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External Quality Review Accountable Care Partnership Plans Annual Technical Report, Calendar Year 2022



Commonwealth of Massachusetts
Executive Office of Health and
Human Services

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I. Executive Summary

Accountable Care Partnership Plans

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

Massachusetts's Medicaid program, administered by the Massachusetts Executive Office of Health and Human Services (EOHHS, known as "MassHealth"), contracted with 13 ACPPs during the 2022 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 in a portion of any savings they accrue, but the amount of savings they earn depends on the quality of care they provide. Quality of care is determined based on 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 – CY 2022

ACPP Name	Abbreviation Used in the Report	Members as of December 31, 2022	Percent of Total ACPP Population
AllWays Health Partners, Inc & Merrimack Valley ACO	AllWays Health	45,842	6.28%
Boston Medical Center Health Plan & Boston Accountable Care Organization, WellSense Community Alliance ACO	BMCHP WellSense Community Alliance	157,672	21.60%
Boston Medical Center Health Plan & Mercy Health Accountable Care Organization, WellSense Mercy Alliance ACO	BMCHP WellSense Mercy	34,414	4.71%
Boston Medical Center Health Plan & Signature Healthcare Corporation, WellSense Signature Alliance ACO	BMCHP WellSense Signature	25,140	3.44%
Boston Medical Center Health Plan & Southcoast Health Network, WellSense Southcoast Alliance ACO	BMCHP WellSense Southcoast	21,687	2.97%
Fallon Community Health Plan & Health Collaborative of the Berkshires	Fallon Berkshire	21,602	2.96%
Fallon Community Health Plan & Reliant Medical Group	Fallon 365	41,458	5.68%
Fallon Community Health Plan & Wellforce	Fallon Wellforce	62,427	8.55%
Health New England & Baystate Health Care Alliance, Be Healthy Partnership	HNE Be Healthy	50,180	6.87%
Tufts Health Public Plan & Atrius Health	Tufts Atrius	45,033	6.17%
Tufts Health Public Plan & Boston Children's Health Accountable Care Organization	Tufts Children's	135,967	18.62%
Tufts Health Public Plan & Beth Israel Deaconess Care Organization	Tufts BIDCO	48,528	6.65%
Tufts Health Public Plan & Cambridge Health Alliance	Tufts CHA	40,100	5.49%

The **AllWays Health Partners, Inc & Merrimack Valley ACO (AllWays Health)** is an ACO that serves 45,842 MassHealth enrollees across two counties in the state of Massachusetts. AllWays's corporate parent is Mass

General Brigham. Its corporate offices are in Somerville. MassHealth enrollees who live in select cities and towns in Essex and Middlesex counties are eligible to enroll.

The **Boston Medical Center Health Plan & Boston Accountable Care Organization, WellSense Community Alliance ACO (BMCHP WellSense Community Alliance)** is an ACO that serves 157,672 MassHealth enrollees across 10 counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Bristol, Dukes, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester counties are eligible to enroll.

The **Boston Medical Center Health Plan & Mercy Health Accountable Care Organization, WellSense Mercy Alliance ACO (BMCHP WellSense Mercy)** is an ACO that serves 34,414 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 (BMCHP WellSense Signature)** is an ACO that serves 25,140 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 (BMCHP WellSense Southcoast)** is an ACO that serves 21,687 MassHealth enrollees across three counties in the state of Massachusetts. MassHealth enrollees who live in select cities and towns in Bristol, Plymouth, and Dukes counties are eligible to enroll.

The **Fallon Community Health Plan & Health Collaborative of the Berkshires (Fallon Berkshire)** is an ACO that serves 21,602 MassHealth enrollees across two counties in the state of Massachusetts. The plan is a partnership between Fallon Health, Berkshire Health Systems, Community Health Programs, and several Berkshire County community physician practices. 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 an ACO that serves 41,458 MassHealth enrollees across four counties in the state of Massachusetts. Fallon 365 represents a partnership between Fallon Health and Reliant Medical Group. Reliant Medical Group's corporate parent is UnitedHealth Group. 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 & Wellforce (Fallon Wellforce)** is an ACO that serves 62,427 MassHealth enrollees across seven counties in the state of Massachusetts. Wellforce was formed by Circle Health and Tufts Medical Center, as well as by the physicians in the New England Quality Care Alliance and the Lowell General Physician Hospital Organization. Melrose-Wakefield Healthcare later joined Wellforce. Wellforce's corporate offices are in Burlington. MassHealth enrollees who live in select cities and towns in Barnstable, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties are eligible to enroll.

The **Health New England & Baystate Health Care Alliance, Be Healthy Partnership (HNE Be Healthy)** is an ACO that serves 50,180 MassHealth enrollees across three counties in the state of Massachusetts. It represents a partnership between Health New England, which is part of Baystate Health, and Caring Health Center, a federally qualified health center (FQHC). MassHealth enrollees who live in select cities and towns in Franklin, Hampden, and Hampshire counties are eligible to enroll.

The **Tufts Health Public Plan & Atrius Health (Tufts Atrius)** is an ACO that serves 45,033 MassHealth enrollees across six counties in the state of Massachusetts. Atrius Health's administrative offices are located in Newton. MassHealth enrollees who live in select cities and towns in Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties are eligible to enroll.

The **Tufts Health Public Plan & Boston Children's Health Accountable Care Organization (Tufts Children's)** is an ACO that serves 135,967 MassHealth enrollees across all 14 counties in the state of Massachusetts. It is headquartered in Boston.

The **Tufts Health Public Plan & Beth Israel Deaconess Care Organization (Tufts BIDCO)** is an ACO that serves 48,528 MassHealth enrollees across seven counties in the state of Massachusetts. BIDCO's corporate office is in Westwood. MassHealth enrollees who live in select cities and towns in Barnstable, 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 40,100 MassHealth enrollees across four counties in the state of Massachusetts. 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.

Purpose of Report

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

Scope of External Quality Review Activities

MassHealth contracted with IPRO, an external quality review organization (EQRO), to conduct four mandatory EQR activities, as outlined by the Centers for Medicare and Medicaid Services (CMS), for its 13 ACPPs. As set forth in *Title 42 CFR § 438.358 Activities related to external quality review(b)(1)*, these activities are:

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

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

- technical methods of data collection and analysis,
- description of obtained data,

¹ Children's Health Insurance Program.

- comparative findings, and
- where applicable, the ACPPs' performance strengths and opportunities for improvement.

All four mandatory EQR activities were conducted in accordance with CMS EQR protocols. CMS defined *validation* in *Title 42 CFR § 438.320 Definitions* as “the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.” It should be noted that validation of network adequacy was conducted at the state’s discretion, as activity protocols were not included in the *CMS External Quality Review (EQR) Protocols* published in October 2019.

High-Level Program Findings

The EQR activities conducted in CY 2022 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 2022 EQR activity findings to assess the performance of MassHealth’s ACPPs in providing quality, timely, and accessible health care services to Medicaid members. The individual ACPPs were evaluated against state and national benchmarks for measures related to the **quality**, **access**, and **timeliness** domains, and results were compared to previous years for trending when possible. These plan-level findings and recommendations for each ACPP are discussed in each EQR activity section, as well as in the **MCP Strengths, Opportunities for Improvement, and EQR Recommendations** section.

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

MassHealth Medicaid Comprehensive Quality Strategy

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

Strengths:

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

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

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

MassHealth reviews and evaluates the effectiveness of its quality strategy every 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.

Opportunities for improvement:

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

centered care (goal 4), and improved care through better integration, communication, and coordination (goal 5).

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

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)*.

Strengths:

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

MassHealth requires that within each project there is at least one intervention focused on health equity, which supports MassHealth's strategic goal to promote equitable care.

During CY 2022, each ACPP conducted two PIPs, which were validated by MassHealth's previous EQRO. PIPs were conducted in compliance with federal requirements and were designed to drive improvement on measures that support specific strategic goals; however, they also presented opportunities for improvement.

Opportunities for improvement:

PIPs did not have effective aim statements that would define a clear objective for the improvement project. An effective aim statement should be short, specific, and measurable. PIPs also lacked effective measures to track the success of specific changes that were put in place to overcome barriers that prevent improvement.

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

Performance Measure Validation

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

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.

ACPPs are evaluated on a set of Healthcare Effectiveness Data and Information Set (HEDIS®) and non-HEDIS measures (i.e., measures that are not reported to the National Committee for Quality Assurance [NCQA] via the Interactive Data Submission System [IDSS]). Quality measures rates are calculated by MassHealth's vendor Telligen®.

Opportunities for improvement:

IPRO conducted the Information Systems Capabilities Assessment (ISCA) and found that data received from four ACPPs had inaccuracies that impacted the Follow-Up After Hospitalization for Mental Illness (FUH) measure.

IPRO also conducted rate validation to evaluate measure results and compare rates to industry standards and found that FUH rates for four ACPPs were materially biased and should not be reported. All other required measures were reportable.

The review of the processes used to collect, calculate, and report the PMs uncovered that the provider specialty mapping processes used for measurement year (MY) 2021 were not current and need to be updated. This finding did not impact reported rates. No other issues were identified.

When IPRO compared the statewide averages to the NCQA Quality Compass® percentiles, 6 out of 12 statewide averages were below the New England (NE) regional 25th percentiles. The CIS rate was below the 50th percentile, and the CBP, CDC, and FUM rates were below the 75th percentile. The 75th percentile is used by MassHealth to reflect a minimum (threshold) standard for performance. The IMA and APM measures were above the 75th percentile but below the 90th. All ACPPs scored below the 25th percentile on the IET Engagement measure.

For the state specific (non-HEDIS) measures, IPRO compared the statewide averages to goal benchmarks determined by MassHealth. The statewide averages for 6 out of 18 state-specific measures were above the goal benchmarks. The statewide average for 9 out of 18 measures were below the goal benchmark. For three measures, the benchmark values were not available.

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

Compliance

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

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

Network

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

Strengths:

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

Network adequacy is an integral part of MassHealth's strategic goals. One of the goals of MassHealth's quality strategy is to promote timely preventative primary care services with access to integrated care and community-based services and supports. MassHealth's strategic goals also include improving access for members with disabilities, as well as increasing timely access to behavioral health care and reducing mental health and SUD emergencies.

Travel time and distance standards and availability standards are defined in the ACPPs' contracts with MassHealth.

Opportunities for improvement:

IPRO evaluated each ACPP's provider network to determine compliance with the time and distance standards established by MassHealth; however, the exceptions for the Nantucket and Dukes Counties were not included in template standards used for analysis.

Access was assessed for a total of 64 provider types. The results show that all ACPPs had some type of network deficiency. In terms of access to preventative care, except for Fallon Berkshire, all other ACPPs had deficient networks of adult and pediatric PCPs; 7 out of 13 ACPPs had deficient networks of ob/gyn providers.

Network deficiencies were calculated on a county level, where 100% of health plan members residing in a county had to have access within the required travel time or distance standards. However, ACO contracts and associated network standards are based on MassHealth service areas and not counties. Therefore, to assess network adequacy, ZIP codes were used to identify covered areas and then mapped to counties for each plan. As such, county level results reflect only mapped ZIP codes.

In a few counties, all ACPPs had deficient networks of the same provider type. For example, in Barnstable County, all the three ACPPs had deficient networks of adult primary care, pediatric primary care, and ob/gyn providers; in Berkshire County, both ACPPs had a deficient network of ob/gyn providers; and in Bristol County, all four ACPPs had a deficient network of oral surgeons.

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

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 performance. Four of the member experience measures are included in the calculation of the ACOs' quality score that impacts a portion of the savings that ACOs earn.

Opportunities for improvement:

MassHealth currently excludes members with telehealth-only visits from the survey sample and uses the survey instrument based on the CG-CAHPS 3.0 survey tool. The newer 3.1 version of CG-CAHPS survey tool was updated to reference in-person, phone, and video visits. Updating the PC MES survey instrument to reflect the 3.1 version would allow MassHealth to capture information from a more complete population of members.

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.

IPRO compared the ACPPs' adult and child PC MES results to statewide scores calculated for all ACOs, including ACPPs and Primary Care Accountable Care Organizations (PC ACOs). 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

- *Recommendation towards achieving the goals of the Medicaid quality strategy* – MassHealth should assess whether the state met or made progress on the five strategic goals and objectives described in the quality strategy. This assessment should describe whether the state successfully promoted better care for MassHealth members (goal 1), achieved measurable reductions in health care inequities (goal 2), made care more value-based (goal 3), successfully promoted person- and family-centered care (goal 4), and improved care through better integration, communication, and coordination (goal 5). The state may decide to continue with or revise its five strategic goals and objectives based on the evaluation.²
- *Recommendation towards accelerating the effectiveness of PIPs* – IPRO recommends that MassHealth's PIPs have an effective aim statement and include intervention tracking measures to better track the success of specific changes that were put in place to overcome barriers that prevent improvement.
- *Recommendation towards accurate calculation of PMs* – IPRO recommends improving oversight of medical record review processes to confirm accuracy of abstracted data reported by ACPPs; improving oversight of encounters submitted by ACPPs to ensure data accuracy; and updating provider specialty mapping to improve measure rate accuracy.
- *Recommendation towards better performance on quality measures* – MassHealth should continue to leverage the HEDIS and PC MES survey data and report findings to support the development of relevant major initiatives, quality improvement strategies and interventions, and performance monitoring and evaluation activities.
- *Recommendation towards measurable network adequacy standards* – MassHealth should continue to monitor network adequacy across MCPs and leverage the results to improve access. MassHealth should also work with EQRO and MCPs to identify consistent network adequacy indicators.
- *Recommendation towards capturing complete information about member experiences with health care* – IPRO recommends that MassHealth consider including telehealth-only members in the survey sample and update the PC MES survey instrument to reflect the 3.1 version of the CG-CAHPS tool.
- *Recommendation towards sharing information about member experiences with health care* – 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**, **timeliness**, and **access** to care are provided in **Section IX** of this report.

² Considerations for addressing the evaluation of the quality strategy are described in the *Medicaid and Children's Health Insurance Program (CHIP) Managed Care Quality Strategy Toolkit* on page 29, available at [Medicaid and Children's Health Insurance Program \(CHIP\) Managed Care Quality Strategy Toolkit](#).

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 Massachusetts's Medicaid program is funded by both the state and federal government, and it is administered by the Massachusetts EOHSS, known as MassHealth.

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

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

MassHealth Medicaid Quality Strategy

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

MassHealth has implemented a comprehensive Medicaid quality strategy to improve the quality of health care for its members. The quality strategy is comprehensive, as it guides quality improvement of services delivered to all MassHealth members, including managed care and fee-for-service populations. MassHealth's strategic goals are listed in **Table 2**.

Table 2: MassHealth's Strategic Goals

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

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

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

MassHealth Managed Care Programs

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

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

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

Quality Metrics

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

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

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

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

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

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

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

Performance Improvement Projects

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

Member Experience of Care Surveys

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

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

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

MassHealth Initiatives

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

1115 Demonstration Waiver

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

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

Roadmap for Behavioral Health

Another MassHealth initiative that supports the goals of the quality strategy is the five-year roadmap for behavioral health reform that was released in 2021. Key components of implementing this initiative include the following: behavioral health integration in primary care, community-based alternatives to emergency department for crisis interventions, and the creation of the 24-7 Behavioral Health Help Line that will become available in 2023.

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

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

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

IPRO's Assessment of the Massachusetts Medicaid Quality Strategy

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

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

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

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

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

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

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

III. Validation of Performance Improvement Projects

Objectives

Title 42 CFR § 438.330(d) establishes that state agencies require contracted MCPs to conduct PIPs that focus on both clinical and non-clinical areas. The purpose of a PIP is to assess and improve the processes and outcomes of health care provided by an MCP.

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

For the CY 2022, each ACPP conducted two PIPs. The majority of the CY 2022 PIPs were in their baseline year and focused on controlling high blood pressure and comprehensive diabetes care. Only four of the CY 2022 PIPs were in their first remeasurement year and those PIPs continued the work that started in the previous year on either flu vaccinations or access to telehealth. Specific ACPP PIP topics and baseline vs. remeasurement indications are displayed in **Table 3**.

Table 3: ACPP PIP Topics – CY 2022

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

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

Title 42 CFR § 438.356(a)(1) and *Title 42 CFR § 438.358(b)(1)* establish that state agencies must contract with an EQRO to perform the annual validation of PIPs. PIPs that were underway in 2022 were validated by MassHealth's previous EQRO. This section of the report summarizes the previous EQRO's 2022 PIP validation results.

Technical Methods of Data Collection and Analysis

ACPPs submitted two PIP reports in 2022. In May 2022, the ACPPs submitted a Baseline Project Plan Report in which they described project goals, planned stakeholder involvement, anticipated barriers, proposed interventions, a plan for intervention effectiveness analysis, and performance indicators. In September 2022, the ACPPs reported project updates and baseline data in the Baseline Performance Final Report. This timeline was the same for the four PIPs that were in their remeasurement year (the AllWays Flu PIP, the Fallon Wellforce Telehealth PIP, the Tufts Children's Flu PIP, and the Tufts CHA Telehealth PIP) except these ACPPs submitted Remeasurement Reports, instead of Baseline Reports.

Validation was performed by the previous EQRO's Technical Reviewers with support from the Clinical Director. PIPs were validated in accordance with *Title 42 CFR § 438.330(b)(i)*. The previous EQRO provided PIP report templates to each ACPP for the submission of the project plan, the final baseline report, and the remeasurement report where appropriate. Each review was a four-step process:

- 1) **PIP Project Report.** MCPs submit a project report for each PIP to the EQRO Microsoft® Teams® site. This report is specific to the stage of the project. The majority of 2022 PIPs were baseline projects, except for the four remeasurement projects.
- 2) **Desktop Review.** A desktop review is performed for each PIP. The Technical Reviewer and Medical Director review the project report and any supporting documentation submitted by the plan. Working collaboratively, they identify project strengths, issues requiring clarification, and opportunities for improvement. The focus of the Technical Reviewer's work is the structural quality of the project. The Medical Director's focus is on clinical integrity and interventions.
- 3) **Conference with the Plan.** The Technical Reviewer and Medical Director meet virtually with plan representatives to obtain clarification on identified issues, as well as to offer recommendations for improvement. When it is not possible to assign a validation rating to a project due to incomplete or missing information, the plan is required to remediate the report and resubmit it within 10 calendar days. In all cases, the plan is offered the opportunity to resubmit the report to address feedback received from the EQRO, although it is not required to do so.
- 4) **Final Report.** A PIP Validation Worksheet based on CMS EQR Protocol Number 1 is completed by the Technical Reviewer. The inter-rater reliability was conducted to ensure consistency between reviewers. Reports submitted in Fall 2022 were scored by the reviewers. Individual standards are scored either: 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. The Medical Director documents his or her findings, and in collaboration with the Technical Reviewer, develops recommendations. The findings of the Technical Reviewer and Medical Director are synthesized into a final report. A determination is made by the Technical Reviewers as to the validity of the project.

Description of Data Obtained

Information obtained throughout the reporting period included project description and goals, population analysis, stakeholder involvement and barriers analysis, intervention parameters, and performance indicator parameters.

Conclusions and Comparative Findings

"Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement. Validation rating was assessed on the following scale: high confidence, moderate confidence, low confidence, and no confidence. The external reviewers were highly confident that the majority of PIPs adhered to methodology for all phases of the projects. The confidence in the following three PIPs was rated as moderate: the Fallon Wellforce CBP PIP, the Tufts Children's Flu PIP, and the Tufts CHA CBP PIP.

After the review to determine whether the PIP met the quality validation criteria established by CMS and MassHealth, the external reviewers rated each PIP and assigned an overall validation rating score based on rating averages across all requirements. The majority of ACPPs achieved the overall validation rating score of 100%, except for Fallon Wellforce, Tufts Children's, and Tufts CHA. However, all scores were close to 100% and no ACPP scored below 95%. PIP validation results are reported in **Tables 4–16** for each ACPP.

Table 4: AllWays Health PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CBP – Rating Averages	PIP 2: Flu – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	100%	100%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	100%	100%

Table 5: BMCHP WellSense Community Alliance PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CDC – Rating Averages	PIP 2: CIS – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	92%	100%
Intervention Activities Updates	100%	100%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	99%	100%

Table 6: BMCHP WellSense Mercy PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CBP – Rating Averages	PIP 2: CDC – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	100%	100%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	100%	100%

Table 7: BMCHP WellSense Signature PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CBP – Rating Averages	PIP 2: CDC – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	100%	100%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	100%	100%

Table 8: BMCHP WellSense Southcoast PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CBP – Rating Averages	PIP 2: CDC – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	100%	100%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	100%	100%

Table 9: HNE Be Healthy PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CBP – Rating Averages	PIP 2: IET – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	100%	100%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	100%	100%

Table 10: Fallon Berkshire PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CBP – Rating Averages	PIP 2: CDC – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	100%	100%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	100%	100%

Table 11: Fallon 365 PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CBP – Rating Averages	PIP 2: CDC – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	100%	100%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	100%	100%

Table 12: Fallon Wellforce PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CBP – Rating Averages	PIP 2: Telehealth – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	93%	100%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	99%	100%

Table 13: Tufts Atrius PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CBP – Rating Averages	PIP 2: CIS – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	100%	100%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	100%	100%

Table 14: Tufts Children’s PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CIS – Rating Averages	PIP 2: Flu – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	100%	78%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	100%	96%

Table 15: Tufts BIDCO PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CBP – Rating Averages	PIP 2: CDC – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	100%	100%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	100%	100%

Table 16: Tufts CHA PIP Validation Results

Summary Results of Validation Ratings	PIP 1: CBP – Rating Averages	PIP 2: Telehealth – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	92%	100%
Intervention Activities Updates	93%	100%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	97%	100%

AllWays Health PIPs

AllWays PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 17–19**.

Table 17: AllWays PIP Summaries, 2022

AllWays PIP Summaries
<p>PIP 1: Increase the HEDIS Controlling High Blood Pressure (CBP) rate for AllWays members 18–85 years of age who had a diagnosis of hypertension (HTN) during the measurement period</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p> <p>Aim</p> <p>The goal of this project is to increase the HEDIS Controlling Blood Pressure (CBP) rate for members 18–85 years of age who had a diagnosis of hypertension (HTN) by 10% over baseline (MY 2020). Through this PIP, AllWays aims to:</p> <ul style="list-style-type: none"> • Improve primary care physicians (PCP) knowledge of standardized HTN follow-up protocols and BP measurement techniques for managing HTN. • Increase member knowledge on HTN self-management, medication adherence, and blood pressure remote home monitoring. • Increase member and provider awareness of HTN available resources to them. <p>Interventions in 2022</p> <ul style="list-style-type: none"> ▪ Provide telephonic, in-person, and/or virtual education to members with hypertension around lifestyle tips to manage their conditions, medication adherence, and available resources (e.g., transportation, telehealth, blood pressure monitors). ▪ Develop and disseminate HTN protocols to train providers on standardized HTN follow up, BP measurement techniques for managing HTN, HEDIS CBP standards, CBP Actionable Reports, and resources available to members/providers.

AllWays PIP Summaries
Performance Improvement Summary Not applicable until the remeasurement results are available in 2023 for MY 2022.
PIP 2: Increase the flu vaccination and Child Immunization Status (CIS) rates for the AllWays population with a special focus on reducing racial disparities in flu vaccination access Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
Aim <ul style="list-style-type: none"> • Increase the flu vaccination rate for AllWays members 6 months–64 years of age who met the Flu vaccination measure denominator criteria) by 25% over baseline (2019–2020 flu season) by the end of this project. • Increase the Childhood Immunization Status (CIS) Combo 10 HEDIS measure for member ≤ 2 years of age by 5% over baseline (MY 2020) by the end of this project.
Interventions in 2022 <ul style="list-style-type: none"> ▪ Educate AllWays members due for flu vaccine or childhood immunizations on the importance of getting the flu vaccines/immunizations and available flu resources through different outreaches such as text messaging campaigns, post cards, blogs. ▪ AllWays will partner with high-volume low performing provider sites to develop new reminder/scheduling systems for flu vaccines for members 6 months to 64 years old. ▪ AllWays will partner with high-volume low performing provider sites to create and implement CIS gap in care reports and scheduling/reminders protocols to help AllWays providers to remind members about immunizations at each visit.
Performance Improvement Summary AllWays experienced an upward trend when comparing the flu rate from baseline (24%) against the remeasurement period (25.4%). These results were statistically significant at the 5% of significance. AllWays did not meet the performance goal of 30%. AllWays also experienced an upward trend when comparing the CIS Combo 10 from baseline (45.01%) against the re-measurement period (49.15%). These results were not statistically significant at the 5% of significance. AllWays exceeded the performance goal of 47.3%. AllWays is performing above the 75 th percentile (National Quality Compass benchmarks for the Medicaid line of business).

Table 18: AllWays PIP Results – PIP 1

Increase the HEDIS Controlling High Blood Pressure (CBP) rate for AllWays members 18–85 years of age who had a diagnosis of hypertension (HTN) during the measurement period (2022–2023) – Indicators and Reporting Year	AllWays
Indicator 1: Controlling High Blood Pressure	
2022 (baseline, MY 2020 data)	58.39%
2023 (remeasurement year 1)	Not Applicable

Table 19: AllWays PIP Results – PIP 2

Increase the flu vaccination and Child Immunization Status (CIS) rates for the AllWays population with a special focus on reducing racial disparities in flu vaccination access (2021–2023) – Indicators and Reporting Year	AllWays
Indicator 1: Flu Vaccination	
2021 (baseline, MY 2020 data)	24%
2022 (remeasurement year 1)	25.4%
2023 (remeasurement year 2)	Not Applicable

Increase the flu vaccination and Child Immunization Status (CIS) rates for the AllWays population with a special focus on reducing racial disparities in flu vaccination access (2021–2023) – Indicators and Reporting Year	AllWays
Indicator 2: CIS Combo 10	
2021 (baseline, MY 2020 data)	45.01%
2022 (remeasurement year 1)	49.15%
2023 (remeasurement year 2)	Not Applicable

Recommendations

None.

BMCHP WellSense Community Alliance PIPs

BMCHP WellSense Community Alliance PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 20–22**.

Table 20: BMCHP WellSense Community Alliance PIP Summaries, 2022

BMCHP WellSense Community Alliance PIP Summaries
<p>PIP 1: Improving diabetes A1C control for all BMCHP WellSense Community Alliance members and especially for those populations with health inequities</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p> <p>Aim</p> <p>The focus of this project is to improve comprehensive diabetes care for members that identify as Hispanic or Latino. The ACPP hopes the strategies outlined in this project will improve comprehensive diabetes care for all members. The ACPP will focus on the following high-level objectives for this PIP:</p> <ul style="list-style-type: none"> • Improve the collection of REL data for all members to create a more accurate understanding of the racial and ethnic disparities in diabetes care and management among the population. • Identify and understand the barriers that different racial and ethnic groups may face in managing their diabetes. • Partner with community leaders to build trust and increase engagement with historically marginalized communities. • Improve the provision of culturally sensitive care for members with diabetes. • Improve health outcomes for members with diabetes. • Reduce racial and ethnic disparities in diabetes care and outcomes. <p>Interventions in 2022</p> <ul style="list-style-type: none"> ▪ Improve the provision of culturally competent care through better data collection and provider training. ▪ Increase engagement and support for Hispanic and Latinx members in diabetes care. <p>Performance Improvement Summary</p> <p>Not applicable until the remeasurement results are available in 2023 for the MY 2022.</p>
<p>PIP 2: Improving childhood immunization rates for all BMCHP WellSense Community Alliance members and especially for those populations with health inequities</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p> <p>Aim</p> <p>The focus of this project is to improve rates of childhood immunizations for members that identify as Black. The ACPP hopes the strategies outlined in this project will improve immunization rates for all members. The ACPP will focus on the following high-level objectives for this PIP:</p> <ul style="list-style-type: none"> • Improve the collection of REL data for all members to create a more accurate understanding of the racial and ethnic disparities among the population.

BMCHP WellSense Community Alliance PIP Summaries

- Identify and understand the barriers that different racial and ethnic groups may face in completing childhood immunizations.
- Partner with community leaders to build trust and increase engagement with historically marginalized communities.
- Improve the provision of culturally sensitive care for members aged 0–2 who identify as Black and their families.
- Improve health outcomes for members aged 0–2 who identify as Black and their families.
- Reduce racial and ethnic disparities in childhood immunization outcomes.

Interventions in 2022

- Develop educational materials for providers and members on REL data collection.
- Increase engagement and support for Black members aged 0–2 to improve childhood immunization rates.

Performance Improvement Summary

Not applicable until the remeasurement results are available in 2023 for the MY 2022.

Table 21: BMCHP WellSense Community Alliance PIP Results – PIP 1

Improving diabetes A1C control for all members and especially for those populations with health inequities (2022–2023) – Indicators and Reporting Year	BMCHP WellSense Community Alliance
Indicator 1: A1C Control (All Members)	
2022 (baseline MY 2021 data)	55%
2023 (remeasurement year 1)	Not Applicable
Indicator 2: A1C (Hispanic Members)	
2022 (baseline, MY 2021 data)	52.9%
2023 (remeasurement year 1)	Not Applicable

Table 22: BMCHP WellSense Community Alliance PIP Results – PIP 2

Improving childhood immunization rates for all members and especially for those populations with health inequities (2022–2023) – Indicators and Reporting Year	BMCHP WellSense Community Alliance
Indicator 1: CIS (All Members)	
2022 (baseline, MY 2021 data)	51%
2023 (remeasurement year 1)	Not Applicable
Indicator 2: CIS (Black Members)	
2022 (baseline, MY 2021 data)	53.4%
2023 (remeasurement year 1)	Not Applicable

Recommendations

None.

BMCHP WellSense Mercy PIPs

BMCHP WellSense Mercy PIP summaries, including aim, interventions, and results (indicators), are reported in Tables 23–25.

Table 23: BMCHP WellSense Mercy PIP Summaries, 2022

BMCHP WellSense Mercy PIP Summaries
<p>PIP 1: Improve CBP outcomes for all BMCHP WellSense Mercy members with a focus on decreasing racial disparities for Black members with uncontrolled blood pressure</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p>
<p>Aim</p> <p>The focus of this project is to improve the control of high blood pressure for Mercy members with hypertension that identify as Black. The ACPH hopes the strategies outlined in this project will improve hypertension care for all members. The ACPH will focus on the following high-level objectives for this PIP:</p> <ul style="list-style-type: none"> • Improve the collection of REL data for all Mercy members to create a more accurate understanding of the racial and ethnic disparities in hypertension care and management among Mercy’s population. • Identify and understand the barriers that different racial and ethnic groups may face in managing their hypertension. • Partner with community leaders to build trust and increase engagement with historically marginalized communities. • Improve the provision of culturally sensitive care for Mercy members with hypertension. • Improve health outcomes for Mercy members with hypertension. • Reduce racial and ethnic disparities in hypertension care and outcomes. <p>Interventions in 2022</p> <ul style="list-style-type: none"> ▪ Developing a plan for improved data collection and provider training. ▪ Increase engagement and support for Black members in hypertension care. <p>Performance Improvement Summary</p> <p>Not applicable until the remeasurement results are available in 2023 for the MY 2022.</p>
<p>PIP 2: Improve A1C outcomes for all BMCHP WellSense Mercy members with a focus on decreasing racial disparities for Black members with diabetes</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p>
<p>Aim</p> <p>The focus of this project is to improve comprehensive diabetes care for Mercy members that identify as Black. The ACPH hopes the strategies outlined in this project will improve comprehensive diabetes care for all members. The ACPH will focus on the following high-level objectives for this PIP:</p> <ul style="list-style-type: none"> • Identify and understand the barriers that different racial and ethnic groups may face in managing their diabetes. • Strengthen partnerships with community leaders to build trust and increase engagement with historically marginalized communities across multiple health outcomes. • Improve the provision of culturally sensitive care for Mercy members with diabetes. • Improve health outcomes for Mercy members with diabetes. • Reduce racial disparities in diabetes care and outcomes. <p>Interventions in 2022</p> <ul style="list-style-type: none"> ▪ Developing a plan for improved data collection and provider training, beginning to collect and analyze data from other available sources to improve understanding of disparities. ▪ Increase engagement and support for Black members in diabetes care.

BMCHP WellSense Mercy PIP Summaries
Performance Improvement Summary
Not applicable until the remeasurement results are available in 2023 for the MY 2022.

Table 24: BMCHP WellSense Mercy PIP Results – PIP 1

Improve CBP outcomes for all BMCHP WellSense Mercy members with a focus on decreasing racial disparities for Black members with uncontrolled blood pressure (2022–2023) – Indicators and Reporting Year	BMCHP WellSense Mercy
Indicator 1: Controlling High Blood Pressure	
2022 (baseline, MY 2021 data)	73%
2023 (remeasurement year 1)	Not Applicable
Indicator 2: Controlling High Blood Pressure among Black members	
2022 (baseline, MY 2021 data)	66.6%
2023 (remeasurement year 1)	Not Applicable

Table 25: BMCHP WellSense Mercy PIP Results – PIP 2

Improve A1C outcomes for all BMCHP WellSense Mercy members with a focus on decreasing racial disparities for Black members with diabetes (2022–2023) – Indicators and Reporting Year	BMCHP WellSense Mercy
Indicator 1: HbA1c Control	
2022 (baseline, MY 2021 data)	83.45%
2023 (remeasurement year 1)	Not Applicable
Indicator 2: HbA1c Control Black members	
2022 (baseline, MY 2021 data)	50.82%
2023 (remeasurement year 1)	Not Applicable

Recommendations

None.

BMCHP WellSense Signature PIPs

BMCHP WellSense Signature PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 26–28**.

Table 26: BMCHP WellSense Signature PIP Summaries, 2022

BMCHP WellSense Signature PIP Summaries
PIP 1: Improve control of high blood pressure for all BMCHP WellSense Signature members with a focus on decreasing racial and ethnic disparities for Black patients with hypertension
Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
Aim The focus of this project is to improve the control of high blood pressure for Signature members with hypertension that identify as Black or African American. The ACPH hopes the strategies outlined in this project will improve hypertension care for all members. The ACPH will focus on the following high-level objectives for this PIP: <ul style="list-style-type: none"> • Improve the collection of REL data for all Signature members to create a more accurate understanding of the racial and ethnic disparities in hypertension care and management among Signature’s population. • Identify and understand the barriers that different racial and ethnic groups may face in managing their hypertension. • Partner with community leaders to build trust and increase engagement with historically marginalized communities.

BMCHP WellSense Signature PIP Summaries

- Improve the provision of culturally sensitive care for Signature members with hypertension.
- Improve health outcomes for Signature members with hypertension.
- Reduce racial and ethnic disparities in hypertension care and outcomes.

Interventions in 2022

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

Performance Improvement Summary

Not applicable until the remeasurement results are available in 2023 for the MY 2022.

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

Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.

Aim

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

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

Interventions in 2022

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

Performance Improvement Summary

Not applicable until the remeasurement results are available in 2023 for the MY 2022.

Table 27: BMCHP WellSense Signature PIP Results – PIP 1

Improve control of high blood pressure for all BMCHP WellSense Signature members with a focus on decreasing racial and ethnic disparities for Black patients with hypertension (2022–2023) – Indicators and Reporting Year	BMCHP WellSense Signature
Indicator 1: Controlling High Blood Pressure All Members	
2022 (baseline, MY 2021 data)	62%
2023 (remeasurement year 1)	Not Applicable
Indicator 2: Controlling High Blood Pressure Black Members	
2022 (baseline, MY 2021 data)	59%
2023 (remeasurement year 1)	Not Applicable

Table 28: BMCHP WellSense Signature PIP Results – PIP 2

Improve comprehensive diabetes care for all BMCHP WellSense Signature members with a focus on decreasing racial and ethnic disparities for Hispanic/Latino members with diabetes (2022–2023) – Indicators and Reporting Year		BMCHP WellSense Signature
Indicator 1: A1C Control (All Members)		
2022 (baseline, MY 2021 data)		73%
2023 (remeasurement year 1)		Not Applicable
Indicator 2: A1C Control (Hispanic Members)		
2022 (baseline, MY 2021 data)		65%
2023 (remeasurement year 1)		Not Applicable

Recommendations

None.

BMCHP WellSense Southcoast PIPs

BMCHP WellSense Southcoast PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 29–31**.

Table 29: BMCHP WellSense Southcoast PIP Summaries, 2022

BMCHP WellSense Southcoast PIP Summaries
<p>PIP 1: Improving the control of high blood pressure for all BMCHP WellSense Southcoast members, with a focus on reducing racial disparities for Black and Hispanic patients</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p>
<p>Aim</p> <p>To improve the control of blood pressure for Southcoast members with hypertension that identify as Black/African American or Hispanic. This initiative was chosen because of the ACP's baseline quality measure data and analysis of outcomes by race. The strategies outlined in this project will help to improve blood pressure management for all, including patients of color. High-level objectives for this project plan include:</p> <ul style="list-style-type: none"> • Improvement in the collection of REL data for all Southcoast members. Foundational to the ACP's effort is the ability to reliably capture patient data and assess performance at the practice level. • Identification and understanding of the barriers that different racial and ethnic groups face in managing their hypertension. • Partnership between the ACP's Community Wellness Program and key community organizations to help increase patient engagement with historically marginalized communities. • Improvement in the provision of culturally sensitive care for Southcoast members with hypertension. • Improvement in health outcomes for Southcoast members with hypertension. • Reduced racial disparities in hypertension care and outcomes.
<p>Interventions in 2022</p> <ul style="list-style-type: none"> ▪ Improve the collection and monitoring of REL data for all Southcoast members. ▪ Improve the provision of culturally and linguistically appropriate care. ▪ Enhance patient outreach and engagement efforts with members of the Black and Hispanic community generally, including hypertension-specific outreach.
<p>Performance Improvement Summary</p> <p>Not applicable until the remeasurement results are available in 2023 for the MY 2022.</p>

BMCHP WellSense Southcoast PIP Summaries**PIP 2: Improving control of diabetes for all BMCHP WellSense Southcoast members, with a focus on reducing racial disparities for Black and Hispanic patients**

Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.

Aim

To improve comprehensive diabetes care for Southcoast members with diabetes that identify as Black/African American or Hispanic. This initiative was chosen because of the ACP's baseline quality measure data and analysis of outcomes by race. The strategies outlined in this project will help to improve diabetes management for all, including patients of color. High-level objectives for this project plan include:

- Improvement in the collection of REL data for all Southcoast members. Foundational to the ACP's effort is the ability to reliably capture patient data and assess performance at the practice level.
- Identification and understanding of the barriers that different racial and ethnic groups face in managing their diabetes.
- Partnership between the ACP's Community Wellness Program and key community organizations to help increase patient engagement with historically marginalized communities.
- Improvement in the provision of culturally sensitive care for Southcoast members with diabetes.
- Improvement in health outcomes for Southcoast members with diabetes.
- Reduced racial disparities in diabetes care and outcomes.

Interventions in 2022

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

Performance Improvement Summary

Not applicable until the remeasurement results are available in 2023 for the MY 2022.

Table 30: BMCHP WellSense Southcoast PIP Results – PIP 1

Improving the control of high blood pressure for all BMCHP WellSense Southcoast members, with a focus on reducing racial disparities for Black and Hispanic patients (2022–2023) – Indicators and Reporting Year	BMCHP WellSense Southcoast
Indicator 1: Controlling High Blood Pressure All Members	
2022 (baseline MY 2021 data)	57%
2023 (remeasurement year 1)	Not Applicable
Indicator 2: Controlling High Blood Pressure Black and Hispanic Members	
2022 (baseline, MY 2021 data)	64%
2023 (remeasurement year 1)	Not Applicable

Table 31: BMCHP WellSense Southcoast PIP Results – PIP 2

Improving control of diabetes for all BMCHP WellSense Southcoast members, with a focus on reducing racial disparities for Black and Hispanic patients (2022–2023) – Indicators and Reporting Year	BMCHP WellSense Southcoast
Indicator 1: A1C Control All Members	
2022 (baseline, MY 2021 data)	60%
2023 (remeasurement year 1)	Not Applicable

Improving control of diabetes for all BMCHP WellSense Southcoast members, with a focus on reducing racial disparities for Black and Hispanic patients (2022–2023) – Indicators and Reporting Year	BMCHP WellSense Southcoast
Indicator 2: A1C Control Black and Hispanic Members	
2022 (baseline, MY 2021 data)	29%
2023 (remeasurement year 1)	Not Applicable

Recommendations

None.

HNE Be Healthy PIPs

HNE Be Healthy PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 32–34**.

Table 32: HNE Be Healthy PIP Summaries, 2022

HNE Be Healthy PIP Summaries
PIP 1: Increasing Blood Pressure Control Through Targeted Member Engagement Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
Aim To increase the percentage of hypertensive members who actively engage in managing their blood pressure through preventative care visits and community-engaged messaging. Among HNE’s members with hypertension, Black members, those with fewer medical comorbidities, and those who did not have annual physical visits were more likely to have poor control of their blood pressure. These findings inform a strategy that emphasizes equity, prevention rather than management in hypertension-related comorbidity, and engagement in preventive care.
Interventions in 2022 <ul style="list-style-type: none"> ▪ Increase the scheduling and completion of annual physical exams in members with hypertension identifying as Black. ▪ Member Success Stories: Community Informing Community, members diagnosed with hypertension who were able to gain control over their hypertension share their success story with other members in the community.
Performance Improvement Summary Not applicable until the remeasurement results are available in 2023 for the MY 2022.
PIP 2: Increasing IET Adherence Through Targeted Member Engagement Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
Aim To improve engagement in the AOD Treatment while focusing on both the initiation and engagement components of the IET measure.
Interventions in 2022 <ul style="list-style-type: none"> ▪ Direct outreach and engagement of females identifying as Hispanic into AOD treatment based off AOD trigger diagnosis.
Performance Improvement Summary Not applicable until the remeasurement results are available in 2023 for the MY 2022.

Table 33: HNE Be Healthy PIP Results – PIP 1

Increasing Blood Pressure Control Through Targeted Member Engagement (2022–2023) – Indicators and Reporting Year	HNE Be Healthy
Indicator 1: Controlling High Blood Pressure	
2022 (baseline, MY 2021 data)	54.8%
2023 (remeasurement year 1)	Not Applicable
Indicator 2: Annual Physical Completing Percent	
2022 (baseline, MY 2021 data)	51.6%
2023 (remeasurement year 1)	Not Applicable

Table 34: HNE Be Healthy PIP Results – PIP 2

Increasing IET Adherence Through Targeted Member Engagement (2022–2023) – Indicators and Reporting Year	HNE Be Healthy
Indicator 1: IET Initiation	
2022 (baseline, MY 2021 data)	44.1%
2023 (remeasurement year 1)	Not Applicable
Indicator 2: IET Engagement	
2022 (baseline, MY 2021 data)	11.5%
2023 (remeasurement year 1)	Not Applicable

Recommendations

None.

Fallon Berkshire PIPs

Fallon Berkshire PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 35–37**.

Table 35: Fallon Berkshire PIP Summaries, 2022

Fallon Berkshire PIP Summaries
PIP 1: Controlling Blood Pressure
Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
<p>Aim</p> <p>To improve blood pressure control for Fallon Berkshire members (aged 18–64 years) who have a diagnosis of hypertension by maintaining an average blood pressure (BP) of less than 140/90. This will be accomplished via member education, outreach, and targeted interventions including a new Mobile Health Unit Program.</p> <p>Interventions in 2022</p> <ul style="list-style-type: none"> Mobile Health Unit – Disease Monitoring Program. Distribution of Patient Lists and Provider Performance – Controlling Blood Pressure (CBP). <p>Performance Improvement Summary</p> <p>Not applicable until the remeasurement results are available in 2023 for the MY 2022.</p>

Fallon Berkshire PIP Summaries

PIP 2: Provide comprehensive diabetes care for Fallon Berkshire members with uncontrolled diabetes

Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.

Aim

To improve A1C rates for Fallon Berkshire members (aged 18–64 years) who have a diagnosis of diabetes by decreasing overall A1C rates for members below 9.0. This will be accomplished via member education, outreach, and targeted interventions including a new Mobile Health Unit Program.

Interventions in 2022

- Mobile Health Unit – Monitoring Program.
- Distribution of Patient Lists and Provider Performance – Comprehensive Diabetes Care (CDC).

Performance Improvement Summary

Not applicable until the remeasurement results are available in 2023 for the MY 2022.

Table 36: Fallon Berkshire PIP Results – PIP 1

Controlling Blood Pressure (2022–2023) – Indicators and Reporting Year		Fallon Berkshire
Indicator 1: Blood Pressure Poor Control		
2022 (baseline, MY 2020 data)		57.14%
2023 (remeasurement year 1)		Not Applicable
Indicator 2: Annual Blood Pressure Check		
2022 (baseline, MY 2021 data)		25.00%
2023 (remeasurement year 1)		Not Applicable

Table 37: Fallon Berkshire PIP Results – PIP 2

Provide comprehensive diabetes care for Fallon Berkshire members with uncontrolled diabetes (2022–2023) – Indicators and Reporting Year		Fallon Berkshire
Indicator 1: A1C Poor Control		
2022 (baseline, MY 2020 data)		41.8%
2023 (remeasurement year 1)		Not Applicable
Indicator 2: Annual A1C Completion		
2022 (baseline, MY 2021 data)		38%
2023 (remeasurement year 1)		Not Applicable

Recommendations

None.

Fallon 365 PIPs

Fallon 365 PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 38–40**.

Table 38: Fallon 365 PIP Summaries, 2022

Fallon 365 PIP Summaries	
PIP 1: Controlling Blood Pressure	
Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.	
<p>Aim</p> <p>To improve blood pressure control for members (aged 18–64 years) who have a diagnosis of hypertension by maintaining an average blood pressure (BP) of less than 140/90. This will be accomplished via targeted member outreach and provider education by refining infrastructure surrounding the best practices for rechecking BP in-office when reading is more than 140/90. The plan is using new reporting capabilities and accountability for rechecking BP measurements outside of the targets. Additionally, the ACPP is exploring offering community-based hypertension clinics at hot-spot areas of concern within the patient community.</p>	
<p>Interventions in 2022</p> <ul style="list-style-type: none"> Outreach to minority and unknown groups with disparities to continue beyond the three attempts to reach the member. Continue efforts to improve the management of patients with hypertension by systematically re-measuring when blood pressure readings are above the desired target. 	
<p>Performance Improvement Summary</p> <p>Not applicable until the remeasurement results are available in 2023 for the MY 2022.</p>	
PIP 2: Comprehensive Diabetes Care	
Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.	
<p>Aim</p> <p>To decrease the percentage of members whose HbA1c is > 9.0%.</p>	
<p>Interventions in 2022</p> <ul style="list-style-type: none"> Outreach to minority and unknown groups with disparities to continue efforts to reduce variation in obtaining A1c while also reducing the number of patients who have an HbA1c > 9.0%. To improve the management of patients with HbA1c > 9.0%. 	
<p>Performance Improvement Summary</p> <p>Not applicable until the remeasurement results are available in 2023 for the MY 2022.</p>	

Table 39: Fallon 365 PIP Results – PIP 1

Controlling Blood Pressure (2022–2023) – Indicators and Reporting Year	Fallon 365
Indicator 1: Blood Pressure Poor Control	
2022 (baseline MY 2020 data)	69.1%
2023 (remeasurement year 1)	Not Applicable
Indicator 2: MPRs for hypertensive patients	
2022 (baseline, MY 2021 data)	66.0%
2023 (remeasurement year 1)	Not Applicable

Table 40: Fallon 365 PIP Results – PIP 2

Comprehensive Diabetes Care (2022–2023) – Indicators and Reporting Year		Fallon 365
Indicator 1: A1c Poor Control		
2022 (baseline, MY 2020 data)		32.4%
2023 (remeasurement year 1)		Not Applicable

Recommendations

None.

Fallon Wellforce PIPs

Fallon Wellforce PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 41–43**.

Table 41: Fallon Wellforce PIP Summaries, 2022

Fallon Wellforce PIP Summaries
PIP 1: Controlling Blood Pressure Validation Summary: Moderate confidence.
Aim To improve blood pressure control for members (aged 18–64 years) who have a diagnosis of hypertension by maintaining an average blood pressure (BP) of less than 140/90. This will be accomplished via targeted proactive member outreach during the year using a text campaign via the ACP's population health tool.
Interventions in 2022 <ul style="list-style-type: none"> Hypertensive patient proactive outreach – text campaign. Reduce the amount of unknown REL data to support hypertension SDoH barriers analyses.
Performance Improvement Summary Not applicable until the remeasurement results are available in 2023 for the MY 2022.
PIP 2: Examine the barriers to telehealth and seek to reduce those barriers for the Medicaid ACP population Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
Aim To reduce the barriers to telehealth (and specifically, medical telehealth), for Fallon Wellforce members. In terms of the scope of the project, this will include conducting a population analysis of the members who are eligible to participate in this PIP and analyzing the demographics of these members; along with determining the barriers that prevent them from utilizing telehealth and seeking to continually reduce these barriers over this PIP cycle. Additionally, the ACP would like to improve the utilization of video telehealth for all members. The focus will be on Lowell Community Health Center (LCHC) members for this PIP and intervention.
Interventions in 2022 <ul style="list-style-type: none"> Improve access to medical telehealth for LCHC members and determine methods to make telehealth more equitable to members.
Performance Improvement Summary Lowell Community Health Center saw a decrease in telehealth for their first remeasurement period due to the increase of availability in the COVID-19 vaccine to the overall population. With more patients being able to become vaccinated, it led to an increase of comfortability and trust that COVID-19 is subsiding. Increasing vaccine accessibility led to a decrease in COVID-19 rates, allowing more patients to come on-site for their appointments. For the future of telehealth appointment rates to continue to be steady, Lowell CHC has hired a Telehealth Navigator that is available on-site to troubleshoot technology issues for patient's future telehealth appointments.

Table 42: Fallon Wellforce PIP Results – PIP 1

Controlling Blood Pressure (2022–2023) – Indicators and Reporting Year	Fallon Wellforce
Indicator 1: Adequate Control of High Blood Pressure	
2022 (baseline, MY 2020 data)	58.15%
2023 (remeasurement year 1)	Not Applicable

Table 43: Fallon Wellforce PIP Results – PIP 2

Examine the barriers to telehealth and seek to reduce those barriers for the Medicaid ACO population (2021–2023) – Indicators and Reporting Year	Fallon Wellforce
Indicator 1: AMB - Ambulatory Care	
2021 (baseline, MY 2020 data) ¹	53.2%
2022 (remeasurement year 1)	41.5%
2023 (remeasurement year 2)	Not Applicable

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

Recommendations

None.

Tufts Atrius PIPs

Tufts Atrius PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 44–46**.

Table 44: Tufts Atrius PIP Summaries, 2022

Tufts Atrius PIP Summaries
PIP 1: Hypertension Control Amongst Black Patients Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
Aim To identify and address patients’ barriers, including health-related social needs that interfere with blood pressure control, resulting in increased number of hypertensive patients. Over the project cycle, Tufts Atrius’ care team staff will pursue this PIP’s activities by engaging eligible patients via multiple channels (in person, MyHealth Member portal, email, text, and phone call) in order to identify and address the barriers that impede blood pressure control. The pilot effort will occur at the Somerville Internal Medicine practice location, specifically for Black hypertensive patients with poorly controlled blood pressure. Atrius Health Social Workers and Population Health Managers will identify and contact Black hypertensive patients with poor blood pressure control. Tufts Atrius will conduct health-related social needs screenings to identify barriers/needs and connect patients with the resources to address their needs and arrange for follow up appointments with their PCP (in person or virtual). It is expected that this individualized engagement with patients will help facilitate patients getting primary care visits, which appears to show a positive correlation with blood pressure control among Tufts Atrius patients.
Interventions in 2022 <ul style="list-style-type: none"> Targeted outreach to Black hypertensive patients with poorly controlled blood pressure at the Somerville practice site to identify and address health-related social needs that interfere with their blood pressure control, offer Community Serving’s Medically Tailored Meal program for eligible obese patients who had a diagnosis of hypertension (HTN), and connect patients back to their PCP by scheduling a follow-up appointment that works for them. Targeted outreach to Black hypertensive patients with poorly controlled blood pressure at the Somerville practice site to offer enrollment support in the Tufts Atrius patient portal (MyHealth); offer a home blood pressure cuff,

Tufts Atrius PIP Summaries
discuss/educate on importance of BP follow up, and connect patients back to their PCP by scheduling a follow up appointment that works for them.
Performance Improvement Summary
Not applicable until the remeasurement results are available in 2023 for the MY 2022.
PIP 2: Childhood Immunization Status: Reducing the Disparity between White and Black or African American Tufts Atrius Members
Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
Aim
To increase year over year performance on the Childhood Immunization Status (CIS) quality measure with a particular emphasis on reducing the disparity between White and Black/African American Tufts Atrius members. Project efforts will focus on understanding and addressing barriers to childhood immunizations with an emphasis on the Black/African American population. THP-AH will implement both member and provider focused activities to increase administration of the required childhood vaccines prior to a member's 2 nd birthday. Member focused interventions will include education and outreach designed to address barriers related to vaccination including lack of member knowledge about the importance of childhood vaccines, vaccine hesitancy among members due to racial/ethnic/cultural/social/religious factors, and lack of member knowledge on when, where, and how to access the vaccines. Provider focused interventions will include education to improve knowledge regarding the disparity in childhood immunization rates and increase cultural awareness related to vaccine hesitancy.
Interventions in 2022
<ul style="list-style-type: none"> ▪ Patient Education and Engagement: Awareness, education and engagement efforts regarding the importance, safety, efficacy, and availability of childhood vaccines targeted toward parents of newborns, with a particular focus on Black/African American patients and parents. ▪ Patient/Parent Outreach for Care Gaps – conduct 1:1 outreach phone calls to parents of patients aged 18–24 months old who have one or more gap in required immunizations, with particular focus on outreach to Black/African American patients and parents. ▪ Provider and Care Team Education – raise awareness of childhood immunization rates and racial disparities and provide education, training, and resources to support vaccine equity.
Performance Improvement Summary
Not applicable until the remeasurement results are available in 2023 for the MY 2022.

Table 45: Tufts Atrius PIP Results – PIP 1

Hypertension Control Amongst Black Patients (2022–2023) – Indicators and Reporting Year	Tufts Atrius
Indicator 1: Blood Pressure Control in Black/African American patients	
2022 (baseline, MY 2021 data) ¹	69.8%
2023 (remeasurement year 1)	Not Applicable

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

Table 46: Tufts Atrius PIP Results – PIP 2

Childhood Immunization Status: Reducing the Disparity between White and Black or African American Tufts Atrius Members (2022–2023) – Indicators and Reporting Year	Tufts Atrius
Indicator 1: CIS – Overall	
2022 (baseline, MY 2021 data)	60.8%
2023 (remeasurement year 1)	Not Applicable

Childhood Immunization Status: Reducing the Disparity between White and Black or African American Tufts Atrius Members (2022–2023) – Indicators and Reporting Year		Tufts Atrius
Indicator 2: CIS – Black/African American Members		
2022 (baseline, MY 2021 data)		58.7%
2023 (remeasurement year 1)		Not Applicable
Indicator 2: CIS – White Members		
2022 (baseline, MY 2021 data)		64.4%
2023 (remeasurement year 1)		Not Applicable

Recommendations

None.

Tufts Children’s PIPs

Tufts Children’s PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 47–49**.

Table 47: Tufts Children’s PIP Summaries, 2022

Tufts Children’s PIP Summaries
<p>PIP 1: Childhood Immunization Status</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p> <p>Aim</p> <p>To decrease disparities in vaccination rates for young patients who receive primary care at one of the 77 practices in the PPOC (Pediatric Physicians Organization at Children’s). Specifically, the project focuses on disparities in Combo-10 immunization rates (diphtheria, tetanus, and acellular pertussis (DTaP), polio (IPV), measles, mumps and rubella (MMR), haemophilus influenza type B (HiB), hepatitis B (HepB), chicken pox (VZV), pneumococcal conjugate (PCV), hepatitis A (HepA), rotavirus (RV), and influenza (flu) among 2-year-olds.</p> <p>The first step of this work involves sharing immunization data with practice providers and staff and working with them to understand any disparities in immunization rates in their patient population. After examining the data and reviewing factors that may be influencing differences in rates, PPOC quality improvement staff will work with practices to optimize outreach strategies to improve patient/family awareness of vaccinations and to assist in scheduling. Outreach strategies will primarily involve patient communications, including appointment reminders in patients’ preferred language. Interventions for this project will take place at PPOC’s 80+ practices throughout Massachusetts and will be primarily led by the PPOC Quality Improvement team and the PPOC CLAS (Cultural and Linguistic Appropriate Services) Project Team.</p> <p>Interventions in 2022</p> <ul style="list-style-type: none"> Increasing adaption of Solutionreach, a multilingual patient communication platform, across all PPOC practices to support patients and families with limited English proficiency by, for example, sending appointment reminders in multiple languages. Optimization of the Spanish version of the Patient Portal by practices in the Pediatric Physicians Organization at Children’s (PPOC). <p>Performance Improvement Summary</p> <p>Not applicable until the remeasurement results are available in 2023 for the MY 2022.</p>

Tufts Children's PIP Summaries

PIP 2: Increasing flu vaccination rates in a pediatric population

Validation Summary: Moderate confidence.

Aim

To increase year-over-year flu vaccination rates among Tufts Children's members. Flu vaccination is measured during the period September-March. Interventions for this project will take place at two hospital-based practices: Children's Hospital Primary Care Center (CHPCC) and Martha Eliot Health Center (MEHC). Increasing the flu vaccination rates will be approached through the activities of member education, nurse practitioner outreach for children with medical complexities, and provider education. Activities are targeted to reach all ages inclusive of this PIP but have additional focus on children under 2 years old, per the HEDIS Childhood Immunization Status (CIS) Combo 10. Previously, this PIP was solely focused on flu vaccination, but has been modified to include CIS rates. Also note that previous iterations of this PIP reported that the interventions were taking place in a third Tufts Children hospital-based practice, Adolescent and Young Adult Medicine (AYAM), however this was inaccurate.

Interventions in 2022

- Member Education Initiative.
- Targeted appropriate member/family outreach for flu vaccination.
- Provider education and training.

Performance Improvement Summary

Tufts Children did not reach the initial goal of a flu vaccination rate of 50%. Instead, the rate has fallen 9.35 percentage points from 47.99% in the baseline year (2019–2020 flu season) to 38.64% in the remeasurement year (2021–2022 flu season). This is reflective of the broader national trend reported by the CDC Weekly Vaccination Dashboard.

Table 48: Tufts Children's PIP Results – PIP 1

Childhood Immunization Status (2022–2023) – Indicators and Reporting Year	Tufts Children
Indicator 1: CIS	
2022 (baseline, MY 2020 data)	57.39%
2023 (remeasurement year 1)	Not Applicable

Table 49: Tufts Children's PIP Results – PIP 2

Increasing flu vaccination rates in a pediatric population (2021–2023) – Indicators and Reporting Year	Tufts Children
Indicator 1: Flu Vaccination Rate	
2021 (baseline, MY 2020 data)	47.99%
2022 (remeasurement year 1)	38.64%
2023 (remeasurement year 2)	Not Applicable

Recommendations

None.

Tufts BIDCO PIPs

Tufts BIDCO PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 50–52**.

Table 50: Tufts BIDCO PIP Summaries, 2022

Tufts BIDCO PIP Summaries	
PIP 1: Increasing blood pressure control among Tufts BIDCO hypertensive members	
Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.	
<p>Aim</p> <p>This project is designed to have an individualized approach resulting in an increase in hypertensive patients having blood pressure rates under 140/90. Additionally, the project is designed to ensure that patients who meet the hypertensive criteria engage in routine care demonstrated by recording blood pressure levels at least once within the calendar year and receive routine follow-up if their blood pressure is above 140/90. The project incorporates equitable access into the interventions. Over the three-year project cycle, this PIP will explore, design, and build on, the following activities: Self-Measured Blood Pressure (SMBP) program, blood pressure/hypertension registry, and Tufts BIDCO-initiated individualized patient communication.</p> <p>Interventions in 2022</p> <ul style="list-style-type: none"> Self-Measured Blood Pressure (SMBP) program. Hypertension Registry (HTN) registry. Patient Communication/outreach. <p>Performance Improvement Summary</p> <p>Not applicable until the remeasurement results are available in 2023 for the MY 2022.</p>	
PIP 2: Increasing A1c control among Tufts BIDCO diabetic members	
Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.	
<p>Aim</p> <p>To increase the rates of effective and comprehensive diabetes care among the Tufts BIDCO patient population. The target patient population is patients diagnosed with Type 1 or Type 2 Diabetes in the measurement year or year prior to the measurement year who receive care through a Tufts BIDCO PCP. Through the outlined interventions and activities, Tufts BIDCO intends to increase patient and provider engagement in diabetes management evidenced by increasing A1c control ($A1c \leq 9.0\%$) for Tufts BIDCO members.</p> <p>Interventions in 2022</p> <ul style="list-style-type: none"> Pre-visit Planning. Patient outreach. Diabetes Group Visits. <p>Performance Improvement Summary</p> <p>Not applicable until the remeasurement results are available in 2023 for the MY 2022.</p>	

Table 51: Tufts BIDCO PIP Results – PIP 1

Increasing blood pressure control among Tufts BIDCO hypertensive members (2022–2023) – Indicators and Reporting Year	Tufts BIDCO
Indicator 1: Controlling Blood Pressure	
2022 (baseline, MY 2021 data)	48.81%
2023 (remeasurement year 1)	Not Applicable

Table 52: Tufts BIDCO PIP Results – PIP 2

Increasing A1c control among Tufts BIDCO diabetic members (2022–2023) – Indicators and Reporting Year	Tufts BIDCO
Indicator 1: A1c Poor Control (> 9.0%)	
2022 (baseline, MY 2021 data)	34.22%
2023 (remeasurement year 1)	Not Applicable

Recommendations

1. Recommendation for PIP 2: Tufts BIDCO is working to provide information regarding members’ preferred languages to practice level staff. Tufts BIDCO is also working with the Beth Israel Lahey Health (BILH) system’s Diversity, Equity & Inclusion (DE&I) team to support culturally and linguistically appropriate care for members through training and education of frontline staff. The previous EQRO noted that outreach in the member’s preferred language is the intervention theme in all three interventions. The previous EQRO recommended that beyond meeting members’ needs to communicate in their preferred language, Tufts BIDCO also considered identifying culture-related barriers to achieving diabetes control.
2. Recommendation for PIP 2: Tufts BIDCO patients aged 18–75 years during the measurement year who, in the measurement year or year prior, either:
 - have one inpatient encounter with a diagnosis of diabetes, or
 - have two outpatient encounters with a diagnosis of diabetes, or
 - were dispensed insulin or hypoglycemic/antihyperglycemics.

The previous EQRO recommended the addition of “or” after each parameter when defining the denominator of the A1c Poor Control indicator.

Tufts CHA PIPs

Tufts CHA PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 53–55**.

Table 53: Tufts CHA PIP Summaries, 2022

Tufts CHA PIP Summaries
PIP 1: Reducing health disparities in controlling high blood pressure Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
Aim The goal of this project is to address disparities for members who have less controlled blood pressure through the outreach and scheduling of patients to see Pharmacotherapy and/or Primary Care.
Interventions in 2022 <ul style="list-style-type: none"> ▪ Outreach to patients with hypertension who are overdue for care.
Performance Improvement Summary Not applicable until the remeasurement results are available in 2023 for the MY 2022.
PIP 2: Increasing telehealth quality and utilization. Validation Summary: Moderate confidence.
Aim To reduce barriers to Behavioral Health telehealth services for Tufts CHA members, thus increasing consistent attendance to behavioral health routines and follow-up appointments. The PIP intervention activities are designed to remove barriers that may disproportionately impact members based on their race, ethnicity, language, age, and other demographic characteristics. The PIP data analysis demonstrates that Spanish-speaking members have lower rates of telehealth utilization; therefore, Spanish-speaking patients have been identified as the focal population for this PIP. Furthermore, the goal of the PIP is to provide a structured telehealth platform as well as individualized support for

Tufts CHA PIP Summaries

patients to set up the telehealth platform. Additionally, Tufts CHA provides individualized outreach to support patients with scheduling telehealth routines and follow-up appointments, all intended to improve ease and accessibility of telehealth; therefore, increasing telehealth utilization.

Interventions in 2022

- Optimizations of the integrated EMR (EPIC) tele-visit platform (MEND).
- Individualized Case Worker Outreach: CHA admission/NON-CHA Admissions.

Performance Improvement Summary

Telehealth rate increased from the baseline reporting period. The increase is likely due to the continued pandemic as the overall goal of Tufts CHA is to improve the quality of the telehealth experience for patients, not necessarily increase the telehealth rate. This was stated in the previous PIP iterations.

Rollout of the tele-visit platform (MEND) has supported the increased rate of telehealth use among Tufts CHA members/patients evidenced by the increase in telehealth use when comparing baseline/remeasurement 1/remeasurement 2.

FUH 7-day measure/rate was added in May 2022. Preliminary data suggest that case worker outreach has a positive effect on overall telehealth utilization for FUH 7-day.

Table 54: Tufts CHA PIP Results – PIP 1

Reducing health disparities in controlling high blood pressure (2022–2023) – Indicators and Reporting Year	Tufts CHA
Indicator 1: Controlling High Blood Pressure	
2022 (baseline, MY 2021 data)	68.60%
2023 (remeasurement year 1)	Not Applicable

Table 55: Tufts CHA PIP Results – PIP 2

Increasing telehealth quality and utilization (2021–2023) – Indicators and Reporting Year	Tufts CHA
Indicator 1: HEDIS Mental Health Utilization Measure (MPT)	
2021 (baseline, MY 2020 data)	69.60%
2022 (remeasurement year 1)	84.27%
2023 (remeasurement year 2)	Not Applicable

Recommendations

1. Recommendation for PIP 2: The previous EQRO recommends that this project’s mission is considered and resolved by discussion between Tufts-CHA and MassHealth. Specifically, Tufts-CHA notes that the “goal of its telehealth service provision continues to be 50% in-person and 50% telehealth. Tufts-CHA values in-person care and in-person care remains the preferred approach(…).” Tufts-CHA values “in-person care” for behavioral services and therefore wants to limit access to telehealth services. And yet, the PIP is designed to increase the utilization of behavioral health services. This is a conflict in this project’s mission that will require resolution between Tufts CHA and MassHealth.

IV. Validation of Performance Measures

Objectives

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

Technical Methods of Data Collection and Analysis

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

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

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

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

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

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

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

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

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

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

Description of Data Obtained

The following information was obtained from MassHealth:

- A completed ISCA tool.
- Denominator and numerator compliant lists for the following two measures:
 - Follow-Up After Hospitalization for Mental Illness (FUH; within 7 days); and
 - Follow-Up After Emergency Department Visit for Mental Illness (FUM; within 7 days).
- Rates for HEDIS and non-HEDIS measures.
- Screenshots from the data warehouse for PSV.
- Lists of numerator records that were compliant by medical record abstraction for the following:
 - Controlling High Blood Pressure (CBP); and
 - Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care (PPC-Prenatal).

The following information was obtained from the ACPPs:

- Each ACPP provided the completed medical record validation tool and associated medical records for the selected sample of members for medical record review validation.

Validation Findings

- **Information Systems Capabilities Assessment (ISCA):** Encounter Data received by MassHealth from 4 ACPPs were identified to have inaccuracies that impacted the Follow-Up After Hospitalization for Mental Illness (FUH) measure. The inpatient admission and discharge dates were the same on the encounter files submitted to MassHealth. As a result, members were not numerator-compliant, leading to a drop in rates for the FUH measure and leading to the rates being biased. The root cause was subsequently identified, and the rates were re-calculated using corrected discharge dates. No other issues were identified.
- **Source Code Validation:** Source code review was conducted with SS&C for the ACPPs' non-HEDIS measure rates. No issues were identified.
- **Medical Record Validation:** All ACPPs met the 80% threshold for the selected sample charts appropriately abstracted. Some concerns were identified with chart abstraction for five ACPPs. The abstraction was not supported by data in the medical record, or no chart was available to support the abstraction. Since the 80% pass threshold was met, there was no impact to the overall rates. No other issues were identified.
- **PSV:** One issue was identified in the identification of the denominator for the FUH measure. One of the codes used for identifying the denominator was not in the HEDIS value set. The bias determination threshold for the FUH measure is plus or minus five percentage points in the reported rate. Since this finding did not impact the rate by plus or minus five percentage points, there was no overall impact to the reported rates. No other issues were identified.
- **Data Collection and Integration Validation:** It was identified that the provider specialty mapping processes used for MY 2021 were not current and need to be updated. This finding did not impact reported rates. No other issues were identified.
- **Rate Validation:** Rate validation was conducted to evaluate measure results and compare rates to industry standard benchmarks. Four ACPPs (Tufts Atrius, Tufts BIDCO, Tufts Children's and Tufts CHA) received a Not Reportable (NR) validation; MCP rate was materially biased and should not be reported designation for the FUH measure. All other required measures were reportable.

Recommendations:

1. ACPPs and MassHealth should improve oversight of medical record review processes to confirm accuracy of abstracted data reported by ACPPs.
2. ACPPs and MassHealth should improve oversight of encounters submitted by ACPPs to ensure data accuracy.
3. MassHealth should update provider specialty mapping to improve measure rate accuracy.

IPRO found that the data and processes used to produce HEDIS and non-HEDIS rates for the ACPPs were fully compliant with all seven of the applicable NCQA information system standards. Findings from IPRO’s review are displayed in **Tables 56 and 57**.

Table 56: ACPP Compliance with Information System Standards – MY 2021

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

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

Table 57: ACPP Compliance with Information System Standards – MY 2021

IS Standard	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children’s	Tufts BIDCO	Tufts CHA
1.0 Medical Services Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
2.0 Enrollment Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
3.0 Practitioner Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
4.0 Medical Record Review Processes	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
5.0 Supplemental Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
6.0 Data Preproduction Processing	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
7.0 Data Integration and Reporting	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

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

Conclusions and 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 statewide averages to the NCQA HEDIS MY 2021 Quality Compass New England (NE) regional percentiles for Medicaid health maintenance organizations (HMOs) for all measures where available. The statewide averages were calculated across all MassHealth’s ACOs, including ACPPs and PC ACOs. IPRO also compared ACPPs’ rates to the NCQA HEDIS MY 2021 Quality Compass New England (NE) regional percentiles. MassHealth’s benchmarks for ACPP rates are the 75th and the 90th Quality Compass New England regional percentile. The regional percentiles are color coded to compare to the ACPP rates, as explained in **Table 58**.

Table 58: Color Key for HEDIS Performance Measure Comparison to NCQA HEDIS MY 2021 Quality Compass NE Regional Percentiles.

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

When compared to the MY 2021 Quality Compass New England (NE) regional percentiles, Fallon 365 had seven HEDIS rates that were above the 90th percentile and BMCHP Signature had five HEDIS rates above the 90th percentile. The BMCHP Southcoast, Tufts Atrius, Tufts Children's, and Tufts CHA all had three rates above the 90th percentile. AllWays Health, BMCHP Community Alliance, and BMCHP Mercy had two HEDIS rates above the 90th percentile and the Tufts BIDCO had one. HNE, Fallon Berkshire, and Fallon Wellforce did not have any measures that scored above the 90th percentiles. Eleven ACPPs had at least one measure at or above the 75th percentile but below the 90th percentile. Each ACPP had at least three rates that fell below the 25th percentile, and all ACPPs scored below the 25th percentile on the IET Engagement measure.

Tables 59 and 60 display the HEDIS PMs for MY 2021 for all ACPPs and the statewide average.

Table 59: ACPP HEDIS Performance Measures – MY 2021

HEDIS Measure	AllWays Health	BMCHP WellSense Community Alliance	BMCHP WellSense Mercy	BMCHP WellSense Signature	BMCHP WellSense Southcoast	HNE Be Healthy	ACO Statewide Average
Childhood Immunization Status (combo 10)	51.82%	55.75%	45.85%	52.08%	47.71%	41.36%	50.91%
Timeliness of Prenatal Care	95.93%	84.92%	68.54%	85.16%	88.78%	88.53%	81.16%
Immunization for Adolescents (combo 2)	45.61%	53.35%	43.07%	49.29%	53.75%	42.54%	47.98%
Controlling High Blood Pressure	58.64%	60.34%	70.56%	75.22%	73.48%	69.83%	66.05%
Asthma Medication Ratio	56.71%	54.22%	65.22%	50.14%	53.02%	53.96%	55.64%
Comprehensive Diabetes Care: A1c Poor Control ¹ (Lower is better)	32.54%	32.78%	38.95%	21.28%	32.54%	43.16%	35.72%
Metabolic Monitoring for Children and Adolescents on Antipsychotics	33.33%	49.64%	46.51%	63.64%	53.33%	37.59%	41.52%
Follow-Up After Hospitalization for Mental Illness (7 days)	28.11%	44.18%	50.28%	45.32%	45.85%	49.12%	39.10%
Follow-up After Emergency Department Visit for Mental Illness (7 days)	77.36%	72.87%	74.27%	82.17%	73.85%	73.21%	77.07%
Plan All-Cause Readmissions (Observed/Expected Ratio)	0.960	1.225	1.214	1.262	1.151	1.222	1.335
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	35.87%	50.96%	43.14%	63.11%	42.45%	49.82%	48.39%
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	11.30%	18.58%	19.00%	20.80%	16.56%	15.40%	15.77%

¹ A lower rate indicates better performance.

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

Table 60: ACPH HEDIS Performance Measures – MY 2021

HEDIS Measure	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children's	Tufts BIDCO	Tufts CHA	ACO Statewide Average
Childhood Immunization Status (combo 10)	33.68%	65.00%	46.94%	62.53%	57.28%	54.33%	64.18%	50.91%
Timeliness of Prenatal Care	88.11%	93.26%	73.72%	76.72%	48.94%	80.78%	87.34%	81.16%
Immunization for Adolescents (combo 2)	14.22%	50.36%	44.77%	40.88%	50.85%	25.30%	57.00%	47.98%
Controlling High Blood Pressure	66.42%	73.24%	70.56%	76.89%	50.72%	63.99%	67.15%	66.05%
Asthma Medication Ratio	47.88%	56.14%	56.48%	58.39%	68.30%	57.20%	49.50%	55.64%
Comprehensive Diabetes Care: A1c Poor Control ¹ (Lower is better)	33.15%	26.79%	34.48%	31.90%	69.95%	26.20%	35.82%	35.72%
Metabolic Monitoring for Children and Adolescents on Antipsychotics	35.48%	57.02%	28.98%	39.35%	40.72%	30.00%	22.95%	41.52%
Follow-Up After Hospitalization for Mental Illness (7 days)	42.70%	58.87%	40.95%	NR	NR	NR	NR	39.10%
Follow-up After Emergency Department Visit for Mental Illness (7 days)	75.81%	85.46%	78.44%	80.77%	86.48%	66.49%	80.61%	77.07%
Plan All-Cause Readmissions (Observed/Expected Ratio)	1.674	1.517	1.644	1.736	1.548	1.538	1.570	1.335
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	60.99%	76.12%	37.00%	37.21%	35.53%	50.91%	63.18%	48.39%
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	19.55%	17.09%	12.52%	13.55%	9.70%	15.39%	18.71%	15.77%

¹ A lower rate indicates better performance.

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

For the state-specific measures, IPRO compared the rates to the goal benchmarks determined by MassHealth. Goal benchmarks for ACPs were fixed targets calculated with COVID-based adjustments. **Table 61** shows the color key for state-specific PM comparison to the state benchmark.

Table 61: Color Key for State-Specific Performance Measure Comparison to the State Benchmark

Color Key	How Rate Compares to the State Benchmark
Orange	Below the state benchmark.
Gray	At the state benchmark.
Blue	Above the state benchmark.
White	Not applicable (N/A).

When compared to the state benchmark, all ACPs exceeded the state benchmark for the Oral Health Evaluation measure. Tufts Children’s demonstrated the best performance with 11 measures above the state benchmark and four measures below. On average, ACPs had nine measures below the state benchmarks. **Tables 62 and 63** show state-specific performance measures for MY 2021 for all ACPs and the statewide average. Primary Care Member Experience Survey (PC MES) measures were not included in the performance measure validation.

Table 62: ACP State-Specific Performance Measures – MY 2021

Measure	AllWays Health	BMCHP WellSense Community Alliance	BMCHP WellSense Mercy	BMCHP WellSense Signature	BMCHP WellSense Southcoast	HNE Be Healthy	ACO Statewide Average	State Benchmark
Oral Health Evaluation	55.08%	46.79%	52.20%	53.49%	44.22%	48.27%	51.25%	43.28%
Acute Unplanned Admissions for Individuals with Diabetes (Adult; Score)	17.547	15.044	14.347	20.218	13.942	12.784	15.493	N/A
Community Tenure (CT) – Bipolar, Schizophrenia or Psychosis (BSP; Observed/Expected Ratio)	0.941	1.759	1.413	1.937	1.505	1.086	1.151	TBD
Community Tenure (CT) – Non-BSP (Observed/Expected Ratio)	1.929	2.423	1.722	2.655	1.802	1.229	1.751	TBD
Health-Related Social Needs Screening	7.54%	34.79%	25.30%	37.96%	38.05%	22.14%	23.64%	23.50%
Risk-Adjusted Ratio (Observed/Expected) of ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions (lower is better)	1.494	1.561	1.249	1.529	1.298	1.200	1.453	1.28
Behavioral Health Community Partner Engagement	17.33%	12.48%	9.70%	15.72%	10.30%	10.70%	13.10%	12.20%
LTSS Community Partner Engagement	12.70%	7.64%	6.27%	6.95%	10.57%	6.63%	9.22%	9.20%
PC MES Willingness to Recommend+ Adult	84.44	84.58	78.64	83.59	86.48	82.50	85.31	90.40
PC MES Willingness to Recommend+ Child	87.07	88.85	86.01	91.11	90.38	89.59	90.16	91.30
PC MES Communication+ Adult	86.99	87.84	81.84	85.52	88.75	84.79	87.61	90.20
PC MES Communication+ Child	90.03	90.56	89.15	87.89	93.03	89.95	90.84	90.80
PC MES Integration of Care+ Adult	72.82	76.43	73.18	76.84	79.38	72.73	78.57	82.90
PC MES Integration of Care+ Child	74.01	78.45	79.34	82.44	78.18	78.39	79.33	89.10
PC MES Knowledge of Patient+ Adult	81.66	81.32	75.26	79.30	82.51	79.39	82.03	83.30
PC MES Knowledge of Patient+ Child	84.92	85.88	84.17	86.13	87.59	84.70	86.60	89.10
Screening for Depression and Follow-Up Plan	31.84	52.69	16.06	76.32	50.86	50.91	43.98	49.32
Depression Remission or Response	2.38	10.84	4.87	28.77	11.46	3.44	6.95	9.20

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

Table 63: ACPP State-Specific Performance Measures – MY 2021

Measure	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children's	Tufts BIDCO	Tufts CHA	ACO Statewide Average	State Benchmark
Oral Health Evaluation	45.40%	55.99%	55.11%	55.16%	53.56%	51.01%	53.62%	51.25%	43.28%
Acute Unplanned Admissions for Individuals with Diabetes (Adult; Score)	17.155	12.596	13.859	17.899	12.871	16.729	18.379	15.493	N/A
Community Tenure (CT) – Bipolar, Schizophrenia or Psychosis (BSP; Observed/Expected Ratio)	0.996	0.785	1.126	0.519	0.433	0.652	0.556	1.151	TBD
Community Tenure (CT) – Non-BSP (Observed/Expected Ratio)	1.528	1.294	1.653	0.966	0.918	1.213	1.295	1.751	TBD
Health-Related Social Needs Screening	2.68%	25.06%	32.12%	21.90%	58.15%	10.95%	27.98%	23.64%	23.50%
Risk-Adjusted Ratio (Observed/Expected) ED Visits for Members Aged 18–65 Years Identified with a Diagnosis of Serious Mental Illness, Substance Addiction, or Co-occurring Conditions (lower is better)	1.432	1.189	1.552	1.290	1.574	1.474	1.642	1.453	1.28
Behavioral Health Community Partner Engagement	8.73%	22.16%	23.67%	26.59%	0.00%	16.46%	10.84%	13.10%	12.20%
LTSS Community Partner Engagement	17.24%	4.55%	12.37%	17.39%	9.68%	8.74%	6.25%	9.22%	9.20%
PC MES Willingness to Recommend+ Adult	87.32	87.46	86.25	87.39	90.87	84.74	86.17	85.31	90.40
PC MES Willingness to Recommend+ Child	88.86	91.75	91.43	92.26	92.51	87.34	90.19	90.16	91.30
PC MES Communication+ Adult	88.95	89.86	88.32	88.52	91.92	86.75	88.14	87.61	90.20
PC MES Communication+ Child	91.16	91.84	90.07	92.40	92.25	88.52	91.06	90.84	90.80
PC MES Integration of Care+ Adult	79.94	80.51	78.66	81.22	80.64	76.76	76.35	78.57	82.90
PC MES Integration of Care+ Child	76.97	80.03	77.97	79.08	80.22	74.87	77.45	79.33	89.10
PC MES Knowledge of Patient+ Adult	83.07	83.23	83.21	82.84	87.68	81.73	82.93	82.03	83.30
PC MES Knowledge of Patient+ Child	84.48	87.92	86.33	88.68	88.56	85.08	85.97	86.60	89.10
Screening for Depression and Follow-Up Plan	21.24	39.24	38.53	17.31	60.28	38.97	47.34	43.98	49.32
Depression Remission or Response	13.85	8.22	0.53	5.56	11.20	8.05	1.50	6.95	9.20

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

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

Objectives

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

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

Technical Methods of Data Collection and Analysis

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

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

Scoring Methodology

An overall percentage compliance score for each of the standards was calculated based on the total points scored divided by total possible points. A three-point scoring system was used: Met = 1 point, Partially Met = 0.5 points, and Not Met = 0 points. For each standard identified as Partially Met or Not Met, the ACPP was required to submit a corrective action plan (CAP) in a format agreeable to MassHealth. The scoring definitions are outlined in **Table 64**.

Table 64: Scoring Definitions

Scoring	Definition
Met = 1 point	Documentation to substantiate compliance with the entirety of the regulatory or contractual provision was provided and ACP staff interviews provided information consistent with documentation provided.
Partially Met = 0.5 points	Any one of the following may be applicable: <ul style="list-style-type: none"> Documentation to substantiate compliance with the entirety of the regulatory or contractual provision was provided. ACP staff interviews, however, provided information that was not consistent with documentation provided. Documentation to substantiate compliance with some but not all the regulatory or contractual provision was provided, although ACP staff interviews provided information consistent with compliance with all requirements. Documentation to substantiate compliance with some but not all of the regulatory or contractual provision was provided, and ACP 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 ACP staff did not provide information to support compliance with requirements.

Description of Data Obtained

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

Nonduplication of Mandatory Activities

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

Conclusions and Comparative Findings

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

Each ACP's scores are displayed in **Tables 65 and 66**.

Table 65: CFR Standards to State Contract Crosswalk – 2021 Compliance Validation Results conducted by the previous EQRO.

CFR Standard Name ¹	CFR Citation	AllWays Health	BMCHP WellSense Community Alliance	BMCHP WellSense Mercy	BMCHP WellSense Signature	BMCHP WellSense Southcoast	HNE Be Healthy
Overall compliance score		96.4%	96%	96%	96%	96%	97.8%
Availability of Services	438.206	96.7%	94.7%	94.7%	94.7%	94.7%	97.9%
Enrollee Rights and Protections	438.10	100%	100%	100%	100%	100%	100%
Enrollment and Disenrollment	438.56	77.8%	61.1%	61.1%	61.1%	61.1%	88.9%
Enrollee Information	438.10	96.7%	100%	100%	100%	100%	100%
Assurances of Adequate Capacity and Services	438.207	100%	100%	100%	100%	100%	100%
Coordination and Continuity of Care	438.208	98.5%	100%	100%	100%	100%	100%
Coverage and Authorization of Services	438.210	99.2%	98.4%	98.4%	98.4%	98.4%	92.8%
Provider Selection	438.214	92.5%	95.0%	95.0%	95.0%	95.0%	100%
Confidentiality	438.224	100%	100%	100%	100%	100%	100%
Grievance and Appeal Systems	438.228	94.2%	97.5%	97.5%	97.5%	97.5%	90.8%
Subcontractual Relationships and Delegation	438.230	93.3%	98.9%	98.9%	98.9%	98.9%	100%
Practice Guidelines	438.236	100%	100%	100%	100%	100%	100%
Health Information Systems	438.242	100%	100%	100%	100%	100%	100%
QAPI	438.330	100%	98.4%	98.4%	98.4%	98.4%	98.4%

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

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

Table 66: CFR Standards to State Contract Crosswalk – 2021 Compliance Validation Results conducted by the previous EQRO.

CFR Standard Name ¹	CFR Citation	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children's	Tufts BIDCO	Tufts CHA
Overall compliance score		97.3%	97.3%	97.3%	96.9%	97.2%	96.8%	96.9%
Availability of Services	438.206	94.7%	94.7%	94.7%	84.0%	85.1%	84.0%	84.0%
Enrollee Rights and Protections	438.10	100%	100%	100%	92.8%	92.8%	92.8%	92.8%
Enrollment and Disenrollment	438.56	94.4%	94.4%	94.4%	100%	100%	100%	100%
Enrollee Information	438.10	97.4%	97.4%	97.4%	94.7%	97.3%	97.3%	97.3%
Assurances of Adequate Capacity and Services	438.207	100%	100%	100%	100%	100%	100%	100%
Coordination and Continuity of Care	438.208	100%	100%	100%	98.4%	98.4%	94.5%	95.3%
Coverage and Authorization of Services	438.210	97.5%	97.5%	97.5%	96.7%	96.7%	96.7%	96.7%
Provider Selection	438.214	92.5%	92.5%	92.5%	97.5%	97.5%	97.5%	97.5%
Confidentiality	438.224	100%	100%	100%	100%	100%	100%	100%
Grievance and Appeal Systems	438.228	93.3%	93.3%	93.3%	97.5%	97.5%	97.5%	97.5%
Subcontractual Relationships and Delegation	438.230	98.9%	98.9%	98.9%	96.7%	96.7%	96.7%	96.7%
Practice Guidelines	438.236	100%	100%	100%	100%	100%	100%	100%
Health Information Systems	438.242	94.4%	94.4%	94.4%	100%	100%	100%	100%
QAPI	438.330	98.4%	98.4%	98.4%	98.4%	98.4%	98.4%	98.4%

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

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

VI. Validation of Network Adequacy

Objectives

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

The state of Massachusetts has developed access and availability standards based on the requirements outlined in *Title 42 CFR § 438.68(c)*. One of the goals of MassHealth's quality strategy is to promote timely preventative primary care services with access to integrated care and community-based services and supports. MassHealth's strategic goals also include improving access for members with disabilities, as well as increasing timely access to behavioral health care and reducing mental health and SUD emergencies.

MassHealth's access and availability standards are described in Section 2.9 of the Fourth Amended and Restated MassHealth ACPP Contract. ACPPs are contractually required to meet accessibility standards (i.e., standards for the duration of time between enrollee's request and the provision of services) and availability standards (i.e., travel time and distance standards and, when needed, threshold member to provider ratios).

Title 42 CFR § 438.356(a)(1) and *Title 42 CFR § 438.358(b)(1)(iv)* establish that state agencies must contract with an EQRO to perform the annual validation of network adequacy. However, the most current CMS protocols published in October 2019 did not include network adequacy protocols for the EQRO to follow. To meet federal regulations, MassHealth contracted with IPRO, an EQRO, to perform the validation of network adequacy for MassHealth ACPPs.

Technical Methods of Data Collection and Analysis

For 2022, IPRO evaluated each ACPP's provider network to determine compliance with the time and distance standards established by MassHealth. MassHealth's accessibility standards are displayed in **Table 67**, and the travel time and distance standards are displayed in **Table 68**.

Table 67 displays MassHealth's Medicaid accessibility standards for emergency services, primary and specialty care, pharmacy, behavioral health services, and services in the inpatient or 24-hour diversionary services discharge plan, as well as services for enrollees newly placed in the care or custody of the Department of Children and Families (DCF). Access to all other ACPP covered services must be consistent with usual and customary community standards, as stated in the MassHealth ACPP contracts.

Table 67: ACPP Network Accessibility Standards – Duration of Time Between a Request and a Provision of Services

MassHealth Network Accessibility Standards
Emergency Services
Immediately upon enrollee presentation, including non-network and out-of-area facilities.
Twenty-four hours a day and seven days a week without regard to prior authorization or the emergency service provider's contractual relationship with the ACPP.

MassHealth Network Accessibility Standards
Primary Care
Within 48 hours of the enrollee's request for urgent care.
Within 10 calendar days of the enrollee's request for non-urgent symptomatic care.
Within 45 calendar days of the enrollee's request for non-symptomatic care, unless an appointment is required more quickly to assure the provision of screening in accordance with the schedule established by the EPSDT Periodicity Schedule.
Specialty Care
Within 48 hours of the enrollee's request for urgent care.
Within 30 calendar days of the enrollee's request for non-urgent symptomatic care.
Within 60 calendar days for non-symptomatic care.
Pharmacy
In accordance with usual and customary community standards; in a timely manner, including, but not limited to, by using delivery, courier, or other comparable service as needed to ensure such timely access.
Enrollees Newly Placed in the Care or Custody of DCF
Within 7 calendar days of receiving a request from a DCF caseworker, a DCF health care screening shall be offered at a reasonable time and place.
Within 30 calendar days of receiving a request from a DCF caseworker, a comprehensive medical examination, including all age-appropriate screenings according to the EPSDT Periodicity Schedule.
Behavioral Health Services – Emergency Services
Immediately, on a 24-hour basis, seven days a week, with unrestricted access to enrollees who present at any qualified provider, whether a network provider or a non-network provider.
Behavioral Health Services – ESP Services
Immediately, on a 24-hour basis, seven days a week, with unrestricted access to enrollees who present for such services.
Behavioral Health Services – Urgent Care
Within 48 hours for services that are not emergency services or routine services.
Behavioral Health Services – All Other
Within 14 calendar days.
Services in the Inpatient or 24-Hour Diversionary Services Discharge Plan
Non-24-hour diversionary services – within 2 calendar days of discharge.
Medication management – within 14 calendar days of discharge.
Other outpatient services – within 7 calendar days of discharge.
Intensive care coordination services – within the timeframe directed by MassHealth.

ACPP: accountable care partnership plan; EPSDT: Early and Periodic Screening, Diagnostic, and Treatment; DCF: Department of Children and Families; ESP: Emergency Services Program.

Table 68 displays MassHealth availability standards for PCPs, physical health services, specialists (including ob/gyn), behavioral health services, and pharmacy, as described in Section 2.9.C of the Fourth Amended and Restated MassHealth ACPP Contract. ACPPs are required to meet the travel time or the distance standard but are not required to meet both.

Table 68: ACPP Network Availability Standards – Travel Time or Distance, and Member-to-Provider Ratios

MassHealth Network Availability Standards
Primary Care Providers (PCPs)
Each enrollee must have a choice of at least two PCPs with open panels located within 15 miles or 30-minute travel time from the enrollee's residence and 40 miles or 40-minute travel time for those enrollees who live in the Oak Bluffs and Nantucket service areas.
One adult PCP for every 200 adult enrollees and one pediatric PCP for every 200 pediatric enrollees throughout the region.

MassHealth Network Availability Standards	
Physical Health Services	
Acute inpatient services: within 20 miles or 40-minute travel time from enrollee's residence, except for Martha's Vineyard and Nantucket Islands where the standard can be met by any hospital located on these islands that provide acute inpatient services or the closest hospital located off each island that provide acute inpatient services.	
Rehabilitation hospital services: within 30 miles or 60-minute travel time from an enrollee's residence.	
Urgent care services: within 15 miles or 30-minute travel time from the enrollee's residence.	
Other physical health services: in accordance with the usual and customary community standards for accessing care.	
Specialists	
All other specialists: 20 miles or 40-minute travel time from the enrollee's residence and 40 miles or 40-minute travel time for those enrollees who live in the Oak Bluffs and Nantucket service areas.	
An obstetrician/gynecologist to female enrollees (aged 10 and older) ratio of one to 500, throughout the region. When feasible, enrollees shall have a choice of two obstetrician/gynecologists.	
Behavioral Health Services	
Inpatient services: within 60 miles or 60-minute travel time from the enrollee's residence.	
ESP services: in accordance with the geographic distribution provided by the state.	
Community service agencies: in accordance with the geographic distribution provided by the state.	
Outpatient services: within 30 miles or 30-minute travel time from the enrollee's residence.	
Pharmacy	
At least one retail pharmacy available within 15 miles or 30-minute travel time from the enrollee's residence.	
A network of retail pharmacies that ensures prescription drug coverage and availability seven days a week.	

ESP: Emergency Services Program.

In addition to the accessibility and availability standards, as noted in Section 2.9 of the MassHealth ACPP Contracts and compliant with *Title 42 CFR 438.206*, each MassHealth ACPP is required to make covered services available 24 hours a day, seven days a week when medically necessary; and ensure that non-English speaking enrollees have a choice of at least two PCPs and at least two behavioral health providers in the prevalent language in each region. ACPPs are also required to have a mechanism in place to allow enrollees direct access to a specialist (e.g., through a standing referral or an approved number of visits).

IPRO entered into an agreement with Quest Analytics™ to use the Quest Enterprise System (QES) to validate that ACPPs' provider networks meet MassHealth's availability standards. Reports were generated by combining the following files together: data on all providers and service locations contracted to participate in plans' networks, census data, service area information provided by MassHealth, and network adequacy template standards.

The network adequacy template standards were created in 2021 through a series of meetings with Quest Analytics, the previous EQRO, and MassHealth. The standards were supplied by MassHealth. Once the standards were entered into a template format, the templates were approved by MassHealth. All template information was then programmatically loaded and tested in the QES environment before processing the MassHealth network adequacy data. These same template standards were used to conduct the analysis for the CY 2022 because the network adequacy standards did not change. **Table 69** shows the travel time and distance standards used for analysis.

Table 69: MassHealth ACPP Travel Time or Distance Standards Used for Analysis

Provider Type	Standard
Primary Care Provider (PCP)	

Provider Type	Standard
Adult PCP Pediatric PCP	100% of members have access to 2 providers within 15 miles or 30 minutes. And the provider-to-member ratio must be 1:200 in any given county.
Specialists	
Allergy and Immunology Anesthesiology Audiology Cardiology Cardiothoracic Surgery Chiropractor Dermatology ENT/Otolaryngology Emergency Medicine Endocrinology Gastroenterology General Surgery Hematology Infectious Diseases Nephrology Neurology Neurosurgery Nuclear Medicine Ob/Gyn Oncology – Medical, Surgical Oncology Radiation/Radiation Oncology Ophthalmology Oral Surgery Orthopedic Surgery Pathology Physiatry, Rehabilitative Medicine Plastic Surgery Podiatry Psych APN (PCNS or CNP) Psychiatry Psychology Pulmonology Radiology Rheumatology Urology Vascular Surgery	100% of members have access to 1 provider within 20 miles or 40 minutes. And for ob/gyn, the provider-to-member ratio must be 1:500 in any given county.
BH Diversionary	
CBAT-ICBAT-TCU Clinical Support Services for SUD (Level 3.5) Community Support Program Intensive Outpatient Program Monitored Inpatient (Level 3.7) Partial Hospitalization Program Program of Assertive Community Treatment Psychiatric Day Treatment Recovery Coaching Recovery Support Navigators Residential Rehabilitation Services for SUD (Level 3.1)	100% of members have access to 2 providers within 30 miles or 30 minutes.

Provider Type	Standard
Structured Outpatient Addiction Program	
BH Inpatient	
Managed Inpatient (Level 4) Psych Inpatient Adolescent, Adult, and Child	100% of members have access to 2 providers within 60 miles or 60 minutes.
BH Intensive Community Treatment	
In-Home Behavioral Services In-Home Therapy Services Therapeutic Mentoring Services	100% of members have access to 2 providers within 30 miles or 30 minutes.
BH Outpatient	
Applied Behavior Analysis BH Outpatient Opioid Treatment Programs	100% of members have access to 2 providers within 30 miles or 30 minutes.
Medical Facility	
Acute Inpatient Hospital Rehabilitation Hospital Urgent Care Services	100% of members have access to 1 provider within 20 miles or 40 minutes.
Pharmacy	
Retail Pharmacies	100% of members have access to 1 provider within 15 miles or 30 minutes.

ENT: ear, nose, and throat; ob/gyn: obstetrics and gynecology; Psych APN: psychiatric advanced nurse; PCNS: psychiatric clinical nurse specialist; CNP: certified nurse practitioner; CBAT-ICBAT-TCU: community-based acute treatment - intensive community-based acute treatment - transition care unit; SUD: substance use disorder; BH: behavioral health.

Because QES analysis is county-based while MassHealth-defined standards are service area-based, counties were assigned on a Zone Improvement Plan (ZIP) code basis. The analysis shows whether an ACPP has a sufficient network of providers for all members residing in the same county. The results reflect only mapped ZIP codes. While the analysis is conducted for members who live in the same county, providers do not have to practice in that county; a provider must be available within a specified travel time or distance from the member's residence, as defined in **Table 69**.

IPRO aggregated the results to identify ACPPs with adequate provider networks, as well as counties with deficient networks. When an ACPP appeared to have network deficiencies in a particular county, IPRO reported the percent of ACPP members in that county who had access. When possible, IPRO also reported when there were available providers with whom an ACPP could potentially contract to bring member access to or above the access requirement. The list of potential providers is based on publicly available data sources such as the National Plan & Provider Enumeration System (NPPES) Registry and CMS's Physician Compare.

Description of Data Obtained

Validation of network adequacy for CY 2022 was performed using network data submitted by ACPPs to IPRO. IPRO requested a complete provider list which included facility/provider name, address, phone number, and the national provider identifier (NPI) for the following provider types: primary care, ob/gyn, hospitals, rehabilitation, urgent care, specialists, behavioral health, and pharmacy.

Conclusions and Comparative Findings

IPRO reviewed the aggregated results to assess the adequacy of the ACPP networks by provider type. Access was assessed for a total of 64 provider types. Some of the ACPPs are in only two counties (e.g., AllWays Health and BMCHP Mercy), whereas other ACPPs are in all fourteen counties (e.g., Tufts Children's). **Table 70** shows the number of counties with an adequate network of providers by provider type. 'Met' means that an ACPP had an adequate network of that provider type in all counties in which it operates. For example, the AllWays Health

ACPP met the Allergy and Immunology network requirements in both of its counties, but it met the adult and pediatric PCP network requirements in only one of its counties. For a detailed analysis of network deficiencies in specific counties and provider types, see the plan-level results in **Tables 71–83**.

Table 70: ACPP Adherence to Provider Time or Distance Standards
 The number of counties where ACPPs had an adequate network, per provider type. “Met” means that an ACPP had an adequate network of that provider type in all counties it is in.

Provider Type	Standard – 100% of Members Have Access	AllWays Health	BMCHP Alliance	BMCHP Mercy	BMCHP Signature	BMCHP Southcoast	HNE Be Healthy	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children	Tufts BIDCO	Tufts CHA
Total # Counties		2	10	2	3	3	3	2	4	7	6	14	7	4
Primary Care Provider														
Adult PCP	2 providers within 15 miles or 30 minutes	1	9	1	0	2	0	Met	3	5	4	2 ¹	4	3
Pediatric PCP	2 providers within 15 miles or 30 minutes	1	9	1	1	2	0	Met	3	4	4	12	4	3
Specialists														
Allergy and Immunology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	13	Met	Met
Anesthesiology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	13	Met	Met
Audiology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	3	Met	Met	Met	Met	Met
Cardiology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Cardiothoracic Surgery	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	2	Met	3	2	Met	13	Met	Met
Chiropractor	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Dermatology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	1	Met	Met	Met	Met	Met	Met
ENT/Otolaryngology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Emergency Medicine	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Endocrinology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Gastroenterology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
General Surgery	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Hematology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	13	Met	Met
Infectious Diseases	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met

Provider Type	Standard – 100% of Members Have Access	AllWays Health	BMCHP Alliance	BMCHP Mercy	BMCHP Signature	BMCHP Southcoast	HNE Be Healthy	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children	Tufts BIDCO	Tufts CHA
Nephrology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	3	Met	Met	Met	Met	Met
Neurology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	13	Met	Met
Neurosurgery	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	4	Met	13	Met	Met
Nuclear Medicine	1 provider within 20 miles or 40 minutes	1	Met	Met	Met	Met	Met	0	0	1	Met	12	Met	Met
Ob/Gyn	1 provider within 15 miles or 30 minutes	Met	Met	Met	Met	Met	Met	0	3	4	4	5	6	3
Oncology – Medical Surgical	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	13	Met	Met
Oncology Radiation/ Radiation Oncology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	2	5	Met	13	Met	Met
Ophthalmology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Oral Surgery	1 provider within 20 miles or 40 minutes	Met	7	1	2	2	Met	Met	Met	5	5	10	Met	Met
Orthopedic Surgery	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Pathology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	6	Met	13	Met	Met
Physiatry, Rehabilitative Medicine	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	0	2	Met	Met	Met	Met
Plastic Surgery	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	1	2	Met	5	12	Met	Met
Podiatry	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	1	Met	Met	Met	Met	Met	Met
Psych APN (PCNS or CNP)	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Psychiatry	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Psychology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Pulmonology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met

Provider Type	Standard – 100% of Members Have Access	AllWays Health	BMCHP Alliance	BMCHP Mercy	BMCHP Signature	BMCHP Southcoast	HNE Be Healthy	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children	Tufts BIDCO	Tufts CHA
Radiology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	13	Met	Met
Rheumatology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	13	Met	Met
Urology	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Vascular Surgery	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	13	Met	Met
BH Diversionary														
CBAT-ICBAT-TCU	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	0	1	Met	6	Met	9	6	Met
Clinical Support Services for SUD (Level 3.5)	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	0	1	Met	Met	Met	11	6	Met
Community Support Program	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	11	6	Met
Intensive Outpatient Program	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	0	Met	Met	Met	13	Met	Met
Monitored Inpatient (Level 3.7)	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	0	1	Met	Met	Met	13	Met	Met
Partial Hospitalization Program	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	1	Met	Met	5	12	Met	Met
Program of Assertive Community Treatment	2 providers within 30 miles or 30 minutes	Met	5	1	2	0	1	1	3	6	Met	9	5	Met
Psychiatric Day Treatment	2 providers within 30 miles or 30 minutes	1	Met	Met	Met	Met	0	Met	Met	Met	Met	10	6	Met
Recovery Coaching	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	5	6	6	Met
Recovery Support Navigators	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	5	6	6	Met
Residential Rehabilitation Services for SUD (Level 3.1)	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	1	Met	6	Met	7	6	Met
Structured Outpatient Addiction Program	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	1	Met	Met	Met	13	Met	Met
BH Inpatient														
Managed Inpatient (Level 4)	2 providers within 60 miles or 60 minutes	Met	Met	Met	Met	Met	0	Met	Met	6	Met	7	6	Met

Provider Type	Standard – 100% of Members Have Access	AllWays Health	BMCHP Alliance	BMCHP Mercy	BMCHP Signature	BMCHP Southcoast	HNE Be Healthy	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children	Tufts BIDCO	Tufts CHA
Psych Inpatient Adolescent	2 providers within 60 miles or 60 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	13	Met	Met
Psych Inpatient Adult	2 providers within 60 miles or 60 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	12	6	Met
Psych Inpatient Child	2 providers within 60 miles or 60 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	8	6	Met
BH Intensive Community Treatment														
In-Home Behavioral Services	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	Met	Met	6	Met	12	6	Met
In-Home Therapy Services	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	13	6	Met
Therapeutic Mentoring Services	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	Met	Met	6	Met	13	6	Met
BH Outpatient														
Applied Behavior Analysis	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	4	6	5	Met
BH Outpatient	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	13	6	Met
Opioid Treatment Programs	2 providers within 30 miles or 30 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	5	10	6	Met
Medical Facility														
Acute Inpatient Hospital	1 provider within 20 miles or 40 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
Rehabilitation Hospital	1 provider within 30 miles or 60 minutes	Met	Met	Met	Met	Met	Met	Met	Met	6	Met	11	6	Met
Urgent Care Services	1 provider within 15 miles or 30 minutes	Met	9	Met	Met	Met	Met	1	Met	6	4	6	Met	Met
Pharmacy														
Retail Pharmacies	1 provider within 15 miles or 30 minutes	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met

¹ The Tufts Children’s ACPP had adequate networks in two counties and network deficiencies in 12 counties, 10 of which are listed in the table showing plan-level results. The remaining two counties with network deficiencies were Norfolk and Suffolk. Although all Tufts Children’s ACPP members had access to two adult PCPs within 15 miles or 30 minutes in the Norfolk and Suffolk counties, the ratio requirement (1 adult PCP:200 members) was not met. ACPP: accountable care partnership plan; PCP: primary care provider; ENT: ear, nose, and throat; ob/gyn: obstetrics and gynecology; Psych APN: psychiatric advanced nurse; PCNS: psychiatric clinical nurse specialist; CNP: certified nurse practitioner; CBAT-ICBAT-TCU: community-based acute treatment - intensive community-based acute treatment - transition care unit; SUD: substance use disorder; BH: behavioral health.

AllWays Health

The AllWays Health ACPP members reside in two counties. If 100% of ACPP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient. **Table 71** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the ACPP to pass an access requirement.

Table 71: AllWays Health Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Primary Care				
Adult PCP	Middlesex	99.9%	2 providers within 15 miles or 30 minutes	Yes
Pediatric PCP	Middlesex	99.1%	2 providers within 15 miles or 30 minutes	No
Specialists				
Nuclear Medicine	Essex	82.7%	1 provider within 20 miles or 40 minutes	Yes
BH Diversionary				
Psychiatric Day Treatment	Essex	95.4%	2 providers within 30 miles or 30 minutes	No

PCP: primary care provider; BH: behavioral health.

Recommendations

- IPRO recommends that AllWays Health expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 71**.

BMCHP WellSense Community Alliance

The BMCHP Community Alliance ACPP members reside in 10 counties. If 100% of ACPP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient. **Table 72** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the ACPP to pass an access requirement.

Table 72: BMCHP WellSense Community Alliance Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Primary Care				
Adult PCP	Hampshire	98.6%	2 providers within 15 miles or 30 minutes	No
Pediatric PCP	Hampshire	98.6%	2 providers within 15 miles or 30 minutes	No
Specialists				
Oral Surgery	Bristol	95.6%	1 provider within 20 miles or 40 minutes	Yes
	Hampden	99.5%	1 provider within 20 miles or 40 minutes	Yes
	Hampshire	99.8%	1 provider within 20 miles or 40 minutes	Yes

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
BH Diversionary				
Program of Assertive Community Treatment	Bristol	99.7%	2 providers within 30 miles or 30 minutes	No
	Dukes	0%	2 providers within 30 miles or 30 minutes	No
	Hampden	99.9%	2 providers within 30 miles or 30 minutes	No
	Hampshire	99.6%	2 providers within 30 miles or 30 minutes	No
	Plymouth	95.3%	2 providers within 30 miles or 30 minutes	No
Medical Facility				
Urgent Care Services	Worcester	99.9%	1 provider within 15 miles or 30 minutes	Yes

PCP: primary care provider; BH: behavioral health.

Recommendations

- IPRO recommends that BMCHP Community Alliance expands its network when a network deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 85**.

BMCHP WellSense Mercy

The BMCHP Mercy ACP members reside in two counties. If 100% of ACP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient. **Table 73** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the ACP to pass an access requirement.

Table 73: BMCHP WellSense Mercy Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Primary Care				
Adult PCP	Hampden	99.9%	2 providers within 15 miles or 30 minutes	No
Pediatric PCP	Hampden	99.9%	2 providers within 15 miles or 30 minutes	No
Specialists				
Oral Surgery	Hampden	99.8%	1 provider within 20 miles or 40 minutes	Yes
BH Diversionary				
Program of Assertive Community Treatment	Hampden	99.9%	2 providers within 30 miles or 30 minutes	No

PCP: primary care provider; BH: behavioral health.

Recommendations

- IPRO recommends that BMCHP Mercy expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 73**.

BMCHP WellSense Signature

The BMCHP Signature ACP members reside in three counties. If 100% of ACP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient.

Table 74 shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the ACPP to pass an access requirement. “Increase” represents an available provider that would increase access, but the ACPP would continue to remain below the access requirement.

Table 74: BMCHP WellSense Signature Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Primary Care				
Adult PCP	Bristol	92.5%	2 providers within 15 miles or 30 minutes	Yes
	Norfolk	99.9%	2 providers within 15 miles or 30 minutes	No
	Plymouth	91.1%	2 providers within 15 miles or 30 minutes	Increase
Pediatric PCP	Bristol	92.7%	2 providers within 15 miles or 30 minutes	Yes
	Plymouth	91.1%	2 providers within 15 miles or 30 minutes	Increase
Specialists				
Oral Surgery	Bristol	89.2%	1 provider within 20 miles or 40 minutes	Yes
BH Diversionary				
Program of Assertive Community Treatment	Plymouth	94.6%	2 providers within 30 miles or 30 minutes	No

PCP: primary care provider; BH: behavioral health.

Recommendations

- IPRO recommends that BMCHP Signature expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 74**.
- IPRO recommends that BMCHP Signature expands its network when member’s access can be increased by available providers for the provider types and counties identified in **Table 74**.

BMCHP WellSense Southcoast

The BMCHP Southcoast ACPP members reside in three counties. If 100% of ACPP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient. **Table 75** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the ACPP to pass an access requirement.

Table 75: BMCHP WellSense Southcoast Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Primary Care				
Adult PCP	Plymouth	98.2%	2 providers within 15 miles or 30 minutes	No
Pediatric PCP	Plymouth	98.2%	2 providers within 15 miles or 30 minutes	No
Specialists				
Oral Surgery	Bristol	95.6%	1 provider within 20 miles or 40 minutes	Yes

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
BH Diversionary				
Program of Assertive Community Treatment	Bristol	99.7%	2 providers within 30 miles or 30 minutes	No
	Dukes	0%	2 providers within 30 miles or 30 minutes	No
	Plymouth	94.2%	2 providers within 30 miles or 30 minutes	No

PCP: primary care provider; BH: behavioral health.

Recommendations

- IPRO recommends that BMCHP Southcoast expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 75**.

HNE Be Healthy

The HNE Be Healthy ACP members reside in three counties. If 100% of ACP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient. **Table 76** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the ACP to pass an access requirement. “Increase” represents an available provider that would increase access, but the ACP would continue to remain below the access requirement.

Table 76: HNE Be Healthy Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Primary Care				
Adult PCP	Franklin	0%	2 providers within 15 miles or 30 minutes	Yes
	Hampden	99.5%	2 providers within 15 miles or 30 minutes	No
	Hampshire	91.4%	2 providers within 15 miles or 30 minutes	Increase
Pediatric PCP	Franklin	0%	2 providers within 15 miles or 30 minutes	Yes
	Hampden	99.5%	2 providers within 15 miles or 30 minutes	No
	Hampshire	91.3%	2 providers within 15 miles or 30 minutes	Increase
Specialists				
Cardiothoracic Surgery	Hampshire	99.8%	1 provider within 20 miles or 40 minutes	Yes
BH Diversionary				
CBAT-ICBAT-TCU	Franklin	0%	2 providers within 30 miles or 30 minutes	No
	Hampden	0%	2 providers within 30 miles or 30 minutes	No
	Hampshire	0%	2 providers within 30 miles or 30 minutes	No
Clinical Support Services for SUD (Level 3.5)	Franklin	0%	2 providers within 30 miles or 30 minutes	Yes
	Hampden	3.4%	2 providers within 30 miles or 30 minutes	Increase
	Hampshire	11.9%	2 providers within 30 miles or 30 minutes	Increase

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Monitored Inpatient (Level 3.7)	Franklin	0%	2 providers within 30 miles or 30 minutes	Yes
	Hampden	3.4%	2 providers within 30 miles or 30 minutes	Increase
	Hampshire	11.9%	2 providers within 30 miles or 30 minutes	Increase
Program of Assertive Community Treatment	Hampden	15.9%	2 providers within 30 miles or 30 minutes	No
	Hampshire	87.8%	2 providers within 30 miles or 30 minutes	No
Psychiatric Day Treatment	Franklin	0%	2 providers within 30 miles or 30 minutes	No
	Hampden	0%	2 providers within 30 miles or 30 minutes	No
	Hampshire	0%	2 providers within 30 miles or 30 minutes	No
BH Inpatient				
Managed Inpatient (Level 4)	Franklin	0%	2 providers within 60 miles or 60 minutes	No
	Hampden	0%	2 providers within 60 miles or 60 minutes	Increase
	Hampshire	0%	2 providers within 60 miles or 60 minutes	Increase

PCP: primary care provider; BH: behavioral health; CBAT-ICBAT-TCU: community-based acute treatment - intensive community-based acute treatment - transition care unit; SUD: substance use disorder.

Recommendations

- IPRO recommends that HNE Be Healthy expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 76**.
- IPRO recommends that HNE Be Healthy expands its network when member's access can be increased by available providers for the provider types and counties identified in **Table 76**.

Fallon Berkshire

The Fallon Berkshire ACP members reside in two counties. If 100% of ACP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient. **Table 77** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. "Yes" represents an available provider that, when combined with the existing network, would allow the ACP to pass an access requirement. "Increase" represents an available provider that would increase access, but the ACP would continue to remain below the access requirement.

Table 77: Fallon Berkshire Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Specialists				
Dermatology	Berkshire	86.8%	1 provider within 20 miles or 40 minutes	Yes
Nuclear Medicine	Berkshire	0%	1 provider within 20 miles or 40 minutes	Increase
	Franklin	0%	1 provider within 20 miles or 40 minutes	Yes
Ob/Gyn	Berkshire	0%	1 provider within 15 miles or 30 minutes	Increase
	Franklin	0%	1 provider within 15 miles or 30 minutes	Yes
Plastic Surgery	Franklin	0%	1 provider within 20 miles or 40 minutes	Yes

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Podiatry	Berkshire	93.8%	1 provider within 20 miles or 40 minutes	Yes
BH Diversionary				
CBAT-ICBAT-TCU	Berkshire	99.6%	2 providers within 30 miles or 30 minutes	No
Clinical Support Services for SUD (Level 3.5)	Berkshire	99.6%	2 providers within 30 miles or 30 minutes	Increase
Intensive Outpatient Program	Berkshire	6.9%	2 providers within 30 miles or 30 minutes	No
	Franklin	0%	2 providers within 30 miles or 30 minutes	No
Monitored Inpatient (Level 3.7)	Berkshire	99.6%	2 providers within 30 miles or 30 minutes	Increase
Partial Hospitalization Program	Berkshire	99.6%	2 providers within 30 miles or 30 minutes	No
Program of Assertive Community Treatment	Berkshire	20.7%	2 providers within 30 miles or 30 minutes	No
Residential Rehabilitation Services for SUD (Level 3.1)	Berkshire	99.6%	2 providers within 30 miles or 30 minutes	Increase
Structured Outpatient Addiction Program	Berkshire	99.7%	2 providers within 30 miles or 30 minutes	No
Medical Facility				
Urgent Care Services	Berkshire	98.2%	1 provider within 15 miles or 30 minutes	Increase

ob/gyn: obstetrics and gynecology; BH: behavioral health; CBAT-ICBAT-TCU: community-based acute treatment – intensive community-based acute treatment – transition care unit; SUD: substance use disorder.

Recommendations

- IPRO recommends that Fallon Berkshire expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 77**.
- IPRO recommends that Fallon Berkshire expands its network when member’s access can be increased by available providers for the provider types and counties identified in **Table 77**.

Fallon 365

The Fallon 365 ACPP members reside in four counties. If 100% of ACPP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient. **Table 78** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the ACPP to pass an access requirement. “Increase” represents an available provider that would increase access, but the ACPP would continue to remain below the access requirement.

Table 78: Fallon 365 Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Is Deficiency Fillable by an Available Provider?
Primary Care				
Adult PCP	Worcester	99.9%	2 providers within 15 miles or 30 minutes	No

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Is Deficiency Fillable by an Available Provider?
Pediatric PCP	Worcester	99.9%	2 providers within 15 miles or 30 minutes	No
Specialists				
Audiology	Worcester	98.9%	1 provider within 20 miles or 40 minutes	Yes
Cardiothoracic Surgery	Worcester	99.8%	1 provider within 20 miles or 40 minutes	Yes
Nephrology	Worcester	99.7%	1 provider within 20 miles or 40 minutes	Yes
Nuclear Medicine	Hampden	0%	1 provider within 20 miles or 40 minutes	Yes
	Middlesex	79.8%	1 provider within 20 miles or 40 minutes	Increase
	Norfolk	52.9%	1 provider within 20 miles or 40 minutes	Yes
	Worcester	4.5%	1 provider within 20 miles or 40 minutes	Increase
Ob/Gyn	Worcester	99.9%	1 provider within 15 miles or 30 minutes	Yes
Oncology Radiation/ Radiation Oncology	Middlesex	91.8%	1 provider within 20 miles or 40 minutes	Yes
	Worcester	97.6%	1 provider within 20 miles or 40 minutes	Yes
Physiatry, Rehabilitative Medicine	Hampden	0%	1 provider within 20 miles or 40 minutes	Yes
	Middlesex	59.2%	1 provider within 20 miles or 40 minutes	Yes
	Norfolk	43.1%	1 provider within 20 miles or 40 minutes	Yes
	Worcester	1.5%	1 provider within 20 miles or 40 minutes	Yes
Plastic Surgery	Middlesex	95.3%	1 provider within 20 miles or 40 minutes	Yes
	Worcester	98.0%	1 provider within 20 miles or 40 minutes	Yes
BH Diversionary				
Program of Assertive Community Treatment	Worcester	98.6%	2 providers within 30 miles or 30 minutes	No

PCP: primary care provider; ob/gyn: obstetrics and gynecology; BH: behavioral health.

Recommendations

- IPRO recommends that Fallon 365 expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 78**.
- IPRO recommends that Fallon 365 expands its network when member's access can be increased by available providers for the provider types and counties identified in **Table 78**.

Fallon Wellforce

The Fallon Wellforce members reside in seven counties. If 100% of ACP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient. **Table 79** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. "Yes" represents an available provider that, when combined with the existing network, would allow the ACP to pass an access requirement. "Increase" represents an available provider that would increase access, but the ACP would continue to remain below the access requirement.

Table 79: Fallon Wellforce Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Primary Care				
Adult PCP	Barnstable	99.0%	2 providers within 15 miles or 30 minutes	Yes
	Worcester	99.2%	2 providers within 15 miles or 30 minutes	Yes
Pediatric PCP	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Norfolk	99.6%	2 providers within 15 miles or 30 minutes	Yes
	Plymouth	52.3%	2 providers within 15 miles or 30 minutes	Increase
Specialists				
Cardiothoracic Surgery	Barnstable	59.6%	1 provider within 20 miles or 40 minutes	Yes
	Essex	88.6%	1 provider within 20 miles or 40 minutes	Yes
	Middlesex	99.9%	1 provider within 20 miles or 40 minutes	Yes
	Norfolk	99.4%	1 provider within 20 miles or 40 minutes	Yes
	Worcester	27.8%	1 provider within 20 miles or 40 minutes	Yes
Neurosurgery	Middlesex	99.9%	1 provider within 20 miles or 40 minutes	Yes
	Norfolk	99.4%	1 provider within 20 miles or 40 minutes	Yes
	Worcester	34.1%	1 provider within 20 miles or 40 minutes	Yes
Nuclear Medicine	Barnstable	0%	1 provider within 20 miles or 40 minutes	Yes
	Essex	48.1%	1 provider within 20 miles or 40 minutes	Yes
	Middlesex	84.3%	1 provider within 20 miles or 40 minutes	Increase
	Norfolk	88.1%	1 provider within 20 miles or 40 minutes	Yes
	Plymouth	71.5%	1 provider within 20 miles or 40 minutes	Yes
	Worcester	18.2%	1 provider within 20 miles or 40 minutes	Yes
Ob/Gyn	Barnstable	81.8%	1 provider within 15 miles or 30 minutes	Yes
	Essex	99.8%	1 provider within 15 miles or 30 minutes	Yes
	Worcester	77.4%	1 provider within 15 miles or 30 minutes	Yes
Oncology Radiation/ Radiation Oncology	Middlesex	98.4%	1 provider within 20 miles or 40 minutes	Yes
	Worcester	68.1%	1 provider within 20 miles or 40 minutes	Yes
Oral Surgery	Barnstable	0%	1 provider within 20 miles or 40 minutes	Yes
	Plymouth	72.3%	1 provider within 20 miles or 40 minutes	Yes
Pathology	Barnstable	0%	1 provider within 20 miles or 40 minutes	Yes
Physiatry, Rehabilitative Medicine	Barnstable	0%	1 provider within 20 miles or 40 minutes	Yes
	Middlesex	94.7%	1 provider within 20 miles or 40 minutes	Yes
	Norfolk	85.6%	1 provider within 20 miles or 40 minutes	Yes
	Plymouth	71.5%	1 provider within 20 miles or 40 minutes	Yes
	Worcester	6.7%	1 provider within 20 miles or 40 minutes	Yes
BH Diversionary				
CBAT-ICBAT-TCU	Barnstable	99.9%	2 providers within 30 miles or 30 minutes	No
Program of Assertive Community Treatment	Barnstable	0%	2 providers within 30 miles or 30 minutes	No
Residential Rehabilitation Services for SUD (Level 3.1)	Barnstable	0%	2 providers within 30 miles or 30 minutes	Increase

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
BH Inpatient				
Managed Inpatient (Level 4)	Barnstable	83.5%	2 providers within 60 miles or 60 minutes	Yes
BH Intensive Community Treatment				
In-Home Behavioral Services	Barnstable	99.9%	2 providers within 30 miles or 30 minutes	No
Therapeutic Mentoring Services	Barnstable	99.9%	2 providers within 30 miles or 30 minutes	No
Medical Facility				
Rehabilitation Hospital	Barnstable	70.9%	1 provider within 30 miles or 60 minutes	Yes
Urgent Care Services	Barnstable	4.7%	1 provider within 15 miles or 30 minutes	Yes

PCP: primary care provider; ob/gyn: obstetrics and gynecology; CBAT-ICBAT-TCU: community-based acute treatment - intensive community-based acute treatment - transition care unit; SUD: substance use disorder; BH: behavioral health.

Recommendations

- IPRO recommends that Fallon Wellforce expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 79**.
- IPRO recommends that Fallon Wellforce expands its network when member's access can be increased by available providers for the provider types and counties identified in **Table 79**.

Tufts Atrius

The Tufts Atrius members reside in six counties. If 100% of ACPP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient. **Table 80** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. "Yes" represents an available provider that, when combined with the existing network, would allow the ACPP to pass an access requirement. "Increase" represents an available provider that would increase access, but the ACPP would continue to remain below the access requirement.

Table 80: Tufts Atrius Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Primary Care				
Adult PCP	Middlesex	99.7%	2 providers within 15 miles or 30 minutes	No
	Worcester	57.2%	2 providers within 15 miles or 30 minutes	No
Pediatric PCP	Middlesex	99.7%	2 providers within 15 miles or 30 minutes	No
	Worcester	57.2%	2 providers within 15 miles or 30 minutes	No
Specialists				
Ob/Gyn	Middlesex	99.7%	1 provider within 15 miles or 30 minutes	Yes
	Worcester	74.2%	1 provider within 15 miles or 30 minutes	Increase
Oral Surgery	Plymouth	99.8%	1 provider within 20 miles or 40 minutes	Yes
Plastic Surgery	Worcester	96.7%	1 provider within 20 miles or 40 minutes	Yes

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
BH Diversionary				
Partial Hospitalization Program	Worcester	99.9%	2 providers within 30 miles or 30 minutes	No
Recovery Coaching	Plymouth	98.5%	2 providers within 30 miles or 30 minutes	No
Recovery Support Navigators	Plymouth	98.5%	2 providers within 30 miles or 30 minutes	No
BH Outpatient				
Applied Behavior Analysis	Plymouth	88.9%	2 providers within 30 miles or 30 minutes	Increase
	Worcester	99.6%	2 providers within 30 miles or 30 minutes	Yes
Opioid Treatment Programs	Worcester	96.1%	2 providers within 30 miles or 30 minutes	No
Medical Facility				
Urgent Care Services	Middlesex	99.6%	1 provider within 15 miles or 30 minutes	Yes
	Worcester	74.5%	1 provider within 15 miles or 30 minutes	Yes

PCP: primary care provider; ob/gyn: obstetrics and gynecology; BH: behavioral health.

Recommendations

- IPRO recommends that Tufts Atrius expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 80**.
- IPRO recommends that Tufts Atrius expands its network when member's access can be increased by available providers for the provider types and counties identified in **Table 80**.

Tufts Children's

The Tufts Children's ACPP members reside in 14 counties. If 100% of ACPP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient. **Table 81** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. "Yes" represents an available provider that, when combined with the existing network, would allow the ACPP to pass an access requirement. "Increase" represents an available provider that would increase access, but the ACPP would continue to remain below the access requirement.

Table 81: Tufts Children’s Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Primary Care				
Adult PCP	Barnstable	87.8%	2 providers within 15 miles or 30 minutes	Increase
	Bristol	88.2%	2 providers within 15 miles or 30 minutes	No
	Dukes	65.0%	2 providers within 15 miles or 30 minutes	Increase
	Essex	99.8%	2 providers within 15 miles or 30 minutes	Yes
	Hampden	99.9%	2 providers within 15 miles or 30 minutes	Yes
	Hampshire	98.7%	2 providers within 15 miles or 30 minutes	Yes
	Middlesex	83.5%	2 providers within 15 miles or 30 minutes	Increase
	Nantucket	0%	2 providers within 15 miles or 30 minutes	Yes
	Plymouth	98.6%	2 providers within 15 miles or 30 minutes	Yes
	Worcester	16.2%	2 providers within 15 miles or 30 minutes	Increase
Pediatric PCP	Barnstable	99.4%	2 providers within 15 miles or 30 minutes	No
	Worcester	99.9%	2 providers within 15 miles or 30 minutes	No
Specialists				
Allergy and Immunology	Nantucket	90.9%	1 provider within 20 miles or 40 minutes	No
Anesthesiology	Nantucket	80.0%	1 provider within 20 miles or 40 minutes	Yes
Cardiothoracic Surgery	Nantucket	81.8%	1 provider within 20 miles or 40 minutes	No
Hematology	Nantucket	80.0%	1 provider within 20 miles or 40 minutes	No
Neurology	Nantucket	81.8%	1 provider within 20 miles or 40 minutes	Yes
Neurosurgery	Nantucket	80.0%	1 provider within 20 miles or 40 minutes	No
Nuclear Medicine	Berkshire	99.4%	1 provider within 20 miles or 40 minutes	Yes
	Nantucket	80.0%	1 provider within 20 miles or 40 minutes	No
Ob/Gyn	Barnstable	51.4%	1 provider within 15 miles or 30 minutes	Yes
	Berkshire	0%	1 provider within 15 miles or 30 minutes	Yes
	Bristol	48.0%	1 provider within 15 miles or 30 minutes	Yes
	Franklin	0%	1 provider within 15 miles or 30 minutes	Yes
	Hampden	0%	1 provider within 15 miles or 30 minutes	Increase
	Hampshire	0%	1 provider within 15 miles or 30 minutes	Yes
	Middlesex	98.8%	1 provider within 15 miles or 30 minutes	Yes
	Plymouth	93.7%	1 provider within 15 miles or 30 minutes	Yes
	Worcester	70.1%	1 provider within 15 miles or 30 minutes	Increase
Oncology – Medical, Surgical	Nantucket	81.8%	1 provider within 20 miles or 40 minutes	Yes
Oncology Radiation/ Radiation Oncology	Nantucket	80.0%	1 provider within 20 miles or 40 minutes	
Oral Surgery	Bristol	65.6%	1 provider within 20 miles or 40 minutes	Yes
	Dukes	43.8%	1 provider within 20 miles or 40 minutes	Yes
	Nantucket	90.9%	1 provider within 20 miles or 40 minutes	Yes
	Plymouth	99.3%	1 provider within 20 miles or 40 minutes	Yes
Pathology	Nantucket	80.0%	1 provider within 20 miles or 40 minutes	No
Plastic Surgery	Nantucket	90.9%	1 provider within 20 miles or 40 minutes	Yes
	Worcester	98.5%	1 provider within 20 miles or 40 minutes	Yes
Radiology	Berkshire	99.4%	1 provider within 20 miles or 40 minutes	Yes
Rheumatology	Nantucket	81.8%	1 provider within 20 miles or 40 minutes	Yes
Vascular Surgery	Nantucket	80.0%	1 provider within 20 miles or 40 minutes	Increase

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
BH Diversionary				
CBAT-ICBAT-TCU	Barnstable	43.7%	2 providers within 30 miles or 30 minutes	No
	Berkshire	60.6%	2 providers within 30 miles or 30 minutes	No
	Bristol	52.1%	2 providers within 30 miles or 30 minutes	No
	Dukes	0%	2 providers within 30 miles or 30 minutes	No
	Nantucket	0%	2 providers within 30 miles or 30 minutes	No
Clinical Support Services for SUD (Level 3.5)	Barnstable	77.3%	2 providers within 30 miles or 30 minutes	No
	Dukes	73.1%	2 providers within 30 miles or 30 minutes	Increase
	Nantucket	0%	2 providers within 30 miles or 30 minutes	No
Community Support Program	Barnstable	98.6%	2 providers within 30 miles or 30 minutes	No
	Dukes	68.1%	2 providers within 30 miles or 30 minutes	No
	Nantucket	0%	2 providers within 30 miles or 30 minutes	No
Intensive Outpatient Program	Nantucket	3.6%	2 providers within 30 miles or 30 minutes	No
Monitored Inpatient (Level 3.7)	Nantucket	0%	2 providers within 30 miles or 30 minutes	Yes
Partial Hospitalization Program	Berkshire	60.6%	2 providers within 30 miles or 30 minutes	No
	Worcester	99.9%	2 providers within 30 miles or 30 minutes	No
Program of Assertive Community Treatment	Barnstable	84.2%	2 providers within 30 miles or 30 minutes	No
	Berkshire	61.8%	2 providers within 30 miles or 30 minutes	No
	Dukes	98.1%	2 providers within 30 miles or 30 minutes	No
	Essex	99.8%	2 providers within 30 miles or 30 minutes	No
	Nantucket	0%	2 providers within 30 miles or 30 minutes	No
Psychiatric Day Treatment	Barnstable	74.4%	2 providers within 30 miles or 30 minutes	No
	Berkshire	61.8%	2 providers within 30 miles or 30 minutes	No
	Dukes	96.9%	2 providers within 30 miles or 30 minutes	No
	Nantucket	0%	2 providers within 30 miles or 30 minutes	No
Recovery Coaching	Barnstable	8.1%	2 providers within 30 miles or 30 minutes	No
	Berkshire	0%	2 providers within 30 miles or 30 minutes	No
	Dukes	0.6%	2 providers within 30 miles or 30 minutes	No
	Franklin	0%	2 providers within 30 miles or 30 minutes	No
	Hampden	49.1%	2 providers within 30 miles or 30 minutes	No
	Hampshire	13.1%	2 providers within 30 miles or 30 minutes	No
	Nantucket	0%	2 providers within 30 miles or 30 minutes	No
	Plymouth	99.2%	2 providers within 30 miles or 30 minutes	No

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Recovery Support Navigators	Barnstable	8.1%	2 providers within 30 miles or 30 minutes	No
	Berkshire	0%	2 providers within 30 miles or 30 minutes	No
	Dukes	0.6%	2 providers within 30 miles or 30 minutes	No
	Franklin	0%	2 providers within 30 miles or 30 minutes	No
	Hampden	49.1%	2 providers within 30 miles or 30 minutes	No
	Hampshire	13.1%	2 providers within 30 miles or 30 minutes	No
	Nantucket	0%	2 providers within 30 miles or 30 minutes	No
	Plymouth	99.2%	2 providers within 30 miles or 30 minutes	No
Residential Rehabilitation Services for SUD (Level 3.1)	Barnstable	98.1%	2 providers within 30 miles or 30 minutes	No
	Berkshire	56.2%	2 providers within 30 miles or 30 minutes	No
	Bristol	81.7%	2 providers within 30 miles or 30 minutes	No
	Dukes	67.5%	2 providers within 30 miles or 30 minutes	No
	Hampden	19.8%	2 providers within 30 miles or 30 minutes	No
	Hampshire	96.6%	2 providers within 30 miles or 30 minutes	No
	Nantucket	3.6%	2 providers within 30 miles or 30 minutes	No
Structured Outpatient Addiction Program	Nantucket	3.6%	2 providers within 30 miles or 30 minutes	No
BH Inpatient				
Managed Inpatient (Level 4)	Barnstable	41.6%	2 providers within 60miles or 60 minutes	No
	Berkshire	0%	2 providers within 60 miles or 60 minutes	Increase
	Dukes	0.6%	2 providers within 60 miles or 60 minutes	No
	Franklin	50.0%	2 providers within 60 miles or 60 minutes	Yes
	Hampden	99.2%	2 providers within 60 miles or 60 minutes	Yes
	Hampshire	98.2%	2 providers within 60 miles or 60 minutes	Yes
	Nantucket	0%	2 providers within 60 miles or 60 minutes	No
Psych Inpatient Adolescent	Nantucket	12.7%	2 providers within 60 miles or 60 minutes	Yes
Psych Inpatient Adult	Barnstable	99.9%	2 providers within 60 miles or 60 minutes	Yes
	Nantucket	0%	2 providers within 60 miles or 60 minutes	Yes
Psych Inpatient Child	Barnstable	99.9%	2 providers within 60 miles or 60 minutes	Yes
	Berkshire	0%	2 providers within 60 miles or 60 minutes	Yes
	Franklin	50.0%	2 providers within 60 miles or 60 minutes	Yes
	Hampden	87.4%	2 providers within 60 miles or 60 minutes	Yes
	Hampshire	91.4%	2 providers within 60 miles or 60 minutes	Yes
	Nantucket	0%	2 providers within 60 miles or 60 minutes	Yes
BH Intensive Community Treatment				
In-Home Behavioral Services	Barnstable	92.4%	2 providers within 30 miles or 30 minutes	No
	Nantucket	0%	2 providers within 30 miles or 30 minutes	No
In-Home Therapy Services	Barnstable	99.8%	2 providers within 30 miles or 30 minutes	No
Therapeutic Mentoring Services	Barnstable	99.8%	2 providers within 30 miles or 30 minutes	No

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
BH Outpatient				
Applied Behavior Analysis	Barnstable	7.7%	2 providers within 30 miles or 30 minutes	Increase
	Berkshire	0%	2 providers within 30 miles or 30 minutes	Increase
	Dukes	0.6%	2 providers within 30 miles or 30 minutes	Increase
	Franklin	50.0%	2 providers within 30 miles or 30 minutes	No
	Hampshire	98.5%	2 providers within 30 miles or 30 minutes	Yes
	Nantucket	0%	2 providers within 30 miles or 30 minutes	No
	Plymouth	93.8%	2 providers within 30 miles or 30 minutes	Increase
	Worcester	99.8%	2 providers within 30 miles or 30 minutes	Yes
BH Outpatient	Barnstable	99.9%	2 providers within 30 miles or 30 minutes	Yes
Opioid Treatment Programs	Barnstable	46.2%	2 providers within 30 miles or 30 minutes	No
	Dukes	15.0%	2 providers within 30 miles or 30 minutes	No
	Nantucket	0%	2 providers within 30 miles or 30 minutes	No
	Worcester	98.2%	2 providers within 30 miles or 30 minutes	No
Medical Facility				
Rehabilitation Hospital	Barnstable	90.3%	1 provider within 30 miles or 60 minutes	Yes
	Berkshire	18.6%	1 provider within 30 miles or 60 minutes	Yes
	Nantucket	0%	1 provider within 30 miles or 60 minutes	Yes
Urgent Care Services	Berkshire	0%	1 provider within 15 miles or 30 minutes	Yes
	Bristol	85.8%	1 provider within 15 miles or 30 minutes	Yes
	Franklin	50.0%	1 provider within 15 miles or 30 minutes	Yes
	Hampden	91.9%	1 provider within 15 miles or 30 minutes	Increase
	Hampshire	99.8%	1 provider within 15 miles or 30 minutes	Yes
	Middlesex	99.6%	1 provider within 15 miles or 30 minutes	Yes
	Nantucket	0%	1 provider within 15 miles or 30 minutes	No
	Worcester	87.7%	1 provider within 15 miles or 30 minutes	Increase

PCP: primary care provider; ob/gyn: obstetrics and gynecology; CBAT-ICBAT-TCU: community-based acute treatment - intensive community-based acute treatment - transition care unit; SUD: substance use disorder; BH: behavioral health.

Recommendations

- IPRO recommends that Tufts Children’s expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 81**.
- IPRO recommends that Tufts Children’s expands its network when member’s access can be increased by available providers for the provider types and counties identified in **Table 81**.

Tufts BIDCO

The Tufts BIDCO ACPP members reside in seven counties. If 100% of ACPP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient. **Table 82** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the ACPP to pass an access requirement. “Increase” represents an available provider that would increase access, but the ACPP would continue to remain below the access requirement.

Table 82: Tufts BIDCO Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Primary Care				
Adult PCP	Barnstable	94.7%	2 providers within 15 miles or 30 minutes	Yes
	Essex	99.9%	2 providers within 15 miles or 30 minutes	No
	Worcester	97.5%	2 providers within 15 miles or 30 minutes	No
Pediatric PCP	Barnstable	9.7%	2 providers within 15 miles or 30 minutes	No
	Essex	99.8%	2 providers within 15 miles or 30 minutes	Increase
	Worcester	97.5%	2 providers within 15 miles or 30 minutes	No
Specialists				
Ob/Gyn	Barnstable	89.0%	1 provider within 15 miles or 30 minutes	Yes
BH Diversionary				
CBAT-ICBAT-TCU	Barnstable	4.5%	2 providers within 30 miles or 30 minutes	No
Clinical Support Services for SUD (Level 3.5)	Barnstable	41.8%	2 providers within 30 miles or 30 minutes	No
Community Support Program	Barnstable	95.9%	2 providers within 30 miles or 30 minutes	No
Program of Assertive Community Treatment	Barnstable	52.3%	2 providers within 30 miles or 30 minutes	No
	Essex	99.7%	2 providers within 30 miles or 30 minutes	No
Psychiatric Day Treatment	Barnstable	22.9%	2 providers within 30 miles or 30 minutes	No
Recovery Coaching	Barnstable	0%	2 providers within 30 miles or 30 minutes	No
Recovery Support Navigators	Barnstable	0%	2 providers within 30 miles or 30 minutes	No
Residential Rehabilitation Services for SUD (Level 3.1)	Barnstable	94.4%	2 providers within 30 miles or 30 minutes	No
BH Inpatient				
Managed Inpatient (Level 4)	Barnstable	11.0%	2 providers within 60 miles or 60 minutes	
Psych Inpatient Adult	Barnstable	99.6%	2 providers within 60 miles or 60 minutes	Yes
Psych Inpatient Child	Barnstable	99.6%	2 providers within 60 miles or 60 minutes	Yes
BH Intensive Community Treatment				
In-Home Behavioral Services	Barnstable	77.2%	2 providers within 30 miles or 30 minutes	No
In-Home Therapy Services	Barnstable	99.5%	2 providers within 30 miles or 30 minutes	No
Therapeutic Mentoring Services	Barnstable	99.5%	2 providers within 30 miles or 30 minutes	No
BH Outpatient				
Applied Behavior Analysis	Barnstable	0%	2 providers within 30 miles or 30 minutes	No
	Plymouth	98.4%	2 providers within 30 miles or 30 minutes	Yes
BH Outpatient	Barnstable	99.9%	2 providers within 30 miles or 30 minutes	Yes
Opioid Treatment Programs	Barnstable	0%	2 providers within 30 miles or 30 minutes	No

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Medical Facility				
Rehabilitation Hospital	Barnstable	70.9%	1 provider within 30 miles or 60 minutes	Yes

PCP: primary care provider; BH: behavioral health; ob/gyn: obstetrics and gynecology; CBAT-ICBAT-TCU: community-based acute treatment - intensive community-based acute treatment - transition care unit; SUD: substance use disorder.

Recommendations

- IPRO recommends that Tufts BIDCO expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 82**.
- IPRO recommends that Tufts BIDCO expands its network when member’s access can be increased by available providers for the provider types and counties identified in **Table 82**.

Tufts CHA

The Tufts CHA ACPP members reside in 4 counties. If 100% of ACPP members in one county have adequate access, then the network availability standard is met. But if there is even one member in that county who does not have access to providers within a specified travel time or distance, then the network is deficient. **Table 83** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the ACPP to pass an access requirement.

Table 83: Tufts CHA Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 100% of Members Have Access	Deficiency Fillable by an Available Provider?
Primary Care				
Adult PCP	Essex	99.6%	2 providers within 15 miles or 30 minutes	No
Pediatric PCP	Essex	99.6%	2 providers within 15 miles or 30 minutes	No
Specialists				
Ob/Gyn	Essex	99.6%	1 provider within 15 miles or 30 minutes	Yes

PCP: primary care provider; ob/gyn: obstetrics and gynecology.

Recommendations

- IPRO recommends that Tufts CHA expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 83**.

VII. Validation of 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 2.13.C.1.c.1 of the Fourth 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.

Since 2017, MassHealth has worked with the Massachusetts Health Quality Partners (MHQP), an independent non-profit measurement and reporting organization, to survey adult and pediatric ACO members about their experiences with PCPs 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 them for high-quality care.

Technical Methods of Data Collection and Analysis

The program year (PY) 2021 PC MES was administered between February–May 2022 by the Center for the Study of Services (CSS), an independent survey research organization and MHQP’s subcontractor.

The adult and child PC MES survey instruments were based on the CG-CAHPS 3.0 surveys developed by the Agency for Health Care Research and Quality (AHRQ) and the NCQA. The PY 2021 PC MES adult and child surveys included Patient-Centered Medical Home (PCMH) survey items and the Coordination of Care supplemental items.

Seventeen ACOs participated in the PY 2021 survey, including 13 ACPPs, 3 PC ACOs, and the Lahey ACO. Across the 17 ACOs, MassHealth members were attributed to ACO practices that were grouped into 36 medical groups. This report provides the results for the ACPPs.

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

The sample frame included members 18 years of age or older for the adult survey or 17 years of age or younger for the child survey, who had at least one in-person primary care visit at one of the ACO’s practices during the measurement year (January 1 – November 24, 2021), and who were enrolled in one of the ACOs on the anchor date (November 24, 2021). Members who only had primary care telehealth visits during MY 2021 were excluded from the sample frame. **Table 84** provides a summary of the technical methods of data collection.

Table 84: PC MES – Technical Methods of Data Collection, MY 2021

PC MES – Technical Methods of Data Collection	
Adult CAHPS survey	
Survey vendor	MHQP
Survey tool	MassHealth PC MES, based on the CG-CAHPS 3.0 survey instrument
Survey timeframe	February–May 2022
Method of collection	Mailings and emails
Sample size – all ACOs	117,455
Response rate	10.0%
Child CAHPS survey	
Survey vendor	MHQP
Survey tool	MassHealth PC MES, based on the CG-CAHPS 3.0 survey instrument
Survey timeframe	February–May 2022
Method of collection	Mailings and emails
Sample size – all ACOs	154,822
Response rate	5.0%

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

Description of Data Obtained

IPRO received copies of the final PY 2021 technical and analysis reports produced by MHQP. These reports included comprehensive descriptions of the project technical methods and survey results. IPRO also received separate files with the ACPP-level results and statewide averages.

Conclusions and Comparative Findings

To determine common strengths and opportunities for improvement across all ACPPs, IPRO compared each ACPP’s results to the statewide scores for adults and children. The statewide scores are the cumulative top-box survey results for MassHealth enrollees attributed to the 17 MassHealth ACOs. Measures performing above the statewide score were considered strengths; measures performing at the statewide score were considered average; and measures performing below the statewide score were identified as opportunities for improvement, as explained in **Table 85**.

Table 85: Color Key for PC MES Performance Measure Comparison to the Statewide Scores.

Color Key	How Rate Compares to the Statewide Average
Orange	Below the statewide score.
Gray	At the statewide score.
Blue	Above the statewide score.
White	Statewide score.

Table 86 displays the results of the PC MES adult Medicaid survey for PY 2021, and **Table 87** displays the results of the PC MES child Medicaid survey for PY 2021. The majority of the adult and child survey scores for Fallon 365, Fallon Wellforce, Tufts Atrius, and the Tufts Children’s exceeded the statewide score. The majority of the adult survey scores for BMCHP Southcoast and the Fallon Berkshire exceeded the statewide score. Three ACPPs (AllWays Health, BMCHP Mercy, BMCHP Signature) scored below the statewide score for all adult PC MES measures. AllWays Health also scored below the statewide score for all child PC MES measures, as did Tufts BIDCO.

Table 86: PC MES Performance – Adult Member, PY 2021

PC MES Measure	AllWays Health	BMCHP Alliance	BMCHP Mercy	BMCHP Signature	BMCHP Southcoast	HNE Be Healthy	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children's	Tufts BIDCO	Tufts CHA	Statewide Score
Adult Behavioral Health	60.9	66.1	51.0	63.5	67.8	66.9	63.9	64.1	68.2	53.8	74.6	66.4	65.5	65.2
Communication	87.0	87.8	81.8	85.5	88.8	84.8	88.9	89.9	88.3	88.5	91.9	86.8	88.1	87.6
Integration of Care	72.8	76.4	73.2	76.8	79.4	72.7	79.9	80.5	78.7	81.2	80.6	76.8	76.3	78.6
Knowledge of Patient	81.7	81.3	75.3	79.3	82.5	79.4	83.1	83.2	83.2	82.8	87.7	81.7	82.9	82.0
Office Staff	83.2	85.0	79.3	82.9	86.8	81.8	86.8	88.4	84.4	86.0	89.4	83.0	84.2	84.4
Organizational Access	74.6	75.7	66.7	75.8	80.2	74.0	79.3	80.2	79.2	77.8	86.5	76.4	75.8	77.5
Overall Provider Rating	86.3	86.5	80.9	85.0	88.3	83.9	88.2	88.9	88.6	88.6	92.2	86.4	88.3	87.1
Self-Management Support	60.4	60.8	52.9	55.9	64.4	60.5	64.3	62.5	62.5	59.9	65.6	63.5	55.8	61.3
Willingness to Recommend	84.4	84.6	78.6	83.6	86.5	82.5	87.3	87.5	86.3	87.4	90.9	84.7	86.2	85.3

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

Table 87: PC MES Performance – Child Member, PY 2021

PC MES Measure	AllWays Health	BMCHP Alliance	BMCHP Mercy	BMCHP Signature	BMCHP Southcoast	HNE Be Healthy	Fallon Berkshire	Fallon 365	Fallon Wellforce	Tufts Atrius	Tufts Children's	Tufts BIDCO	Tufts CHA	Statewide Score
Communication	90.0	90.6	89.1	87.9	93.0	89.9	91.2	91.8	90.1	92.4	92.2	88.5	91.1	90.8
Integration of Care	74.0	78.4	79.3	82.4	78.2	78.4	77.0	80.0	78.0	79.1	80.2	74.9	77.4	79.3
Knowledge of Patient	84.9	85.9	84.2	86.1	87.6	84.7	84.5	87.9	86.3	88.7	88.6	85.1	86.0	86.6
Office Staff	84.9	84.3	82.0	84.9	86.4	84.3	88.4	88.3	86.1	88.8	88.9	81.3	83.7	85.6
Organizational Access	75.2	79.0	74.7	80.9	86.8	83.0	77.0	83.0	82.9	84.3	86.2	80.6	78.3	82.2
Overall Provider Rating	89.6	89.7	88.1	90.5	92.1	89.0	88.4	91.9	91.4	92.9	92.4	88.5	89.9	90.6
Self-Management Support	50.2	56.0	41.7	46.2	49.0	47.4	55.3	59.9	54.2	54.0	59.1	47.1	54.2	53.5
Willingness to Recommend	87.1	88.9	86.0	91.1	90.4	89.6	88.9	91.8	91.4	92.3	92.5	87.3	90.2	90.2
Child Development	68.2	70.8	66.8	65.5	66.4	61.2	71.1	74.3	70.3	71.4	74.0	66.5	72.1	70.0
Child Provider Communication	94.3	94.3	94.8	94.4	94.3	93.8	93.3	94.6	94.9	95.5	95.1	93.9	93.9	94.9
Pediatric Prevention	62.4	67.2	58.1	58.4	63.0	55.4	67.9	74.1	65.8	63.9	69.4	64.0	66.4	65.9

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

VIII. MCP Responses to the Previous EQR Recommendations

Title 42 CFR § 438.364 *External quality review results(a)(6)* require each annual technical report include “an assessment of the degree to which each MCO, PIHP,⁷ PAHP,⁸ or PCCM entity has effectively addressed the recommendations for QI⁹ made by the EQRO during the previous year’s EQR.” **Tables 88–100** display the ACPPs’ responses to the recommendations for QI made during the previous EQR, as well as IPRO’s assessment of these responses.

AllWays Health Response to Previous EQR Recommendations

Table 88 displays the ACPPs’ progress related to the *ACPP External Quality Review CY 2021*, as well as IPRO’s assessment of the ACPPs’ response.

Table 88: AllWays Health Response to Previous EQR Recommendations

Recommendation for ACP	AllWays Health ACP Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 1 Telehealth Access Quality-Related: Kepro suggests that community organizations could provide insights into specific member needs and barriers by subpopulation.	The AllWays Health team collected anecdotal feedback by interviewing family medicine physicians at Greater Lawrence Family Health Center (GLFHC) to identify member needs and barriers around telehealth services. To address the feedback received from GLFHC providers, the AllWays Health started by the end of 2021 a provider-based intervention to train providers to ask members if they would like/are capable of telehealth visits, document this information in their medical records, and recommend telehealth to patients for future appointments if fitting or provide them with information on community resources for devices if needed.	Addressed
Compliance 1: AllWays needs to revise or implement policies and procedures to address the deficient areas to bring it into full compliance with federal and state contract requirements.	AllWays revised 11 existing policies and implemented 7 new policies to address the deficient areas. To review the findings and create corrective action plans, AllWays facilitated weekly email communication among appropriate functional areas’ business owners and held ad hoc meetings. The revised and newly written policies were reviewed by AllWays Health’s Compliance Department staff and emailed to MassHealth between 4/8/22 and 8/4/22 for review and approval. In terms of future monitoring, each policy/procedure/process business owner is accountable to monitor the outcomes and the compliance with requirements. All policies are reviewed at least annually. At a minimum, all policies must be reviewed and approved every three years by appropriate oversight committee.	Addressed
Compliance 2: AllWays needs to develop and implement a comprehensive provider	AllWays Health’s Medical Director and the MVHP Chief Medical Officer (CMO) created the provider education	Addressed

⁷ Prepaid inpatient health plan.

⁸ Prepaid ambulatory health plan.

⁹ Quality improvement.

Recommendation for ACPP	AllWays Health ACPP Response/Actions Taken	IPRO Assessment of MCP Response ¹
education and training program, including the required elements, using a variety of training tools, including but not limited to online, webinars, and onsite venues.	curriculum and a plan to implement it. The implementation plans and provider education activities were initiated in the late summer and the fall of 2022, with support from various departments across the organization (e.g., Provider Network Management, Learning and Development). In addition to the education activities, the MVHP-CLI-143 MVHP Provider Education Policy was written to remain in compliance with the ACPP contract requirements. The policy was reviewed and approved by the Merrimack Valley Health Plan (MVHP) Joint Operating Committee (the policy oversight committee) on August 16, 2022. The provider education activities, notifications and monitoring have been incorporated into the provider system platform, called the Relias system, which is monitored for compliance by the Human Resources Department. Going forward, the Human Resources/Work Force Department will develop a notification process to alert providers of the need to complete the training and to monitor whether providers completed the training.	
Compliance 3: AllWays needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.	AllWays plans to evaluate non-English speaking enrollees' choice of providers in prevalent languages by the end of 2023. They intend to measure non-English speaking enrollees' access to at least two PCPs and at least two behavioral health providers communicating in prevalent languages, as a part of the Cultural Needs and Preference Report. In terms of monitoring the effectiveness, AllWays' Clinical Department started a project to increase capture/storage/reporting of race, ethnicity, and language data. Once this data is collected, Network will develop thresholds by comparing network data to membership data collected. Thresholds will then be monitored and required action will be taken to fill any identified or perceived gaps where access is lacking.	Partially addressed
Compliance 4: AllWays should revise its language card to address the specific contractual provisions related to written material translation, how to access the ombudsman, and costs of services related to adverse appeal determinations. In addition, AllWays needs to revise its provider directory to include information about providers' completion of cultural competence training.	AllWays is revising its language card to address the specific contractual provisions related to written material translation. AllWays anticipates this work will be in full compliance with the recommendation with a goal of completion in January in 2023. AllWays has provided information to members, in the My Care Family Handbook on how to access the EOHHS Ombudsman Services and has implemented an Ombudsman Services Policy.	Partially addressed
Compliance 5: AllWays needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	AllWays received thirty findings/recommendations as a result of the 2021 Compliance Review. The recommendation for Standard Enrollee Information, #77, Section 2.4.F, regarding Undeliverable Mail was not scored and a corrective action plan was not required.	Partially addressed

Recommendation for ACP	AllWays Health ACP Response/Actions Taken	IPRO Assessment of MCP Response ¹
	AllWays created twenty-nine corrective action plans to address the findings/recommendations. As of December 14, 2022, AllWays has implemented, at varying levels, twenty-seven of the corrective action plans. Two corrective plans that are still in the development. AllWays is actively working towards solutions for both and will continue to pursue the work until the time we are in full compliance with the recommendation.	
Network 1: Kepro recommends that AllWays contract with additional Neurology, Neurosurgery, and Nuclear Medicine providers as available.	AllWays will be using competitor intelligence to identify and recruit physicians for the specified specialties to close necessary gaps. While there is no assurance of contracting, the expectation is that there will be added physicians and practices by Fall 2023 to close adequacy gaps.	Partially addressed
Network 2: Kepro suggests further development of the behavioral health network in Essex County.	Optum (AllWays Health Partners' Behavioral Health vendor) monitors BH network adequacy reporting and competitor data for recruitment opportunities. Recent BH network adequacy analysis results demonstrate a stable network with mostly 100% access in these service categories. Optum continues to oversee network adequacy and recruitment efforts through Provider Access Reporting and through a review of gap closures that occur quarter to quarter. This information is reviewed on a quarterly basis at the Behavioral Health Oversight Committee (BHOC) and on annual basis at the Quality Improvement Committee.	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. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; PCP: primary care provider; EOHHS: Executive Office of Health and Human Services; CAP: corrective action plan; BH: behavioral health.

BMCHP WellSense Community Alliance Response to Previous EQR Recommendations

Table 89 displays the ACP's progress related to the *ACP External Quality Review CY 2021*, as well as IPRO's assessment of ACP's response.

Table 89: BMCHP Community Alliance Response to Previous EQR Recommendations

Recommendation for ACP	BMCHP Community Alliance Response/Actions Taken	IPRO Assessment of MCP Response ¹
Compliance 1: BMCHP Community Alliance needs to ensure the annual review and approval of its policies and procedures against the most recent federal and state contract requirements to ensure continued compliance with all federal and MassHealth standards.	BMCHP has implemented a new policy and procedure management tool, PolicyTech and updated the internal Compliance policy (Policy on Policies) to reflect PolicyTech as the official policy repository. Transition of all policies into PolicyTech started. This allows for an automated annual review process.	Addressed
Compliance 2: BMCHP Community Alliance needs to create and implement a	The ACP has targeted efforts in place to ensure provider engagement and compliance with policies	Addressed

Recommendation for ACPP	BMCHP Community Alliance Response/Actions Taken	IPRO Assessment of MCP Response ¹
medical record review process to monitor network provider compliance with policies and procedures, specifications, and appropriateness of care.	and procedures, specifications and appropriateness of care. For example, they regularly code chart reviews for code compliance; access and availability audits and surveys; satisfaction surveys; and quality reviews. Results from each of these activities are assessed by ACPP's staff and appropriate actions taken.	
Compliance 3: BMCHP Community Alliance should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.	The Plan UM department has added additional tools and resources and has provided additional staff training to convert physician denial rationales into easily understandable language. All denial letters are reviewed by a clinician and edited, if necessary, prior to being sent. In addition, UM recently conducted a denial file audit, including review of denial letters, to identify any opportunity for continued improvement. Additionally, staff in the Member Appeals continually strive to ensure communication to our members are conveyed in a clear, consistent and easily understood manner.	Addressed
Compliance 4: BMCHP Community Alliance needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, the ACPP needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.	BMCHP will review with the Providers, on an annual basis, any language needs prevalent in their area. BMCHP will survey the providers and work with their administration and affiliated hospitals to identify the needs of the community.	Partially addressed
Compliance 5: BMCHP Community Alliance needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	Upon receipt of the audit report, BMCHP implemented corrective actions to address each partial or not met finding, all of which have been successfully implemented and validated by the Compliance team.	Addressed
Network 1: Kepro suggests that BMCHP Community Alliance prioritize contracting with additional primary care providers outside of Bristol, Norfolk, and Suffolk Counties.	BMCHP Community Alliance continues to recruit PCPs to expand access for our members	Partially addressed
Network 2: Kepro recommends that BMCHP Community Alliance enhance its network of specialists in Franklin, Hampden, and Hampshire counties.	BMCHP Community Alliance continues to recruit specialists to expand access for our members.	Partially addressed
Network 3: Kepro recommends contracting with additional Oral Surgery and Opioid Treatment providers as available in the areas not meeting MassHealth's requirements.	BMCHP Community Alliance regularly assesses its network and continues to recruit PCPs and specialists to expand access for our members.	Partially addressed

Recommendation for ACP	BMCHP Community Alliance Response/Actions Taken	IPRO Assessment of MCP Response ¹
Network 4: Kepro recommends that BMCHP Community Alliance contract with specialists as required to close network gaps.	BMCHP Community Alliance regularly assesses it network and continues to recruit PCPs and specialists to expand access for our members. For example, BMCHP Community Alliance focused on expanding its urgent care network in identified areas by MassHealth.	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. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; UM: utilization management; CAP: corrective action plan; PCP: primary care provider.

BMCHP WellSense Mercy Response to Previous EQR Recommendations

Table 90 displays the ACP's progress related to the *ACP External Quality Review CY 2021*, as well as IPRO's assessment of ACP's response.

Table 90: BMCHP Mercy Response to Previous EQR Recommendations

Recommendation for ACP	BMCHP Mercy Response/Actions Taken	IPRO Assessment of MCP Response ¹
Compliance 1: BMCHP Mercy needs to ensure annual review and approval of its policies and procedures against the most recent federal and state contract requirements to ensure continued compliance with all federal and MassHealth standards.	BMCHP has implemented a new policy and procedure management tool, PolicyTech and updated the internal Compliance policy (Policy on Policies) to reflect PolicyTech as the official policy repository. Transition of all policies into PolicyTech started. This allows for an automated annual review process.	Addressed
Compliance 2: BMCHP Mercy needs to create and implement a medical record review process to monitor network provider compliance with policies and procedures, specifications, and appropriateness of care.	The ACP has targeted efforts in place to ensure provider engagement and compliance with policies and procedures, specifications and appropriateness of care. For example, they regularly code chart reviews for code compliance; access and availability audits and surveys; satisfaction surveys; and quality reviews. Results from each of these activities are assessed by ACP's staff and appropriate actions taken.	Addressed
Compliance 3: BMCHP Mercy should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.	The Plan UM department has added additional tools and resources and has provided additional staff training to convert physician denial rationales into easily understandable language. All denial letters are reviewed by a clinician and edited, if necessary, prior to being sent. In addition, UM recently conducted a denial file audit, including review of denial letters, to identify any opportunity for continued improvement. Additionally, staff in the Member Appeals continually strive to ensure communication to our members are conveyed in a clear, consistent and easily understood manner.	Addressed
Compliance 4: BMCHP Mercy needs to work toward compliance with accessibility standards to meet MassHealth	BMCHP will review with the Providers, on an annual basis, any language needs prevalent in their area. BMCHP will survey the providers and work	Partially addressed

Recommendation for ACP	BMCHP Mercy Response/Actions Taken	IPRO Assessment of MCP Response ¹
requirements. In addition, BMCHP Mercy needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.	with their administration and affiliated hospitals to identify the needs of the community.	
Compliance 5: BMCHP Mercy needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	Upon receipt of the audit report, BMCHP implemented corrective actions to address each partial or not met finding, all of which have been successfully implemented and validated by the Compliance team.	Addressed
Network 1: Kepro recommends contracting with additional providers for Adult Primary Care provider services in counties that did not pass MassHealth's requirements.	BMCHP-Mercy continues to recruit PCPs and specialists to expand access for our members.	Partially addressed
Network 2: Kepro recommends contracting with additional providers for Pediatric Primary Care provider services in Hampden County as well as the other counties that did not meet MassHealth's requirements.	BMCHP-Mercy continues to recruit PCPs and specialists to expand access for our members.	Partially addressed
Network 3: Kepro recommends contracting with additional Opioid Treatment Program service providers in all three counties that BMCHP Mercy services.	BMCHP's BH provider, Beacon Health Options, regularly assesses its provider network and continues to recruit new providers to ensure access for our members.	Partially addressed
Network 4: Kepro suggests BMCHP Mercy prioritize Hampshire County for network development.	As part of its strategic approach, BMCHP leadership regularly assesses new product offerings and potential changes to product service area. BMCHP will take this recommendation under advisement.	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. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; UM: utilization management; CAP: corrective action plan; PCP: primary care provider; BH: behavioral health.

BMCHP WellSense Signature Response to Previous EQR Recommendations

Table 91 displays the ACP's progress related to the *ACP External Quality Review CY 2021*, as well as IPRO's assessment of ACP's response.

Table 91: BMCHP Signature Response to Previous EQR Recommendations

Recommendation for ACP	BMCHP Signature Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 1 Telehealth Access Access-Related: Kepro recommends that BMCHP Signature further understand cultural barriers of its population that could further tailor its outreach for engagement in this initiative.	CMS requires that EQR activities be linked to performance measures against which managed care plans are evaluated. As a result of this, Signature was notified by Kepro in February 2022 that the telehealth and vaccinations PIPs that were started in spring of 2021, would need to be	Not applicable

Recommendation for ACP	BMCHP Signature Response/Actions Taken	IPRO Assessment of MCP Response ¹
	<p>modified and were given three choices for beginning health equity focused PIPs in 2022. Signature chose to begin two new topics focused on clinical quality measures with health equity disparities in their population. Signature continues to be creative about methods in which it evaluates cultural barriers and has been able to do so under the work of the new PIPs focused on comprehensive diabetes care and controlling high blood pressure. More details on specific health equity interventions and addressing population barriers can be found in the 2022 baseline report one and two.</p>	
<p>Compliance 1: BMCHP Signature needs to ensure annual review and approval of its policies and procedures against the most recent federal and state contract requirements to ensure continued compliance with all federal and MassHealth standards.</p>	<p>BMCHP has implemented a new policy and procedure management tool, PolicyTech. We've updated our internal Compliance policy (Policy on Policies) to reflect PolicyTech as the official policy repository and began the transition of all policies into PolicyTech. This allows for an automated annual review process.</p>	<p>Addressed</p>
<p>Compliance 2: BMCHP Signature needs to create and implement a medical record review process to monitor network provider compliance with policies and procedures, specifications, and appropriateness of care.</p>	<p>The ACP has targeted efforts in place to ensure provider engagement and compliance with policies and procedures, specifications and appropriateness of care. For example, they regularly code chart reviews for code compliance; access and availability audits and surveys; satisfaction surveys; and quality reviews. Results from each of these activities are assessed by ACP's staff and appropriate actions taken.</p>	<p>Addressed</p>
<p>Compliance 3: BMCHP Signature should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.</p>	<p>The Plan UM department has added additional tools and resources and has provided additional staff training to convert physician denial rationales into easily understandable language. All denial letters are reviewed by a clinician and edited, if necessary, prior to being sent. In addition, UM recently conducted a denial file audit, including review of denial letters, to identify any opportunity for continued improvement. Additionally, staff in the Member Appeals continually strive to ensure communication to our members are conveyed in a clear, consistent and easily understood manner.</p>	<p>Addressed</p>
<p>Compliance 4: BMCHP Signature needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, BMCHP Signature needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.</p>	<p>BMCHP will review with the Providers, on an annual basis, any language needs prevalent in their area. BMCHP will survey the providers and work with their administration and affiliated hospitals to identify the needs of the community. In addition, Signature recently launched a Certified Medical Interpreter pilot across all primary care settings to improve translation services and supports for members who speak a language other than English. The Signature program provides formal Medical</p>	<p>Partially addressed</p>

Recommendation for ACP	BMCHP Signature Response/Actions Taken	IPRO Assessment of MCP Response ¹
	Interpreter trainings, certification, and advancement opportunities to staff who speak a second language in an effort to replace translation devices and telephone translation services with on-site staff and better meet member needs.	
Compliance 5: BMCHP Signature should explore opportunities to better automate or support some care coordination activities to allow greater oversight as well as demonstrate success with program aims.	With the new ACO contracting currently underway and to be effective April 1, 2023, Care Management and Care Coordination is one area which is being assessed by BMHCP to further improve the overall member experience. The ACP identified several initial program changes to implement for Signature ACO members in the new contract period.	Partially addressed
Compliance 6: BMCHP Signature needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	Upon receipt of the audit report, BMCHP implemented corrective actions to address each partial or not met finding, all of which have been successfully implemented and validated by the Compliance team.	Addressed
Network 1: Kepro recommends contracting with additional Primary Care Providers and Oral Surgeons in Bristol and Plymouth counties.	BMCHP-Signature continues to recruit PCPs and specialists to expand access for our members. Signature currently has plans to bring two new pediatric primary care practices into its network in 2023 to increase primary care access for children.	Partially addressed
Network 2: Kepro recommends contracting with additional PACT providers in Bristol County as available.	BMCHP-Signature continues to recruit PCPs and specialists to expand access for our members.	Partially addressed

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. Not applicable: PIP was discontinued. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; CMS: Centers for Medicare and Medicaid Services; PIP: performance improvement project; UM: utilization management; ACO: accountable care organization; CAP: corrective action plan; PCP: primary care provider; PACT: Programs of Assertive Community Treatment.

BMCHP WellSense Southcoast Response to Previous EQR Recommendations

Table 92 displays the ACP's progress related to the *ACP External Quality Review CY 2021*, as well as IPRO's assessment of ACP's response.

Table 92: BMCHP Southcoast Response to Previous EQR Recommendations

Recommendation for ACP	BMCHP Southcoast Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 1 Immunization Access-Related: Kepro recommends that BMCHP Southcoast track influenza vaccination rates of those members that were targeted compared to those that were not.	CMS requires that EQR activities be linked to performance measures against which managed care plans are evaluated. As a result of this, Southcoast was notified by Kepro in February 2022 that the telehealth and vaccinations PIPs that were started in spring of 2021, would need to be modified and were given three choices for beginning health equity focused PIPs in 2022. Signature chose to begin two new topics focused	Not applicable

Recommendation for ACP	BMCHP Southcoast Response/Actions Taken	IPRO Assessment of MCP Response ¹
	on clinical quality measures with health equity disparities in their population. This work aligned well with existing initiatives Southcoast was taking to improve health equity across their ACO. As a result, Southcoast has taken the feedback provided on the immunization PIP, such as the above noted statement, and incorporated this feedback into ongoing work as documented in the 2022 PIP baseline reports one and two focused on controlling high blood pressure and comprehensive diabetes care.	
<p>PIP 2 Telehealth Access</p> <p>Access-Related: Kepro recommends further describing how racial disparities will be addressed in the program, specifically Asian and White members as well as members who spoke less prevalent languages and the homeless, who were previously identified as having lower utilization.</p> <p>Quality-Related: Kepro recommends the development of a more formal plan for providers to participate in this project ensuring their input is included at onset and throughout the life of the project.</p>	<p>CMS requires that EQR activities to be linked to performance measures against which managed care plans are evaluated. As a result of this, Southcoast was notified by Kepro in February 2022 that the telehealth and vaccinations PIPs that were started in spring of 2021, would need to be modified and were given three choices for beginning health equity focused PIPs in 2022. Signature chose to begin two new topics focused on clinical quality measures with health equity disparities in their population. Southcoast values the inputs from providers and are formalizing a physician-led multi-disciplinary Quality Improvement Committee working on collecting and analyzing data, developing plans to close identified care gaps, and collaborating with internal/external resources to improve care and health equity. Workgroups of this committee will include a physician lead, a Practice Quality Coordinator, and operational support to help ensure success.</p>	Not applicable
<p>Compliance 1: BMCHP Southcoast needs to ensure annual review and approval of its policies and procedures against the most recent federal and state contract requirements to ensure continued compliance with all federal and MassHealth standards.</p>	<p>BMCHP has implemented a new policy and procedure management tool, PolicyTech. We've updated our internal Compliance policy (Policy on Policies) to reflect PolicyTech as the official policy repository and began the transition of all policies into PolicyTech. This allows for an automated annual review process.</p>	Addressed
<p>Compliance 2: BMCHP Southcoast needs to create and implement a medical record review process to monitor network provider compliance with policies and procedures, specifications, and appropriateness of care.</p>	<p>The ACP has targeted efforts in place to ensure provider engagement and compliance with policies and procedures, specifications and appropriateness of care. For example, they regularly code chart reviews for code compliance; access and availability audits and surveys; satisfaction surveys; and quality reviews. Results from each of these activities are assessed by ACP's staff and appropriate actions taken.</p>	Addressed
<p>Compliance 3: BMCHP Southcoast should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.</p>	<p>The Plan UM department has added additional tools and resources and has provided additional staff training to convert physician denial rationales into easily understandable language. All denial</p>	Addressed

Recommendation for ACP	BMCHP Southcoast Response/Actions Taken	IPRO Assessment of MCP Response ¹
	letters are reviewed by a clinician and edited, if necessary, prior to being sent. In addition, UM recently conducted a denial file audit, including review of denial letters, to identify any opportunity for continued improvement. Additionally, staff in the Member Appeals continually strive to ensure communication to our members are conveyed in a clear, consistent and easily understood manner.	
Compliance 4: BMCHP Southcoast needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, BMCHP Southcoast needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.	BMCHP will review with the Providers, on an annual basis, any language needs prevalent in their area. BMCHP will survey the providers and work with their administration and affiliated hospitals to identify the needs of the community.	Partially addressed
Compliance 5: BMCHP Southcoast needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	Upon receipt of the audit report, BMCHP implemented corrective actions to address each partial or not met finding, all of which have been successfully implemented and validated by the Compliance team.	Addressed
Network 1: Kepro suggests that BMCHP Southcoast prioritize the recruitment of additional primary care providers.	BMCHP-Southcoast continues to recruit PCPs and specialists to expand access for our members.	Partially addressed
Network 2: Kepro recommends contracting with additional Oral Surgeons, Opioid Treatment Programs, and PACT providers.	BMCHP-Southcoast continues to recruit specialists to expand access for our members.	Partially addressed

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. Not applicable: PIP was discontinued. ACP: accountable care organization; MCP: managed care plan; EQR: external quality review; CMS: Centers for Medicare and Medicaid Services; PIP: performance improvement project; UM: utilization management; CAP: corrective action plan; PCP: primary care provider; PACT: Programs of Assertive Community Treatment.

HNE Be Healthy Response to Previous EQR Recommendations

Table 93 displays the ACP's progress related to the *ACPP External Quality Review CY 2021*, as well as IPRO's assessment of ACP's response.

Table 93: HNE Be Healthy Response to Previous EQR Recommendations

Recommendation for ACP	HNE Be Healthy Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 1 Immunization Quality-Related: Kepro advises HNE Be Healthy to gather member input to inform the design of its interventions. Quality-Related: Kepro advises HNE Be Healthy to provide additional detail about the design of its member outreach intervention. Quality-Related: Kepro advises HNE Be Healthy to report the flu vaccination rate as its performance indicator rather than a non-adherence rate.	In CY 2022 HNE Be Healthy changed its PIP programs based off the new PIP program guidance. The Flu Vaccination program was not continued in part due to the change in guidance and in the perceived ineffectiveness of the program. In response to the concerns from these previous PIP programs the ACP engaged their Patient and Family Advisory Council in reviewing the new programs as they were developed. As a part of the process in the old Flu Vaccination program a single identified practice was given two samples of members to engage in direct outreach and engagement on flu vaccines with the goal of closing the vaccine uptake gap. The outreach was conducted by practice staff by phone. This outreach program was not effective, though a retooling of the outreach methods to be multimodal and culturally sensitive may increase the overall effectiveness. Many members were unreachable or declined. For the final evaluation we did assess the flu vaccination rate in the identified sample populations. In the new PIPs, the ACP will stand up culturally sensitive health marketing as a dynamic capacity allowing to change the marketing based off the defined clinical and cultural needs.	Addressed
PIP 1 Telehealth Access Quality-Related: Kepro strongly advises HNE Be Healthy to gather stakeholder input (member and provider) in advance of intervention design. Quality-Related: Kepro advises HNE Be Healthy, in future reporting, to respond in full to all questions on the PIP Questionnaire. It presented many project strengths in the October 12, 2021, meeting that had not been documented.	In response to the concerns from these previous PIP programs, the ACP engaged their Patient and Family Advisory Council in reviewing the new CY2022 programs as they were developed. The team learned many lessons from the primary PIP process.	Addressed
Compliance 1: HNE Be Healthy needs to revise and/or implement policies and procedures to address the deficient areas to bring it into full compliance with federal and state contract requirements.	HNE developed, or is in the process of developing, new policies and procedures for the areas of the compliance validation that were partially or not met. HNE updated the grievance and appeals policies for any language that was missing from the audit. HNE is working on developing a policy to reflect enrollee random sampling process.	Partially addressed

Recommendation for ACP	HNE Be Healthy Response/Actions Taken	IPRO Assessment of MCP Response ¹
Compliance 2: HNE Be Healthy needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, HNE Be Healthy needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.	HNE worked to implement the following process: Increase member awareness of non-English speaking providers through member communications by highlighting the variety of practitioner languages offered in online and mailer communications that are distributed to members.	Addressed
Compliance 3: HNE Be Healthy needs to modify its grievance policy and process to report and address expressions of dissatisfaction resolved in the first call as a grievance. In addition, the ACP should consider enhancing its call-monitoring process to more formally monitor grievance identification to ensure procedures are followed for the capture and reporting of grievances.	HNE revised call monitoring process to capture reasons for member dissatisfaction in 2022. HNE defined the following codes for member dissatisfaction reasons: Benefits, Claims, Access, Pharmacy, Provider Care and Service, Health Plan Service, and Vendors. Call center staff were trained on how to capture new codes during a call if a member reported any non-formal grievances on the associated topics. During the annual Quality Evaluation this data will be reviewed alongside CAHPS survey results and formal grievances to ensure HNE is meeting the needs of our members and working to improve commonly discussed complaints. To date there have been 179 dissatisfaction codes logged by call center representatives in 2022. Member services policy has been updated to reflect this change to our grievance documentations.	Addressed
Compliance 4: HNE Be Healthy needs to implement a formal program for reviewing medical records and include reporting through its standard quality improvement processes.	In addition to existing medical record review processes related to collection of clinical quality data, HNE implemented a formal medical record review process to assess provider compliance with quality standards set forth by HNE. A randomized sample of medical records are reviewed by a three-tier approach. Certified coders review for appropriate documentation followed by a Quality nurse to review for quality of clinical care. Any areas of concerns are escalated to a HNE Medical Director for a formal Quality of Care review.	Addressed
Compliance 5: HNE Be Healthy should revise the language used in denial and appeal letters to convey decision rationale in a manner that is easily understood.	In Q2 2022, HNE Complaints and Appeals Manager retrained staff on letter documentation best practices, which involved clarifying verbiage that may be difficult to understand and ensuring letters were at a 6 th grade reading level. This process has been ongoing as needed.	Addressed
Compliance 6: HNE Be Healthy needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	HNE addressed all areas that were partially or not met.	Addressed
Network 1: Kepro recommends contracting with additional primary care	Due to the design of the current ACO model, HNE is unable to add practices outside of the ones that are contracted to be in the ACO. HNE conducted a	Partially addressed

Recommendation for ACP	HNE Be Healthy Response/Actions Taken	IPRO Assessment of MCP Response ¹
providers, medical facilities, and pharmacies.	network adequacy analysis and have met adequacy standards for all areas according to MassHealth.	
Network 2: Kepro recommends contracting with CBAT, Clinical Support Services for Substance Use Disorders, Managed Inpatient Level 4, Monitored Inpatient Level 3.7, Programs of Assertive Community Treatment (PACT), and Psychiatric Day Treatment providers as available.	HNE conducted a network adequacy analysis and have met adequacy standards for all areas according to MassHealth.	Partially addressed
Network 3: Kepro recommends that HNE Be Healthy prioritize Hampshire County for specialty provider network development.	HNE contracting department has prioritized both Hampshire and Franklin County as the ACO geographic area has expanded. HNE limited due to some providers not wishing to contract with Medicaid.	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. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; CY: calendar year; PIP: performance improvement project; CAHS: Consumer Assessment of Healthcare Providers and Systems; Q: quarter; CAP: corrective action plan; ACO: accountable care organization; CBAT: community-based acute treatment.

Fallon Berkshire Response to Previous EQR Recommendations

Table 94 displays the ACP's progress related to the *ACPP External Quality Review CY 2021*, as well as IPRO's assessment of ACP's response.

Table 94: Fallon Berkshire Response to Previous EQR Recommendations

Recommendation for ACP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 1 Immunization Quality-Related: Kepro recommends adopting a more detailed approach to gathering feedback directly from members, specifically targeting those that are not receiving the flu vaccine.	Per guidance received from Kepro on 2/17/2022, flu vaccination no longer qualified as a PIP topic therefore this PIP was discontinued, and no further actions were taken.	Not applicable
PIP 2 Telehealth Access Access-Related: Kepro recommends and encourages engagement with a behavioral health telehealth contracted vendor as it has been stated a lack of availability of providers has contributed to access issues for members. Access-Related: Kepro recommends activities to understand the barriers within targeted sub-populations through surveys and/or focus groups to inform the design of viable interventions to address disparities. Availability of technology and broadband might be	Per guidance received from Kepro on 2/17/2022, the ACPs were given three choices for the 2022 PIP Reporting cycle. Fallon Berkshire selected two new PIP topics from Choice 1 and discontinued the work on the telehealth PIP.	Not applicable

Recommendation for ACP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response ¹
limiting factors that will need to be addressed in subpopulations.		
Compliance 1: Fallon Berkshire needs to revise or implement policies and procedures to address the deficient areas to bring it into full compliance with federal and state contract requirements.	Fallon Health revised and implemented pertinent policies and procedures based on the 2021 findings. Policy and procedure documents were updated with the input of relevant departments. All policy and procedure updates were completed by 4/1/22. Policy and procedure documents are reviewed annually, and updates are made as needed to maintain compliance.	Addressed
Compliance 2: Fallon Berkshire needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Fallon Berkshire needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.	<p>Date of completion: 4/1/22</p> <p>Fallon Health worked on the below steps to address these findings:</p> <ol style="list-style-type: none"> 1. Availability of Services P&P language already exists under the cultural assessment section 2. Update annual cultural assessment reporting to include summary by county of top provider languages offered 3. Ensure that the state standard of 2 providers per area/county are available to member by prevalent languages in that county 4. Report cultural assessment results on an annual basis at Service Advisory Committee meeting 5. Provide any deficiencies to NDM contract managers for corrective action as needed 6. Coordinate with Beacon Health Systems to assign ownership and receive annual reporting for Behavioral Health requirement measurement <p>Beacon:</p> <p>Beacon updated Network Policy NM 302.10- Network Design, Access and Availability Standards in Q1 to formally document the mechanism for ensuring that non-English speaking Enrollees have a choice of at least 2 Behavioral Health Providers within each behavioral health covered service category, in the Prevalent Language in the Service Area as part of our standard network oversight procedures. To monitor and ensure appropriate access levels to providers that speak Prevalent Languages within each Service Area, Beacon developed a report customized for this metric. The report runs on a quarterly basis and reviewed by the Beacon Network Team to ensure appropriate access levels.</p>	Addressed
Compliance 3: Fallon Berkshire should revise its member handbook to address the specific contractual provisions related	<p>Date of completion: 1/1/22</p> <p>Fallon Health updated its member handbooks to include information on how members can access</p>	Addressed

Recommendation for ACP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response ¹
to how to access the ombudsman and how to report suspected fraud or abuse.	Ombudsman services and how members can report fraud and abuse. Annually, Fallon reviews handbooks and makes necessary updates as needed.	
Compliance 4: Fallon Berkshire needs to create and implement an oversight process for the ACP member and family advisory councils to obtain and utilize data and information for quality improvement initiatives, program enhancements, etc., and include a reporting process through the Quality Assurance and Performance Improvement committee structure.	<ol style="list-style-type: none"> 1. Fallon Health discussed with the ACO partner to receive communication of their Patient and Family Advisory Council (PFAC) meeting outcomes during workgroup meetings, quarterly quality meetings and/or through email. The data and feedback obtained was presented at the quarterly Clinical Quality Improvement Committee (CQIC) meetings for oversight and monitoring of PFAC activity. 2. PFAC updates were added as a standing agenda item to the CQIC meetings and the Program Manager, Government Services Quality (ACO) became a CQIC member to provide updates and report on PFAC activity received from the ACO partner. 3. A PFAC Reporting Process was developed outlining the oversight and monitoring of PFAC activity and was posted on the Fallon Health Policies and Procedures SharePoint site. 	Addressed
Compliance 5: Fallon Berkshire needs to continue to work to ensure adverse benefit notices are written in easily understood language.	<p>Date of completion 2/28/2022</p> <p>Fallon has:</p> <ul style="list-style-type: none"> • Revised policy/procedure documents to include language review to take into account all comments, documents, records, and other information submitted by the Enrollee or the Appeal Representative as noted in the contact. • Revised the Processing (Provider) Manual to ensure timeframes for appeals are consistent and adhere to contractual requirements. • Notices are reviewed and approved by MassHealth whenever there are changes. 	Addressed
Compliance 6: Fallon Berkshire needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	Fallon Health addressed all concerns that were considered partially met and not met through policy and process changes. All policy and process changes were complete for 4/1/22. All subject matter experts and their teams leveraged their knowledge and experience to address finding through the actions stated in our corrective action plans. Policies and procedures are reviewed annually to ensure compliance.	Addressed
Network 1: Kepro recommends contracting with additional Primary Care Providers and Retail Pharmacies as available in Berkshire County.	Primary Care Providers: Fallon continues to monitor network adequacy. The rural area poses challenges with provider recruitment, however the use of mid-level practitioners within the ACO program (e.g. NPs/pAs), has helped mitigate enrollee access to care. Fallon continues to work with provider partners to ensure we have current	Addressed

Recommendation for ACP	Fallon Berkshire Response/Actions Taken	IPRO Assessment of MCP Response ¹
	list of providers in the organization. Fallon met access standards for the network. Retail Pharmacies: Fallon changed PBM's to OptumRx in 2022. OptumRx has a broader Medicaid Network which expanded the access for members to pharmacy services.	
Network 2: Kepro recommends contracting with additional Medical Facilities as available in Berkshire and Franklin counties.	There were no new medical facilities added in this timeframe. Fallon does contract with the majority of the facilities in the area, but the area is limited.	Partially addressed
Network 3: While recognizing the challenges presented in the more rural western part of the state, Kepro recommends that Fallon Berkshire fill the gaps in its behavioral health and specialty service network.	Specialty Service Network: Fallon works with provider entities to add new providers as they join the organization. Additionally, Fallon continues to monitor regulations on the use of provider types for network adequacy. Recently, it was confirmed that Nurse Practitioner and Physician Assistants can be used for specialty service coverage. This alone will expand access for members. Fallon has seen growth from 2021 to 2022. Behavioral Health: Beacon continuously assesses active providers in Berkshire County, MA and enrolls interested, qualified organizations. Beacon also works with our existing contracted organizations on expansion of services to meet the needs of Fallon members. Recently Berkshire Medical Center has added a new diversionary program to continue treating Berkshire County Membership. Additionally, Beacon uses Telehealth modalities to reach members in remote areas.	Partially addressed

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. Not applicable: PIP was discontinued. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; PIP: performance improvement project; Q: quarter; ACO: accountable care organization; CAP: corrective action plan; MA: Massachusetts; NP: nurse practitioner; PA: physician assistant.

Fallon 365 Response to Previous EQR Recommendations

Table 95 displays the ACP's progress related to the *ACP External Quality Review CY 2021*, as well as IPRO's assessment of ACP's response.

Table 95: Fallon 365 Response to Previous EQR Recommendations

Recommendation for ACP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 1 Immunization <u>Access-Related:</u> Kepro recommends a stronger plan for inclusion of members who have historically not received the flu vaccine to ensure true barriers are addressed.	Per guidance received from Kepro on 2/17/2022, the ACPs were given three choices for the 2022 PIP Reporting cycle. Fallon 365 selected two new PIP topics from Choice 1 and discontinued the work on the immunization PIP.	Not applicable

Recommendation for ACP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 2 Telehealth Access Quality-Related: Kepro recommends Fallon 365 develop additional methods for collecting feedback from members to contribute to the development of this PIP at onset, especially from members who do not use telehealth services to permit a better understanding of barriers.	Per guidance received from Kepro on 2/17/2022, the ACPs were given three choices for the 2022 PIP Reporting cycle. Fallon 365 selected two new PIP topics from Choice 1 and discontinued the work on the telehealth PIP.	Not applicable
Compliance 1: Fallon 365 needs to revise and/or implement policies and procedures to address the deficient areas to bring it into full compliance with federal and state contract requirements.	Fallon Health has revised and implemented pertinent policies and procedures based on the 2021 findings. Policy and procedure documents were updated with the input of relevant departments. All policy and procedure updates were completed by 4/1/22. The goal of this is to effectively demonstrate and document our compliance with the contract. Policy and procedure documents are reviewed annually, and updates are made as needed to maintain compliance.	Addressed
Compliance 2: Fallon 365 needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Fallon 365 needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.	Date of completion: 4/1/22 Fallon Health worked on the below steps to address these findings: <ol style="list-style-type: none"> 1. Availability of Services P&P language already exists under the cultural assessment section 2. Update annual cultural assessment reporting to include summary by county of top provider languages offered 3. Ensure that the state standard of 2 providers per area/county are available to member by prevalent languages in that county 4. Report cultural assessment results on an annual basis at Service Advisory Committee meeting 5. Provide any deficiencies to NDM contract managers for corrective action as needed 6. Coordinate with Beacon Health Systems to assign ownership and receive annual reporting for Behavioral Health requirement measurement Beacon: Beacon updated Network Policy NM 302.10- Network Design, Access and Availability Standards in Q1 to formally document the mechanism for ensuring that non-English speaking Enrollees have a choice of at least 2 Behavioral Health Providers within each behavioral health covered service category, in the Prevalent Language in the Service Area as part of our standard network oversight procedures. To monitor and ensure appropriate access levels to providers that speak Prevalent Languages within each Service Area, Beacon	Addressed

Recommendation for ACP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response ¹
	developed a report customized for this metric. The report runs on a quarterly basis and reviewed by the Beacon Network Team to ensure appropriate access levels.	
Compliance 3: Fallon 365 should revise its member handbook to address the specific contractual provisions related to how to access the ombudsman and how to report suspected fraud or abuse.	Date of completion: 1/1/22 Fallon Health updated its member handbooks to include information on how members can access Ombudsman services and how members can report fraud and abuse. Annually, Fallon reviews handbooks and makes necessary updates as needed.	Addressed
Compliance 4: Fallon 365 needs to create and implement an oversight process for the ACP member and family advisory councils to obtain and utilize data and information for quality improvement initiatives, program enhancements, etc., and include a reporting process through the quality committee structure.	<ol style="list-style-type: none"> 1. Fallon Health discussed with the ACO partner to receive communication of their Patient and Family Advisory Council (PFAC) meeting outcomes during workgroup meetings, quarterly quality meetings and/or through email. The data and feedback obtained have been presented at the quarterly Clinical Quality Improvement Committee (CQIC) meetings for oversight and monitoring of PFAC activity. 2. PFAC updates were added as a standing agenda item to the CQIC meetings and the Program Manager, Government Services Quality (ACO) became a CQIC member to provide updates and report on PFAC activity received from the ACO partner. 3. A PFAC Reporting Process has been developed outlining the oversight and monitoring of PFAC activity and has been posted on the Fallon Health Policies and Procedures SharePoint site. 	Addressed
Compliance 5: Fallon 365 needs to continue to work to ensure adverse benefit notices are written in easily understood language.	Date of completion 2/28/2022 Fallon has: <ul style="list-style-type: none"> • Revised our policy/procedure documents to include language review to take into account all comments, documents, records, and other information submitted by the Enrollee or the Appeal Representative as noted in the contact. • Revised our Processing (Provider) Manual to ensure timeframes for appeals are consistent and adhere to contractual requirements. • Notices are reviewed and approved by MassHealth whenever there are changes. 	Addressed
Compliance 6: Fallon 365 needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	Fallon Health addressed all concerns that were considered partially met and not met through policy and process changes. All policy and process changes were complete for 4/1/22. All subject matter experts and their teams leveraged their knowledge and experience to address finding through the actions stated in our corrective action plans. Policies and procedures are reviewed annually to ensure compliance.	Addressed

Recommendation for ACPP	Fallon 365 Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>Network 1: Kepro strongly encourages Fallon 365 to expand its network of primary care providers.</p>	<p>Fallon worked closely with EOHHS to arrive at an approved corrective action plan that included opening Fallon’s own Summit ElderCare Program of All-Inclusive Care for the Elderly (PACE) sites and providers to service the ACPP members whom Reliant Medical Group was unable to accommodate within their own provider panels. Additionally, three community providers were also added to the network to provide supplementary access for members who did not reside within the geography of the PACE sites.</p> <p>Going forward, Fallon has updated its policies and procedures related to monitoring access to conduct quarterly geo-access analyses on open panels for all ACPPs. Fallon also designed and created a new report to monitor open and closed panel activity for all ACPPs, which is distributed monthly to senior leadership and reviewed at ACPP Joint Governance Committee (JGC) meetings and at Fallon’s monthly Service Advisory Committee meetings. These critical steps to establish heightened network monitoring will proactively identify any potential network issues going forward.</p> <p>In addition, Reliant continues an aggressive approach to recruit locally and nationally for new PCPs.</p> <p>Reliant also has recently launched a Virtual Care Team in order to expand access for patients. The Virtual Care Team consists of employed Reliant providers who offer patients the opportunity to access primary and urgent care services through video visits, day or night. Fallon and Reliant look forward to further discussions with EOHHS about how the Virtual Primary Care Team may be implemented for Fallon/Reliant ACPP Enrollees in the coming year.</p>	<p>Partially addressed</p>
<p>Network 2: The recruitment of specialists in Worcester County represents an opportunity for Fallon 365.</p>	<p>Fallon works with provider entities to add new providers as they join the organization. Additionally, Fallon continues to monitor regulations on the use of provider types for network adequacy. Recently, it was confirmed that Nurse Practitioner and Physician Assistants can be used for specialty service coverage. This alone will expand access for members. Fallon has seen growth from 2021 to 2022.</p>	<p>Partially addressed</p>

¹ IPRO assessments are as follows: **addressed:** MCP’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP’s QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP’s QI response did not address the recommendation; improvement was not observed, or performance declined. Not applicable: PIP was discontinued. ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; PIP: performance improvement project; Q: quarter; ACO: accountable care organization; CAP: corrective action plan; EOHHS: Executive Office of Health and Human Services; PCP: primary care provider.

Fallon Wellforce Response to Previous EQR Recommendations

Table 96 displays the ACP's progress related to the *ACPP External Quality Review CY 2021*, as well as IPRO's assessment of ACP's response.

Table 96: Fallon Wellforce Response to Previous EQR Recommendations

Recommendation for ACP	Fallon Wellforce Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 1 Immunization Quality-Related: Kepro believes that member and provider participation in the design of interventions is essential to a successful performance project and, as such, should be conducted at project outset.	Per guidance received from Kepro on 2/17/2022, COVID vaccinations no longer qualified as a PIP topic therefore this PIP was discontinued, and no further actions were taken.	Not applicable
Compliance 1: Fallon Wellforce needs to revise or implement policies and procedures to address the deficient areas to bring the ACP into full compliance with federal and state contract requirements.	Fallon Health revised and implemented pertinent policies and procedures based on the 2021 findings. Policy and procedure documents were updated with the input of relevant departments. All policy and procedure updates were completed by 4/1/22. The goal of this is to effectively demonstrate and document our compliance with the contract. Policy and procedure documents are reviewed annually, and updates are made as needed to maintain compliance.	Addressed
Compliance 2: Fallon Wellforce needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Fallon Wellforce needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.	Date of completion: 4/1/22 Fallon Health worked on the below steps to address these findings: <ol style="list-style-type: none"> 1. Availability of Services P&P language already exists under the cultural assessment section 2. Update annual cultural assessment reporting to include summary by county of top provider languages offered 3. Ensure that the state standard of 2 providers per area/county are available to member by prevalent languages in that county 4. Report cultural assessment results on an annual basis at Service Advisory Committee meeting 5. Provide any deficiencies to NDM contract managers for corrective action as needed 6. Coordinate with Beacon Health Systems to assign ownership and receive annual reporting for Behavioral Health requirement measurement Beacon: Beacon updated Network Policy NM 302.10- Network Design, Access and Availability Standards in Q1 to formally document the mechanism for ensuring that non-English speaking Enrollees have a choice of at least 2 Behavioral Health Providers within each behavioral health covered service category, in the Prevalent Language in the Service	Addressed

Recommendation for ACP	Fallon Wellforce Response/Actions Taken	IPRO Assessment of MCP Response ¹
	Area as part of our standard network oversight procedures. To monitor and ensure appropriate access levels to providers that speak Prevalent Languages within each Service Area, Beacon developed a report customized for this metric. The report runs on a quarterly basis and reviewed by the Beacon Network Team to ensure appropriate access levels.	
Compliance 3: Fallon Wellforce should revise its member handbook to address the specific contractual provisions related to how to access the ombudsman and how to report suspected fraud or abuse.	Date of completion: 1/1/22 Fallon Health updated its member handbooks to include information on how members can access Ombudsman services and how members can report fraud and abuse. Annually, Fallon reviews handbooks and makes necessary updates as needed.	Addressed
Compliance 4: Fallon Wellforce needs to create and implement an oversight process for the ACP member and family advisory councils to obtain and utilize data and information for Quality Improvement initiatives, program enhancements, etc., and include a reporting process through the Quality Assessment Performance Improvement committee structure.	<ol style="list-style-type: none"> 1. Fallon Health discussed with the ACO partner to receive communication of their Patient and Family Advisory Council (PFAC) PFAC meeting outcomes during workgroup meetings, quarterly quality meetings and/or through email. The data and feedback obtained have been presented at the quarterly Clinical Quality Improvement Committee (CQIC) meetings for oversight and monitoring of PFAC activity. 2. PFAC updates were added as a standing agenda item to the CQIC meetings and the Program Manager, Government Services Quality (ACO) became a CQIC member to provide updates and report on PFAC activity received from the ACO partner. 3. A PFAC Reporting Process has been developed outlining the oversight and monitoring of PFAC activity and has been posted on the Fallon Health Policies and Procedures SharePoint site. 	Addressed
Compliance 5: Fallon Wellforce needs to continue to work to ensure adverse benefit notices are written in easily understood language.	Date of completion 2/28/2022 Fallon has: <ul style="list-style-type: none"> • Revised policy/procedure documents to include language review to take into account all comments, documents, records, and other information submitted by the Enrollee or the Appeal Representative as noted in the contact. • Revised the Processing (Provider) Manual to ensure timeframes for appeals are consistent and adhere to contractual requirements. • Notices are reviewed and approved by MassHealth whenever there are changes. 	Addressed
Compliance 6: Fallon Wellforce needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	Fallon Health addressed all concerns that were considered partially met and not met through policy and process changes. All policy and process changes were complete for 4/1/22. All subject matter experts and their teams leveraged their	Addressed

Recommendation for ACP	Fallon Wellforce Response/Actions Taken	IPRO Assessment of MCP Response ¹
	knowledge and experience to address finding through the actions stated in our corrective action plans. Policies and procedures are reviewed annually to ensure compliance.	
Network 1: Kepro recommends that, as possible, Fallon Wellforce expand its Behavioral Health Service in Barnstable County.	Beacon continuously assesses active providers in Barnstable County, MA and enrolls interested, qualified organizations. Additionally, Beacon uses Telehealth modalities to reach members in remote areas. Beacon maintains a self-service 'RFA portal' (Request for Application) where providers can apply to join the network at their convenience and Fallon has incorporated the portal link into their response to BH providers contacting ask FCHP.	Partially addressed
Network 2: The contracting of additional specialists in Barnstable and Plymouth Counties represents an opportunity for Fallon Wellforce.	Fallon works with provider entities to add new providers as they join the organization. Additionally, Fallon continues to monitor regulations on the use of provider types for network adequacy. Recently, it was confirmed that Nurse Practitioner and Physician Assistants can be used for specialty service coverage. This alone will expand access for members. Fallon has seen growth from 2021 to 2022.	Partially addressed
Network 3: Kepro recommends that Fallon Wellforce contract with additional Hematologists, Neurosurgeons, Nuclear Medicine providers, Oncologists, Orthopedic Surgeons, Plastic Surgeons, Vascular Surgeons, and other specialists as necessary to close network gaps.	Fallon works with provider entities to add new providers as they join the organization. Additionally, Fallon continues to monitor regulations on the use of provider types for network adequacy. Recently, it was confirmed that Nurse Practitioner and Physician Assistants can be used for specialty service coverage. This alone will expand access for members. Fallon has seen growth from 2021 to 2022.	Partially addressed

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. Not applicable: PIP was discontinued. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; PIP: performance improvement project; Q: quarter; COVID: 2019 novel coronavirus; ACO: accountable care organization; CAP: corrective action plan; MA: Massachusetts; BH: behavioral health.

Tufts Atrius Response to Previous EQR Recommendations

Table 97 displays the ACP's progress related to the *ACP External Quality Review CY 2021*, as well as IPRO's assessment of ACP's response.

Table 97: Tufts Atrius Response to Previous EQR Recommendations

Recommendation for ACP	Tufts Atrius Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 2 Telehealth Access Quality-Related: Kepro strongly recommends that Tufts Atrius find ways to offer more personalized messages to	Discontinued	Not applicable

Recommendation for ACPP	Tufts Atrius Response/Actions Taken	IPRO Assessment of MCP Response ¹
members encouraging the use of telehealth services.		
Compliance 1: Tufts Atrius should implement an internal process for review preparation to ensure representation of all necessary functional areas and review elements are documented to demonstrate full compliance.	Atrius will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 2: Tufts Atrius should continue to explore opportunities to restructure its care management model to better support the aims of the ACPP.	Atrius will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 3: Tufts Atrius needs to continue to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Tufts Atrius needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages. Furthermore, Tufts Atrius needs to develop more formal policies and procedures to address behavioral health requirements.	Atrius will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 4: Tufts Atrius needs to maintain documentation to ensure that enrollee rights are communicated to ACPP staff.	Atrius will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 5: Tufts Atrius should revise its member handbook to address the specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.	Atrius will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 6: Tufts Atrius needs to revise its grievance and appeals policy related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.	Atrius will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 7: Tufts Atrius needs to integrate all required components into its Quality Improvement Program description, including medical record review, medical interrater reliability review, fidelity report, and ICC and IHT medical record review. In addition, Tufts Atrius needs to convene its Family/Enrollee Advisory Council.	Atrius will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement

Recommendation for ACP	Tufts Atrius Response/Actions Taken	IPRO Assessment of MCP Response ¹
Compliance 8: Tufts Atrius should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.	Atrius will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 9: Tufts Atrius needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	Atrius reported drafting 30 instances of updating/writing process documents, policy and procedure documents, Provider Manual/Member Handbook, and introducing procedures to satisfy the findings.	Partially addressed
Network 1: Kepro recommends that Tufts Atrius expand its network to fill identified network adequacy gaps, especially those for Primary Care and Acute Inpatient Hospitals.	Atrius will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. Not applicable: PIP was discontinued. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; ACO: accountable care organization; CAP: corrective action plan.

Tufts Children's Response to Previous EQR Recommendations

Table 98 displays the ACP's progress related to the *ACP External Quality Review CY 2021*, as well as IPRO's assessment of ACP's response.

Table 98: Tufts Children's Response to Previous EQR Recommendations

Recommendation for ACP	Tufts Children's Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 1 Immunization Quality-Related: Kepro advises Tufts Children's to consider additional evidence-based interventions for promoting flu vaccinations.	Discontinued	Not applicable
Compliance 1: Tufts Children's should implement an internal quality review process for compliance review preparation to ensure representation of all necessary functional areas and to ensure review elements were documented to demonstrate full compliance.	Boston Children's will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 2: Tufts Children's should continue to explore opportunities to restructure its care management to better support the aims of the ACP model.	Boston Children's will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 3: Tufts Children's needs to continue to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Tufts Children's needs to develop a	Boston Children's will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement

Recommendation for ACP	Tufts Children's Response/Actions Taken	IPRO Assessment of MCP Response ¹
mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages. Furthermore, Tufts Children's needs to develop more formal policies and procedures to address behavioral health requirements.		
Compliance 4: Tufts Children's needs to maintain documentation to ensure that enrollee rights are communicated to the staff.	Boston Children's will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 5: Tufts Children's should revise its member handbook to address the specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.	Boston Children's will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 6: Tufts Children's needs to revise its grievance and appeals policy related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.	Boston Children's will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 7: Tufts Children's needs to integrate all required components into its Quality Improvement Program description, including medical record review, medical interrater reliability review, fidelity report, and ICC and IHT medical record review. In addition, Tufts Children's needs to convene its Family/Enrollee Advisory Council.	Boston Children's will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Compliance 8: Tufts Children's should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.	Boston Children's will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement addressed
Compliance 9: Tufts Children's needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	Tufts Children's reported drafting 29 instances of updating/writing process documents, policy and procedure documents, Provider Manual/Member Handbook, and introducing procedures to satisfy the findings.	Partially addressed
Network 1: Kepro recommends contracting with additional Oral Surgeons in the counties not meeting MassHealth's requirements.	Boston Children's will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement
Network 2: Kepro recommends contracting with additional Psychiatric Advanced Practice Nurses, as available, in the counties that did not meet MassHealth's requirements.	Boston Children's will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement

Recommendation for ACP	Tufts Children's Response/Actions Taken	IPRO Assessment of MCP Response ¹
Network 3: Kepro recommends contracting with additional Psychiatrists, as available, on Nantucket.	Boston Children's will not be part of the Tufts Health Plan ACO network in 2023.	Remains an opportunity for improvement

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. Not applicable: PIP was discontinued. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; ACO: accountable care organization; CAP: corrective action plan.

Tufts BIDCO Response to Previous EQR Recommendations

Table 99 displays the ACP's progress related to the *ACP External Quality Review CY 2021*, as well as IPRO's assessment of ACP's response.

Table 99: Tufts BIDCO Response to Previous EQR Recommendations

Recommendation for ACP	Tufts BIDCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 2 Telehealth Access Quality-Related: Kepro recommends that Tufts BIDCO reconsider its project goal as being to improve the rate of appropriate utilization of telehealth visits for ambulatory services. Access-Related: The provision of translation services in its telehealth platform is a strong element in this intervention. However, Tufts BIDCO's response to this item offers no strategies for engaging members with low telehealth utilization rates in the use of this platform.	Discontinued	Not applicable
Compliance 1: Tufts BIDCO should implement an internal quality review process for compliance review preparation to ensure representation of all necessary functional areas and to ensure review elements were documented to demonstrate full compliance.	BIDCO will no longer be participating in the ACO Program with Tufts starting in 2023.	Remains an opportunity for improvement
Compliance 2: Tufts BIDCO needs to continue to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, it needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages. Furthermore, it needs to develop more formal policies and procedures to address behavioral health requirements.	BIDCO will no longer be participating in the ACO Program with Tufts starting in 2023.	Remains an opportunity for improvement

Recommendation for ACP	Tufts BIDCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
Compliance 3: Tufts BIDCO needs to maintain documentation to ensure that enrollee rights are communicated to the staff.	BIDCO will no longer be participating in the ACO Program with Tufts starting in 2023.	Remains an opportunity for improvement
Compliance 4: Tufts BIDCO should revise its member handbook to address the specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.	BIDCO will no longer be participating in the ACO Program with Tufts starting in 2023.	Remains an opportunity for improvement
Compliance 5: Tufts BIDCO needs to revise its grievance and appeals policy related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.	BIDCO will no longer be participating in the ACO Program with Tufts starting in 2023.	Remains an opportunity for improvement
Compliance 6: Tufts BIDCO needs to integrate all required components into its Quality Improvement Program description, including medical record review, medical interrater reliability review, fidelity report, and ICC and IHT medical record review. In addition, Tufts BIDCO needs to convene its Family/Enrollee Advisory Council.	BIDCO will no longer be participating in the ACO Program with Tufts starting in 2023.	Remains an opportunity for improvement
Compliance 7: Tufts BIDCO should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.	BIDCO will no longer be participating in the ACO Program with Tufts starting in 2023.	Remains an opportunity for improvement
Compliance 8: Tufts BIDCO needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	BIDCO reported drafting 30 instances of updating/writing process documents, policy and procedure documents, Provider Manual/Member Handbook, and introducing procedures to satisfy the findings.	Partially addressed
Network 1: Kepro recommends contracting with additional providers for Primary Care services in the Counties not meeting MassHealth's requirements.	BIDCO will no longer be participating in the ACO Program with Tufts starting in 2023.	Remains an opportunity for improvement
Network 2: Kepro recommends that Tufts BIDCO expand its network of Behavioral Health providers in Plymouth County.	BIDCO will no longer be participating in the ACO Program with Tufts starting in 2023.	Remains an opportunity for improvement
Network 3: Kepro recommends that Tufts BIDCO develop a network of oral surgeons.	BIDCO will no longer be participating in the ACO Program with Tufts starting in 2023.	Remains an opportunity for improvement
Network 4: Kepro recommends that Tufts BIDCO close gaps in its network of Specialty Providers.	BIDCO will no longer be participating in the ACO Program with Tufts starting in 2023.	Remains an opportunity for improvement

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. Not applicable: PIP was discontinued. ACP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; ACO: accountable care organization; CAP: corrective action plan.

Tufts CHA Response to Previous EQR Recommendations

Table 100 displays the ACP's progress related to the *ACPP External Quality Review CY 2021*, as well as IPRO's assessment of ACP's response.

Table 100: Tufts CHA Response to Previous EQR Recommendations

Recommendation for ACP	Tufts CHA Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 1 Immunization Access-Related: Tufts CHA does not identify intervention strategies that focus on sub-populations with low vaccination rates. Access- and Timeliness-Related: Tufts CHA intends to disseminate flu vaccination rates to providers. This activity might be more effective if, in addition to practice-specific flu vaccination rates, Tufts CHA also provided a gap report to each practice that identifies patients who have not been vaccinated.	Discontinued for May 2022 Submission.	Not applicable
PIP 2 Telehealth Access Quality-Related: Kepro advises Tufts CHA to create a consumer advisory council that would meet periodically, perhaps virtually, to engage participating members in a free exchange of ideas and a discussion of possible strategies to reduce barriers to telehealth services. Access-Related: Kepro recommends this PIP's leadership team consider the strategies it will use to increase the appropriate use of behavioral health telehealth services in 2022 as per its stated project goal.	Modified to include Appendix B measure, Follow-Up After Hospital for Mental Illness (FUH), and discussed with MassHealth the need to discontinue (discussed in September 2022)	Not applicable
Compliance 1: Tufts CHA should implement an internal quality review process for compliance review preparation to ensure representation of all necessary functional areas and to ensure review elements were documented to demonstrate full compliance.	Tufts has implemented new oversight and processes to create a more robust quality review process for future compliance review preparation. In addition, all of the necessary functional areas are being engaged as early as possible in the process to help review elements to ensure documents demonstrate full compliance.	Addressed
Compliance 2: Tufts CHA needs to continue to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Tufts CHA needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages. Furthermore, Tufts CHA needs to develop more formal policies and	As part of the 2020 EQRO Compliance Audit this was identified and remediated for all SCO, Together and Unify.	Addressed

Recommendation for ACPP	Tufts CHA Response/Actions Taken	IPro Assessment of MCP Response ¹
procedures to address behavioral health requirements.		
Compliance 3: Tufts CHA needs to maintain documentation to ensure that enrollee rights are communicated to the staff.	This was identified as a CAP and has since been remediated.	Addressed
Compliance 4: Tufts CHA should revise its member handbook to address the specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.	This was identified as a CAP and has since been remediated.	Addressed
Compliance 5: Tufts CHA needs to revise its grievance and appeals policy related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.	This was identified as a CAP and has since been remediated.	Addressed
Compliance 6: Tufts CHA needs to integrate all required components into its Quality Improvement Program description, including medical record review, medical interrater reliability review, fidelity report, and ICC and IHT medical record review. In addition, Tufts CHA needs to convene its Family/Enrollee Advisory Council.	This was identified as a CAP and has since been remediated.	Addressed
Compliance 7: Tufts CHA should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.	This was identified as a CAP and has since been remediated.	Addressed
Compliance 8: Tufts CHA needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	CHA reported drafting 30 instances of updating/writing process documents, policy and procedure documents, Provider Manual/Member Handbook, and introducing procedures to satisfy the findings.	Addressed
Network 1: Kepro recommends contracting with additional Primary Care Providers, Neurosurgeons, Nuclear Medicine clinicians, and Radiation Oncologists in Essex County.	Cambridge Health Alliance (CHA) works diligently to manage their ACO network. Tufts Health Plan works with CHA to maintain the network to support both organizations.	Partially addressed
Network 2: Kepro recommends contracting with additional Oral Surgery providers.	Cambridge Health Alliance (CHA) works diligently to manage their ACO network. Tufts Health Plan works with CHA to maintain the network to support both organizations.	Partially addressed

¹ IPro assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. Not applicable: PIP was discontinued. ACPP: accountable care partnership plan; MCP: managed care plan; EQR: external quality review; ACO: accountable care organization; EQRO: external quality review organization; SCO: senior care option; CAP: corrective action plan.

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

Tables 101–105 highlight each ACP’s performance strengths, opportunities for improvement, and this year’s recommendations based on the aggregated results of CY 2022 EQR activities as they relate to **quality**, **timeliness**, and **access**.

Table 101: PIPs – Strengths, Opportunities for Improvement, and EQR Recommendations for All ACPs

Performance Improvement Project	Strengths	Weaknesses	Recommendations	Standards
AllWays Health				
PIP 1: CBP Baseline Report	<p>Strong collaboration with AllWays partner (Greater Lawrence Family Health Center [GLFHC]).</p> <p>Good feedback received from member and providers about barriers to CBP compliance, which helped to identify the interventions.</p> <p>Strong collaboration with text messaging vendor (HealthCrowd).</p> <p>Successful in establishing relationships with AllWays specialists (Dietitians and Pharmacists) supporting member outreach activities.</p> <p>Engagement with AllWays clinical staff, influencing provider education and communication on CBP specific internal protocol.</p>	There were no weaknesses identified.	None.	Quality, Timeliness, Access

Performance Improvement Project	Strengths	Weaknesses	Recommendations	Standards
PIP 2: Flu and CIS Remeasurement Report	There were no strengths identified.	There were no weaknesses identified.	None.	Quality, Timeliness, Access
BMCHP Alliance				
PIP 1: CDC Baseline Report	Provider engagement. Motivated medical interpreter team. Data analytics.	There were no weaknesses identified.	None.	Quality
PIP 2: CIS Baseline Report	Provider engagement. Motivated medical interpreter team. Data analytics.	There were no weaknesses identified.	None.	Quality
BMCHP Mercy				
PIP 1: CBP Baseline Report	Positive stakeholder engagement. Positive reception by providers of pre-visit reviews and member management strategies. Organizational commitment to Health Equity and an investment in closing health disparities.	There were no weaknesses identified.	None.	Quality, Timeliness, Access
PIP 2: CDC Baseline Report	Positive stakeholder engagement. Positive reception by providers of pre-visit	There were no weaknesses identified.	None.	Quality

Performance Improvement Project	Strengths	Weaknesses	Recommendations	Standards
	<p>reviews and member management strategies.</p> <p>Organizational commitment to Health Equity and an investment in closing health disparities.</p>			
BMCHP Signature				
PIP 1: CBP Baseline Report	Provider engagement, staff interest in medical interpreter training, and data analytics.	There were no weaknesses identified.	None.	Quality, Timeliness, Access
PIP 2: CDC Baseline Report	Provider engagement, increased staff interest in medical interpreter training, and more robust data analytics.	There were no weaknesses identified.	None.	Quality
BMCHP Southcoast				
PIP 1: CBP Baseline Report	<p>Provider engagement.</p> <p>Staff interest in improved REL data collection.</p> <p>Sophisticated data analytics.</p>	There were no weaknesses identified.	None.	Quality, Timeliness, Access
PIP 2: CDC Baseline Report	Provider engagement: There is broad acceptance of the importance of this work. Multidisciplinary workgroups have been formed and everyone is working to improve disparities in health equity.	There were no weaknesses identified.	None.	Quality

Performance Improvement Project	Strengths	Weaknesses	Recommendations	Standards
	<p>Staff interest in improved REL data collection: Staff want to know how best to collect this data.</p> <p>Data analytics: Southcoast has been able to leverage sophisticated data analytics.</p>			
HNE Be Healthy				
PIP 1: CBP Baseline Report	Great levels of collaboration around strategy.	There were no weaknesses identified.	None.	Quality, Timeliness, Access
PIP 2: IET Baseline Report	The creation of a working group between HNE and other stakeholder to examine all BH measures and develop effective strategies to optimize member outcomes.	There were no weaknesses identified.	None.	Quality
Fallon Berkshire				
PIP 1: CBP Baseline Report	<p>The Mobile Health Unit program to engage patients continues to be one of Berkshire's strongest assets in engaging the patient population in the community.</p> <p>The provider's ability to receive lists within the Expanse EMR and to prioritize patients overdue for A1c and BP</p>	There were no weaknesses identified.	None.	Quality, Timeliness, Access

Performance Improvement Project	Strengths	Weaknesses	Recommendations	Standards
	checks helps ensure a consistent quality of care and monitoring of ongoing conditions.			
PIP 2: CDC Baseline Report	The Mobile Health Unit continues to be one of BFHC's strongest initiatives. In addition, the provider's ability to receive lists within the Expanse EMR and prioritize patients overdue for A1c and BP checks helps ensure a consistent quality of care and the monitoring of ongoing conditions.	There were no weaknesses identified.	None	Quality
Fallon 365				
PIP 1: CBP Baseline Report	Support of the organization. Commitment to integrating this work into standard day-to-day practice.	There were no weaknesses identified.	None.	Quality, Timeliness, Access
PIP 2: CDC Baseline Report	Availability of assessment data. A clear line of sight into what would be determined successful outcomes. Existing pathways to potential success.	There were no weaknesses identified.	None.	Quality
Fallon Wellforce				
PIP 1: CBP Baseline Report	There were no strengths identified.	There were no weaknesses identified.	None.	Quality, Timeliness, Access

Performance Improvement Project	Strengths	Weaknesses	Recommendations	Standards
PIP 2: Telehealth Remeasurement Report	There were no strengths identified.	There were no weaknesses identified.	None.	Quality, Timeliness, Access
Tufts Atrius				
PIP 1: CBP Baseline Report	<p>Patient interviews were conducted by a Black staff person who speaks Haitian Creole to promote cultural concordance with the pilot population.</p> <p>Engaging hypertensive patients in conversations about their condition and individual circumstances provides an opportunity to better understand how patients feel about their disease, what they understand about it, and what they find challenging, helpful.</p> <p>Firsthand feedback from patients will guide plans for interventions to test and evaluate.</p> <p>Engaged Somerville medial chief, physicians, and care team.</p>	There were no weaknesses identified.	None.	Quality, Timeliness, Access
PIP 2: CIS Baseline Report	Strong analytics team and capabilities.	There were no weaknesses identified.	None.	Quality, Timeliness, Access

Performance Improvement Project	Strengths	Weaknesses	Recommendations	Standards
	<p>Established outreach capabilities.</p> <p>Using both a survey and direct outreach to understand reasons for vaccine hesitancy and barriers to vaccination.</p>			
Tufts Children's				
PIP 1: CIS Baseline Report	<p>Enthusiasm and engagement from pilot practices for the Solutionreach multi-lingual messaging intervention.</p> <p>Team experience implementing data-informed projects; experience bringing data back to clinical teams to understand and adjust workflows for quality improvement.</p> <p>Shared interest in the success of this work, including within the practices and within the ACO including BCH ACO leadership.</p> <p>Minimal impact on practice staff bandwidth; providers will provide input, but the heavy</p>	There were no weaknesses identified.	None.	Quality, Timeliness, Access

Performance Improvement Project	Strengths	Weaknesses	Recommendations	Standards
	<p>lifting will be done by the ACO.</p> <p>Practices' previous experience with the Solutionreach platform and appointment reminder processes.</p> <p>Low-cost intervention with an opportunity to rapidly scale to all PPOC practices.</p>			
PIP 2: Flu Remeasurement Report	There were no strengths identified.	There were no weaknesses identified.	None.	Quality, Timeliness, Access
Tufts BIDCO				
PIP 1: CBP Baseline Report	<p>A variety of strategies used to meet the unique needs of the various physician groups across the network.</p> <p>The collaboration with the Beth Israel Lahey Health (BILH) system quality department to set Hypertension as one of two strategic priority areas within the Ambulatory Quality domain, resulting in an increased focus on this clinical area.</p>	There were no weaknesses identified.	None.	Quality, Timeliness, Access

Performance Improvement Project	Strengths	Weaknesses	Recommendations	Standards
PIP 2: CDC Baseline Report	<p>A variety of strategies used to meet the unique needs of the various physician groups across the network.</p> <p>The collaboration with the Beth Israel Lahey Health (BILH) system quality department to set Hypertension as one of two strategic priority areas within the Ambulatory Quality domain, resulting in an increased focus on this clinical area.</p>	<p>Need to identify culture-related barriers to achieving diabetes control.</p> <p>Definition of the denominator of the A1c Poor Control indicator.</p>	<p>Recommendation for PIP 2: Tufts BIDCO is working to provide information regarding members' preferred languages to practice level staff. Tufts BIDCO is also working with the BILH system DE&I team to support culturally and linguistically appropriate care for members through training and education of frontline staff. The previous EQRO noted that outreach in the member's preferred language is the intervention theme in all three interventions. The previous EQRO recommended that beyond meeting members' needs to communicate in their preferred language, Tufts BIDCO also considered identifying culture-related barriers to achieving diabetes control.</p> <p>Recommendation for PIP 2: Tufts BIDCO patients aged 18–75 years during the measurement year who, in the measurement year or year prior, either:</p> <ul style="list-style-type: none"> • have one inpatient encounter with a diagnosis of diabetes, or • have two outpatient encounters with a diagnosis of diabetes, or • were dispensed insulin or hypoglycemic/antihyperglycemics. <p>The previous EQRO recommended the addition of “or” after each parameter when defining the denominator of the A1c Poor Control indicator.</p>	Quality
Tufts CHA				
PIP 1: CBP Baseline Report	<p>Patient-centered support.</p> <p>Using multiple modes of communication to educate and outreach patients.</p>	There were no weaknesses identified.	None.	Quality, Timeliness, Access

Performance Improvement Project	Strengths	Weaknesses	Recommendations	Standards
	<p>Using a targeted strategy both through the automated outreach system (Phytel®), phone outreach, and leveraging in-person outreach at PCP office visits.</p> <p>Engagement of the care team providers who are helping the patient manage their hypertension.</p> <p>Weekly meeting to review of data to support monitoring of project goals.</p>			
PIP 2: Telehealth Remeasurement Report	There were no strengths identified.	Conflict in the project's mission: Tufts-CHA values "in-person care" for behavioral services and therefore the in-person care remains the preferred approach over telehealth services. And yet, the PIP is designed to increase the utilization of telehealth behavioral health services.	Recommendation for PIP 2: The previous EQRO recommends that this project's mission is considered and resolved by discussion between Tufts CHA and MassHealth. Specifically, Tufts CHA notes that the "goal of its telehealth service provision continues to be 50% in-person and 50% telehealth. Tufts CHA values in-person care and in-person care remains the preferred approach(...)." Tufts CHA values "in-person care" for behavioral services and therefore wants to limit access to telehealth services. And yet, the PIP is designed to increase the utilization of BH services. This is a conflict in this project's mission that will require resolution between Tufts CHA and MassHealth.	Quality, Timeliness, Access

Table 102: Performance Measures – Strengths, Opportunities for Improvement, and EQR Recommendations for All ACPPs

Performance Measures	Strengths	Weaknesses	Recommendations	Standards
AllWays Health				
HEDIS measures	Two HEDIS measures were above the 90 th percentile: PPC and PCR. ACPP demonstrated compliance with IS standards. No issues were identified.	Four HEDIS measures were below the 25 th percentile: AMR, FUH, IET Initiation and Engagement.	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
State-specific measures	Four measures were above the goal benchmark.	Eleven measures were below the goal benchmark.	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
BMCHP Alliance				
HEDIS measures	Two HEDIS measures were above the 90 th percentile: IMA, APM. ACPP demonstrated compliance with IS standards. No issues were identified.	Three HEDIS measures were below the 25 th percentile: AMR, IET Initiation and Engagement.	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
State-specific measures	Six measures were above the goal benchmark.	Nine measures were below the goal benchmark.	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
BMCHP Mercy				
HEDIS measures	Two HEDIS measures were above the 90 th percentile: AMR, APM. ACPP demonstrated compliance with IS standards. No issues were identified.	Three HEDIS measures were below the 25 th percentile: PPC, IET Initiation and Engagement.	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access

Performance Measures	Strengths	Weaknesses	Recommendations	Standards
State-specific measures	Two measures were above the goal benchmark.	Thirteen measures were below the goal benchmark.	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
BMCHP Signature				
HEDIS measures	Five HEDIS measures were above the 90 th percentile: IMA, CBP, CDC, APM, and FUM. ACPP demonstrated compliance with IS standards. No issues were identified.	Three HEDIS measures were below the 25 th percentile: AMR, PCR, IET Engagement.	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
State-specific measures	Six measures were above the goal benchmark.	Nine measures were below the goal benchmark.	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
BMCHP Southcoast				
HEDIS measures	Three HEDIS measures were above the 90 th percentile: IMA, CDC, APM, and FUM. ACPP demonstrated compliance with IS standards. No issues were identified.	Three HEDIS measures were below the 25 th percentile: AMR, IET Initiation and Engagement.	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
State-specific measures	Seven measures were above the goal benchmark.	Eight measures were below the goal benchmark.	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 Measures	Strengths	Weaknesses	Recommendations	Standards
HNE Be Healthy				
HEDIS measures	ACPP demonstrated compliance with IS standards. No issues were identified.	Four HEDIS measures were below the 25 th percentile: CIS, AMR, IET Initiation and Engagement.	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
State-specific measures	Two measures were above the goal benchmark.	Thirteen measures were below the goal benchmark.	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
Fallon Berkshire				
HEDIS measures	ACPP demonstrated compliance with IS standards. No issues were identified.	Six HEDIS measures were below the 25 th percentile: CIS, IMA, AMR, FUM, PCR, IET Engagement.	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
State-specific measures	Five measures were above the goal benchmark.	Ten measures were below the goal benchmark.	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
Fallon 365				
HEDIS measures	Seven HEDIS rates were above the 90 th percentile: CIS, IMA, CBP, CDC, APM, FUM, IET Initiation. The PPC rate was above the 75 th percentile. ACPP demonstrated compliance with IS standards. No issues were identified.	Three rates were below the 25 th 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 Measures	Strengths	Weaknesses	Recommendations	Standards
State-specific measures	Five measures were above the goal benchmark.	Ten measures were below the goal benchmark.	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
Fallon Wellforce				
HEDIS measures	ACPP demonstrated compliance with IS standards. No issues were identified.	Seven HEDIS measures were below the 25 th percentile: PPC, AMR, APM, FUM, PCR, IET Initiation and Engagement.	ACPP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
State-specific measures	Six measures were above the goal benchmark.	Nine measures were below the goal benchmark.	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
Tufts Atrius				
HEDIS measures	Three HEDIS measures were above the 90 th percentile: CIS, CBP, FUM. ACPP demonstrated compliance with IS standards. No issues were identified.	Four measures were below the 25 th percentile: PPC, PCR, IET Initiation and Engagement. One measure was found to be not reportable: FUH-7 days.	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
State-specific measures	Six measures were above the goal benchmark.	Nine measures were below the goal benchmark.	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
Tufts Children's				
HEDIS measures	Three HEDIS measures were above the 90 th percentile: IMA, AMR, FUM. ACPP demonstrated compliance with IS standards. No issues were identified.	Six measures were below the 25 th percentile: PPC, CBP, CDC, PCR, IET Initiation and Engagement. One measure was found to be not reportable: FUH-7 days.	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 Measures	Strengths	Weaknesses	Recommendations	Standards
State-specific measures	Eleven measures were above the goal benchmark.	Four measures were below the goal benchmark.	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
Tufts BIDCO				
HEDIS measures	One HEDIS measures were above the 90 th percentile: CDC. ACPP demonstrated compliance with IS standards. No issues were identified.	Seven measures were below the 25 th percentile: PPC, IMA, AMR, APM, PCR, IET Initiation and Engagement. One measure was found to be not reportable: FUH-7 days.	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
State-specific measures	Three measures were above the goal benchmark.	Twelve measures were below the goal benchmark.	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
Tufts CHA				
HEDIS measures	Three HEDIS measures were above the 90 th percentile: CIS, IMA, FUM. ACPP demonstrated compliance with IS standards. No issues were identified.	Four measures were below the 25 th percentile: AMR, APM, PCR, IET Engagement. One measure was found to be not reportable: FUH-7 days.	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
State-specific measures	Four measures were above the goal benchmark.	Eleven measures were below the goal benchmark.	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

Table 103: Compliance Review – Strengths, Opportunities for Improvement, and EQR Recommendations for All ACPPs

Compliance Review – ACPP	Strengths	Weaknesses	Recommendations	Standards
AllWays Health	AllWays demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas. The review found that AllWays’s geographic service area with its local presence and operations was a strength. AllWays’s closed system of service delivery promoted efficiency with coordination of care and services. The review demonstrated strength in AllWays’s community-partner model in which it leverages the strengths of its various partnering organizations.	AllWays did not include a process and methodology to evaluate non-English speaking enrollees’ choice of primary care and behavioral health providers in prevalent languages. The AllWays member handbook lacked specific contractual provisions related to written material translation, how to access the ombudsman, and costs of services related to adverse appeal determinations.	<p>1: AllWays needs to develop a mechanism to evaluate non-English speaking enrollees’ choice of primary and behavioral health providers in prevalent languages.</p> <p>2: AllWays should revise its language card to address the specific contractual provisions related to written material translation, how to access the ombudsman, and costs of services related to adverse appeal determinations. In addition, AllWays needs to revise its provider directory to include information about providers’ completion of cultural competence training.</p> <p>3: AllWays needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.</p>	Quality, Timeliness, Access
BMCHP Alliance	BMCHP WellSense Community Alliance demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas. The review identified many achievements that have taken place since Community Alliance began operations in 2017. The review noted Community Alliance’s data-driven approach as a strength of the ACPP. Community Alliance demonstrated strength in coordination and continuity of care within the ACPP model. Community Alliance implemented innovative approaches	The audit found that, while BMCHP WellSense performed a geo-access analysis, it was not broken down by each ACPP.	BMCHP Community Alliance needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, BMCHP Community Alliance needs to develop a mechanism to evaluate non-English speaking enrollees’ choice of primary and behavioral health providers in prevalent languages.	Quality, Timeliness, Access

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
	to keep in contact with members during the COVID-19 pandemic.			
BMCHP Mercy	BMCHP WellSense Mercy demonstrated compliance with most of the federal and state contractual standards for 2021 compliance review across review areas. The review identified many achievements that have taken place since Mercy began operations in 2017. The review noted Mercy's data-driven approach being a strength. Mercy demonstrated strength in the coordination and continuity of care within the ACP model. Mercy implemented innovative approaches to manage care.	The audit found that, while BMCHP WellSense performed a geo-access analysis, it was not broken down by each ACP.	BMCHP WellSense Mercy needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, BMCHP Mercy needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages.	Quality, Timeliness, Access
BMCHP Signature	BMCHP WellSense Signature demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas. The review identified many achievements that have taken place since BMCHP WellSense Signature began operations in 2017. The review noted Signature's data-driven approach as being a strength. Signature demonstrated strength in some aspects of coordination and continuity of care, specifically the use of an electronic medical record shared by care coordinators and treating providers. Signature implemented several strategies to improve the coordination of care for members.	The audit found that, while BMCHP WellSense performed a geo-access analysis, it was not broken down by each ACP. The care management functions were highly manual, contributing to some challenges with managing elements such as caseloads and productivity indicators.	1: BMCHP WellSense Signature needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, BMCHP WellSense Signature needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages. 2: BMCHP WellSense Signature should explore opportunities to better automate or support some care coordination activities to allow greater oversight as well as demonstrate success with program aims.	Quality, Timeliness, Access

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
BMCHP Southcoast	<p>BMCHP WellSense Southcoast demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas. The review identified many achievements that have taken place since Southcoast began operations in 2017. The review noted Southcoast’s data-driven approach to be a strength of the ACP. Southcoast had robust analytics and demonstrated use of these at all levels of the organization. Southcoast demonstrated strength in some aspects of coordination and continuity of care. It had several mechanisms for obtaining and documenting member preferences, including language, and translation needs and implemented innovative approaches to improve transitions of care.</p>	<p>The audit found that, while BMCHP WellSense performed a geo-access analysis, it was not broken down by each ACP.</p>	<p>BMCHP WellSense Southcoast needs to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, BMCHP WellSense Southcoast needs to develop a mechanism to evaluate non-English speaking enrollees’ choice of primary and behavioral health providers in prevalent languages.</p>	<p>Quality, Timeliness, Access</p>
HNE Be Healthy	<p>Overall, HNE Be Healthy demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.</p> <p>The review identified many achievements that have taken place since HNE Be Healthy began operations in 2017. HNE Be Healthy serves members in the greater Springfield area, leveraging community health centers encompassing seven sites of care. HNE Be Healthy leveraged its prior experience as a managed care</p>	<p>The 2021 review was the first external compliance audit for HNE Be Healthy as an ACP. While the ACP was found to demonstrate strength in its ability to provide care and services to its members, it had challenges meeting some of the technical aspects of the review.</p>	<p>HNE Be Healthy needs to revise and/or implement policies and procedures to address the deficient areas to bring it into full compliance with federal and state contract requirements.</p>	<p>Quality, Timeliness, Access</p>

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
	<p>organization, Health New England, to support operational functions as the ACP was initially developed.</p> <p>The review found that HNE Be Healthy had robust evaluation practices. It demonstrated measurement and thoughtful evaluation of nearly all activities it performs such as pre- and post-intervention analysis and return on investment for its transition of care program. The results were used by HNE Be Healthy in a meaningful way to modify service delivery. This was a strength identified across review areas.</p> <p>HNE Be Healthy’s ACP partnership was also a strength. The review found the use of a joint operating committee structure helps support collaboration among the partnership organizations and leverage the strengths of each partner.</p> <p>While HNE Be Healthy used a delegate, Massachusetts Behavioral Health Partnership (MBHP), for some aspects of behavioral health care, the review found its integrated model with embedded behavioral health using a per-member-per-month model within the service delivery sites was an innovative practice. The review found that HNE Be Healthy excelled in this area among all ACPs as it demonstrated impressive levels</p>			

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
	of involvement, interaction, collaboration, and oversight of behavioral health activities.			
Fallon Berkshire	<p>Fallon Berkshire demonstrated compliance with most of the federal and state contractual standards. Behavioral health services were delegated to Beacon Health Options, and the review found this was a strength for Fallon Berkshire members. Beacon demonstrated experience with the technical aspects of compliance, including policies and procedures, as it is an engaged partner in the integration and coordination of care and services for members.</p> <p>The care management model focused efforts on transitions of care and working to standardize some of these processes. Fallon Berkshire implemented several innovative strategies to engage members with a main hub location next to the hospital as well as a satellite office at the sheriff's office. Fallon Berkshire has been largely successful in building relationships with the inpatient substance abuse and psychiatry departments that refer members and include care managers in transition of care planning.</p> <p>The compliance review found that Fallon Berkshire demonstrated one of the strongest examples of collaboration with its community</p>	Prior recommendations were addressed.	None.	Quality, Timeliness, Access

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
	partners that it noted as “relationship capital.” This has provided collaboration with domestic violence centers on housing assistance, nutrition, and employment.			
Fallon 365	<p>Fallon 365 demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.</p> <p>The review found the Fallon 365 model to be further along in its ACP evolution when compared with the other two Fallon ACP partnering organizations.</p> <p>Fallon 365’s partnering organizations had access to the Epic electronic medical record, which allowed coordination between care settings and care teams.</p> <p>Behavioral health services were delegated to Beacon Health Options, and the review found that this was a strength for Fallon 365 members. Beacon demonstrated experience with the technical aspects of compliance, including policies and procedures, and is an engaged partner in the integration and coordination of care and services for members.</p> <p>Fallon 365 care coordination has a strong focus on behavioral health and physical health integration with</p>	Prior recommendations were addressed.	None.	Quality, Timeliness, Access

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
	<p>embedded behavioral health support in the primary care setting. Fallon 365 learned through its high-risk profiling and analytic work that behavioral health and social issues served as the greatest drivers of patient needs. Fallon 365 has demonstrated some success in its innovative strategies to identify opportunities to divert potential emergency department and inpatient services by investing in programs that include behavioral health services early in care planning as well as identification and referral to its fully certified Dialectical Behavioral Training program.</p>			
Fallon Wellforce	<p>Fallon Wellforce demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.</p> <p>The review identified many achievements that have taken place since Fallon Wellforce began operations in 2017. Behavioral health services were delegated to Beacon Health Options, and the review found that this was a strength for Fallon Wellforce members. Within Fallon Wellforce’s care management model, care coordination has moved closer to the member. Fallon Wellforce has used innovative approaches to tailor care management services to members, including the engagement of a clinical pharmacist as part of the care team, as appropriate,</p>	Prior recommendations were addressed.	None.	Quality, Timeliness, Access

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
	<p>coordination with community partners such as the Visiting Nurse Association and implementing bridge therapy for urgent needs within the health center as a mechanism to address behavioral health service gaps. Fallon Wellforce implemented several successful care initiatives addressing social determinants of health, including flexible service funding for nutrition and housing.</p>			
Tufts Atrius	<p>Overall, Tufts Atrius demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.</p> <p>The review identified many achievements that have taken place since Tufts Atrius began operations in 2017. The review found that Tufts made enhancements to its care management approach with a large focus on integrating behavioral health into its team. Tufts Atrius’ grievance resolution letters were found to be very thorough and detailed. The letters conveyed that each member’s concern was being taken seriously and the concern had been addressed.</p> <p>Tufts Atrius’ credentialing manual was determined to be a best practice.</p>	<p>The EQRO found that, for some review elements crossing different functional areas, information was not necessarily reviewed at a higher organizational level to determine if the documentation submitted was appropriate or complete to address the review standard.</p> <p>While Tufts has established care management processes and procedures, in the current model, Tufts retains control over care coordination rather than it being integrated by the ACP partner, Atrius Health. The review found that this model lags in moving care management closer to the member and integrating care coordination within the primary care setting.</p> <p>The audit found that, while Tufts Atrius performed a geo-access analysis, it did not meet all MassHealth time and distance standards. The analysis did not include a process and methodology</p>	<p>1: Tufts Atrius should implement an internal process for review preparation to ensure representation of all necessary functional areas and review elements are documented to demonstrate full compliance.</p> <p>2: Tufts Atrius should continue to explore opportunities to restructure its care management model to better support the aims of the ACP.</p> <p>3: Tufts Atrius needs to continue to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Tufts Atrius needs to develop a mechanism to evaluate non-English speaking enrollees’ choice of primary and behavioral health providers in prevalent languages. Furthermore, Tufts Atrius needs to develop more formal policies and procedures to address behavioral health requirements.</p> <p>4: Tufts Atrius needs to maintain documentation to ensure that enrollee rights are communicated to ACP staff.</p>	Quality, Timeliness, Access

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
		<p>to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages. In addition, Tufts Atrius lacked formal policies to address some aspects of behavioral health care, including continuity of care for behavioral health inpatient and 24-hour diversionary services; processes to link enrollees to family support and training services and in-home therapy services; and a process to address enrollee access to behavioral health emergency services programs, when appropriate.</p> <p>While Tufts Atrius had adequate documentation of member rights and protections in member materials and its provider manual, the review found it did not have a documented process to demonstrate how its staff was educated on enrollee rights and protections.</p> <p>The review found that the member handbook lacked language responsive to specific contractual provisions related to co-payments and costs of services related to appeal adverse determinations.</p> <p>Tufts Atrius' grievance and appeals policy was not compliant with specific contractual provisions related to timelines, parties to an</p>	<p>5: Tufts Atrius should revise its member handbook to address the specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.</p> <p>6: Tufts Atrius needs to revise its grievance and appeals policy related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.</p> <p>7: Tufts Atrius needs to integrate all required components into its Quality Improvement Program description, including medical record review, medical interrater reliability review, fidelity report, and ICC and IHT medical record review. In addition, Tufts Atrius needs to convene its Family/Enrollee Advisory Council.</p> <p>8: Tufts Atrius should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.</p> <p>9: Tufts Atrius needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.</p>	

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
		<p>internal appeal, and Board of Hearing liaison training attendance.</p> <p>While Tufts Atrius had a comprehensive Quality Improvement Program description that included many required components, it did not demonstrate the actual completion of all the requirements, including medical record review, medical interrater reliability review and the fidelity report. In addition, it was noted that the Family/Enrollee Advisory Council was not functional in 2020.</p> <p>While Tufts Atrius, in general, demonstrated timely coverage determination and appeal decisions, including timely notification to members, the review found that the denial and appeal letters had language that was clinical in nature and difficult to understand.</p>		
Tufts Children's	<p>Overall, Tufts Children's demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.</p> <p>The review identified many achievements that have taken place since Tufts Children's began operations in 2017. The review found that Tufts made enhancements to its care management approach with a large focus on integrating behavioral health into its integrated team. Tufts</p>	<p>The EQRO found that for some review elements crossing multiple functional areas at Tufts, information was submitted from a narrow vantage point and was not necessarily reviewed at a higher level in the organization to determine if the documentation submitted was appropriate or complete to address the review standard.</p> <p>The audit found that, while Tufts Children's performed a geo-access analysis, it did not meet all</p>	<p>1: Tufts Children's should implement an internal quality review process for compliance review preparation to ensure representation of all necessary functional areas and to ensure review elements were documented to demonstrate full compliance.</p> <p>2: Tufts Children's should continue to explore opportunities to restructure its care management to better support the aims of the ACP model.</p>	Quality, Timeliness, Access

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
	<p>Children’s grievance resolution letters were found to be very thorough and detailed. The letters conveyed that each member’s concern was being taken seriously and that the concern had been addressed. Tufts Children’s credentialing manual was identified as a best practice.</p>	<p>MassHealth time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees’ choice of primary care and behavioral health providers in prevalent languages. In addition, Tufts Children’s lacked formal policies to address some aspects of behavioral health care, including continuity of care for behavioral health inpatient and 24-hour diversionary services; processes to link enrollees to family support and training services and in-home therapy services; and a process to address enrollee access to behavioral health emergency services programs, when appropriate.</p> <p>While Tufts Children’s had adequate documentation of member rights and protections in member materials and its provider manual, the review found it did not have a documented process to demonstrate how its staff were educated on enrollee rights and protections.</p> <p>The review found that the Tufts Children’s member handbook lacked evidence of compliance with specific contractual provisions related to co-payments and costs of services related to adverse appeal determinations.</p>	<p>3: Tufts Children’s needs to continue to work toward compliance with accessibility standards to meet MassHealth requirements. In addition, Tufts Children’s needs to develop a mechanism to evaluate non-English speaking enrollees’ choice of primary and behavioral health providers in prevalent languages. Furthermore, Tufts Children’s needs to develop more formal policies and procedures to address behavioral health requirements.</p> <p>4: Tufts Children’s needs to maintain documentation to ensure that enrollee rights are communicated to the staff.</p> <p>5: Tufts Children’s should revise its member handbook to address the specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.</p> <p>6: Tufts Children’s needs to revise its grievance and appeals policy related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.</p> <p>7: Tufts Children’s needs to integrate all required components into its Quality Improvement Program description, including medical record review, medical interrater reliability review, fidelity report, and ICC and IHT medical record review. In addition, Tufts Children’s needs to convene its Family/Enrollee Advisory Council.</p> <p>8: Tufts Children’s should revise the language used in denial and appeals letters</p>	

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
		<p>Tufts Children’s grievance and appeals policy lacked some specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.</p> <p>While Tufts Children’s had a comprehensive Quality Improvement Program description that included many required components, it did not demonstrate compliance with all the requirements including medical record review, medical interrater reliability review, and the fidelity report. In addition, the Family/Enrollee Advisory Council was not convened in 2020.</p> <p>While Tufts Children’s, in general, demonstrated timely coverage determination and appeal decisions, including timely notification to members, the review found that the denial and appeal letters had language that was clinical in nature and difficult to understand.</p>	<p>to convey decision rationale in a manner that is easily understood.</p> <p>9: Tufts Children’s needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.</p>	
Tufts BIDCO	<p>Overall, Tufts BIDCO demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.</p> <p>The review identified many achievements that have taken place since Tufts BIDCO began operations in 2017. Tufts BIDCO had care managers</p>	<p>The EQRO found that, for some review elements crossing multiple functional areas, information was submitted from a narrowed vantage point and not necessarily reviewed at a higher level of the organization to determine if the documentation submitted was appropriate or complete to address the review standard.</p>	<p>1: Tufts BIDCO should implement an internal quality review process for compliance review preparation to ensure representation of all necessary functional areas and to ensure review elements were documented to demonstrate full compliance.</p> <p>2: Tufts BIDCO needs to continue to work toward compliance with accessibility standards to meet MassHealth</p>	Quality, Timeliness, Access

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
	<p>locally employed and local to the practice sites. It has made some efforts to better standardize some of the care management activities to improve efficiency and outcomes. The review found flexible spending dollars helped fund care management nursing salaries at the local sites as well as community nutrition services that provide two meals per days, five days a week for members in need. Tufts BIDCO's grievance resolution letters were found to be very thorough and detailed. The letters conveyed that each member's concern was being taken seriously and that the concern had been addressed. The Tufts BIDCO credentialing manual was identified as a best practice.</p>	<p>The audit found that while Tufts BIDCO performed a geo-access analysis, it did not meet all MassHealth time and distance standards. The analysis did not include a process and methodology to evaluate non-English speaking enrollees' choice of primary care and behavioral health providers in prevalent languages. In addition, Tufts BIDCO lacked formal policies to address some aspects of behavioral health care, including continuity of care for behavioral health inpatient and 24-hour diversionary services; processes to link enrollees to family support and training services and in-home therapy services; and a process to address enrollee access to behavioral health emergency services programs, when appropriate.</p> <p>While Tufts BIDCO had adequate documentation of member rights and protections in member materials and its provider manual, the review found it did not have a documented process to demonstrate how its staff were educated on enrollee rights and protections.</p> <p>The review found that the member handbook lacked language responsive to specific contractual provisions related to co-payments</p>	<p>requirements. In addition, it needs to develop a mechanism to evaluate non-English speaking enrollees' choice of primary and behavioral health providers in prevalent languages. Furthermore, it needs to develop more formal policies and procedures to address behavioral health requirements.</p> <p>3: Tufts BIDCO needs to maintain documentation to ensure that enrollee rights are communicated to the staff.</p> <p>4: Tufts BIDCO should revise its member handbook to address the specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.</p> <p>5: Tufts BIDCO needs to revise its grievance and appeals policy related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.</p> <p>6: Tufts BIDCO needs to integrate all required components into its Quality Improvement Program description, including medical record review, medical interrater reliability review, fidelity report, and ICC and IHT medical record review. In addition, Tufts-BIDCO needs to convene its Family/Enrollee Advisory Council.</p> <p>7: Tufts BIDCO should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.</p>	

Compliance Review – ACP	Strengths	Weaknesses	Recommendations	Standards
		<p>and costs of services related to adverse appeal determinations.</p> <p>Tufts BIDCO's grievance and appeals policy did not meet specific contractual provisions related to timelines, parties to an internal appeal, and Board of Hearing liaison training attendance.</p> <p>While Tufts BIDCO had a comprehensive Quality Improvement Program description that included many required components, it did not demonstrate the completion of all the requirements including medical record review, medical interrater reliability review and the fidelity report. In addition, the Family/Enrollee Advisory Council did not convene in 2020.</p> <p>While Tufts BIDCO, in general, demonstrated timely coverage determination and appeal decisions, including timely notification to members, the review found that the denial and appeal letters had language that was clinical in nature and difficult to understand.</p>	8: Tufts BIDCO needs to address all Partially Met and Not Met findings identified as part of the 2021 compliance review as part of its CAP with MassHealth.	
Tufts CHA	Tufts CHA demonstrated compliance with most of the federal and state contractual standards for the 2021 compliance review across review areas.	Prior recommendations were addressed.	None.	Quality, Timeliness, Access

Compliance Review – ACPP	Strengths	Weaknesses	Recommendations	Standards
	<p>The review identified many achievements that have taken place since Tufts CHA began operations in 2017. Tufts CHA was uniquely positioned to deliver care management in the ACPP model having performed care management under several models in the past. Tufts CHA has implemented many care coordination strategies, including a hospital-to-home program developed by Eric Coleman, to address transitions of care and prevent readmissions. The review found use of flexible spending to help fund some of the care management infrastructure, including the Epic care management tool builds. The funding has also been used to staff a care manager who is dedicated to working with members experiencing homelessness.</p> <p>Tufts CHA's grievance resolution letters were found to be very thorough and detailed. The letters conveyed that each member's concern was being taken seriously and that the concern had been addressed.</p> <p>Tufts CHA's credentialing manual was identified as a best practice.</p>			

Table 104: Network Adequacy – Strengths, Opportunities for Improvement, and EQR Recommendations for All ACPs

Network Adequacy – ACP	Strengths	Weaknesses	Recommendations	Standards
AllWays Health	AllWays Health members reside in two counties. The ACP demonstrated adequate networks for 60 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. AllWays had deficient networks for four provider types: adult and child PCP, Nuclear Medicine, and Psychiatric Day Treatment.	AllWays Health should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness
BMCHP Alliance	BMCHP Community Alliance members reside in 10 counties. The ACP demonstrated adequate networks for 59 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. BMCHP Community Alliance had deficient networks for five provider types: adult and child PCP, Oral Surgery, Program of Assertive Community Treatment and Urgent Care Services.	BMCHP Community Alliance should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness
BMCHP Mercy	BMCHP Mercy members reside in two counties. The ACP demonstrated adequate networks for 60 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. BMCHP Mercy had deficient networks for four provider types: adult and child PCP, Oral Surgery, and Program of Assertive Community Treatment.	BMCHP Mercy should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness
BMCHP Signature	BMCHP Signature members reside in three counties. The ACP demonstrated adequate networks for 60 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. BMCHP Signature had deficient networks for four provider types: adult and child PCP, Oral Surgery, and Program of Assertive Community Treatment.	BMCHP Signature should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness
BMCHP Southcoast	BMCHP Southcoast members reside in three counties. The ACP demonstrated adequate networks for 60 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. BMCHP Southcoast had deficient networks for four provider types: adult and child PCP, Oral Surgery, and Program of Assertive Community Treatment.	BMCHP Southcoast should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness

Network Adequacy – ACP	Strengths	Weaknesses	Recommendations	Standards
HNE Be Healthy	HNE Be Healthy members reside in three counties. The ACP demonstrated adequate networks for 55 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. HNE Be Healthy had deficient networks for nine provider types: <ul style="list-style-type: none"> • Adult PCP • Pediatric PCP • Cardiothoracic Surgery • CBAT-ICBAT-TCU • Clinical Support Services for SUD (Level 3.5) • Monitored Inpatient (Level 3.7) • Program of Assertive Community Treatment • Psychiatric Day Treatment • Managed Inpatient (Level 4) 	HNE Be Healthy should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness
Fallon Berkshire	Fallon Berkshire members reside in two counties. The ACP demonstrated adequate networks for 50 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. Fallon Berkshire had deficient networks for 14 provider types.	Fallon Berkshire should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness
Fallon 365	Fallon 365 members reside in four counties. The ACP demonstrated adequate networks for 53 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. Fallon 365 had deficient networks for 11 provider types.	Fallon 365 should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness
Fallon Wellforce	Fallon Wellforce members reside in seven counties. The ACP demonstrated adequate networks for 46 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. Fallon Wellforce had deficient networks for 18 provider types.	Fallon Wellforce should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness

Network Adequacy – ACP	Strengths	Weaknesses	Recommendations	Standards
Tufts Atrius	Tufts Atrius members reside in six counties. The ACP demonstrated adequate networks for 53 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. Tufts Atrius had deficient networks for 11 provider types.	Tufts Atrius should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness
Tufts Children's	Tufts Children's members reside in all 14 counties. The ACP demonstrated adequate networks for only 22 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. Tufts Children's had deficient networks for 42 provider types. For the adult PCP, Tufts Children's had network deficiencies in 12 counties, where in two of the 12 counties (i.e., Norfolk and Suffolk), the ratio requirement of one adult PCP to 200 members was not met, even though all members residing in Norfolk and Suffolk Counties had access to two adult PCP providers within the time and distance standard.	Tufts Children's should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness
Tufts BIDCO	Tufts BIDCO members reside in seven counties. The ACP demonstrated adequate networks for 43 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. Tufts BIDCO had deficient networks for 21 provider types.	Tufts BIDCO should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness
Tufts CHA	Tufts CHA members reside in four counties. The ACP demonstrated adequate networks for 61 out of 64 provider types in all its counties.	Access was assessed for a total of 64 provider types. Tufts CHA had deficient networks for three provider types: adult and child PCP, and ob/gyn.	Tufts CHA should expand network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness

Table 105: Quality-of-Care Surveys – Strengths, Opportunities for Improvement, and EQR Recommendations for All ACPPs

Quality-of-Care Surveys – ACPP	Strengths	Weaknesses	Recommendations	Standards
AllWays Health	There were no strengths identified.	AllWays Health scored below the statewide average on all adult and child PC MES measures.	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience. The ACPP should also utilize complaints and grievances to identify and address trends.	Quality, Timeliness, Access
BMCHP Alliance	BMCHP Community Alliance scored above the statewide average on the three adult PC MES measures, and three child PC MES measures.	BMCHP Community Alliance scored below the statewide average on 7 out of 10 adult PC MES measures and 9 out of 12 child PC MES measures.	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
BMCHP Mercy	BMCHP Mercy scored above the statewide average on two child PC MES measures.	BMCHP Mercy scored below the statewide average on all adult PC MES measures and 10 child PC MES measures.	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
BMCHP Signature	BMCHP Signature scored above the statewide average on two child PC MES measures.	BMCHP Signature scored below the statewide average on all adult PC MES measures and 10 child PC MES measures.	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
BMCHP Southcoast	BMCHP Southcoast scored above the statewide average on 9 out of 10 adult PC MES measures and 6 out of 12 child PC MES measures.	BMCHP Southcoast scored below the statewide average on the Telehealth adult PC MES measures and on half of child PC MES measures.	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
HNE Be Healthy	HNE Be Healthy scored above the statewide average on the Adult Behavioral Health and child Organizational Access measures.	HNE Be Healthy scored below the statewide average on 9 out of 10 adult and 11 out of 12 child PC MES measures.	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
Fallon Berkshire	Fallon Berkshire scored above the statewide average on 8 out of 10 adult and 5 out of 12 child PC MES measures.	Fallon Berkshire scored below the statewide average on two adult PC MES measures: Adult Behavioral Health and Telehealth. Fallon Berkshire scored below the	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access

Quality-of-Care Surveys – ACPP	Strengths	Weaknesses	Recommendations	Standards
		statewide average also on 7 out of 12 child PC MES measures.		
Fallon 365	Fallon 365 scored above the statewide average on 8 out of 10 adult PC MES measures and 10 out of 12 child PC MES measures.	Fallon 365 scored below the statewide average on two adult PC MES measures: the Adult Behavioral Health and Telehealth measures. Fallon 365 scored below the statewide average also only on two child PC MES measures: the Telehealth and Child Provider Communication measures.	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
Fallon Wellforce	Fallon Wellforce scored above the statewide average on 8 out of 10 adult PC MES measures and 7 out of 12 child PC MES measures.	Fallon Wellforce scored below the statewide average on the Telehealth adult measure and four child PC MES measures.	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
Tufts Atrius	Tufts Atrius scored above the statewide average on 7 out of 10 adult PC MES measures and 9 out of 12 child PC MES measures.	Tufts Atrius scored below the statewide average 3 out of 10 adult PC MES measures and 3 out of 12 child PC MES measures.	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
Tufts Children's	Tufts Children's scored above the statewide average on 8 out of 10 adult PC MES measures, and 11 out of 12 child PC MES measures. This was the best performance across all ACPPs.	Tufts Children's scored below the statewide average 2 out of 10 adult PC MES measures and 1 out of 12 child PC MES measures.	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
Tufts BIDCO	Tufts BIDCO scored above the statewide average on 2 out of 10 adult PC MES measures.	Tufts BIDCO scored below the statewide average on eight adult PC MES measures and all child PC MES measures.	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access

Quality-of-Care Surveys – ACPP	Strengths	Weaknesses	Recommendations	Standards
Tufts CHA	Tufts CHA scored above the statewide average on 5 out of 10 adult and five out of six child PC MES measures.	Tufts CHA scored below the statewide average half of the adult and child PC MES measures.	The ACPP should utilize the results of the adult and child CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access

EQR: external quality review; ACPP: accountable care partnership plan; PC MES: Primary Care Member Experience Survey; CAHPS: Consumer Assessment of Healthcare Providers and Systems. .

X. Required Elements in EQR Technical Report

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

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

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

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

Elements required in EQR technical report, including the requirements for the PIP validation, PMV, and review of compliance activities, are listed in the **Table 106**.

Table 106: Required Elements in EQR Technical Report

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

Regulatory Reference	Requirement	Location in the EQR Technical Report
<i>Title 42 CFR § 438.364(a)(4)</i>	The technical report must include recommendations for how the state can target goals and objectives in the quality strategy, under <i>Title 42 CFR § 438.340</i> , to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid or CHIP beneficiaries.	Recommendations for how the state can target goals and objectives in the quality strategy are included in Section I, High-Level Program Findings and Recommendations , as well as when discussing strengths and weaknesses of an ACPP or activity and when discussing the basis of performance measures or PIPs.
<i>Title 42 CFR § 438.364(a)(5)</i>	The technical report must include methodologically appropriate, comparative information about all MCOs, PIHPs, PAHPs, and PCCM entities.	Methodologically appropriate, comparative information about all ACPPs is included across the report in each EQR activity section (Sections III–VII) and in Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations .
<i>Title 42 CFR § 438.364(a)(6)</i>	The technical report must include an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.	See Section VIII. MCP Responses to the Previous EQR Recommendations for the prior year findings and the assessment of each ACPP's approach to addressing the recommendations issued by the EQRO in the previous year's technical report.
<i>Title 42 CFR § 438.364(d)</i>	The information included in the technical report must not disclose the identity or other protected health information of any patient.	The information included in this technical report does not disclose the identity or other PHI of any patient.
<i>Title 42 CFR § 438.364(a)(2)(iiv)</i>	The technical report must include the following for each of the mandatory activities: objectives, technical methods of data collection and analysis, description of data obtained including validated performance measurement data for each PIP, and conclusions drawn from the data.	Each EQR activity section describes the objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data.
<i>Title 42 CFR § 438.358(b)(1)(i)</i>	The technical report must include information on the validation of PIPs that were underway during the preceding 12 months.	This report includes information on the validation of PIPs that were underway during the preceding 12 months; see Section III .
<i>Title 42 CFR § 438.330(d)</i>	The technical report must include a description of PIP interventions associated with each state-required PIP topic for the current EQR review cycle.	The report includes a description of PIP interventions associated with each state-required PIP topic; see Section III .
<i>Title 42 CFR § 438.358(b)(1)(ii)</i>	The technical report must include information on the validation of each MCO's, PIHP's, PAHP's, or PCCM entity's performance measures for each MCO, PIHP, PAHP, and PCCM entity performance measure calculated by the state during the preceding 12 months.	This report includes information on the validation of each ACPP's performance measures; see Section IV .
<i>Title 42 CFR § 438.358(b)(1)(iii)</i>	Technical report must include information on a review, conducted within the previous three-year period, to determine each MCO's, PIHP's, PAHP's or PCCM's compliance with the standards set forth in Subpart D and the QAPI requirements described in <i>Title 42 CFR § 438.330</i> . The technical report must provide MCP results for the 11 Subpart D and QAPI standards.	This report includes information on a review, conducted in 2021, to determine each ACPP compliance with the standards set forth in Subpart D and the QAPI requirements described in <i>Title 42 CFR § 438.330</i> ; see Section V .

XI. Appendix A – MassHealth Quality Goals and Objectives

Table A1: MassHealth Quality Strategy Goals and Objectives

MassHealth Quality Strategy Goals and Objectives	
Goal 1	Promote better care: Promote safe and high-quality care for MassHealth members
1.1	Focus on timely preventative, primary care services with access to integrated care and community-based services and supports
1.2	Promote effective prevention and treatment to address acute and chronic conditions in at-risk populations
1.3	Strengthen access, accommodations, and experience for members with disabilities, including enhanced identification and screening, and improvements to coordinated care
Goal 2	Promote equitable care: Achieve measurable reductions in health and health care quality inequities related to race, ethnicity, language, disability, sexual orientation, gender identity, and other social risk factors that MassHealth members experience
2.1	Improve data collection and completeness of social risk factors (SRF), which include race, ethnicity, language, disability (RELD) and sexual orientation and gender identity (SOGI) data
2.2	Assess and prioritize opportunities to reduce health disparities through stratification of quality measures by SRFs, and assessment of member health-related social needs
2.3	Implement strategies to address disparities for at-risk populations including mothers and newborns, justice-involved individuals, and members with disabilities
Goal 3	Make care more value-based: Ensure value-based care for our members by holding providers accountable for cost and high quality of patient-centered, equitable care
3.1	Advance design of value-based care focused on primary care provider participation, behavioral health access, and integration and coordination of care
3.2	Develop accountability and performance expectations for measuring and closing significant gaps on health disparities
3.3	Align or integrate other population, provider, or facility-based programs (e.g., hospital, integrated care programs)
3.4	Implement robust quality reporting, performance and improvement, and evaluation processes
Goal 4	Promote person and family-centered care: Strengthen member and family-centered approaches to care and focus on engaging members in their health
4.1	Promote requirements and activities that engage providers and members in their care decisions through communications that are clear, timely, accessible, and culturally and linguistically appropriate
4.2	Capture member experience across our populations for members receiving acute care, primary care, behavioral health, and long-term services and supports
4.3	Utilize member engagement processes to systematically receive feedback to drive program and care improvement
Goal 5	Improve care through better integration, communication, and coordination across the care continuum and across care teams for our members
5.1	Invest in systems and interventions to improve verbal, written, and electronic communications among caregivers to reduce harm or avoidable hospitalizations and ensure safe and seamless care for members
5.2	Proactively engage members with high and rising risk to streamline care coordination and ensure members have an identified single accountable point of contact
5.3	Streamline and centralize behavioral health care to increase timely access and coordination of appropriate care options and reduce mental health and SUD emergencies

XII. Appendix B – MassHealth Managed Care Programs and Plans

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

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
Accountable care partnership plan (ACPP)	<p>Groups of primary care providers working with one managed care organization to create a full network of providers.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> AllWays Health Partners, Inc & Merrimack Valley ACO Boston Medical Center Health Plan & Boston Accountable Care Organization, WellSense Community Alliance ACO Boston Medical Center Health Plan & Mercy Health Accountable Care Organization, WellSense Mercy Alliance ACO Boston Medical Center Health Plan & Signature Healthcare Corporation, WellSense Signature Alliance ACO Boston Medical Center Health Plan & Southcoast Health Network, WellSense Southcoast Alliance ACO Fallon Community Health Plan & Health Collaborative of the Berkshires Fallon Community Health Plan & Reliant Medical Group (Fallon 365 Care) Fallon Community Health Plan & Wellforce Health New England & Baystate Health Care Alliance, Be Healthy Partnership Tufts Health Public Plan & Atrius Health Tufts Health Public Plan & Boston Children's Health Accountable Care Organization Tufts Health Public Plan & Beth Israel Deaconess Care Organization Tufts Health Public Plan & Cambridge Health Alliance
Primary care accountable care organization (PC ACO)	<p>Groups of primary care providers forming an ACO that works directly with MassHealth's network of specialists and hospitals for care and coordination of care.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> Community Care Cooperative Mass General Brigham Steward Health Choice

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
Managed care organization (MCO)	<p>Capitated model for services delivery in which care is offered through a closed network of PCPs, specialists, behavioral health providers, and hospitals.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> 1. Boston Medical Center HealthNet Plan (WellSense) 2. Tufts Health Together
Primary Care Clinician Plan (PCCP)	<p>Members select or are assigned a primary care clinician (PCC) from a network of MassHealth hospitals, specialists, and the Massachusetts Behavioral Health Partnership (MBHP).</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	Not applicable – MassHealth
Massachusetts Behavioral Health Partnership (MBHP)	<p>Capitated behavioral health model providing or managing behavioral health services, including visits to a licensed therapist, crisis counseling and emergency services, SUD and detox services, care management, and community support services.</p> <ul style="list-style-type: none"> Population: Medicaid members under 65 years of age who are enrolled in the PCCP or a PC ACO (which are the two PCCM programs), as well as children in state custody not otherwise enrolled in managed care. Managed Care Authority: 1115 Demonstration Waiver. 	MBHP (or managed behavioral health vendor: Beacon Health Options)
One Care Plan	<p>Integrated care option for persons with disabilities in which members receive all medical and behavioral health services and long-term services and support through integrated care. Effective January 1, 2026, the One Care Plan program will shift from a Medicare-Medicaid Plan (MMP) demonstration to a Medicare Fully Integrated Dual-Eligible Special Needs Plan (FIDE-SNP) with a companion Medicaid managed care plan.</p> <ul style="list-style-type: none"> Population: Dual-eligible Medicaid members aged 21–64 years at the time of enrollment with MassHealth and Medicare coverage. 	<ol style="list-style-type: none"> 1. Commonwealth Care Alliance 2. Tufts Health Plan Unify 3. UnitedHealthcare Connected for One Care

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
	<ul style="list-style-type: none"> Managed Care Authority: Financial Alignment Initiative Demonstration. 	
Senior care option (SCO)	<p>Medicare Fully Integrated Dual-Eligible Special Needs Plans (FIDE-SNPs) with companion Medicaid managed care plans providing medical, behavioral health, and long-term, social, and geriatric support services, as well as respite care.</p> <ul style="list-style-type: none"> Population: Medicaid members over 65 years of age and dual-eligible members over 65 years of age. Managed Care Authority: 1915(a) Waiver/1915(c) Waiver. 	<ol style="list-style-type: none"> 1. Boston Medical Center HealthNet Plan Senior Care Option 2. Commonwealth Care Alliance 3. NaviCare (HMO) Fallon Health 4. Senior Whole Health by Molina 5. Tufts Health Plan Senior Care Option 6. UnitedHealthcare Senior Care Options

XIII. Appendix C – MassHealth Quality Measures

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

Measure Steward	Acronym	Measure Name	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/Objectives
EOHHS	N/A	Acute Unplanned Admissions for Individuals with Diabetes	X	X				1.2, 3.1, 5.2
NCQA	AMM	Antidepressant Medication Management – Acute and Continuation			X		X	1.2, 3.4, 5.1, 5.2
NCQA	AMR	Asthma Medication Ratio	X	X				1.1, 1.2, 3.1
EOHHS	BH CP Engagement	Behavioral Health Community Partner Engagement	X	X				1.1, 1.3, 2.3, 3.1, 5.2, 5.3
NCQA	COA	Care for Older Adult – All Submeasures			X			1.1, 3.4, 4.1
NCQA	CIS	Childhood Immunization Status	X	X				1.1, 3.1
NCQA	COL	Colorectal Cancer Screening			X			1.1., 2.2, 3.4
EOHHS	CT	Community Tenure	X	X				1.3, 2.3, 3.1, 5.1, 5.2
NCQA	CDC	Comprehensive Diabetes Care: A1c Poor Control	X	X		X	X	1.1, 1.2, 3.4
NCQA	CBP	Controlling High Blood Pressure	X	X	X	X		1.1, 1.2, 2.2
NCQA	DRR	Depression Remission or Response	X					1.1, 3.1, 5.1
NCQA	SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					X	1.2, 3.4, 5.1, 5.2
EOHHS	ED SMI	Emergency Department Visits for Individuals with Mental Illness, Addiction, or Co-occurring Conditions	X	X				1.2, 3.1, 5.1–5.3
NCQA	FUM	Follow-Up After Emergency Department Visit for Mental Illness (30 days)			X		X	3.4, 5.1–5.3
NCQA	FUM	Follow-Up After Emergency Department Visit for Mental Illness (7 days)	X	X			X	3.4, 5.1–5.3
NCQA	FUH	Follow-Up After Hospitalization for Mental Illness (30 days)			X	X	X	3.4, 5.1–5.3
NCQA	FUH	Follow-Up After Hospitalization for Mental Illness (7 days)	X	X	X		X	3.4, 5.1–5.3
NCQA	ADD	Follow-up for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication					X	1.2, 3.4, 5.1, 5.2

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