COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM

This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions, the Commonwealth Terms and Conditions for Human and Social Services, or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access forms at macomptroller.org/forms or mass.gov/lists/osd-forms.

CONTRACTOR INFORMATION

Contractor Legal Name
RHG Medicaid Network LLC

d/b/a

Legal Address
As entered on Form W-9 or Form W-4
40 Burton Hills Blvd, Ste 370, Nashville, TN 37215-6287

Contract Manager Name
Susan Brown

Phone: 617-759-5934 | **Fax**:

Email
Susan.Brown@reveremedical.com

Vendor Code
VC 0001609645

Vendor Code Address ID
e.g. "AD001". AD 001

Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.

COMMONWEALTH INFORMATION

Department: Executive Office of Health and Human Services | **MMARS Code**: EHS

Contract Manager Name
Alejandro Garcia Davalos

Business Mailing Address
One Ashburton Place, 11th Fl., Boston, MA 02108

Billing Address If Different

Phone: 781-227-1913 | **Fax**:

Email
Alejandro.E.GarciaDavalos@mass.gov

MMARS Doc ID(s)
N/A

RFR/Procurement or Other ID Number
BD-22-1039-EHS01-ASHWA-71410

○ NEW CONTRACT

Procurement or Exception Type (Check one option only)

- ☐ **Statewide Contract** (OSD or an OSD-designated department.)
- ☐ **Collective Purchase** (Attach OSD approval, scope, and budget.)
- ☐ **Department Procurement** - Includes all Grants 815 CMR 2.00. (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.)
- ☐ **Emergency Contract** (Attach justification for emergency, scope, and budget.)
- ☐ **Contract Employee** (Attach Employee Status Form, scope, and budget.)
- ☐ **Interim Contract with new Contractor** (Attach justification for Interim Contract and updated scope/budget.)
- ☐ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)

◉ CONTRACT AMENDMENT

Current Contract End Date *PRIOR* to Amendment: December 31, 2027

Amendment Amount Or Enter "No Change": No Change

Amendment Type
Check one option only. Attach details of amendment changes.

- ☑ **Amendment to Date, Scope, or Budget** (Attach updated scope and budget.)
- ☐ **Interim Contract with Current Contractor** (Attach justification for Interim Contract and updated scope/budget.)
- ☐ **Contract Employee** (Attach any updates to scope or budget.)
- ☐ **Other Procurement Exception** (Attach authorizing language/justification and updated scope/budget.)

TERMS AND CONDITIONS

The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding.
Check ONE option:

◉ Commonwealth Terms and Conditions ○ Commonwealth Terms and Conditions for Human and Social Services ○ Commonwealth IT Terms and Conditions

COMPENSATION

Check ONE option.

The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.

◉ **Rate Contract (No Maximum Obligation).** (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)

○ **Maximum Obligation Contract.** Total maximum obligation for total duration of this contract (or new total if contract is being amended):

MMARS Doc ID(s) N/A

PROMPT PAYMENT DISCOUNTS (PPD)

Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See Prompt Pay Discounts Policy.

Contractors requesting accelerated payments must identify a PPD as follows:

Payment issued within:
10 days % PPD.
15 days % PPD.
20 days % PPD.
30 days % PPD.

If PPD percentages are left blank, identify reason:

☐ **Statutory/legal** ☐ **Ready Payments** (M.G.L. c. 29, § 23A) ☑ **Agree to standard 45-day cycle** ☐ **Only initial payment**

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT

Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment.
Attach all supporting documentation and justifications.

Amendment 1 to Second Amended and Restated Primary Care ACO Contract makes updates to the Contract and certain appendices.

SUPPLIER DIVERSITY PROGRAM (SDP) PLAN

Does the Supplier Diversity Program apply?

◉ **YES** If YES, the Contractor's annual SDP commitment for this Contract is 1%

○ **NO** If NO, and the department is an Executive Department, enter the appropriate exemption:

ANTICIPATED START DATE (Complete ONE option only.)

The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

○ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.

○ 2. may be incurred as of , **20** , a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

◉ 3. were incurred as of January 1 , **20** 25 , a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE

Contract performance shall terminate as of December 31 , **20** 27 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS

Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable), and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR Signature and date must be captured at time of signature.		**AUTHORIZING SIGNATURE FOR THE DEPARTMENT** Signature and date must be captured at time of signature.	
Signature Joseph M. Weinstein, MD	**Date** 11/20/2025	**Signature** Mike Levine (Dec 1, 2025 09:50:58 EST)	**Date** 12/01/2025
Print Name Joseph M. Weinstein, M.D.	**Print Title** Chief Medical Officer	**Print Name** Mike Levine	**Print Title** Undersecretary for MassHealth

AMENDMENT #1

TO THE

SECOND AMENDED AND RESTATED

PRIMARY CARE ACCOUNTABLE CARE ORGANIZATION CONTRACT

FOR THE

MASSHEALTH ACCOUNTABLE CARE ORGANIZATION PROGRAM

WHEREAS, the Executive Office of Health and Human Services ("EOHHS") and the Contractor identified in **Appendix K** ("Contractor") entered into the Contract effective January 1, 2023, and with an Operational Start Date of April 1, 2023, to serve as an Accountable Care Organization, improve the MassHealth Member experience of care, health of the population, and efficiency of the MassHealth program, and provide comprehensive health care coverage to MassHealth Members; and

WHEREAS, EOHHS and the Contractor last amended and restated the Contract effective January 1, 2025, (the Second Amended and Restated Primary Care Accountable Care Organization Contract);

WHEREAS, in accordance with **Section 5.12** of the Contract, EOHHS and the Contractor desire to amend the Contract effective January 1, 2025; and

WHEREAS, EOHHS and the Contractor agree that the terms stated herein are subject to all required approvals of the federal Centers for Medicare and Medicaid Services (CMS);

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, the Contractor and EOHHS agree as follows:

1. **Section 1, Definitions of Terms, Children's Behavioral Health Initiative Services (CBHI Services)** is hereby amended by deleting "and Mobile Crisis Intervention" and inserting in place thereof "Family-based Intensive Treatment, and Youth Mobile Crisis Intervention".

2. **Section 1, Definitions of Terms, Community Service Agency (CSA)** is hereby amended by deleting the section in its entirety and inserting in place thereof:

   "**Community Service Agency (CSA)** – a community-based Behavioral Health provider organization whose function is to facilitate access to the continuum of Behavioral Health services by providing an organized pathway to care for children and families where the child is referred for Intensive Care Coordination or Family-based Intensive Treatment. A primary mechanism through which CSAs serve this function is as the provider of Intensive Care Coordination, Family Support and Training Services, and Family-based Intensive Treatment which are defined as BH Services."

3. **Section 1, Definitions of Terms,** is hereby amended by inserting new definitions as follows:

"Designated Pediatric Expert – The Designated Pediatric Expert must be a licensed clinician, such as a Social Worker (LCSW/LICSW), a Registered Nurse (RN) or another licensed medical professional such as a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP), or Physician's Assistant (PA) with pediatric expertise. The Designated Pediatric Expert experience shall include but not be limited to working directly with pediatric patients and their families, supporting children with Special Health Care Needs and their families, identifying and navigating supports for Health-Related Social Needs. The qualifications for the Designated Pediatric Expert shall be made available to EOHHS.

Designated Perinatal and Maternal Health Expert – The Designated Perinatal and Maternal Health (PMH) Expert must be a licensed clinician, such as a Certified Nurse Midwife (CNM), Social Worker (LCSW/LICSW), Registered Nurse (RN) or another licensed medical professional such as a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP), or Physician's Assistant (PA) with PMH expertise. The Designated PMH Expert experience shall include but not be limited to working directly with pregnant, birthing, and postpartum patients and their infants. The qualifications for the Designated Perinatal and Maternal Health Expert shall be made available to EOHHS."

4. **Section 1, Definitions of Terms, Pre-release Enrollee** is hereby amended by inserting ", as designated by EOHHS," after "Members" and inserting "or related initiatives" after "Reentry Demonstration Initiative".

5. **Section 2.3.A.6** is hereby amended by inserting a new **Section 2.3.A.6.f** as follows and renumbering the subsequent sections accordingly:

"f. Family-Based Intensive Treatment."

6. **Section 2.4.D** is hereby amended by inserting a new **Section 2.4.D.12** as follows and renumbering the subsequent sections accordingly:

"12. Ensure that a Designated Perinatal and Maternal Health PMH Expert is involved in the development of and review of the Contractor's ACO Care Management strategy for perinatal Enrollees and enhanced care coordination for high-risk perinatal Enrollees."

7. **Section 2.4.E.5.d.2** is hereby amended by inserting "or Family-based Intensive Treatment (FIT)" after "CBHI ICC".

8. **Section 2.5.A** is hereby amended by deleting the section in its entirety and inserting in place thereof:

"A. Key Personnel and Other Staff

The Contractor shall have key personnel and other staff as set forth in this **Section**:

1. The following roles shall be key personnel:

   a) The Contractor's Key Contact, who shall liaise with EOHHS and serve as the point of contact for EOHHS for all communications and requests related to this Contract;

   b) The Contractor's MassHealth Executive Director, who shall have primary responsibility for the management of this Contract and shall be authorized and empowered to represent the Contractor regarding all matters pertaining to this Contract;

   c) The Contractor's Leadership Contact, who shall serve as the contact person for EOHHS's Assistant Secretary for MassHealth and as a leadership or escalation point of contact for other MassHealth program staff;

   d) The Contractor's Chief Medical Officers/Medical Director, who shall be a clinician licensed to practice in Massachusetts and shall oversee the Contractor's Care Delivery and Care Management activities and all clinical initiatives including quality improvement activities, including but not limited to clinical initiatives related to addressing the care needs of children;

   e) The Contractor's Pharmacy Contact who shall be responsible for the Contractor's activities related to pharmacy TCOC Included Services;

   f) The Contractor's Behavioral Health Director, who shall be responsible for the Contractor's activities related to BH Services and related Care Delivery and Care Management activities, and for all BH-related interaction with EOHHS and coordination with the Behavioral Health Vendor as described in **Section 2.8**;

   g) The Contractor's Chief Financial Officer, who shall be authorized to sign and certify the Contractor's financial condition, including but not limited to attesting to the accuracy of Contractor's financial documents submitted to EOHHS, as described in this Contract and further specified by EOHHS;

   h) The Contractor's Chief Data Officer, who shall have primary responsibility for ensuring management and compliance of all activities under **Section 2.11** and **Appendix H**;

   i) The Contractor's Quality Key Contact, who shall oversee the Contractor's quality management and quality improvement activities under this Contract, including those described in **Section 2.10** and other quality activities as further specified by EOHHS;

   j) The Contractor's Disability Access Coordinator, whose responsibilities shall include, but may not be limited to:

1) Ensuring that the Contractor complies with federal and state laws and regulations pertaining to persons with disabilities;

2) Monitoring and advising on the development of, updating and maintenance of, and compliance with disability-related policies, procedures, operations and activities, including program accessibility and accommodations in such areas as health care services, facilities, transportation, and communications;

3) Working with other Contractor staff on receiving, investigating, and resolving Inquiries and Grievances related to issues of disability from Enrollees. Such individual shall be the point person for all Inquiries and Grievances related to issues of disabilities from Enrollees;

4) Working with designated EOHHS and Massachusetts Office of Disability staff as directed by EOHHS, including being available to assist in the resolution of any problems or issues related to Enrollees; and

5) Upon request of EOHHS, participate in meetings or workgroups related to the needs and care of Enrollees with disabilities.

k) The Contractor's State Agency Liaison, who shall coordinate the Contractor's interaction with state agencies with which Enrollees may have an affiliation, including but not limited to the Department of Mental Health (DMH), the Department of Developmental Services (DDS), the Department of Children and Families (DCF), the Department of Youth Services (DYS), the Department of Public Health (DPH) and the DPH Bureau of Substance Addiction Services (BSAS). Such Liaison shall act as or shall oversee:

1) A designated DCF liaison that works with DCF, including the DCF health and medical services team and the DCF medical social workers. Such liaison shall:

a) Have at least two years of care management experience, at least one of which shall include working with children in state custody;

b) Actively participate in the planning and management of services for children in the care or custody of DCF, including children in foster care, guardianship arrangements, and adoptive homes. This shall include but not be limited to:

(i) Working with DCF, including the DCF Ombudsman's Office, the DCF health and medical services team, and the DCF medical social workers, to assist EOHHS and DCF in the resolution of any problems or issues that may arise with an Enrollee;

(ii) Upon request of DCF, participating in regional informational and educational meetings with DCF staff and, as directed by DCF, with foster parent(s), guardians, and adoptive parent(s);

(iii) If requested by DCF, work with providers to coordinate Discharge Planning;

(iv) As requested by EOHHS, actively participate in any joint meetings or workgroups with EOHHS agencies and other Primary Care ACOs, Accountable Care Partnership Plans, and MCOs; and

(v) Perform other functions necessary to comply with the requirements of this Contract.

2) A designated DYS liaison. Such liaison shall:

a) Have at least two years of care management experience, at least one of which shall include working with children in state custody;

b) Work with designated DYS staff and be available to assist EOHHS and DYS in the resolution of any problems or issues that may arise with a DYS-affiliated Enrollee;

c) If requested by DYS, work with providers to coordinate Discharge Planning;

d) As requested by EOHHS, actively participate in any joint meetings or workgroups with EOHHS agencies and other Primary Care ACOs, Accountable Care Partnership Plans, and MCOs;

e) Upon request by DYS, participate in regional informational and educational meetings with DYS staff; and

f) Perform other functions necessary to comply with this Contract.

3) A designated DMH liaison. Such liaison shall:

a) Have at least two years of care management experience, at least one of which shall be working with individuals with significant behavioral health needs;

b) Actively participate in the planning and management of services for Enrollees who are affiliated with DMH, including adult community clinical services (ACCS) clients engaged with CPs. This shall include, but not be limited to:

(i) Working with DMH, including designated DMH case managers, as identified by DMH, and assisting EOHHS and DMH in resolving any problems or issues that may arise with a DMH-affiliated Enrollee;

(ii) Upon request of DMH, participating in regional informational and educational meetings with DMH staff and, as directed by DMH, Enrollees' family members and Peer Supports;

(iii) If requested by DMH, working with providers to coordinate Discharge Planning;

(iv) As requested by EOHHS, actively participating in any joint meetings or workgroups with EOHHS agencies and other Primary Care ACOs, Accountable Care Partnership Plans, and MCOs;

(v) Coordinating with CPs and facilitating communication between CPs and DMH regarding CP Enrollees who are ACCS clients; and

(vi) Performing other functions necessary to comply with the requirements of this Contract.

l) The Contractor's Ombudsman Liaison, who shall liaise with EOHHS' Ombudsman to resolve issues raised by Enrollees; and

m) Any other positions designated by EOHHS.

2. The Contractor shall have the following designated staff:

a) The Contractor's Care Coordination Contact, who shall liaise with EOHHS on matters related to care coordination, ACO Care Management, and the Community Partners program;

b) The Contractor's Designated Pediatric Expert, who shall assist with ACO Care Management strategy matters, screening matters, and other matters as they relate to Enrollees under the age of 21 as further described in this Contract, including but not limited to in **Sections 2.3** and **2.4**;

c) The Contractor's Designated Perinatal and Maternal Health Expert, who shall assist with ACO Care Management and enhanced care coordination strategy matters, screening matters, and other matters as they relate to perinatal Enrollees as further described in this Contract, including but not limited to **Sections 2.3** and **2.4**. Upon request of EOHHS, the Designated Perinatal and Maternal Health Expert shall participate in meetings or workgroups related to perinatal and maternal health;

d) The Contractor's Affiliated Hospital liaison, as described in **Section 2.3.F.4.a.3**;

e) The Contractor's point(s) of contact for CSP services, as described in **Section 2.4.A.5.b**;

f) The Contractor's designated contact person for the administration of HRSN Supplemental Services, as described in **Section 2.14.C**, including managing relationships with Social Service Organizations; and

g) Any other positions designated by EOHHS.

3. The Contractor shall appoint key personnel and designated staff as follows:

a) The Contractor shall appoint an individual to each of the roles listed in **Section 2.5.A.1-2**. The Contractor may appoint a single individual to more than one such role;

b) The Contractor shall have appointments to all key personnel roles, as described in **Section 2.5.A.1** no later than ninety (90) days prior to the Contract Operational Start Date, and shall notify EOHHS of such initial appointments;

c) Key personnel shall, for the duration of the Contract, be employees of the Contractor, shall not be subcontractors, and shall be assigned primarily to perform their job functions related to this Contract;

d) The Contractor shall, when subsequently hiring, replacing, or appointing individuals to key personnel roles, as described in

Section 2.5.A.1, notify EOHHS of such a change and provide the resumes of such individuals to EOHHS upon request after such a change is made;

e) Upon EOHHS request, the Contractor shall inform EOHHS of any updates to its designated staff, as described in **Section 2.5.A.2**, in accordance with **Appendix F**;

f) If EOHHS informs the Contractor that EOHHS is concerned that any key personnel or designated staff, as described in **Section 2.5.A.1-2**, are not performing the responsibilities described in this Contract, or are otherwise hindering the Contractor's successful performance of the responsibilities of this Contract, the Contractor shall investigate such concerns promptly, take any actions the Contractor reasonably determines necessary to ensure full compliance with the terms of this Contract, and notify EOHHS of such actions. If such actions fail to ensure such compliance to EOHHS' satisfaction, EOHHS may invoke intermediate sanction and corrective action provisions described in **Section 5.21**.

4. Administrative Staff

The Contractor shall employ sufficient Massachusetts-based, dedicated administrative staff and have sufficient organizational structures in place to comply with all of the requirements set forth herein, including, but not limited to, specifically designated administrative staff dedicated to the Contractor's activities related to:

a) The Contractor's relationships with CPs and management of the CP contracts;

b) Risk stratification;

c) Care Management; and

d) Population health initiatives and programs."

9. **Section 2.12.F** is hereby amended by deleting the section in its entirety and inserting in place thereof:

"F. Demographic Data Governance Function

The Contractor shall establish and maintain a demographic data governance function responsible for overseeing the collection, use, analysis, and communication of demographic data. This function must ensure that all member demographic data is handled with the highest level of respect, privacy, and integrity. The governance function shall:

1. Support the appropriate and ethical use of demographic data including through providing guidance on allowable and disallowable uses of the data;

2. Provide guidance for the appropriate analysis and stratification of demographic data to identify, understand, and address disparities;

3. Identify and implement standards for communicating demographic data and associated findings in a respectful, accurate, and contextually appropriate manner; and

4. Work with appropriate internal staff to restrict demographic data access to the appropriate personnel and implement data minimization principles for demographic data users."

10. **Section 2.14.A.1.h** is hereby amended by deleting the section in its entirety and inserting in place thereof:

"h. As follows and as further specified by EOHHS, make monthly, prospective payments to Participating Primary Care Practice PID/SL's Taxpayer Identification Number (PCP TIN) for the delivery of a defined set of services for Primary Care and behavioral health integration (Primary Care Sub-Capitation Included Services):

1) EOHHS intends to adjust the Total PCP TIN Sub-Capitation Program Rates, as set forth in **Appendix J**, to reflect the Rating Category mix of Enrollees attributed to each PCP TIN. At least annually, EOHHS intends to re-calculate the Total PCP TIN-specific All RC Primary Care Sub-Capitation Program Rates to reflect the actual Rating Category mix of Enrollees attributed to each PCP TIN during the Contract Year, as specified by EOHHS. EOHHS shall determine the Contractor's compliance with **Sections 2.14.A.1.h** and **2.14.A.1.i.2** using such adjusted Total PCP TIN Sub-Capitation Program Rates for PCP TINs.

2) For each PCP TIN, make a monthly payment, based on enrollment, at a rate that is no less than 90% of the adjusted Total PCP TIN Sub-Capitation Program Rate.

3) For each PCP TIN that is a FQHC, make a monthly payment, based on enrollment, at a rate that is no less than 100% of the adjusted Total PCP TIN Sub-Capitation Program Rate.

4) Ensure PCP TINs allocate such payments regularly to each Participating Primary Care Practice PID/SL based on the Tier Designation for that Participating Primary Care Practice PID/SL.

5) Ensure that payments under the Primary Care Sub-Capitation Program are distributed in accordance with **Section 2.14.A** and are not based on Enrollees' utilization of services.

6) Report to EOHHS on the Contractor's Primary Care Sub-Capitation Program payments in a form, format, and frequency specified by EOHHS."

11. **Section 2.14.E** is hereby amended by inserting "and related initiatives" after "Reentry Demonstration Initiative".

12. **Section 2** is hereby amended by inserting a new **Section 2.15** as follows:

"**Section 2.15 HRSN Supplemental Nutrition Services Incentive**

In accordance with **Section 2.14.C**, the Contractor shall promote access through FQHCs to, and facilitate timely payment of, HRSN Supplemental Nutrition Services. For Contract Year 3, for any Contractor that has a minimum of three (3) Participating PCPs that are FQHCs and also has established and implemented procedures to convert invoices from Providers for HRSN Supplemental Nutrition Services into claims, the Contractor shall receive an HRSN Nutrition Incentive payment, as set forth in **Section 4.2.J**, if:

A. At the time of the midpoint evaluation specified by EOHHS, the Contractor has, for at least 90 percent of invoices the Contractor receives for HRSN Supplemental Nutrition Services, within 20 business days of receipt, processed such invoices to ensure accuracy, converted invoices into claims, and then submitted those claims to the Behavioral Health Vendor for adjudication and payment; and

B. At the end of Contract Year 3, at the time of annual evaluation specified by EOHHS, the Contractor has, for at least 90 percent of invoices the Contractor receives for HRSN Supplemental Nutrition Services, within 20 business days of receipt, processed such invoices to ensure accuracy, converted invoices into claims, and then submitted those claims to the Behavioral Health Vendor for adjudication and payment."

13. **Section 4.2** is hereby amended by inserting a new **Section 4.2.J** as follows:

"J. HRSN Supplemental Nutrition Services Incentive Payment Pursuant to **Section 2.15**

A. At a frequency to be specified by EOHHS, EOHHS shall make timely HRSN Supplemental Nutrition Incentive payments, totaling no more than $3 million, if the Contractor satisfies the requirements set forth in **Section 2.15**.

B. The HRSN Supplemental Nutrition Incentive payment shall not be included in the HRSN Supplemental Services Payment set forth in **Section 4.2.I** nor the risk sharing arrangement set forth in **Section 4.5**."

14. **Section 5.23.H.5** is hereby amended by deleting the section in its entirety and inserting in place thereof:

"5. EOHHS shall calculate Gain and Loss as described in **Appendix I**, if any, from the end of the Contract Year in which the termination is effective through the completion of all disenrollment activities. The Contractor shall pay EOHHS the

MassHealth Share of any Losses. EOHHS shall not be obligated to pay the Contractor the MassHealth Share of any Gain."

15. **Appendix A, TCOC Included Services**, is hereby deleted and replaced with the attached **Appendix A.**

16. **Appendix B, EOHHS Accountable Care Organization Quality and Health Equity Appendix,** is hereby deleted and replaced with the attached **Appendix B**.

17. **Appendix F, ACO Reporting Requirements,** is hereby deleted and replaced with the attached **Appendix F**.

18. **Appendix G, Requirements for the Material Subcontracts Between Accountable Care Organizations (ACOs) and Community Partners (CPs),** is hereby amended by:

1. In **Section 1.1.A.1.c**, deleting "or" at the end of **Section 1.1.A.1.c.ii**, inserting a new **Section 1.1.A.1.c.iii** as follows, and renumbering the subsequent sections accordingly:

   "(iii) For Contract Years 3 through 5, for all CP Enrollees: $100 PMPM; or"

2. Deleting "Flexible Services" and inserting in place thereof "HRSN Supplemental Services" in each instance in which it occurs.

APPENDIX A

Exhibit 1: Services Included in TCOC Calculations

✓ Denotes a service included in TCOC Calculations

Each of the Services listed below will be included in Total Cost of Care (TCOC) calculations, except for those listed as Services Not Included in TCOC Calculations or listed as Excluded Services. MassHealth reserves the right to amend or modify this list, including but not limited to further defining the services listed below as well as adding or removing services.

	Coverage Types		
Service	**MassHealth Standard & CommonHealth Enrollees**	**MassHealth Family Assistance Enrollees**	**CarePlus**
Acupuncture Treatment	✓	✓	✓
Acute Inpatient Hospital	✓	✓	✓
Ambulatory Surgery/Outpatient Hospital Care	✓	✓	✓
Audiologist	✓	✓	✓
Behavioral Health Services (see below)	✓	✓	✓
Breast Pumps and Breast Milk Storage Bags	✓	✓	✓
Certain COVID-19 Specimen Collection and Testing (until May 11, 2023)	✓	✓	✓
Chiropractic Services	✓	✓	✓
Chronic, Rehabilitation Hospital or Nursing Facility Services, up to 100 days per Contract Year, except stays in Commonwealth designated COVID-19 nursing facility, see non-TCOC Included Services in Exhibit 2.	✓	✓	✓
Emergency Related Dental Services	✓	✓	✓
Diabetes Self-Management Training	✓	✓	✓
Dialysis	✓	✓	✓
Durable Medical Equipment and Medical/Surgical Supplies **1) Durable Medical Equipment** **2) Medical/Surgical Supplies**	✓	✓	✓
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	✓		
Early Intervention	✓	✓	

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Emergency Services	✓	✓	✓
Family Planning	✓	✓	✓
Fluoride Varnish	✓	✓	
Hearing Aids	✓	✓	✓
Home Health Services	✓	✓	✓
Homeless Medical Respite	✓	✓	✓
Hospice	✓	✓	✓
Infertility, related to an underlying medical condition	✓	✓	✓
Laboratory	✓	✓	✓
MassHealth Coordinating Aligned, Relationship-centered Enhanced Support (CARES) for Kids	✓		
Medical Nutritional Therapy	✓	✓	✓
Orthotics	✓	✓	✓
Oxygen and Respiratory Therapy Equipment	✓	✓	✓
Pharmacy (Please see Exhibit 2 for categories of Pharmacy that are not included in TCOC calculations.)	✓	✓	✓
Physician (primary and specialty)	✓	✓	✓
Podiatry	✓	✓	✓
Preventive Pediatric Health Screening and Diagnostic Services		✓	
Prosthetic Services and Devices	✓	✓	✓
Radiology and Diagnostic Tests	✓	✓	✓
Remote Patient Monitoring (RPM) **1) RPM** **2) COVID-19 RPM**	✓	✓	✓
School Based Health Center Services	✓	✓	
Therapy **1) Physical**	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
2) Occupational 3) Speech and Hearing			
Tobacco Cessation Services	✓	✓	✓
Transportation (emergent)	✓	✓	✓
Transportation (non-emergent, to out-of-state location)	✓		✓
Urgent Care Clinic Services	✓	✓	✓
Vaccine Counseling Services	✓	✓	✓
Vision Care (medical component)	✓	✓	✓
Wigs	✓	✓	✓

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Exhibit 2: Services Not Included in TCOC Calculations

✓ Denotes a service not included in TCOC calculations

These services coordinated by the Contractor are not factored into TCOC calculations.

	Coverage Types		
Service	**MassHealth Standard & CommonHealth Enrollees**	**MassHealth Family Assistance Enrollees**	**CarePlus**
Abortion	✓	✓	✓
Acute Hospital Carve-Out Drugs	✓	✓	✓
Adult Dentures	✓	✓	✓
Adult Day Health	✓		
Adult Foster Care	✓		
Applied Behavior Analysis for members under 21 years of age (ABA Services)	✓		
Chronic, Rehabilitation Hospital, or Nursing Facility Services, both beyond 100 days per Contract Year, consistent with MassHealth policy, and any stay of any duration in a Commonwealth-designated COVID-19 nursing facility	✓	✓	
Day Habilitation	✓		
Preventative and Basic Dental Services	✓	✓	✓
Doula Services	✓	✓	✓
Group Adult Foster Care	✓		
Personal Care Attendant	✓		
Pharmacy – High Cost Drugs	✓	✓	✓
Private Duty Nursing/Continuous Skilled Nursing	✓	✓	
Residential Rehabilitation Services (Level 3.1)	✓	✓	✓
1. Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
2. Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
3. Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
4. Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	
5. Co-Occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
6. Pregnancy Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
7. Postpartum Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
Recovery Coaching Specialized Recovery Coach Services 1. Recovery Coach for Pregnant and Postpartum Members	✓	✓	✓
Recovery Support Navigators Specialized Recovery Support Navigators 1. Recovery Support Navigator for Pregnant or Postpartum Members	✓	✓	✓
Tablets (for use as augmentative and alternative communication (AAC) devices)	✓	✓	
Transitional Support Services (TSS) for Substance Use Disorders (Level 3)	✓	✓	✓
Transportation (non-emergent, to in-state location or location within 50 miles of the Massachusetts border)	✓		✓
Vision Care (non-medical component)	✓	✓	✓

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Exhibit 3: Behavioral Health Services Included in TCOC Calculations

✓ Denotes a service included in TCOC Calculations

	Coverage Types		
Service	**ACO MassHealth Standard & CommonHealth Enrollees**	**ACO MassHealth Family Assistance Enrollees**	**CarePlus**
Inpatient Services			
1. Inpatient Mental Health Services	✓	✓	✓
2. Inpatient Substance Use Disorder Services (Level 4)	✓	✓	✓
3. Observation/Holding Beds	✓	✓	✓
4. Administratively Necessary Day (AND) Services	✓	✓	✓
Diversionary Services			
24-Hour Diversionary Services			
a. Youth and Adult Community Crisis Stabilization	✓	✓	✓
b. Community-Based Acute Treatment for Children and Adolescents (CBAT)	✓	✓	
c. Medically Monitored Intensive Services - Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7)	✓	✓	✓
d. Clinical Support Services for Substance Use Disorders (Level 3.5)	✓	✓	✓
e. Transitional Care Unit (TCU)	✓	✓	
Non-24-Hour Diversionary Services			
a. Community Support Program (CSP) and Specialized CSP **1. CSP for Justice Involved** **2. CSP for Homeless Individuals** 3. **CSP – Tenancy Preservation Program**	✓	✓	✓
b. Partial Hospitalization (PHP)	✓	✓	✓
c. Psychiatric Day Treatment	✓	✓	✓
d. Structured Outpatient Addiction Program (SOAP)	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
e. Intensive Outpatient Program (IOP)	✓	✓	✓
f. Program of Assertive Community Treatment (PACT)	✓	✓	✓
Outpatient Services			
Standard Outpatient Services			
a. Family Consultation	✓	✓	✓
b. Case Consultation	✓	✓	✓
c. Diagnostic Evaluation	✓	✓	✓
d. Psychiatric Consultation on an Inpatient Medical Unit	✓	✓	✓
e. Medication Visit	✓	✓	✓
f. Couples/Family Treatment	✓	✓	✓
g. Group Treatment	✓	✓	✓
h. Individual Treatment	✓	✓	✓
i. Inpatient-Outpatient Bridge Visit	✓	✓	✓
j. Assessment for Safe and Appropriate Placement (ASAP)	✓	✓	
k. Collateral Contact	✓	✓	
l. Acupuncture Treatment	✓	✓	✓
m. Opioid Treatment Services	✓	✓	✓
n. Ambulatory Withdrawal Management	✓	✓	✓
o. Psychological Testing	✓	✓	✓
p. Early Intensive Behavioral Intervention (EIBI)	✓	✓	
q. Preventive Behavioral Health Services	✓	✓	
r. Certified Peer Specialist (CPS)	✓	✓	✓
Intensive Home or Community-Based Services for Youth			
a. Family-based Intensive Treatment	✓		
b. Family Support and Training	✓		

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
c. Intensive Care Coordination	✓		
d. In-Home Behavioral Services 1) Behavior Management Therapy 2) Behavior Management Monitoring	✓		
e. In-Home Therapy Services 1) Therapeutic Clinical Intervention 2) Ongoing Therapeutic Training and Support	✓	✓	
f. Therapeutic Mentoring Services	✓		
Crisis Services			
1. Adult Mobile Crisis Intervention (AMCI) Encounter	✓	✓	✓
2. Youth Mobile Crisis Intervention (YMCI)	✓	✓	
3. Behavioral Health Crisis Evaluation Services in Acute Medical Setting	✓	✓	✓
4. Behavioral Health Crisis Management Services in Acute Medical Settings	✓	✓	✓
Other Behavioral Health Services			
1. Electro-Convulsive Therapy (ECT)	✓	✓	✓
2. Repetitive Transcranial Magnetic Stimulation (rTMS)	✓	✓	✓
3. Specialing	✓	✓	✓

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Exhibit 4: MassHealth Excluded Services – All Coverage Types

Except as otherwise noted or determined Medically Necessary by EOHHS, the following services are not covered under MassHealth and as such are not included in the Contractor's TCOC.

1. Cosmetic surgery, except as determined by the Contractor to be necessary for:
   a. correction or repair of damage following an injury or illness;
   b. mammoplasty following a mastectomy; or
   c. any other medical necessity as determined by the Contractor.

2. Treatment for infertility, including in-vitro fertilization and gamete intra-fallopian tube (GIFT) procedures.

3. Experimental treatment.

4. Personal comfort items including air conditioners, radios, telephones, and televisions (effective upon promulgation by EOHHS of regulations at 130 CMR regarding non-coverage of air conditioners).

5. Non-covered laboratory services as specified in 130 CMR 401.411.

6. Services not otherwise covered by MassHealth, except as determined by EOHHS to be Medically Necessary for MassHealth Standard or MassHealth CommonHealth Enrollees under age 21. In accordance with EPSDT requirements, such services will be included in the Contractor's TCOC under the Contract.

Appendix B
EOHHS Accountable Care Organization Quality and Health Equity Appendix

This Appendix details how EOHHS will determine the Contractor's Quality and Health Equity Performance as described in the Contract. EOHHS may modify the methodology set forth herein after the execution of the Contract by written amendment. The following information is included. For the purposes of this document, "Performance Year" or "PY" shall mean "Contract Year" as defined in Section 1 of the Contract, unless otherwise specified by EOHHS.

Section 1.1. OVERVIEW OF QUALITY AND HEALTH EQUITY PERFORMANCE AND SCORING

Section 1.2 SCORING METHODOLOGY FOR ACO QUALITY SCORE

- **A. List of Quality Measures for ACO Quality Score**
- **B. Measure Level Scoring Methodology (Achievement and Improvement Points)**
- **C. Domain Level Scoring Methodology**

Section 1.3 SCORING METHODOLOGY FOR ACO QUALITY AND EQUITY INCENTIVE PROGRAM (QEIP) HEALTH EQUITY SCORE

Section 1.4 SCORING METHODOLOGY FOR COMMUNITY PARTNERS QUALITY SCORE

- **A. List of Quality Measures for CP Quality Score**

Section 1.5 METHODOLOGY FOR ESTABLISHING PERFORMANCE BENCHMARKS FOR QUALITY MEASURES

Section 1.6 QUALITY AND HEALTH EQUITY PERFORMANCE FINANCIAL APPLICATION

Section 1.1 Overview of Quality Performance and Scoring and Health Equity Performance and Scoring

The Contractor shall receive, for each Performance Year, an ACO Quality Score that shall determine the Quality Incentive payment amount available to the Contractor as prescribed in **Section 2.10** of the Contract. The Contractor shall also receive, for each Performance Year, an ACO Health Equity Score that shall determine the Quality and Equity incentive payment amount available to the Contractor as prescribed in **Sections 2.12** and **2.12.E** of the Contract. The Contractor shall also receive, for each Performance Year, a CP Quality Score (calculated by EOHHS) for each Community Partner subcontractor as described in **Section 2.4.E** of the Contract. The CP Quality Score shall be used in the determination of incentive payments made by the Contractor to each of its subcontracted CPs.

This Section of the Appendix describes the individual measures, and general methodology EOHHS will use to calculate the Contractor's scores (i.e., ACO Quality Score, ACO Health Equity Score, and CP Quality Score), as further specified by EOHHS.

Section 1.2 Scoring Methodology for ACO Quality Score

The Contractor's Quality Score is based on the Contractor's performance across a set of benchmarks and improvement targets for individual quality measures that are grouped into three domains. An additional bonus element is also included for PY2024-2025 based on an assessment of Electronic Quality Measurements/Electronic Clinical Data System readiness and/or performance, as specified by EOHHS. EOHHS will weight and sum the Contractor's performance across all domains and then apply results of the bonus element to calculate one overall ACO Quality Score per performance year. For any measure where the Contractor does not meet minimum denominator requirements, as determined by EOHHS, then the measure's weight will be equally distributed to other measures within the same domain.

For ACOs serving primarily pediatric members (e.g., $\geq$ 75% of the ACO's Enrollees are ages 0-17 years), EOHHS shall replace adult focused measures (i.e., measures applicable to 18+ populations only) with measure(s) applicable to pediatric populations only ("pediatric replacement measures") as further specified by EOHHS. Quality Performance on these pediatric replacement measures will be scored as described above.

A. List of Quality Measures for ACO Quality Score

Quality Measures include claims-based measures, clinical quality measures, and member experience surveys across the following three domains:

- Preventive and Pediatric Care
- Care Coordination / Care for Chronic & Acute Conditions
- Member Experience

See Exhibit 2 for the list of Quality Measures.

EXHIBIT 2 – ACO Quality Measures

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
Preventive and Pediatric Care	Developmental Screening in the First 3 Years of Life	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	Claims/ Hybrid	OHSU	1448	2025
	Immunizations for Adolescents	Percentage of members 13 years of age who received all recommended vaccines, including the HPV series	Hybrid	NCQA	1407	2024
	Childhood Immunization Status	Percentage of members 2 years of age who received all recommended vaccines by their second birthday	Hybrid	NCQA	0038	2024
	Prenatal and Postpartum Care	Percentage of deliveries in which the member received a prenatal care visit in the first trimester or within 42 days of enrollment	Hybrid	NCQA	N/A	2023

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
		Percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery				
	Topical Fluoride for Children, Dental or Oral Health Services	Percentage of children aged 1–20 years who received at least 2 topical fluoride applications as dental or oral health services within the reporting year	Claims	ADA DQA	3700	2024[1]
	Screening for Depression and Follow Up Plan	Percentage of members 12 to 64 years of age screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Hybrid	CMS	0418	2023

[1] EOHHS will calculate pay for performance metrics for ages 1 through 5 only. For ages 6 – 20, this subpopulation will be for monitoring purposes only.

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
Care Coordination/ Care for Acute and Chronic Conditions	Follow-Up After Emergency Department Visit for Mental Illness (7 days)	Percentage of emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 days	Claims	NCQA	3489	2023
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	Percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence, who has a follow up visit for AOD	Claims	NCQA	3488	2023
	Follow-Up After Hospitalization for Mental Illness (7 days)	Percentage of discharges for members 6 to 64 years of age, hospitalized for mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge	Claims	NCQA	0576	2023

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
	Controlling High Blood Pressure	Percentage of members 18 to 64 years of age with hypertension and whose blood pressure was adequately controlled	Hybrid	NCQA	0018	2024
	Glycemic Status Assessment for Patients with Diabetes (Glycemic Status >9%)	Percentage of members 18 to 64 years of age with diabetes whose most recent HbA1c level demonstrated poor control (> 9.0%)	Hybrid	NCQA	0059	2024
	Asthma Medication Ratio	Percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater	Claims	NCQA	1800	2024
	Initiation and Engagement of Alcohol, or Other Drug Abuse or Dependence Treatment	Percentage of members 13 to 64 years of age who are diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who initiate treatment within 14 days of diagnosis and	Claims	NCQA	0004	2024

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
		who receive at ≥2 additional services within 34 days of the initiation visit				
Member Experience	Overall Care Delivery	Composites related to overall experience (e.g., Willingness to Recommend, Communications)	Survey	AHRQ	N/A	2023
	Person-Centered Coordination/Integration of Care	Composites related to coordination of care (e.g., referrals, services etc.) and knowledge of the patient	Survey	AHRQ	N/A	2023
N/A	Bonus Element: Electronic Clinical Quality Measure Readiness	Assessment and/or reporting of ACO readiness and/or performance in meeting electronic-based clinical quality measure results on Enrollees	Survey/Electronic Data	EOHHS	N/A	2024

EXHIBIT 2.A – ACO Quality Measures: Pediatric Replacement Measures

Domain	Measure Name	Description	Data Source	Measure Steward	NQF No.	P4P Transition Year

Care Coordination/Care for Acute and Chronic Conditions	Metabolic Monitoring for Children and Adolescents on Antipsychotics *Replacing: Controlling High Blood Pressure and* *Glycemic Status Assessment for Patients with Diabetes (Glycemic Status >9%)*	Percentage of members 1 to 17 years of age who had two or more antipsychotic prescriptions and received metabolic testing	Claims	NCQA	2800	2024

B. Measure Level Scoring Methodology (Achievement and Improvement Points)

1. Achievement Points

The Contractor may receive up to a maximum of ten (10) achievement points for each Quality Measure, as follows:

a. EOHHS will establish an "attainment threshold" and a "goal benchmark" for each Quality Measure

(i) "Attainment threshold" sets the minimum level of performance at which the contractor can earn achievement points

(ii) "Goal benchmark" is a high performance standard above which the Contractor earns the maximum number of achievement points (i.e., 10 points)

b. EOHHS will calculate the Contractor's performance score on the Quality Measure based on the measure specifications

c. EOHHS will award the Contractor between zero (0) and ten (10) achievement points as follows:

(i) If the Contractor's performance score is less than the attainment threshold: 0 achievement points

(ii) If the Contractor's performance score is greater than or equal to the goal benchmark: 10 achievement points

(iii) If the performance score is between the attainment threshold and goal benchmark: achievement points earned are determined by the formula:

(a) 10*((Performance Score – Attainment Threshold) / (Goal Benchmark – Attainment Threshold))

EXHIBIT 3 – Example Calculation of Achievement Points for Measure A

Measure A attainment threshold = 45% (e.g., corresponding to 25th percentile of HEDIS benchmarks) **Measure A goal benchmark** = 80% (e.g., corresponding to 90th percentile of HEDIS benchmarks)
Scenario 1:
• Measure A performance score = 25%
• Achievement points earned = 0 points
Scenario 2:
• Measure A performance score = 90%
• Achievement points earned = 10 points
Scenario 3:
• Measure A performance score = 60%
• Achievement points earned = 10*((60% - 45%) / (80% - 45%)) = 4.29 points

2. Improvement Points

In addition to receiving achievement points based on performance (on a 0 to 10 scale), the Contractor may earn improvement points for reaching established improvement targets for each Quality Measure. Improvement points will be calculated as follows:

a. The Contractor's performance score will be calculated on each Quality Measure based on the measure specifications. Each Quality Measure's specifications will describe the detailed methodology by which this performance score is calculated.

b. Beginning PY2, EOHHS will compare the Contractor's performance score on each Quality Measure to the Contractor's performance score on that same Quality Measure from the highest scoring previous Performance Year.

c. EOHHS will calculate an Improvement Target for each applicable Quality Measure using the following formula (unless otherwise communicated by EOHHS). The Improvement Target is based on at least a 20% improvement each year in the gap between Goal Benchmark and the Attainment Threshold of each ACO measure.

(i) Improvement Target formula = [(Goal Benchmark –Attainment Threshold) /5]

For example, for Measure A, if the Attainment Threshold is 50% and the Goal Benchmark is 60%, the Improvement Target is 2% [(60 – 50)/5)]

(ii) For the purposes of calculating the Improvement Target, the result is rounded to the nearest tenth (i.e., one decimal point).

For example, for Measure B, if the Attainment Threshold is 80% and the Goal Benchmark is 90.2%, the Improvement Target is calculated to 2.04% [(90.2 – 80)/5)] which rounds to 2.0%.

(iii) The Contractor may earn up to five (5) improvement points for increases in measure score which meet or exceed the improvement target.

For example, for Measure B, the Improvement Target is 2.0%. If Contractor performance in PY4 is 54.0% and if Contractor performance in PY5 is 60.0%, the Contractor improvement from PY4 to PY5 is 6.0% [(60.0-54.0)] and the Contractor is awarded 5 improvement points. No points above 5 are awarded for increases in excess of the improvement target.

(iv) For the purposes of calculating the difference in Contractor quality performance over a previous year, the results are rounded to the nearest tenth (i.e., one decimal point). Rounding takes place after the calculation.

For example, for Measure B, if Contractor performance in PY4 is 54.54% and if Contractor performance in PY5 is 60.17%, the Contractor improvement from PY4 to PY5 is 5.63% [(60.17-54.54)], and the Contractor improvement will be rounded to the nearest tenth (i.e., one decimal point) to 5.6%.

(v) The Improvement Target is based on the higher of the original baseline or any year's performance prior to the current PY. This is intended to avoid rewarding regression in performance.

For example, for Measure B, assume Contractor performance in PY1 is 90.0% and the Improvement Target is 2.0%. If in PY4 the performance for the Contractor decreases to 89.0%, in PY5 the Contractor would need to reach 92.0% to reach the Improvement Target.

(vi) There are several special circumstances:

(a) *At or Above Goal*: If the Contractor has prior PY performance scores equal to or greater than the Goal Benchmark then the Contractor may still earn up to five (5) improvement points in each PY if improvement from the highest prior PY is greater than or equal to the Improvement Target.

(b) *At or Below Attainment*: If the Contractor has prior PY performance scores less than the Attainment Threshold then the Contractor may still earn up to five (5) improvement points each PY if improvement from the highest prior PY is greater than or equal to the Improvement Target, and performance in the current PY does not equal or exceed the Attainment Threshold. Additionally, if the Contractor has prior PY performance scores less than the Attainment Threshold and current PY performance scores are equal to or above the Attainment Threshold then the Contractor may still earn up to five (5) improvement points if the improvement is greater than or equal to the Improvement Target.

EXHIBIT 4 – Example Calculation of Improvement Points for Measure B
Measure B Attainment = 48.9% | Goal = 59.4% | Improvement Target = 2.1%

	PY4 Score	PY5 Score	Improvement	Improvement Target Met	Improvement Points Earned
Scenario 1:	50.0%	52.1%	2.1%	Yes	5
Scenario 2:	50.0%	56.7%	6.7%	Yes	5
Scenario 3:	59.5%	63.0%	3.5%	Yes; above Goal Benchmark	5
Scenario 4	45.0%	48.0%	3.0%	Yes; below Attainment Threshold	5

Scenario 5:	46.0%	49.0%	3.0 %	Yes; crossing Attainment	5
Scenario 6:	45.0%	46.0%	1.0%	No	0

C. Domain Level Scoring Methodology

EOHHS will sum the Contractor's achievement and improvement points for all Quality Measures within each Quality Domain. Improvement points earned in one Quality Domain may only be summed with achievement points from the same Quality Domain. The total number of points earned by the Contractor in each domain cannot exceed the maximum number of achievement points available in the domain. The maximum number of achievement points in the domain is calculated by multiplying the number of Pay-for-Performance (P4P) measures in the domain, in the given PY, by the number of available achievement points per measure.

For example, if in PY4, there are ten (10) clinical quality measures in Domain X in Pay-for-Performance, and each measure is worth ten (10) achievement points, the maximum number of achievement points in Domain X would be 100. Assume that in PY5 there are now twelve (12) clinical quality measures in Domain X in Pay-for-Performance, and that each measure is worth ten (10) achievement points, the maximum number of achievement points in Domain X would be 120.

Cumulative Example:
Total number of measures in domain: 2
Maximum number of achievement points in the domain = 20
Measure Attainment = 48.9% | Goal = 59.4%
Improvement Target = [(Goal Benchmark –Attainment Level) /5] = [59.4-48.9]/5 = 2.1

For example, for Measure A, if Contractor performance in PY4 is 54.54% and if Contractor performance in PY5 is 58.17% the Contractor will earn 8.8 Achievement Points [10 * (58.17 – 48.9)/(59.4 – 48.9)]. The Contractor has improved from PY4 to PY5 by 3.63% [(58.17 - 54.54)] which will be rounded to the nearest tenth (e.g., one decimal point) to 3.6% which exceeds the Improvement Target of 2.1%. Thus, the Contractor will earn five (5) improvement points. No points above 5 are awarded for increases in excess of the improvement target.

In this scenario the Contractor would earn 13.8 points.

If there is only one (1) additional measure in the Domain and the Contractor earned 9 total points for this measure; the total score for the Contractor would be 20.0 (out of 20) given that domain scores are capped at the maximum number of achievement points (20) in the domain.

Once the total number of points has been calculated, EOHHS will divide the resulting sum by the maximum number of achievement points that the Contractor is eligible for in the domain to produce the Contractor's Domain Score. Domain Scores are a value between zero (0) and one (1) expressed as a percentage (i.e., 0% to 100%). EOHHS will score the Contractor on each P4P Quality Measure unless the Contractor does not meet eligibility requirements for a specific measure (e.g., it does not meet the minimum denominator requirement). In cases like this, the measure is not factored into the denominator. Reporting measures do not factor into the Domain Score.

Additionally, improvement points do not count towards the denominator; they are therefore "bonus" points. Domain Scores are each capped at a maximum value of 100%.

EXHIBIT 5 – Example Calculation of an Unweighted Domain Score

Example Calculations of Unweighted Domain Score		
Example 1	Domain only has two Quality Measures (Measure A and Measure B)	
	Therefore, maximum number of achievement points is 2x10 = 20 points	
	Measure A:	Achievement points: 1.5
		Improvement Points: 0
	Measure B:	Achievement points: 0
		Improvement Points: 5
	Total achievement points: 1.5 + 0 = 1.5 points	
	Total improvement points: 0 + 5 = 5 points	
	Sum of achievement and improvement points: 1.5 + 5 = 6.5 points	
	Unweighted domain score = 6.5/20 * 100 = 32.5%	
Example 2	Domain only has two Quality Measures (Measure A and Measure B)	
	Therefore, maximum number of achievement points is 2x10 = 20 points	
	Measure A:	Achievement points: 8
		Improvement Points: 5
	Measure B:	Achievement points: 9.3
		Improvement Points: 0
	Total achievement points: 8 + 9.3 = 17.3	
	Total improvement points: 5 points	
	Sum of achievement and improvement points: 17.3 + 5 = 22.3 points	
	However, total number of points cannot exceed maximum number of achievement points (20)	
	Therefore, total domain points = 20	
	Unweighted domain score = 20/20 * 100 = 100%	

An assessment of electronic-based quality measure readiness and/or performance (e.g., Electronic Clinical Quality Measures (eCQM), and Electronic Clinical Data Systems (ECDS)) shall be integrated into the overall ACO Quality Score as a bonus element for PY2024-2025. The assessment shall be scored on an all-or-nothing basis, with possible scores equaling zero or 100%. Any ACO achieving 100% on the bonus will earn a total of 5.0 points added to the sum of the weighted domain score, resulting in an overall quality score. Note: the sum of weighted domains and the 5.0 point bonus may not exceed the overall quality score maximum of 100%.

EXHIBIT 6 – Example Calculation of Weighted Domain Scores and Bonus

Example Calculations of Weighted Domain Scores and Bonus				
	Domain	**Weight**	**Score**	**Weighted Domain Score**
Example	Preventative and	45%	75.0	33.75

	Pediatric Care			
	Care Coordination / Care for Chronic & Acute Conditions	40%	70.0	28.00
	Member Experience	15%	72.0	10.8
	Total	100%	N/A	72.55
	Bonus	N/A	5.0 points	N/A
	Total of weighted domains = 72.55			
	Total bonus: 5.0 points			
	Sum of weighted domains and bonus points: 72.55 + 5.0 = 77.55 points			
	Overall Quality Score = 77.55%			

Section 1.3 Scoring Methodology for ACO Quality & Equity Incentive Program (QEIP) Health Equity Score

A. Performance Year 1 (CY2023) requirements for the ACO QEIP can be found in Attachment 1 to this Appendix.

B. Performance Years 2-5 (CY2024-2027) requirements for the ACO QEIP are forthcoming and will be provided in Attachment 2 to this Appendix.

Section 1.4 Scoring Methodology for Community Partners Quality Score

EOHHS shall calculate a Community Partner Quality Score for each of the Contractor's subcontracted CPs. Community Partner Quality Scores are based on the performance of each subcontracted CP's MassHealth enrollment, as determined by EOHHS, across a set of benchmarks or improvement targets for individual measures within the BH CP or LTSS CP measure slate as applicable as set forth in Exhibits 7 and 8 below. EOHHS will weight each CP's CP Quality Score by the volume of that CP's enrollment within the ACO relative to the volume of all other CP subcontractors within the same ACO. As further specified by EOHHS, EOHHS shall use the weighted CP Quality Score to determine the Contractor's payment to each CP based on the CP's quality performance. In addition to the above methodology, EOHHS may establish additional quality incentives designed to reward the Contractor's higher performing subcontracted CPs.

A. Quality Measures for CP Quality Score

EXHIBIT 7 – BH CP Quality Measures

Measure Name	Description	Data Source	Measure Steward	NQF No.
Follow-up with BH CP after acute or post-acute stay (x days)	Percentage of discharges from acute or post-acute stays for enrollees 18 to 64 years of age that were succeeded by a follow-up with a BH CP	Claims	EOHHS	NA

Measure Name	Description	Data Source	Measure Steward	NQF No.
	within x business days of discharge			
Follow-up with BH CP after ED visit (x days)	Percentage of ED visits for enrollees 18 to 64 years of age that had a follow-up visit within x days of the ED visit	Claims	EOHHS	NA
Annual Primary Care Visit	Percentage of enrollees 3 to 64 years of age who had at least one comprehensive well-care visit during the measurement year	Claims	EOHHS	NA
Initiation/Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment	Percentage of members 13 to 64 years of age who are diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who initiate treatment within 14 days of diagnosis and who receive at ≥2 additional services within 34 days of the initiation visit	Claims	NCQA	0004
Follow-Up After Hospitalization for Mental Illness (7 days)	Percentage of discharges for enrollees 18 to 64 years of age, hospitalized for treatment of mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge	Claims	NCQA	0576
Diabetes Screening for Individuals With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	Percentage of enrollees with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication, and had diabetes screening test	Claims	NCQA	1932

Measure Name	Description	Data Source	Measure Steward	NQF No.
	during the measurement year			
Antidepressant Medication Management	Percentage of members (18-64) treated with antidepressant and had diagnosis of major depression who remained on antidepressant medication treatment	Claims	NCQA	0105
Treatment Plan Completion	TBD	Claims	EOHHS	NA
Member Experience	TBD	Survey	EOHHS	NA

EXHIBIT 8 – LTSS CP Quality Measures

Measure Name	Description	Data Source	Measure Steward	NQF No.
Follow-up with LTSS CP after acute or post-acute stay (x days)	Percentage of discharges from acute or post-acute stays for enrollees 3 to 64 years of age that were succeeded by a follow-up with a LTSS CP within x business days of discharge	Claims	EOHHS	NA
Annual Primary Care Visit	Percentage of enrollees 3 to 64 years of age who had at least one comprehensive well-care visit during the measurement year	Claims	EOHHS	NA
Care Plan Completion	TBD	Claims	EOHHS	NA
Oral Health Evaluation	Percentage of enrollees 3 to 20 years of age who received a comprehensive or periodic oral evaluation within the measurement year	Claims	ADA	NA
All-Cause ED Visits	The rate of ED visits for enrollees 3 to 64 years of age	Admin	EOHHS	NA

Measure Name	Description	Data Source	Measure Steward	NQF No.
Member Experience	TBD	Survey	EOHHS	NA

Section 1.5 Methodology for Establishing Performance Benchmarks for Quality Measures

EOHHS will establish the attainment threshold, goal benchmark, improvement target (and/or any other applicable performance indicator) for each Quality Measure applicable to ACO Quality, ACO Health Equity, and CP Quality scoring methodologies. EOHHS anticipates establishing these performance indicators as follows:

- For Quality Measures based on NCQA HEDIS measures, EOHHS anticipates using NCQA Quality Compass percentiles, as well as MassHealth historical ACO and Community Partners' performance
- For non-HEDIS Quality Measures, EOHHS anticipates using MassHealth historical ACO and Community Partners' performance
- For other Quality Measures where EOHHS does not have access to applicable data, EOHHS anticipates using MassHealth benchmarks based on ACO/CP-attributed populations

Section 1.6 Quality Performance Financial Application

The Contractor's ACO Quality Score and ACO Health Equity Score will be applied to performance incentive payment as described in **Sections 2.10.C and 2.12.E.** Community Partner Quality Scores will be applied to incentive payments to CP subcontractors as described in **Section 2.4.E.**

ATTACHMENT 1

MassHealth "ACO Quality and Equity Incentive Program" Performance Year 1 Implementation Plan

Table of Contents

SECTION 1. BACKGROUND AND OVERVIEW OF THE ACCOUNTABLE CARE ORGANIZATION QUALITY AND EQUITY INCENTIVE PROGRAM

A. Overview

Massachusetts shifted the delivery system at scale to value-based care under the previous MassHealth section 1115 demonstration approval period, transitioning over 80 percent of eligible Medicaid members into accountable care organizations (ACOs) that are at risk to deliver better health outcomes, lower cost, and improved member experience through integrated, coordinated care.

A key goal of the Commonwealth's in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs (HRSN) and health disparities demonstrated by variation in quality performance. To support achievement of this goal, Massachusetts is centering equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

To that end, MassHealth will implement aligned quality and equity initiatives across delivery system settings including but not limited to MassHealth's Managed Care Organizations (MCOs), Accountable Care Partnership Plans (ACPPs) and Primary Care ACOs (together "ACOs"), managed behavioral health vendor, and acute hospitals.

Together, this constellation of coordinated quality and equity initiatives will support Massachusetts in achieving its demonstration goal to improve quality of care and advance health equity.

B. Scope of this Implementation Plan

This Performance Year 1 Implementation Plan provides additional detail related to implementation of MassHealth's AQEIP for the first PY from April 1, 2023-December 31, 2023, of the Contract (April 1, 2023 – December 31, 2027.) Information pertaining to PYs 2-5, representing Calendar Years 2024-2027, will be forthcoming.

SECTION 2. ACCOUNTABLE CARE ORGANIZATION QUALITY AND EQUITY INCENTIVE PROGRAM (AQEIP) DOMAINS AND GOALS

A. Overview of Targeted Domains for Improvement in the AQEIP

For the AQEIP, the Contractor is incentivized to pursue performance improvements in the domains specified in Table 1.

Table 1. Overview of Targeted Domains for Improvement for the AQEIP

Domain 1: Demographic and Health-Related Social Needs Data	The Contractor will be assessed on the completeness of beneficiary-reported demographic and health-related social needs data submitted in accordance with the commonwealth's data requirements. Demographic and health-related social needs data will include at least the following categories: race, ethnicity, primary language, disability status, sexual orientation, gender identity, and health-related social needs. Data completeness will be assessed separately for each data element.
Domain 2: Equitable Quality and Access	The Contractor will be assessed on performance and demonstrated improvements on access and quality metrics, including associated reductions in disparities. Metrics will focus on overall access; access for individuals with disabilities and/or limited English proficiency; preventive, perinatal, and pediatric care services; care for chronic diseases and behavioral health; and care coordination.
Domain 3: Capacity and Collaboration	The Contractor will be assessed on improvements in metrics such as provider and workforce capacity and collaboration within health system providers (e.g. clinical partners) to improve quality and reduce health care disparities.

B. Goals for each Domain of the AQEIP

Goals for each AQEIP domain are summarized below:

1. Demographic and Health-Related Social Needs Data Collection Domain Goals

    a. The Contractor is incentivized to achieve certain milestones to meet an interim goal of 80 percent data completeness for self-reported race and ethnicity data for attributed MassHealth members by the end of Performance Year 3 (CY 2025).

    b. The Contractor is incentivized to achieve certain milestones to achieve at least 80 percent data completeness for beneficiary-reported other demographic data (including at least primary language, disability status, sexual orientation, and gender identity) for attributed MassHealth members by the end of Performance Year 5 (CY 2027).

    c. The Contractor is incentivized to meaningfully improve rates of HRSN screenings from the baseline period (CY 2024 and/or CY 2025) by the end of Performance

Year 5 (CY 2027). To meet this goal, the Contractor must not only conduct screenings of beneficiaries, but also establish the capacity to track and report on screenings and referrals.

2. Equitable Quality and Access Domain Goals

   a. The Contractor is incentivized for performance on metrics such as those related to access to care (including for individuals with limited English proficiency and/or disability); preventive, perinatal, and pediatric care; care for chronic diseases; behavioral health; care coordination; and/or patient experience.

   b. For up to the first three Performance Years (PY 2023 through PY 2025), the Contractor's performance will be based on:

      (i) Reporting on access and quality metric performance, including reports stratified by demographic factors (such as race, ethnicity, language, disability, sexual orientation, and gender identity); health related social needs; and/or defined by other individual- or community-level markers or indices of social risk;

      (ii) Developing and implementing interventions aimed at improving quality and reducing observed disparities on metrics that account for clinical and social risk factors.

   c. For at least the last two Performance Years (PY2026 and PY2027), the Contractor's performance will be based on improving quality and/or closing disparities as measured through performance on a subset of access and quality metrics.

3. Capacity and Collaboration Domain Goals

   The Contractor is incentivized to improve service capacity, workforce development, and health system collaboration to improve quality and reduce disparities. The metrics that assess improvement in this domain may relate to provider cultural competence and achievement of externally validated equity standards.

SECTION 3. AQEIP PERFORMANCE YEAR 1 METRICS

To establish a robust foundation for quality and equity improvement and to begin making progress towards five-year health equity goals, the first performance year of the AQEIP holds the Contractor accountable to metrics listed in Table 2 evaluating contributory health system level interventions in each performance domain.

Table 2. AQEIP Performance Year 1 Metrics

Subdomain	Metric (*Steward)*	Performance Year 1 status*
Domain 1. Demographic and Health-Related Social Needs Data		
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (*EOHHS)*	Pay for Reporting (P4R)
Health-Related Social Needs Screening	Screening for Social Drivers of Health (*CMS*): Preparing for Reporting Beginning in PY2	P4R
Domain 2. Equitable Access and Quality		
Equity Reporting	Stratified Reporting of Quality Data (*EOHHS*)	P4R
Equity Improvement	Performance Improvement Projects (*EOHHS*)	P4R
Access	Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (*Oregon Health Authority*)	P4R
	Disability Competencies (*EOHHS*)	P4R
	Accommodation Needs Met *(EOHHS)*	P4R
Domain 3. Capacity and Collaboration		
Capacity	Achievement of External Standards for Health Equity (EOHHS)	P4R
	Patient Experience: Cultural Competency (*AHRQ)*	P4P

*Reporting/performance requirements for each measure described in relevant metric technical specifications

Recognizing that taking on accountability for equity is new for most ACOs, interim and annual goals for Performance Year 1 are designed to promote essential foundational capacity and readiness to assume progressive risk for health quality and equity performance in Performance Year 2-5. Summarized performance expectations are described in Table 3; detailed performance expectations are described in metric technical specifications.

Table 3. Summary of AQEIP Metric Performance Requirements Performance Year 1

Metric	Performance Expectations for Performance Year 1	Anticipated Deadline
Domain 1. Demographic and Health-Related Social Needs Data		
Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (EOHHS)	• **Race, Ethnicity, Language, Disability status (RELD) Sexual Orientation, Gender Identity (SOGI) Assessment** – Timely and complete submission to EOHHS of an initial assessment of 1) beneficiary-reported demographic data adequacy and completeness, and 2) a plan for collecting demographic data including data sources and collection questions. • Complete and timely submission to the MassHealth Data Warehouse (DW) of monthly Member Files as specified (beginning no later than Q4 2023). The DW will reject monthly Member File submissions that are non-compliant with the specified format (e.g. previously compliant formats) after Q4 2023. • Data collected by ACPPs will be submitted via the existing encounter submission process, using the enhanced Member File Specification. Data collected by PCACOs will be submitted via a process as further specified by EOHHS.	July 31, 2023 Beginning no later than Q4 2023
Screening for Social Drivers of Health (CMS): Preparing for Reporting Beginning in PY2	• **Health-Related Social Needs (HRSN) Assessment** – Timely and complete submission to EOHHS of an initial assessment of 1) beneficiary-reported HRSN data adequacy and completeness, and 2) strategies employed to provide information about referrals including to community resources and support services. • Complete and timely submission of a report to EOHHS describing: 1) One or more health-related social needs screening tool(s) selected by the Contractor for intended use in screening members beginning in PY2; the selected tool(s) must meet requirements for screening tools for	July 31, 2023 October 27, 2023

	the "Screening for Social Drivers of Health" metric and Section 2.5 of the ACPP and MCO Contracts and Section 2.3 of the PCACO Contract; and 2) An implementation plan to begin screening for health-related social needs in Q1 2024 in order to have capacity to report on the "Screening for Social Drivers of Health" metric beginning in Performance Year 2. 3) Develop strategies employed to provide information about community resources and support services available to members who screen positive for HRSNs. 4) An implementation plan describing how the Contractor will ensure members enrolled in the Community Partners (CP) program are screened for HRSNs, including how contracted CPs will document screenings, how the CPs will notify the Contractor when the screening is conducted, and how the CP will communicate results of the screening with the Contractor.	
Domain 2. Equitable Access and Quality		
Stratified Reporting of Quality Data (EOHHS)	Complete and timely submission to EOHHS of performance data, including member-level race and ethnicity for clinical measures selected by EOHHS for stratification from the Quality Incentive Arrangement measure slate.	No sooner than April 1, 2024
Performance Improvement Projects (EOHHS)	Complete and timely submission to EOHHS of quarterly deliverables for at least one Hospital-partnered Performance Improvement Project as follows: • Early Q3: ACO Key Personnel/Institutional Resources Document • Early Q3: Equity Improvement Intervention Partnership Form • Q3: Hospital Key Contact Form and the Mid-Year Planning Report • Q4: Equity Improvement Intervention Planning Report, a comprehensive plan that incorporates information about	Early Q3: July 21, 2023 Q3: September 30, 2023 Q4: December 31, 2023

	Performance Improvement Project (PIP) goals and objectives, baseline data, proposed interventions, and tracking measures. The PIP Planning/Baseline Report will serve as the blueprint for PIP Implementation in PY2.	
Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (*Oregon Health Authority*)	Complete and timely reporting of an organizational self-assessment of capacity related to providing access to high quality language services to members.	December 31, 2023
Disability Competencies (EOHHS)	• Complete and timely submission to EOHHS of the Contractor's Disability-Competent Care (DCC) Team's completed RIC **Disability-Competent Care Self-Assessment Tool (DCCAT)** report • **Disability Competency Self-Assessment** – Timely and complete submission to EOHHS of a report on the results of the disability competencies self-assessment, including identified disability competencies targeted for improvement in PY 2.	December 1, 2023
Accommodation Needs Met (EOHHS)	Complete and timely submission to EOHHS of a report describing the Contractor's current practice and future plans for the following: • Screening members for accommodation needs* before or during an outpatient encounter, and how the results of this screening is documented. • Other methods, if any, for documenting accommodation needs. • Asking members to report, during or after an outpatient encounter, if their accommodation needs were met. • Analyses that are performed at the organizational level to understand whether accommodation needs have been met.	December 1, 2023

Domain 3. Capacity and Collaboration		
Achievement of External Standards for Health Equity (EOHHS)	Complete and timely submission to EOHHS of the NCQA Health Equity Accreditation Report.	December 31, 2023
Patient Experience: Cultural Competency (AHRQ)	Performance on a subset of items from CAHPS survey reflective of cultural competency during MY23 as selected by EOHHS.	N/A

SECTION 4. AQEIP PAYMENT FOR PERFORMANCE YEAR 1

EOHHS will pay the Contractor based on the Contractor's health equity score in accordance with **Section 4.6** of the ACPP Contract and **Section 4.2** of the PCACO Contract. EOHHS will make a one-time payment to the Contractor after the health equity score has been finalized.

SECTION 5. AQEIP ACCOUNTABILITY FRAMEWORK FOR PERFORMANCE YEAR 1

EOHHS will hold the Contractor accountable for its performance on the AQEIP performance measures. Total incentive amounts for Performance Year 1 will be distributed according to the weighting described in Table 4. Performance expectations for each metric are summarized in Table 3 above and detailed further in technical specifications.

The Performance Year 1 Health Equity Score will be determined by EOHHS's assessment of completeness and timely submission of deliverables associated with each performance measure. The total Health Equity Score will be calculated according to the weights outlined in Table 4 below, with performance on each metric measured by the degree to which the Contractor met performance requirements summarized in Table 3, as determined by EOHHS.

Table 4. Performance Year 1 AQEIP Metric Weights

Subdomain	ACO Quality and Equity Incentive Program Metric (*Steward)*	Performance Year 1 Weight (%)
Domain 1. Demographic and Health-Related Social Needs Data		**25**
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (*EOHHS)*	15
Health-Related Social Needs Screening	Screening for Social Drivers of Health (*CMS*)	10
Domain 2. Equitable Access and Quality		**50**
Equity Reporting	Stratified Reporting of Quality Data (*EOHHS*)	10

Equity Improvement	Equity Improvement Interventions (*EOHHS*)	10
Access	Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (*Oregon Health Authority*)	10
	Disability Competencies (*EOHHS*)	10
	Accommodation Needs Met (EOHHS)	10
Domain 3. Capacity and Collaboration		**25**
Capacity	Achievement of External Standards for Health Equity (EOHHS)	10
	Patient Experience: Cultural Competency (*AHRQ)*	15

ATTACHMENT 2
PERFORMANCE YEARS 2024-2027
IMPLEMENTATION PLAN FOR MASSHEALTH ACCOUNTABLE CARE ORGANIZATION QUALITY AND EQUITY INCENTIVE PROGRAM

Table of Contents

SECTION 1. BACKGROUND AND OVERVIEW OF THE ACCOUNTABLE CARE ORGANIZATION QUALITY AND EQUITY INCENTIVE PROGRAM

A. Overview of Statewide Approach to Advance Healthcare Quality and Equity

Massachusetts shifted the delivery system at scale to value-based care under the previous MassHealth section 1115 demonstration approval period, transitioning over 80 percent of eligible Medicaid members into accountable care organizations (ACOs) that are at risk to deliver better health outcomes, lower cost, and improved member experience through integrated, coordinated care.

A key goal of the Commonwealth's in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs (HRSN) and health disparities demonstrated by variation in quality performance. To support achievement of this goal, Massachusetts is centering equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

To that end, MassHealth will implement aligned quality and equity initiatives across delivery system settings including but not limited to MassHealth's Managed Care Organizations (MCOs), Accountable Care Partnership Plans (ACPPs) and Primary Care ACOs (together "ACOs"), managed behavioral health vendor, and acute hospitals.

Together, this constellation of coordinated quality and equity initiatives will support Massachusetts in achieving its demonstration goal to improve quality of care and advance health equity.

B. Scope of this PY2-5 Implementation Plan for the ACO Quality and Equity Incentive Program

This ACO Quality and Equity Incentive Program (AQEIP) Implementation Plan provides additional detail related to implementation of MassHealth's AQEIP for Performance Years (PYs) 2-5 from January 1, 2024 – December 31, 2027, of the Contract (April 1, 2023 – December 31, 2027.) Additional detail may be forthcoming for future program years.

SECTION 2. ACO QUALITY AND EQUITY INCENTIVE PROGRAM (AQEIP) DOMAINS AND GOALS

A. Overview of Targeted Domains for Improvement in the AQEIP

For the AQEIP, the Contractor is incentivized to pursue performance improvements in the domains specified in Table 1.

Table 1. Overview of Targeted Domains for Improvement for the AQEIP

Domain 1: Demographic and Health-Related Social Needs Data	The Contractor will be assessed on the completeness of beneficiary-reported demographic and health-related social needs data submitted in accordance with the Commonwealth's data requirements. Demographic and health-related social needs data will include at least the following categories: race, ethnicity, language, disability status, sexual orientation, gender identity, and health-related social needs. Data completeness will be assessed separately for each data element.
Domain 2: Equitable Quality and Access	The Contractor will be assessed on performance and demonstrated improvements on access and quality metrics, including associated reductions in disparities. Metrics will focus on overall access; access for individuals with disabilities and/or a preferred language other than English; preventive, perinatal, and pediatric care services; care for chronic diseases and behavioral health; and care coordination.
Domain 3: Capacity and Collaboration	The Contractor will be assessed on improvements in metrics such as provider and workforce capacity and collaboration within health system providers (e.g. clinical partners) to improve quality and reduce health care disparities.

B. Goals for each Domain of the AQEIP

Goals for each AQEIP domain are summarized below:

1. Demographic and Health-Related Social Needs Data Collection Domain Goals

    a. The Contractor shall submit to MassHealth an assessment of beneficiary-reported demographic and HRSN data adequacy and completeness for purposes of the AQEIP by July 1, 2023.

    b. The Contractor is incentivized to achieve certain milestones to meet an interim goal of 80 percent data completeness for self-reported race and ethnicity data for attributed MassHealth members by the end of Performance Year 3 (CY 2025).

    c. The Contractor is incentivized to achieve certain milestones to achieve at least 80 percent data completeness for beneficiary-reported other demographic data (including at least language, disability status, sexual orientation, and gender identity) for attributed MassHealth members by the end of Performance Year 5 (CY 2027).

d. The Contractor is incentivized to meaningfully improve rates of HRSN screenings from the baseline period by the end of Performance Year 5 (CY 2027). To meet this goal, the Contractor must not only conduct screenings of beneficiaries, but also establish the capacity to track and report on screenings and referrals.

2. Equitable Quality and Access Domain Goals

a. The Contractor is incentivized for performance on metrics such as those related to access to care (including for individuals with a preferred language other than English and/or disability); preventive, perinatal, and pediatric care; care for chronic diseases; behavioral health; care coordination; and/or patient experience.

b. Metric performance expectations shall include, at a minimum:

(i) Reporting on access and quality metric performance, including stratified by demographic factors (such as race, ethnicity, language, disability, sexual orientation, and gender identity); health-related social needs; and/or defined by other individual- or community-level markers or indices of social risk;

(ii) Developing and implementing interventions aimed at improving quality and reducing observed disparities on metrics that account for clinical and social risk factors found through analysis to be associated with lower performance on such metrics and/or other appropriate individual/community-level markers or indices of social vulnerability;

(iii) Improving quality and/or closing disparities as measured through performance on a subset of access and quality metrics.

c. For up to the first three PYs, performance will be based on expectations described in 2(b)(i) and 2(b)(ii), above. For at least the last two PYs, performance will also be based on expectations described in 2(b)(iii), above.

3. Capacity and Collaboration Domain Goals

a. The Contractor is incentivized to improve service capacity, workforce development, and health system collaboration to improve quality and reduce disparities. The metrics that assess improvement in this domain may relate to provider cultural competence and achievement of externally validated equity standards.

SECTION 3. AQEIP PERFORMANCE YEAR 2-5 METRICS

Performance years 2-5 of the AQEIP will hold the Contractor accountable to metrics evaluating performance in each AQEIP domain. These metrics were developed with input from health systems and providers through requests for information and comment, public meetings, and ongoing stakeholder engagement. Technical specifications for the AQEIP PY2-5 metrics, which may be updated annually or more frequently as necessary. A summary of the AQEIP metrics and anticipated payment status in PY2-5 are provided in Table 2.

Table 2. AQEIP PY 2-5 Metrics

Subdomain	**Metric (*Steward)***	**Anticipated payment status***			
		2024	**2025**	**2026**	**2027**
Domain 1. Demographic and Health-Related Social Needs Data					
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (*EOHHS)*	P4R	P4P	P4P	P4P
Health-Related Social Needs Screening	Health-Related Social Needs Screening (EOHHS)	P4R	P4P	P4P	P4P
Domain 2. Equitable Access and Quality					
Equity Reporting	Quality Performance Disparities Reduction (*EOHHS*)	P4R	P4R	P4P	P4P
Equity Improvement	Equity Improvement Interventions (*EOHHS*)	P4P	P4P	P4P	P4P
Access	Meaningful Access to Healthcare Services for Persons with a Preferred Language other than English (*EOHHS*)	P4R	P4P	P4P	P4P
	Disability Competent Care (*EOHHS*)	P4P	P4P	P4P	P4P
	Disability Accommodation Needs Screening *(EOHHS)*	P4R	P4P	P4P	P4P
Domain 3. Capacity and Collaboration					
Capacity	Achievement of External Standards for Health Equity (EOHHS)	P4R	P4P	P4R	P4R
	Member Experience: Communication, Courtesy, and Respect (EOHHS/*AHRQ)*	P4R	P4P	P4P	P4P

*P4R= Pay for Reporting, P4P= Pay for Performance. Specific performance trajectories are subject to change. Reporting/performance requirements for each measure described in forthcoming metric technical specifications.

The anticipated reporting expectations for PY2 are summarized in Table 3; detailed reporting and performance expectations for PY2 are included in metric technical specifications. Each report outlined in Table 3 shall be submitted by the Contractor in a form, format, and frequency to be further specified by EOHHS. Additional and/or revised reporting expectations for PY3-5 will be provided prior to the start of each performance year.

Table 3. Reporting Expectations for PY2

Measure Name	**Reporting Expectations for PY2 (to be further specified by EOHHS)**
Domain 1: Demographic & HRSN Data	
RELDSOGI Data Completeness	1. Submission of "Member Data and Member Enrollment" file 2. Submission of RELDSOGI Mapping Report inclusive of a plan to develop capacity to capture date stamps by PY5
Health-Related Social Needs Screening	1. Submission of administrative and/or supplemental HRSN data
Domain 2: Equitable Access & Quality	
Quality Performance Disparities Reduction	1. Submission of quality data stratified by race and ethnicity
Equity Improvement Interventions	1. Submission of PIP 2 Mid-Year Planning Report 2. Submission of PIP 1 and PIP 2 implementation reports
Meaningful Access to Healthcare Services for Persons with a Preferred Language other than English	1. Submission of Language Access Self-Assessment Survey 2. Submission of Provision of Interpreter Services Data
Disability Competent Care	1. Submission of Disability Competency Training Plan 2. Submission of Disability Competency Training Report
Disability Accommodation Needs Screening	1. Submission of Disability Accommodation Needs Assessment Report
Domain 3: Capacity & Collaboration	
Achievement of External Standards for Health Equity	1. Submission of External Standards for Health Equity Report
Member Experience: Communication, Courtesy, and Respect	1. Submission of Member Experience Assessment Report

Section 4. AQEIP Payment for Performance Years 2-5

MassHealth will pay each Contractor based on the Contractor's health equity score in accordance with **Section 4.6** of the ACPP Contract and **Section 4.2** of the PCACO Contract. EOHHS will make a one-time payment to the Contractor after the health equity score has been finalized.

Section 5. AQEIP Accountability Framework for Performance Year 2-5

A. ACO Accountability to MassHealth for the AQEIP

MassHealth will hold the Contractor accountable for its performance on the AQEIP performance measures. MassHealth's anticipated framework for the AQEIP PAM, which may be adjusted annually as needed (for example to transition measures from pay-for-reporting to pay-for-performance, accommodate new contextual inputs, address extenuating circumstances impacting performance, etc.), is described below. Measure-specific PAM, including benchmarks, improvement targets and measure score calculation approach, will be described in each forthcoming measure specification.

1. **Benchmarking:** MassHealth will establish performance targets or benchmarks no later than the start of the first pay-for-performance period for the metric.

    a. Benchmarks for quantitative measures will include an attainment threshold and goal benchmark and will be set to apply to the full applicable performance period.

    b. Establishment of benchmarks will be informed by inputs such as initial AQEIP performance data, historical data/performance, external data/trends, and/or predetermined performance targets determined by MassHealth.

2. **Improvement Targets:** MassHealth will establish performance improvement targets for performance metrics, as applicable, no later than the start of the first pay-for-performance period for the metric.

    a. Specific improvement targets and the approach for each measure will be set to apply to the full applicable performance period.

    b. The approach and actual improvement target may differ by measure based on factors such as performance trends or type of measure; approaches may include year-over-year self-improvement, gap-to-goal percentage point increase, absolute percentage point increases, set milestones and/or goals for improvement.

3. **Performance Measure Score Calculation**: The performance measure scoring approach will be consistent, as applicable, with other MassHealth incentive programs or other incentive program practices. MassHealth will establish a methodology for performance measure scoring for each measure, to be specified in technical specifications, no later than the first day of the performance period to which the methodology applies.

a. **Pay-for reporting (P4R) measures.** P4R measures will be assessed on a pass/fail basis for which the Contractor will receive full points or credit for the metric if reporting is completed according to each measure's technical specifications.

b. **Pay-for-performance (P4P) measures.** The performance measure scoring and approach will be consistent, as applicable, with other MassHealth incentive programs or other incentive program practices, described below.

(i) Measure scoring will include the following components for each measure:

1. Attainment points ranging from 0-10 points

2. Improvement points ranging from 0-10 points

3. Potential bonus points (with a cap) to ensure all participating ACOs have incentive to improve, including high-performing ACOs

(ii) Performance measure scores for each measure will be defined as a ratio between 0-1. Scores will be calculated by the sum of the points earned for each measure divided by the maximum number of points allowable for the measure. The maximum number of points allowable for the measure is the sum of the attainment, improvement and potential bonus points with a determined cap. The score will be calculated as follows:

Performance Measure Score = Points earned for each measure / Maximum number of points allowable for the measure.

(iii) Some performance measures may have identified sub-measures for which sub-measure performance scores will be calculated in the same manner, but then typically equally weighted to calculate a composite performance measure score. For sub-measures the score is calculated as follows:

Performance Measure Score = Sum of each (Sub-measure Score X Sub-measure Weighting).

4. **Domain Score Calculation**: The domain scoring and approach will, as applicable, be consistent with other MassHealth incentive programs or other incentive program practices. Domain scoring includes the following components:

a. Using the predetermined weights specified in Table 3, a domain score will be calculated by taking each performance measure score in the domain and calculating the sum of each performance measure score multiplied by its respective performance measure weight:

Domain Score = Sum of each (Performance Measure Score Performance Measure Weight).*

b. If the Contractor is not eligible for a measure (e.g., does not meet the denominator criteria or minimum volume), the weighting will be redistributed equally to the eligible performance measures in the domain.

5. **Health Equity Score Calculation**: The overall Health Equity Scoring approach will, as applicable, be consistent with other MassHealth incentive programs or other incentive program practices. The overall Health Equity Score includes the following components. Using the predetermined weights specified in Table 3, a health equity score will be calculated by taking each domain score and calculating the sum of each domain score multiplied by its respective domain weight:

*Health Equity Score = Sum of each (Domain Score * Domain Weight).*

The final Health Equity Score will be used to calculate the Contractor's earned incentive payment.

Table 4. PY 2-5 AQEIP Metric Weights

Domain*	Measure Name	Anticipated Measure Weight (%) by Performance Year				Domain Weight (%)
		2024	2025	2026	2027	
DHRSN	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness	10	10	15	15	25
	Health-Related Social Needs (HRSN) Screening	15	15	10	10	
EAQ	Quality Performance Disparities Reduction	10	10	20	20	50
	Equity Improvement Interventions	10	10	5	5	
	Meaningful Access to Healthcare Services for Persons with a Preferred Language other than English	10	10	10	10	
	Disability Competent Care	10	10	5	5	
	Disability Accommodation Needs Screening	10	10	10	10	
CC	Achievement of External Standards for Health Equity	15	15	10	10	25
	Member Experience: Communication, Courtesy, and Respect	10	10	15	15	
TOTAL						**100**

*DHRSN=Demographic and Health-Related Social Needs Data; EAQ=Equitable Access and Quality; CC=Capacity and Collaboration

APPENDIX F
ACO REPORTING REQUIREMENTS

This Appendix summarizes certain reporting requirements described in the Contract. This summary does not supersede contract language, nor does it capture all possible report requests as part of the Readiness Review. EOHHS may update these requirements from time to time. The Contractor shall submit corresponding Certification Checklists of all reports/submissions listed in **Appendix F** within the timelines specified herein. The Contractor may include a narrative summary to reports/submissions and may include graphs that explain and highlight key trends. All reports must be submitted via OnBase, the EOHHS Contract Management system, unless otherwise indicated below in the *"Target System"* column. Numbering sequence and Report Title that will appear in the OnBase system can be found in **BOLD** in the *"Name of Report"* column.

For all of the reports listed below, unless otherwise specified, if the Contractor meets the target for a given report, the Contractor shall only complete a short narrative description on the report cover sheet. For any report that indicates that the Contractor is not meeting the target, the Contractor shall submit a detailed narrative that includes the results, an explanation as to why the Contractor did not meet the target, and the steps the Contractor is taking to improve performance going forward.

The Contractor shall provide all Reports in the form and format required by EOHHS and shall participate with EOHHS in the development of detailed specifications for these reports. These specifications shall include benchmarks and targets for all reports, as appropriate. Targets shall be changed to reflect improvement in standards over time.

All exhibits referenced herein pertain to **Appendix F**, unless otherwise noted. Such exhibits set forth the form and format the Contractor shall use for each report below. These exhibits shall be provided to the Contractor and may be updated by EOHHS from time to time. EOHHS shall notify the Contractor of any updates to the exhibits.

Reporting Deliverable Schedule

1. **Same Day Notification (Immediate Notice Upon Discovery):** Deliverables due the same day as discovery. If the incident occurs on a Saturday, Sunday, or state or federal holiday, the notice is due the next business day.
2. **Next Day Notifications:** Deliverables due the next day. If the incident occurs on a Saturday, Sunday, or state or federal holiday, the notice is due the next business day.
3. **Two Business Days Notification:** Deliverables due in two business days
4. **Weekly Deliverables:** Deliverables due by close of business/COB on Fridays
5. **Within 7 Calendar Days of Occurrence Notification:** Deliverables due within seven calendar days of occurrence. If the incident occurs on a Saturday, Sunday, or state or federal holiday, the notice is due within 7 calendar days of the next business day.
6. **No later than 30 days prior to execution:** Deliverables due thirty days prior to implementation for review and approval by EOHHS.
7. **Monthly Deliverables:** Deliverables due on a monthly basis, by the last day of the month, following the month included in the data, unless otherwise specified by EOHHS.
8. **Quarterly Deliverables:** Deliverables due on a contract year (CY) quarterly basis, by the last business day of the month following the end of each quarter, unless otherwise specified.

   CY Quarter 1: January 1 – March 31

   CY Quarter 2: April 1 - June 30

   CY Quarter 3: July 1 – September 30

   CY Quarter 4: October 1 – December 31
9. **Semi-Annual Deliverables:** Deliverables due by the last business day of the month following the end of the reporting period, unless otherwise specified. The semi-annual reporting periods are as follows:

   January 1 – June 30

   July 1 – December 31
10. **Annual Deliverables**: Deliverables due by the last business day of the month following the end of the reporting period (Contract Year: January 1 -- December 31), unless otherwise specified by EOHHS.
11. **Ad-Hoc Deliverables**: Deliverables are due whenever the Contractor has relevant changes or information to report, or upon EOHHS request related to Behavioral Health, Contract Management, Financial, Quality, Pharmacy, and Operations deliverables as applicable.

A. Report and Compliance Certification Checklist: Exhibit C-1

Annually - The Contractor shall list, check off, sign and submit a Certification of Data Accuracy for all Contract Management, Behavioral Health, Operations and Quality reports/submissions, certifying that the information, data and documentation being submitted by the Contractor is true, accurate, and complete to the best of the Contractor's knowledge, information and belief, after reasonable inquiry. For each report in the sections below, if an attestation is required with the submission, that information will be included within the reporting template.

B. Contract Management Reports

Certain Contract Management Reports have submission requirements in addition to those listed in the Target System column. Please use the following key:

[1] The Contractor shall additionally send report via regular email to the Contract Manager (in addition to using the Target System).

[2] The Contractor shall additionally send report via secure email to the Contract Manager (in addition to using the Target System).

[3] The Contractor shall notify its Contract Manager upon submission of the report using the Target System.

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-03	**CM-03 Member Telephone Statistics** Member Telephone Statistics	Monthly	OnBase
CM-04	**CM-04 Member Education and Related Orientation, Outreach Materials** Member Education and Related Orientation, Outreach Materials (including enrollment materials for MH Customer Service Center (CSC)	Ad-Hoc	OnBase[1]
CM-07	**CM-07 Marketing Materials** Marketing Materials *(60 days in advance of use, including materials to be distributed at Contractor and non-Contractor sponsored health fairs or community events)*	Ad-Hoc	OnBase[1]
CM-08	**CM-08 Marketing Materials- Annual Executive Summary** Marketing Materials- Annual Executive Summary (including a written statement that all of the Contractor's marketing plans and materials are accurate and do not mislead, confuse, or defraud Members or the state)	Annual	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-17-A	**CM-17-A Enrollee Inquiries Summary** Inquiries and Grievances Summary: Enrollee Inquiries	Annual	OnBase
CM-17-B	**CM-17-B Enrollee Grievances Summary** Inquiries and Grievances Summary: Enrollee Grievances	Annual	OnBase
CM-17-F	**CM-17-F - Grievances Report (per 1,000 Enrollees)** Grievances Report (per 1,000 Enrollees)	Monthly	OnBase
CM-18	**[RETIRED]**		
CM-22	**CM-22 ACO/MCO Organization, Key Personnel, and Designated Staff Changes** Organization, Key Personnel, and Designated Staff Changes. The Contractor will also include Behavioral Health subcontractor information if applicable.	Ad-Hoc	OnBase[3]
CM-23	**CM-23 Notification of Termination of Material Subcontractor** Notification of Intention to Terminate a Material Subcontractor (Notification: Same Day)	Ad-Hoc	OnBase[1]
CM-24	**CM-24 Notification of New Material Subcontractor and Checklist** Notification of Intention to Use a New Material Subcontractor and Checklist (Material Subcontract Checklist must be submitted no later than 60 days prior to requested implementation date)	Ad-Hoc	OnBase[1]
CM-25	**CM-25 Material Subcontractor List Annual Summary** Material Subcontractor List Annual Summary	Annual	OnBase
CM-31	**CM-31 Notification of Federally Required Disclosures** Notification of Federally Required Disclosures (in accordance with Section 5.26.A)	Ad-Hoc	POSC[3]
CM-43-A	**CM-43-A Holiday Closures and Other Contractor Office Closures Annual** Holiday Closures and Other Contractor Office Closures. (The Contractor shall also include Behavioral Health subcontractor information, if applicable).	Annual	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-43-B	**CM-43-B Emergency Closures and Other Contractor Office Closures Ad Hoc** Emergency Closures and Other Contractor Office Closures. (The Contractor shall also include Behavioral Health subcontractor information, if applicable).	Ad Hoc	OnBase[3]
CM-44	**CM-44 Strategy-related Reports** Strategy-related Reports	Ad Hoc	OnBase
CM-45	**[RETIRED]**		
CM-46	**CM-46 Enrollee and Provider Incentives Notification** Enrollee and Provider Incentives Notification	Ad-Hoc	OnBase[3]
CM-48	**CM-48 Copy of Press Releases (pertaining to MassHealth line of business)** Copy of Press Releases (pertaining to MassHealth line of business)	Ad-Hoc	OnBase[1]
CM-49	**CM-49 Written Disclosure of Identified Prohibited Affiliations** Written Disclosure of Identified Prohibited Affiliations	Ad-Hoc	OnBase[3]
CM-50	**[RETIRED]**		
CM-57	**[RETIRED]**		
CM-58	**CM-58 Application for MassHealth Data [for External Research Projects]** Application for MassHealth Data	Ad hoc	Email
CM-C1	**CM-C1 Report and Compliance Certification Checklist** Annual Report and Compliance Certification Checklist	Annual	OnBase
CM-C2	**CM-C2 Supplier Diversity Program (SDP) Spending Report for Prime Contractors** The SDP Spending Report form may be found here: https://www.mass.gov/lists/sdo-forms	Quarterly	Secure Email[2]

C. Care Coordination

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CC-01	**CC-01 Care Needs Screening**	Ad-hoc	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
	Aggregate Care Needs Screening Completion Rates		
CC-02	**CC-02 HRSN Screening** HRSN Screening	Ad-hoc	OnBase
CC-03	**CC-03 HRSN Referrals** HRSN Referrals	Ad-hoc	OnBase
CC-04	**CC-04 Risk Stratification Algorithm** Risk Stratification Algorithm and Narrative	Annually	OnBase
CC-05	**CC-05 Care Management Program Descriptions and Performance** Care Management Program Descriptions and Performance	Annually	OnBase
CC-06	**CC-06 CP Performance Management Strategy** Summary of the Contractor's performance management strategy of the CP Program and overview of Contractor's CP Program performance.	Annually	OnBase
CC-07-A	**CC-7-A CP Quality Payment Receipts** CP Quality Payment Receipts	Annually on March 28	SFTP
CC-07-B	**CC-07-B CP Monthly Payment Receipts** CP Monthly Care Coordination Payment Receipts	Monthly	SFTP
CC-07-C	**CC-07-C CP Annual Payment Report** CP Annual Care Coordination Payment Report	Annually	SFTP
CC-08	**CC-08 Early warning indicators of significant CP performance concerns, Performance Improvement Plans, or Corrective Action Plans** As described in Section 2.4.E.3.b-c, notification within 5 business days of early warning indicators of significant CP performance concerns, and/or implementation of Performance Improvement Plans, or development of Corrective Action Plans	Ad-hoc	OnBase
CC-09	**CC-09 Comprehensive Assessment and Care Plans (CM)** Comprehensive Assessment and Care Plan Completion Rates for Care Management	Ad-hoc	OnBase
CC-10	**CC-10 Care Management Enrollment**	Monthly	SFTP

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
	Care Management Enrollment		
CC-11	**[RETIRED]**		

D. Financial Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
FR-43-A	**FR-43 Primary Care Sub-Capitation Payment Tracking Report - Monthly** Primary Care Sub-Capitation Payment Tracking Report	Monthly	SFTP
FR-43-B	**FR-43 Primary Care Sub-Capitation Payment Tracking Report – Ad Hoc** Primary Care Sub-Capitation Payment Tracking Report	Ad-Hoc	SFTP

E. ACO Health Equity Reporting

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
HQ-23	**[RETIRED]**		
HQ-24	**HQ-24 ACO/MCO Health Quality and Strategic Plan**	Annually on December 31	OnBase

F. Health Related Social Needs Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
HRSN-01	**HRSN-01 Monthly Utilization Monitoring Report** Monthly Utilization Monitoring Report	Monthly	Email
HRSN-02	**HRSN-02 Annual Tracking Report** Monthly Utilization Monitoring Report	Annually in March	OnBase
HRSN-03	**[RETIRED]**		

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
HRSN-04	**[RETIRED]**		

G. Operations Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
OP-04	**OP-04 Member Discrepancy Report** Member Discrepancy Report	Monthly	OnBase
OP-06	**OP-06 Address Change File** Address Change File	Bi-Weekly	OnBase
OP-07	**OP-07 Multiple ID File** Multiple ID File	Bi-Weekly	OnBase
OP-08	**OP-08 Date of Death Report** Date of Death Report	Bi-Weekly	OnBase

H. Program Integrity

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
PI-01	**PI-01 Fraud and Abuse Notification (within 5 days) and Activities** Fraud and Abuse Notification (within 5 days) and Activities	Ad-Hoc	OnBase and Secure E-mail
PI-08	**PI-08 - Self-Reported Disclosures** Self-Reported Disclosures	Ad-Hoc	OnBase

I. Quality Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
QR-01	**QR-01 QM/QI Program Description/Workplan** Written description of the QM/QI Program that delineates the structure, goals, and objectives of the Contractor's QM/QI initiatives.	Annually	OnBase
QR-07	**QR-07 Clinical Quality Measures**	Annually in Quarter 3	Quality Vendor
QR-08	**QR-08 Supplemental Data for Clinical Quality** Supplemental data files (Format for submission determined and communicated by MassHealth's Comprehensive Quality Measure Vendor (CQMV). *(Note: Due by May 31st of each year)*	Annually in Quarter 2	Inter-change
QR-09	**QR-09 Validation of Performance Measures** Validation of Performance Measures	Annually in Quarter 4	EQRO