeoAccess	• 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.	Addressed	High confidence: Monitored Inpatient Acute Treatment Services (ATS) Level 3.7 and Youth Community Crisis Stabilization (YCCS) Low confidence: Clinical Stabilization Service (CSS) Level 3.5 Moderate confidence: all other provider types	For Monitored Inpatient Acute Treatment Services (ATS) Level 3.7 and Youth Community Crisis Stabilization (YCCS): 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. For Clinical Stabilization Service (CSS) Level 3.5: No issues were found with the underlying information systems; however, the MCP did not apply the correct MassHealth standards for analysis, and the MCP's provider data had some duplicative records. The MCP's results were not comparable for further analysis. For all other provider types: 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 gaps for four provider types in both service areas.
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 104** shows service areas with deficient networks for Fallon Berkshire. IPRO also determined that 203 providers had deactivated national provider identifiers, while two providers had more than 20 different locations listed per provider.

Table 104: 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
Clinical Stabilization Service (CSS) Level 3.5	Adams	68.4%	2 providers within 30 miles or 30 minutes
CSS	Pittsfield	1.8%	2 providers within 30 miles or 30 minutes
Youth Community Crisis Stabilization (YCCS)	Adams	0.0%	2 providers within 30 miles or 30 minutes
YCCS	Pittsfield	3.1%	2 providers within 30 miles or 30 minutes
Monitored Inpatient Acute Treatment Services (ATS) Level 3.7	Adams	0.0%	2 providers within 30 miles or 30 minutes
ATS	Pittsfield	1.8%	2 providers within 30 miles or 30 minutes
Opioid Treatment Programs (OTP)	Adams	80.4%	2 providers within 30 miles or 30 minutes
OTP	Pittsfield	85.6%	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 the correct MassHealth standards and 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 105.**

Table 105: Fallon 365 Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating Fallon 365	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	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.
Ob/Gyn GeoAccess	• 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.	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.
Physical Health Services GeoAccess	• 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.	Addressed	High confidence: Acute Inpatient Hospitals Moderate confidence: Rehabilitation Hospitals and Urgent Care Services	No issues were found with the underlying information systems and the MCP's provider data were clean. For Acute Inpatient Hospitals: 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 Hospital and Urgent Care Services: the MCP did not apply the correct 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.
Specialists GeoAccess	• 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. • 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.	Addressed	Moderate confidence: Psychiatry High confidence: all other provider types	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. For Psychiatry: 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.

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating Fallon 365	Comments
Behavioral Health Services GeoAccess	• 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.	Addressed	High confidence: Monitored Inpatient Acute Treatment Services (ATS) Level 3.7 and Youth Community Crisis Stabilization (YCCS) Low confidence: Clinical Stabilization Service (CSS) Level 3.5 Moderate confidence: all other provider types	For Monitored Inpatient Acute Treatment Services (ATS) Level 3.7 and Youth Community Crisis Stabilization (YCCS): 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. For Clinical Stabilization Service (CSS) Level 3.5: No issues were found with the underlying information systems; however, the MCP did not apply the correct MassHealth standards for analysis, and the MCP's provider data had some duplicative records. The MCP's results were not comparable for further analysis. For all other provider types: 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 gaps for Youth Community Crisis Stabilization (YCCS) in all service areas.
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 106** shows service areas with deficient networks for Fallon 365. IPRO also determined that 203 providers had deactivated national provider identifiers, while two providers had more than 20 different locations listed per provider.

Table 106: Fallon 365 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
Youth Community Crisis Stabilization (YCCS)	Framingham	47.0%	2 providers within 30 miles or 30 minutes
YCCS	Gardner-Fitchburg	0.0%	2 providers within 30 miles or 30 minutes
YCCS	Southbridge	4.1%	2 providers within 30 miles or 30 minutes
YCCS	Worcester	0.0%	2 providers within 30 miles or 30 minutes

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 submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- Fallon 365 should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- Fallon 365 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.
- Fallon 365 should design quality improvement interventions to enhance the accuracy of all three directories.

Fallon Atrius

More information about Fallon Atrius' network adequacy validation rating is provided in **Table 107.**

Table 107: Fallon Atrius Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating Fallon Atrius	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	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.
Ob/Gyn GeoAccess	• 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.	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.
Physical Health Services GeoAccess	• 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.	Addressed	High confidence: Acute Inpatient Hospitals Moderate confidence: Rehabilitation Hospitals and Urgent Care Services	No issues were found with the underlying information systems and the MCP's provider data were clean. For Acute Inpatient Hospitals: 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 Hospital and Urgent Care Services: the MCP did not apply the correct 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.
Specialists GeoAccess	• 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. • 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.	Addressed	Moderate confidence: Psychiatry High confidence: all other provider types	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. For Psychiatry: 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.

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating Fallon Atrius	Comments
Behavioral Health Services GeoAccess	• 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.	Addressed	High confidence: Monitored Inpatient Acute Treatment Services (ATS) Level 3.7 and Youth Community Crisis Stabilization (YCCS) Low confidence: Clinical Stabilization Service (CSS) Level 3.5 Moderate confidence: all other provider types	For Monitored Inpatient Acute Treatment Services (ATS) Level 3.7 and Youth Community Crisis Stabilization (YCCS): 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. For Clinical Stabilization Service (CSS) Level 3.5: No issues were found with the underlying information systems; however, the MCP did not apply the correct MassHealth standards for analysis, and the MCP's provider data had some duplicative records. The MCP's results were not comparable for further analysis. For all other provider types: 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 gaps for Youth Community Crisis Stabilization (YCCS) in all service areas.
Pharmacy GeoAccess	• 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.	Addressed	Moderate 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. For the Beverly, Boston-Primary, Brockton, and Framingham service areas, the MCP did not provide results of their GeoAccess analysis. IPRO could not compare the analyses further for these service areas. IPRO's analysis of the network revealed that the GeoAccess standards were met in all service areas.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Table 108** shows service areas with deficient networks for Fallon Atrius. IPRO also determined that 204 providers had deactivated national provider identifiers, while two providers had more than 20 different locations listed per provider

Table 108: Fallon Atrius 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
Youth Community Crisis Stabilization (YCCS)	Beverly	0.0%	2 providers within 30 miles or 30 minutes
YCCS	Boston – Primary	12.4%	2 providers within 30 miles or 30 minutes
YCCS	Brockton	83.8%	2 providers within 30 miles or 30 minutes
YCCS	Framingham	44.8%	2 providers within 30 miles or 30 minutes
YCCS	Lawrence	0.0%	2 providers within 30 miles or 30 minutes
YCCS	Lowell	24.8%	2 providers within 30 miles or 30 minutes
YCCS	Lynn	70.0%	2 providers within 30 miles or 30 minutes
YCCS	Plymouth	83.8%	2 providers within 30 miles or 30 minutes
YCCS	Quincy	35.5%	2 providers within 30 miles or 30 minutes
YCCS	Revere	6.3%	2 providers within 30 miles or 30 minutes
YCCS	Salem	3.0%	2 providers within 30 miles or 30 minutes

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 submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.
- Fallon Atrius should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- Fallon Atrius 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.
- Fallon Atrius should design quality improvement interventions to enhance the accuracy of all three directories.

Tufts CHA

More information about Tufts CHA's network adequacy validation rating is provided in **Table 109.**

Table 109: Tufts CHA Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating Tufts CHA	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	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.
Ob/Gyn GeoAccess	• 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.	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.
Physical Health Services GeoAccess	• 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.	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.
Specialists GeoAccess	• 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. • 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.	Addressed	Moderate confidence: Ophthalmology, Podiatry, Psychiatry, and Urology High confidence: all other specialist provider types	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 for four provider types 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	• 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.	Addressed	Moderate confidence: Behavioral Health Outpatient, Monitored Inpatient Acute Treatment Services (ATS) Level 3.7, Opioid Treatment Programs (OTP), Psychiatric Inpatient Adult, Structured Outpatient Addiction Program (SOAP) High confidence: all other behavioral health provider types.	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 for five provider types 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?[1]	Validation Rating Tufts CHA	Comments
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. Tufts CHA did not have any deficient networks. Network adequacy requirements were met in full; however, IPRO determined that 32 providers had deactivated national provider identifiers, while 20 providers had more than 25 different locations listed per provider.

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 design quality improvement interventions to enhance the accuracy of all three directories.

Tufts UMass

More information about Tufts UMass' network adequacy validation rating is provided in **Table 110.**

Table 110: Tufts UMass Network Adequacy Validation Ratings – CY 2025

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating Tufts UMass	Comments
Primary Care Providers' GeoAccess	• At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation.	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.
Ob/Gyn GeoAccess	• 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.	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.
Physical Health Services GeoAccess	• 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.	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 except for urgent care services in Athol and Gardner-Fitchburg.
Specialists GeoAccess	• 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. • 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.	Addressed	Moderate confidence: Ophthalmology, Podiatry, Psychiatry, and Urology High confidence: all other specialist provider types	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 for four provider types 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	• 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.	Addressed	Moderate confidence: Behavioral Health Outpatient, Monitored Inpatient Acute Treatment Services (ATS) Level 3.7, Opioid Treatment Programs (OTP), Psychiatric Inpatient Adult, Structured Outpatient Addiction Program (SOAP) High confidence: all other behavioral health provider types	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 for five provider types were not comparable for further analysis. IPRO's analysis of the network revealed that the GeoAccess standards were met in all service areas except for Monitored Inpatient Acute Treatment Services (ATS) Level 3.7 and Structured Outpatient Addiction Program (SOAP) in the Athol service area.

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring?[1]	Validation Rating Tufts UMass	Comments
Pharmacy GeoAccess	• 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.	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.
Provider-to-member Ratios[2]	• Adult PCP Ratio: 1:750 • Pediatric PCP Ratio: 1:750 • Ob/Gyn Ratio: 1:500	Addressed	High confidence	IPRO's analysis showed that the MCP's network meets the provider-to-member standards.
Accuracy of Directories[2]	• Percent of providers in the directory with correct information.	Missing[3]	Moderate confidence	IPRO's analysis showed that the information in the PCP, Ob/Gyn, and CMHC providers directories is not entirely accurate.

[1] "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.
[2] 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.
[3] 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.
CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider.

After analyzing the network adequacy results for all provider types, IPRO identified service areas with network deficiencies. If 90% of ACPP members in one service area had adequate access, then the network availability standard was met. But if less than 90% of members in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Tables 111–112** show service areas with deficient networks for Tufts UMass.

Table 111: Tufts UMass Service Areas with Network Deficiencies – Physical Health Service 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	Athol	63.6%	1 provider within 15 miles or 30 minutes
Urgent Care Services	Gardner-Fitchburg	77.0%	1 provider within 15 miles or 30 minutes

Table 112: 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
Monitored Inpatient Acute Treatment Services (ATS) Level 3.7	Athol	60.9%	2 providers within 30 miles or 30 minutes
Structured Outpatient Addiction Program (SOAP)	Athol	66.9%	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 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 of the second amended and restated 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 nonprofit 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.[6] The level of analysis for the PC MES surveys was individual ACO-MCO.

Technical Methods of Data Collection and Analysis

The measurement year 2024 PC MES was fielded between May and August 2025, by MHQP. 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 measurement year 2024 PC MES adult and child surveys included Patient-Centered Medical Home survey items, as well as the Health Promotion & Education supplemental survey items in the adult survey and the Coordination of Care supplemental survey items in the child survey.

Nineteen MCPs participated in the measurement year 2024 survey, including 15 ACPPs, two PC ACOs, 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, Khmer, and Arabic (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. Email invitations were sent to members with email addresses on file. The mailed survey and email invitations included a link to an online version of the survey. The survey fielding protocol includes up to 5 emails and up to 3 mailings.

The sample frame included members who had at least one in-person primary care visit during the measurement year and who were enrolled in one of the ACOs or MCOs. Patients' age on the anchor date (December 31, 2024) was used to assign respondents for the adult or child survey. **Tables 113–114** provide a summary of the technical methods of data collection.

[6] AHRQ. CAHPS Clinician & Group Survey. Also available at: CAHPS Clinician & Group Survey | Agency for Healthcare Research and Quality (ahrq.gov).

Table 113: Adult PC MES – Technical Methods of Data Collection, MY 2024

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 fielding timeline	May–August 2025
Method of collection	Mailings and emails
Sample size – all ACOs and MCOs	97,344
Response rate	9.9%

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; ACO: accountable care organization; MCO: managed care organization.

Table 114: Child PC MES – Technical Methods of Data Collection, MY 2024

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 fielding timeline	May–August 2025
Method of collection	Mailings and emails
Sample size – all ACOs and MCOs	144,423
Response rate	4.5%

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; ACO: accountable care organizations; MCO: managed care organization.

To assess ACPP performance, IPRO reported PC MES statewide scores calculated across all ACOs and MCOs.

Description of Data Obtained

IPRO received copies of the final program year 2024 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 115**.

Table 116 shows the adult PC MES survey results for program year 2024. MGB, Fallon Berkshire, and Fallon 365 scored above the goal on all measures, indicating a consistently high level of performance across various aspects of care. WellSense Mercy did not score above the goal on any of the measures, indicating a need for improvement.

Table 117 shows the child PC MES survey results for program year 2024 (fielded in 2025). MGB, WellSense Children's, and Fallon 365 scored above the goal on all measures, indicating a consistently high level of performance across various aspects of care. WellSense Signature did not score above the goal on any of the measures, indicating a need for improvement.

Table 115: Key for PC MES Performance Measure Comparison to the Statewide Scores

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; N/A: not applicable.

Table 116: PC MES Performance – Adult Member, Program Year 2024

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	73.71 (> Goal)	66.29 (< Goal)	48.33 (< Goal)	67.95 (> Goal)	70.39 (> Goal)	67.70 (> Goal)	67.78 (> Goal)	64.87 (< Goal)	77.88 (> Goal)	75.84 (> Goal)	70.12 (> Goal)	68.21 (> Goal)	64.39 (< Goal)	69.32 (> Goal)	76.16 (> Goal)	67.1
Communication	94.56 (> Goal)	92.65 (< Goal)	89.04 (< Goal)	94.19 (> Goal)	93.29 (< Goal)	93.28 (< Goal)	93.30 (< Goal)	97.16 (> Goal)	96.06 (> Goal)	93.97 (> Goal)	94.96 (> Goal)	93.44 (> Goal)	94.46 (> Goal)	94.01 (> Goal)	92.79 (< Goal)	93.4
Integration of Care	87.17 (> Goal)	86.44 (> Goal)	83.02 (< Goal)	87.47 (> Goal)	87.58 (> Goal)	87.27 (> Goal)	86.17 (< Goal)	85.99 (< Goal)	89.47 (> Goal)	86.66 (> Goal)	87.88 (> Goal)	88.20 (> Goal)	88.21 (> Goal)	85.70 (< Goal)	84.61 (< Goal)	86.3
Knowledge of Patient	89.34 (> Goal)	87.23 (< Goal)	82.99 (< Goal)	88.00 (> Goal)	87.63 (< Goal)	88.27 (> Goal)	87.36 (< Goal)	92.88 (> Goal)	89.32 (> Goal)	87.50 (< Goal)	88.80 (> Goal)	89.21 (> Goal)	89.58 (> Goal)	87.70 (< Goal)	88.34 (> Goal)	87.8
Office Staff	94.93 (> Goal)	93.28 (< Goal)	88.71 (< Goal)	93.60 (< Goal)	93.97 (> Goal)	92.55 (< Goal)	95.39 (> Goal)	94.22 (> Goal)	96.02 (> Goal)	94.36 (> Goal)	94.74 (> Goal)	94.94 (> Goal)	94.40 (> Goal)	92.57 (< Goal)	95.27 (> Goal)	93.8
Organizational Access	80.38 (> Goal)	76.14 (< Goal)	69.62 (< Goal)	80.90 (> Goal)	81.77 (> Goal)	80.57 (> Goal)	82.12 (> Goal)	74.46 (< Goal)	88.14 (> Goal)	79.33 (< Goal)	80.01 (> Goal)	83.29 (> Goal)	80.68 (> Goal)	75.84 (< Goal)	83.28 (> Goal)	79.8
Overall Provider Rating	89.36 (> Goal)	87.53 (< Goal)	84.74 (< Goal)	90.13 (> Goal)	88.53 (< Goal)	88.65 (< Goal)	88.30 (< Goal)	92.72 (> Goal)	89.68 (> Goal)	89.14 (> Goal)	89.91 (> Goal)	89.62 (> Goal)	90.66 (> Goal)	89.34 (> Goal)	88.43 (< Goal)	88.7
Self-Management Support	67.41 (> Goal)	62.86 (< Goal)	57.60 (< Goal)	63.86 (< Goal)	65.77 (> Goal)	64.55 (> Goal)	63.71 (< Goal)	60.66 (< Goal)	63.64 (< Goal)	67.65 (> Goal)	66.51 (> Goal)	64.85 (> Goal)	66.10 (> Goal)	68.85 (> Goal)	68.21 (> Goal)	64.5
Willingness to Recommend	89.14 (> Goal)	87.60 (< Goal)	83.82 (< Goal)	91.03 (> Goal)	88.43 (< Goal)	88.53 (< Goal)	87.95 (< Goal)	92.49 (> Goal)	90.86 (> Goal)	89.07 (> Goal)	90.28 (> Goal)	90.23 (> Goal)	90.84 (> Goal)	89.40 (> Goal)	89.15 (> Goal)	88.7

PC MES: Primary Care Member Experience Survey; ACO: accountable care organizations; MCO: managed care organization.

Table 117: PC MES Performance – Child Member, Program Year 2024

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	97.44 (> Goal)	97.24 (> Goal)	95.90 (< Goal)	90.27 (< Goal)	97.55 (> Goal)	95.47 (< Goal)	95.67 (< Goal)	97.06 (> Goal)	96.79 (> Goal)	91.69 (< Goal)	96.00 (< Goal)	97.34 (> Goal)	97.81 (> Goal)	96.73 (> Goal)	95.75 (< Goal)	96.1
Integration of Care	87.15 (> Goal)	83.08 (< Goal)	90.95 (> Goal)	81.84 (< Goal)	87.81 (> Goal)	82.91 (< Goal)	86.46 (> Goal)	81.60 (< Goal)	90.15 (> Goal)	87.40 (> Goal)	87.30 (> Goal)	91.28 (> Goal)	85.00 (< Goal)	84.83 (< Goal)	84.83 (< Goal)	86.2
Knowledge of Patient	92.48 (> Goal)	90.82 (> Goal)	87.98 (< Goal)	85.31 (< Goal)	93.60 (> Goal)	88.69 (< Goal)	88.84 (< Goal)	91.56 (> Goal)	92.17 (> Goal)	87.10 (< Goal)	89.10 (< Goal)	92.92 (> Goal)	90.00 (< Goal)	88.97 (< Goal)	89.79 (< Goal)	90.1
Office Staff	96.28 (> Goal)	95.19 (> Goal)	91.24 (< Goal)	89.95 (< Goal)	96.75 (> Goal)	91.76 (< Goal)	94.50 (< Goal)	94.43 (< Goal)	95.67 (> Goal)	93.85 (< Goal)	93.66 (< Goal)	96.29 (> Goal)	97.70 (> Goal)	93.17 (< Goal)	93.10 (< Goal)	94.5
Organizational Access	87.35 (> Goal)	81.70 (< Goal)	75.98 (< Goal)	78.84 (< Goal)	90.49 (> Goal)	83.58 (> Goal)	85.14 (> Goal)	77.49 (< Goal)	89.23 (> Goal)	73.60 (< Goal)	77.08 (< Goal)	87.02 (> Goal)	85.24 (> Goal)	78.83 (< Goal)	82.70 (< Goal)	83.4
Overall Provider Rating	93.80 (> Goal)	91.11 (< Goal)	90.23 (< Goal)	83.33 (< Goal)	94.53 (> Goal)	90.49 (< Goal)	90.00 (< Goal)	91.76 (> Goal)	93.47 (> Goal)	87.62 (< Goal)	90.51 (< Goal)	94.46 (> Goal)	91.66 (> Goal)	91.96 (> Goal)	91.57 (> Goal)	91.4

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	55.30 (> Goal)	53.31 (> Goal)	39.53 (< Goal)	39.31 (< Goal)	58.41 (> Goal)	48.83 (< Goal)	54.11 (> Goal)	59.41 (> Goal)	55.48 (> Goal)	51.82 (< Goal)	45.36 (< Goal)	59.22 (> Goal)	50.44 (< Goal)	59.86 (> Goal)	48.71 (< Goal)	52.4
Willingness to Recommend	95.51 (> Goal)	92.73 (> Goal)	89.77 (< Goal)	83.95 (< Goal)	95.66 (> Goal)	89.92 (< Goal)	91.56 (< Goal)	93.33 (> Goal)	94.62 (> Goal)	87.64 (< Goal)	90.80 (< Goal)	95.32 (> Goal)	92.34 (< Goal)	94.03 (> Goal)	92.05 (< Goal)	92.5
Child Development	69.13 (> Goal)	65.92 (< Goal)	56.31 (< Goal)	55.95 (< Goal)	71.03 (> Goal)	66.37 (< Goal)	67.37 (> Goal)	69.36 (> Goal)	67.22 (> Goal)	65.39 (< Goal)	65.05 (< Goal)	72.43 (> Goal)	63.19 (< Goal)	72.52 (> Goal)	66.68 (> Goal)	66.4
Child Provider Communication	96.77 (> Goal)	96.53 (> Goal)	95.56 (< Goal)	94.29 (< Goal)	98.14 (> Goal)	96.35 (> Goal)	95.77 (< Goal)	96.45 (> Goal)	96.79 (> Goal)	94.76 (< Goal)	96.43 (> Goal)	96.26 (> Goal)	96.34 (> Goal)	95.92 (< Goal)	95.93 (< Goal)	96.0
Pediatric Prevention	66.80 (> Goal)	60.71 (< Goal)	50.35 (< Goal)	49.89 (< Goal)	61.50 (< Goal)	64.22 (> Goal)	63.23 (> Goal)	65.70 (> Goal)	66.44 (> Goal)	58.68 (< Goal)	60.72 (< Goal)	73.43 (> Goal)	59.11 (< Goal)	62.40 (< Goal)	62.49 (< Goal)	62.6

PC MES: Primary Care Member Experience Survey; ACO: accountable care organizations; MCO: managed care organization.

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[7] made by the EQRO during the previous year's EQR." **Tables 118–132** display the ACPPs' responses to the recommendations for QI made during the previous EQR, as well as IPRO's assessment of these responses.

MGB Response to Previous EQR Recommendations

Table 118 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 118: MGB Response to Previous EQR Recommendations

Recommendation for ACPP	MGB Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 1: HEDIS Measures: The following HEDIS rates were below the 25th percentile: • Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation): 38.16% (< 25th percentile) 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.	MGB has conducted a root cause analysis using the most current Cotiviti data to identify factors contributing to lower initiation rates in substance use treatment among Medicaid ACO members. Building on findings from the 2024 IPRO audit (based on CY 2023 data), MGBHP leveraged Measurement Year 2024 (MY24) data to inform more timely interventions. The plan in conjunction with Mass General Brigham deliver system has implemented and continues to advance several targeted strategies, including: • Developing comprehensive clinical guidelines for opioid and alcohol use disorder treatment. • Distributing educational materials to raise awareness and facilitate referrals. • Delivering live and virtual provider training on evidence-based treatment. • Standardizing ED referral processes to Bridge Clinics. • Embedding SUD resource specialists in emergency departments. • Expanding access to addiction consultation services.	Addressed
PMV 2: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Adult: 88.26% (< Goal) • PC MES Integration of Care+ Child: 85.15% (< Goal) • PC MES Integration of Care+ Adult: 84.52% (< Goal) ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	The Quality Team conducted a root cause analysis using member-reported data (physical and mental/emotional health status, sociodemographic characteristics, health conditions, social determinants of health, and disability indicators). Based on these findings, the MCP has implemented or will implement the following targeted actions: For Adult Measures: • Trained care teams in communicating with members who are deaf and blind. • Enhanced screening and referral processes for mental health and substance use disorders. • Identified members with sensory or cognitive impairments through the Care Needs Screening and tailored outreach and care coordination accordingly. • Ensured accessibility in digital and in-person communication. • Provided clear, accessible information about navigating care, member rights, and available support services, using plain language and visual aids. For Child Measures: • Provide pediatric care managers with training and guidelines on when and how to include adolescents in care planning, especially those approaching adult services. • Screen for social needs during visits and connected families to community resources. • Ensure behavioral health providers are part of the care team and included in care planning, using shared care plans and regular interdisciplinary case reviews as appropriate to the members' needs. • Offer flexible communication channels (text, portal, phone) to accommodate caregiver preferences. • Provide caregiver education on navigating care systems and advocating for integrated services. • Identify children with multiple physical health and behavioral conditions for outreach by appropriate care management teams to bridge gaps between primary, specialty, and behavioral health services.	Addressed

Compliance: Lack of compliance with 27 requirements in the following domains:
• Enrollee rights and protections (1)
• Availability of services (1)
• Care Coordination (25)
 	
Partial compliance with 101 requirements in the following domains:
• Availability of services (1)
• Care Coordination (76)
	<u>Enrollee rights and protections (Lack of compliance)</u>:
	• MGB should ensure that the implementation of language and cultural competency initiatives are completed by January of 2025
	  ○ MGBHP updated its processes to create and QC the provider directory to ensure that language and cultural competencies training has been completed.
	<u>Availability of services (Lack of compliance)</u>:
	• MGB ACPP should adopt a policy or procedure to ensure that providers offer physical access and accommodation for enrollees with disabilities or add contract verbiage to the PPA agreement that addresses this requirement.
	  ○ MGBHP updated its PPA agreement by March 15, 2025, to include verbiage that addresses the requirement for ensuring physical accommodations for people with disabilities or ensuring providers address physical and communication barriers that can impact care.
	<u>Availability of services (Partial compliance)</u>:
	• The MGB ACPP should adopt a formal policy or procedure for identifying and addressing any wait lists for behavioral health services.
		<u>Addressed</u>: Enrollee rights and protections (1), Availability of Services (2), Care coordination (101), Coverage and authorization of services (13), Grievances and appeals (2), QAPI (9)

[7] Quality improvement.

Recommendation for ACPP	MGB Response/Actions Taken	IPRO Assessment of MCP Response[1]
• Coverage and authorization of services (13) • Grievances and appeals (2) • QAPI (9) 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.	○ MGBHP fully implemented the IPRO recommendations by February 2025. <u>Coordination of care (Lack of compliance)</u>: • IPRO identified 25 requirements that were out of compliance in the areas of care delivery, including screening, assessments, care plans, and follow up; coordination of care; baseline care coordination; and risk stratification. ○ MGB addressed all care coordination requirements that were initially out of compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. <u>Coordination of care (Partial compliance)</u>: • IPRO identified 76 requirements that were only partially compliant in the areas of care delivery, including screening, assessments, care plans, and follow up; disease management; transitional care management and discharge planning; coordination of care; baseline care coordination; risk stratification; and enhanced care coordination. ○ MGB addressed all care coordination requirements that were initially only partially compliant, demonstrating improvement. The details of this improvement were shared with MassHealth. <u>Coverage and authorization of services (Partial compliance)</u>: • Notify the members in writing of the outcome and make sure it is well documented in the policy and files. ○ MGBHP updated its processes and policies by Q1 2025 to include a written notification to its enrollees when MGBHP denied services or used an extension to decide the case when allowed. <u>Grievances and appeals (Partial compliance)</u>: • IPRO recommends that MGB continue its efforts to adhere to the one-business-day acknowledgment timeframe through workflow process improvements and monthly audits and monitoring. IPRO recommends that MGB continue being proactive in its efforts to comply with contract requirements. ○ MGBHP updated its processes and policies to adhere to and reflect that it will send a written acknowledgement of the receipt of a grievance or appeal to the Enrollee and his/her representative. MGBHP updated its processes and policies by the end of Q1 2025 to include verbal notification to enrollees and appeal representatives in the instances it downgrades appeals from expediated to standard timeframes. <u>QAPI (Partial compliance):</u> • IPRO identified nine QAPI requirements that were only partially in compliance. These related to PFAC providing feedback to advocate for preventive care practices; PFAC members involved in the development and updating of cultural and linguistic policies and procedures; PFAC should advise on the cultural appropriateness and member-centeredness of services, programs, training, marketing materials, and campaigns and partnerships; PFAC members should provide input and advice on member experience survey results and other appropriate data and assessments; ensure that the composition of the PFAC reflects the diversity of the MassHealth population; and the composition of the PFAC should include representatives from parents or guardians of enrollees under the age of 21. ○ MGB has engaged its PFAC members in 2025 to obtain feedback to identify and advocate for preventive care practices to be utilized by MGB and MGBHP; develop and update its cultural and linguistic policies and procedures; develop and update its cultural appropriateness and member centeredness of services. ○ MGB solicited from its PFAC members their advice and input on member experience survey results. ○ MGB implemented new processes by the end of Q1 2025 to collect and maintain PFAC member information to ensure that the composition of the PFAC reflects the diversity of the MassHealth population; collect and maintain PFAC member information to ensure that the composition of the PFAC reflects the diversity of the MassHealth population considering cultural, linguistic, racial, health, disability, sexual orientation and gender identities; ensure its PFAC members include parents or guardians of enrollees under the age of 21, and that it provides reasonable accommodation as needed to support participation by Enrollees and their family members.	
Network – Information Systems and Quality of Provider Data – Duplicates: MGBHP submitted some duplicates for individual and facility providers due to variations in the addresses. IPRO removed a total of 754 duplicate providers from the MGBHP data prior to conducting the analysis. MGBHP should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	The MGBHP data team implemented several data de-duplication logic improvements during the current reporting period. These enhancements were developed in response to the identified concern and have been formally integrated into reporting protocols, ensuring alignment with previously issued recommendations. The logic improvements were developed and put into practice during the current year's reporting cycle. They are now a standard part of the quarterly maintenance review cycle, which ensures ongoing application and refinement of these processes. The primary goal is to fully remediate concerns related to duplicate provider data submissions. By integrating these improvements into routine reporting and maintenance, MGBHP aims to maintain accurate provider data and prevent recurrence of the issue. Effectiveness is monitored through the quarterly maintenance review cycle. This ongoing review ensures that the data de-duplication logic continues to function as intended and that any new issues are promptly identified and addressed.	Addressed
Network – Time and Distance Analysis – MCP's Methodology: MGBHP used incorrect time OR distance standards for psychiatry. When IPRO compared MGBHP's results, the comparison showed that IPRO and MGB had differing results for pediatric PCPs and many of the	Mass General Brigham Health Plan (MGBHP) has implemented several quality assurance process improvements to ensure that appropriate time and distance standards are consistently applied. These improvements were developed specifically in response to recommendations from the RY'24 review and have been formally integrated into future reporting protocols. The quality assurance enhancements were put in place during the current reporting period and have already been demonstrated in the most recent reporting cycle. These improvements are now embedded in the organization's quarterly maintenance review cycle, ensuring ongoing compliance and continuous monitoring. The primary goal is to fully remediate concerns regarding the application of time and distance	Addressed

Recommendation for ACPP	MGB Response/Actions Taken	IPRO Assessment of MCP Response[1]
behavioral health provider types. MGBHP should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	standards, as identified in previous reviews. By integrating these process improvements, MGBHP aims to achieve consistent compliance with regulatory requirements and to prevent recurrence of similar issues in future reporting periods. Effectiveness is monitored through a quarterly maintenance review cycle. This ongoing process ensures that the quality assurance improvements remain effective and that any deviations from the standards are promptly identified and addressed.	
Network – Time and Distance Analysis – Gaps in Provider Networks: MGBHP 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.	MGBHP has engaged in structured, ongoing collaboration with the State to address deficiencies in provider networks. This includes actively seeking waivers or remedies for areas where network adequacy cannot be met due to provider shortages. For example, in the Nantucket Service Area, where there are no Urgent Care sites, MGBHP obtained a waiver from MassHealth to substitute Emergency Departments for Urgent Care, thereby meeting the adequacy requirement. Similar waivers have been pursued and granted for behavioral health provider deficiencies in other service areas, including waivers on 10/24/2024 and 5/16/2025, and an additional waiver request for ABA services in Oak Bluffs on 7/15/2025. These actions are ongoing and responsive to annual recommendations and internal adequacy reviews. Waivers are requested and implemented as soon as deficiencies are identified and confirmed, with documentation and approval from MassHealth. The process involves continuous monitoring of provider availability and prompt engagement with the State to seek remedies or waivers as needed. The primary goal is to ensure that all members have adequate access to required services, even in areas where provider shortages exist. By securing waivers and substituting alternative sites (such as Emergency Departments for Urgent Care), MGBHP aims to maintain compliance with network adequacy standards and address member needs effectively. The successful implementation of these waivers has resulted in meeting adequacy requirements for the majority of affected service areas. MGBHP continuously reviews provider network adequacy through annual recommendations and internal reviews. The effectiveness of waivers and remedies is assessed by monitoring member access and outcomes in the affected service areas. Ongoing collaboration with the State ensures that any new deficiencies are promptly addressed, and the impact of waivers is evaluated to confirm that adequacy standards are maintained.	Addressed
Network – Accuracy of Provider Directory: MGBHP 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. MGBHP should design quality improvement interventions to enhance the accuracy of all three directories.	MGBHP implemented several improvement initiatives between RY'24 and RY'25 to remediate provider directory deficiencies. These actions include integrating enhanced quality assurance protocols into current reporting, launching a monthly discrepancy report managed by the Provider Enrollment and Credentialing team, and initiating a Secret Shopper program to validate and update provider panel and address information. These initiatives were developed and rolled out during the current reporting period and have been formally embedded into ongoing reporting protocols. The monthly discrepancy report is conducted on a rolling basis, and the recently initiated Secret Shopper program operates continuously to ensure timely updates and validation. The primary goal is to fully remediate concerns regarding provider directory accuracy and ensure alignment with previously issued recommendations. These improvements are designed to maintain up-to-date provider information, enhance directory reliability, and support compliance with regulatory standards. Effectiveness is monitored through the monthly ongoing discrepancy report, which identifies and prompts necessary updates, and through the Secret Shopper program, which regularly validates provider panel and address information. These processes ensure continuous oversight and prompt remediation of any identified issues.	Addressed
Experience of Care Surveys: 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.	Mass General Brigham Health Plan (MGBHP) conducted a root cause analysis of the PC MES survey results to identify drivers of below-benchmark performance in Integration of Care for both adult and child populations. Key contributing factors included: • Communication barriers for members who are deaf or blind. • Limited transportation access. • Gaps in behavioral health integration. • Challenges in care coordination for adolescents and families with financial hardship. In response, MGBHP developed targeted interventions across five domains: • Communication Accessibility: Training care teams to better support members with sensory impairments. • Behavioral Health Integration: Enhancing screening and referral processes. • Transportation Support: Ensuring care management and provider staff are aware of PT-1 non-emergent transportation options for members. • Disability-Informed Outreach: Educating care managers on outreach strategies for members with disabilities. • Caregiver Engagement: Offering flexible communication channels and education	Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

WellSense Community Alliance Response to Previous EQR Recommendations

Table 119 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 119: WellSense Community Alliance Response to Previous EQR Recommendations

Recommendation for ACPP	WellSense Community Alliance Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 2: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Child: 91.25% (< Goal) • PC MES Willingness to Recommend+ Adult: 89% (< Goal) • PC MES Integration of Care+ Child: 84.43% (< Goal) • PC MES Integration of Care+ Adult: 83.15% (< Goal) • Screening for Depression and Follow-up Plan: 48.2% (< Goal) • PC MES Knowledge of Patient+ Child: 89.35% (< Goal) 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. The education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024. DSF: A root cause analysis of the DSF measure identified that although depression screening was part of the rooming workflow, it was not being completed consistently. Training modules on how to screen and its importance as well as performance tracking for medical assistants on screening practices, were developed and disseminated. Adherence to workflow is reviewed at huddles and staff meetings to ensure compliance. DSF is included in practices internal incentive programs. Efforts in this sphere are ongoing.	Partially Addressed

Compliance: Lack of compliance with ten requirements in the following domains:
• Availability of services (1)
• Health Information Systems (4)
• Care coordination (5)
 	
Partial compliance with 126 requirements in the following domains:
• Availability of services (1)
• Grievances and appeals (1)
• Practice guidelines (1)
• Health information systems (16)
• Care coordination (88)
• QAPI (19)
 	
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.
	<u>Availability of services (Lack of compliance)</u>:
	• WellSense should create a formal document for this position (Disability Access Coordinator) and its associated job responsibilities.
	  ○ We are in the process of drafting a comprehensive position description for this role and will begin recruitment process; we are targeting completion and an individual in place not later than the end of Q2'2205. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; dedicated WellSense resource in place.
	<u>Availability of services (Partial compliance)</u>:
	• WellSense should adopt a formal policy or procedure for identifying and addressing any wait lists for behavioral health services.
	  ○ Currently, there is not a specific protocol for managing waitlists though Carelon BH will be looking at this at large. A defined processed and written policy and procedure will be in place by 4/30/25. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025.
	<u>Care coordination (Lack of compliance)</u>:
	• IPRO found five requirements related to care coordination that were not in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; and enhanced care coordination.
	  ○ Initially five care coordination requirements were out of compliance. Of these, three were fully addressed and resulted in demonstrated improvement, while two were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth.
	<u>Care coordination (Partial compliance)</u>:
	• IPRO found 88 requirements related to care coordination that were only partially in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; transitional care management and discharge planning; and enhanced care coordination.
	  ○ Initially 88 care coordination requirements were out of compliance. Of these, 29 were fully addressed and resulted in demonstrated improvement, while 59 were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth.
	<u>Grievances and appeals (Partial compliance)</u>:
	• IPRO recommends that WellSense documents in their electronic tracking system the decision to deny an enrollee's expedited appeal, the details of the decision to deny and reference the individual who made the decision to deny. To ensure adherence to State contract requirements, prompt verbal notification should be made to the enrollee/authorized representative/provider, and a written notice should follow within two calendar days. This notice should include the decision to deny, the reason why, and include the mandatory State contract notice requirements. This process should occur for all expedited appeal requests upon the plan's decision to downgrade to a standard appeal.
		<u>Addressed</u>:
		Availability of services, (2), Health information systems (20), Care coordination (32), Grievances and appeals (1), Practice guidelines (1), QAPI (19)
		
		<u>Partially Addressed</u>: Care coordination (61)

Recommendation for ACPP	WellSense Community Alliance Response/Actions Taken	IPRO Assessment of MCP Response[1]
	○ Member Appeals process was updated to clarify this requirement in our workflows on September 26, 2024 and team has been trained on this requirement. Practice guidelines (Partial compliance): • IPRO recommends adding additional details to the Clinical Practice Guidelines (CPG) policy outlining the process and involvement of the Marketing department in the dissemination of CPGs upon adoption, revision, and approval. This should include elements of timely notification to all affected providers as well as any requests by enrollees and potential enrollees, posting CPGs on the website, and advisement in provider newsletters and any other communication avenues. IPRO would like to note that the admitted deficiency lies in the dissemination of the CPGs and WellSense has taken proactive measures to rectify the discrepancy. ○ An updated CGP policy adding the following language to close the gaps identified will be brought to QIC in March 2025 for approval. Language will be added to #4 of the procedure section of the policy identifying the Marketing Team as managing the notifications after QIC approval. The Marketing team's notifications of newly approved CGPs sent to providers via provider newsletters and/or other mailings as well as an updated website will include a timeframe of within 3 months of QIC approval so that providers, members and prospective members can have access. The cadence of CGPs review and updates will remain at least annually or when deemed necessary. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Health information systems (Lack of compliance): • IPRO identified four requirements related to health information systems that were not in compliance. These requirements were related to policies and procedures to address data collection and sharing with MassHealth and CMS, addressing interoperability and HEI requirements, ascertaining provider adoption of electronic health records, and addressing QM/QI requirements. ○ IPRO found that WellSense addressed the four health information systems requirements that were initially out of compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. Health information systems (Partial compliance): • IPRO identified 16 requirements related to health information systems that were only in partial compliance. These were related to policies and procedures for Core Operational Platforms, verification of data accuracy, and claims processing. ○ IPRO found that WellSense addressed the 16 health information systems requirements that were initially only in partial compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. QAPI (Partial compliance): • IPRO identified 19 requirements related to QAPI that were only in partial compliance. These were related to enhancing processes related to the design of QI activities, utilization of quality measures to drive QI activities, collecting demographic data to identify disparities, addressing health equity in the design of QM/QI processes, development of medical record review protocols, monitoring of intensive Care Coordination activities, describing future QI objectives and timeframes, assess care provided to members with special healthcare needs, and guidelines for PFAC composition, feedback, and recommendations for preventive care, cultural and linguistic policies, member experience surveys and other data. ○ IPRO found that WellSense Community Alliance has implemented internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans; ongoing monitoring activities are in place to prevent recurrence.	
Network – Information Systems and Quality of Provider Data – Duplicates: 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.	We acknowledge that duplicate provider records were present in submission. Since the CY2024 submission, we have implemented a new duplication process that is expected to significantly reduce the number of duplicated provider records in submissions after 2024. However, some complex cases still require manual identification and removal. To address this, we plan to conduct a manual data review following the completion of our programming evaluations to eliminate the remaining duplicates and further improve data quality. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed

Recommendation for ACPP	WellSense Community Alliance Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network – Time and Distance Analysis – MCP's Methodology: 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.	The correct time and distance standard was configured within the Quest GeoAccess system; however, an incorrect standard was mistakenly copied and dragged down from another provider category, leading to discrepancies in the reported results. To prevent such issues, we have implemented validation checks to ensure that the correct standards are consistently applied in the final output. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed
Network – Time and Distance Analysis – Gaps in Provider Networks: 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.	As of the 2025 reporting period, WellSense Community Alliance has successfully resolved all previously identified PCP network deficiencies across its service areas, with the exception of Adult and Pediatric PCP access in the Framingham service area. Efforts to meet adequacy standards in Framingham are ongoing, with targeted strategies including adjustments within BMC primary care to retain existing PCPs and expand access. We continue to monitor behavioral health provider access and are actively working to address remaining deficiencies where provider availability permits. In service areas where additional providers are not currently available, WellSense is implementing alternative strategies to ensure members have adequate access to care, including expanded telehealth services, transportation support, and enhanced care coordination. Notably, WellSense is in the process of bringing the behavioral health provider network in-house, which may result in different outcomes and improved access as the transition progresses.	Addressed
Network – Accuracy of Provider Directory: 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.	The Provider Relations team conducted outreach to PCPs, OB/GYNs, and Cardiology providers who were flagged for demographic discrepancies. Providers were asked to review and update their demographic information. When updates were identified, the Provider Relations team submitted the changes to the health plan, and the directory was updated accordingly. It is important to note that auditors observed a limitation in the outreach process: the individuals making the calls did not consistently account for providers with multiple practice locations. For example, if a provider was already listed correctly at a secondary location, that entry was not reviewed and was instead marked as an error. This oversight impacted the accuracy of the audit findings, as many providers practice at multiple sites with varying schedules. To support ongoing accuracy, the Provider Relations team will continue outreach to providers on a quarterly basis to review and validate demographic information. Additionally, ACOs receive updated PCP rosters on a monthly basis, which they are encouraged to review and submit any necessary changes to ensure the provider directory remains current.	Addressed
Experience of Care Surveys: 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

WellSense Mercy Response to Previous EQR Recommendations

Table 120 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 120: WellSense Mercy Response to Previous EQR Recommendations

Recommendation for ACPP	WellSense Mercy Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 1: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Communication+ Adult: 89.51% (< Goal) • PC MES Knowledge of Patient+ Child: 85.96% (< Goal) • PC MES Knowledge of Patient+ Adult: 82.14% (< Goal) • PC MES Willingness to Recommend+ Child: 87.25% (< Goal) • PC MES Willingness to Recommend+ Adult: 82.43% (< Goal) • PC MES Integration of Care+ Child: 84.83% (< Goal) • PC MES Integration of Care+ Adult: 81.19% (< Goal) • Screening for Depression and Follow-up Plan: 27.50% (< Goal) 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024. DSF: A root cause analysis of the DSF measure identified that depression screening was not routinely being conducted during the rooming process. In addition to best practices screening guidelines and training modules being disseminated to clinicians and staff on the benefit and importance of depression screening, an EMR upgrade included an automatic notification of any due or overdue depression screening during the rooming process. Efforts in this sphere are ongoing.	Partially Addressed
Compliance: Lack of compliance with 11 requirements in the following domains: • Availability of services (1) • Care coordination (6) • Health Information Systems (4) Partial compliance with 114 requirements in the following domains: • Availability of services (1) • Care coordination (68) • Grievances and appeals (2) • Practice guidelines (1) • Health information systems (16) • QAPI (23) 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.	<u>Availability of services (Lack of compliance)</u>: • WellSense should create a formal document for this position (Disability Access Coordinator) and its associated job responsibilities. ○ We are in the process of drafting a comprehensive position description for this role and will begin recruitment process; we are targeting completion and an individual in place not later than the end of Q2'2205. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025. <u>Availability of services (Partial compliance)</u>: • WellSense should adopt a formal policy or procedure for identifying and addressing any wait lists for behavioral health services. ○ Currently, there is not a specific protocol for managing waitlists though Carelon BH will be looking at this at large. A defined processed and written policy and procedure will be in place by 4/30/25. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025. <u>Care coordination (Lack of compliance)</u>: • IPRO found six requirements related to care coordination that were not in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; and enhanced care coordination. ○ Initially six care coordination requirements were out of compliance. Of these, four were fully addressed and resulted in demonstrated improvement, while two were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth. <u>Care coordination (Partial compliance)</u>: • IPRO found 68 requirements related to care coordination that were only partially in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; transitional care management and discharge planning; risk stratification; and enhanced care coordination. ○ Initially 68 care coordination requirements were out of compliance. Of these, 29 were fully addressed and resulted in demonstrated improvement, while 39 were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth. <u>Grievances and appeals (Partial compliance)</u>: • IPRO recommends that WellSense continue its approach to proactively monitor, revise workflows, and educate staff on the importance of meeting the one business day acknowledgment notice to enrollees. ○ Workflows are current regarding this requirement and team reminded about the importance of compliance with this requirement on September 26, 2024. New report created to monitor compliance with this requirement around the same time. October 2025 update: Internal	<u>Addressed</u>: Availability of services (2), Grievances and appeals (2), Practice Guidelines (1), Health information systems (20), Care coordination (33), QAPI (23) <u>Partially Addressed</u>: Care coordination (41)

Recommendation for ACPP	WellSense Mercy Response/Actions Taken	IPRO Assessment of MCP Response[1]
	remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. • IPRO recommends that WellSense documents in their electronic tracking system the decision to deny an enrollee's expedited appeal, the details of the decision to deny and reference the individual who made the decision to deny. ○ Member Appeals process was updated to clarify this requirement in our workflows on September 26, 2024 and team has been trained on this requirement. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. <u>Health information services (Lack of compliance)</u>: • IPRO identified four requirements related to health information systems that were not in compliance. These requirements were related to policies and procedures to address data collection and sharing with MassHealth and CMS, addressing interoperability and HEI requirements, ascertaining provider adoption of electronic health records, and addressing QM/QI requirements. ○ IPRO found that WellSense addressed the four health information systems requirements that were initially out of compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. <u>Health information services (Partial compliance)</u>: • IPRO identified 16 requirements related to health information systems that were only in partial compliance. These were related to policies and procedures for Core Operational Platforms, verification of data accuracy, and claims processing. ○ IPRO found that WellSense addressed the 16 health information systems requirements that were initially only in partial compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. <u>Practice guidelines (Partial compliance)</u>: • IPRO recommends adding additional details to the Clinical Practice Guidelines (CPG) policy outlining the process and involvement of the Marketing department in the dissemination of CPGs upon adoption, revision, and approval. This should include elements of timely notification to all affected providers as well as any requests by enrollees and potential enrollees, posting CPGs on the website, and advisement in provider newsletters and any other communication avenues. ○ An updated CGP policy adding the following language to close the gaps identified will be brought to QIC in March 2025 for approval. Language will be added to #4 of the procedure section of the policy identifying the Marketing Team as managing the notifications after QIC approval. The Marketing team's notifications of newly approved CGPs sent to providers via provider newsletters and/or other mailings as well as an updated website will include a timeframe of within 3 months of QIC approval so that providers, members and prospective members can have access. The cadence of CGPs review and updates will remain at least annually or when deemed necessary. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. <u>QAPI (Partial compliance)</u>: • IPRO identified 19 requirements related to QAPI that were only in partial compliance. These were related to enhancing processes related to the design of QI activities, utilization of quality measures to drive QI activities, collecting demographic data to identify disparities, addressing health equity in the design of QM/QI processes, development of medical record review protocols, monitoring of intensive Care Coordination activities, describing future QI objectives and timeframes, assess care provided to members with special healthcare needs, representation of the governance structure, and guidelines for PFAC composition, feedback, and recommendations for preventive care, cultural and linguistic policies, member experience surveys and other data. ○ IPRO found that WellSense Mercy has implemented internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans; ongoing monitoring activities are in place to prevent recurrence.	
Network – Information Systems and Quality of Provider Data – Duplicates: 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.	We acknowledge that duplicate provider records were present in submission. Since the CY2024 submission, we have implemented a new duplication process that is expected to significantly reduce the number of duplicated provider records in submissions after 2024. However, some complex cases still require manual identification and removal. To address this, we plan to conduct a manual data review following the completion of our programming evaluations to eliminate the remaining duplicates and further improve data quality. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed

Recommendation for ACPP	WellSense Mercy Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network – Time and Distance Analysis – MCP's Methodology: 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.	The correct time and distance standard was configured within the Quest GeoAccess system; however, an incorrect standard was mistakenly copied and dragged down from another provider category, leading to discrepancies in the reported results. To prevent such issues, we have implemented validation checks to ensure that the correct standards are consistently applied in the final output. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed
Network – Time and Distance Analysis – Gaps in Provider Networks: 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. 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.	We continue to monitor behavioral health provider access and are actively working to address remaining deficiencies where provider availability permits. In service areas where additional providers are not currently available, WellSense is implementing alternative strategies to ensure members have adequate access to care, including expanded telehealth services, transportation support, and enhanced care coordination. Notably, WellSense is in the process of bringing the behavioral health provider network in-house, which may result in different outcomes and improved access as the transition progresses.	Addressed
Network – Time and Distance Analysis – Ratios: 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.	WellSense Mercy has historically faced challenges with provider availability in that part of the region. However, the organization is actively pursuing strategies to improve network adequacy and meet established standards.	Partially Addressed
Network – Accuracy of Provider Directory: 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.	The Provider Relations team conducted outreach to PCPs, OB/GYNs, and Cardiology providers who were flagged for demographic discrepancies. Providers were asked to review and update their demographic information. When updates were identified, the Provider Relations team submitted the changes to the health plan, and the directory was updated accordingly. It is important to note that auditors observed a limitation in the outreach process: the individuals making the calls did not consistently account for providers with multiple practice locations. For example, if a provider was already listed correctly at a secondary location, that entry was not reviewed and was instead marked as an error. This oversight impacted the accuracy of the audit findings, as many providers practice at multiple sites with varying schedules. To support ongoing accuracy, the Provider Relations team will continue outreach to providers on a quarterly basis to review and validate demographic information. Additionally, ACOs receive updated PCP rosters on a monthly basis, which they are encouraged to review and submit any necessary changes to ensure the provider directory remains current.	Addressed
Experience of Care Surveys: 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
EQR: external quality review; ACPP: accountable care partnership plan; MCP: managed care plan.

WellSense Signature Response to Previous EQR Recommendations

Table 121 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 121: WellSense Signature Response to Previous EQR Recommendations

Recommendation for ACPP	WellSense Signature Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 1: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Knowledge of Patient+ Child: 85.94% (< Goal) • PC MES Willingness to Recommend+ Child: 87.42% (< Goal) • PC MES Willingness to Recommend+ Adult: 86.63% (< Goal) • PC MES Integration of Care+ Child: 80.66% (< Goal) • PC MES Integration of Care+ Adult: 83.14% (< Goal) 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.to the services evaluated by these measures.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024.	Partially Addressed

Compliance: Lack of compliance with 10 requirements in the following domains:
• Availability of services (1)
• Care coordination (5)
• Health Information Systems (4)
 	
Partial compliance with 108 requirements in the following domains:
• Availability of services (1)
• Care coordination (70)
• Grievances and appeals (2)
• Practice guidelines (1)
• Health information systems (16)
• QAPI (20)
 	
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.
	<u>Availability of services (Lack of compliance)</u>:
	• WellSense should create a formal document for this position (Disability Access Coordinator) and its associated job responsibilities.
	  ○ We are in the process of drafting a comprehensive position description for this role and will begin recruitment process; we are targeting completion and an individual in place not later than the end of Q2'2205. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025.
	<u>Availability of services (Partial compliance)</u>:
	• WellSense should adopt a formal policy or procedure for identifying and addressing any wait lists for behavioral health services.
	  ○ Currently, there is not a specific protocol for managing waitlists though Carelon BH will be looking at this at large. A defined processed and written policy and procedure will be in place by 4/30/25. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025.
	<u>Care coordination (Lack of compliance)</u>:
	• IPRO found five requirements related to care coordination that were not in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; and enhanced care coordination.
	  ○ Initially five care coordination requirements were out of compliance. Of these, three were fully addressed and resulted in demonstrated improvement, while two were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth.
	<u>Care coordination (Partial compliance)</u>:
	• IPRO found 70 requirements related to care coordination that were only partially in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; transitional care management and discharge planning; and enhanced care coordination.
	  ○ Initially 70 care coordination requirements were only partially in compliance. Of these, 29 were fully addressed and resulted in demonstrated improvement, while 42 were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth.
	<u>Grievances and appeals (Partial compliance)</u>:
	• IPRO recommends that WellSense continue its efforts to educate staff and revise and reinforce workflows to ensure compliance with State contract requirements around 30-day resolution of grievances.
	  ○ Member Appeals oversight processes improved upon transition to Jiva in July 2023 to improve proactive monitoring of timeliness and compliance in case processing. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence.
	• IPRO recommends that WellSense documents in their electronic tracking system the decision to deny an enrollee's expedited appeal, the details of the decision to deny and reference the individual who made the decision to deny.
		<u>Addressed</u>: Availability of services (2), Care coordination (31), Grievances and appeals (2), Health information systems (20), QAPI (20)
		
		<u>Partially Addressed</u>: Care coordination (44)

Recommendation for ACPP	WellSense Signature Response/Actions Taken	IPRO Assessment of MCP Response[1]
	○ Member Appeals process was updated to clarify this requirement in our workflows on September 26, 2024 and team has been trained on this requirement. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Practice guidelines (Partial compliance): • IPRO recommends adding additional details to the Clinical Practice Guidelines (CPG) policy outlining the process and involvement of the Marketing department in the dissemination of CPGs upon adoption, revision, and approval. This should include elements of timely notification to all affected providers as well as any requests by enrollees and potential enrollees, posting CPGs on the website, and advisement in provider newsletters and any other communication avenues. ○ An updated CGP policy adding the following language to close the gaps identified will be brought to QIC in March 2025 for approval. Language will be added to #4 of the procedure section of the policy identifying the Marketing Team as managing the notifications after QIC approval. The Marketing team's notifications of newly approved CGPs sent to providers via provider newsletters and/or other mailings as well as an updated website will include a timeframe of within 3 months of QIC approval so that providers, members and prospective members can have access. The cadence of CGPs review and updates will remain at least annually or when deemed necessary. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Health information services (Lack of compliance): • IPRO identified four requirements related to health information systems that were not in compliance. These requirements were related to policies and procedures to address data collection and sharing with MassHealth and CMS, addressing interoperability and HEI requirements, ascertaining provider adoption of electronic health records, and addressing QM/QI requirements. ○ IPRO found that WellSense addressed the four health information systems requirements that were initially out of compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. Health information services (Partial compliance): • IPRO identified 16 requirements related to health information systems that were only in partial compliance. These were related to policies and procedures for Core Operational Platforms, verification of data accuracy, and claims processing. ○ IPRO found that WellSense addressed the 16 health information systems requirements that were initially only in partial compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. QAPI (Partial compliance): • IPRO identified 19 requirements related to QAPI that were only in partial compliance. These were related to enhancing processes related to the design of QI activities, utilization of quality measures to drive QI activities, collecting demographic data to identify disparities, addressing health equity in the design of QM/QI processes, development of medical record review protocols, monitoring of intensive Care Coordination activities, describing future QI objectives and timeframes, assess care provided to members with special healthcare needs, representation of the governance structure, and guidelines for PFAC composition, feedback, and recommendations for preventive care, cultural and linguistic policies, member experience surveys and other data. ○ IPRO found that WellSense Signature has implemented internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans; ongoing monitoring activities are in place to prevent recurrence.	
Network – Provider Directory (Recommendation from CY2023): WellSense Signature's accuracy rate was below 20% for the following provider type: • Autism Services (13.33%) 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.	As of January 1, 2026 WellSense will bring Behavioral Health (BH) services in-house and will leverage its established outreach methodology to support ongoing demographic accuracy. This includes quarterly outreach to providers for demographic validation, during which providers are expected to identify and submit any necessary updates to ensure the directory remains current.	Addressed
Network – Information Systems and Quality of Provider Data – Duplicates: 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	We acknowledge that duplicate provider records were present in submission. Since the CY2024 submission, we have implemented a new duplication process that is expected to significantly reduce the number of duplicated provider records in submissions after 2024. However, some complex cases still require manual identification and removal. To address this, we plan to conduct a manual data review following the completion of our programming evaluations to eliminate the remaining duplicates and further improve data quality. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed

Recommendation for ACPP	WellSense Signature Response/Actions Taken	IPRO Assessment of MCP Response[1]
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.		
Network – Time and Distance Analysis – MCP's Methodology: 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.	The correct time and distance standard was configured within the Quest GeoAccess system; however, an incorrect standard was mistakenly copied and dragged down from another provider category, leading to discrepancies in the reported results. To prevent such issues, we have implemented validation checks to ensure that the correct standards are consistently applied in the final output. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed
Network – Time and Distance Analysis – Gaps in Provider Networks: WellSense Signature had a deficient CBAT network in two service areas. 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.	We continue to monitor behavioral health provider access and are actively working to address remaining deficiencies where provider availability permits. In service areas where additional providers are not currently available, WellSense is implementing alternative strategies to ensure members have adequate access to care, including expanded telehealth services, transportation support, and enhanced care coordination. Notably, WellSense is in the process of bringing the behavioral health provider network in-house, which may result in different outcomes and improved access as the transition progresses.	Addressed
Network – Accuracy of Provider Directory: 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.	The Provider Relations team conducted outreach to PCPs, OB/GYNs, and Cardiology providers who were flagged for demographic discrepancies. Providers were asked to review and update their demographic information. When updates were identified, the Provider Relations team submitted the changes to the health plan, and the directory was updated accordingly. It is important to note that auditors observed a limitation in the outreach process: the individuals making the calls did not consistently account for providers with multiple practice locations. For example, if a provider was already listed correctly at a secondary location, that entry was not reviewed and was instead marked as an error. This oversight impacted the accuracy of the audit findings, as many providers practice at multiple sites with varying schedules. To support ongoing accuracy, the Provider Relations team will continue outreach to providers on a quarterly basis to review and validate demographic information. Additionally, ACOs receive updated PCP rosters on a monthly basis, which they are encouraged to review and submit any necessary changes to ensure the provider directory remains current.	Addressed
Experience of Care Surveys: 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024.	Partially Addressed

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

EQR: external quality review; ACPP: accountable care partnership plan; MCP: managed care plan; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; PCP: primary care provider.

WellSense Southcoast Response to Previous EQR Recommendations

Table 122 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 122: WellSense Southcoast Response to Previous EQR Recommendations

Recommendation for ACPP	WellSense Southcoast Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 2: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Adult: 89.25% (< Goal) • Screening for Depression and Follow-up Plan: 42.62% (< Goal) 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024. DSF: 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 focused on 5 specialty practices that made up the majority of the area for opportunity and provided best practices screening guidelines and modules for educating specialist practitioners and their staff on the benefit of depression screening in the specialty suite. 2024 results indicate Southcoast had a >6% improvement in this measure.	Partially Addressed

Compliance: Lack of compliance with ten requirements in the following domains:
• Availability of services (1)
• Care coordination (5)
• Health Information Systems (4)
 	
Partial compliance with 38 requirements in the following domains:
• Availability of services (1)
• Care coordination (105)
• Grievances and appeals (1)
• Practice guidelines (1)
• Health information systems (16)
• QAPI (20)
 	
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.
	Availability of services (Lack of compliance):
	• WellSense should create a formal document for this position (Disability Access Coordinator) and its associated job responsibilities.
	  ○ We are in the process of drafting a comprehensive position description for this role and will begin recruitment process; we are targeting completion and an individual in place not later than the end of Q2'2205. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025.
	Availability of services (Partial compliance):
	• WellSense should adopt a formal policy or procedure for identifying and addressing any wait lists for behavioral health services.
	  ○ Currently, there is not a specific protocol for managing waitlists though Carelon BH will be looking at this at large. A defined processed and written policy and procedure will be in place by 4/30/25. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025.
	Care coordination (Lack of compliance):
	• IPRO found five requirements related to care coordination that were not in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; and enhanced care coordination.
	  ○ Initially five care coordination requirements were out of compliance. Of these, two were fully addressed and resulted in demonstrated improvement, while three were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth.
	Care coordination (Partial compliance):
	• IPRO found 105 requirements related to care coordination that were only partially in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; transitional care management and discharge planning; and enhanced care coordination.
	  ○ Initially 105 care coordination requirements were only partially in compliance. Of these, one was fully addressed and resulted in demonstrated improvement, while 104 were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth.
	Grievances and appeals (Partial compliance):
	• IPRO recommends that WellSense documents in their electronic tracking system the decision to deny an enrollee's expedited appeal, the details of the decision to deny and reference the individual who made the decision to deny.
	  ○ Member Appeals process was updated to clarify this requirement in our workflows on September 26, 2024 and team has been trained on this requirement. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence
		Addressed: Availability of services (2), Care coordination (3), Grievances and appeals (1), Health information systems (20), Practice guidelines (1), QAPI (20)
		
		Partially Addressed: Care coordination (107)

Recommendation for ACPP	WellSense Southcoast Response/Actions Taken	IPRO Assessment of MCP Response[1]

	Health information services (Lack of compliance):
	• IPRO identified four requirements related to health information systems that were not in compliance. These requirements were related to policies and procedures to address data collection and sharing with MassHealth and CMS, addressing interoperability and HEI requirements, ascertaining provider adoption of electronic health records, and addressing QM/QI requirements.
	  ○ IPRO found that WellSense addressed the four health information systems requirements that were initially out of compliance, demonstrating improvement. The details of this improvement were shared with MassHealth.
	Health information services (Partial compliance):
	• IPRO identified 16 requirements related to health information systems that were only in partial compliance. These were related to policies and procedures for Core Operational Platforms, verification of data accuracy, and claims processing.
	  ○ IPRO found that WellSense addressed the 16 health information systems requirements that were initially only in partial compliance, demonstrating improvement. The details of this improvement were shared with MassHealth.
	Practice guidelines (Partial compliance):
	• IPRO recommends adding additional details to the Clinical Practice Guidelines (CPG) policy outlining the process and involvement of the Marketing department in the dissemination of CPGs upon adoption, revision, and approval. This should include elements of timely notification to all affected providers as well as any requests by enrollees and potential enrollees, posting CPGs on the website, and advisement in provider newsletters and any other communication avenues.
	  ○ An updated CGP policy adding the following language to close the gaps identified will be brought to QIC in March 2025 for approval. Language will be added to #4 of the procedure section of the policy identifying the Marketing Team as managing the notifications after QIC approval. The Marketing team's notifications of newly approved CGPs sent to providers via provider newsletters and/or other mailings as well as an updated website will include a timeframe of within 3 months of QIC approval so that providers, members and prospective members can have access. The cadence of CGPs review and updates will remain at least annually or when deemed necessary. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence.
	QAPI (Partial compliance):
	• IPRO identified 20 requirements related to QAPI that were only in partial compliance. These were related to enhancing processes related to the design of QI activities, utilization of quality measures to drive QI activities, collecting demographic data to identify disparities, addressing health equity in the design of QM/QI processes, development of medical record review protocols, monitoring of intensive Care Coordination activities, describing future QI objectives and timeframes, assess care provided to members with special healthcare needs, representation of the governance structure, and guidelines for PFAC composition, feedback, and recommendations for preventive care, cultural and linguistic policies, member experience surveys and other data.
	  ○ IPRO found that WellSense Southcoast has implemented internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans; ongoing monitoring activities are in place to prevent recurrence.	

Network – Information Systems and Quality of Provider Data – Duplicates: 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.	We acknowledge that duplicate provider records were present in submission. Since the CY2024 submission, we have implemented a new duplication process that is expected to significantly reduce the number of duplicated provider records in submissions after 2024. However, some complex cases still require manual identification and removal. To address this, we plan to conduct a manual data review following the completion of our programming evaluations to eliminate the remaining duplicates and further improve data quality. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed
Network – Time and Distance Analysis – MCP's Methodology: 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.	The correct time and distance standard was configured within the Quest GeoAccess system; however, an incorrect standard was mistakenly copied and dragged down from another provider category, leading to discrepancies in the reported results. To prevent such issues, we have implemented validation checks to ensure that the correct standards are consistently applied in the final output. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed

Recommendation for ACPP	WellSense Southcoast Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network – Time and Distance Analysis – Gaps in Provider Networks: 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. 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.	As of the 2025 reporting period, WellSense Southcoast has successfully closed all previously identified gaps in the pediatric PCP network in the Haverhill service area. We continue to monitor behavioral health provider access and are actively working to address remaining deficiencies where provider availability permits. In service areas where additional providers are not currently available, WellSense is implementing alternative strategies to ensure members have adequate access to care, including expanded telehealth services, transportation support, and enhanced care coordination. Notably, WellSense is in the process of bringing the behavioral health provider network in-house, which may result in different outcomes and improved access as the transition progresses.	Addressed
Network – Accuracy of Provider Directory: WellSense Southcoast achieved only a 57.14% accuracy rate in its primary care provider directory, an 18.45% accuracy rate in its ob/gyn directory, and a 50% accuracy rate in its cardiology directory. WellSense Southcoast should design quality improvement interventions to enhance the accuracy of all three directories.	The Provider Relations team conducted outreach to PCPs, OB/GYNs, and Cardiology providers who were flagged for demographic discrepancies. Providers were asked to review and update their demographic information. When updates were identified, the Provider Relations team submitted the changes to the health plan, and the directory was updated accordingly. It is important to note that auditors observed a limitation in the outreach process: the individuals making the calls did not consistently account for providers with multiple practice locations. For example, if a provider was already listed correctly at a secondary location, that entry was not reviewed and was instead marked as an error. This oversight impacted the accuracy of the audit findings, as many providers practice at multiple sites with varying schedules. To support ongoing accuracy, the Provider Relations team will continue outreach to providers on a quarterly basis to review and validate demographic information. Additionally, ACOs receive updated PCP rosters on a monthly basis, which they are encouraged to review and submit any necessary changes to ensure the provider directory remains current.	Addressed
Experience of Care Surveys: WellSense Southcoast scored below the statewide score on the following two child PC MES measures: Office Staff Pediatric Prevention The ACPP should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
EQR: external quality review; ACPP: accountable care partnership plan; MCP: managed care plan.

WellSense BILH Response to Previous EQR Recommendations

Table 123 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 123: WellSense BILH Response to Previous EQR Recommendations

Recommendation for ACPP	WellSense BILH Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 1: HEDIS Measures: The following HEDIS rates were below the 25th percentile: • Follow-up After Hospitalization for Mental Illness (7 days): 44.53% (< 25th percentile) 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.	A root cause analysis of the Follow-up after Hospitalization for Mental Illness measure determined access was the mitigating factor in low performance. Subsequently a centralized outreach program was implemented where a LICSW in Population Health outreaches to all patients post discharge for mental illness to conduct an on-the-fly telemedicine visit to ensure appropriate follow-up and longitudinal support is in place.	Partially Addressed
PMV 2: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Child: 91.51% (< Goal) • PC MES Knowledge of Patient+ Child: 89.37% (< Goal) • PC MES Willingness to Recommend+ Adult: 88.12% (< Goal) • PC MES Integration of Care+ Child: 84.09% (< Goal) • PC MES Integration of Care+ Adult: 84.77% (< Goal) • Screening for Depression and Follow-up Plan: 40.53% (< Goal) 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024. DSF: A root cause analysis of the DSF measure identified that depression screening was not routinely being conducted during the rooming process. Best practices screening guidelines and training modules were disseminated to clinicians and staff on the benefit and importance of depression screening. Efforts in this sphere are ongoing.	Partially Addressed

Compliance: Lack of compliance with 9 requirements in the following domains:
• Availability of services (1)
• Care coordination (4)
• Health Information Systems (4)
 	
Partial compliance with 38 requirements in the following domains:
• Availability of services (1)
• Care coordination (35)
• Grievances and appeals (3)
• Practice guidelines (1)
• Health information systems (16)
• QAPI (20)
 	
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.
	Availability of services (Lack of compliance):
	• WellSense should create a formal document for this position (Disability Access Coordinator) and its associated job responsibilities.
	  ○ We are in the process of drafting a comprehensive position description for this role and will begin recruitment process; we are targeting completion and an individual in place not later than the end of Q2'2205. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025.
	Availability of services (Partial compliance):
	• WellSense should adopt a formal policy or procedure for identifying and addressing any wait lists for behavioral health services.
	  ○ Currently, there is not a specific protocol for managing waitlists though Carelon BH will be looking at this at large. A defined processed and written policy and procedure will be in place by 4/30/25. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025.
	Care coordination (Lack of compliance):
	• IPRO found four requirements related to care coordination that were not in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; and enhanced care coordination.
	  ○ Initially four care coordination requirements were out of compliance. Of these, two were fully addressed and resulted in demonstrated improvement, while two were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth.
	Care coordination (Partial compliance):
	• IPRO found 35 requirements related to care coordination that were only partially in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; transitional care management and discharge planning; and enhanced care coordination.
		Addressed: Availability of services (2), Care coordination (15), Grievances and appeals (3), Health information services (20), Practice guidelines (1), QAPI (20)
		
		Partially Addressed: Care coordination (24)

Recommendation for ACPP	WellSense BILH Response/Actions Taken	IPRO Assessment of MCP Response[1]
	○ Initially 35 care coordination requirements were only partially in compliance. Of these, 13 were fully addressed and resulted in demonstrated improvement, while 22 were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth. Grievances and appeals (Partial compliance): • IPRO recommends WellSense BILH continue to monitor and review established system protocols to document and ensure that the acknowledgment letters meet the one-business-day requirement. ○ Workflows are current regarding this requirement and team reminded about the importance of compliance with this requirement on September 26, 2024. New report created to monitor compliance with this requirement around the same time. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. • IPRO recommends that WellSense BILH continue to monitor and establish system documentation protocols to ensure State contract requirements are adhered to when a 14-day timeframe extension decision has been made, including prompt oral notification to the enrollee and appeal representative. ○ Member Appeals process was updated to clarify this requirement in our workflows on September 26, 2024 and team has been trained on this requirement. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. • IPRO recommends that WellSense BILH continue to establish and enhance system protocols to ensure compliance with State contract requirements regarding written notification within two calendar days of decisions to extend the timeframe. ○ Member Appeals process was updated to clarify this requirement in our workflows on September 26, 2024 and team has been trained on this requirement. Practice guidelines (Partial compliance): • IPRO recommends adding additional details to the Clinical Practice Guidelines (CPG) policy outlining the process and involvement of the Marketing department in the dissemination of CPGs upon adoption, revision, and approval. This should include elements of timely notification to all affected providers as well as any requests by enrollees and potential enrollees, posting CPGs on the website, and advisement in provider newsletters and any other communication avenues. ○ An updated CGP policy adding the following language to close the gaps identified will be brought to QIC in March 2025 for approval. Language will be added to #4 of the procedure section of the policy identifying the Marketing Team as managing the notifications after QIC approval. The Marketing team's notifications of newly approved CGPs sent to providers via provider newsletters and/or other mailings as well as an updated website will include a timeframe of within 3 months of QIC approval so that providers, members and prospective members can have access. The cadence of CGPs review and updates will remain at least annually or when deemed necessary. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Health information services (Lack of compliance): • IPRO identified four requirements related to health information systems that were not in compliance. These requirements were related to policies and procedures to address data collection and sharing with MassHealth and CMS, addressing interoperability and HEI requirements, ascertaining provider adoption of electronic health records, and addressing QM/QI requirements. ○ IPRO found that WellSense addressed the four health information systems requirements that were initially out of compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. Health information services (Partial compliance): • IPRO identified 16 requirements related to health information systems that were only in partial compliance. These were related to policies and procedures for Core Operational Platforms, verification of data accuracy, and claims processing. ○ IPRO found that WellSense addressed the 16 health information systems requirements that were initially only in partial compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. QAPI (Partial compliance): • IPRO identified 20 requirements related to QAPI that were only in partial compliance. These were related to enhancing processes related to the design of QI activities, utilization of quality measures to drive QI activities, collecting demographic data to identify disparities, addressing health equity in the design of QM/QI processes, development of medical record review protocols, monitoring of intensive Care Coordination activities, describing future QI objectives and timeframes, assess care provided to members with special healthcare needs, representation of the governance structure, and guidelines for PFAC composition, feedback, and recommendations for preventive care, cultural and linguistic policies, member experience surveys and other data. ○ IPRO found that WellSense has implemented internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans; ongoing monitoring activities are in place to prevent recurrence.	

Recommendation for ACPP	WellSense BILH Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network – Provider Directory (Recommendation from CY2023): WellSense BILH's accuracy rate was below 20% for the following provider type: • Autism Services (13.33%) 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.	As of January 1, 2026 WellSense will bring Behavioral Health (BH) services in-house and will leverage its established outreach methodology to support ongoing demographic accuracy. This includes quarterly outreach to providers for demographic validation, during which providers are expected to identify and submit any necessary updates to ensure the directory remains current.	Addressed
Network – Information Systems and Quality of Provider Data – Duplicates: 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.	We acknowledge that duplicate provider records were present in submission. Since the CY2024 submission, we have implemented a new duplication process that is expected to significantly reduce the number of duplicated provider records in submissions after 2024. However, some complex cases still require manual identification and removal. To address this, we plan to conduct a manual data review following the completion of our programming evaluations to eliminate the remaining duplicates and further improve data quality. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed
Network – Time and Distance Analysis – MCP's Methodology: 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.	The correct time and distance standard was configured within the Quest GeoAccess system; however, an incorrect standard was mistakenly copied and dragged down from another provider category, leading to discrepancies in the reported results. To prevent such issues, we have implemented validation checks to ensure that the correct standards are consistently applied in the final output. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed
Network – Time and Distance Analysis – Gaps in Provider Networks: 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.	We continue to monitor behavioral health provider access and are actively working to address remaining deficiencies where provider availability permits. In service areas where additional providers are not currently available, WellSense is implementing alternative strategies to ensure members have adequate access to care, including expanded telehealth services, transportation support, and enhanced care coordination. Notably, WellSense is in the process of bringing the behavioral health provider network in-house, which may result in different outcomes and improved access as the transition progresses.	Addressed
Network – Accuracy of Provider Directory: 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.	The Provider Relations team conducted outreach to PCPs, OB/GYNs, and Cardiology providers who were flagged for demographic discrepancies. Providers were asked to review and update their demographic information. When updates were identified, the Provider Relations team submitted the changes to the health plan, and the directory was updated accordingly. It is important to note that auditors observed a limitation in the outreach process: the individuals making the calls did not consistently account for providers with multiple practice locations. For example, if a provider was already listed correctly at a secondary location, that entry was not reviewed and was instead marked as an error. This oversight impacted the accuracy of the audit findings, as many providers practice at multiple sites with varying schedules. To support ongoing accuracy, the Provider Relations team will continue outreach to providers on a quarterly basis to review and validate demographic information. Additionally, ACOs receive updated PCP rosters on a monthly basis, which they are encouraged to review and submit any necessary changes to ensure the provider directory remains current.	Addressed

Recommendation for ACPP	WellSense BILH Response/Actions Taken	IPRO Assessment of MCP Response[1]
Experience of Care Surveys: 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024. DSF: A root cause analysis of the DSF measure identified that depression screening was not routinely being conducted during the rooming process. Best practices screening guidelines and training modules were disseminated to clinicians and staff on the benefit and importance of depression screening. Efforts in this sphere are ongoing.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

WellSense Care Alliance Response to Previous EQR Recommendations

Table 124 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 124: WellSense Care Alliance Response to Previous EQR Recommendations

Recommendation for ACPP	WellSense Care Alliance Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 1: HEDIS Measures: The following HEDIS rates were below the 25th percentile: • Follow-up After Hospitalization for Mental Illness (7 days): 39.96% (< 25th percentile) • Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 32.9% (< 25th percentile) 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.	FUH: A root cause analysis of the Follow-up after Hospitalization for Mental Illness measure determined access was the mitigating factor in low performance. Subsequently a centralized outreach program was implemented where a LICSW in Population Health outreaches to all patients post discharge for mental illness to conduct an on-the-fly telemedicine visit to ensure appropriate follow-up and longitudinal support is in place. FUA: A root cause analysis was not conducted as this measure was at goal for 2023. However, an ACO Collaboration Series on the measure, best practices and clinical spotlight was conducted to encourage increased focus and to identify areas of opportunity for improvement.	Partially Addressed
PMV 2: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Child: 91.53% (< Goal) • PC MES Communication+ Adult: 91.72% (< Goal) • PC MES Knowledge of Patient+ Child: 88.56% (< Goal) • PC MES Willingness to Recommend+ Adult: 85.91% (< Goal) • PC MES Integration of Care+ Child: 84.64% (< Goal) • PC MES Integration of Care+ Adult: 83.21% (< Goal) • Screening for Depression and Follow-up Plan: 47.51% (< Goal) 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024. DSF: A root cause analysis of the DSF measure identified that depression screening was not routinely being conducted during the rooming process. In addition to best practices screening guidelines and training modules being disseminated to clinicians and staff on the benefit and importance of depression screening, an EMR upgrade to the rooming workflow was incorporated. Efforts in this sphere are ongoing.	Partially Addressed

Compliance: Lack of compliance with 10 requirements in the following domains:
• Availability of services (1)
• Care coordination (5)
• Health Information Systems (4)
 	
Partial compliance with 38 requirements in the following domains:
• Availability of services (1)
• Care coordination (69)
• Grievances and appeals (1)
• Practice guidelines (1)
• Health information systems (16)
• QAPI (19)
 	
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.
	Availability of services (Lack of compliance):
	• WellSense should create a formal document for this position (Disability Access Coordinator) and its associated job responsibilities.
	  ○ We are in the process of drafting a comprehensive position description for this role and will begin recruitment process; we are targeting completion and an individual in place not later than the end of Q2'2205. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025.
	Availability of services (Partial compliance):
	• WellSense should adopt a formal policy or procedure for identifying and addressing any wait lists for behavioral health services.
	  ○ Currently, there is not a specific protocol for managing waitlists though Carelon BH will be looking at this at large. A defined processed and written policy and procedure will be in place by 4/30/25. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025.
	Care coordination (Lack of compliance):
	• IPRO found five requirements related to care coordination that were not in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; and enhanced care coordination.
	  ○ Initially five care coordination requirements were out of compliance. Of these, two were fully addressed and resulted in demonstrated improvement, while three were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth.
		Addressed: Availability of services (2), Care coordination (33), Grievances and appeals (3), Health information services (20), Practice guidelines (1), QAPI (19)
		
		Partially Addressed: Care coordination (41)

Recommendation for ACPP	WellSense Care Alliance Response/Actions Taken	IPRO Assessment of MCP Response[1]

	Care coordination (Partial compliance):
	• IPRO found 69 requirements related to care coordination that were only partially in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; transitional care management and discharge planning; and enhanced care coordination.
	  ○ Initially 69 care coordination requirements were only partially in compliance. Of these, 31 were fully addressed and resulted in demonstrated improvement, while 38 were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth.
	Grievances and appeals (Partial compliance):
	• IPRO recommends that WellSense Care Alliance continue its monitoring and workflow process improvements to meet the State contract 30-day standard resolution requirements.
	  ○ Member Appeals process was updated to clarify this requirement in our workflows on September 26, 2024 and team has been trained on this requirement. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence.
	Practice guidelines (Partial compliance):
	• IPRO recommends adding additional details to the Clinical Practice Guidelines (CPG) policy outlining the process and involvement of the Marketing department in the dissemination of CPGs upon adoption, revision, and approval. This should include elements of timely notification to all affected providers as well as any requests by enrollees and potential enrollees, posting CPGs on the website, and advisement in provider newsletters and any other communication avenues.
	  ○ An updated CGP policy adding the following language to close the gaps identified will be brought to QIC in March 2025 for approval. Language will be added to #4 of the procedure section of the policy identifying the Marketing Team as managing the notifications after QIC approval. The Marketing team's notifications of newly approved CGPs sent to providers via provider newsletters and/or other mailings as well as an updated website will include a timeframe of within 3 months of QIC approval so that providers, members and prospective members can have access. The cadence of CGPs review and updates will remain at least annually or when deemed necessary. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence.
	Health information services (Lack of compliance):
	• IPRO identified four requirements related to health information systems that were not in compliance. These requirements were related to policies and procedures to address data collection and sharing with MassHealth and CMS, addressing interoperability and HEI requirements, ascertaining provider adoption of electronic health records, and addressing QM/QI requirements.
	  ○ IPRO found that WellSense addressed the four health information systems requirements that were initially out of compliance, demonstrating improvement. The details of this improvement were shared with MassHealth.
	Health information services (Partial compliance):
	• IPRO identified 16 requirements related to health information systems that were only in partial compliance. These were related to policies and procedures for Core Operational Platforms, verification of data accuracy, and claims processing.
	  ○ IPRO found that WellSense addressed the 16 health information systems requirements that were initially only in partial compliance, demonstrating improvement. The details of this improvement were shared with MassHealth.
	QAPI (Partial compliance):
	• IPRO identified 20 requirements related to QAPI that were only in partial compliance. These were related to enhancing processes related to the design of QI activities, utilization of quality measures to drive QI activities, collecting demographic data to identify disparities, addressing health equity in the design of QM/QI processes, development of medical record review protocols, monitoring of intensive Care Coordination activities, describing future QI objectives and timeframes, assess care provided to members with special healthcare needs, guidelines for PFAC composition, feedback, and recommendations for preventive care, cultural and linguistic policies, member experience surveys and other data.
	  ○ IPRO found that WellSense has implemented internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans; ongoing monitoring activities are in place to prevent recurrence.	

Recommendation for ACPP	WellSense Care Alliance Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network – Provider Directory (Recommendation from CY2023): WellSense Care Alliance's accuracy rate was below 20% for the following provider type: • Autism Services (13.33%) 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.	As of January 1, 2026 WellSense will bring Behavioral Health (BH) services in-house and will leverage its established outreach methodology to support ongoing demographic accuracy. This includes quarterly outreach to providers for demographic validation, during which providers are expected to identify and submit any necessary updates to ensure the directory remains current.	Addressed
Network – Information Systems and Quality of Provider Data – Duplicates: 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.	We acknowledge that duplicate provider records were present in submission. Since the CY2024 submission, we have implemented a new duplication process that is expected to significantly reduce the number of duplicated provider records in submissions after 2024. However, some complex cases still require manual identification and removal. To address this, we plan to conduct a manual data review following the completion of our programming evaluations to eliminate the remaining duplicates and further improve data quality. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026	Addressed
Network – Time and Distance Analysis – MCP's Methodology: 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.	The correct time and distance standard was configured within the Quest GeoAccess system; however, an incorrect standard was mistakenly copied and dragged down from another provider category, leading to discrepancies in the reported results. To prevent such issues, we have implemented validation checks to ensure that the correct standards are consistently applied in the final output. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed
Network – Time and Distance Analysis – Gaps in Provider Networks: 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. 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.	As of the 2025 reporting period, WellSense Care Alliance has successfully closed all previously identified gaps in the pediatric PCP network in the Haverhill service area. We continue to monitor behavioral health provider access and are actively working to address remaining deficiencies where provider availability permits. In service areas where additional providers are not currently available, WellSense is implementing alternative strategies to ensure members have adequate access to care, including expanded telehealth services, transportation support, and enhanced care coordination. Notably, WellSense is in the process of bringing the behavioral health provider network in-house, which may result in different outcomes and improved access as the transition progresses.	Addressed
Network – Accuracy of Provider Directory: 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.	The Provider Relations team conducted outreach to PCPs, OB/GYNs, and Cardiology providers who were flagged for demographic discrepancies. Providers were asked to review and update their demographic information. When updates were identified, the Provider Relations team submitted the changes to the health plan, and the directory was updated accordingly. It is important to note that auditors observed a limitation in the outreach process: the individuals making the calls did not consistently account for providers with multiple practice locations. For example, if a provider was already listed correctly at a secondary location, that entry was not reviewed and was instead marked as an error. This oversight impacted the accuracy of the audit findings, as many providers practice at multiple sites with varying schedules. To support ongoing accuracy, the Provider Relations team will continue outreach to providers on a quarterly basis to review and validate demographic information. Additionally, ACOs receive updated PCP rosters on a monthly basis, which they are encouraged to review and submit any necessary changes to ensure the provider directory remains current.	Addressed

Recommendation for ACPP	WellSense Care Alliance Response/Actions Taken	IPRO Assessment of MCP Response[1]
Experience of Care Surveys: 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

WellSense East Boston Response to Previous EQR Recommendations

Table 125 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 125: WellSense East Boston Response to Previous EQR Recommendations

Recommendation for ACPP	WellSense East Boston Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 1: HEDIS Measures: The following HEDIS rates were below the 25th percentile: • Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement): 12.63% (< 25th percentile) 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.	A root cause analysis of the IET measure indicated a lack of understanding by clinicians and staff to the complexities of the measure contributed to lower than expected performance. An ACO Collaboration Series on the measure, best practices and clinical spotlight was conducted and disseminated.	Partially Addressed
PMV 2: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Child: 90.44% (< Goal) • PC MES Willingness to Recommend+ Adult: 87.96% (< Goal) • PC MES Integration of Care+ Child: 87.65% (< Goal) • PC MES Integration of Care+ Adult: 79.85% (< Goal) 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024.	Partially Addressed

Compliance: Lack of compliance with 12 requirements in the following domains:
• Availability of services (1)
• Care coordination (5)
• Health Information Systems (4)
• QAPI (2)
 	
Partial compliance with 112 requirements in the following domains:
• Availability of services (1)
• Care coordination (75)
• Practice guidelines (1)
• Health information systems (16)
• QAPI (19)
 	
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.
	Availability of services (Lack of compliance):
	• WellSense should create a formal document for this position (Disability Access Coordinator) and its associated job responsibilities.
	  ○ We are in the process of drafting a comprehensive position description for this role and will begin recruitment process; we are targeting completion and an individual in place not later than the end of Q2'2205. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025.
	Availability of services (Partial compliance):
	• WellSense should adopt a formal policy or procedure for identifying and addressing any wait lists for behavioral health services.
	  ○ Currently, there is not a specific protocol for managing waitlists though Carelon BH will be looking at this at large. A defined processed and written policy and procedure will be in place by 4/30/25. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025.
	Care coordination (Lack of compliance):
	• IPRO found five requirements related to care coordination that were not in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; and enhanced care coordination.
	  ○ Initially five care coordination requirements were out of compliance. Of these, two were fully addressed and resulted in demonstrated improvement, while three were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth.
	Care coordination (Partial compliance):
	• IPRO found 69 requirements related to care coordination that were only partially in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; transitional care management and discharge planning; and enhanced care coordination.
	  ○ Initially 69 care coordination requirements were only partially in compliance. Of these, 31 were fully addressed and resulted in demonstrated improvement, while 38 were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth.
		Addressed: Availability of services (2), Care coordination (18), Health information services (20), Practice guidelines (1), QAPI (21)
		
		Partially Addressed: Care coordination (61)

Recommendation for ACPP	WellSense East Boston Response/Actions Taken	IPRO Assessment of MCP Response[1]
	Practice guidelines (Partial compliance): • IPRO recommends adding additional details to the Clinical Practice Guidelines (CPG) policy outlining the process and involvement of the Marketing department in the dissemination of CPGs upon adoption, revision, and approval. This should include elements of timely notification to all affected providers as well as any requests by enrollees and potential enrollees, posting CPGs on the website, and advisement in provider newsletters and any other communication avenues. o An updated CGP policy adding the following language to close the gaps identified will be brought to QIC in March 2025 for approval. Language will be added to #4 of the procedure section of the policy identifying the Marketing Team as managing the notifications after QIC approval. The Marketing team's notifications of newly approved CGPs sent to providers via provider newsletters and/or other mailings as well as an updated website will include a timeframe of within 3 months of QIC approval so that providers, members and prospective members can have access. The cadence of CGPs review and updates will remain at least annually or when deemed necessary. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Health information services (Lack of compliance): • IPRO identified four requirements related to health information systems that were not in compliance. These requirements were related to policies and procedures to address data collection and sharing with MassHealth and CMS, addressing interoperability and HEI requirements, ascertaining provider adoption of electronic health records, and addressing QM/QI requirements. o IPRO found that WellSense addressed the four health information systems requirements that were initially out of compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. Health information services (Partial compliance): • IPRO identified 16 requirements related to health information systems that were only in partial compliance. These were related to policies and procedures for Core Operational Platforms, verification of data accuracy, and claims processing. o IPRO found that WellSense addressed the 16 health information systems requirements that were initially only in partial compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. QAPI (Partial compliance): • IPRO identified 20 requirements related to QAPI that were only in partial compliance. These were related to enhancing processes related to the design of QI activities, utilization of quality measures to drive QI activities, collecting demographic data to identify disparities, addressing health equity in the design of QM/QI processes, development of medical record review protocols, monitoring of intensive Care Coordination activities, describing future QI objectives and timeframes, assess care provided to members with special healthcare needs, governance guidelines, guidelines for PFAC composition, feedback, and recommendations for preventive care, cultural and linguistic policies, member experience surveys and other data. IPRO found that WellSense East Boston has implemented internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans; ongoing monitoring activities are in place to prevent recurrence.	
Network – Information Systems and Quality of Provider Data – Duplicates: 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.	We acknowledge that duplicate provider records were present in submission. Since the CY2024 submission, we have implemented a new duplication process that is expected to significantly reduce the number of duplicated provider records in submissions after 2024. However, some complex cases still require manual identification and removal. To address this, we plan to conduct a manual data review following the completion of our programming evaluations to eliminate the remaining duplicates and further improve data quality. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed
Network – Time and Distance Analysis – MCP's Methodology: 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.	The correct time and distance standard was configured within the Quest GeoAccess system; however, an incorrect standard was mistakenly copied and dragged down from another provider category, leading to discrepancies in the reported results. To prevent such issues, we have implemented validation checks to ensure that the correct standards are consistently applied in the final output. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed

Recommendation for ACPP	WellSense East Boston Response/Actions Taken	IPRO Assessment of MCP Response[1]
WellSense East Boston should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.		
Network – Accuracy of Provider Directory: 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.	The Provider Relations team conducted outreach to PCPs, OB/GYNs, and Cardiology providers who were flagged for demographic discrepancies. Providers were asked to review and update their demographic information. When updates were identified, the Provider Relations team submitted the changes to the health plan, and the directory was updated accordingly. It is important to note that auditors observed a limitation in the outreach process: the individuals making the calls did not consistently account for providers with multiple practice locations. For example, if a provider was already listed correctly at a secondary location, that entry was not reviewed and was instead marked as an error. This oversight impacted the accuracy of the audit findings, as many providers practice at multiple sites with varying schedules. To support ongoing accuracy, the Provider Relations team will continue outreach to providers on a quarterly basis to review and validate demographic information. Additionally, ACOs receive updated PCP rosters on a monthly basis, which they are encouraged to review and submit any necessary changes to ensure the provider directory remains current.	Addressed
Experience of Care Surveys: 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

WellSense Children's Response to Previous EQR Recommendations

Table 126 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 126: WellSense Children's Response to Previous EQR Recommendations

Recommendation for ACPP	WellSense Children's Response/Actions Taken	IPRO Assessment of MCP Response[1]
PIP: CDF: 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.	PIP interventions around CDF continue to evolve. 2024 performance does indicate this measure is at goal and had a greater than 7% improvement from 2023.	Partially Addressed
PMV 1: HEDIS Measures: The following HEDIS rates were below the 25th percentile: • Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement): 11.35% (< 25th percentile) • Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 28.68% (< 25th percentile) 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.	IET: A root cause analysis of the IET measure indicated a lack of understanding by clinicians and staff to the complexities of the measure contributed to lower than expected performance. An ACO Collaboration Series on the measure, best practices and clinical spotlight was conducted and disseminated. FUA: A root cause analysis was not conducted as this measure was at goal for 2023. However, similarly to IET an ACO Collaboration Series on the measure, best practices and clinical spotlight was conducted to encourage increased focus and to identify areas of opportunity for improvement.	Partially Addressed
Compliance: Lack of compliance with 12 requirements in the following domains: • Availability of services (1) • Care coordination (4) • Health Information Systems (4) Partial compliance with 112 requirements in the following domains: • Availability of services (1) • Care coordination (41) • Grievances and appeals (1) • Practice guidelines (1) • Health information systems (16) • QAPI (9) 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**.**	Availability of services (Lack of compliance): • WellSense should create a formal document for this position (Disability Access Coordinator) and its associated job responsibilities. o We are in the process of drafting a comprehensive position description for this role and will begin recruitment process; we are targeting completion and an individual in place not later than the end of Q2'2205. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025. Availability of services (Partial compliance): • WellSense should adopt a formal policy or procedure for identifying and addressing any wait lists for behavioral health services. o Currently, there is not a specific protocol for managing waitlists though Carelon BH will be looking at this at large. A defined processed and written policy and procedure will be in place by 4/30/25. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Note: WellSense is in-sourcing BH activities as of 1/1/2026; Carelon contract has been terminated as of 12/31/2025. Care coordination (Lack of compliance): • IPRO found four requirements related to care coordination that were not in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; and enhanced care coordination. o Initially four care coordination requirements were out of compliance. Of these, two were fully addressed and resulted in demonstrated improvement, while two were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth. Care coordination (Partial compliance): • IPRO found 41 requirements related to care coordination that were only partially in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; transitional care management and discharge planning; and enhanced care coordination. o Initially 41 care coordination requirements were only partially in compliance. Of these, 16 were fully addressed and resulted in demonstrated improvement, while 25 were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth. Grievances and appeals (Partial compliance): • IPRO recommends WellSense ACO continue in their process improvements of monitoring, education, and workflow process revisions to meet the State contract requirement of a written acknowledgment of receipt of each grievance or appeal within one business day. o Workflows are current regarding this requirement and team reminded about the importance of compliance with this requirement on September 26, 2024. New report created to monitor compliance with this requirement around the same time. October 2025 update:	Addressed: Availability of services (2), Care coordination (18), Grievances and appeals (1), Health information services (20), Practice guidelines (1), QAPI (9) Partially Addressed: Care coordination (27)

Recommendation for ACPP	WellSense Children's Response/Actions Taken	IPRO Assessment of MCP Response[1]
	Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Practice guidelines (Partial compliance): • IPRO recommends adding additional details to the Clinical Practice Guidelines (CPG) policy outlining the process and involvement of the Marketing department in the dissemination of CPGs upon adoption, revision, and approval. This should include elements of timely notification to all affected providers as well as any requests by enrollees and potential enrollees, posting CPGs on the website, and advisement in provider newsletters and any other communication avenues. o An updated CGP policy adding the following language to close the gaps identified will be brought to QIC in March 2025 for approval. Language will be added to #4 of the procedure section of the policy identifying the Marketing Team as managing the notifications after QIC approval. The Marketing team's notifications of newly approved CGPs sent to providers via provider newsletters and/or other mailings as well as an updated website will include a timeframe of within 3 months of QIC approval so that providers, members and prospective members can have access. The cadence of CGPs review and updates will remain at least annually or when deemed necessary. October 2025 update: Internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans, are complete; ongoing monitoring activities in place to prevent recurrence. Health information services (Lack of compliance): • IPRO identified four requirements related to health information systems that were not in compliance. These requirements were related to policies and procedures to address data collection and sharing with MassHealth and CMS, addressing interoperability and HEI requirements, ascertaining provider adoption of electronic health records, and addressing QM/QI requirements. o IPRO found that WellSense addressed the four health information systems requirements that were initially out of compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. Health information services (Partial compliance): • IPRO identified 16 requirements related to health information systems that were only in partial compliance. These were related to policies and procedures for Core Operational Platforms, verification of data accuracy, and claims processing. o IPRO found that WellSense addressed the 16 health information systems requirements that were initially only in partial compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. QAPI (Partial compliance): • IPRO identified 9 requirements related to QAPI that were only in partial compliance. These were related to enhancing processes related to the design of QI activities, utilization of quality measures to drive QI activities, collecting demographic data to identify disparities, addressing health equity in the design of QM/QI processes, development of medical record review protocols, monitoring of intensive Care Coordination activities, describing future QI objectives and timeframes, and assessment of care provided to members with special healthcare needs. o IPRO found that WellSense BCH has implemented internal remediation activities, based on IPRO recommendations and WellSense-reported timelines and action plans; ongoing monitoring activities are in place to prevent recurrence.	
Network – Information Systems and Quality of Provider Data – Duplicates: WellSense Children's 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 Children's should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	We acknowledge that duplicate provider records were present in submission. Since the CY2024 submission, we have implemented a new duplication process that is expected to significantly reduce the number of duplicated provider records in submissions after 2024. However, some complex cases still require manual identification and removal. To address this, we plan to conduct a manual data review following the completion of our programming evaluations to eliminate the remaining duplicates and further improve data quality. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed
Network – Time and Distance Analysis – MCP's Methodology: 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.	The correct time and distance standard was configured within the Quest GeoAccess system; however, an incorrect standard was mistakenly copied and dragged down from another provider category, leading to discrepancies in the reported results. To prevent such issues, we have implemented validation checks to ensure that the correct standards are consistently applied in the final output. Carelon Behavioral Health has implemented into their QA processes steps to identify and remove duplicate data prior to submission. Please note: WellSense will have Behavioral Health services insourced as of 1/1/2026.	Addressed

Recommendation for ACPP	WellSense Children's Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network – Time and Distance Analysis – Gaps in Provider Networks: 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.	As of the 2025 reporting period, WellSense Children's has successfully addressed all previously identified gaps in the urgent care network across all service areas. However, a gap remains in the pediatric PCP network within the Gloucester service area. This region has historically faced challenges in provider availability, but WellSense Children's remains committed to enhancing access and continues to actively pursue strategies to improve network adequacy and meet established standards. We continue to monitor behavioral health provider access and are actively working to address remaining deficiencies where provider availability permits. In service areas where additional providers are not currently available, WellSense is implementing alternative strategies to ensure members have adequate access to care, including expanded telehealth services, transportation support, and enhanced care coordination. Notably, WellSense is in the process of bringing the behavioral health provider network in-house, which may result in different outcomes and improved access as the transition progresses.	Addressed
Network – Accuracy of Provider Directory: 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.	The Provider Relations team conducted outreach to PCPs, OB/GYNs, and Cardiology providers who were flagged for demographic discrepancies. Providers were asked to review and update their demographic information. When updates were identified, the Provider Relations team submitted the changes to the health plan, and the directory was updated accordingly. It is important to note that auditors observed a limitation in the outreach process: the individuals making the calls did not consistently account for providers with multiple practice locations. For example, if a provider was already listed correctly at a secondary location, that entry was not reviewed and was instead marked as an error. This oversight impacted the accuracy of the audit findings, as many providers practice at multiple sites with varying schedules. To support ongoing accuracy, the Provider Relations team will continue outreach to providers on a quarterly basis to review and validate demographic information. Additionally, ACOs receive updated PCP rosters on a monthly basis, which they are encouraged to review and submit any necessary changes to ensure the provider directory remains current.	Addressed
Experience of Care Surveys: 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.	2023 MHQP patient experience results, while not at goal, showed significant improvement from 2022. The MHQA data 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 trust could be perceived as a key driver of performance. Subsequently, WellSense Population Health hosted a Patient Experience ACO Collaboration talk that focused on building trust through Patient Experience. Education delved into the critical role of patient experience in healthcare, with a specific focus on how trust serves as the foundation for effective patient-provider relationships. By exploring strategies for empathetic communication, trust-building, and service recovery, attendees learned how to foster and restore trust, leading to improved patient experience and quality outcomes. The Population Health team also shares MHQP survey results with Consumer Insights who analyze 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 2024 reviewing updates to the MHQP PC MES survey. WellSense offered feedback on the MassHealth member experience survey in July 2024.	Partially Addressed

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

ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

HNE BeHealthy Response to Previous EQR Recommendations

Table 127 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 127: HNE BeHealthy Response to Previous EQR Recommendations

Recommendation for ACPP	HNE BeHealthy Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 1: HEDIS Measures: The following HEDIS rates were below the 25th percentile: • Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 35.09% (< 25th percentile) • Follow-up After Hospitalization for Mental Illness (7 days): 30.11% (< 25th percentile) • Postpartum Care: 79.83% (< 25th percentile) 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.	In 2025, Health New England performed a barrier analysis on all three abovementioned measures. The barrier analysis includes a literature review, comprehensive data analysis, active discussion with subject matter experts and a program proposal that is submitted to the Quality Council. Examples of analyses or programs are available upon request. HNE has taken a strong focus on both behavioral health measures and postpartum care. Existing PIPs are focused on the follow up after behavioral health measures. The BeHealthy Health Equity Committee has taken a strategic focus on postpartum care.	Partially Addressed
PMV 2: Non-HEDIS Measures: The following measures rates were below the goal benchmark: PC MES Knowledge of Patient+ Child: 86.36% (< Goal) PC MES Willingness to Recommend+ Child: 87.27% (< Goal) PC MES Willingness to Recommend+ Adult: 86.95% (< Goal) PC MES Integration of Care+ Child: 78% (< Goal) PC MES Integration of Care+ Adult: 83.85% (< Goal) Screening for Depression and Follow-up Plan: 54.25% (< Goal) 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.	HNE has implemented a pilot project in coordination with Baystate Health and InterSystems to develop a more strategic approach to capturing data for Screening for Depression and Follow Up. The goal is to train an AI tool to assist in the ability to capture PHQs and follow up plans to better provide supplemental data and improve chart review capacity. For the MES survey result response, please see HNE's response regarding recommendations for the experience of care surveys (i.e., the last row in this table).	Partially Addressed

Compliance: Lack of compliance with 54 requirements in the following domains:
• Coverage and authorization of services (3)
• Care coordination (43)
• QAPI (8)
 	
Partial compliance with 70 requirements in the following domains:
• Coverage and authorization of services (3)
• Care coordination (46)
• Grievances and appeals (4)
• Health information systems (10)
• QAPI (7)
 	
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.
	Coverage and authorization of services (Lack of compliance):
	• Health New England Medical Necessity and Experimental and Investigational - Medical Policy does not appear to mention age-appropriate growth and development; attaining, maintaining, or regaining functional capacity; or national accreditation organizations. IPRO recommends that HNE add the language to the policy and procedure.
	  ○ HNE has added this language to the policy effective Jan 2025.
	Coverage and authorization of services (Partial compliance):
	• Consolidate the policies and create a policy and procedure or other document that addresses non-behavioral health services.
	  ○ HNE will convene MBHP and medical leadership to review existing policies and processes and add additional language adhering to this requirement by end of Q2 2025. In Process. This language will be added to our Care Management Policy.
	• Clearly spell out the lack of cost sharing and treatment limits in the member handbook and finalize and submit the questionnaires.
	  ○ HNE will update the member handbook with this language and finalize the questionnaires by end of Q1 2025. The MBHP member handbook includes this language. HNE is working on updating the medical handbook to reflect the same language.
	• Clearly spell out the lack of cost sharing and treatment limits in the member handbook and finalize and submit the questionnaires.
	  ○ HNE will update the member handbook by end of Q1 2025. The MBHP member handbook includes this language. HNE is working on updating the medical handbook to reflect the same language.
	Care coordination (Lack of compliance):
	• IPRO found 43 requirements related to care coordination that were not in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; wellness initiative; disease management; baseline care coordination; risk stratification; and enhanced care coordination.
		Addressed: Coverage and authorization (3), Care coordination (61), Grievances and appeals (4), Health information systems (10), QAPI (7)
		
		Partially Addressed: Coverage and authorization (3), Care coordination (28)

Recommendation for ACPP	HNE BeHealthy Response/Actions Taken	IPRO Assessment of MCP Response[1]
	○ Initially 43 care coordination requirements were out of compliance. Of these, 26 were fully addressed and resulted in demonstrated improvement, while 17 were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth. <u>Care coordination (Partial compliance)</u>: • IPRO found 46 requirements related to care coordination that were only partially in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; transitional care management and discharge planning; baseline care coordination; and enhanced care coordination. ○ Initially 46 care coordination requirements were only partially in compliance. Of these, 35 were fully addressed and resulted in demonstrated improvement, while 11 were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth. <u>Grievances and appeals (Partial compliance)</u>: • IPRO recommends Health New England be consistent in its wording in Policy CA014POL of the State contract requirement of accepting oral appeal requests and not requiring the enrollee to submit a written appeal after the oral request. ○ HNE has added this language to the policy effective Jan 2025. • IPRO recommends Health New England adhere to the written acknowledgment of receipt of each grievance and appeal within one business day of receiving the grievance or appeal. Workflows, monthly audits, education, and system reviews are some mechanisms HNE can implement for consistency in meeting this requirement. ○ Completed. Complaints & Appeals Department staff review all incoming appeals daily to determine if they are for a Medicaid member. If they are, the cases are started immediately to ensure the acknowledgment letter goes out within the one business day deadline. • IPRO recommends adjusting the language in Policy CA014POL to reflect the State contract requirement that Health New England shall not require the enrollee or appeal representative to confirm an oral request in writing. This should be consistently communicated in all written material. ○ HNE has added this language to the policy effective Jan 2025. • IPRO recommends adding language that aligns with the State contract requirement specifically noting that the information 'shall be provided free of charge' to Policy CA014POL, page 7, 5(f). For consistency, IPRO recommends including similar language in the appropriate section(s) of the enrollee handbook, provider manuals, and appeals and grievances policies to ensure compliance. ○ HNE has added this language to the policy effective Jan 2025. <u>Health information systems (Partial compliance)</u>: • IPRO identified 10 requirements related to health information systems that were only in partial compliance. These were related to policies and procedures complying with MassHealth specifications and requirements around MMIS, encounter data, drug claims, initial behavioral health claims, and claims processing. ○ IPRO found that HNE addressed the 10 health information systems requirements that were initially only in partial compliance, demonstrating improvement. The details of this improvement were shared with MassHealth. <u>QAPI (Lack of compliance)</u>: • IPRO identified eight requirements related to QAPI that were not in compliance. These were related to feedback provided by the PFAC, PFAC advocacy for utilization of preventive care practices, PFAC involved in development and updating of cultural and linguistic policies as well as advising on cultural appropriateness of such programs, PFAC input on member experience survey results, composition of the PFAC reflecting the diversity of the MassHealth population and contain representatives from enrollees under age 21. ○ IPRO found that HNE established a charter and a PFAC that meets regularly and discusses all topics required in our contract. This group shares feedback that is then relayed back to senior leadership through JOC and Clinical Leadership Committee. <u>QAPI (Partial compliance)</u>: • IPRO identified seven requirements related to QAPI that were only in partial compliance. These were related to enhancing the processes used to conduct medical record reviews, monitoring of network provider compliance with policies and procedures, documentation of member participation in the Enrollee and Family Council, documentation of how subcontractor for intensive care coordination implements plans for enrollees, documentation of reasonable accommodation for PFAC, and demonstration of functional integration of joint decision-making across all domains listed in the contract with MassHealth. ○ IPRO found that HNE has an established process for reviewing quality audits. The Quality medical record review team reviews 411 charts to assess provider quality, network adequacy, and chart documentation. Charts are escalated to the Medicaid medical director if any findings are of concern. To date no issues have been discovered.	

Recommendation for ACPP	HNE BeHealthy Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network – Information Systems and Quality of Provider Data – Duplicates: 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.	HNE is working closely with MBHP to ensure duplicate providers are removed from the provider list reports prior to them being sent to IPRO. MBHP will be having someone manually review before sending in the future. Regarding non-MBHP provider list, for future submissions, we have added additional steps to look at the duplicates that involves HNE provider data management and credentialing to determine the actual duplicates and remove them.	Addressed
Network – Time and Distance Analysis – MCP's Methodology: HNE used incorrect time OR distance standards for OBGYN 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.	HNE has implemented the correct time OR distance standards for all reports. Our 2025 reports did not reflect incorrect standards, therefore, our change was successful.	Addressed
Network – Time and Distance Analysis – Gaps in Provider Networks: 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.	MBHP continues to prioritize network expansion and improved access to behavioral health services across the HNE service area. To address the identified gaps in Managed Inpatient Level 4, Monitored Inpatient Level 3.7, Clinical Stabilization Services, CBAT, and Partial Hospitalization Programs, MBHP is actively engaging in several strategies to strengthen provider capacity and contracting. MBHP is utilizing the BSAS licensing report and other data sources to identify licensed behavioral health providers in Western Massachusetts and surrounding regions. Contracting staff are reaching out to eligible and newly licensed providers to extend network participation opportunities for the above levels of care. In areas where additional providers are not currently available, MBHP is working with existing contracted providers to review regional access options to ensure members continue to receive timely and appropriate care. MBHP also coordinates with Community Behavioral Health Centers (CBHCs) and mobile crisis services to bridge access while inpatient or facility-based capacity remains limited.	Addressed
Network – Accuracy of Provider Directory: 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.	Our provider enrollment team continues to review the provider directory regularly and has an arrangement with CAQH provider directory management to validate our provider directory data. Resource constraints limit our team's ability to update any issues found as they have to be updated manually. HNE is currently working to automate the correction of many of the data elements identified on CAQH's discrepancy report and believe that will significantly improve our overall accuracy results.	Partially Addressed
Experience of Care Surveys: 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.	In 2024 we engaged a consultant to help us relaunch our PFAC. We created new marketing materials, a charter, and employed various recruitment strategies to engage new members. This effort was successful as we officially relaunched our PFAC in 2025 and reviewed our member experience survey results with this group. The PFAC offered several insightful comments particularly related to opportunities in continuity of care that could help our overall member experience. The ACO continues to discuss ways in which we can operationalize this feedback.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
EQR: external quality review; ACPP: accountable care partnership plan; MCP: managed care plan.

Fallon Berkshire Response to Previous EQR Recommendations

Table 128 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 128: Fallon Berkshire Response to Previous EQR Recommendations

Recommendation for ACPP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 1: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Child: 91.31% (< Goal) • PC MES Willingness to Recommend+ Adult: 87.79% (< Goal) • PC MES Integration of Care+ Child: 86.54% (< Goal) • PC MES Integration of Care+ Adult: 84.95% (< Goal) • Screening for Depression and Follow-up Plan: 23.62% (< Goal) 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.	**PC MES Willingness to Recommend+ Child: 91.31% (< Goal)** First, the current metric for willingness to recommend was 0.69% shy of the goal. To address the performance improvement for this metric the ACO made an investment in expanding access for pediatric patients. In 2024, BFS added two pediatric practices under their organizational umbrella and enrolled them in the ACO. Another ACO entity (CHP) added expanded in-person weekend hours and offers self-schedule vaccine appointments. CHP plans to expand "self-scheduling" access to additional appointments. These practices were added in Q3 of 2024. In adding these practices, we increased services and access. We aligned these pediatric groups to meet Sub Cap requirements and incorporated community health workers into the practice teams. This also allowed for increased screenings for SDOH and review of behavioral health associated needs. Incorporating a CHW supported connection Enhanced Care Coordination if additional support was required for member management. We will continue to monitor the performance for this metric and hope to close the gap in performance with these enhancements to primary care access. **PC MES Willingness to Recommend+ Adult: 87.79% (< Goal)** The results of the performance of this metric were reviewed in 2024 and plans were developed to address one of the biggest issues to care which is timely access. One of the biggest gains in increasing patient access was adding a Remote Primary Care Team. Although planning for Remote primary care began in 2024, it was not implemented until Q1 of 2025. These delays were related to resource availability, and delays in hiring the right team to support this initiative. The Remote Primary Care team was implemented in February 2025. The implementation of remote primary care we hope will impact patient satisfaction and yield positive outcomes. Improving accessibility convenience, and continuity of care remote primary care can enhance overall experience in the following areas. ▪ Improved access and convenience ▪ Increase patients' engagement and continuity ▪ Reducing wait times and allowing for flexibility in scheduling. ▪ Offering care in a personalized setting or environment. **PC MES Integration of Care+ Child: 86.54% (< Goal)** As stated above; to address the performance improvement for this metric the ACO made an investment in expanding access for pediatric patients. In 2024, BFS added two pediatric practices under their organizational umbrella and enrolled them in the ACO. Another ACO entity (CHP) added expanded in-person weekend hours and offers self-schedule vaccine appointments. CHP plans to expand "self-scheduling" access to additional appointments. These practices were added in Q3 of 2024. ▪ In adding these practices, we increased services and access. We aligned these pediatric groups to meet Sub Cap requirements and incorporated community health workers into the practice teams. This also allowed for increased screenings for SDOH and review of behavioral health associated needs. Incorporating a CHW supported connection Enhanced Care Coordination if additional support was required for member management. ▪ In addition, these new pediatric practices were newly integrated into a more robust EMR system. This allowed for more coordinated and timely referrals to outside providers based on the needs of patients including specialists and behavioral health. **PC MES Integration of Care+ Adult: 84.95% (< Goal)** The results of the performance of this metric were reviewed in 2024 and plans were developed to address one of the biggest issues to care which is timely access. One of the biggest gains in improving timely patient access to care was adding a Remote Primary Care Team. Although planning for Remote primary care began in 2024, it was not implemented until Q1 of 2025. These delays were related to resource availability, and delays in hiring the right team to support this initiative. The Remote Primary Care team was implemented in February 2025. The implementation of remote primary care we hope will impact patient satisfaction and yield positive outcomes. Improving accessibility convenience, and continuity of care remote primary care can enhance overall experience in the following areas. ▪ Improved access and convenience (especially for same day "urgent" visit requests) ▪ Increase patients' engagement and continuity ▪ Reducing wait times and allowing for flexibility in scheduling ▪ Offering care in a personalized setting or environment **Screening for Depression and Follow-up Plan: 23.62% (< Goal)** Based on the review of the data, Depression Screening and Follow up was targeted as a Performance Improvement Project implemented in 2023-2024. In addition, continued efforts are underway to improve the rate of patient screenings. Multiple strategies are being implemented	Addressed

Recommendation for ACPP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response[1]
	across practices. These varied approaches allow flexibility at the practice level while maintaining alignment with the overall objective of increasing screening completion. ▪ Expanding screening criteria to include a broader range of visit types, rather than limiting administration of the questionnaire to annual wellness exams only ▪ Integrating screening tools into patient portal pre-registration workflows ▪ Distributing paper forms at registration ▪ Incorporating screening needs into pre-visit planning by medical assistants or nurses ▪ Embedding screening questions into relevant visit note templates ▪ Generating patient lists identifying those due for screening and prompting care teams accordingly Depression Screening rate strategies listed above are underway and, in some cases, completed. A significant portion of patients who do not meet this metric are missed because they were not screened. We anticipate that the measures outlined above will help identify and capture patients who have not previously been screened for depression. As a result, the organization expects to see an improvement in the Depression Screening and Follow-Up indicator. The organization will review this data monthly as part of our Key Performance Indicator (KPI) dashboard. This information is also shared in larger committees including ACO Steering Committee and the ACO's Clinical Integration and Quality Committee.	
PMV 2: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • Oral Health Evaluation • Health-Related Social Needs Screening • LTSS Community Partner Engagement • Screening for Depression and Follow-up Plan • Depression Remission or Response ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	**Oral Health Evaluation**: 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. **HRSN**: 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. **LTSS Community Partner Engagement:** 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 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. 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. **Screening for Depression and Follow-up**: 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. 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.	Addressed

Recommendation for ACPP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response[1]
	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. **Depression Remission or Response**: 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 prioritize education as the most effective method to improve performance.	

Compliance: Lack of compliance with 1 requirement in the following domains:
• Disenrollment requirements and limitations (1)
 	
Partial compliance with 6 requirements in the following domains:
• Availability of services (2)
• Care coordination (31)
• Coverage and authorization of services (1)
• Grievance and appeal systems (1)
• Subcontractual relationships and delegation (2)
• Health information systems (20)
• QAPI (12)
 	
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..
	Availability of services (Partial compliance):
	• Fallon should adopt a formal policy for identifying and addressing any wait lists encountered when members request behavioral health services.
	  ○ Fallon Health has confirmed Carelon has updated their policies to address this.
	• Fallon 365 should adopt a formal policy for ensuring providers have physical access and reasonable accommodations available for enrollees with disabilities.
	  ○ Fallon has updated its provider manual to reflect this change.
	Care coordination (Partial compliance):
	• IPRO identified 31 requirements related to care coordination that were only partially in compliance. These related to care delivery, including screening, assessments, care plans, and follow-up; transitional care management and discharge planning; risk stratification; and enhanced care coordination.
	  ○ IPRO found that Fallon addressed all requirements that were initially only partially in compliance, which resulted in demonstrated improvement. This improvement was shared with MassHealth.
	Coverage and authorization of services (Partial compliance):
	• Fallon should create a policy that clearly describes this process.
	  ○ Fallon has created the policy to describe this process.
	Disenrollment requirements and limitations (Lack of compliance):
	• This policy is effective for 2024 forward. Fallon should follow its normal annual policy review to ensure that policies comply with any updated requirements from CMS or MassHealth.
	  ○ Fallon Health has confirmed its policy has been updated and will continue to be reviewed annually.
	Health information systems (Partial compliance):
	• IPRO identified 20 requirements regarding health information systems that were only in partial compliance. These related to policies around structure, systems and software design standards, encounter data, NPI and NDC information on claims, denied claims, EPSDT screenings, initial behavioral health assessments, processing of encounter data, data sharing with MassHealth, Appendix E specifications, and avoidance of critical failures or disruptions to EOHHS data submission, processing, and analytics.
	  ○ IPRO found that Fallon addressed the 20 requirements that were initially only in partial compliance, resulting in demonstrated improvement. This improvement was shared with MassHealth.
	QAPI (Partial compliance):
	• IPRO identified 18 requirements regarding QAPI that were only in partial compliance. These related to including enrollees in QM activities by participation in the Enrollee and Family Advisory Council, ensuring the quality and appropriateness of care provided to members with special needs, PFAC feedback shared with Governing Board, PFAC members advocating for preventive care practices, PFAC members involved in development and updating of cultural and linguistic policies and procedures, PFAC members providing feedback on cultural appropriateness of services, PFAC members providing input on member experience survey results, PFAC composition of enrollees and family and reflecting the diversity of MassHealth population, PFAC including representatives for members under age 21, and the health plan ensuring reasonable accommodations for PFAC members.
	  ○ Fallon Health has established a process to include enrollees and their families in quality management activities through PFAC.
	  ○ Fallon Health has completed the necessary actions, including providing the population health assessment and developing reporting tools to evaluate the quality and appropriateness of care for members with special health care needs.
	  ○ Fallon Health continues to share feedback with its governing board.
	  ○ Fallon ensures members have the opportunity to advocate for preventive care practices used by the health plan.
	  ○ Fallon Health has created a policy and shared it with PFAC members.
		Addressed: Availability of services (2), Care coordination (31), Coverage and authorization of services, (1), Disenrollment requirements (1), Health information systems (20), QAPI (12), Subcontractual relationships (2)

Recommendation for ACPP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response[1]
	○ Fallon Health has collaborated with PFAC participants to incorporate their input on marketing materials, services, and trainings. ○ Fallon Health has worked with PFAC members to ensure they are aware of and able to provide feedback on member experience surveys. ○ Fallon has documented these efforts within the PFAC meeting minutes. ○ Fallon and BFHC continuously work to recruit PFAC participants who reflect the diversity of the MassHealth population, considering cultural, linguistic, racial, health, disability, sexual orientation, and gender identities. ○ This diversity focus has been added to the PFAC screening process, and Fallon Health continues to ensure reasonable accommodations are available to PFAC members. <u>Subcontractual relationships and delegation (Partial compliance)</u>: • IPRO recommends updating the material subcontractor agreements with consistent language, stating the right to audit, evaluate, and inspect any records or systems is valid for 10 years following parameters outlined in the EOHHS contract. ○ The addendum was updated upon receiving this finding. • IPRO recommends adding this requirement to an oversight policy and procedure that details the process, and who is responsible, for notifying the state of the intent to terminate a subcontractor. ○ Fallon Health has created a policy that addresses the termination of a subcontractor.	
Network – Information Systems and Quality of Provider Data – Duplicates: 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.	Based on the 2024 Recommendation, Fallon has changed processes with our contracted geo analysis vendor Quest. Fallon has created a scrubbed monthly extract file that is sent directly to Quest that cuts down on the number of duplicate providers versus the process that was in place during the referenced validation efforts. This monthly extract and validation process has reduced the number of duplicates submitted for EQR analysis.	Addressed
Network – Information Systems and Quality of Provider Data – Behavioral Health Providers: 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.	Fallon delegates Behavioral Health services to Carelon. Carelon conducts geo analysis on our behalf to assess network adequacy of behavioral health networks. Since this 2024 recommendation was made, Fallon has coordinated efforts with Carelon to cut down the number of duplicate providers that feed analyses. In addition, conversations have taken place to ensure that correct standards and specialty types are used. Fallon will continue to stay informed of all guidance annually to align with contract standards and ensure that our policies are updated with any new requirements from CMS or MassHealth.	Remains an opportunity for improvement
Network – Time and Distance Analysis – MCP's Methodology: 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.	Fallon has worked to improve the quality of data used for analysis by creating a monthly extract file that contains relevant providers by specialty type. The process used to create this file included an updated crosswalk to better categorize providers by requested provider type for internal and external geo analysis. Fallon will continue to stay informed of all guidance at least annually to align with contract standards and ensure that our policies are updated with any new requirements from CMS or MassHealth.	Addressed
Network – Time and Distance Analysis – Gaps in Provider Networks: Fallon Berkshire had deficient networks in one or more service areas for 6 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.	Fallon agrees with the finding and acknowledges that there are provider availability challenges in Berkshire County and makes concerted efforts to contract with new and available providers whenever possible.	Partially Addressed

Recommendation for ACPP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network – Accuracy of Provider Directory: 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.	Fallon Health continues to strive for data accuracy by partnering with CAQH where providers attest to their directory data every 90 days to confirm accuracy or to provide directory updates.	Addressed
Experience of Care Surveys: 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.	Fallon has a robust Service Excellence Committee structure (that reports up through the Fallon Board) that is responsible for monitoring CAHPS and other members experience survey results for improvement opportunity identification and action In addition to CAHPS results, the Service Excellence Committee reviews Appeals & Grievances, inbound member call data, other member satisfaction survey results to identify key drivers of member pain points highlighted in summary CAHPS results. The Fallon Service Excellence Committee implements an annual work plan with assigned business owners for recommended interventions and initiatives. An annual evaluation against the work plan is conducted annually. Fallon also sets a members experience metric target each year for each ACO. Results versus target are reviewed monthly with follow up actions assigned as needed.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
EQR: external quality review; ACPP: accountable care partnership plan; MCP: managed care plan.

Fallon 365 Response to Previous EQR Recommendations

Table 129 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 129: Fallon 365 Response to Previous EQR Recommendations

Recommendation for ACPP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 1: HEDIS Measures: The following HEDIS rates were below the 25th percentile: • Follow-up After Hospitalization for Mental Illness (7 days): 43.28% (< 25th percentile) • Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation): 33.8% (< 25th percentile) • Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 31.16% (< 25th percentile) • Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement): 13.43% (< 25th percentile) 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.	**Follow-up After Hospitalization for Mental Illness (7 days): 43.28% (< 25th percentile)** Fallon365 has both provider and payer initiatives in place to improve performance in the Follow-up After Hospitalization for Mental Illness (FUH) measure. Reliant Medical Group continues to operate a centralized Transitions of Care outreach program within the Office of Population Health focused on ensuring all patients leaving the emergency department, inpatient or skilled nursing facility receive a transitions call and visit in the appropriate time frame. This program is critical for success in this metric. Fallon Health implemented a number of interventions during 2024 and 2025 to impact FUH outcomes. Fallon Health hired a Behavioral Health Quality Manager in September 2024. This position is dedicated to monitoring, tracking, and improving behavioral health HEDIS measure performance. Fallon Health and Fallon Health's Managed Behavioral Health Organization (MBHO), Carelon, established weekly HEDIS workgroup meetings beginning in Q4 2024. The purpose of these workgroups is to implement new strategies with Fallon Health members and providers to improve behavioral health outcomes. Additionally, Fallon Health implemented a 'Performance Guarantee' with Carelon for the FUH measure. If the Medicaid 75th percentile is met Carelon will receive an additional financial incentive. Carelon's Provider Quality Managers meet with Inpatient Mental Health providers on a quarterly basis. During these meetings FUH rates are shared along with FUH provider tip sheets. Carelon held a Statewide meeting with hospitals in Fallon Health's network. During this time Carelon worked on digital process improvements to ensure all hospitals have access to Carelon's online discharge form and optimized the necessary fields in the online discharge form to properly notify Carelon's aftercare team who performs member outreach. Of the hospitals in attendance, 95% were able to access Carelon's online platform. Performance year 2023 was shortened due to the April 1, 2023, start of the waiver cycle. The shortened measurement period coupled with the changes to integrative behavioral health requirements in this waiver impacted ACO performance on the FUH measure. As a result, MassHealth reduced the FUH benchmarks to closer to the DSRIP rates. While performance was below the 25th percentile, it was above the MassHealth ACO attainment threshold (39%). Preliminary performance year 2024 results show improvement to 52.3% which is just short of the goal benchmark (55%). Performance on the FUH measure is included in the Fallon365 HEDIS measure dashboard that is updated and distributed monthly. Review of HEDIS measure performance is a standing agenda item at the quarterly Fallon365 Quality Committee meeting. **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation): 33.8% (< 25th percentile)** Fallon365 has a number of interventions in place to support improved performance on the Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence (IET) measures. Reliant Medical Group has created a set of clinical decision support tools within the electronic medical record that trigger when the result of a patient's Alcohol Use Disorders Identification Test (AUDIT) is clinically positive. These tools walk the Primary Care Provider through the diagnostic criteria for Alcohol Use Disorders (AUD) to diagnose patients with AUD internally. Reliant Medical Group has also built an at-home detox program to help overcome stigma and concern in some patients about participating in an inpatient detox program. One of the goals of this program is to treat more patients internally thereby allowing close oversight of the patients and thus improving performance on the IET measures. Real-time, member level data is key to improving performance on the IET measures. Massachusetts regulation 42 CFR Part 2 places significant limitations on sharing of substance use data. As a result, Fallon is not able to share member level data with Reliant Medical Group. This lack of information makes it extremely difficult to implement real time interventions to improve performance or to perform quality improvement work. The initiatives noted above are intended to increase diagnosis and treatment internal to Reliant Medical Group thereby limiting the impact of this regulation. Fallon Health added a new behavioral health quality resource in September 2024. This Behavioral Health Quality Manager is dedicated to monitoring, tracking, and improving behavioral health HEDIS outcomes. In addition, Fallon Health and Fallon Health's Managed Behavioral Health Organization (MBHO), Carelon, established weekly HEDIS workgroup meetings beginning in Q4 2024. The purpose of these workgroups is to implement new strategies with Fallon Health members and providers to improve behavioral health outcomes. Additionally, Fallon Health implemented a 'Performance Guarantee' with Carelon for the IET measure. If the Medicaid 75th percentile is met Carelon will receive an additional financial incentive. The goals of these interventions are to improve collaboration between Fallon Health and its MBHO and to increase awareness of the value and importance of HEDIS measure performance. Carelon Provider Quality Managers meet quarterly with individual Acute Treatment Service (ATS) Providers. During these meetings individual provider IET rates are shared and best practices surrounding the IET measures are discussed. In 2025, Carelon's Provider Quality Managers began holding larger meetings that include 11 Fallon Health ATS providers. During these meetings IET barriers are discussed and providers share best practices, successes, and recommendations to improve referral pathways. Additionally, IET tip sheets and resources are shared. These interventions are intended to further engage providers, educate providers about the IET measures, and help providers navigate IET barriers on a 1:1 basis. Performance on the IET Initiation measure is included in the Fallon365 HEDIS measure dashboard that is updated and distributed monthly. Review of HEDIS Measure performance is a standing agenda item at the quarterly Fallon365 Quality Committee meetings.	Addressed

Recommendation for ACPP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response[1]
	Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 31.16% (< 25th percentile) Follow-up after Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence (FUA) is the topic of Fallon 365's first Health Equity Performance Improvement Project. The focus of the project is to establish a protocol for Emergency Department Staff to communicate with Reliant Medical Group's primary care team regarding the need for an urgent Emergency Department follow-up visit for all patients to improve initiation of treatment for SUD and reduce return visits to the Emergency Department. Interventions to improve communication between the Emergency Department and the Primary Care teams and timely engagement of patients for follow-up and intervention were implemented in Q2 2024. Access to real-time, member level data is critical to improving performance on this measure. Massachusetts regulation 42 CFR Part 2 places significant limitations on sharing of substance use data. As a result, Fallon is not able to share member level data with Reliant Medical Group. This lack of information makes it extremely difficult to implement real time interventions to improve performance or to perform quality improvement work. Fallon Health added a new behavioral health quality resource in September 2024. This Behavioral Health Quality Manager is dedicated to monitoring, tracking, and improving behavioral health HEDIS outcomes. In addition, Fallon Health and Fallon Health's Managed Behavioral Health Organization (MBHO), Carelon, established weekly HEDIS workgroup meetings beginning in Q4 2024. The purpose of these workgroups is to implement new strategies with Fallon Health members and providers to improve behavioral health outcomes. Carelon has a resource dedicated to working with Emergency Department Staff. The Carelon Emergency Department liaison has successfully established connections with approximately 52 out of 56 Emergency Departments. The liaison provided each department written materials for the Behavioral Health Help Line (BHHL) and emphasized these materials can be distributed to patients by any staff member, including physicians and nurses. Carelon Provider Quality Managers conduct quarterly ATS/CSS meetings designed to introduce ATSs and CSSs to the CBHCs across the region and the state. To date three meetings have been conducted with a fourth planned for Q4 2025. These meetings are part of a broader initiative to reduce unnecessary Emergency Department visits related to mental health and substance use disorders. Fallon 365's 2023 FUA performance was below the 25th percentile but exceeded the MassHealth ACO goal benchmark (26%). Preliminary results for performance year 2024 show improved performance of 35.15%, which is above the MassHealth ACO goal benchmark. Performance on the FUA measure is included in the Fallon365 HEDIS measure dashboard that is updated and distributed monthly. Review of HEDIS Measure performance is a standing agenda item at the quarterly Fallon365 Quality Committee meetings. **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement): 13.43% (< 25th percentile)** Fallon365 has a number of interventions in place to support improved performance on the Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence (IET) measures. Reliant Medical Group has created a set of clinical decision support tools within the electronic medical record that trigger when the result of a patient's Alcohol Use Disorders Identification Test (AUDIT) is clinically positive. These tools walk the Primary Care Provider through the diagnostic criteria for Alcohol Use Disorders (AUD) to diagnose patients with AUD internally. Reliant Medical Group has also built an at-home detox program to help overcome stigma and concern in some patients about participating in an inpatient detox program. One of the goals of this program is to treat more patients internally thereby allowing close oversight of the patients and thus improving performance on IET measures. Real-time, member level data is key to improving performance on the IET measures. Massachusetts regulation 42 CFR Part 2 places significant limitations on sharing of substance use data. As a result, Fallon is not able to share member level data with Reliant Medical Group. This lack of information makes it extremely difficult to implement real time interventions to improve performance or to perform quality improvement work. The initiatives noted above are intended to increase diagnosis and treatment internal to Reliant Medical Group thereby limiting the impact of this regulation. Fallon Health added a new behavioral health quality resource in September 2024. This Behavioral Health Quality Manager is dedicated to monitoring, tracking, and improving behavioral health HEDIS outcomes. In addition, Fallon Health and Fallon Health's Managed Behavioral Health Organization (MBHO), Carelon, established weekly HEDIS workgroup meetings beginning in Q4 2024. The purpose of these workgroups is to implement new strategies with Fallon Health members and providers to improve behavioral health outcomes. Additionally, Fallon Health implemented a 'Performance Guarantee' with Carelon for the IET measure. If the Medicaid 75th percentile is met Carelon will receive an additional financial incentive. The goals of these interventions are to improve collaboration between Fallon Health and its MBHO and to increase awareness of the value and importance of HEDIS measure performance. Carelon Provider Quality Managers meet quarterly with individual Acute Treatment Service (ATS) Providers. During these meetings individual provider IET rates are shared and best practices surrounding the IET measures are discussed. In 2025, Carelon's Provider Quality Managers began holding larger meetings that include 11 Fallon Health ATS providers. During these meetings IET barriers are discussed and providers share best practices, successes, and recommendations to improve referral pathways. Additionally, IET tip sheets and resources are shared. These interventions are intended to further engage providers, educate providers about the IET measures, and help providers navigate IET barriers on a 1:1 basis. Performance on the IET Engagement measure is included in the Fallon365 HEDIS measure dashboard that is updated and distributed monthly. Review of HEDIS Measure performance is a standing agenda item at the quarterly Fallon365 Quality Committee meetings.	

Recommendation for ACPP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 2: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Adult: 90.7% (< Goal) • PC MES Integration of Care+ Child: 87.33% (< Goal) • Screening for Depression and Follow-up Plan: 34.73% (< Goal) 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.	**PC MES Willingness to Recommend+ Adult: 90.7% (< Goal)** Reliant Medical Group routinely uses patient experience surveys and results (Press Ganey surveys & CAHPS surveys) that include provider communication domain survey questions, to help identify areas of strength and opportunities for improvement. Survey summaries containing survey score trending, benchmarking and patient survey comments are shared with providers on a regular basis. Included in the summaries are recommended focus areas based on correlation analyses. A "Provider Checklist of Best Practices" is also circulated to providers to support provider/patient communication. In addition, Reliant Medical Group offers a Shadow Program designed to observe clinician-patient interactions in real time, behind the exam room door. This program provides valuable feedback and actionable strategies to support continuous improvement in the patient's experience. Reliant Medical Group conducts ongoing reviews of its internal patient experience scores, which allows for monitoring progress, identification of trends, and reinforcement of areas of success while addressing opportunities for growth. Reliant Medical Group has observed an improving trend in provider patient experience survey scores. Reliant Medical Group performed significantly higher than the state for the MassHealth CAHPS survey question "willingness to recommend provider." **PC MES Integration of Care+ Child: 87.33% (< Goal)** Reliant Medical Group routinely uses patient experience surveys and results (Press Ganey surveys & CAHPS surveys) to help identify areas of strength and opportunities for improvement. Survey summaries containing survey score trending and patient survey comments are shared with operations and clinical teams on a regular basis. Best Practices tips are shared with the practice to support patient experience improvement. Reliant Medical Group's Department of Pediatrics has implemented several initiatives to support improved coordination of patient care. These include: • Sustain and advance access to specialists integrated into the Reliant practice so that all elements of care are provided in an integrated manner within the electronic medical record. Particular area of success include Pediatric Gastroenterology and Neurology (UMass consultants providing care within Reliant Medical Group) and expanded pediatric psychiatry access (Bend Health). Reliant Medical Group is working to reestablish access to internal Pediatric Endocrinology and expand Optum Mass (Reliant Medical Group and Atrius Health) access to Developmental Behavioral Pediatrics. • Incent problem list hygiene so that providers are rewarded for keeping problem lists up to date and actionable. • Integrated BH and medical social work availability at the time of screening for emotional disturbance or health related social needs. Seamless communication between these team members and PCP allows for optimized integration. • Outreach to assure all patients 3-21 years of age are seen annually at which time medications are reconciled and confirmed with family. **Screening for Depression and Follow-up Plan: 34.73% (< Goal)** Reliant Medical Group implemented standard work for depression screening using the PHQ-2 as part of the office visit rooming process. Mapping of the screenings and outcomes in the electronic medical record allow for more accurate and complete interim performance reporting within internal dashboards as well as during Fallon365 quality committees. The depression screening and follow-up plan stratifications have been added to the internal quality dashboard to increase visibility of measure performance and allow performance to be monitored closely. This dashboard allows stratifications by payer and practice level. Additionally, non-HEDIS measure performance is a standing agenda item at the quarterly Fallon365 Quality Committee meeting. Performance year 2023 performance period was shortened due to the April 1, 2023 start of the waiver cycle. MassHealth implemented a special exclusion for this measure in 2023 for members who were screened for depression prior to the April 1, 2023, start date. This exclusion removed members from Fallon365's denominator population who were numerator compliant thereby negatively impacting overall performance.	Addressed

Compliance: Lack of compliance with 10 requirements in the following domains:
• Disenrollment requirements and limitations (1)
• QAPI (9)
 	
Partial compliance with 60 requirements in the following domains:
• Availability of services (2)
• Care coordination (26)
• Coverage and authorization of services (1)
• Subcontractual relationships and delegation (2)
• Health information systems (20)
• QAPI (3)
	Availability of services (Partial compliance):
	• Fallon should adopt a formal policy for identifying and addressing any wait lists encountered when members request behavioral health services.
	  ○ Fallon Health has confirmed Carelon has updated their policies to address this.
	• Fallon 365 should adopt a formal policy for ensuring providers have physical access and reasonable accommodations available for enrollees with disabilities.
	  ○ Fallon has updated its provider manual to reflect this change.
	Care coordination (Partial compliance):
	• IPRO identified 26 requirements related to care coordination that were only partially in compliance. These related to care delivery, including screening, assessments, care plans, and follow-up; risk stratification; and enhanced care coordination.
	  ○ IPRO found that Fallon addressed all requirements that were initially only partially in compliance, which resulted in demonstrated improvement. This improvement was shared with MassHealth.
	Coverage and authorization of services (Partial compliance):
	• Fallon should create a policy that clearly describes this process.
	  ○ Fallon has created the policy to describe this process.
		Addressed: Availability of services (2), Care coordination (26), Coverage and authorization of services, (1), Disenrollment requirements (1), Health information systems (20), QAPI (12), Subcontractual relationships (2)

Recommendation for ACPP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response[1]

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.	Disenrollment requirements and limitations (Lack of compliance):
	• This policy is effective for 2024 forward. Fallon should follow its normal annual policy review to ensure that policies comply with any updated requirements from CMS or MassHealth.
	  ○ Fallon Health has confirmed its policy has been updated and will continue to be reviewed annually.
	Health information systems (Partial compliance):
	• IPRO identified 20 requirements regarding health information systems that were only in partial compliance. These related to policies around structure, systems and software design standards, encounter data, NPI and NDC information on claims, denied claims, EPSDT screenings, initial behavioral health assessments, processing of encounter data, data sharing with MassHealth, Appendix E specifications, and avoidance of critical failures or disruptions to EOHHS data submission, processing, and analytics.
	  ○ IPRO found that Fallon addressed the 20 requirements that were initially only in partial compliance, resulting in demonstrated improvement. This improvement was shared with MassHealth.
	QAPI (Lack of compliance):
	• IPRO identified nine requirements regarding QAPI that were only in partial compliance. These related to PFAC feedback shared with Governing Board, PFAC members should identify and advocate for preventive care practices, PFAC members involved in development and updating of cultural and linguistic policies and procedures, PFAC members providing feedback on cultural appropriateness of services, PFAC members providing input on member experience survey results, PFAC composition of enrollees and family and reflecting the diversity of MassHealth population, and the PFAC should include representatives for members under age 21.
	  ○ Fallon Health has established a process to include enrollees and their families in Quality Management activities through the PFAC.
	  ○ Fallon Health has created and shared a policy with PFAC members to support their involvement in Quality Management.
	  ○ Fallon Health continues to share PFAC feedback with its governing board to support continuous improvement.
	  ○ Fallon ensures PFAC members have the opportunity to advocate for preventive care practices used by the health plan.
	  ○ Fallon Health has worked with PFAC participants to incorporate their input on marketing materials, services, and trainings.
	  ○ Fallon Health has engaged PFAC members to ensure they are aware of and can provide feedback on member experience surveys.
	  ○ Fallon has documented PFAC participation and feedback in PFAC meeting minutes.
	  ○ Fallon and Reliant Medical Group continuously work to recruit PFAC participants who reflect the diversity of the MassHealth population, considering cultural, linguistic, racial, health, disability, sexual orientation, and gender identities.
	  ○ Fallon Health is working to include representatives from parents or guardians of pediatric enrollees in the PFAC.
	  ○ Fallon Health has added diversity considerations to the PFAC screening process and ensures reasonable accommodations, such as interpreter services, are available to support PFAC member participation.
	QAPI (Partial compliance):
	• IPRO identified four requirements regarding QAPI that were only in partial compliance. These related to including enrollees in QM activities by participation in the Enrollee and Family Advisory Council, ensuring the quality and appropriateness of care provided to members with special needs, PFAC feedback shared with Governing Board, and the health plan ensuring reasonable accommodations for PFAC members.
	  ○ IPRO found that Fallon 365 has completed the necessary actions and developed reporting tools to evaluate the quality and appropriateness of care for members with special health care needs, including metrics such as screening rates, vaccination rates, ED utilization, and readmission rates.
	Subcontractual relationships and delegation (Partial compliance):
	• IPRO recommends updating the material subcontractor agreements with consistent language, stating the right to audit, evaluate, and inspect any records or systems is valid for 10 years following parameters outlined in the EOHHS contract.
	  ○ The addendum was updated upon receiving this finding.
	• IPRO recommends adding this requirement to an oversight policy and procedure that details the process, and who is responsible, for notifying the state of the intent to terminate a subcontractor.
	  ○ Fallon Health has created a policy that addresses the termination of a subcontractor.	

Network – Information Systems and Quality of Provider Data – Duplicates: 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 total of 313 duplicate providers from the Fallon 365 data prior to conducting the analysis. Fallon 365 should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Based on the 2024 Recommendation, Fallon 365 has changed processes with our contracted geo analysis vendor Quest. Fallon has created a scrubbed monthly extract file that is sent directly to Quest that cuts down on the number of duplicate providers versus the process that was in place during the referenced validation efforts. This monthly extract and validation process has reduced the number of duplicates submitted for EQR analysis.	Addressed

Recommendation for ACPP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network – Time and Distance Analysis – MCP's Methodology: 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 use clean data for the GeoAccess analysis for all provider types.	Fallon 365 has worked to improve the quality of data used for analysis by creating a monthly extract file that contains relevant providers by specialty type. The process used to create this file included an updated crosswalk to better categorize providers by requested provider type for internal and external geo analysis. Fallon will continue to stay informed of all guidance at least annually to align with contract standards and ensure that our policies are updated with any new requirements from CMS or MassHealth.	Addressed
Network – Accuracy of Provider Directory: 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.	Fallon Health continues to strive for data accuracy by partnering with CAQH where providers attest to their directory data every 90 days to confirm accuracy or to provide directory updates.	Addressed
Experience of Care Surveys: 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.	Fallon 365 has a robust Service Excellence Committee structure (that reports up through the Fallon Board) that is responsible for monitoring CAHPS and other members experience survey results for improvement opportunity identification and action In addition to CAHPS results, the Service Excellence Committee reviews Appeals & Grievances, inbound member call data, other member satisfaction survey results to identify key drivers of member pain points highlighted in summary CAHPS results. The Fallon Service Excellence Committee implements an annual work plan with assigned business owners for recommended interventions and initiatives. An annual evaluation against the work plan is conducted annually. Fallon also sets a members experience metric target each year for each ACO. Results versus target are reviewed monthly with follow up actions assigned as needed.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
EQR: external quality review; ACPP: accountable care partnership plan; MCP: managed care plan.

Fallon Atrius Response to Previous EQR Recommendations

Table 130 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 130: Fallon Atrius Response to Previous EQR Recommendations

Recommendation for ACPP	Fallon Atrius Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 1: HEDIS Measures: The following HEDIS rates were below the 25th percentile: • Postpartum Care: 79.4% (< 25th percentile) • Follow-up After Hospitalization for Mental Illness (7 days): 42.81% (< 25th percentile) • Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation): 33.71% (< 25th percentile) • Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 25% (< 25th percentile) • Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement): 10.11% (< 25th percentile) 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.	**Postpartum Care: 79.4% (< 25th percentile)** Improving performance on the Postpartum Care measure is the focus of FACC's second Health Equity Performance Improvement Project (PIP). FACC completed a barrier analysis and designed interventions to address the barriers impacting completion of a postpartum care visit among FACC members. Planned interventions include: 1) educating members on the importance and value of the postpartum visit during the prenatal period, 2) outreach to members with depression who have not completed a postpartum visit at 25 days post-delivery and do not have an OB visit scheduled, and 3) outreach to all other members who have not completed a postpartum visit at 35 days post-delivery and who do not have a future OB visit scheduled. Work to implement these interventions is currently underway. Tracking measures are in place to monitor the impact of the interventions. Performance year 2023 was FACC's first year as an ACO, as Atrius Health was previously with a different payer partner, and was also the first year Postpartum Care was included in the quality slate. The performance period was shortened to less than 5 months due to the April 1, 2023 start of the waiver cycle. While performance was below the 25th percentile, it was above the MassHealth ACO attainment threshold. Preliminary performance year 2024 results show an improvement in the Post Partum Care rate to 82.8%. **Follow-up After Hospitalization for Mental Illness (7 days): 42.81% (< 25th percentile)** Follow-up After Hospitalization for Mental Illness (FUH) is the topic of FACC's first Health Equity Performance Improvement Plan. Barriers to completion of a follow-up visit within 7 days of hospitalization for mental illness include a lack of timely and complete hospital discharge information, a lack of communication between the admitting facility and FACC upon admission to support treatment and discharge planning, and an insufficient number of providers and available appointments to allow for follow-up within 7 days. Performance year 2023 was FACC's first year as an ACO, as Atrius Health was previously with a different payer partner. The performance period was shortened due to the April 1, 2023, start of the waiver cycle. MassHealth adjusted the 2023 benchmarks for this measure due to changing integrative behavioral health requirements and the impact on ACO performance. The new ACO configuration disrupted PCP to BH and Hospital to BH relationships which impacted the time to BH provider contact following inpatient stays. While FACC's performance was below the 25th percentile, it was above the MassHealth ACO attainment threshold. Preliminary performance year 2024 results show an improvement in the FUH rate to 49.05%. Year to date performance for 2025 is 69.1%. **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation): 33.71% (< 25th percentile)** FACC has a number of interventions in place to support improved performance on the Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence (IET) measures. Performance year 2023 was FACC's first year as an ACO, as Atrius Health was previously with a different payer partner. As part of this transition, a new care model was implemented, which included Fallon Health taking on responsibility for transitions of care for patients with behavioral health and substance use disorder (SUD) diagnoses, which historically was a gap in the process. Performance year 2023 was shortened due to the April 1, 2023, start of the waiver cycle and because of continuous enrollment requirements performance reflects only 3 months of data. Preliminary performance year 2024 results show a small improvement in the IET Initiation rate to 34.39%. Performance on the IET Initiation measure is included in the FACC HEDIS measure dashboard that is updated and distributed monthly. Review of HEDIS Measure performance is a standing agenda item at the quarterly FACC Quality Committee meetings. **Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 25% (< 25th percentile)** FACC has implemented both provider and payer-based initiatives to improve performance on the Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) measure. In 2025, Atrius Health's Office of Population Health launched a transitions of care program, focused on more reliable processes for transitions of care calls and visits. This program includes dedicated staff to complete these calls and connect patients into timely follow-up care. Given the experience of a partner ACO (Fallon365), FACC expects to see improvements in this measure once this program is fully scaled. Performance year 2023 was FACC's first year as an ACO, as Atrius Health was previously with a different payer partner. The performance period was shortened due to the April 1, 2023, start of the waiver cycle and Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse of Dependence (FUA) was a new measure in quality slate. While performance was below the 25th percentile, it was above the MassHealth ACO attainment threshold. Preliminary performance year 2024 results show an improvement in the FUA rate to 38.85%, which is above the MassHealth ACO goal benchmark. Performance on the FUA measure is included in the FACC HEDIS measure dashboard that is updated and distributed monthly. Review of HEDIS Measure performance is a standing agenda item at the quarterly FACC Quality Committee meetings. **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement): 10.11% (< 25th percentile)** FACC has a number of interventions in place to support improved performance on the Initiation and Engagement of Alcohol, Opioid, and Other Drug Abuse or Dependence (IET) measures. Performance year 2023 was FACC's first year as an ACO, as Atrius Health was previously with a different payer partner. As part of this transition, a new care model was implemented, which included Fallon Health taking on responsibility for	Addressed

Recommendation for ACPP	Fallon Atrius Response/Actions Taken	IPRO Assessment of MCP Response[1]
	transitions of care for patients with behavioral health and substance use disorder (SUD) diagnoses, which historically was a gap in the process. Performance year 2023 was shortened due to the April 1, 2023, start of the waiver cycle and because of continuous enrollment requirements performance reflects only 3 months of data. Preliminary performance year 2024 results show a small improvement in the IET Engagement rate to 12.44%. Performance on the IET Engagement measure is included in the FACC HEDIS measure dashboard that is updated and distributed monthly. Review of HEDIS Measure performance is a standing agenda item at the quarterly FACC Quality Committee meetings.	
PMV 2: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Adult: 89.08% (< Goal) • PC MES Integration of Care+ Child: 85.45% (< Goal) • Screening for Depression and Follow-up Plan: 39.64% (< Goal) 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.	**PC MES Willingness to Recommend+ Adult: 89.08% (< Goal)** Atrius Health routinely uses patient experience surveys and results (Press Ganey surveys & CAHPS surveys) that include provider communication domain survey questions, to help identify areas of strength and opportunities for improvement. Survey summaries containing survey score trending, benchmarking and patient survey comments are shared with providers on a regular basis. Included in the summaries are recommended focus areas based on correlation analyses. A "Provider Checklist of Best Practices" is also circulated to providers to support provider/patient communication. In addition, Atrius Health offers provider workshops that use the curriculum from the Academy of Communication in Healthcare. Atrius Health has observed an improving trend in provider patient experience survey scores. Atrius Health performed better than the state for the MassHealth CAHPS survey question "willingness to recommend provider." **PC MES Integration of Care+ Child: 85.45% (< Goal)** Atrius Health routinely uses patient experience surveys and results (Press Ganey surveys & CAHPS surveys) to help identify areas of strength and opportunities for improvement. Survey summaries containing survey score trending and patient survey comments are shared with operations and clinical teams on a regular basis. Best Practices tips are shared with the practice to support patient experience improvement. • Streamlined electronic medical record reports with Boston Children's Hospital to minimize duplication and assure PCPs are made aware of significant care. • Advanced partnership with Beth Israel for NICU graduates so that the PCP is informed of essential elements of the prenatal and NICU course and areas of specialty care that will be needed in an ongoing way. • Outreach to assure all patients 3-21 years of age are seen annually at which time medications are reconciled and confirmed with family. Nurse case managers at Transitions of Care also support medication reconciliation. • Augmented available specialists integrated into the Atrius Health practice so that all elements of care are provided in an integrated manner within the electronic medical record. Areas of success include expanded pediatric psychiatry and expanded pediatric endocrinology while also maintaining a strong pediatric cardiology presence. • Maintained and augmented care facilitation program so that the management of medically and psychosocially complex patients is supported by our care facilitators and nurse case managers in conjunction with the PCP. • Incentivized problem list hygiene so that providers are rewarded for keeping problem lists up to date and actionable. **Screening for Depression and Follow-up Plan: 39.64% (< Goal)** Screening for Depression and Follow-up Plan has been an area of focus at Atrius Health over the last several years. In both Adult Primary Care and Pediatrics there is a standardized process in place for completion of depression screening and documentation of a follow-up plan. This includes the use of the patient portal to assign screenings prior to visits, using tablets for completion of screenings at the time of the visit if not completed in advance, and electronic medical record documentation tools to capture the follow-up plan for positive screenings. Atrius Health has seen year over year improvement in the Screening for Depression and Follow-up Plan measure since 2021. While below the MassHealth ACO goal, 2023 performance is above the attainment threshold (29%). The 2023 performance period was shortened due to the April 1, 2023, start of the waiver cycle. MassHealth implemented a special exclusion for this measure in 2023 for members who were screened for depression prior to the April 1, 2023 start date. This exclusion removed nearly 10% of members from FACC's denominator population, all of whom were numerator compliant, which negatively impacted overall performance. Preliminary performance year 2024 results show improvement to 49.83%. Atrius Health monitors Screening for Depression and Follow-up Plan measure performance on its internal quality dashboard. The measure is updated monthly and can be filtered by payer as well as at the site level. Quality and site level leadership monitor performance and review gaps in care to identify opportunities for improvement. Additionally, non-HEDIS measure performance is a standing agenda item at the quarterly FACC Quality Committee meeting.	Addressed

Compliance: Lack of compliance with 1 requirement in the following domains:
• Disenrollment requirements and limitations (1)
 	
Partial compliance with 40 requirements in the following domains:
• Availability of services (2)
• Care coordination (4)
	<u>Availability of services (Partial compliance)</u>:
	• Fallon should adopt a formal policy for identifying and addressing any wait lists encountered when members request behavioral health services.
	  ○ Fallon Health has confirmed Carelon has updated their policies to address this.
	• Fallon 365 should adopt a formal policy for ensuring providers have physical access and reasonable accommodations available for enrollees with disabilities.
	  ○ Fallon has updated its provider manual to reflect this change.
		<u>Addressed</u>: Availability of services (2), Care coordination (4), Coverage and authorization of services, 1), Disenrollment requirements (1), Health information systems (20), QAPI (11), Subcontractual relationships (2)

Recommendation for ACPP	Fallon Atrius Response/Actions Taken	IPRO Assessment of MCP Response[1]

• Coverage and authorization of services (1)
• Subcontractual relationships and delegation (2)
• Health information systems (20)
• QAPI (11)
 	
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.
	<u>Care coordination (Partial compliance)</u>:
	• Enrollees should have a back up plan per policy.
	  ○ Fallon has enhanced the Care Plan documentation in the EMR to include each patient's backup or contingency plan. Education has also been provided to the ECM teams to ensure documentation accurately reflects this update. This initiative was completed by the end of Q2 2025.
	• Enrollees should be receiving event notifications from an EOHHS-Certified ENS Vendor participating in the Statewide ENS Framework per policy.
	  ○ Fallon has completed education with the FACC ECM team to ensure documentation clearly reflects that providers and other individuals involved in the enrollee's care are notified of each enrollee's admission, transfer, and other significant care events. This education was finalized by the end of Q2 2025, with additional training to be provided as appropriate.
	• Add the language related to "new Enrollees within 120 days of enrollment and re-stratify all Enrollees twice per year, at a minimum." to the Risk Stratification Policy
	  ○ Fallon Atrius has completed updates to Policy 417.63 to include language requiring risk stratification of all new Enrollees within 120 days of enrollment, and re-stratification of all Enrollees at least twice per year.
	• Document the Enrollee's care team point of contact for each case.
	  ○ Fallon has completed education with the FACC ECM team to ensure clear documentation that enrollees were informed of their care team point of contact and provided with contact information. This education was finalized by the end of Q2 2025, with additional training to be provided as appropriate.
	<u>Coverage and authorization of services (Partial compliance)</u>:
	• Fallon should create a policy that clearly describes this process.
	  ○ Fallon has created the policy to describe this process.
	<u>Disenrollment requirements and limitations (Lack of compliance)</u>:
	• This policy is effective for 2024 forward. Fallon should follow its normal annual policy review to ensure that policies comply with any updated requirements from CMS or MassHealth.
	  ○ Fallon Health has confirmed its policy has been updated and will continue to be reviewed annually.
	<u>Health information systems (Partial compliance)</u>:
	• IPRO identified 20 requirements regarding health information systems that were only in partial compliance. These related to policies around systems and software design standards, encounter data, NPI and NDC information on claims, denied claims, EPSDT screenings, initial behavioral health assessments, processing of encounter data, data sharing with MassHealth, Appendix E specifications, and avoidance of critical failures or disruptions to EOHHS data submission, processing, and analytics.
	  ○ IPRO found that Fallon addressed the 20 requirements that were initially only in partial compliance, resulting in demonstrated improvement. This improvement was shared with MassHealth.
	<u>QAPI (Partial compliance)</u>:
	• IPRO identified 18 requirements regarding QAPI that were only in partial compliance. These related to including enrollees in QM activities by participation in the Enrollee and Family Advisory Council, ensuring the quality and appropriateness of care provided to members with special needs, PFAC members advocating for preventive care practices, PFAC members involved in development and updating of cultural and linguistic policies and procedures, PFAC members providing feedback on cultural appropriateness of services, PFAC members providing input on member experience survey results, PFAC composition of enrollees and family and reflecting the diversity of MassHealth population, PFAC including representatives for members under age 21, and the health plan ensuring reasonable accommodations for PFAC members.
	  ○ Fallon Health has developed and operationalized reporting tools to assess the quality and appropriateness of care for members with special health care needs, including metrics such as screening rates, vaccination rates, ED utilization, and readmission rates.
	  ○ Fallon Health has established a process to include enrollees and their families in Quality Management activities through the PFAC.
	  ○ Fallon ensures PFAC members have the opportunity to advocate for preventive care practices used by the health plan.
	  ○ Fallon Health has created and shared a finalized policy with PFAC members to support their involvement in cultural and linguistic policy development.
	  ○ Fallon Health has worked with PFAC participants to incorporate their input on marketing materials, services, and trainings.
	  ○ Fallon Health has engaged PFAC members to ensure they are aware of and can provide feedback on member experience surveys.
	  ○ Fallon has documented PFAC participation and voting membership in PFAC meeting minutes.
	  ○ Fallon and Atrius continuously work to recruit PFAC participants who reflect the diversity of the MassHealth population, considering cultural, linguistic, racial, health, disability, sexual orientation, and gender identities.
	  ○ Fallon and Atrius include representatives from parents or guardians of pediatric enrollees in PFAC membership.	

Recommendation for ACPP	Fallon Atrius Response/Actions Taken	IPRO Assessment of MCP Response[1]
	○ Fallon Health ensures reasonable accommodations, including interpreter services, are available to support PFAC member participation and has added this to the PFAC screening process. <u>Subcontractual relationships and delegation (Partial compliance)</u>: • IPRO recommends updating the material subcontractor agreements with consistent language, stating the right to audit, evaluate, and inspect any records or systems is valid for 10 years following parameters outlined in the EOHHS contract. ○ The addendum was updated upon receiving this finding. • IPRO recommends adding this requirement to an oversight policy and procedure that details the process, and who is responsible, for notifying the state of the intent to terminate a subcontractor. ○ Fallon Health has created a policy that addresses the termination of a subcontractor.	
Network – Information Systems and Quality of Provider Data – Duplicates: 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.	Based on the 2024 Recommendation, Fallon Atrius has changed processes with our contracted geo analysis vendor Quest. Fallon has created a scrubbed monthly extract file that is sent directly to Quest that cuts down on the number of duplicate providers versus the process that was in place during the referenced validation efforts. This monthly extract and validation process has reduced the number of duplicates submitted for EQR analysis.	Addressed
Network – Time and Distance Analysis – MCP's Methodology: 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.	Fallon Atrius has worked to improve the quality of data used for analysis by creating a monthly extract file that contains relevant providers by specialty type. The process used to create this file included an updated crosswalk to better categorize providers by requested provider type for internal and external geo analysis. Fallon will continue to stay informed of all guidance at least annually to align with contract standards and ensure that our policies are updated with any new requirements from CMS or MassHealth.	Addressed
Network – Accuracy of Provider 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.	Fallon Health continues to strive for data accuracy by partnering with CAQH where providers attest to their directory data every 90 days to confirm accuracy or to provide directory updates.	Addressed
Experience of Care Surveys: 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.	Fallon has a robust Service Excellence Committee structure (that reports up through the Fallon Board) that is responsible for monitoring CAHPS results for improvement opportunity identification and action. In addition to CAHPS results, the Service Excellence Committee reviews Appeals & Grievances, inbound member call data and member satisfaction survey results to identify member pain points highlighted in summary CAHPS results.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

Tufts CHA Response to Previous EQR Recommendations

Table 131 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 131: Tufts CHA Response to Previous EQR Recommendations

Recommendation for ACPP	Tufts CHA Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 1: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Knowledge of Patient+ Child: 89% (< Goal) • PC MES Willingness to Recommend+ Child: 88.93% (< Goal) • PC MES Willingness to Recommend+ Adult: 87.97% (< Goal) • PC MES Integration of Care+ Child: 79.9% (< Goal) • PC MES Integration of Care+ Adult: 83.05% (< Goal) • Screening for Depression and Follow-up Plan: 38.71% (< Goal) ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	The MCP has initiated a root cause analysis that will be completed by December 2025. To improve measure rates for member experience, the MCP will continue to leverage adult and child PC MES survey results to inform performance improvement efforts. The MCP collaborates with ACO partners to drive patient experience improvement. The MCP engages with ACO partners via their member experience forums, where our members (their patients) provide feedback for the ACO partner to act on. Effectiveness will be measured through regular review of survey data, performance data, and continuous feedback. For the Screening for Depression and Follow-Up Plan measure, the MCP worked with its ACO partner to ensure data completeness during the submission window, including medical records and rate tracking in Summer 2025. Monthly proxy CDF data is shared for ongoing quality improvement. The PY2024 preliminary rate for CDF is over 17% higher than the prior rate of 38.71. Effectiveness will continue to be evaluated through regular reviews of rates, planned actions, and barriers.	Partially Addressed
Compliance: Lack of compliance with 23 requirements in the following domains: • Disenrollment requirements and limitations (1) • Availability of services (1) • Care coordination (19) • QAPI (2) Partial compliance with 52 requirements in the following domains: • Availability of services (4) • Care coordination (25) • Coverage and authorization of services (1) • Grievances and appeals (3) • Health information systems (1) • QAPI (18) 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..	Disenrollment requirements and limitations (Lack of compliance): • Tufts should create a policy or procedure to address the requirement to notify MassHealth of a change in conditions impacting eligibility such as entering an intermediate care facility for persons with intellectual disability , a state psychiatric hospital, or a locked DYS facility. ○ In response to IPRO's recommendation, the MCP sought clarification from MassHealth. In September 2025, the MCP received guidance on report submission details to a designated EOHHS contact. By end of 2025, the MCP is targeting to complete development of an automated report to address this contractual requirement and be submitted to EOHHS minimally every 10 days to EOHHS. Availability of services (Lack of compliance): • The Tufts CHA should create and implement a robust policy for providers to address any barriers to care based on accessibility or specific accommodations for care. ○ In July 2025, the MCP published updates to the online Provider to reflect the contractual requirement. The Provider Manual serves as the most current and comprehensive resource for policies, procedures, products, and programs. It is designed as a reference tool for network physicians, facilities, and office staff who serve our members. Per the MCP's contracts, network providers are required to comply with the policies outlined in the Provider Manual. Availability of services (Partial compliance): • The Tufts CHA should include specific language in its member handbook that the out-of-network care approved and provided is obtained from a provider that is qualified with the appropriate training and experience. ○ In March 2025, the MCP updated the Member Handbook and the Medical Necessity Guidelines (MNGs) to clarify this contractual requirement as recommended. • The Tufts CHA should include specific language in its member handbook that the out-of-network care approved and provided is not of greater cost to the enrollee than if services were furnished through the provider network. ○ Upon review of the updated recommendation and the Member Handbook, the MCP did not take additional action. The Tufts Health Plan Member Handbook accurately reflects the contract provisions and states that "According to state and federal regulations and Tufts Health Together's contract with MassHealth, Your Provider is not allowed to bill you for any Covered Service. " Our members are also advised that "Do Not pay an Out-of-Network Provider if they bill you for your Covered Services. The Provider should bill Tufts Health Plan directly." Our handbook correctly informs members that they should not pay out-of-pocket to a provider. • The Tufts CHA should create and implement a robust policy for ensuring that Enrollees have access to 2 providers in their prevalent language. ○ To ensure members receive services in their preferred language, the MCP developed and implemented a policy in July 2025. Effectiveness will be monitored through triannual reviews of provider and member language data, along with annual policy oversight. • The Tufts CHA should adopt a formal policy to monitor and ensure that providers are offering culturally and linguistically appropriate care to enrollees, such as through formal required trainings. ○ To promote culturally responsive care and reduce health disparities, the MCP developed a CLAS (Culturally and Linguistically Appropriate Services) policy in May 2025. The policy includes monitoring provider completion of CLAS training, with effectiveness assessed through training completion rates and relevant quality metrics.	Addressed: Availability of services (5), Coverage and authorization of services (1), Care coordination (42), Grievances and appeals (3), QAPI (20) Partially Addressed: Disenrollment requirements and limitations (1), Care coordination (2), Health information systems (1)

Recommendation for ACPP	Tufts CHA Response/Actions Taken	IPRO Assessment of MCP Response[1]

	Care coordination (Lack of compliance):
	• IPRO found 19 requirements related to care coordination that were not in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; risk stratification; and enhanced care coordination.
	  ○ Initially 19 care coordination requirements were out of compliance. The health plan fully addressed all non-compliant items which demonstrated improvement. The details of this improvement were shared with MassHealth.
	Care coordination (Partial compliance):
	• IPRO found 25 requirements related to care coordination that were only partially in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; transitional care management and discharge planning; risk stratification; and enhanced care coordination.
	  ○ Initially 25 care coordination requirements were only partially in compliance. Of these, 23 were fully addressed and resulted in demonstrated improvement, while two were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth.
	Coverage and authorization of services (Partial compliance):
	• Add a section for the effective date and date of changes with notes about what was altered.
	  ○ In response to IPRO's recommendations, the MCP updated its CBHI workflow in October 2024 to ensure review dates and changes are included.
	Grievances and appeals (Partial compliance):
	• IPRO recommends that Tufts review and correct the language in the documents provided (Tufts MCO Member Handbook, Notice Letter Insert, and Tufts Health Plan UM Policy Manual) to ensure they consistently reflect the contract language for this requirement which states 'the contractor shall not require the enrollee to submit a written signed Internal Appeal form subsequent to the Enrollee's oral request for an appeal.'
	  ○ Although the MCP standardly accepts appeals both orally and in writing, with no requirement for written follow-up after an oral submission, the MCP removed language from the appeal insert, Member Handbook and Utilization Management (UM) Policy as recommended by IPRO for clarity in April 2025.
	• IPRO recommends that Tufts continue to improve its processes in the acknowledgment of the receipt of each Grievance within the one-business-day requirement timeframe.
	  ○ In response to IPRO's recommendations, the MCP automated a report to track open grievances with a daily distribution to management for oversight starting in September 2024.
	• IPRO recommends that Tufts correct the language in their documents to reflect the contract requirements which state, 'The Contractor shall treat an oral request seeking to appeal an Adverse Action as an Internal Appeal in order to establish the earliest possible filing date for Internal Appeals and shall not require the Enrollee or an Appeal Representative to confirm such oral requests in writing.' This language should be consistently stated, per State contract requirements, in all staff, and member and provider-facing materials.
	  ○ Although the MCP standardly accepted both oral and written appeals without requiring written follow-up for oral submissions, the MCP removed language from the appeal insert, Member Handbook and Utilization Management (UM) Policy as recommended by IPRO for clarity in April 2025.
	Health information systems (Partial compliance):
	• Tufts should develop a method to track the adoption rate of EHRs among their providers in order to report the adoption rate to MassHealth
	  ○ The MCP completed its exploration of capabilities in 2025 and plans to enhance its data collection approach by incorporating EHR certification tracking into its provider intake form.
	QAPI (Lack of compliance):
	• Tufts should ensure that its ACO Partner does not otherwise participate as part of the MassHealth ACO Program, including as an ACO Partner for another ACPP or as a Primary Care ACO.
	  ○ The Joint Operating Agreement between Tufts Health Plan and CHA includes language regarding the exclusivity of the ACO partnership. Article 13.2 states: "During the term of this Agreement, CHA shall not (i) serve as an ACO Partner for another MCO under the Program or (ii) participate in the Program as a Primary Care ACO or MCO-Administered ACO, as such terms are defined in the RFR." The JOA was not provided to IPRO upon initial request.
	• Tufts should ensure that its ACO Partner complies with the requirements of this Contract.
	  ○ Tufts Health Plan ensures CHA's compliance with contractual requirements through a robust governance structure. This includes a Governing Board, Joint Operating Committee, and several subcommittees focused on key areas such as Health Equity, Quality, and PFAC. Governance meetings are held quarterly, and meeting artifacts are maintained as official records, supporting oversight and accountability.	

Recommendation for ACPP	Tufts CHA Response/Actions Taken	IPRO Assessment of MCP Response[1]
	QAPI (Partial compliance): • IPRO identified 18 requirements related to QAPI that were only in partial compliance. These were related to enhancing processes and communication related to the design of QI activities, utilization of quality measures to drive QI activities, submission of medical record review results to MassHealth, including provider profiling activities and results of network provider satisfaction surveys in annual work plan, sharing PFAC feedback with governing board, utilizing PFAC feedback regarding preventive care practices, PFAC involved in development and updating of cultural and linguistic policies as well as advising on cultural appropriateness of such programs, PFAC input on member experience survey results, composition of the PFAC including enrollees and families, reflecting the diversity of the MassHealth population and contain representatives from enrollees under age 21, ensuring that necessary reasonable accommodations for PFAC is provided, and that opportunity to join the PFAC is publicized,. and ensuring that the health plan has a written contract with the ACO partner after the effective date of the contract with EOHHS. ○ In March 2025, the MCP developed and implemented a policy and procedure to standardize the use of HEDIS and non-HEDIS quality measure data in Quality Management (QM) and Quality Improvement (QI) activities, including those addressing health equity. ○ Effectiveness of the policy is monitored through annual policy reviews and triannual assessments of data utilization. ○ The MCP established a standardized medical record review process to assess network provider compliance with clinical documentation standards, policies, and care appropriateness; the CY2024 review was completed in September 2025 and is evaluated through annual reviews and clinical staff debriefings. ○ In July 2025, the MCP launched a Quality Improvement Workplan integrating provider satisfaction data with clinical and non-clinical performance metrics to support targeted improvements and data-driven decision-making; effectiveness is assessed annually through trend analysis and ongoing cross-functional collaboration. ○ CHA PFAC meeting minutes from March 20, 2025, included discussion of the member experience survey and presentation of Patient Experience of Care (PEOC) survey data, with MassHealth members providing feedback. ○ CHA PFAC meeting minutes from June 12, 2025, included discussions on wellness programs focused on preventive care and health management, and feedback on how programs address the needs of diverse ethnic groups and individuals impacted by social determinants of health, including voluntary participation versus targeted outreach. ○ CHA PFAC meeting minutes from January 27, 2025, included discussion of PFAC feedback at the Governing Board level. ○ CHA's PFAC includes enrollees and family members of enrollees, with 2025 meeting minutes documenting attendance and identifying enrollee or family member status as recommended by IPRO. ○ The PFAC charter includes language stating that "to the extent possible, the PFAC shall represent the diversity of the MassHealth population," considering cultural, linguistic, racial, disability, sexual orientation, and gender identities; in 2025, CHA committed to collecting demographic information for new and future members. ○ The PFAC charter also stipulates that reasonable accommodations, including interpreter services and other resources, will be provided to support participation, including phone access for members without computers. ○ CHA maintains a dedicated webpage for member recruitment, including opportunities to participate as e-advisors, in focus groups, and on patient advisory committees such as the PFAC; recruitment is also promoted through member newsletters and includes screening questions about MassHealth membership or guardian status.	
Network – Information Systems and Quality of Provider Data – Duplicates: 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.	The MCP has implemented enhanced quality control measures to identify and remove duplicate provider addresses prior to data submission. This includes the use of Excel de-duplication logic and conditional formatting to compare address data across multiple fields. The effectiveness of these measures is reflected in the reduced number of duplicate addresses identified in the 2025 audit.	Addressed

Recommendation for ACPP	Tufts CHA Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network – Information Systems and Quality of Provider Data – Behavioral Health Providers: 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.	The MCP established a standardized process to validate behavioral health provider data against the MassHealth-approved list prior to submission. This process has been consistently followed throughout 2025. Staff have received training to prevent recurrence of issues, and quality control checks will be applied to all future submissions. Annual and as-needed re-education will be conducted to maintain ongoing effectiveness.	Addressed
Network – Time and Distance Analysis – MCP's Methodology: 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.	Following the audit, the MCP reviewed and corrected each of the provider directory. Tufts also established a dedicated provider directory auditing team to proactively identify and correct inaccuracies. Complaints related to directory accuracy are being tracked to uncover root causes. A consistent month-over-month decline in complaint volume indicates meaningful improvements in data quality.	Partially Addressed
Network – Accuracy of Provider Directory: 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.	Following the audit, the MCP reviewed and corrected each section of the provider directory. The MCP also established a dedicated provider directory auditing team to proactively identify and correct inaccuracies. Complaints related to directory accuracy are being tracked to uncover root causes. A consistent month-over-month decline in complaint volume indicates meaningful improvements in data quality.	Addressed
Experience of Care Surveys: 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.	To improve measure rates for member experience, the MCP will continue to leverage adult and child PC MES survey results to inform performance improvement efforts. The MCP collaborates with ACO partners to drive patient experience improvement. The MCP engages with ACO partners via their member experience forums, where our members (their patients) provide feedback for the ACO partner to act on. Effectiveness will be measured through regular review of survey data, performance data, and continuous feedback.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
EQR: external quality review; ACPP: accountable care partnership plan; MCP: managed care plan.

Tufts UMass Response to Previous EQR Recommendations

Table 132 displays the ACPP's progress related to the *ACPP External Quality Review CY 2024,* as well as IPRO's assessment of ACPP's response.

Table 132: Tufts UMass Response to Previous EQR Recommendations

Recommendation for ACPP	Tufts UMass Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV 1: HEDIS Measures: The following HEDIS rates were below the 25th percentile: • Follow-up After Hospitalization for Mental Illness (7 days): 41.91% (< 25th percentile) • Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation): 39.23% (< 25th percentile) 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.	In 2024, to improve quality measure rates and access to services, UMMH introduced new monitoring tools to ensure follow-up for members discharged from the hospital and those with IET events. The PY2024 rate for IET initiation is over 17% higher than the prior rate of 39.23. The PY2024 FUH rate increased by 8% from the prior 41.91 indicating positive impact. Effectiveness is tracked through monthly ACO performance reviews, with interventions applied as needed.	Partially Addressed
PMV 2: Non-HEDIS Measures: The following measures rates were below the goal benchmark: • PC MES Knowledge of Patient+ Child: 89.42% (< Goal) • PC MES Willingness to Recommend+ Child: 90.88% (< Goal) • PC MES Willingness to Recommend+ Adult: 87.12% (< Goal) • PC MES Integration of Care+ Child: 84.61% (< Goal) • PC MES Integration of Care+ Adult: 82.39% (< Goal) • Screening for Depression and Follow-up Plan: 52.77% (< Goal) ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	The MCP has initiated a root cause analysis that will be completed by December 2025. To improve measure rates for member experience, the MCP will continue to leverage adult and child PC MES survey results to inform performance improvement efforts. The MCP collaborates with ACO partners to drive patient experience improvement. The MCP engages with ACO partners via their member experience forums, where our members (their patients) provide feedback for the ACO partner to act on. Effectiveness will be measured through regular review of survey data, performance data, and continuous feedback. To improve screening for depression and follow-up, the MCP and its ACO partner initiated a root cause analysis to be completed by December 2025. Monthly proxy CDF data is shared to support quality improvement, with interventions and progress reviewed during monthly quality meetings. Effectiveness will be assessed through prioritized data reviews and barrier monitoring.	Partially Addressed

Compliance: Lack of compliance with 14 requirements in the following domains:
• Disenrollment requirements and limitations (1)
• Availability of services (1)
• Care coordination (10)
• QAPI (2)
 	
Partial compliance with 47 requirements in the following domains:
• Availability of services (4)
• Coverage and authorization of services (1)
• Grievances and appeals (4)
• Health information systems (1)
• QAPI (18)
 	
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.
	Disenrollment requirements and limitations (Lack of compliance):
	• Tufts should create a policy or procedure to address the requirement to notify MassHealth of a change in conditions impacting eligibility such as entering an intermediate care facility for persons with intellectual disability, a state psychiatric hospital, or a locked DYS facility.
	  ○ In response to IPRO's recommendation, the MCP sought clarification from MassHealth. In September 2025, the MCP received guidance on report submission details to a designated EOHHS contact. By end of 2025, the MCP is targeting to complete development of an automated report to address this contractual requirement and be submitted to EOHHS minimally every 10 days to EOHHS.
	Availability of services (Lack of compliance):
	• The Tufts UMass should create and implement a robust policy for providers to address any barriers to care based on accessibility or specific accommodations for care.
	  ○ In July 2025, the MCP published updates to the online Provider to reflect the contractual requirement. The Provider Manual serves as the most current and comprehensive resource for policies, procedures, products, and programs. It is designed as a reference tool for network physicians, facilities, and office staff who serve our members. Per the MCP's contracts, network providers are required to comply with the policies outlined in the Provider Manual.
	Availability of services (Partial compliance):
	• The Tufts UMass should include specific language in its member handbook that the out-of-network care approved and provided is obtained from a provider that is qualified with the appropriate training and experience.
	  ○ In March 2025, the MCP updated the Member Handbook and the Medical Necessity Guidelines (MNGs) to clarify this contractual requirement as recommended.
	• The Tufts UMass should include specific language in its member handbook that the out-of-network care approved and provided is not of greater cost to the enrollee than if services were furnished through the provider network.
		Addressed: Availability of services (5), Coverage and authorization of services (1), Care coordination (13), Grievances and appeals (4), QAPI (18)
		
		Partially Addressed: Disenrollment requirements and limitations (1), Care coordination (16), Health information systems (1)

Recommendation for ACPP	Tufts UMass Response/Actions Taken	IPRO Assessment of MCP Response[1]
	○ Upon review of the updated recommendation and the Member Handbook, the MCP did not take additional action. The Tufts Health Plan Member Handbook accurately reflects the contract provisions and states that "According to state and federal regulations and Tufts Health Together's contract with MassHealth, Your Provider is not allowed to bill you for any Covered Service. " Our members are also advised that "Do Not pay an Out-of-Network Provider if they bill you for your Covered Services. The Provider should bill Tufts Health Plan directly." Our handbook correctly informs members that they should not pay out-of-pocket to a provider. • The Tufts UMass should create and implement a robust policy for ensuring that Enrollees have access to 2 providers in their prevalent language. ○ To ensure members receive services in their preferred language, the MCP developed and implemented a policy in July 2025. Effectiveness will be monitored through triannual reviews of provider and member language data, along with annual policy oversight. • The Tufts UMass should adopt a formal policy to monitor and ensure that providers are offering culturally and linguistically appropriate care to enrollees, such as through formal required trainings. ○ To promote culturally responsive care and reduce health disparities, the MCP developed a CLAS (Culturally and Linguistically Appropriate Services) policy in May 2025. The policy includes monitoring provider completion of CLAS training, with effectiveness assessed through training completion rates and relevant quality metrics. <u>Care coordination (Lack of compliance)</u>: • IPRO found 10 requirements related to care coordination that were not in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; risk stratification; and enhanced care coordination. ○ Initially 10 care coordination requirements were out of compliance. Of these six were fully addressed and resulted in demonstrated improvement, while four were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth. <u>Care coordination (Partial compliance)</u>: • IPRO found 19 requirements related to care coordination that were only partially in compliance. These were related to care delivery, including screening, assessments, care plans, and follow up; transitional care management and discharge planning; risk stratification; and enhanced care coordination. ○ Initially 19 care coordination requirements were only partially in compliance. Of these, seven were fully addressed and resulted in demonstrated improvement, while 12 were partially addressed but did not yet show improvement. The details of these findings were shared with MassHealth. <u>Coverage and authorization of services (Partial compliance)</u>: • Add a section for the effective date and date of changes with notes about what was altered. ○ In response to IPRO's recommendations, the MCP updated its CBHI workflow in October 2024 to ensure review dates and changes are included. <u>Grievances and appeals (Partial compliance)</u>: • IPRO recommends that Tufts review and correct the language in the documents provided (Tufts MCO Member Handbook, Notice Letter Insert, and Tufts Health Plan UM Policy Manual) to ensure they consistently reflect the contract language for this requirement which states 'the contractor shall not require the enrollee to submit a written signed Internal Appeal form subsequent to the Enrollee's oral request for an appeal.' ○ Although the MCP standardly accepts appeals both orally and in writing, with no requirement for written follow-up after an oral submission, the MCP removed language from the appeal insert, Member Handbook and Utilization Management (UM) Policy as recommended by IPRO for clarity in April 2025. • IPRO recommends that Tufts continue to improve its processes in the acknowledgment of the receipt of each Grievance within the one-business-day requirement timeframe. ○ In response to IPRO's recommendations, the MCP automated a report to track open grievances with a daily distribution to management for oversight starting in September 2024. • IPRO recommends that Tufts correct the language in their documents to reflect the contract requirements which state, 'The Contractor shall treat an oral request seeking to appeal an Adverse Action as an Internal Appeal in order to establish the earliest possible filing date for Internal Appeals and shall not require the Enrollee or an Appeal Representative to confirm such oral requests in writing.' This language should be consistently stated, per State contract requirements, in all staff, and member and provider-facing materials. ○ Although the MCP standardly accepted both oral and written appeals without requiring written follow-up for oral submissions, the MCP removed language from the appeal insert, Member Handbook and Utilization Management (UM) Policy as recommended by IPRO for clarity in April 2025. • IPRO recommends that Tufts continue to monitor and assess how resolution letters are generated to avoid analyst/associate errors, and to ensure quality assurance in their processes and that timeliness standards are met.	

Recommendation for ACPP	Tufts UMass Response/Actions Taken	IPRO Assessment of MCP Response[1]
	○ In response to IPRO's recommendations, the MCP automated a report to track grievance reconciliation to support timely case resolution with a daily distribution to management for oversight starting in September 2024. Health information systems (Partial compliance): • Tufts should develop a method to track the adoption rate of EHRs among their providers in order to report the adoption rate to MassHealth ○ The MCP completed its exploration of capabilities in 2025 and plans to enhance its data collection approach by incorporating EHR certification tracking into its provider intake form. QAPI (Lack of compliance): • Tufts should ensure that its ACO Partner does not otherwise participate as part of the MassHealth ACO Program, including as an ACO Partner for another ACPP or as a Primary Care ACO. ○ The Joint Operating Agreement between Tufts Health Plan and UMMH includes language regarding the exclusivity of the ACO partnership. Article 13.2 states: "During the term of this Agreement, UMMH shall not (i) serve as an ACO Partner for another MCO under the Program or (ii) participate in the Program as a Primary Care ACO or MCO-Administered ACO, as such terms are defined in the RFR." The JOA was not provided to IPRO upon initial request. • Tufts should ensure that its ACO Partner complies with the requirements of this Contract. ○ Tufts Health Plan ensures UMMH's compliance with contractual requirements through a robust governance structure. This includes a Governing Board, Joint Operating Committee, and several subcommittees focused on key areas such as Health Equity, Quality, and PFAC. Governance meetings are held quarterly, and meeting artifacts are maintained as official records, supporting oversight and accountability. QAPI (Partial compliance): • IPRO identified 18 requirements related to QAPI that were only in partial compliance. These were related to enhancing processes and communication related to the design of QI activities, utilization of quality measures to drive QI activities, submission of medical record review results to MassHealth, including provider profiling activities and results of network provider satisfaction surveys in annual work plan, sharing PFAC feedback with governing board, utilizing PFAC feedback regarding preventive care practices, PFAC involved in development and updating of cultural and linguistic policies as well as advising on cultural appropriateness of such programs, PFAC input on member experience survey results, composition of the PFAC including enrollees and families, reflecting the diversity of the MassHealth population and contain representatives from enrollees under age 21, ensuring that necessary reasonable accommodations for PFAC is provided, and that opportunity to join the PFAC is publicized,. and ensuring that the health plan has a written contract with the ACO partner after the effective date of the contract with EOHHS. ○ In March 2025, the MCP developed and implemented a policy and procedure to standardize the use of HEDIS and non-HEDIS quality measure data in Quality Management (QM) and Quality Improvement (QI) activities, including those addressing health equity. ○ Effectiveness of the policy is monitored through annual policy reviews and triannual assessments of data utilization. ○ The MCP established a standardized medical record review process to assess network provider compliance with clinical documentation standards, policies, and care appropriateness; the CY2024 review was completed in September 2025 and is evaluated through annual reviews and clinical staff debriefings. ○ In July 2025, the MCP launched a Quality Improvement Workplan integrating provider satisfaction data with clinical and non-clinical performance metrics to support targeted improvements and data-driven decision-making; effectiveness is assessed annually through trend analysis and ongoing cross-functional collaboration. ○ During the UMMH Governing Board meeting held on March 18, 2025, PFAC was included as an agenda item, fulfilling IPRO's recommendation. ○ UMMH PFAC meeting minutes from February 25, 2025, included discussion of mammography screening and review of breast cancer screening data segmented by race and language. ○ UMMH PFAC meeting minutes from January 21, 2025, included a plan to support language-appropriate care, focusing on qualifying non-provider staff and improving patient feedback on interpreter use. ○ UMMH PFAC meeting minutes from August 19, 2025, included member feedback on Social Determinants of Health (SDOH) screening and follow-up; the September 23, 2025, meeting included feedback on oral health screening, fluoride varnish, and dental referrals. ○ UMMH PFAC meeting minutes from April 29, 2025, focused on patient experience, including feedback on the member experience survey and disability accommodations survey results. ○ UMMH's PFAC includes enrollees and family members of enrollees; 2025 meeting minutes document attendance and identify enrollee or family member status as recommended by IPRO. ○ In 2025, UMMH committed to collecting basic demographic information through the PFAC member nomination form to reflect the diversity of the MassHealth population.	

Recommendation for ACPP	Tufts UMass Response/Actions Taken	IPRO Assessment of MCP Response[1]
	○ The PFAC committee includes parents and guardians of pediatric MassHealth patients; as of 2025, two of the five PFAC members are parents or guardians of pediatric enrollees. ○ The PFAC nomination form includes a question about member-required accommodations; while none have been requested to date, both Tufts Health Plan and UMMH are committed to providing necessary support, including interpreter services and phone access. ○ The PFAC charter affirms that reasonable accommodations and resources will be provided to support participation by PFAC members. ○ Information about the MassHealth PFAC is available on the UMMH website; multilingual recruitment flyers (English, Spanish, Portuguese) are distributed in public areas and through community email channels and newsletters.	
Network – Information Systems and Quality of Provider Data – Duplicates: 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.	The MCP has implemented enhanced quality control measures to identify and remove duplicate provider addresses prior to data submission. This includes the use of Excel de-duplication logic and conditional formatting to compare address data across multiple fields. The effectiveness of these measures is reflected in the reduced number of duplicate addresses identified in the 2025 audit.	Addressed
Network – Information Systems and Quality of Provider Data – Behavioral Health Providers: 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.	The MCP established a standardized process to validate behavioral health provider data against the MassHealth-approved list prior to submission. This process has been consistently followed throughout 2025. Staff have received training to prevent recurrence of issues, and quality control checks will be applied to all future submissions. Annual and as-needed re-education will be conducted to maintain ongoing effectiveness.	Addressed
Network – Time and Distance Analysis – MCP's Methodology: 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.	In 2025, the MCP obtained and documented clarification of time and distance standards. Staff have been educated on PNA instructions, with updates incorporated into standard operating procedures. A quality review process has been implemented to ensure standards are met prior to submission. Re-education will be conducted.	Addressed
Network – Time and Distance Analysis – Gaps in Provider Networks: Tufts UMass had a deficient managed inpatient level 4 and opioid treatment program network in the Athol service area. 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.	The MCP monitors its provider network quarterly against applicable standards. When licensed providers are available to address access gaps, the MCP initiates internal coordination to begin outreach. If no providers are available, recruitment is not feasible; in such cases, the MCP will leverage its care management resources to support members in accessing care across geographies.	Addressed
Network – Accuracy of Provider Directory: 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.	Following the audit, the MCP reviewed and corrected each of the provider directory. The MCP also established a dedicated provider directory auditing team to proactively identify and correct inaccuracies. Complaints related to directory accuracy are being tracked to uncover root causes. A consistent month-over-month decline in complaint volume indicates meaningful improvements in data quality.	Addressed

Recommendation for ACPP	Tufts UMass Response/Actions Taken	IPRO Assessment of MCP Response[1]
Experience of Care Surveys: Tufts UMass scored below the statewide score on four adult 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.	To improve member experience, the MCP is leveraging adult and child PC MES survey results to inform performance improvement efforts. The MCP collaborates with ACO partners to drive patient experience improvement. The MCP engages with ACO partners via their member experience forums, where our members (their patients) provide feedback for the ACO partner to act on. Effectiveness will be measured through regular review of survey data, performance data and continuous feedback.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review.

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

Tables 133–147 highlight each ACPP's performance strengths, opportunities for improvement, and this year's recommendations based on the aggregated results of CY 2025 EQR activities as they relate to **quality**, **timeliness**, and **access**.

MGB Strengths, Opportunities for Improvement, and EQR Recommendations

Table 133: Strengths, Opportunities for Improvement, and EQR Recommendations for MGB

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: CBP	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is high confidence that the PIP produced evidence of improvement.	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 measure rate was above the 90th percentile: • Glycemic Status Assessment for Patients with Diabetes (> 9.0%), lower is better: 21.17% (≥ 90th percentile)	The following HEDIS rate was below the 25th percentile: • Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 14.61% (< 25th percentile)	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: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Knowledge of Patient+ Child • PC MES Knowledge of Patient+ Adult • PC MES Willingness to Recommend+ Child • Screening for Depression and Follow-up Plan • PC MES Integration of Care+ Adult • Topical Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Adult • PC MES Integration of Care+ Child	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	Based on the review of the most recent responses to IPRO's recommendations, the MCP demonstrated compliance with all federal and state contractual standards. MCP addressed all opportunities for improvement from the prior compliance review: • Enrollee rights and protections (1) • Availability of Services (2) • Care coordination (101) • Coverage and authorization of services (13) • Grievances and appeals (2) • QAPI (9)	N/A	N/A	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	MGB submitted some duplicates for individual providers due to slight variations in the addresses. IPRO removed a total of 1,073 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

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	MGB submitted additional behavioral health providers for Clinical Stabilization Services (CSS) Level 3.5, Monitored Inpatient Acute Treatment Services (ATS) Level 3.7, Opioid Treatment Programs (OTP), Psychiatric Inpatient Adult, and Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of 47 additional providers from the MGB behavioral health data prior to conducting the analysis.	MGB 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	MGB used the correct MassHealth standards for all provider types. When IPRO compared MGB's results, the comparison showed that IPRO and MGB had identical results for physical health services, pharmacy, audiology and physiatry, five of the behavioral health provider types, and a majority of service areas for pediatric PCPs. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	When IPRO compared MGB's results, the comparison showed that IPRO and MGB had differing results for pediatric PCPs in the Greenfield service area.	MGB should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.	Quality, Access, Timeliness
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 of its service areas.	MGB had a deficient urgent care network and dermatology network in one service area. The ACPP also had deficient networks in one or more service areas for 10 out of 13 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 26.57% accuracy rate in its PCP directory, a 18.01% accuracy rate in its ob/gyn directory, and a 25.26% accuracy rate in its CMHC 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 all adult and child PC MES measures.	N/A	N/A	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; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; N/A: not applicable.

WellSense Community Alliance Strengths, Opportunities for Improvement, and EQR Recommendations

Table 134: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Community Alliance

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is moderate confidence that the PIP produced evidence of improvement.	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: • Timeliness of Prenatal Care: 97.96% (≥ 90th percentile) • Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 56.31% (≥ 90th percentile) • Immunization for Adolescents (Combo 2): 58.15% (≥ 90th percentile) • Childhood Immunization Status (Combo 10): 49.88% (≥ 90th percentile)	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: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Knowledge of Patient+ Adult • PC MES Knowledge of Patient+ Child • PC MES Willingness to Recommend+ Child • PC MES Integration of Care+ Adult • Topical Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Adult • PC MES Integration of Care+ Child • Screening for Depression and Follow-up Plan	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	Based on the review of the most recent responses to IPRO's recommendations, the MCP demonstrated compliance with most of the federal and state contractual standards. MCP addressed the following opportunities for improvement from the prior compliance review: • Availability of services (2) • Health information systems (20) • Care coordination (32) • Grievances and appeals (1) • Practice guidelines (1) • QAPI (19)	Partial compliance remains with the requirements in the following domains: • Care coordination (61)	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 2026.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were 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 suite name or address information, submitting departments in addition to the facilities, or variations in the address. IPRO removed a total of 315 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

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data – Behavioral Health Providers	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	WellSense Community Alliance submitted additional behavioral health providers for Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of three additional providers from the WellSense Community Alliance behavioral health data prior to conducting the analysis.	WellSense Community Alliance 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	WellSense Community Alliance used the correct MassHealth standards for almost all provider types. When IPRO compared WellSense Community Alliance's results, the comparison showed that IPRO and WellSense Community Alliance had identical results for rehabilitation hospitals, urgent care services, pharmacy, and a majority of the specialist provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	WellSense Community Alliance used incorrect time OR distance standards for pediatric PCPs in one service area. When IPRO compared WellSense Community Alliance's results, the comparison showed that IPRO and WellSense Community Alliance had differing results for PCPs, acute inpatient hospitals, and three of the behavioral health provider types.	WellSense Community Alliance should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types. WellSense Community Alliance should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.	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, all specialty providers, and 8 out of 13 behavioral health provider types in all of its service areas.	WellSense Community Alliance had deficient adult and pediatric PCP networks in one service area. The ACPP also had deficient networks in one or more service areas for 5 out of 13 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 26.39% accuracy rate in its PCP directory, a 15.95% accuracy rate in its ob/gyn directory, and a 3.2% accuracy rate in its CMHC 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 one adult and six child PC MES measures.	WellSense Community Alliance scored below the statewide score eight 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; N/A: not applicable.

WellSense Mercy Strengths, Opportunities for Improvement, and EQR Recommendations

Table 135: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Mercy

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is moderate confidence that the PIP produced evidence of improvement.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information systems standards. No issues were identified. The following rates were above the 90th percentile: • Controlling High Blood Pressure: 80.78% (≥ 90th percentile) • Follow-up After Emergency Department Visit for Mental Illness (7 days): 83.07% (≥ 90th percentile)	The following measure rates were below the 25th percentile: • Follow-up After Hospitalization for Mental Illness (7 days): 44.13% (< 25th percentile) • Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 37.56% (< 25th percentile) • Childhood Immunization Status (Combo 10): 20.4% (< 25th percentile)	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: • PC MES Communication+ Child • PC MES Integration of Care+ Child • Topical Fluoride for Children	The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Child • PC MES Willingness to Recommend+ Adult • PC MES Communication+ Adult • PC MES Integration of Care+ Adult • PC MES Knowledge of Patient+ Child • PC MES Knowledge of Patient+ Adult • Screening for Depression and Follow-up Plan • Developmental Screening in the First 3 Years of Life	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	Based on the review of the most recent responses to IPRO's recommendations, the MCP demonstrated compliance with most of the federal and state contractual standards. MCP addressed the following opportunities for improvement from the prior compliance review: • Availability of services (2) • Grievances and appeals (2) • Practice guidelines (1) • Health information systems (20) • Care coordination (33) • QAPI (23)	Partial compliance remains with the requirements in the following domains: • Care coordination (41)	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 2026.	
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were 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 suite name or address information, submitting departments in addition to the facilities, or variations in the address. IPRO removed a total of 315 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

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	WellSense Mercy submitted additional behavioral health providers for Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of three additional providers from the WellSense Mercy behavioral health data prior to conducting the analysis.	WellSense Mercy 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	WellSense Mercy used the correct MassHealth standards for almost all provider types. When IPRO compared WellSense Mercy's results, the comparison showed that IPRO and WellSense Mercy had identical results for PCPs, physical health services, pharmacy, a majority of the specialist provider types, and two behavioral health provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	WellSense Mercy used incorrect time OR distance standards for ob/gyn. When IPRO compared WellSense Mercy's results, the comparison showed that IPRO and WellSense Mercy had differing results for Clinical Stabilization Service (CSS) Level 3.5 and Monitored Inpatient Acute Treatment Services (ATS) Level 3.7.	WellSense Mercy should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types. WellSense Mercy should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	WellSense Mercy demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, all specialty provider types, and all behavioral health provider types except for two.	WellSense Mercy had deficient networks for Clinical Stabilization Service (CSS) Level 3.5 and Monitored Inpatient Acute Treatment Services (ATS) level 3.7 in multiple service areas.	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: 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 23.08% accuracy rate in its PCP directory, a 16.13% accuracy rate in its ob/gyn directory, and a 3.2% accuracy rate in its CMHC directory.	WellSense Mercy should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	WellSense Mercy scored above the statewide average on one child PC MES measure.	WellSense Mercy scored below the statewide average on all adult and ten 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; N/A: not applicable.

WellSense Signature Strengths, Opportunities for Improvement, and EQR Recommendations

Table 136: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Signature

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is high confidence that the PIP produced evidence of improvement.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information systems standards. No issues were identified. The following measures were above 90th percentile: • Postpartum Care: 93.08% (≥ 90th percentile) • Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 60.30% (≥ 90th percentile) • Controlling High Blood Pressure: 82.48% (≥ 90th percentile) • Follow-up After Hospitalization for Mental Illness (7 days): 61.13% (≥ 90th percentile) • Glycemic Status Assessment for Patients with Diabetes (> 9.0%), lower is better: 17.76% (≥ 90th percentile)	The following measure rate was below the 25th percentile: • Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 31.93% (< 25th percentile)	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 rates were above the goal benchmark: • PC MES Communication+ Adult • PC MES Knowledge of Patient+ Adult • PC MES Integration of Care+ Adult • Screening for Depression and Follow-up Plan • Topical Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Child • PC MES Willingness to Recommend+ Adult • PC MES Communication+ Child • PC MES Integration of Care+ Child • PC MES Knowledge of Patient+ Child	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	Based on the review of the most recent responses to IPRO's recommendations, the MCP demonstrated compliance with most of the federal and state contractual standards. MCP addressed the following opportunities for improvement from the prior compliance review: • Availability of services (2) • Care coordination (31) • Grievances and appeals (2) • Health information systems (20) • QAPI (20)	Partial compliance remains with the requirements in the following domains: • Care coordination (44)	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 2026.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were 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 suite name or address information, submitting departments in addition to the facilities, or variations in the address. IPRO removed a total of 315 duplicate providers from the 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

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	WellSense Signature submitted additional behavioral health providers for Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of three additional providers from the WellSense Signature behavioral health data prior to conducting the analysis.	WellSense Signature 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	WellSense Signature used the correct MassHealth standards for almost all provider types. When IPRO compared WellSense Signature's results, the comparison showed that IPRO and WellSense Signature had identical results for adult PCP, physical health services, pharmacy, psychiatric inpatient adult, a majority of the specialist provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	WellSense Signature used incorrect time OR distance standards for ob/gyn. When IPRO compared WellSense Signature's results, the comparison showed that IPRO and WellSense Signature had differing results for pediatric PCPs, Clinical Stabilization Service (CSS) Level 3.5, and Youth Community Crisis Stabilization (CSS).	WellSense Signature should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types. WellSense Signature should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis − Gaps in Provider Networks	WellSense Signature demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, and all specialty and behavioral health providers in all of its service areas.	N/A	N/A	Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	WellSense Signature achieved only a 80.00% accuracy rate in its PCP directory, a 19.23% accuracy rate in its ob/gyn directory, and a 3.2% accuracy rate in its CMHC 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 seven adult PC MES measure.	WellSense Signature scored below the statewide score on two 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; N/A: not applicable.

WellSense Southcoast Strengths, Opportunities for Improvement, and EQR Recommendations

Table 137: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Southcoast

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is high confidence that the PIP produced evidence of improvement.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information systems standards. No issues were identified. The following measures were above the 90th percentile: • Timeliness of Prenatal Care: 97.76% (≥ 90th percentile) • Postpartum Care: 90.48% (≥ 90th percentile) • Immunization for Adolescents (Combo 2): 57.75% (≥ 90th percentile) • Follow-up After Emergency Department Visit for Mental Illness (7 days): 84.29% (≥ 90th percentile)	WellSense Southcoast ACPP had multiple abstraction errors for the Screening for Depression and Follow-up Plan measure. The ACPP included records that met exclusion criteria in the denominator if they met numerator compliance. These errors rendered the rates as "Do Not Report." The following measure rates were below the 25th percentile: • Follow-up After Hospitalization for Mental Illness (7 days): 48.72% (< 25th percentile) • Asthma Medication Ratio: 55.53% (< 25th percentile)	**Recommendation 1**: WellSense Southcoast ACPP should follow MassHealth measure specifications and training for hybrid measure abstraction. **Recommendation 2:** 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 rates were above the goal benchmark: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Willingness to Recommend+ Child • PC MES Knowledge of Patient+ Child • PC MES Knowledge of Patient+ Adult • PC MES Integration of Care+ Adult • Topical Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Adult • PC MES Integration of Care+ Child	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	Based on the review of the most recent responses to IPRO's recommendations, the MCP demonstrated compliance with most of the federal and state contractual standards. MCP addressed the following opportunities for improvement from the prior compliance review: • Availability of services (2) • Care coordination (3) • Grievances and appeals (1) • Health information systems (20) • Practice guidelines (1) • QAPI (20)	Partial compliance remains with the requirements in the following domains: • Care coordination (107)	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 2026.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were 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 suite name or address information, submitting departments in addition to the facilities, or variations in the address. IPRO removed a total of 315 duplicate providers from the 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

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	WellSense Southcoast submitted additional behavioral health providers for Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of three additional providers from the WellSense Southcoast behavioral health data prior to conducting the analysis.	WellSense Southcoast 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	WellSense Southcoast used the correct MassHealth standards for almost all provider types. When IPRO compared WellSense Southcoast's results, the comparison showed that IPRO and WellSense Southcoast had identical results for adult PCP, physical health services, pharmacy, psychiatric inpatient adult, and a majority of the specialist provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	WellSense Southcoast used incorrect time OR distance standards for Psychiatry. When IPRO compared WellSense Southcoast's results, the comparison showed that IPRO and WellSense Southcoast had differing results for pediatric PCPs, Clinical Stabilization Service (CSS) Level 3.5, Monitored Inpatient Acute Treatment Services (ATS) Level 3.7, and Youth Community Crisis Stabilization (YCCS).	WellSense Southcoast should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types. WellSense Southcoast should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	WellSense Southcoast demonstrated adequate networks for all Adult PCP, ob/gyn, pharmacy, physical health services, and all specialty and behavioral health providers in all of its service areas.	WellSense Southcoast had a deficient pediatric PCP network in one service area.	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 Southcoast achieved only a 67.44% accuracy rate in its PCP directory, an 17.53% accuracy rate in its ob/gyn directory, and a 3.2% accuracy rate in its CMHC directory.	WellSense Southcoast should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Experience of Care Survey	WellSense Southcoast scored above the statewide score on five adult PC MES measures and ten child PC MES measures.	WellSense Southcoast scored below the statewide score on four adult and one child PC MES measure.	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; N/A: not applicable.

WellSense BILH Strengths, Opportunities for Improvement, and EQR Recommendations

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

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is moderate confidence that the PIP produced evidence of improvement.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS measures	ACPP demonstrated compliance with information systems standards. No issues were identified. The following measures were above the 90th percentile: • Timeliness of Prenatal Care: 97.45% (≥ 90th percentile) • Postpartum Care: 91.84% (≥ 90th percentile) • Glycemic Status Assessment for Patients with Diabetes (> 9.0%), lower is better: 16.06% (≥ 90th percentile)	N/A	N/A	N/A
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures rates were above the goal benchmark: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Integration of Care+ Adult • PC MES Knowledge of Patient+ Adult • Topical Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Child • PC MES Willingness to Recommend+ Adult • PC MES Integration of Care+ Child • PC MES Knowledge of Patient+ Child • Screening for Depression and Follow-up Plan	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 the following opportunities for improvement from the prior compliance review: • Availability of services (2) • Care coordination (15) • Grievances and appeals (3) • Health information services (20) • Practice guidelines (1) • QAPI (20)	Partial compliance remains with the requirements in the following domains: • Care coordination (24)	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 2026.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were 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 suite name or address information, submitting departments in addition to the facilities, or variations in the address. IPRO removed a total of 317 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: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	WellSense BILH submitted additional behavioral health providers for Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of three additional providers from the WellSense BILH behavioral health data prior to conducting the analysis.	WellSense BILH should submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.	Quality, Access, Timeliness

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Time and Distance Analysis – MCP's Methodology	WellSense BILH used the correct MassHealth standards for all provider types. When IPRO compared WellSense BILH's results, the comparison showed that IPRO and WellSense BILH had similar or identical results for rehabilitation hospitals and urgent care services, pharmacy, psychiatric inpatient adult, and 17 of the specialist provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	When IPRO compared WellSense BILH's results, the comparison showed that IPRO and WellSense BILH had differing results for pediatric PCPs and many of the behavioral health provider types.	WellSense BILH should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis - Gaps in Provider Networks	WellSense BILH demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, all specialty provider types, and all behavioral health provider types except for two.	WellSense BILH had deficient networks for Clinical Stabilization Service (CSS) Level 3.5 and Monitored Inpatient Acute Treatment Services (ATS) Level 3.7 in two service areas.	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 34.07% accuracy rate in its PCP directory, a 26.71% accuracy rate in its ob/gyn directory, and a 3.2% accuracy rate in its CMHC 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 five adult and three child PC MES measures.	WellSense BILH scored below the statewide score on four 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; N/A: not applicable.

WellSense Care Alliance Strengths, Opportunities for Improvement, and EQR Recommendations

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

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is high confidence that the PIP produced evidence of improvement.	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 measure rates were above the 90th percentile: • Timeliness of Prenatal Care: 95.56% (≥ 90th percentile) • Postpartum Care: 93.7% (≥ 90th percentile) • Childhood Immunization Status (Combo 10): 50.12% (≥ 90th percentile)	The following HEDIS rates were below the 25th percentile: • Follow-up After Hospitalization for Mental Illness (7 days): 43.21% (< 25th percentile) • Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 33.47% (< 25th percentile)	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: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Knowledge of Patient+ Adult • PC MES Integration of Care+ Adult • Topical Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Child • PC MES Willingness to Recommend+ Adult • PC MES Integration of Care+ Child • PC MES Knowledge of Patient+ Child • Screening for Depression and Follow-up Plan	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 Care Alliance demonstrated compliance with most of the federal and state contractual standards. MCP addressed the following opportunities for improvement from the prior compliance review. • Availability of services (2) • Care coordination (33) • Grievances and appeals (3) • Health information services (20) • Practice guidelines (1) • QAPI (19)	Partial compliance remains with the requirements in the following domains: • Care coordination (41)	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 2026.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were 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 suite name or address information, submitting departments in addition to the facilities, or variations in the address. IPRO removed a total of 315 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: 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.	WellSense Care Alliance submitted additional BH providers for Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of 3 additional providers from the WellSense Care Alliance behavioral health data prior to conducting the analysis.	WellSense Care Alliance should submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.	Quality, Access, Timeliness

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Time and Distance Analysis – MCP's Methodology	WellSense Care Alliance used the correct MassHealth standards for almost all provider types. IPRO compared WellSense Care Alliance's results for PCPs, physical health services, 17 specialist provider types, psychiatric inpatient adult, and pharmacies. The comparison showed that IPRO and WellSense Care Alliance had similar or identical results for these provider types. IPRO concluded that the results reported were valid, accurate, and reliable. IPRO was also able to compare the results for three behavioral health provider types.	WellSense Care Alliance used incorrect time OR distance standards for ob/gyn. IPRO compared WellSense Care Alliance's results for pediatric PCPs and three behavioral health provider types. The comparison showed that IPRO and WellSense Care Alliance had differing results.	WellSense Care Alliance should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types. WellSense Care Alliance should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	WellSense Care Alliance demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, and all specialty and behavioral health providers in all of its service areas.	N/A	N/A	Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	WellSense Care Alliance achieved only a 32.46% accuracy rate in its PCP directory, a 18.60% accuracy rate in its ob/gyn directory, and a 3.2% accuracy rate in its CMHC 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 five child PC MES measures.	WellSense Care Alliance scored below the statewide score on six adult PC MES measures and six 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; N/A: not applicable.

WellSense East Boston Strengths, Opportunities for Improvement, and EQR Recommendations

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

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: CDF	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is high confidence that the PIP produced evidence of improvement.	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 measure rates were above the 90th percentile: • Timeliness of Prenatal Care: 95.52% (≥ 90th percentile) • Postpartum Care: 97.76% (≥ 90th percentile) • Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 62.26% (≥ 90th percentile) • Immunization for Adolescents (Combo 2): 66.91% (≥ 90th percentile) • Childhood Immunization Status (Combo10): 56.93% (≥ 90th percentile) • Asthma Medication Ratio: 83.70% (≥ 90th percentile)	N/A	N/A	N/A
Performance Measure Validation: Non-HEDIS measures	No issues were identified. The following measures rates were above the goal benchmark: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Knowledge of Patient+ Adult • PC MES Willingness to Recommend+ Child • PC MES Willingness to Recommend+ Adult • PC MES Integration of Care+ Adult • Topical Fluoride for Children	The following measures rates were below the goal benchmark: • PC MES Integration of Care+ Child • Developmental Screening in the First 3 Years of Life	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 the following opportunities for improvement from the prior compliance review. • Availability of services (2) • Care coordination (18) • Health information services (20) • Practice guidelines (1) • QAPI (21)	Partial compliance remains with the requirements in the following domains: • Care coordination (61)	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 2026.	Quality, Timeliness, Access

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were 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 suite name or address information, submitting departments in addition to the facilities, or variations in the address. IPRO removed a total of 315 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: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	WellSense East Boston submitted additional behavioral health providers for Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of three additional providers from the WellSense East Boston behavioral health data prior to conducting the analysis.	WellSense East Boston 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	WellSense East Boston used the correct MassHealth standards for all provider types. When IPRO compared WellSense East Boston's results, the comparison showed that IPRO and WellSense East Boston had identical results for PCPs, pharmacy, physical health services, a majority of the specialist provider types, and four of the behavioral health provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	N/A	N/A	Quality, Access, Timeliness
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 of its service areas.	N/A	N/A	Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	WellSense East Boston achieved only a 6.49% accuracy rate in its PCP directory, 20.50% in its ob/gyn directory, and a 3.2% accuracy rate in its CMHC 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 five adult and eight child PC MES measures.	WellSense East Boston scored below the statewide score on four adult PC MES measures and three 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; N/A: not applicable.

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

Table 141: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense Children's

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: CDF	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is high confidence that the PIP produced evidence of improvement.	N/A	Note: As the interventions progress in 2025, WellSense Children's 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 measure rates were above the 90th percentile: • Immunization for Adolescents (Combo 2): 61.07% (≥ 90th percentile) • Childhood Immunization Status (Combo 10): 48.42% (≥ 90th percentile) • Asthma Medication Ratio: 68.66% (≥ 90th percentile) • Follow-up After Emergency Department Visit for Mental Illness (7 days): 81.85% (≥ 90th percentile)	The following HEDIS rates were below the 25th percentile: • Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 26.99% (< 25th percentile) • Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 10.31% (< 25th percentile) • Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 38.38% (< 25th percentile)	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: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Willingness to Recommend+ Child • PC MES Knowledge of Patient+ Adult • PC MES Knowledge of Patient+ Child • PC MES Integration of Care+ Adult • PC MES Integration of Care+ Child • Screening for Depression and Follow-up Plan • Topical Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Adult	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. MCP addressed the following opportunities for improvement from the prior compliance review. • Availability of services (2) • Care coordination (18) • Grievances and appeals (1) • Health information services (20) • Practice guidelines (1) • QAPI (9)	Partial compliance remains with the requirements in the following domains: • Care coordination (27)	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 2026.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	WellSense Children's submitted many duplicates for individual and facility providers due to variations in the facility names, such as including the suite name or address information, submitting departments in addition to the facilities, or variations in the address. IPRO removed a total of 315 duplicate providers from the WellSense Children's data prior to conducting the analysis.	WellSense Children's 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	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data – Behavioral Health Providers	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	WellSense Children's submitted additional behavioral health providers for Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of three additional providers from the WellSense Children's behavioral health data prior to conducting the analysis.	WellSense Children's 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	WellSense Children's used the correct MassHealth standards for almost all provider types. When IPRO compared WellSense Children's results, the comparison showed that IPRO and WellSense Children's had identical results rehabilitation hospitals, urgent care services, pharmacy, and a majority of the specialist provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	WellSense Children's used incorrect time OR distance standards for pediatric PCPs in two service areas. When IPRO compared WellSense Children's results, the comparison showed that IPRO and WellSense Children's had differing results for pediatric PCPs, acute inpatient hospitals, and three of the behavioral health provider types.	WellSense Children's should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types. WellSense Children's should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	WellSense Children's demonstrated adequate networks for all ob/gyn, pharmacy, hospital services, all specialty providers, and 3 out of 13 behavioral health provider types in all of its service areas.	WellSense Children's had deficient adult and pediatric PCP and 10 out of 13 behavioral health networks in one or more service areas.	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 46.62% accuracy rate in its PCP directory, an 18.35% accuracy rate in its ob/gyn directory, and a 24.00% accuracy rate in its CMHC 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 all child PC MES measures.	WellSense Children's scored below the statewide score on one adult 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; N/A: not applicable.

HNE BeHealthy Strengths, Opportunities for Improvement, and EQR Recommendations

Table 142: Strengths, Opportunities for Improvement, and EQR Recommendations for HNE BeHealthy

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is high confidence that the PIP produced evidence of improvement.	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 measure rate was above 90th percentile: • Immunization for Adolescents (Combo 2): 60.05% (≥ 90th percentile)	The following HEDIS rate was below the 25th percentile: • Postpartum Care: 77.04% (< 25th percentile)	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: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Knowledge of Patient+ Adult • Topic Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Knowledge of Patient+ Child • PC MES Willingness to Recommend+ Child • PC MES Willingness to Recommend+ Adult • PC MES Integration of Care+ Child • PC MES Communication+ Child • Screening for Depression and Follow-up Plan	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 the following opportunities for improvement from the prior compliance review: • Coverage and authorization (3) • Care coordination (61) • Grievances and appeals (4) • Health information systems (10) • QAPI (7)	Partial compliance remains with the requirements in the following domains: • Coverage and authorization (3) • Care coordination (28)	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 2026.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	HNE BeHealthy submitted some duplicates for facility providers due to variations in the facility names, such as including individual providers name or facility name variations. IPRO removed a total of 285 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: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	HNE BeHealthy submitted additional behavioral health providers for Clinical Stabilization Services (CSS) Level 3.5, Opioid Treatment Programs (OTP), psychiatric inpatient adult, and Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of 237 additional providers from the HNE BeHealthy behavioral health data prior to conducting the analysis.	HNE BeHealthy should submit for the analysis only the providers that are considered acceptable by MassHealth for certain behavioral health provider types.	Quality, Access, Timeliness

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Time and Distance Analysis – MCP's Methodology	HNE BeHealthy used the correct MassHealth standards for almost all provider types. When IPRO compared HNE BeHealthy's results, the comparison showed that IPRO and HNE BeHealthy had similar or identical results for PCPs, acute inpatient and rehabilitation hospitals, pharmacy, and four specialist provider types, and two behavioral health provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	HNE BeHealthy used incorrect time OR distance standards for Partial Hospitalization (PHP) and ob/gyn services. When IPRO compared HNE BeHealthy's results, the comparison showed that IPRO and HNE BeHealthy had differing results for Monitored inpatient Acute Treatment Services (ATS) Level 3.7 and Youth Community Crisis Stabilization (YCCS) in multiple service areas.	HNE BeHealthy should use the correct MassHealth standards for the GeoAccess analysis for all provider types. HNE BeHealthy should revisit the GeoAccess results that differed from IPRO's analysis to confirm the accuracy of its own methodology and to identify factors driving the discrepancies.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	HNE BeHealthy demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, all specialty provider types, and all behavioral health provider types except for three.	HNE BeHealthy had deficient networks for Clinical Stabilization Service (CSS) Level 3.5, Youth Community Crisis Stabilization (YCCS), and Monitored Inpatient Acute Treatment Services (ATS) Level 3.7 in multiple service areas.	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.	HNE BeHealthy achieved only a 55.56% accuracy rate in its PCP directory, a 24.10% accuracy rate in its ob/gyn directory, and a 20.57% accuracy rate in its CMHC 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 seven adult and one child PC MES measure.	HNE BeHealthy scored below the statewide average on two adult and 10 child PC MES measures.	The ACPP should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access

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; N/A: not applicable.

Fallon Berkshire Strengths, Opportunities for Improvement, and EQR Recommendations

Table 143: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon Berkshire

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: CDF	There is moderate confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is moderate confidence that the PIP produced evidence of improvement.	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: • Timeliness of Prenatal Care: 98.44% (≥ 90th percentile) • Postpartum Care: 92.19% (≥ 90th percentile) • Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 57.06% (≥ 90th percentile) • Follow-up After Emergency Department Visit for Mental Illness (7 days): 82.71% (≥ 90th percentile)	The following measure rates were below the 25th percentile: • Follow-up After Hospitalization for Mental Illness (7 days): 42.21% (< 25th percentile) • Asthma Medication Ratio: 50.37% (< 25th percentile) • Childhood Immunization Status (Combo 10): 34.28% (< 25th percentile) • Immunization for Adolescents (Combo 2): 18.87% (< 25th percentile)	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: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Knowledge of Patient+ Adult • PC MES Integration of Care+ Adult • Topical Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Child • PC MES Willingness to Recommend+ Adult • PC MES Integration of Care+ Child • PC MES Knowledge of Patient+ Child • Screening for Depression and Follow-up Plan	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 Berkshire demonstrated compliance with all the federal and state contractual standards. MCP addressed all opportunities for improvement from the prior compliance review: • Availability of services (2) • Care coordination (31) • Coverage and authorization of services (1) • Disenrollment requirements (1) • Health information systems (20) • QAPI (12) • Subcontractual relationships (2)	N/A	N/a	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	Fallon Berkshire submitted some duplicates for individual and facility providers due to variations in the facility names and in the provider addresses. IPRO removed a total of 122 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

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy were 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 (CSS) Level 3.5, psychiatric inpatient adult, and Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of five additional 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 almost all provider types. When IPRO compared Fallon Berkshire's results, the comparison showed that IPRO and Fallon Berkshire had similar or identical results for acute inpatient hospitals, PCPs, ob/gyn, pharmacy, all specialist provider types except for psychiatry, and two of the behavioral health provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	Fallon Berkshire used incorrect time OR distance standards for Clinical Stabilization Services (CSS) Level 3.5, rehabilitation hospitals, and urgent care services.	Fallon Berkshire 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	Fallon Berkshire demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, all specialty provider types, and all behavioral health provider types except for four.	Fallon Berkshire had deficient networks for Clinical Stabilization Service (CSS) Level 3.5, Youth Community Crisis Stabilization (YCCS), Monitored Inpatient Acute Treatment Services (ATS) Level 3.7, and Opioid Treatment Programs (OTP) in both service areas.	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.	Fallon Berkshire achieved only a 24.62% accuracy rate in its PCP directory, a 23.30% accuracy rate in its ob/gyn directory, and a 23.20% accuracy rate in its CMHC 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 all adult and two child PC MES measures.	Fallon Berkshire scored below the statewide score on nine adult 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; N/A: not applicable.

Fallon 365 Strengths, Opportunities for Improvement, and EQR Recommendations

Table 144: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon 365

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: HBD	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is high confidence that the PIP produced evidence of improvement.	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: • Immunization for Adolescents (Combo 2): 58.25% (≥ 90th percentile) • Childhood Immunization Status (Combo 10): 53.52% (≥ 90th percentile)	The following HEDIS rates were below the 25th percentile: • Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 35.16% (< 25th percentile) • Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 12.07% (< 25th percentile) • Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 30.80% (< 25th percentile)	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: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Knowledge of Patient+ Child • PC MES Knowledge of Patient+ Adult • PC MES Integration of Care+ Adult • PC MES Willingness to Recommend+ Child • PC MES Integration of Care+ Child • Topical Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Adult • Screening for Depression and Follow-up Plan	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 all federal and state contractual standards. MCP addressed the following opportunities for improvement from the prior compliance review: • Availability of services (2) • Care coordination (26) • Coverage and authorization of services (1) • Disenrollment requirements (1) • Health information systems (20) • QAPI (12) • Subcontractual relationships (2)	N/A	N/A	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data − Duplicates	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	Fallon 365 submitted some duplicates for individual and facility providers due to variations in the facility names and in the provider addresses. IPRO removed a total of 122 duplicate providers from the Fallon 365 data prior to conducting the analysis.	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	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	Fallon 365 submitted additional behavioral health providers for Clinical Stabilization Services (CSS) Level 3.5, psychiatric inpatient adult, and Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of five additional providers from the Fallon 365 behavioral health data prior to conducting the analysis.	Fallon 365 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 365 used the correct MassHealth standards for almost all provider types. When IPRO compared Fallon 365's results, the comparison showed that IPRO and Fallon 365 had similar or identical results for acute inpatient hospitals, PCPs, ob/gyn, pharmacy, all specialist provider types except for psychiatry, and two of the behavioral health provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	Fallon 365 used incorrect time OR distance standards for Clinical Stabilization Services (CSS) Level 3.5, rehabilitation hospitals, and urgent care services.	Fallon 365 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	Fallon 365 demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, all specialty provider types, and all behavioral health provider types except for one.	Fallon 365 had a deficient Youth Community Crisis Stabilization (YCCS) network in all service areas.	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.	Fallon 365 achieved only a 52.94% accuracy rate in its PCP directory, a 46.67% accuracy rate in its ob/gyn directory, and a 23.93% accuracy rate in its CMHC 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 all adult PC MES measures and all child PC MES measures.	N/A	N/A	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; N/A: not applicable.

Fallon Atrius Strengths, Opportunities for Improvement, and EQR Recommendations

Table 145: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon Atrius

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: CBP	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is moderate confidence that the PIP produced evidence of improvement.	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 measure rates were above the 90th percentile: • Immunization for Adolescents (Combo 2): 55.92% (≥ 90th percentile) • Glycemic Status Assessment for Patients with Diabetes (> 9.0%), lower is better: 14.48% (≥ 90th percentile)	The following HEDIS rates were below the 25th percentile: • Follow-up After Hospitalization for Mental Illness (7 days): 49.05% (< 25th percentile) • Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days): 38.35% (< 25th percentile) • Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 12.44% (< 25th percentile) • Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 34.49% (< 25th percentile) • Asthma Medication Ratio: 0% (< 25th percentile)	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: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Knowledge of Patient+ Adult • PC MES Willingness to Recommend+ Child • PC MES Integration of Care+ Adult • Topical Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Willingness to Recommend+ Adult • PC MES Integration of Care+ Child • Screening for Depression and Follow-up Plan	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 Atrius demonstrated compliance with all federal and state contractual standards. MCP addressed the following opportunities for improvement from the prior compliance review: • Availability of services (2) • Care coordination (4) • Coverage and authorization of services (1) • Disenrollment requirements (1) • Health information systems (20) • QAPI (11) • Subcontractual relationships (2)	N/A	N/A	Quality, Timeliness, Access

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	Fallon Atrius submitted some duplicates for individual and facility providers due to variations in the facility names and in the provider addresses. IPRO removed a total of 122 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: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	Fallon Atrius submitted additional behavioral health providers for Clinical Stabilization Services (CSS) Level 3.5, psychiatric inpatient adult, and Structured Outpatient Addiction Programs (SOAP) that were not on the approved list provided by MassHealth. IPRO removed a total of five additional providers from the Fallon Atrius behavioral health data prior to conducting the analysis.	Fallon Atrius 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 Atrius used the correct MassHealth standards for almost all provider types. When IPRO compared Fallon Atrius's results, the comparison showed that IPRO and Fallon Atrius had similar or identical results for acute inpatient hospitals, PCPs, ob/gyn, pharmacy, all specialist provider types except for psychiatry, and two of the behavioral health provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	Fallon Atrius used incorrect time OR distance standards for Clinical Stabilization Services (CSS) Level 3.5, rehabilitation hospitals, and urgent care services.	Fallon Atrius 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	Fallon Atrius demonstrated adequate networks for all PCP, ob/gyn, pharmacy, physical health services, all specialty provider types, and all behavioral health provider types except for one.	Fallon Atrius had a deficient Youth Community Crisis Stabilization (YCCS) network in all service areas.	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	Fallon Atrius achieved a 50.70% accuracy rate in its PCP directory, a 33.06% accuracy rate in its ob/gyn directory and a 21.85% accuracy rate in its CMHC directory.	Fallon Atrius should conduct a root cause analysis to determine why the ob/gyn and cardiology directories are less accurate than the PCP 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 eight adult and five child PC MES measures.	Fallon Atrius scored below the statewide score on one adult and six 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; N/A: not applicable.

Tufts CHA Strengths, Opportunities for Improvement, and EQR Recommendations

Table 146: Strengths, Opportunities for Improvement, and EQR Recommendations for Tufts CHA

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: CDF	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is high confidence that the PIP produced evidence of improvement.	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: • Timeliness of Prenatal Care: 98.04% (≥ 90th percentile) • Postpartum Care: 94.85% (≥ 90th percentile) • Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 61.24% (≥ 90th percentile) • Immunization for Adolescents (Combo 2): 56.37% (≥ 90th percentile)	The following measure rates were below the 25the percentile: • Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 13.90% (< 25th percentile) • Asthma Medication Ratio: 48.60% (< 25th percentile)	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: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Knowledge of Patient+ Adult • PC MES Willingness to Recommend+ Child • PC MES Integration of Care+ Adult • Topical Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Knowledge of Patient+ Child • PC MES Willingness to Recommend+ Adult • PC MES Integration of Care+ Child • Screening for Depression and Follow-up Plan	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 the following opportunities for improvement from the prior compliance review. • Availability of services (5) • Coverage and authorization of services (1) • Care coordination (42) • Grievances and appeals (3) • QAPI (20)	Partial compliance remains with the requirements in the following domains: • Disenrollment requirements and limitations (1) • Care coordination (2) • Health information systems (1)	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 2026.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	Tufts CHA submitted some duplicates for individual and facility providers due to submitting identical records for the analysis. IPRO removed a total of 14 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

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data Behavioral Health Providers	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	Tufts CHA submitted additional behavioral health providers for Monitored Inpatient Acute Treatment Services (ATS) Level 3.7, psychiatric inpatient adult, Structured Outpatient Addiction Programs (SOAP), and Opioid Treatment Programs (OTP) that were not on the approved list provided by MassHealth. IPRO removed a total of 18 additional 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. When IPRO compared Tufts CHA's results, the comparison showed that IPRO and Tufts CHA had identical results for PCPs, ob/gyn, pharmacy, physical health services, a majority of the specialist provider types, and eight of the behavioral health provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	N/A	N/A	Quality, Access, Timeliness
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 of its service areas.	N/A	N/A	Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	Tufts CHA achieved only a 48.19% accuracy rate in its PCP directory, a 17.24% accuracy rate in its ob/gyn directory, and a 19.35% accuracy rate in its CMHC 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 five child PC MES measures.	Tufts CHA scored below the statewide score four adult and six 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; N/A: not applicable.

Tufts UMass Strengths, Opportunities for Improvement, and EQR Recommendations

Table 147: Strengths, Opportunities for Improvement, and EQR Recommendations for Tufts UMass

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
PIP: CDF	There is high confidence that the PIP Remeasurement 1 Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There is high confidence that the PIP produced evidence of improvement.	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: • Timeliness of Prenatal Care: 94.78% (≥ 90th percentile) • Postpartum Care: 89.55% (≥ 90th percentile) • Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 56.64% (≥ 90th percentile)	The following HEDIS rates were below the 25th percentile: • Follow-up After Hospitalization for Mental Illness (7 days): 50.34% (< 25th percentile) • Asthma Medication Ratio: 40.00% (< 25th percentile)	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: • PC MES Communication+ Child • PC MES Communication+ Adult • PC MES Knowledge of Patient+ Adult • PC MES Willingness to Recommend+ Child) • Topical Fluoride for Children • Developmental Screening in the First 3 Years of Life	The following measures rates were below the goal benchmark: • PC MES Knowledge of Patient+ Child • PC MES Willingness to Recommend+ Adult • PC MES Integration of Care+ Child • PC MES Integration of Care+ Adult • Screening for Depression and Follow-up Plan	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. MCP addressed the following opportunities for improvement from the prior compliance review: • Availability of services (5) • Coverage and authorization of services (1) • Care coordination (13) • Grievances and appeals (4) • QAPI (18)	Partial compliance remains with the requirements in the following domains: • Disenrollment requirements and limitations (1) • Care coordination (16) • Health information systems (1)	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 2026.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were mostly accurate and current, except for duplicative provider records and incorrect provider directory information.	Tufts UMass submitted some duplicates for individual and facility providers due to submitting identical records for the analysis. IPRO removed a total of 14 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 were mostly accurate and current except, for duplicative provider records and incorrect provider directory information.	Tufts UMass submitted additional behavioral health providers for Monitored Inpatient Acute Treatment Services (ATS) Level 3.7, psychiatric inpatient adult, Structured Outpatient Addiction Programs (SOAP), and Opioid Treatment Programs (OTP) that were not on the approved list provided by MassHealth. IPRO removed a total of 18 additional 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

Activity	Strengths	Opportunities for Improvement	Recommendations	Standards
Network Adequacy: Time and Distance Analysis – MCP's Methodology	Tufts UMass used the correct MassHealth standards for all provider types. When IPRO compared Tufts UMass's results, the comparison showed that IPRO and Tufts UMass had identical results for PCP, ob/gyn, pharmacy, hospital services except for urgent care, all but four specialty provider types, and eight of the behavioral health provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	N/A	N/A	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	Tufts UMass demonstrated adequate networks for all PCP, ob/gyn, pharmacy, hospital services except for urgent care, all specialty providers, and almost all behavioral health provider types.	Tufts UMass had a deficient urgent care network in two service areas. The ACPP also had deficient networks in one service area for Monitored Inpatient Acute Treatment Services (ATS) Level 3.7 and Structured Outpatient Addiction Program (SOAP).	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.	Tufts UMass achieved only an 46.67% accuracy rate in its PCP directory, a 17.24% accuracy rate in its ob/gyn directory, and a 17.74% accuracy rate in its CMHC 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 six adult and two child PC MES measures.	Tufts UMass scored below the statewide score on three 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; 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 148**.

Table 148: Required Elements in EQR Technical Report

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

Regulatory Reference	Requirement	Location in the EQR Technical Report
Title 42 CFR § 438.364(a)(4)	The technical report must include recommendations for how the state can target goals and objectives in the quality strategy, under *Title 42 CFR § 438.340*, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid or CHIP beneficiaries.	Recommendations for how the state can target goals and objectives in the quality strategy are included in **Section I, High-Level Program Findings and Recommendations**, as well as when discussing strengths and weaknesses of an ACPP or activity and when discussing the basis of performance measures or PIPs.
Title 42 CFR § 438.364(a)(5)	The technical report must include methodologically appropriate, comparative information about all MCOs, PIHPs, PAHPs, and PCCM entities.	Methodologically appropriate, comparative information about all ACPPs is included across the report in each EQR activity section (**Sections III–VII**) and in **Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations**.
Title 42 CFR § 438.364(a)(6)	The technical report must include an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.	See **Section VIII. MCP Responses to the Previous EQR Recommendations** for the prior year findings and the assessment of each ACPP's approach to addressing the recommendations issued by the EQRO in the previous year's technical report.
Title 42 CFR § 438.364(d)	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.
Title 42 CFR § 438.364(a)(2)(iiv)	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.
Title 42 CFR § 438.358(b)(1)(i)	The technical report must include information on the validation of PIPs that were underway during the preceding 12 months.	This report includes information on the validation of PIPs that were underway during the preceding 12 months; see **Section III**.
Title 42 CFR § 438.330(d)	The technical report must include a description of PIP interventions associated with each state-required PIP topic for the current EQR review cycle.	The report includes a description of PIP interventions associated with each state-required PIP topic; see **Section III**.
Title 42 CFR § 438.358(b)(1)(ii)	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' performance measures; see **Section IV**.

Regulatory Reference	Requirement	Location in the EQR Technical Report
Title 42 CFR § *438.358(b)(1)(iii)*	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 *Title 42 CFR § 438.330*. The technical report must provide MCP results for the 11 Subpart D and QAPI standards.	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 *Title 42 CFR § 438.330*; see **Section V**.

EQR: external quality review; CFR: Code of Federal Regulations; §: section; CHIP: Children's Health Insurance Program; MCP: managed care plan; ACPP: 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: Goal 1 – Achieve a healthy population, delivering high-quality pediatric, preventive, and perinatal care.

Goal	Objective	Quality Measure	Baseline (MY 2023)	Target (MY 2027)
1.1	Improve access and quality of care for infants and children	W30-CH: Well-visits First 15/30 Months[1] WCV-CH: Child and Adolescent Well-visits[1]	51.9% 54.6%	57% 60%
1.2	Increase utilization and timeliness of preventative services	BCS-AD: Breast Cancer Screening[1] COL-AD: Colorectal Cancer Screening[1]	64.3% 28.8%	70% 32%
1.3	Manage quality and access to maternal health	PPC: Prenatal Care[1] PPC: Postpartum Care[1]	48.6% 63.4%	55% 70%

[1] CMS Universal Foundation and Core Set Measure.
CH: Child; AD: Adult; PPC: Prenatal and Postpartum Care; MY: measurement year.

Table A2: Goal 2 – Advance progress on high-impact acute and chronic condition areas to improve safe, effective, high-value care.

Goal	Objective	Quality Measure	Baseline (MY 2023)	Target (MY 2027)
2.1	Improve the health of populations with acute and chronic conditions that are key contributors to co-morbidities	CBP-AD: Controlling High Blood Pressure GSD-AD: Glycemic Status Assessment for Patients with Diabetes (poor control; lower is better)[1]	71.7% 25.5%	75% 22%
2.2	Manage populations impacted by mental health and substance use disorders	FUA: Follow-up after Emergency Department Visit for Substance Use[2]	7-day: 36.6% 30-day: 49.5%	40% 53%
2.3	Promote member safety	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD/OUD-HH)[1]	79.2%	82%

[1] CMS Core Measure.
[2] CMS Universal Foundation and Core Set Measure.
AD: Adult; HH: Health Home; MY: measurement year.

Table A3: Goal 3 – Enable coordinated and efficient quality care for all members across the continuum of services and settings of care.

Goal	Objective	Quality Measure	Baseline (MY 2023)	Target (MY 2027)
3.1	Manage timely, smooth transitions in care between inpatient and outpatient settings	FUH: Follow-up After Hospitalization for Mental Illness[1]	7-day: 38.3% 30-day: 59.5%	45% 64%
3.2	Improve access to and quality of home and community-based services	MLTSS-7: Managed LTSS Minimizing Facility Length of Stay[2]	1.33	1.0
3.3	Reduce unnecessary hospitalizations by Improving coordination and delivery of care in the community	PCR-AD: Plan All-Cause Readmissions[1]	1.24	1.0

[1] CMS Universal Foundation and Core Set Measure.
[2] Other national measure.
LTSS: Long-Term Services and Support; AD: Adult; MY: measurement year.

Table A4: Goal 4 – Enhance person-centered care through elevating member voice and improving member experience and engagement with their health care.

Goal	Objective	Quality Measure	Baseline (MY 2024)	Target (MY 2027)
4.1	Improve and maintain a high level of experience for members receiving routine care.	CAHPS Health Plan Survey (Medicaid): Rating of Doctor (9 + 10)[1] CAHPS Health Plan Survey (Medicaid): Rating of Health Care* (9 + 10)[1]	Adult: 68.56% Child: 79.26%[2] Adult: 57.05% Child: 80.39%[2]	71% 82% 60% 82%
4.2	Understand and improve the member experience of populations or members that have complex care needs	Rating of Healthcare Quality SCO and One Care[1]	SCO: 86% One Care: 87%	88% 89%

[1] CMS Universal Foundation and Core Set Measure.

[2] Medicaid Expansion CHIP and non-CHIP.

CAHPS: Consumer Assessment of Healthcare Providers and Systems; SCO: Senior Care Options; MY: measurement year.

Table A5: Goal 5 – Ensure access to and appropriate utilization of care and services to members.

Goal	Objective	Quality Measure	Baseline (MY 2023)	Target (MY 2027)
5.1	Establish and maintain timely access to care and services in the communities where people live	CAHPS member experience: Getting Care Quickly[1]	Adult: 80.27% Child: 85.44%[2]	83% 87%
5.2	Promote provider and service access	FUM: Follow-up after Emergency Department Visit for Mental Illness[3]	7-day: 68.1% 30-day: 76.8%	72% 80%

[1] CMS Universal Foundation and Core Set Measure.

[2] Medicaid Expansion CHIP and non-CHIP.

[3] CMS Core Measure.

MY: measurement year.

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. • Population: Managed care eligible Medicaid members under 65 years of age. • Managed Care Authority: 1115 Demonstration Waiver. • Type: MCE.	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. • Population: Managed care eligible Medicaid members under 65 years of age. • Managed Care Authority: 1115 Demonstration Waiver. • Type: PCCM Entity.	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. • Population: Managed care eligible Medicaid members under 65 years of age. • Managed Care Authority: 1115 Demonstration Waiver. • Type: MCE.	1. WellSense Essential 2. Tufts Health Together (will no longer be a plan in 2026)

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
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). • Population: Managed care eligible Medicaid members under 65 years of age. • Managed Care Authority: 1115 Demonstration Waiver. • Type: PCCM.	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. • Population: Medicaid members under 65 years of age who are enrolled in the PCCP or a PC ACO (which are the two PCCM programs), as well as children in state custody not otherwise enrolled in managed care. • Managed Care Authority: 1115 Demonstration Waiver. • Type: PIHP.	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. • Population: Dual-eligible Medicaid members ages 21−64 years at the time of enrollment with MassHealth and Medicare coverage. • Managed Care Authority: Financial Alignment Initiative Demonstration. • Type: MCE.	1. Commonwealth Care Alliance 2. Tufts Health Plan Unify 3. UnitedHealthcare Connected

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
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. • Population: Medicaid members over 65 years of age and dual-eligible members over 65 years of age. • Managed Care Authority: 1915(a) Waiver/1915(c) Waivers. • Type: MCE.	1. Commonwealth Care Alliance 2. NaviCare Fallon Health 3. Senior Whole Health by Molina 4. Tufts Health Plan Senior Care Option 5. UnitedHealthcare Senior Care Options 6. WellSense Senior Care Option (will no longer be a plan in 2026)

ACO: accountable care organization; PCP: primary care provider; MCE: managed care entity; PCCM: primary care case management; PIHP: prepaid inpatient health plan.

XIII. Appendix C – MassHealth Quality Measures

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

Measure Steward	Acronym	Measure Name	Core Set	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/ Objectives
NCQA	AMM	Antidepressant Medication Management – Acute and Continuation	X	N/A	N/A	X	N/A	X	2.2
NCQA	AMR	Asthma Medication Ratio	X	X	X	N/A	N/A	N/A	2.1
NCQA	BCS	Breast Cancer Screening	X	N/A	N/A	N/A	X	N/A	1.2
NCQA	COA	Care for Older Adults: Functional Status Assessment	N/A	N/A	N/A	X	N/A	N/A	4.2
NCQA	WCV	Child and Adolescent Well-Care Visits	X	N/A	N/A	N/A	N/A	N/A	1.1
NCQA	CIS	Childhood Immunization Status (Combo 10)	X	X	X	N/A	N/A	N/A	1.1
NCQA	COL	Colorectal Cancer Screening	X	N/A	N/A	X	X	N/A	1.2
NCQA	CBP	Controlling High Blood Pressure	X	X	X	X	X	N/A	2.1
OHSU	DEV	Developmental Screening in the First Three Years of Life	X	X	X	N/A	N/A	N/A	1.2
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	2.1
NCQA	FUM	Follow-up After Emergency Department Visit for Mental Illness (30 days)	X	N/A	N/A	X	N/A	X	5.1
NCQA	FUM	Follow-up After Emergency Department Visit for Mental Illness (7 days)	X	X	X	N/A	X	X	5.2
NCQA	FUH	Follow-up After Hospitalization for Mental Illness (30 days)	X	N/A	N/A	X	X	X	3.1
NCQA	FUH	Follow-up After Hospitalization for Mental Illness (7 days)	X	X	X	N/A	N/A	X	3.1
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	3.1
NCQA	FUA	Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	X	X	X	N/A	N/A	X	3.1
NCQA	ADD	Follow-up for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication (HEDIS)	X	N/A	N/A	N/A	N/A	X	1.1

Measure Steward	Acronym	Measure Name	Core Set	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/ Objectives
NCQA	GSD	Glycemic Status Assessment for Patients with Diabetes Hemoglobin A1c > 9%	X	X	X	N/A	X	N/A	2.1
NCQA	IMA	Immunizations for Adolescents	X	X	X	N/A	N/A	N/A	1.1
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	2.2
CMS	MLTSS-7	Managed Long-term Services and Supports Minimizing Facility Length of Stay	N/A	N/A	N/A	X	X	N/A	3.2
NCQA	APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	X	X	X	N/A	N/A	X	2.2
NCQA	OMW	Osteoporosis Management in Women Who Had a Fracture	N/A	N/A	N/A	X	N/A	N/A	2.1
NCQA	PBH	Persistence of Beta-Blocker Treatment after Heart Attack	N/A	N/A	N/A	X	N/A	N/A	2.1
NCQA	PCE	Pharmacotherapy Management of COPD Exacerbation	N/A	N/A	N/A	X	N/A	N/A	2.1
NCQA	POD	Pharmacotherapy for Opioid Use Disorder	N/A	N/A	N/A	N/A	N/A	X	2.2
NCQA	PCR	Plan All-Cause Readmission	X	N/A	N/A	X	X	N/A	3.3
NCQA	DDE	Potentially Harmful Drug − Disease Interactions in Older Adults	N/A	N/A	N/A	X	N/A	N/A	2.1
CMS	CDF	Screening for Depression and Follow-up Plan	X	X	X	N/A	N/A	N/A	1.2
CMS	IPF	30-day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility	N/A	N/A	N/A	N/A	N/A	X	3.3
NCQA	PPC	Timeliness of Prenatal Care	X	X	X	N/A	N/A	N/A	1.3
NCQA	PPC	Postpartum Care	X	X	X	N/A	N/A	N/A	1.3
NCQA	TRC	Transitions of Care – All Submeasures	N/A	N/A	N/A	X	X	N/A	3.1
DQA (ADA)	TFL	Topical Fluoride for Children	X	X	X	N/A	N/A	N/A	1.1
NCQA	DAE	Use of High-risk Medications in the Older Adults	N/A	N/A	N/A	X	N/A	N/A	2.3
SAMHSA	OUD	Use of Pharmacotherapy for Opioid Use Disorder	X	N/A	N/A	N/A	N/A	X	2.3

NCQA: National Committee for Quality Assurance; EOHHS: Massachusetts Executive Office of Health and Human Services; DQA (ADA): Dental Quality Alliance (American Dental Association); CMS: Centers for Medicare and Medicaid Services; COPD: chronic obstructive pulmonary disease; SAMHSA: Substance Abuse and Mental Health Services Administration; OHSU: Oregon Health and Science University; N/A: not applicable; ACPP: accountable care partnership plan; PC ACO: primary care accountable care organization; MCO: managed care organization; SCO: Senior Care Options; MBHP: Massachusetts Behavioral Health Partnership.

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

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

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPP Contracts	Indicator	Definition of the Indicator
Applicable Provider Types: • Adult PCP; • Pediatric PCP **Sec. 2.10.C.1 Primary Care Providers** 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. 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. 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: 1) Is open at least 20 hours per week; 2) Has qualifications and expertise commensurate with the health care needs of the Enrollee; and 3) Has the ability to communicate with the Enrollee in a linguistically appropriate and culturally sensitive manner.	**Primary Care Providers:** • At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers with open panels in accordance with the time-OR-distance standards defined in Appendix N, including exceptions for the Oak Bluff and Nantucket Service Areas. • The Contractor shall take into account only Providers with open panels and shall consider both walking and public transportation. • The provider-to-member ratio must be 1:750 – including both open and closed panels	**ADULT Primary Care Providers Geo-Access:** **Numerator**: number of plan members ages 21 to 64 in a Service Area for which one of the following is true: • Two unique in-network adult PCP providers with open panels (i.e., internal medicine and family medicine) are a 30-minute drive or less from a member residence; and 40-minute drive or less from a member residence for members in the Oak Bluffs and Nantucket Service Areas; OR • Two unique in-network adult PCP providers with open panels (i.e., internal medicine and family medicine) are 15 miles or less from a member residence, and 40 miles from the member's residence for members in the Oak Bluffs and Nantucket Service Areas. **Denominator**: all plan members ages 21 to 64 in a Service Area **ADULT Primary Care Provider-to-Member ratio**: the number of all in-network adult primary care providers (i.e., internal medicine and family medicine) against the number of all members ages 21 to 64. Calculate for all providers (i.e., providers with open and closed panels altogether). **PEDIATRIC Primary Care Providers Geo-Access**: **Numerator**: number of plan members ages 0 to 20 in a Service Area for which one of the following is true: • Two unique in-network pediatric PCP providers with open panels (i.e., pediatricians and family medicine) are a 30-minute drive or less from a member residence; and 40-minute drive or less from a member residence for members in the Oak Bluffs and Nantucket Service Areas; OR • Two unique in-network pediatric PCP providers with open panels (i.e., pediatricians and family medicine) are 15 miles or less from a member residence, and 40 miles from the member's residence for members in the Oak Bluffs and Nantucket Service Areas. **Denominator**: all plan members ages 0 to 20 in a Service Area **Pediatric Primary Care Provider-to-Member ratio**: 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).

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

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPP Contracts	Indicator	Definition of the Indicator
Sec. 2.10.C.3.c Obstetrician/Gynecologists 1) In addition to the requirements set forth at Appendix N, the Contractor shall maintain an Obstetrician/Gynecologist ratio, throughout the region, of one to 500 Enrollees who may need such care, including but not limited to female Enrollees aged 10 and older and other transgender and gender diverse individuals who need Obstetric and/or Gynecologic care. EOHHS may approve a waiver of such ratio in accordance with federal law. 2) When feasible, Enrollees shall have a choice of two Obstetrician/Gynecologists.	**OB/GYN** • At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N. • The provider-to-member ratio must be 1:500	**OB/GYN Geo-Access:** **Numerator**: number of female members ages 10+ in a Service Area for which one of the following is true: • Two unique in-network OB/GYN providers are a 30-minute drive or less from a member residence; OR • Two unique in-network OB/GYN providers are 15 miles or less from a member residence. **Denominator**: all female members ages 10+ in a Service Area **OB/GYN Provider-to-Member ratio:** the number of all in-network OB/GYN providers against the number of all female members ages 10+.

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

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPP Contracts	Indicator	Definition of the Indicator
Physical Health Services: • Acute Inpatient Hospital • Rehabilitation hospital • Urgent care services Only in **Appendix N** - Physical Health Services are not listed in Sec. 2.10.C	**Physical Health Services** • At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 1 Provider in accordance with the time-OR-distance standards defined in Appendix N, including the exception for acute inpatient hospitals in Oak Bluff and Nantucket Service Areas. • Provider-to-member ratio not required. Do not calculate.	**Acute Inpatient Hospitals Geo-Access:** **Numerator**: number of members in a Service Area for which one of the following is true: • One in-network hospital is a 40-minute drive or less from a member residence; OR • One in-network hospital is 20 miles or less from a member residence. **Denominator**: all members in a Service Area. **For the Oak Bluff, Orleans, 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.* **Urgent Care Geo-Access:** **Numerator**: number of members in a Service Area for which one of the following is true: • One in-network urgent care facility is a 30-minute drive or less from a member residence; OR • One in-network urgent care facility is 15 miles or less from a member residence. **Denominator**: all members in a Service Area. **For the Nantucket Service Area only, the Contractor may substitute Emergency Departments for Urgent Care sites to meet this requirement.* **Rehabilitation Hospital Geo-Access:** **Numerator**: number of members in a Service Area for which one of the following is true: • One in-network rehabilitation hospital is a 60-minute drive or less from a member residence; OR • One in-network rehabilitation hospital is 30 miles or less from a member residence. **Denominator**: all members in a Service Area.

Table D4: ACPP Network Adequacy Standards and Indicators – Specialists

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPP Contracts	Indicator	Definition of the Indicator
Specialists Allergy* Anesthesiology Audiology Cardiology Dermatology Emergency Medicine Endocrinology Gastroenterology General Surgery Hematology Infectious Disease Medical Oncology Nephrology Neurology Ophthalmology Oral Surgery* Orthopedic Surgery Otolaryngology Physiatry Plastic Surgery* Podiatry Psychiatry Pulmonology Rheumatology Urology Vascular Surgery* **Sec. 2.10.C.3. a and 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	**Specialists**: • At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 1 Provider in accordance with the time-OR-distance standards defined in Appendix N, including the exceptions in Oak Bluff and Nantucket Service Areas. • Contractor is required to report provider-to-member ratios, but there are no predefined ratios that need to be achieved. • There are no time-OR-distance standards for allergy providers, oral surgeons, plastic surgeons, and vascular surgeons. The Contractor must show that they have at least one allergy provider, oral surgeon, plastic surgeon, vascular surgeon in their network.	**Specialists Geo-Access:** **Numerator**: number of plan members in a Service Area for which one of the following is true: • One in-network Specialist provider is a 40-minute drive or less from a member residence; and 40-minute drive or less from a member residence for members in the Oak Bluffs and Nantucket Service Areas; OR • One in-network Specialist provider is 20 miles or less from a member residence, and 40 miles from the member's residence for members in the Oak Bluffs and Nantucket Service Areas. **Denominator**: all plan members in a Service Area **Provider-to-Member ratio:** the number of all in-network providers against the number of all members. There are no predefined ratios that need to be achieved. ** 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.*

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPP Contracts	Indicator	Definition of the Indicator
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
Behavioral Health Services: Psychiatric inpatient adult Monitored inpatient Acute Treatment Services (ATS) level 3.7 Clinical Stabilization Services (CSS) level 3.5 Partial Hospitalization (PHP) Intensive Care Coordination (ICC) Applied Behavioral Analysis (ABA) In-Home Behavioral Services In-Home Therapy Therapeutic Mentoring Services Youth Community Crisis Stabilization (YCCS) Structured Outpatient Addiction Program (SOAP) BH outpatient (including psychology and psych APN) Opioid Treatment Program (OTP) **Sec. 2.10.C.5 5. Behavioral Health Services (as listed in Appendix C)** a. The Contractor shall include in its Network a sufficient number of Behavioral Health Providers to meet the time and distance requirements set forth in Appendix N to the extent qualified, willing providers are available. b. In addition to the Availability requirements set forth in Appendix N, the Contractor shall include in its Network: 1) At least one Network Provider of each Behavioral Health Covered Service set forth in Appendix C in every region of the state served by the Contractor or, as determined by EOHHS, to the extent that qualified, interested Providers are available; and 2) Providers set forth in Appendix G, Exhibit 1 in accordance with the geographic distribution set	**Behavioral Health Services** • At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 2 Providers in accordance with the time-OR-distance standards defined in Appendix N. • Provider-to-member ratio not required. Do not calculate.	**Psychiatric inpatient adult Geo-Access:** **Numerator:** number of members in a Service Area for which one of the following is true: • Two unique in-network providers are a 60-minute drive or less from a member residence; OR • Two unique in-network providers are 60 miles or less from a member residence. **Denominator:** all members in a Service Area **For the Nantucket and Oak Bluffs Service Areas only, the Contractor may meet this requirement by including in its Provider Network the two closest Providers that provide Psychiatric Inpatient Adult services.* **Partial Hospitalization Geo-Access:** **Numerator:** number of members in a Service Area for which one of the following is true: • One unique in-network providers are a 60-minute drive or less from a member residence; OR • One unique in-network providers are 60 miles or less from a member residence. **Denominator:** all members in a Service Area **Other Behavioral Health Services Geo-Access:** **Numerator:** number of members in a Service Area for which one of the following is true: • Two unique in-network providers are a 30-minute drive or less from a member residence; OR • Two unique in-network providers are 30 miles or less from a member residence. **Denominator:** all members in a Service Area **For the Nantucket Service Area only, the Contractor may meet this requirement by including in its Provider Network the four closest Providers that provide CSS level 3.5 services.*

Network Adequacy Standards Source: Sec. 2.10.C and Appendix N of the ACPP Contracts	Indicator	Definition of the Indicator
forth in such appendix, as updated by EOHHS from time to time, including but not limited to providers of ESP Services;		

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
Sec. 2.10.C.2.Pharmacy 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. 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.	**Pharmacy** • At least 90% of Enrollees in each of the Contractor's Service Areas must have access to at least 1 pharmacy in accordance with the time-OR-distance standards defined in Appendix N. • Provider-to-member ratio not required. Do not calculate.	**Pharmacy Geo-Access:** **Numerator**: number of members in a Service Area for which one of the following is true: • One pharmacy is a 30-minute drive or less from a member residence; OR • One pharmacy is 15 miles or less from a member residence. **Denominator**: all members in a Service Area

XV. Appendix E – MassHealth ACPP Provider Directory Web Addresses

Table E1: ACPP Provider Directory Web Addresses

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

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